COMMUNITY HEALTH NEEDS ASSESSMENT



2020

Pella Service Area and Marion County, Iowa

Community Health Needs Assessment

PELLA SERVICE AREA AND MARION COUNTY, IOWA

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EXECUTIVE SUMMARY

2020 Community Health Needs Assessment

Community Health Needs Assessments are ongoing processes that systematically evaluate the health needs of the community to improve the health of the population. After the passage of the Patient and Protection and Affordable Care Act of 2012, 501 (c)(3) hospital organizations were given four new tax requirements to begin in tax years after March 23rd, 2012 (Stall, 2012). These new tax requirements were birthed from the growing concern over non-profit hospitals not providing sufficient community benefit as required by their tax-exempt status (Principe, K., Adams, E. K., Maynard, J., & Becker, E. R, 2012). The four tax requirements included, the implementation of written financial assistance policies, the limitation of charges for emergency or necessary care, adherence to new billing and collection restrictions, and the fourth requirement mandated that non-profit hospitals perform Community Health Needs Assessments (CHNA) (Stall, 2012).

In the past Community Health Needs Assessments, the benefits for both the local hospital organizations, health department and the community were stated in the following methods:

- 1. Identify key community (service area) health concerns, perceptions, and resources; while creating opportunity for collaboration in delivery of services.
- 2. Find a common understanding of and analyze community (service area) health needs, then prioritize with implementation strategies.
- 3. Provides guidance to the hospital and local health departments for how they can align their services and community benefit programs to best meet needs.
- 4. Focus organization's efforts for improvement and structure for addressing social determinates of health in building a relationship between and among stakeholders. All stakeholders can then 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.

Principe, K., Adams, E. K., Maynard, J., & Becker, E. R. (2012). The impact of the individual mandate and Internal Revenue Service Form 990 Schedule H on community benefits from nonprofit hospitals. *American journal of public health*, 102(2), 229-237

Rosenbaum, S. (2013). Principles to Consider for the Implementation of Community Health Needs Assessments. The George Washington University. Washington, DC

Stall, E. (2012). Community Health Needs Assessment: 5 Phases to Compliance. Retrieved from https://www.beckershospitalreview.com/legal-regulatory-issues/community-health-needs-assessment-5phases-to-compliance.html

Community Health Needs Assessment Strengths

Pella Regional Health Center and Marion County Public Health Department Primary Service Area/Community Health Strengths

- 1. Low tobacco and alcohol use reported in community (service area) reporting
- 2. Security of housing through low ratings on "lack of place to stay"
- 3. Low unemployment rates reported for county, employment opportunities, services for poverty needs (program) are available
- 4. High rate of compliance with "had a physical within 12 months" at 88.3%
- 5. Compliance with exercise and screenings (healthy choices), high use of preventive care services
- 6. High rating for care coordination and visiting specialists to community. Community rating "knowledge of services" – translates to community able to link needs to solutions
- 7. High rating for dental, eye, family practice, hospice, and pharmacy services
- 8. High quality of life in communities. Safe community and educational systems ranked high as examples
- 9. Leadership for community services act with data

Town Hall - Community Health Opportunities Identified

Town Hall Outcomes - Community Health Opportunities

- 1. Mental Health: Increase the provided and breadth of services for Mental Health needs in the communities. Mental Health needs: increase providers, access, employment for providers, reimbursement shortage barrier for services, community responses (example: EMT), and transportation to and from services in other communities.
- 2. Childcare Services/ Access: Continue to address the access to childcare services within the communities. Continue to work with Partnership study.
- 3. Employment of Healthcare workers: Working with community partners to attract and retain healthcare workers. Housing for low income workers available to employees.
- 4. Elderly services and volume of services: Continue to work on services for the elderly in the community including: In-home support, Staffing, Day/acute services, and funding resources
- 5. Substance Abuse: Reduce the concern for and presence of substance abuse related health/safety issues. Drugs and substance use and presentation services/response Ranking high in use of substances within the communities, health/safety concerns related to substance use, and decreased access to services.
- 6. Teen health/ teen services: Improvement of services and access for teen health. Continue to work with Community Coalition.

Community Health Needs Assessment Survey - General Feedback

The following were general feedback sections from the Community Health Needs Assessment Survey in which 420 community (service area) participants completed the survey either via paper or electronic formats. The details of the survey process can be found later in this report.

- The percent of Pella and Marion County, lowa survey participants who would rate the overall quality of care as either Very Good or Good is 89.8%, slightly down from 2017 at 91% (2014 = 50%, 2017 = 91%)
- Pella and Marion County, Iowa survey participants are satisfied with the following hospital services: Ambulance Services/ ER services, Family Practice, Specialty Providers, and Outpatient Services. Participants are satisfied with the following community services: Chiropractor, Eye Doctor, Pharmacy, Hospice, and Dentists.
- Pella and Marion County, lowa survey participants are NOT satisfied or neutral with the following services: Mental Health, Teen health, family planning, child and young adult health services, and Nursing Home services (neutral).
- The percent of participants who have received healthcare services outside of the community over the past two years has decreased to 57.1% (down from 69.1% in 2017). Of those that provided the type of service here are the services in which they traveled out of the community: Obstetrics, Surgery, Specialty (Cardiac, Urology, Orthopedics, Dermatology, Oncology, Neurology), and treatment for Chronic Diseases.
- Pella and Marion County, lowa participants believed there are opportunities for both health concerns and programs to combat the health concerns. The top perceptions of needs are listed in the following two tables as Results of Opportunities.

Community Health Needs Assessment Survey - Results of Opportunities

СН	INA Survey – Needs for Health Concerns	
1.	Mental Health / Mental Illness (79.4%)	2. Elder assistance and programs (36.9%)
3.	Wellness options (36.7%)	4. Public awareness of health services (36.2%)
5.	Public transportation for health services (35.4%)	6. Healthy eating options (29.4%)
7.	After hours pharmacy (28.4%)	8. Chronic disease prevention (25.9%)
9.	Nutrition education (24.9%)	10. Family assistance and care transitions (21.9%)

CHNA Survey - Program Needs for Health	Concerns (above)
1. Mental illness (76%)	2. Drugs/illegal substances (54.6%)
3. Abuse and violence (53%)	4. Obesity (51%)
5. Aging (dementia) (50.2%)	6. Teen health (48.8%)
7. Suicide (43.1%)	8. Chronic Disease (39.1%)
9. Alcohol (use and abuse) (37.9%)	10. Child care (35.1%)

lowa Health Rankings: Pella Regional Health Center and Marion County Public Health

According to the 2020 Robert Wood Johnson County Health Rankings study, Marion County, Iowa has the following comparisons. More details can be found in later sections of this report.

• **Demographics and Age**: Marion County, Iowa has a population of 33,407 residents as of 2020, an increase of 0.7% since 2017. The county population consists of 17.8% at or over the ages of 65

years, an increase of 0.2% since 2017 and the state average is 17.1%. In the under 18 age group the rate is at 23.6%, down from the 2017 number of 24.1%. The county is considered 48.7% rural (state 36.0% rural).

- **Diversity**: Marion County, Iowa has 0% of the population that is considered non-proficient in English as a first language. The county has approximately 2.0% Hispanic population, and 2.4% African-American, American Indian, and Asian combined. Females make up approximately 50.0% of the population.
- Income: Marion County, Iowa median household income is \$63,500 (Iowa average of \$56,700) and unemployment is at 2.0% (Iowa 2.6%). Regarding the effects of income on the children in the county, 10% of the children live in poverty and 27% are eligible for free or reduced-price lunches (2017 31% were eligible and Iowa average of 40%).
- Housing and Commutes: The county is rated with 11% severe housing issues (lowa overall at 12%, an increase of 1.0% from 2017). For employment, 26% of the population have long commutes to work and 77% drive alone (lowa is at 20% and 81% respectively).
- **Education**: The percent of high school graduation is at 96% and a strength in county rankings (lowa 91%). For college education, Marion County, lowa has 74% of the population with some college (lowa 70%).
- **Prenatal Care**: According to Iowa Health Fact Book, as of March 2018, 652 mothers started Prenatal care in the first trimester, for a ranking of 21 out of the 99 counties in Iowa. The number of mothers that smoked during pregnancy was 164, for an Iowa rank of 21.
- Primary Care and Hospital Services: The ratio of population to primary care providers was slightly better than 2017 report with 1,030 residents to 1 provider (lowa ratio of 1,370:1, 2017 ratio was 1,040:1). The percent of patient who gave their hospital a rating of 9 or 10 (scale 0 lowest to 10 highest) was 83% on CMS Hospital Compare report. This is higher than the lowa average of 79% and improvements (increased 6%) from 2017 report of 77%. Preventable Hospital stays were below the lowa number at 3,318 stays (lowa 3,808).
- **Insured**: The uninsured adult population rate in Marion County, Iowa is 5%, slightly lower than the Iowa rate of 7%, however less than then 2017 report by 6%. The uninsured rate for children is 2%, Iower than the Iowa rate of 3%.
- Access: Access to exercise opportunities is 86% (14% increase from 2017 and above the Iowa rate of 83%) and food insecurity is at 10% (Iowa rate is 11%). Mammography screenings is at 55% (Iowa rate is 51%), and in 2017 only 77%. Score of 98% of children at 2 years of age are up-to-date on complete series of vaccinations, compared to the 90.7% at the state (source: Iowa Department of Public Health).
- Health Conditions:
 - The "Frequent Mental Distress" rate for Marion County, Iowa is 10%, with an Iowa rate of 10%. According to the CDC, 7.6% of Americans over the age of 12, had depression and living at or below the poverty level people were 2.5 times more likely to have depression (source: https://www.cdc.gov/nchs/data/databriefs/db172.htm).
 - \circ Diabetes prevalence is at a rate of 9% (less than lowa's rate of 10%).
 - All Cardiovascular Disease rate were 33.3 hospitalizations per 1000 Medicare Beneficiaries (lowa best county is 24.8/1000 Beneficiaries in the 2016 data). (source: <u>https://nccd.cdc.gov/DHDSPAtlas/reports.aspx?geographyType=county&state=IA&county</u> <u>Tab#report</u>)

- Adult Obesity rates are at the lowa rate of 34%, which is 0% higher than the 2017 rates.
- Adult smoking is 15%, two percent below the lowa rate, and an increase of 1% since the 2017 report.
- Physical inactivity rate is 26%, an increase of 2% since 2017, however 2% lower than lowa's rate. The Access to exercise opportunities is very high at 86%, with the lowa rate of 83%.
- The percent of alcohol impaired driving deaths in Marion County, Iowa is 42%, almost double of the Iowa percentage of 27%. Excessive drinking percentages were also below the Iowa rate, at 21% and 22% respectively.

METHODOLOGY

Scope and Purpose

The Federal Patient Protection and Affordable Care Act requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least one every three years, share the assessment results with the community, and adopt a strategy to meet the health needs of the community (service area).

The IRS Notice 2011-52 can be found at the following link and were followed for the purposes of this process, assessment, and report. <u>https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3</u>

Assessing Community Health Needs

To assess the needs of the community (service area) the hospital must identify the significant health needs, prioritize those health needs, and identify resources potentially available to address them. Health needs of a community include improvement or maintenance of health status across the community, parts, neighborhoods or population with health disparities. These needs can include financial, access, illness prevention, nutrition or social, behavioral, environmental factors that influence health. Resources can include organization, facilities, and programs within the community.

Process to Complete a CHNA

The recommended requirements for the CHNA include the method of discovery, qualify community needs, quantify needs, and complete data analysis and comprehensive needs assessment. Federal regulations state that the following process must be completed in order to complete a Community Health Needs Assessment (CHNA).

- 1. Define the community it serves (discovery)
- 2. Assess the health needs of that community (qualify community needs)
- 3. Solicit and take into account input from persons who represent board interest of the community, including those with special knowledge or expertise in public health (quantify needs)
- 4. Document the CHNA written report that is adopted for or by the hospital facility (complete analysis and comprehensive needs assessment)
- 5. Make the CHNA report widely available to the public.

Steps to Complete the CHNA

The following is the process steps with milestones was completed during the community health needs assessment development. This process and milestones follow closely with the recommendations from the American Hospital Association and are a detailed list of actions taken in the above process per the IRS requirements (Source: http://www.healthycommunities.org/Education/toolkit/index.shtml#.XC_37lxKg2x).

Steps in Process for CHNA including Timelines / Milestones

- 1. Agreement and contracting discuss critical success factors for CHNA process (completed 8/20/2019)
- 2. Meeting with community leadership planning, methodology, and agreement of scope and services (Completed 12/20/2019)
- 3. Identify and engagement of key stakeholders define the community and methodology (12/20/2019)
- 4. Create and process evaluation (survey/ assessment) methods work with organization to develop survey that reflects the community, needs, and priorities (5/1/2020 7/15/2020)
- 5. Collect and analyze the data including community health issues of past and future (7/15/2020 10/15/2020)
- 6. Document and communicate priorities work with organization to define the priorities and engagement of key stakeholders including a Town Hall meeting(s) (10/16/2020)
- 7. **Plan improvement strategies** work with organization for final report and distribution as needed (10/16/2020 to 12/15/2020)
- 8. Organization to implement improvement plans work with key stakeholders in community for best practice implementation and success (12/15/2020 and ongoing)
- 9. Evaluate progress on the key priorities and strategic alignment reevaluate progress and continual planning for future needs (FY2021 to FY2023)

Model for Needs Assessment Process and Steps

CLOSELY ALIGNED TO ABOVE STAGES OF THE PROCESS



Reference: Association for Community Health Improvement – American Hospital Association

Community Served / Profile Description

Marion County, Iowa Community Map



Portion of Marion County, Iowa for Needs Assessment - Specifics

It was determined by the leadership of Pella Regional Health Center and the Marion County Public Health Department, that the Marion County Community Health Needs Assessment will include those individuals that live or receive health services in Marion County, Iowa AND live in the communities of Pella, Iowa. These communities include Sully, Leighton, Otley, Prairie City, Monroe, and Pella. This population will not include those that are served by Knoxville Hospital and Clinics. This would be the overall (total) population for this process is 14,828 (2010 Census data). A statistically significant sample size (n=420) was achieved during the survey phase of the process and did represent both demographic, social/economic, religious, and age differences. Efforts were made to ensure that there was a broad interest represented in each of the data collection and prioritization phases.

The population of Marion County, Iowa is 33,407 residents as of 2020, an increase of 0.6% since 2017. The county is considered 48.7% rural, covering approximately 571 square miles. The population density is approximately 58 people per square mile (Iowa is 54.5 residents per square mile). (Source: https://www.census.gov/quickfacts/fact/table/Marioncountyiowa/HSG010217)

The county population consists of 17.8% at or over the ages of 65 years, an increase of 0.7% since 2017 and the state average is 17.1%. In the under 18 age group, Marion County, Iowa as a population of 23.6%, a decrease of 0.5% since 2017 and state average is 23.2%.

The communities within Marion County, Iowa are Pella, Knoxville, Pleasantville, Melcher-Dallas, Bussey, Harvey, Hamilton, Swan, Marysville and un-incorporated Attica, Cloud, Columbia, Flagler, Otley, Pershing, and Tracy. Major highways include Iowa Highways 5, 14, 92, 163, and 316. (source: <u>https://en.wikipedia.org/wiki/Marion County, Iowa</u>). Major types of employment in Marion County, Iowa are education, health and social services (35.2%), manufacturing (27.7%), agriculture (16.1%), Professional, management, administrative (governmental) (10.5%), and other services (4%) (source: <u>http://www.city-data.com/county/Marion County-IA.html</u>).

Detailed Demographics - Marion County, Iowa

data.com

Source: www.city-

Detailed Demographics

Marion County Iowa	
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			Рор	Рор		House-	HHAve		Med					Amer	
Zip	Name	County	(2017)	(2014)	Change	holds	Size	Income	Age	Females	Males	White	Black	Ind	Hisp
-															

5021	Pella	Marion	10,225	8,916	14%	5327	2.4	\$76,524	32.9	5,365	4,860	9,728	68	15	175
5022	Prairie City	Jasper	2,812	2,417	16%	1093	2.8	\$77,687	40.5	1,472	1,339	2,324	9	4	38
5017	Monroe	Mar/Jasper	2,756	2,745	<1.%	1213	2.4	\$54,695	41.7	1,390	1,366	2,697	6	3	11
5025	Sully	Jasper	1,358	1,270	7%	517	2.7	\$71,937	41.1	698	659	1,261	2	NR	3
5021	Otley	Marion	1,099	850	29%	333	3.5	\$73,732	33.8	618	481	813	6	NR	4
5014	Leighton	Mahaska	738	600	23%	248	3.0	\$57,386	40.7	336	401	595	NR	NR	3
	Iowa/Ave						2.8	\$68,660	38.45						

Community Health Needs Assessment

Collaborating CHNA Parties

Collaborating with several different agencies in, around, and those that serve Marion County, Iowa, the CHNA was completed. The following is a summary of key stakeholders in the CHNA process. A detailed list of individuals or organizations who have played at least one key role in the assessment are listed in Community Health Partners and Resources section of this report.

Pella Regional Health Center Profile

Address: 404 Jefferson Street, Pella, IA 50219 CEO: Robert Kroese, MHA

Mission: To provide healthcare and healing services with Christian compassion.

Vision: To lead the region in providing compassionate service and clinical excellence through our health ministries.

About: When Pella Community Hospital first opened their doors in 1960 as an acute care hospital for the town of Pella, there were 17 employees, seven doctors from Pella and about 24,000 square feet. The town was thrilled with their new hospital and turned out in great numbers—nearly 6,000 people—to attend the open house. Over the past five decades, the hospital has made both major and minor changes all to improve access and quality of health care in the area. In the 70s and 80s there were numerous construction projects to expand the scope of what could be provided to patients and residents. In the 90s, there were numerous services added to provide specialized services, such as Dialysis, to those in need. In 1996, the Pella Medical Clinic merged with Pella Community Hospital to form Pella Regional Health Center and clinics opened in surrounding communities. This collaboration and regional expansion are a great milestone in the history of the hospital and what it has become today. (source:) https://www.pellahealth.org/about-us/history/

History of Pella Regional Health Center: History about Pella Regional Health Center can be found at https://www.pellahealth.org/about-us/history/

Network Affiliation: Pella Regional Health Center is in a management affiliation with University of Iowa Hospitals and Clinics.

Services: Pella Regional Health Center offers a variety of inpatient (acute/skilled) and outpatient services to the county and surrounding areas. A comprehensive list of services can be found at

www.pellahealth.org/services/. The following is a list of services provided, but not limited to at Pella

Regional Health Center

Acute Care Allergy Services Audiology **Behavioral Health** Birth care/ Pregnancy **Breast Health** Cancer Program Cardiac Rehabilitation Program Cardiac Testing Chronic Care Management Dermatology **Diabetes Center & Support Group Diagnostic Testing** Ears, Nose & Throat (Otolaryngology) **Emergency Medical Services** Family Medicine Foot and Ankle Surgery (Podiatric Surgery) General Surgery Genetic Testing and Counseling Gynecology Heart and Vascular Home Health Hospice Imaging Services Infection Prevention Infusion Center Inpatient Hospital Care Inpatient Hospice Care Internal Medicine IV Therapy Laboratory Maternity Medical Imaging **Mental Health** Nephrology

Neurology Nutrition Services and Cafe **Obstetrics & Gynecology Occupational Health** Occupational Therapy Oncology (see Cancer Program) Ophthalmology-Cataract Surgery Orthopedics/Orthopedic Surgery **Orthotics (see Prosthetics & Orthotics)** Otolaryngology Pain Management Pathology Pediatric Dentistry Perinatology Pharmacy Physical Therapy Plastic Surgery Podiatry Pulmonology **Rehabilitation and Therapy** Reproductive health - Women's Health **Respiratory Care** Rheumatology Skilled Nursing Sleep Disorders Program Speech-Language Therapy Sports Medicine Program Surgery Urgent Care (Walk-in Care) Urology Vascular Care Vein Care Wound Care and Hyperbaric Medicine Women's Health

Marion County Public Health Department Profile

Address: 2003 N. Lincoln, Box 152, Knoxville, IA 50138 Director: Kim Dorn, MBL

Mission: Marion County Public Health Department Prevents Disease through Health Promotion and Protection using Assessment, Policy Development and Assurance.

Vision: Provide health guidance and enforcement for our citizens to have the opportunity to make informed choices regarding their health and wellness, strive for a clean and safe environment, and the assistance to access needed health related services.

About: More information about Marion County Public Health Department at http://www.marionph.org/about/mission.html

Services: Marion County Public Health is a partnering organization with Pella Regional Health Center. More information can be found at: <u>http://www.marionph.org/</u>. Services cover the entire county and are listed below, but not limited to the following:

Breast Cancer Screenings
Blood Pressure clinics
Blood draws & specimen collection
Child Care Nurse Consultant
Children Insurance program
Community Care Coordination
Emergency Response/Preparedness
Environmental Health
First Five Healthy Mental Development
Homemaker services
Dressing Changes
Homemaker services

Immunization Clinics and Child Immunization Injections Lead prevention programs Material, Adolescent and Child health Medication Management Oral health programs Parents as Teachers program Patient Education Referral to community services Skilled Nursing visit by RN Tobacco programs WIC

Pavelka's Point Consulting, LLC - External Consulting Services

Address: 5832 West Mt Vernon Road, Cedar Falls, Iowa 50613 CEO: Sarah Pavelka, PhD, MHA, OTR/L, CPHQ, FNAHQ

Bibliography: Sarah Pavelka, PhD, MHA, OTR/L, CPHQ, FNAHQ has over 20 years of experience leading and coaching in organizational performance and continuous improvement in business, industry, education, and healthcare. Sarah, is the CEO/owner of Pavelka's Point Consulting, LLC; and Program Director for Walden University, Master of Healthcare Administration Program.

Dr. Pavelka has professional and academic experiences are as a 13-year faculty member for the Masters in Healthcare Administration program at Des Moines University, Improvement Advisor at the Iowa Healthcare Collaborative, and Adjunct Faculty for Upper Iowa University. Her previous professional experiences include the Quality Management Director at the Iowa Foundation for Medical Care, Director of Business and Industry Relations for Pella Regional Health Center, and clinical experience as the Director of the Occupational Therapy department for Pella Regional Health Center in Pella, Iowa.

Dr. Pavelka's extensive volunteer experiences included being a six-time National Baldrige examiner, as well as, a seven-year state examiner for the Iowa Recognition for Performance Excellence. She was also the Director-at-Large for the National Association for Healthcare Quality Board from 2014 to 2016. Sarah was also the Past-president of the Iowa Association for Healthcare Quality Board; a task force member for the Iowa Hospital Association; and a member of the Des Moines University Alumni Board.

Sarah holds degrees in Biology and Psychology from Luther College; an Occupational Therapy degree from Concordia University-Wisconsin; MHA from Des Moines University, and a Ph.D. from Walden University. She is a Fellow for the National Association for Healthcare Quality (FNAHQ); a Certified Professional in Healthcare Quality (CPHQ); and has credentials in Occupational Therapy, Ergonomics, Lean, and Six Sigma Black Belt.

Community Health Needs Assessment Process

The following sections represent the process of the Community Health Needs Assessment completed with Pella Regional Health Center and Marion County Community Leadership and Key Stakeholders. These process steps include creating purpose, defining scope and community, engagement of key leadership, survey assessment, analysis, prioritization, reporting of outcomes, and action planning.

The IRS requirements for a CHNA are a four-phase the process was represented earlier in the document (see Methodology – Scope and Purpose), and further explored in the following sections.

Agreement/Contracting/Community Leadership (CHNA Steps 1 - 3)

On, December 21, 2019 leadership from Pella Regional Health Center, Marion County Public Health, and Pavelka's Point Consulting, LLC met and discussed contracting arrangements, critical success factors, CHNA process, timelines, and who would be key stake holders. Shortly following this initial contracting meeting, these parties met on January 8, 2020 for planning for the IRS compliant CHNA, further methodology, distribution, survey needs, agreement and scope of services. Key leadership and stakeholders were also discussed and a list of involvement was compiled in meeting minutes. It was elected at these meetings to move forward with the CHNA process and initial survey distribution would happen at the following May 2020 and survey conclusion on or about October 2020.

Create the assessment, survey, and evaluation process (CHNA Steps 4)

Starting in May 2020, a community health needs assessment survey was designed and created. The leadership from Pella Regional Health Center and Public Health were allowed to review the survey as it was developed. The survey questions included similar or prior questions to the 2013 and 2017 survey for comparison purposes (updates to language and current patient centered care standards were completed in questions as needed). New questions also address the actions or priorities from 2013 to 2017 completed in the communities but Pella Regional Health Center and Public Health, along with the partnering community entities. Questions related to Social Determinates of Health were also added as recommended by best practice. More information can be provided on Social Determinates of Health at Healthy People 2020 https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health or Health Leads (source of survey questions) at https://healthleadsusa.org/.

Collect the Data (CHNA Steps 5)

Collection of survey data comprised of many forms and methods. Survey links, fliers, and paper copies were sent to local businesses and employers. Surveys were left at the Pella Regional Health Center and Public Health Departments for residents of the communities and either electronic or paper (hard) copies were allowed to be submitted. Leadership for the process also attended several community events, school events, and religious gatherings to encourage participation in the survey process. Electronic links were sent multiple times in the local newspapers, provided through the Hospital website, and patients were encouraged to complete the survey before or after healthcare services. During the process, the leadership provided translation services (i.e. vision or language), electronic and paper copies, and a brief description of purpose to those who were taking the survey. No material or monetary incentives were provided when taking the survey.

COMMUNITY PRESS RELEASE

The following was a press release that was sent to the local newspaper entities and distributed for the general awareness of the survey being conducted.

 Subject:
 Pella Regional Health Center Community Health Needs Assessment

 Date:
 Monday, August 10, 2020 2:26:00 PM

Hello! Pella Regional Health Center is conducting a Community Health Needs Assessment, and we would like to invite you to take part in an online survey. Please complete the survey at your earliest convenience by following this link: <u>www.PellaHealth.org/CHNA/</u> The survey will be open until Monday, August 31, 2020. Paper copies of the survey are available upon request. All responses will be confidential.

Information from this study will be used by Pella Regional Health Center to develop an implementation plan to improve the health of our community. The information gathered from the survey will give us a snapshot of community health and what members of the community think are the areas of greatest need.

Anyone is welcome to complete the survey so please share the link with employees, friends, neighbors and clients.

Thank you for helping us gain valuable insights into the health needs of our community. If you have questions, feel free to call Andrea Barker, Director, Marketing & Communications, Pella Regional Health Center, <u>abarker@pellahealth.org</u>, Office: 641.621.2358. Results of the assessment will be available on PellaHealth.org later this year.

Sincerely,

Bob Kroese, CEO Pella Regional Health Center

EMPLOYEE AND COMMUNITY COMMUNICATIONS

The following as a direct emailing campaign for the employees in and around the Pella Regional Health Center and within the county. The organizations also posted the information in the local governmental mailings, Facebook ads, local newspaper ads, and Chamber of Commerce. This was also distributed in local grocery stories, places of worship, restaurants, community events, school events, and local gathering establishments.



Hello! Pella Regional Health Center is conducting a Community Health Needs Assessment, and we would like to invite you to take part in an online survey. Please complete the survey at your earliest convenience by following this link: <u>www.PellaHealth.org/CHNA/</u> The survey will be open until Monday, August 31, 2020. Paper copies of the survey are available upon request. All responses will be confidential.

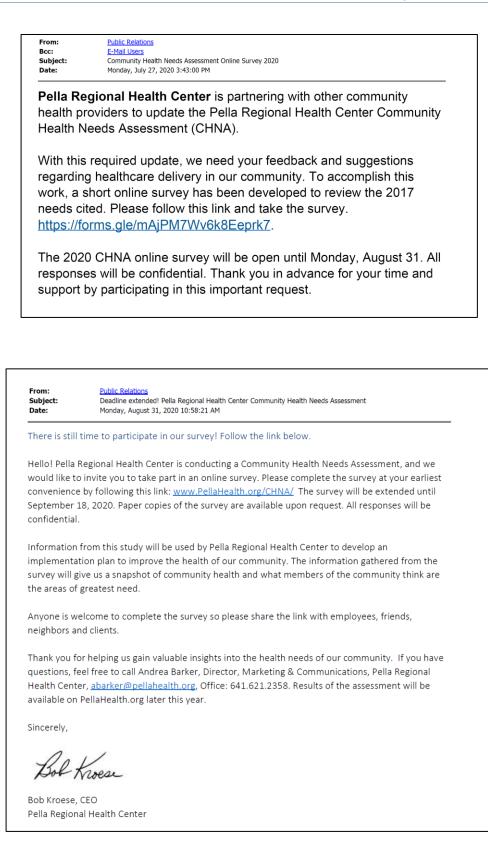
Information from this study will be used by Pella Regional Health Center to develop an implementation plan to improve the health of our community. The information gathered from the survey will give us a snapshot of community health and what members of the community think are the areas of greatest need.

Anyone is welcome to complete the survey so please share the link with employees, friends, neighbors and clients.

Thank you for helping us gain valuable insights into the health needs of our community. If you have questions, feel free to call Andrea Barker, Director, Marketing & Communications, Pella Regional Health Center, <u>abarker@pellahealth.org</u>, Office: 641.621.2358. Results of the assessment will be available on PellaHealth.org later this year.

Sincerely,

Bob Kroese, CEO Pella Regional Health Center



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Analyze the Data (CHNA Steps 5 continued)

During and following the community survey process, data from external sources (secondary data) were being collected and analyzed. This included data from sources such as Robert Wood Johnson County Health Rankings, City Data, Iowa Hospital Association (IPOP data), Vital Statistics, etc. Survey data was considered primary data research and collected public health needs, perceptions, satisfaction with care and services for both public, private, and governmental agencies serving the Marion County, Iowa area. This data can be found in the following charts in Data Details section with both the Iowa Hospital Association data (secondary), CHNA Survey Data (detailed primary) and Town Hall meeting outcomes (primary).

Both the external, secondary data, and the initial analysis of the survey outcomes (primary data) was analyzed and presenting in the October 2020 town Hall meeting. Top initial results were presented for the key stakeholders to continue to analyze, prioritize, and support with realistic objectives for Pella Regional Health Center and Marion County, Iowa.

Town Hall Research Process (Engage & Prioritize with Stakeholders)

Document and Define Priorities (CHNA Steps 6)

Community leadership should always be involved with the determination and prioritization of key actions within a community (service area). Members will not only buy-in to the mission of the actions at a higher support level, they will often provide key resources that are needed for such action; which are vital to the actions success and often cannot happen with only hospital supporting resources. Town halls are a focus group type setting were members can provide insight, consensus, and assist with prioritization of health issues. These sessions gathered input from key stakeholders, start priorities, and encourage on-going dialog between entities.

Entities invited to the Town Hall meeting included local hospital, public health, mental health providers, service providers, employers, local residents, faith-based leadership, school leadership, business leaders, local government officials, and those that receive care (including persons with chronic conditions, uninsured, low-income, and minority groups).

Key community stakeholder groups were invited to the October 22, 2020 Town Hall meeting. The Town Hall meeting was held October 22, 2020 from 4:00 pm to 5:30 pm. At the Town Hall meeting, a short informational presentation was given, facilitation of priorities from the survey and health ranking information was completed, and key findings were determined out of one 90-minute meeting.

TOWN HALL GENERAL PUBLIC INVITE (LETTER)

Public notice sent to local newspaper, hospital websites, and local posting for attendance at the Town Hall meeting. All community members were invited to attend and snacks were provided.

Help Improve Healthcare in Your Community

Pella Regional Health Center & Marion County Public Health invite you to help improve the care & services of our community by taking a brief survey. Your responses will be condential.

Go to: www.PellaHealth.org/CHNA/

You are invited to take part in a Town Hall Meeting on: Thursday, October 22 from 4:00 to 5:30 pm Graham Center Vermeer Banguet Room, Central College, Pella

Information gathered from the survey and town hall meeting will give us a snapshot of community health and what community members think are the areas of greatest need. The meeting will include a brief presentation on the health needs identified in the 2020 survey, then a attendees will be asked to work in small groups to generate ideas for specific projects that will address the needs found through the survey process. Please RSVP to abarker@pellahealth.org or call 641.621.2358



October 12, 2020

Hello! You are receiving this email invitation because you work closely with or have special knowledge of vulnerable populations, and we want to know about the health needs of our community.

Pella Regional Health Center has conducted a Community Health Needs Assessment survey this summer, and we would like to invite you to take part in a Town Hall Meeting on:

Thursday, October 22 from 4:00 to 5:30 pm

Graham Center Vermeer Banquet Room, Central College, Pella

Information from this survey and meeting will be used by Pella Regional Health Center and community partners to develop an implementation plan to improve the health of our community. The information gathered from the survey and town hall meeting will give us a snapshot of community health and what members of the community think are the areas of greatest need.

The meeting will include a brief presentation on the health needs identified in the 2020 survey, then a attendees will be asked to work in small groups to generate ideas for specific projects that will address the needs found through the survey process. Sarah Pavelka, PhD, MHA, OTR/L, CPHQ, FNAHQ, of Pavelka's Point Consulting, LLC will facilitate the meeting and prepare the final report. All current safety and health guidelines will be in place including the use of masks and social distancing.

Your experiences and suggestions to improve health care delivery within our service area is very valued. We encourage your attendance in order to ensure representation from all segments of our service area and to meet the federal requirements.

The focus group will begin at 4 pm and refreshments will be available. Please RSVP by calling or emailing Andrea Barker, Director, Marketing & Communications, Pella Regional Health Center. 641.621.2358 abarker@pellahealth.org_Results of the assessment will be made available on PellaHealth.org later this year. Thank you for helping us gain valuable insights into the health needs of our community.

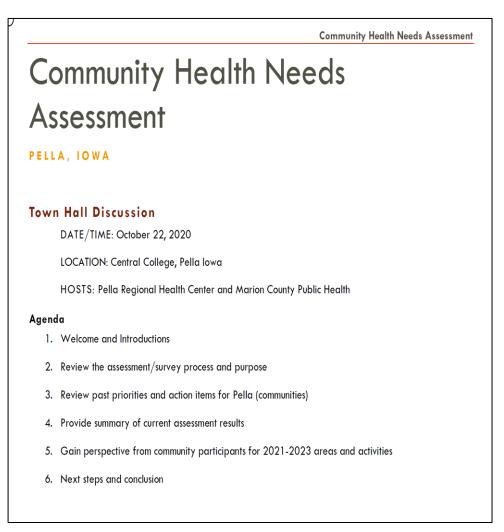
Sincerely,

Bob Karene

Bob Kroese, CEO Pella Regional Health Center

TOWN HALL AGENDA

The following Agenda and Power Point were completed at the October 22, 2020 Town Hall meeting. At the end of the meeting, it was determined to have an initial list of community priorities from the analysis of primary and secondary research data. These initial priorities list will be further discussed with a steering committee of community leadership and represent community-based organizations which can address the health concerns. This group, considering the priority and input from the Town Hall meeting will strategies and formulate final action plans for Pella Regional Health Center and Marion County, lowa health needs.



TOWN HALL POWER POINT PRESENTATION

The following power point presentation (please see image below for complete slide deck) was presented to key community stakeholder groups at the October 2020 Town Hall meeting.



Oct 1212

Pella Health Needs Assessment

Aug - Oct. 2020

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PELLA AND MARION COUNTY, IOWA

AGENDA

Welcome and introductions

- Review the assessment/survey process and purpose
- Review past priorities and action items for Pella / Marion County
- Provide summary of current assessment results
- Gain perspective from community participants for 2021-2023 areas and activities
- Next steps and conclusion

INTRODUCTIONS

PROCESS AND PURPOSE OF CHNA

PURPOSE...IS TO:

implementation strategies

Identify key community health concerns

addressing social determinates of health

Meet Federal regulations and requirements

Find and analyze community health needs, prioritize with

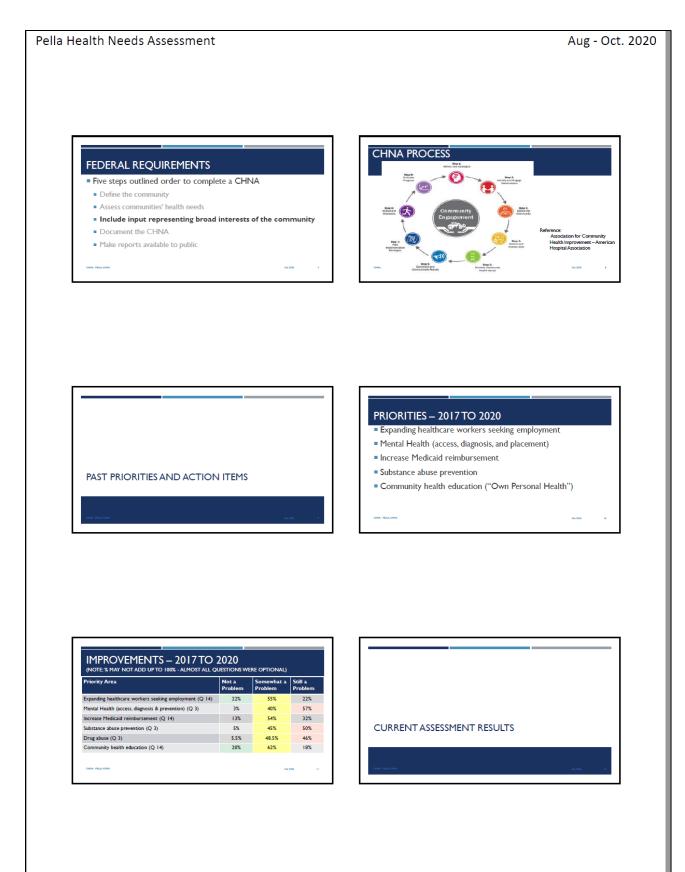
- Focus organization's efforts for improvement and structure for

BACKGROUND

- Patient Protection and Affordable Care Act of 2012
- 4 requirements
- Written Financial Assistance Policies
- Limitation of charges for emergency or necessary care
 Adherence to new billing and collections restrictions
- To perform Community Health Needs Assessments
- Definition of Community Health Needs Assessments (CHNA):
- CHNA are ongoing processes that systematically evaluate the health needs of the community to improve the health of the population

Pavelka's Point Consulting, LLC

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Pavelka's Point Consulting, LLC

Pella Health Needs Assessment

Aug - Oct. 2020

IMPROVEMENTS (2020)

- Low tobacco and alcohol use reports
- Security in housing low "lack of place to stay"
- Low unemployment
- High rate of compliance with "had a physical within 12 mo." (88.3%)
- Compliance with exercise and screenings (healthy choices)
- High rating for care coordination and visiting specialist
- High rating for dental, eye, family practice, hospice and pharmacy services

STATE HEALTH RANKINGS - 2020 (CONT.)

CORCE. COUNTER	CALITTINA		3, 11111.	COONTIN	CALITINAIN	01403.0	okoj
		Marior County		Error Margin	Top U.S. Performers O	kwa	Rank (ef 99) 🔘
Health Outcomes							33
Length of Life							39
Premature death		6,000	~	5,000-7,000	5,500	6,200	
Quality of Life							29
Poor or fair health	(1 3N		12-13%	12%	14%	
Poor physical health days		3.0		2.9-3.2	3.1	3.3	
Poor mental health days		3.3		3.2-3.5	3.4	3.6	
Low birthweight		6%		6-7%	6%	7%	

TATE HEALTH	RAI	NKI	NGS	- 20	20 (CO	NT.)
OURCE: COUNTY HEALTH RA							
<i>h</i> -		Marion County	Trend @	Error Margin	TopUS. Performers @	lowe	Rank (of ??)
Health Factors							17
Health Behaviors							34
Adult smoking	0	1.596		14-16%	14%	17%	
Adult obesity		0.456	~	20-4195	2674	33%	
Food environment index		0.5			0.6	0.2	
Physical isoctivity		26%		20-01%	20%	24%	
Access to exercise opportunities		8.6%			91%	83%	
Excessive drinking	0	23%		ZO-22%	13%	22%	
Alcohol-impaired driving deaths		42%		20-50%	11%	27%	
. Sexually transmitted infections		287.0	~		161.4	441.6	
Teen births		12		10-15	13	19	

à	Marion County	Trend 0	Error Margin	Top U.S. Performers	lowa	Rank (of 99) 🔘
Clinical Care						4
Uninsured	4%	I~-	3-5%	616	5%	
Primary care physicians	1,030:1			1,030.1	1,370:1	
Dentista	1,670:1			1,240.1	1,500:1	
Mental health providers	980:1			290:1	640.1	
Preventable hospital stays	3.315	\sim		2.761	3.808	
Mammography screening	55%	1~		50%	51N	
Flu vaccinations	58%			53%	53%	

		Marion County	Trend O	Error Margin	Top U.S. Performers	lowa	Rank (of 99) 🌒
	Social & Economic Factors						13
	High school graduation	96%			96%	91%	
	Some college	74%		67-80%	73%	70%	
	Unemployment	2.0%			2.6%	2.5%	
	Children in poverty	10%		7-13%	11%	14%	
	Income inequality	3.9		3.4-4.3	3.7	4.2	
	Children in single-parent households	22%		17-27%	20%	29%	
	Social associations	19.0			18.4	15.2	
	Violent crime	274			63	202	
GR	Injury deaths	64		52-77	58	67	

Needs Attention in the Communities Percentage Selected					
Mental Health counseling (services) / Mental Illness	79% / 76%				
Drug / Illegal substances	54.1%				
Abuse / Violence	52.6%				
Obesity	51.4%				
Aging (Dementia services)	50.4%				
Teen health (Teen health services)	48.6%				
Suicide	42.9%				
Elder assistance programs (services)	36.9%				
Wellness options (services)	36.6.%				
(tie) Public awareness of options & Public transportation (services)	35.6%				

Pavelka's Point Consulting, LLC

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Pella Health Needs Assessment Aug - Oct. 2020 SOCIAL DETERMINATES OF HEALTH - 2020 Food shortage (no=95.6%) • Utility shut off (cannot pay bill) (no=99.7%) Loss of housing (within 2 months) (no=97.5%) Child care access (prevents working or school) (no=78.5%) Need healthcare, avoid because of cost (no=92.7%) 2021-2023 AREAS AND ACTIVITIES Lack of transportation (to key appointments/work) (no=98.5%) Missed work because of transportation (no=98.3%) Reading ability (health materials or other) (no=96.6%) Safety at home (no=98.3%) OBJECTIVES AND STRATEGIES... THINK ABOUT PRIORITIES AND ACTIONS Review current results and questions Population's overall health Define the current strengths for Pella and Marion County Internal Hospital and Public Health services What does it take to sustain these strengths? Community and capacity building Determine top priorities and improvement areas Community orientated education, wellness, and support What needs to be improved or changed? Suggestions for actions CHER - FELA KOWA O4 189 CHER-PRU han SARAH PAVELKA, PHD, MHA, OTR/L, CPHQ, FNAHQ NEXT STEPS AND CONCLUSION PAVELKA'S POINT CONSULTING, LLC 641-780-0810 PAVELKASPT@GMAIL.COM Pavelka's Point Consulting, LLC 4

TOWN HALL ATTENDING KEY STAKEHOLDERS (ENGAGEMENT AND PRIORITIZATION) The following is a list of community members (identified key stakeholders and interested community members) that were able to participate in the Town Hall meeting. In all there were 13 attendees at the October 2020 meeting.

Marion County CHNA Town Hall Meeting – May 1, 2019					
<u>Name</u>	Organization - Title	Email			
Kim Dorn	Marion Co Public Health	kdorn@marioncountyiowa.gov			
Shawn McSheehy	Pella Police Department	Shane.mcsheehy@outlook.com			
Barb Braafhart	Retired – PRHC	Barb.braafhart61@gmail.com			
Stacey Bone	City of Pella	sbone@cityofpella.com			
Charlie Zylstra	Retired – volunteer	rrzylstra@iowatelecom.net			
Dot Beason	Hearthstone	dbeason@westlylife.com			
Jen West	Premise-Vermeer Health	Jen.west@premisehealth.com			
Teresa Hovell	Vermeer Corp	thovell@vermeer.com			
Nancy Hamilton	Hearthstone	nhamilton@westlylife.org			
Robert Zylstra	Self employed	Bob.zylstra@yahoo.com			
Andrea Barker	Pella Regional Health Center	abarker@pellahealth.org			
Amanda Drost	Pella Regional Health Center	adrost@pellahealth.org			
Ethan Butler	Pella Regional Health Center	ebutler@pellahealth.org			
Robert Kroese	Pella Regional Health Center	rkroese@pellahealth.org			
Sarah Pavelka	Pavelka's Point Consulting	pavelkaspt@gmail.com			

Town Hall Outcomes

The following were the outcomes from the October 22, 2020 Town Hall meeting. These outcomes can be further explored in the Detailed Data/ Town Hall Meeting Outcomes. The outcomes were formulated from both primary data (survey) and secondary data (including County Health Rankings). The outcomes were compiled from large and small group round-robin brainstorming sections and then outlined into affinity groups. The following four affinity groups were seen in both meeting sessions.

Priorities
Mental Health: Increase the provided and breadth of services for Mental Health
Childcare Services/ Access
Employment of Healthcare workers
Elderly services and volume of services
Substance Abuse: related health/safety issues
Feen health/ teen services

Community Strategy Formulation and Action Planning

Planning for Improvement Strategies (CHNA Steps 7 & 8)

To complete the final steps of the process, Marion County, Iowa (Pella Regional Health Center and Marion County Public Health) community leadership held meetings starting October 22, 2020. During this step of the Community Health Needs Assessment, Marion County, Iowa community leadership gathered all primary and secondary data, completed a relevance and achievable check, and determined 18 SMART goals (tactics) for their improvement of the community's health. SMART goals are specific, measurable, achievable, relevant, and time-oriented action plans for improvements in the community.

This step also include distribution of the CHNA final report. Starting December 15, 2020, Pella Regional Health Center and Public Health department will be able to be distributed to the community. This report will be sent electronically to all participating and interested community partners for Marion County Public Health and Pella Regional Health Center. The report will be provided, along with prior reports, on the Pella Regional Health Center website (<u>https://www.pellahealth.org/</u>). Paper copies will be distributed to interested parties as requested to Pella Regional Health Center.

	CHNA Imp	lem	<mark>entation Plan Tactics – Pella Regional Healt</mark>	h Center & N	Narion Co Public He	ealth
			CHNA Health Needs Tactics - starting 01/01/2	2021 to 12/3	81/2023	
	CHNA Health Areas of Need		"Specific Actions" to address community health need or "Reasons Why Hospital Will Not" address need.	LEAD	Partners	Timeframe
1	Mental Health					
		а	Increase providers and access			
C	Provide depth and	b	Employment opportunities for providers			
b	readth of services for Mental Health	с	Funding reimbursement for shortage – barrier for services			
•	needs in the communities	d	Improvement of community responses (example EMT education)			
		е	Access to transportation to and from services in other communities			
2	Childcare Services	/ Ac				
ļ	Address childcare	а	Investigate the options and opportunities with Childcare services and access			
S	ervices within the	b	Continue to work with Partnership study			
	communities	с				
3	Employment of He	alth	care workers			
		а	Partnering with community partners for attracting and retaining healthcare workers			
	Attract and retain ealthcare workers	b	Investigate housing options for low income workers available within the community.			
		с				
4	Elderly services a	nd v	olume of services	· · · · · · · · · · · · · · · · · · ·		
		а	Increase in-home support options for elderly residence in communities			
Services for the elderly in the community	b	Increase the availability of staffing options and human capital for elderly services				
	с	Access and availability for adult day/acute services				
			Improvement for funding resources and options for services			

5	5 Substance Abuse					
	Concern for and presence of substance abuse related health/safety issues		Drugs and substance use and presentation services/response			
			Increased access to services			
6	Teen health/ teen s	servi	ices			
		а	Improvement of services and access for teen health			
Se	Services and access for teen health		Continue to work with Community Coalition			

PRIOR ASSESSMENT ACTION PLANS

During the years of 2017 to 2020, Pella Regional Health Center, Marion County Public Health and Community groups along with key community partners worked on improving five (5) strategic tactics for the improvement of the community's heath. For details of the 2017 to 20120 Community Health Needs Assessment tactical (action) planning, please see the detail in the Details Data section of the report. Actions for improvements included but not limited to increasing the number of qualified healthcare workers seeking employments; mental health access, diagnosis and placement; increasing the Medicaid reimbursement; substance abuse service awareness, access, and support; and community health education for wellness, chronic disease screenings.

There were improvements in two (2) of the five (5) areas. The three (3) other areas were slightly improved in their ratings. The improvements did not move the issues to "not a problem"; however, did move the issues to "Somewhat of a Problem" in a majority of the participants taking the survey and during Town Hall prioritization (CHNA steps 5 and 6). In the chart below was provided to the participants at the Town Hall meeting (October 2020) and signifies that Mental Health Services and Substance Use/Abuse still remain a concern for the survey participants.

IMPROVEMENTS – 2017 TO 2020

(NOTE: % MAY NOT ADD UP TO 100% - ALMOST ALL QUESTIONS WERE OPTIONAL)

Priority Area	Not a Problem	Somewhat a Problem	Still a Problem
Expanding healthcare workers seeking employment (Q 14)	22%	55%	22%
Mental Health (access, diagnosis & prevention) (Q 3)	3%	40%	57%
Increase Medicaid reimbursement (Q 14)	13%	54%	32%
Substance abuse prevention (Q 3)	5%	45%	50%
Drug abuse (Q 3)	5.5%	48.5%	46%
Community health education (Q 14)	20%	62%	18%

Evaluation of Progress on Key Priorities and Strategic Alignment (CHNA Step 9)

Pella Regional Health Center and Marion County Public Health departments will continually monitor the action plans for changes and adjustments as key findings present within three years. This assessment and findings will be incorporated into future strategic planning efforts and include a systematic cycle of improvement. Improvements will be completed using performance excellence tools, including but not limited to the Plan, Do, Study, Act improvement cycle and will include as many community partners, agencies, and interested individuals a possible for best outcomes and sustainability.

COMMUNITY (SERVICE AREA) HEALTH STATUS

Primary Research Findings

In summer through fall 2020, Pella Regional Health Center sponsored/conducted primary research (survey) to all residents residing or receiving services in their primary service area, with 420 individual replies.

	Marion County CHNA 2020 Sample by PSA Zips							
#	Zips	County	Returns (% of Total)					
1	Pella, IA- 50219	MARION	64.8%					
2	Knoxville, IA – 50138	MARION	9.5%					
3	Oskaloosa, IA - 52577	MAHASKA	5.0%					
4	Otley, IA - 50214	JASPER	3.1%					
5	Leighton, IA – 50143	JASPER	2.1%					
6	New Sharon, IA – 50207	JASPER	2.1%					
7	Prairie City, IA – 50228	JASPER	1.7%					
8	Sully, IA – 50251	JASPER	1.7%					

REPLIES BY ZIP

Community Healthcare Needs Assessment 2020							
overall quality of the healthcare delivered	(2020)	(2017)	Pella PSA (2014) N=225	Trend			
Top 2 Boxes	89.7 %	91.8%	85.9%				
Very Good	215 (51.2%)	94 (42.9%)	97 (42.7%)				
Good	162 (38.5%)	107 (48.8%)	98 (43.2%)				
Fair	35 (8.3%)	15 (6.8%	27 (11.9%)				
Poor	8 (1.9%)	2 (<1%)	5 (2.2%)				
Very Poor	0 (0.0%)	1 (<1%)	0 (0.0%)				
Bottom 2 Boxes	1. 9 %)	1.4%	2.2%				

OVERALL QUALITY OF SERVICES IN THE COMMUNITY (SERVICE AREA)

RATING OF HEALTH SERVICES

Community Healthcare Needs Assessment 2020						
How would you get a the following boolth	Poor / Very Poor %					
How would you rate the following health services?	Pella PSA		A Pella PSA			
301710031	(2020) N=420	(2017) N=219	(2014) N=225	Trend		
Ambulance Service	<1.0%	5.5%	1.3%			
Child Care	2.4%	17.5%	6.8%			
Chiropractor	<1.0%	5.9%	2.9%			
Dentists	<1.0%	6.4%	5.1%			
Emergency Room	3.3%	11.2%	5.2%			
Eye Doctor / Optometrist	1.1%	7.0%	4.3%			
Family Planning Services	5.5%	12.4%	15.3%			
Home Health	2.3%	7.9%	3.1%			
Hospice	<1.0%	4.1%	0.7%			
Hospital Inpatient Services	2.8 %	4.8%	2.3%			
Mental Health Services	27.8%	11.3%	34.4%			
Nursing Home	3.8%	14.8%	14.2%			
Outpatient Services (lab, radiology, etc.)	3.5%	4.9%	3.7%			
Pharmacy	1.2%	5.0%	2.6%			
Primary Care Doctors	5.3%	10.5%	2.0%			
Public Health Department	3.3%	28.5%	4.5%			
School Nurse	<1.0%	10.7%	1.9%			
Specialist Physician care	5.7%	6.9%	4.7%			
Teen Health (drinking, abuse, safety, pregnancy)	14.1%	NR	NR			

Community Healthcare Needs Assessment 2020						
In your opinion, how much of a problem are the	Major Problem %					
following causes of diseases or disability in your community?		Pella PSA (2017) N=219	Pella PSA (2014) N=225	Trend		
Obesity	49.5%		66.3%			
Mental Disorders	46. 9 %		47.1%			
Diabetes	45. 9 %		59.2%			
Substance Abuse	41.4%		51.5%			
Drug Abuse	39.0%					
Cancer	37.1%		59.6%			
Heart Disease	37.1%		48.6%			
Suicide	23.0%		14.6%			
Stroke	14.7%		19.1%			
Respiratory Disease	14.5%		21.4%			
Trauma	13.5%		10.1%			
Sexually Transmitted Diseases	9.2 %		22.9%			
Pneumonia / Flu	8.8%		13.5%			

CAUSES OF DISEASE OR DISABILITY IN THE COMMUNITY

HEALTH NEEDS BY AGE

Community Healthcare Needs Assessment 2020							
How well do you feel our local health care providers are doingin addressing the health needs of the following age groups?	Pella PSA (2020) N=420	Pella PSA (2017) N=219	Pella PSA (2014) N=225	Trend			
Infants	<1.0%	NR	3.3.%				
Age 1 - 12	<1.0%		2.5%				
Age 13 -17	3.0%		1.3%				
Age 18 - 25	4.2%		2.4%				
Age 26-44	2.8 %						
Age 45 - 64	3.0%		3.4%				
Age 65 - 84	3.8%		5.7%				
Over 85	5.7%		8.2%				

Community Health Needs	Assessmen	t 2020		
Over the past 2 years, did you or your household receive health care services outside of your county?	e <mark>Pella PSA</mark> (2020) N=420	Pella PSA (2017) N=219	Pella PSA (2014) N=225	Trend
Yes	57.1%	69.1%	61.4%	
No	42.9 %	23.7%	38.6%	
Totals	100%	8.2.8%	100%	
Please list the health care services you or your household member(s) have received outside of your county: Number of replied	Pella PSA (2020) N=420	Pella PSA (2017) N=219	Pella PSA (2014) N=225	
Allergy	2			
Cancer	5			
Cardiology	14			
Dental	4			
Dermatology	5			
Emergency Room	4			
ENT	9			
Eye / Surgery	3			
Heart Disease	5			
Mental Health	4			
Neurology	5			
ОВ	2			
Oncology	3			
Orthopedics Surgery	15			
Pain management	2			
Pediatric	8			
Podiatry	2			
Specialty providers	11			
Surgery	13			
If offered, would you have received the services locally	? % of Replies			
Yes	48.1%%			
Maybe	31.1%			
No	20.9 %%			

HEALTH SERVICES OUTSIDE OF THE COUNTY

IMPROVEMENT OF SERVICES

Community Health Needs Assessment 2020

Are there health care services in your community or neighborhood that you feel need to be improved and or changed? (Please be specific)

		•	
Rank	Services	# Replies	% of Replies
1	Mental Health Services	28	6.6%
2	Access to services	6	1.4%
2	Pediatrics	6	1.4%
3	Eating Disorders/ Healthy eating	3	0.7%
3	Women's Health/ Gynecologist	3	0.7%
3	LGBTQ+ services	3	0.7%
7	Specialist/ Orthopedic	2	0.7%
7	Drug Rehab	2	0.7%
7	Dementia services	2	0.7%
7	Oncology/Cancer	2	0.7%
7	Transportation	2	0.7%
12	Men's Health	1	0.2%

THREE YEAR ACTION PLAN IMPROVEMENTS

Community Health Needs Assessments 2020							
Please rate the following areas for your community.	Not a Problem	Somewhat of a Problem	Still a Problem				
Care coordination and expanding rural care	25.9%	49.5%	12.8%				
Access to mental health services at the hospital	5%	35.4%	48.8%				
Access to mental health services in the community	5.2%	32.3%	51.9%				
Lack of qualified healthcare workers seeking employment	19.0%	47.8%	19.0%				
Increased Medicaid reimbursement	10.4%	44.7%	26.6%				
Substance Abuse - Opioid / narcotic use	5.4%	36.9%	43.0%				
Illegal drug and alcohol use	4.0%	36.4%	44.5%				
Community health education	15.4%	52.8%	16.9%				
Fight obesity	8.3%	47.1%	30.7%				
Access to visiting specialist	33.0%	39.7%	16.6%				
Transportation for health services	18.5%	44.0%	23.5%				
Suicide prevention and support	6.1%	41.4%	37.8%				

Community Health Needs Assessment 2020							
Which health needs are most pressing TODAY and are in need of improvement?							
Rank	Health Needs	# Replies	% of Total Replies				
1	Mental Health/Counseling	316	74.4%				
2	Drug/ Illegal substances	220	54.5%				
3	Abuse/Violence	214	53%				
4	Obesity	206	51%				
5	Aging (Dementia services)	203	50.2%				
6	Teen health (Teen health services)	197	48.8%				
7	Suicide	174	43.1%				
8	Elder assistance programs	147	36.9%				
9	Wellness options and services	136	46.7%				
10	Public awareness of options	144	36.2%				
11	Public transportation to health services	141	35.4%				

PRESSING ISSUES FOR TODAY'S IMPROVEMENTS

Community Health Needs Assessment 2020								
How would you rate each of the following in your community?	Very Poor	Poor	Fair	Good	Very Good	Not Aware/Not Applicable	Very Poor + Poor	Good + Very Good
Access to services	2.4%	5.7%	23.8%	42.8%	14.7%	8.1%	8.1%	57.5%
Alcohol use and treatment programs	7.8%	17.4%	27.8%	9.0%	1.9%	33.6%	25.2%	10.9%
Caregiver training programs	0.9%	8.5%	22.6%	25.5%	8.5%	32.3%	9.4%	34%
Drug abuse programs	5.9%	13.1%	34.2%	12.1%	1.4%	2.8%	19.0%	13.5%
Early childhood development programs	0.0%	4.7%	20.2%	32.6%	9.0%	30.9%	4.7%	41.6%
Emergency preparedness	0.9%	2.8%	16.9%	43.8%	26.4%	7.8%	3.7%	70.4%
Food and nutrition services (WIC programs)	1.6%	3.8%	19.0%	39.7%	10%	24.2%	5.4%	49.7%
Health screenings	1.4%	6.1%	20.7%	47.4%	13.5%	9.0%	7.5%	60.9%
Obesity prevention and treatment	3.8%	16.6%	30.2%	12.3%	1.4%	33.5%	20.4%	13.7%
Prenatal / child health programs	1.4%	2.1%	11.2%	38.3%	15.9%	28.8%	3.5%	54.2%
Prevention of falls	0.4%	6.1%	23.1%	23.6%	2.6%	41.6%	6.5%	26.2%
Reduction of opiate/narcotic use	7.1%	16.6%	27.4%	8.5%	1.2%	36.4%	23.7%	9.7%
Sexually transmitted disease testing	1.6%	5.7%	24.7%	21.2%	4.2%	39.2%	7.3%	25.4%
Spiritual health support	0.7%	3.8%	14.5%	40.7%	26.4%	11.9%	4.5%	67.1%
Tobacco prevention / cessation programs	3.1%	8.8%	26.7%	16.6%	4.1%	36.9%	11.9%	20.7%
Transportation (bus) services	10.7%	16.7%	25.7%	22.3%	6.4%	16.4%	27.4%	28.7%
Violence prevention	5.9%	9.5%	25.4%	8.3%	1.4%	42.1%	15.4%	9.7%
Women's wellness programs	3.5%	10%	26.4%	29.5%	8.8%	19.2%	13.5%	38.3%

RATING OF SERVICES FOR COMMUNITY

Personal Health Needs: Survey Results

PERSONAL HEALTH NEEDS: HEALTH DESCRIPTION

Community Healthcare Needs Assessment 2020							
In general, how would you best describe	(2020)	Pella PSA (2017) N=219	Pella PSA (2014) N=225	Trend			
Top 2 Boxes	89.8 %	91.8%	81.7%				
Very Good	215 (51.2%)	94	57 (22%)				
Good	162 (38.6%)	107	120 (59.7%)				
Fair	35 (8.3%)	15	30 (15.9%)				
Poor	8 (1.9%)	2	5 (1.6%)				
Very Poor	0 (0.0%)	1	1 (0.8%)				
Bottom 2 Boxes	1. 9 %	1.4%	2.4%				

PERSONAL HEALTH NEEDS: SOCIAL DETERMINATES OF HEALTH

Community Health Needs Assessment 2020					
Social Determinates of Health – questions for need:	No %	Yes %	Total %		
In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	95.5%	4.5%	100.0%		
In the last 12 months, has your utility company shut off your service for not paying your bills?	99.7%	0.3%	100.0%		
Are you worried that in the next 2 months, you may not have housing?	97.5%	2.5%	100.0%		
Do problems getting child care make it difficult for you to work or study? (leave blank if you do not have children)	78.5%	21.5%	100.0%		
In the last 12 months, have you needed to see a doctor, but could not because of cost?	92.7%	7.3%	100.0%		
In the last 12 months, have you ever had to go without health care because you didn't have a way to get there?	98.5%	1.5%	100.0%		
Do you ever need help reading hospital materials?	98.3%	1.7%	100.0%		
Are you afraid you might be hurt in your apartment building or house?	96.6%	4.4.%	100.0%		
Have you ever missed work or lost a job due to unreliable transportation?	98.3%	1.7%	100.0%		

Community Healthcare Needs Assessment 2020						
Compared to a year ago, how would you rate	(2020)	(2017)	Pella PSA (2014) N=225	Trend		
Much better than a year ago	58 (13.8%)		21 (9.9%)			
About the same	348 (82.8%)		184 (86.8%)			
Much Worse than a year ago	13 (3.1%)		7 (3.3%)			

PERSONAL HEALTH NEEDS: OVERALL HEALTH - 2 YEAR COMPARISON

PERSONAL HEALTH NEEDS: USE OF PRIMARY CARE PROVIDER

Community Healthcare Needs Assessment 2020						
Does your household have a provider you	(2020)	(2017)	Pella PSA (2014) N=225	Trend		
Yes (See detail Section V)	95.7%	NR	NR			
No	4.3%					
Totals	100%		100%			

PERSONAL HEALTH NEEDS: PHYSICAL IN THE LAST 12 MONTHS

Community Healthcare Needs Assessment 2020						
Have you had a physical in the past 12	(2020)	Pella PSA (2017) N=219	Pella PSA (2014) N=225	Trend		
Yes	88.5%	NR	75.7%			
Νο	11.5%		24.3%			
Totals	100%		100.%			
If you have not had a physical, please provide the specific reason:	# of Replies					
No need/Haven't Thought About It/Feel Healthy	13					
No time/Can't schedule/Can't miss work	10					
COVID 19	12					
Need to make time/don't think about it	8					
New to community	2					

Community Healthcare Needs Assessment 2020						
Do you follow these health practices?	Pella PSA (2020) N=420	Pella PSA (2017) N=219	Pella PSA (2014) N=225	Trend		
If over 50, have you had a colonoscopy?	217 (51.6%)	NR	108 (65.6%)			
If male over 50, do you have annual prostate exams?	49 /71 (69.0%)		32 (59.9%)			
If female over 40, do you have annual mammograms?	239/347 (68.8%)		112 (78.9%)			
If female, do you have a pap smear every other year?	208/347 (59.9%)		127 (77.2%)			
Do you get 2.5 hours a week of moderately intense physical activity?	277 (65.9%)		139 (60.4%)			

PERSONAL HEALTH NEEDS: HEALTH PRACTICES

PERSONAL HEALTH NEEDS: HEALTH PRACTICES

Community Health Needs Assessment 2020						
Please complete sentence below - "Are you	No %	N/A %	Yes %	Pella PSA (2014)		
Eating right (Daily, 5 servings of fruits, vegetables, wheat)	44.1%	0.0%	55.9%	132 (58.4%		
Using tobacco products weekly	76%	9.5%	4.5%	22 (10.8%)		
Exercising 2-3 times weekly	27.6%	0.9%	70.7%	145 (59.5%		
Consuming alcohol (more than 1 drink daily)	86.4%	6.2%	6.9%	13 (3.6%)		
Receiving an annual flu shot	10.7%	0.0%	89.0%	167 (75%)		
Been without a place to stay for multiple nights (homeless)	92.6%	6.6%	0.0%			
Have difficulty with employment due to transportation, education, skills, childcare, scheduling, etc.)	1.6%	12.6%	85.0%			

Primary Data (Survey) Demographics of Participants 2020

AGE					
What is your age?	# of Replies	% of Total			
18 to 25	12	2.9%			
26 to 44	119	28.5%			
44 to 64	176	42.1%			
65 to 84	107	25.6%			
85 and over	3	0.7%			
Total	420	100.0%			

GENDER

What is your gender?	# of Replies	% of Total
Female	347	82.6%
Male	63	15%
Prefer not to say	8	1.9%
(blank)	2	0.5%
Total	420	100.0%

IDENTITY

How would you identify yourself?	# of Replies	% of Total
Indian/ Native Alaskan	0	0.0%
Multicultural/ Multiracial	6	1.4%
Asian / Pacific Islander	3	0.7%
Caucasian / White	405	97.6%
Latino / Hispanic	0	0.0%
(blank)	6	1.4%
Total	271	100.0%

HOUSEHOLD

How would you describe your household? (Please select all that apply)	# of Replies	% of Total
Married	255	61.3%
Married; Parent / Guardian with children at home	102	24.5%
Married; children no longer at home	72	17.3%
Single	36	8.7%
Divorced; Parent / Guardian with children at home	22	5.3%
Married; Spouse in Nursing home	1	0.2%
Single; Parent with children no longer at home	1	0.2%
Single; Parent	1	0.2%
Separated	1	0.2%
Widowed	1	0.2%
(blank)	32	7.7%

HEALTH CARE FACILITY

What type of healthcare facility do you use when not feeling well or sick?	# of Replies	% of Total
Clinic/Doctor's office	299	71.7%
Urgent-care/Acute Care	85	20.13
Don't seek care/medical treatment	13	3.1%
Emergency Department	9	2.2%
Telehealth / virtual visits	6	1.4%

MEDICAL INFORMATION

Where do you get most of your medical information?	# of Replies	% of Total
Doctor	298	71.8%
Internet	102	24.6%
Family	6	1.4%
Social Media/Television/ Radio	4	0.9%
Insurance Company	2	0.4%
Friend(s)	2	0.4%

INSURANCE

What type of health insurance coverage is your primary plan?	# of Replies	% of Total
Partially covered by employer (you and employer share cost)	235	56.8%
Covered by employer (employer pays total cost)	51	12.3%
Private Insurance you purchased	25	6.0%
Medicare	95	22.9%
Medicaid	6	1.4%
No coverage (uninsured)	2	0.5%

INVOLVEMENT IN COMMUNITY

Rank	For reporting purposes, are you involved in or are you a (Please check all that apply)	# of Replies	% of Total
1	Hospital or Clinic employee	164	43.7%
2	Consumer of healthcare services	109	29.1%
3	Parent / Caregiver	92	24.5%
4	Healthcare Provider	63	16.8%
5	Education official / Teacher	42	11.2%
6	Civic club member	28	7.5%
7	Farmer / Rancher	18	4.8%
8	Laborer	17	4.5%
9	Business / Merchant	16	4.3%
10	Board member (local health organization)	14	3.7%
10	Retired	14	3.3%
12	Health Department	12	3.2%
13	Clergy / Congregational Leader	10	2.7%
14	Veteran	8	2.1%
15	College / University student	7	1.9%
15	Housewife	7	1.9%
15	Law enforcement	7	1.9%
18	Economic Development/Government	4	1.1%
18	Home	4	1.1%
18	Self-employed	4	1.1%
18	Construction / Housing / Builder	4	1.1%
22	Student (high school)	2	0.5%
22	Insurance industry	2	0.5%

Secondary Research Findings 2020

#	IA Rank of 99 Counties	Definitions	Pella PSA (2020) N=420	Pella PSA (2017) N=219	TREND		
1	Physical Environment	Environmental quality	84	44			
2	Health Factors	Health Factors	17	18			
3	Clinical Care	Access to care / Quality of Care	4	17			
4	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	13	13			
5	Health Outcomes	Health Outcomes	33	26			
6	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	34	44			
7	Morbidity	Quality of life	29	32			
8	Mortality	Length of life	39	31			
http:	http://www.countyhealthrankings.org, released 2019						

OVERALL STATE HEALTH RANKINGS

DEMOGRAPHIC DETAILS: POPULATION AGE, GENDER, ETHIC AFFILIATION (1A)

	Population Indicator	Pella PSA (2020) N=420	Pella PSA (2017) N=219	Trend	State of Iowa
la	Population, Estimate (2018)	33, 407	33,189 (2016)		3,156,145
1a	Population, 2010	33,309	33,309		3,046,355
1a	Persons Under 5 years, Percent	5.8%	5.9%		6.3%
1a	Persons Under 18 years, Percent	23.6 %	24.1%		23.3%
1a	Persons 65 Years and Over, Percent	17.8%	17.2%		16.7%
1a	Female Persons, Percent	50.0%	50.1%		50.3%
1a	White Alone, Percent	94.4%	96.3%		91.1%
1a	Black or African American Alone, Percent	0.8%	0.9%		3.8%
1a	Hispanic or Latino, Percent	2.0%	1.9%		6.0%
1a	Foreign Born Persons, Percent	3.6%	2.6%		5.2%
1a	Language Other than English Spoken at Home, Percent, Age 5+	<1.0%	3.8%		7.6%

Source: US Census – Quick Facts

https://www.census.gov/quickfacts/fact/table/Marioncountyiowa,ia/PST045218

	Population Indicator	Pella PSA (2020) N=420	(2017)	Pella PSA (2014) N=225	Trend	State of Iowa
1b	Veterans	370	271 (2011-16)	248 (2010)		188,867
lb	Living in Same House 1 Year & Over, Percent	74.8 %		84.3% (2009)		84.8%
lb	Persons per Square Mile	60.2%	60.1 (2010)	60.1 (2009)		71.1%
b	Children in Single-Parent Households, percent (County Health Rankings)	22%		18% (2010)		29.0%
b	Poverty Levels, (Iowa Health Fact Book)	9.2%	9.2%	9.1% (2007)		12.7%
b	Limited Access to Healthy Foods, 2019 (County Health Rankings)	3.0%		NA		6.0%
	People 65+ with Low Access to a Grocery Store, (US Dept of Agriculture- Food Atlas)	2.4% (2015)	2.2%	2.5%		3.6%
b	Voter Turnout, percent (Iowa Secretary of State)	61.28% (2018)		NA		61.55%

DEMOGRAPHIC DETAILS: POPULATION STATUS (1B)

Source: Unless stated source: US Census – Quick Facts

U.S. Census Bureau QuickFacts: Davis County, Iowa; Iowa

ECONOMIC DETAILS (2)

	Economic Indicator	Pella PSA (2020) N=420	Pella PSA (2017) N=219	Pella PSA (2014) N=225	Trend	State of Iowa
	Per Capita Money Income in Past 12 Months (2017 dollars)	\$29,640	\$26,280	\$25,062		\$31,085
2	Housing Units in Multi-Unit Structures, Percent	13.5%	13.9% (09- 13)	12.7%		18.4%
2	Persons per Household	2.4	2.4 (11-15)	2.5		2.41
2	Severe Housing Problems (County Health Rankings)	11%	10.0%			12.0%
2	Retail Sales per Capita (Business Quick Facts)	\$18,895				\$14,607
2	Total Number of Firms (Business Quick Facts)	852		3,254		259,121
2	Unemployment (County Health Rankings)	2.0%	3.2%	6.3%		2.5%
2	Overall Food Insecurity Rate (Feeding America)	10.3%		11.5% (2013)		
2	Child Food Insecurity Rate (Feeding America)	14.4%	15.8% (2015)			10%
2	Grocery stores / 1,000 pop (US Department of Agriculture- Food Atlas)	0.27 (2014)	0.3	0.18 (2009)		0.3
	Low-Income and Low Access to a Grocery Store, (US Department of Agriculture – Food Atlas)	2.66% (2015)	3.0%	2.2% (2009)		3.6%
	Mean Travel Time to Work (Minutes), Workers Age 16+			20.4 (2006)		19.1
	Long Commute - Driving Alone (County Health Rankings)	26%				20.0%

Source: Unless stated source: US Census – Quick Facts https://www.census.gov/quickfacts/fact/table/Marioncountyiowa,ia/PST045218

PUBLIC SCHOOLS HEALTH DELIVERY (3A AND 3B)

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

	Education Indicator	(2020)		Pella PSA (2014) N=225	Trend	State of Iowa
3a	Students Eligible for Free Lunch (%) (US Department of Agriculture – Food Atlas)	21.7%	31.0%	30.7%		30.0%
	4-Year High School Graduation Rates (Quick Facts)	96 %	92.0%	94%		91%
	Bachelor's Degree or Higher, Percent of Persons Age 25+, (Quick Facts)	37.2%	24.8%	23.5%		28.2%

	Education/Health Indicators	Pella PSA Community School District (2019)	Pella Co Community School Districts (2017)
1	Number of Public-School Nurses	Will be provided in fall	1FT/3PT
2	School Wellness Plan in Place (Active)	of 2020	YES
3	VISION: Number Screened / Referred to Prof / Seen by Professional		NA
4	HEARING: Number Screened / Referred to Prof / Seen by Professional		NA
5	ORAL HEALTH: Number Screened / Referred to Prof / Seen by Professional		P: 302/16/NA, PC: 117/9/NA
6	SCOLIOSIS: Screened / Referred to Prof / Seen by Professional		Do not screen
7	Students Served with No Identified Chronic Health Concerns		NA
8	Students Served with Identified Chronic Health Concerns		NR
9	Tdap Vaccine Provided to Children Age 10-18		NR
10	School has a Suicide Prevention Program		P: NA, PC: YES
11	Compliance on Required Vaccinations		P: 99%,
	 2-year-old benchmark (DTaP, HepB, MMR, Hib, Polio, Varicella, Pneumo.) 		PC: 94%
	 Adolescent benchmark (TdapTd, HepB, MMR, Varicella, Meningo) 		
	Adolescent HPV benchmark		

MATERNAL AND INFANT HEATH (4A AND 4B)

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

	Health Indicator	Pella PSA (2020) N=420	Pella PSA (2017) N=219	Pella PSA (2014) N=225	Trend	State of Iowa
4a	Mothers Who Began Prenatal Care in First Trimester (Iowa Health Fact Book)	599	687	88.4%		Rank 21
4a	Annual Birth Outcome % Preterm (March of Dimes)	8.5%	12.0%			9.1%
4a	Low Birth Weight (<2500 Grams) (Iowa Health Fact Book)	57.2%	6.0%	6.1%		Rank 24
4a	Mothers Who Smoked During Pregnancy (Iowa Health Fact Book)	164	131			Rank 21
4a	Mothers under Age 20 (Iowa Health Fact Book)	27	29			Rank 24
4a	Out-of-Wedlock Births (Iowa Health Fact Book)	197	283	115		Rank 24
4a	Average Monthly WIC Participation (https://datacenter.kidscount.org)	23.5%	2.5%	24.5%		26.9% (2017)

LIVE BIRTHS (4B)

	Vital Statistics	Marion County, Iowa	Trend	State of Iowa
4	Total Live Births, 2012	368		38,686
4	Total Live Births, 2013	390		39,013
4	Total Live Births, 2014	368		39,685
4	Total Live Births, 2015	346		39,467
4	Total Live Births, 2016	408		39,054
4	Total Live Births, 2017	360		
4	Total Live Births, 2018	322		

Source: Iowa Department of Public Health, Vital Statistics

HOSPITAL SPECIFIC DETAILS (5)

Understanding provider access and disease patterns are fundamental in healthcare delivery.

	Health Indicator	N=420	Pella PSA (2017) N=219	Pella PSA (2014) N=225	Trend	State of Iowa
	Primary Care Physicians per 1 (County Health Rankings)	1,030:1	1,040:1	983		1,370
	Preventable Hospital Stays (County Health Rankings)	53	54	68		49
5	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest) (CMS Hospital Compare)	82%	77%			78.0%
	Patients Who Reported Yes, They Would Definitely Recommend the Hospital (CMS Hospital Compare)	83%	74.5%			72.0%
	Average Time Patients Spent in the Emer. Department Before They Were Seen by a Healthcare Professional, minutes (CMS Hospital Compare)	NR	3.0			25.26
	Medicare Hospital Spending per Patient (Medicare Spending per Beneficiary) (CMS Hospital Compare)	Not Avail	Not Avail.			\$0.92
	Unplanned Readmission Rate (new 2018) (CMS Hospital Compare)	1 5.3% (Nat Rate)				15.3% (national)

BEHAVIORAL AND MENTAL HEALTH PROFILE

	Health Indicator	PSA (2020)	PSA (2017)	Pella PSA (2014) N=225	 State of Iowa
6	Depression: Medicare Population (Center for Medicare and Medicaid Services)	17%	15.8%		13.8%
	Alcohol-Impaired Driving Deaths, (3 of 6 Total Driving Deaths) (County Health Rankings)	42 %	27%		27%
6	Poor Mental Health Days (County Health Rankings)	3.3	2.0	2.1	3.6

HEALTH BEHAVIORS PROFILE (7A)

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

	Health Indicator	(2020)	Pella PSA (2017) N=219	Pella PSA (2014) N=225	Trend	State of Iowa
7a	Adult Obesity	34%	33%	32%		33%
7a	Adult Smoking	15%	16%	20%		17%
7a	Excessive Drinking	21%	19%	12%		22%
7a	Physical Inactivity	26%	24%	25%		24%
7a	Poor Physical Health Days	3.0	2.9	2.1		3.3
7a	Sexually Transmitted Infections (per 100,000 residents)	287	249.9			441.6

Source: County Health Ranking (7A)

CHRONIC HEALTH PROFILE (7B)

	Health Indicator – Medicare Population	Pella PSA (2020)	Pella PSA (2017)	Trend	State of Iowa
7b	Asthma	2.86%	2.9%		4.08%
7b	Atrial Fibrillation	9.09%	8.8%		9.01%
7b	Cancer	7.73%			7.56%
7b	Chronic Kidney Disease	19.53%	11.5%		20.91%
7b	COPD	10.25%	9.7%		11.28%
7b	Diabetes	22.90 %	26%		24.15%
7b	Heart Failure	11.56%			12.77%
7b	Hyperlipidemia	36.92%	23.6%		38.88%
7b	Hypertension	54.53%	49.2%		53.62%
7b	Osteoporosis	6.63 %			5.99%
7b	Stroke	2.18 %	2.0%		2.91%

Source: Center for Medicare and Medicaid Services (7B) https://cms-

oeda.maps.arcgis.com/apps/MapSeries/index.html?appid=2653fc1758474036a46c1a2f47d4d243

MORTALITY PROFILES

The leading causes of county deaths are listed below.

	Health Indicator	Pella PSA (2020) N=420	Pella PSA (2017) N=219	Pella PSA (2014) N=225	Trend	State of Iowa
	Life Expectancy Females (Institute for Health Metrics and Evaluation)	81.8	80.9	NA		81.9
	Life Expectancy Males (Institute for Health Metrics and Evaluation)	76.7	77.2			77.5
8	Infant Deaths (Iowa Health Fact Book)	6				Rank 15

CAUSE OF DEATH

#	Causes of Death by County of Residence	Pella PSA (2020) N=420	Pella PSA (2017) N=219	Pella PSA (2014) N=225	Trend (2014)	State of Iowa Rank
	All Causes	1,712	1,602	454		21
1	Heart Disease	502	422			16
2	All Cancer	407	369			21
3	Lung Cancer	106	94			21
4	Chronic Obstructive Pulmonary Disease	92	69			22
5	Stroke	90	94			18
6	Alzheimer's Disease	89	85			18
7	Accidents and Adverse Effects	65	61			23
8	Pneumonia/Influenza	47	54			15
9	Diabetes Mellitus	35	36			38
10	Suicide	28				20
11	Falls	23				26
12	Firearms	21				13
13	All Transportation	17				26
14	Motor Vehicle Traffic	13				37

Source: Iowa Health Fact Book

PREVENTATIVE HEALTH (COUNTY HEALTH RANKINGS)

	Health Indicator	Pella PSA (2020)	Pella PSA (2017)	_	State of Iowa
9	Access to Exercise Opportunities	86%	72%		83%
	2-Year-Old Coverage of Individual Vaccines and Selected Vaccination Series, (Iowa Immunization Program)	75%	72%		71.0%
9	Diabetic Prevalence	11%	10%		10%
9	Mammography Screening	55%	70%		51%
9	Limited Access to Healthy Food	3%	3.0%		6.0%
9	Percent Annual Check-Up Visit with PCP	NA	NA		NA
9	Percent Annual Check-Up Visit with Dentist	NA	NA		NA
9	Percent Annual Check-Up Visit with Eye Doctor	NA	NA		NA

UNINSURED PROFILES (SOURCE: IOWA HEALTH FACT BOOK)

	Health Indicator	Pella PSA (2020)	Pella PSA (2017)	Trend	State of Iowa
10a	Uninsured (Under 65), 2010	4.0%	6.0%		5%

BAD DEBT AMOUNT

	Pella Regional Health Center	YR14	YR15	YR16	YR16	YR17	YR18	YR19	TREND
10b	Bad Debt	\$1,583,195	\$1,865,820	\$1,689,214	\$1,866,000	\$1,689,000	\$1,402,000	\$1,760,367	
10b	Charity Care	\$351,897	\$351,822	\$323,769	\$756,000	\$697,000	\$723,000	\$376.358	

Inventory of Community (Service Area) Health Partners

Other providers can be found at https://www.pellahealth.org/doctors/

Family Medicine Pella Regional Health Center 404 Jefferson Street, Pella, IA 50219 641-621-2200 Scot Dykstra, DO Rebecca Dykstra, DO Jennifer Elkin, DO Luca Mihalovich, DO Elizabeth Wooster, MD Mitch Blom, DO Spencer Carlstone, MD Danielle Clark, DO Anne Hellbusch, DO Gregory Ingle, DO (Prairie City) Orville Jacobs (Sully, Bussy, P City) John Kanis, DO Kevin Mace, DO Richard Posthuma, MD Daniel, Rowley, MD Heidi Van Maanen, DO Tereasa Van Zee, DO Galyn Vande Zande, DO Nancy Vander Broek, DO Heidi Wintermote, DO Craia Wittenberg, MD Marsha Collins, PA-C Jamie Amble, NP-C Diane Dejong, PA-C (Sully Clinic) Jennifer Sheffield, PA-C Jamie Steenhoek, ARNP (Prairie City) Jennifer Wadle, PA-C

Pella Regional Health Center

Ottumwa Clinic – Family Practice

Allison Crall, ARNP (Ottumwa Clinic) Bethanne Stevens, ARNP (Ottumwa) Jana Van Haaften, ARNP (Ottumwa)

Pella Regional Health Center Knoxville Clinic - Family Practice

1208 N. Lincoln Knoxville, IA 50138 641-828-3832 Jennifer Elkin, DO Kevin Mace, DO Richard Posthuma, MD Craig Wittenberg, MD Emergency Dept./Medical Surgical Pella Regional Health Center 404 Jefferson Street, Pella, IA 50219 641-621-2200 Matthew Gritters MD Ryan Thoreson, DO Stephen Barnes, DO JD Cambron, DO Karen Emmert, PA-C Jeffrey Hartung, DO

<u>General Surgery</u>

Pella Regional Health Center 404 Jefferson Street, Pella, IA 50219 641-621-2200 Matt Morgan, DO Christina Kelley, PA-C John Welander, MD, FACS

<u>Allergy</u>

Pella Regional Health Center 404 Jefferson Street, Pella, IA 50219 641-621-2200 Ravinder Agarwal, MD

<u>Audiology</u>

Pella Regional Health Center 404 Jefferson Street, Pella, IA 50219 641-621-2200 Dean Kayser, AUD Curtis Pargeon, COHC, HIS Dotty Walters, AUD

<u>Cardiology</u>

Pella Regional Health Center

404 Jefferson Street, Pella, IA 50219 641-621-2200 Joel From, MD Sandy Hall, ARNP Daniel Shivapour, MD

<u>Chiropractic</u>

VanHemert Chiropractic 1310 Washington St., Pella, IA 50219 641-628-2099 Dr. Russell VanHemert, DC Browne Family Chiropractic 110 10th St., Pella, IA 50219 641-628-3133 Dr. Beau Browne, DC

Red Rock Chiropractic 1400 Fifield Road, Pella, IA 50219 641-628-9991

Hanlon Chiropractic Wellness 700 Main St Ste 213, Pella, IA 50219 Website: www.hanlonchiro.com 641-628-8800

Andersen Chiropractic & Wellness 1910 Washington St., Pella, IA 50219 641-621-1910

Van Wyk Chiropractic Center 911 Washington St., Pella, IA 50219 641-628-3511

Pella Family Chiropractic & Massage 504 Franklin St., Pella, IA 50219 641-628-7240

Dentists Pella Family Dentistry 2300 Washington Street, Pella, IA 50219 641-628-2671 Micha Vermeer, DDS

Recker Dental Care 2114 Washington Street, Pella, IA 50219 641-628-1604 Eric Recker, DDS Leigh Rasmussen, DDS

Allen & Neumann Family Dentistry 839 Broadway Street, Pella, IA 50219 641-628-1121 Jeffrey Allen, DDS Denise Neumann, DDS

Dahm Dental 2018 Washington Street, Pella, IA 50219 641-628-2468 Barnes, David, DDS 715 Main Street, Pella, IA 50219 641-628-2671 David Barns, DDS Kim Wass, DDS

Vannucci, Gregory, DDS 2601 Washington Street, Pella, IA 50219 641-628-2011

Shamrock Dental Co 1105 Big Rock Park Rd 641-628-1840

Pella Orthodontics 901 W. 16th Street Ste 100, Pella, IA 50219 641-628-9195

Dermatology/Plastic Surgery Pella Regional Health Center 404 Jefferson Street, Pella, IA 50219 641-621-2200 Vincent Angeloni, MD Rosa Stocker, ARNP Jacquelyn Swim, ARNP

<u>ENT</u> **Pella Regional Health Center** 404 Jefferson Street, Pella, IA 50219 641-621-2200 Heidi Close, MD

<u>Home Care Agencies</u> **Quality Home Care Professionals** 101 E Marion, Knoxville, IA 50138 641-828-7889

Iowa Home Care 2521 Washington, Pella, IA 50219 641-620-1528

Home Instead Senior Care 888-331-3242

Marion County Public Health Kim Dorn, Director 2003 N Lincoln, Knoxville, IA 50138 641-828-2238

Every Step Hospice

213 E Main, Suite 103, Knoxville, IA 50138

<u>Hospitalist</u>

Pella Regional Health Center

404 Jefferson Street, Pella, IA 50219 641-621-2200 Charles Canedy, MD Ron Childerson, DO Don Nguyen, MD

Internal Medicine

Pella Regional Health Center 404 Jefferson Street, Pella, IA 50219 641-621-2200 Maria Lao, MD Doug Kanis, DO Robin Vande Voort, MD

<u>Mental Health</u>

Pella Regional Health Center 404 Jefferson Street, Pella, IA 50219 641-621-2200 Charles Ingel, LMHC

Nursing Home/Assisted Living

Westley Life Services Hearthstone, Pella Manor The Cottages Fair Haven

<u>OB/Gynecology</u>

Pella Regional Health Center 404 Jefferson Street, Pella, IA 50219 641-621-2200 Joseph Coleman, MD FACOG Dale Lensing, MD Rebecca Dykstra, DO Lucas Mihalovich, DO Elizabeth Wooster, MD Spencer Carlstone, MD Anne Hellbusch, DO Richard Posthuma, MD Daniel Rowley, MD Tereasa Van Zee, DO Craig Wittenberg, MD

Oncology Pella Reginal Health Center 404 Jefferson Street, Pella, IA 50219 641-621-2200 Mathew Wehbe, MD Abdelaziz ElHaddad, MD Kristel Howell, ARNP

Ophthalmology/Optometrist

Pella Regional Health Center 404 Jefferson Street, Pella, IA 50219 641-621-2200 Ryan Vincent, MD

Family Eye Care Center, PC 518 Franklin Street, Pella, IA 50219 641-628-2023

Whylie Eye Care Center 1534 Washington Street, Pella, IA 50219 641-628-2530

Eye Care Partners, PC 823 Franklin Street, Pella, IA 50219

641-628-9225

Orthopaedics Pella Regional Health Center 404 Jefferson Street, Pella, IA 50219 641-621-2200

Steven Aviles, MD Michael Gainer, MD Ze-Hui Han, MD Christopher Vincent, MD Benjamin Beecher, MD Eric Dolash, PA-C Joe Galles, MD Mark Matthes, MD Dudley Phipps, PA-C Trevor Schmitz, MD Kurt Smith, DO

<u>Specialist</u>

Pella Regional Health Center

404 Jefferson Street, Pella, IA 50219 641-621-2200 Bruce Buchsbaum, MD (Nephrology) Johanna Schmolck, MD (Nephrology) Mikhail Shkiryak, ARNP (Neurology) Matthew Doty, MD (Occup. Medicine)

Leah Bruxvoort, ARNP (Occup. Med)

Thomas Klein, DO (Pain Management) Wesley Rayburn, MD (Pain Mgmt) Jill Frerichs, DPM (Podiatry) Gerard Matysik, DO (Pulmonary Med) Shelby Dames, MD (Rheumatology) Jason Wittmer, MD (Sleep Disorders) Russell Bandstra, MD (Urology) Aaron Smith (Urology) Douglas Massop, MD (Vascular Surg) Maria Lao, MD (Weight Management) Veterans Care VA Central IA Healthcare System Based Outpatient Clinic 1607 N Lincoln Knoxville, IA 50138 641-828-5020

Marion County Veteran Affairs 214 E Main Knoxville, IA 50138 641-828-2201

Community (Service Area) Resources - Inventory of Services

Invent	ory of Health Services – Pella service area, Publi	ic Health De	epartment, and	d Primary
Servic	e Área (Marion County, IA)		- · ·	-
Cat	Healthcare Services Offered in County: Yes / No	PRHC	Health Dept	County
Clinic	Primary Care	Yes	No	Yes
Hosp	Alzheimer Center	Yes	No	Yes
Hosp	Ambulatory Surgery Centers	Yes	No	Yes
Hosp	Arthritis Treatment Center	Yes	No	No
Hosp	Bariatric/Weight Control Services	Yes	Yes	No
Hosp	Birthing/LDR/LDRP Room/ Obstetrics	Yes	No	Yes
Hosp	Breast Cancer	Yes	No	Yes
Hosp	Burn Care	No	No	No
Hosp	Cardiac Rehabilitation	Yes	No	Yes
Hosp	Cardiac Surgery	No	No	No
Hosp	Cardiology Services	Yes	No	Yes
Hosp	Case Management	Yes	Yes	Yes
Hosp	Chaplaincy/Pastoral Care Services	Yes	No	Yes
Hosp	Chemotherapy	Yes	No	Yes
Hosp	Colonoscopy	Yes	No	Yes
Hosp	Crisis Prevention	No	Yes	Yes
Hosp	CT Scanner	Yes	No	Yes
Hosp	Diagnostic Radioisotope Facility	Yes	No	No
Hosp	Diagnostic/Invasive Catheterization	No	No	No
Hosp	Enrollment Assistance Services	Yes	No	Yes
Hosp	Full Field Digital Mammography (FFDM)	Yes	No	Yes
Hosp	Genetic Testing/Counseling	Yes	No	No
Hosp	Geriatric Services	Yes	Yes	Yes
Hosp	Heart	No	No	No
Hosp	Hemodialysis	No	No	Yes
Hosp	HIV/AIDS Services	No	No	No
Hosp	Image-Guided Radiation Therapy (IGRT)	No	No	No
Hosp	Inpatient Acute Care - Hospital Services	Yes	No	Yes
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No	No	No
Hosp	Intensive Care Unit	Yes	No	No

Inventory of Health Services - Pella Service Area and Marion County, Iowa

	ory of Health Services – Pella service area, Public H	ealth De	epartment, and	d Primary
	e Area (Marion County, IA)			
Cat	Healthcare Services Offered in County: Yes / No	PRHC	Health Dept	County
Hosp	Intermediate Care Unit	Yes	No	Yes
Hosp	Interventional Cardiac Catheterization	No	No	No
Hosp	Isolation room	Yes	No	Yes
Hosp	Kidney	No	No	No
Hosp	Liver	No	No	No
Hosp	Lung	No	No	No
Hosp	Magnetic Resonance Imaging (MRI)	Yes	No	Yes
Hosp	Mobile Health Services	Yes	No	Yes
Hosp	Multi-slice Spiral Computed Tomography (<64 slice CT)	Yes	No	Yes
Hosp		No	No	No
Hosp	Neonatal	No	No	No
Hosp	Neurological Services	No	No	No
Hosp	Occupational Health Services	Yes	No	Yes
Hosp	Oncology Services	Yes	No	Yes
Hosp	Orthopedic Services	Yes	No	Yes
Hosp	Outpatient Surgery	Yes	No	Yes
Hosp	Pain Management	Yes	No	No
Hosp	Palliative Care Program	Yes	No	No
Hosp	Pediatric	Yes	No	Yes
Hosp	Physical Rehabilitation	Yes	No	Yes
Hosp	Positron Emission Tomography/CT (PET) (PET/CT)	Yes	No	Yes
Hosp	Psychiatric Services	Yes	No	Yes
Hosp	Radiology, Diagnostic & Therapeutic	Yes	No	Yes
Hosp	Reproductive Health	Yes	No	No
Hosp	Robotic Surgery	No	No	Yes
Hosp	Sleep Center	Yes	No	Yes
Hosp	Social Work Services	Yes	Yes	Yes
Hosp	Sports Medicine	Yes	No	Yes
Hosp	Swing Bed Services	Yes	No	Yes
Hosp	Transplant Services	No	No	No
Hosp	Trauma Center-Level IV	Yes	No	Yes
Hosp	Ultrasound	Yes	No	Yes
Hosp	Women's Health Services	Yes	Yes	Yes
Hosp	Wound Care	Yes	No	Yes
SR	Adult Day Care Program	No	No	No
SR	Assisted Living	Yes	No	Yes
SR	Home Health Services	Yes	Yes	Yes
SR	Hospice	Yes	No	Yes
SR	Long-Term Care and Nursing Home Services	Yes	No	Yes
SR	Retirement Housing	No	No	Yes
SR	Skilled Nursing Care	Yes	No	Yes
ER	Emergency Services	Yes	No	Yes
ER	Urgent Care Center	Yes	No	No
ER	Ambulance Services	Yes	No	Yes
	Alcoholism-Drug Abuse	No	 No	Yes
SERV	Blood Donor Center	No No	No	No
		No No	No	Yes
SERV	Chiropractic Services	טאו	טאו	162

Invento	nventory of Health Services – Pella service area, Public Health Department, and Primary							
Service	Service Area (Marion County, IA)							
Cat	Healthcare Services Offered in County: Yes / No	PRHC	Health Dept	County				
SERV	Complementary Medicine Services	No	Yes	No				
SERV	Dental Services	No	Yes	Yes				
SERV	Fitness Center	No	No	Yes				
SERV	Health Education Classes/Health Fairs/ Support Groups	Yes	Yes	Yes				
SERV	Health Information Center	Yes	Yes	Yes				
SERV	Health Screenings	Yes	Yes	Yes				
SERV	Meals on Wheels	No	Yes	Yes				
SERV	Nutrition Programs	Yes	Yes	Yes				
SERV	Patient Education Center	Yes	No	No				
SERV	Teen Outreach Services	No	No	Yes				
SERV	Tobacco Treatment/Cessation Program	Yes	By Referral	Yes				
SERV	Transportation to Health Facilities	No	No	Yes				
SERV	Wellness Program	Yes	Yes	Yes				

Providers Delivering Care – Marion County, Iowa

CARE DELIVERY

Care Providers						
	FTE Physician	S	FTE Allied Staff			
# of FTE Providers working in Primary Service Area (PSA)	n Primary PSA Based Visiting DRs DRs Commun.		PSA Based PA / NP			
Primary Care:						
Family Practice	21		9			
Internal Medicine/Geriatrician	3					
Obstetrics/Gynecology	11					
Pediatrics	0					
Medicine Specialists/ Visiting Specialist:						
Allergy/Immunology	1					
Audiology	2		1			
Cardiology	2		1			
Dermatology	1		2			
Endocrinology	0					
ENT (Ear/Nose/Throat)	1					
Gastroenterology	0					
Oncology/Radiology	2		1			
Orthopedics /Surgery	9		2			
Orthotics/Prosthetics	0					
Infectious Diseases	0					
Neonatal/Perinatal	0					
Nephrology	2					
Neurology			1			

Care Providers						
	FTE Physician	S	FTE Allied Staff			
# of FTE Providers working in Primary Service Area (PSA)	PSA Based DRs	Visiting DRs Commun.	PSA Based PA / NP			
Occupational Medicine	1		1			
Physical Medicine/Rehab						
Podiatry	1					
Psychiatry	0					
Pulmonary	1					
Rheumatology	1					
Surgery Specialists:						
General Surgery/Colon/Oral	2		1			
Neurosurgery	0					
Ophthalmology/Optometry	1					
Otolaryngology (ENT)	1					
Plastic/Reconstructive	0					
Thoracic/Cardiovascular/Vascular	0					
Urology	2					
Women's Health			1			
Vascular Surgery	1					
Hospital Based:						
Anesthesia/Pain	2		4			
Electromyography						
Emergency	5		1			
Radiology	2					
Pathology		2				
Hospitalist	3					
Non-Hospital Based (Community):						
Chiropractor		7				
Optometrist		5				
Dentist		11				

Service Directory

EMERGENCY NUMBERS

Police/ Sheriff	911
Fire	911
Ambulance	911

NON-EMERGENCY / MUNICIPAL NUMBERS (MARION COUNTY, IOWA)

Marion County Sheriff (Police)	(641) 828-2220
Pella EMS	(641) 628-1780
Pella Fire	(641) 628-4921
Pella Police	(641) 628-4921

QUICK REFERENCE PHONE GUIDE

Action Now	1-800-622-5168
Al-Anon "Free to Be Me"	(515) 462-4253
Alcoholics Anonymous	(515) 282-8550
Alzheimer's Disease Helpline	1-800-272-3900
American Cancer Society	1-800-227-2345
American Red Cross	1-800-887-2988
Arthritis Foundation	1-866-378-0636
Battered Women	1-800-433-SAFE
Child Abuse Hotline	1-800-795-9606
Dependent Adult Abuse Hotline	1-800-362-2178
Dependent Adult and Child Abuse	1-800-652-9516
Domestic Abuse Hotline	1-800-942-0333
First Call for Help	(515) 246-6555
Foundation Through Crisis	1-800-332-4224
Gambling Hotline	1-800-238-7633
Iowa Arson/Crime Hotline	1-800-532-1459
Iowa Child Abuse Reporting Hotline	1-800-362-2178
Iowa State Patrol Emergency	1-800-525-5555
Medicare	1-800-MEDICARE
Mental Health Information and Referral	1-800-562-4944
National Alcohol Hotline	1-800-252-6465
National Center for Missing and Exploited Children	1-800-THE LOST
National Institute on Drugs	1-800-662-4537
Poison Control	1-800-222-1222
Senior Health Insurance Info Program (SHIIP)	1-800-351-4664
Substance Abuse Information & Treatment	1-800-662-HELP
Suicide Prevention Hotline	1-800-SUICIDE
Teen Line (Red Cross)	1-800-443-8336

GENERAL ONLINE HEALTH RESOURCES

Doctors and Dentists—General

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

Hospitals and Clinics—General

<u>Find a Health Center</u> (Health Resources and Services Administration) <u>Find a Provider: TRICARE Provider Directories</u> (TRICARE Management Activity) <u>Hospital Quality Compare</u> (Centers for Medicare & Medicaid Services)

Doctors and Dentists—Specialists

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

Other Healthcare Providers

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

Hospitals and Clinics—Specialized

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

Other Healthcare Facilities and Services

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

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

DATA DETAILS

Plan Tactics for Marion County, Iowa - 2017 to 2020

Pella Regional Health Center CHNA-Health Implementation Plan

2018 - 2020 Health Needs - Primary Service Area (Marion County IA)

	2018 - 2020 Health Needs - Primary Service Area (Marion County IA)						
#	CHNA Health Areas of Need		Specific Actions to Address Need	LEAD	Partners	Timeframe	
1	Lack of Qualified Healthcare Workers Seeking Employment	а	Enhance marketing strategies with our website to really share our story as it relates to employment. (Small hospital, friendly work environment, opportunities for professional development, progressive in industry, etc.)	Human Resources	Marketing & Communication	Ongoing	
		b	Enhance connection with High Schools to educate on Healthcare Careers	Human Resources	Professionals in a cross section of PRHC	Ongoing	
		С	Enhance college student connections with Pella Regional Health Center to draw potential seekers to PRHC. (i.e., Welcome to Nursing School cards/flyers and other communications)	Human Resources	Marketing & Communication	Ongoing	
		d	Retention Measures— *enhance succession planning for professionals to see additional growth opportunities within. *enhance orientation experience to integrate staff into their work environment	Human Resources	Leadership Team	Ongoing	
2	Mental Health (Access, Diagnosis and Placement)		Note: This is not part of Pella Regional's mission or core business operations. PRHC will partner with Pine Rest on actions		CROSS (Regional services in Iowa)		
		а	Monitor collaborative partnership with PineRest to provide service as needed.	PineRest PRHC	PineRest PRHC	Ongoing	
		b	Increase patients' and Provider/Staff knowledge/awareness of available services	PineRest PRHC	PineRest PRHC Marion Co Public Health Dept	ongoing	
		С	Increase outpatient services to prevent the need for inpatient services	PineRest PRHC	PineRest PRHC Marion Co Public Health Dept	Ongoing	
		d	24/7 Crisis stabilization services/placement decreases the admissions to inpatients thereby increasing the availability of IP beds	Marion & Mahaska Counties	PRHC, PineRest, Knoxville Comm Hospital, Mahaska Health Partnership	2015	
3	Increase Medicaid Reimbursement	а	Monitor state and federal regulations for changes to laws	CEO & Public Relations	IHA, AHA	Ongoing	
		b	Follow AHA and IHA on Medicaid reimbursement issues.	CEO & Public Relations	IHA, AHA	Ongoing	
		С	Communicate with legislators regarding effects of legislation on Medicaid payments	Public Relations	PRHC	Ongoing	

		d	Mobilize Pella Regional constituents to communicate with legislators regarding Medicaid payment issues.	Public Relations	PRHC	Ongoing
4	Substance Abuse (Meth, Marijuana, Opioids, Prescription Drugs)	а	Increase patients and providers/Staff knowledge/awareness of available services	PineRest & PRHC	PineRest, PRHC, Marion Co Public Health Dept.	Ongoing
		С	Educate Providers on screening questions/tools to evaluate patients	PineRest, PRHC	PineRest, PRHC	Deploy in clinics
		d	Continue to monitor prescription drug abuse. Support providers in discouraging prescription drug abuse. On-going program within the ED and Clinic. Tracks potential abusers and avoid prescribing narcotics to patients who do not have a relationship with PRHC provider.	PRHC	Area Drug Stores and Physicians	On-going program
5	Community Health Education (Own Personal Health)	а	Promote wellness exams annually	Public Relations	PRHC, Marion Co Public Health Dept	Annual in April-June
		b	Add wellness information to www.pellahealth.org	Public Relations	PRHC	July-Dec 2018
		С	Utilize Health Partners to communicate with chronic illness patients regarding scheduling of exams and testing	Clinic	PRHC	Ongoing

Iowa Hospital Data (Secondary Research)

Ambulatory Surgery

IOWA Assoc	Hospital Ciation						imens	ions
Patient Type: Place of Service: Template Name: Report Name: Facility: Market Area: Time Period:	Outpatient Amb Surgery Market and Facility CHNA Amb Surgery 2017-2019 Pella Regional Health Center Marion Amb Surgery 2017 Q1 through 2019 Q4							
	1	Marion	Amb Surger	/	Pella Regio	nal Health C	enter	
			% of	Avg.	5	% of	Avg.	Market
State/County/Zip		Measures	Col.	Charges	Measures	Col.	Charges	Share
lowa Marion								
50044		550	3.8	\$11,847	219	3.6	\$7,546	39.8
50057		75	0.5	\$10,067	20	0.3	\$5,955	26.7
50062		217	1.5	\$13,713	15	0.2	\$8,495	6.9
50116		124	0.9	\$9,450	48	0.8	\$7,660	38.7
50119		293	2.0	\$9,231	132	2.2	\$6,902	45.1
50138		5,500	38.0	\$11,006	1,581	26.0	\$7,388	28.7
50163		386	2.7	\$11,355	39	0.6	\$7,572	10.1
50214		345	2.4	\$9,946	186	3.1	\$6,436	53.9
50219		5,732	39.6	\$9,697	3,619	59.6	\$6,601	63.1
50225		988	6.8	\$12,308	97	1.6	\$6,920	9.8
50256		267	1.8	\$9,749	116	1.9	\$6,964	43.4
Marion Total		14,477	100.0	\$10,556	6,072	100.0	\$6,871	41.9
lowa Total Report Totals:		14,477 14,477	100.0 100.0	\$10,556 \$10,556	6,072 6,072	100.0 100.0	\$6,871 \$6,871	41.9 41.9

Emergency Department

Patient Type: Place of Service: Template Name: Report Name: Facility: Market Area: Time Period:	Outpatient ER Market and Facility Marion ER 2017-2019 Pella Regional Health Center Marion ER 2017 Q1 through 2019 Q4						imens	ions
	1	Ma	arion ER	1	Pella Regio	nal Health C	enter	
]			% of	Avg.	0	% of	Avg.	Market
State/County/Zip		Measures	Col.	Charges	Measures	Col.	Charges	Share
lowa								
Marion								
50044		1,183	3.2	\$2,961	566	3.3	\$2,718	47.8
50057		230	0.6	\$2,611	54	0.3	\$2,375	23.5
50062		653	1.8	\$3,613	61	0.4	\$2,855	9.3
50116		329	0.9	\$2,688	127	0.7	\$2,931	38.6
50119		730	2.0	\$2,254	478	2.8	\$2,127	65.5
50138		16,900	45.7	\$2,476	3,924	22.6	\$2,279	23.2
50163		1,163	3.1	\$3,249	107	0.6	\$2,811	9.2
50214		569	1.5	\$2,534	460	2.6	\$2,141	80.8
50219		11,935	32.3	\$2,459	10,968	63.1	\$2,290	91.9
50225		2,662	7.2	\$3,723	233	1.3	\$2,540	8.8
50256		592	1.6	\$2,727	391	2.3	\$2,784	66.0
Marion Total		36,946	100.0	\$2,624	17,369	100.0	\$2,318	47.0
lowa Total Report Totals:		36,946 36,946	100.0 100.0	\$2,624 \$2,624	17,369 17,369	100.0 100.0	\$2,318 \$2,318	47.0 47.0

Inpatient

IOWA Assoc	Hospital Clation										imens	ions
Patient Type:	Inpatient											
Template Name:	Market and	Facility										
Report Name:	Marion Inpa											
Facility:	0	nal Health Center	er									
Market Area:	Marion - Inp											
Time Period:	2017 Q1 th	rough 2019 Q4										
			Mari	on - Inpatie	nt		Pe	ella Regi	onal Health	Center		
			% of			Avg.		% of			Avg.	Market
State/County/Zip		Discharges	Col.	LOS	ALOS	Charges	Discharges	Col.	LOS	ALOS	Charges	Share
lowa Marion												
50044		318	3.1	1,428	4.49	\$39,842	79	2.7	219	2.77	\$14,161	24.8
50057		46	0.5	127	2.76	\$19,754	17	0.6	35	2.06	\$10,366	37.0
50062		214	2.1	1,165	5.44	\$40,142	17	0.6	35	2.06	\$6,363	7.9
50116		66	0.7	265	4.02	\$30,831	9	0.3	21	2.33	\$8,758	13.6
50119		141	1.4	631	4.48	\$31,865		1.6	121	2.69	\$14,421	31.9
50138		4,343	43.0	19,989	4.60	\$33,575	745	25.8	2,190	2.94	\$11,538	17.2
50163		396	3.9	2,002	5.06	\$35,314		0.7	58	2.76	\$10,768	5.3
50214		177	1.8	790	4.46	\$35,930		2.2	209	3.32	\$12,936	35.6
50219		3,329	32.9	14,203	4.27	\$32,112		62.4	6,148	3.41	\$13,586	54.1
50225		948	9.4	5,136	5.42	\$41,760		1.4	94	2.41	\$10,204	4.1
50256		130	1.3	670	5.15	\$42,633		1.8	140	2.75	\$12,071	39.2
Marion Total		10,108	100.0	46,406	4.59	\$34,318		100.0	9,270	3.21	\$12,903	28.6
Iowa Total		10,108	100.0	46,406	4.59	\$34,318		100.0	9,270	3.21	\$12,903	28.6
Report Totals:		10,108	100.0	46,406	4.59	\$34,318	2,888	100.0	9,270	3.21	\$12,903	28.6

Observation

Patient Type: Place of Service: Template Name: Report Name: Facility: Market Area: Time Period:	HOSPITAL CIATION Outpatient Observation Market and Facility Marion Observation 2017-2019 Pella Regional Health Center Marion Outpatient 2017-2019 2017 Q1 through 2019 Q4						imens	ions
		Marion Out	atient 2017	-2019	Pella Regior	nal Health C	enter	
			% of	Avg.	_	% of	Avg.	Market
State/County/Zip		Measures	Col.	Charges	Measures	Col.	Charges	Share
lowa								
Marion								
50044		72	4.0	\$2,463	53	3.7	\$558	73.6
50057		6	0.3	\$3,381	5	0.3	\$887	83.3
50062		40	2.2	\$2,728	30	2.1	\$1,139	75.0
50116		10	0.6	\$6,569	7	0.5	\$2,658	70.0
50119		26	1.4	\$2,131	22	1.5	\$1,602	84.6
50138		753	41.9	\$3,219	531	36.7	\$888	70.5
50163		28	1.6	\$7,149	8	0.6	\$920	28.6
50214		49	2.7	\$1,313	46	3.2	\$599	93.9
50219		722	40.1	\$2,022	674	46.6	\$1,326	93.4
50225		76	4.2	\$2,671	57	3.9	\$1,021	75.0
50256		17	0.9	\$1,032	12	0.8	\$817	70.6
Marion Total		1,799	100.0	\$2,666	1,445	100.0	\$1,101	80.3
Iowa Total		1,799_	100.0	\$2,666	1,445	100.0	\$1,101	80.3
Report Totals:		1,799	100.0	\$2,666	1,445	100.0	\$1,101	80.3

Radiology and Lab

Iowa Assoc	Hospital Ciation					(imens	ions
Patient Type:	Outpatient							
Place of Service:	Lab Radiology							
Template Name:	Market and Facility							
Report Name:	Marion Lab Radiology 2017-201	9						
Facility:	Pella Regional Health Center							
Market Area:	Marion Lab-Radiology							
Time Period:	2017 Q1 through 2019 Q4							
1		Marion L	ab-Radioloc	iv I	Pella Regio	nal Health C	enter	
			% of	Avg.	5	% of	Avg.	Market
State/County/Zip		Measures	Col.	Charges	Measures	Col.	Charges	Share
lowa Marion								
50044		5,965	3,1	\$980	3,633	3.1	\$725	60,9
50057		1,081	0.6	\$902	468	0.4	\$757	43.3
50062		2,753	1.4	\$917	497	0.4	\$578	18.1
50116		1,758	0.9	\$1,974	995	0.9	\$1,144	56.6
50119		3,271	1.7	\$1,280	2,108	1.8	\$1,036	64.4
50138		78,974	41.0	\$927	30,911	26.8	\$732	39.1
50163		4,493	2.3	\$1,081	668	0.6	\$785	14.9
50214		3,920	2.0	\$918	3,144	2.7	\$700	80.2
50219		76,557	39.8	\$956	69,217	60.0	\$749	90.4
50225		10,514	5.5	\$1,002	1,825	1.6	\$837	17.4
50256		3,128	1.6	\$809	1,920	1.7	\$738	61.4
Marion Total		192,414	100.0	\$961	115,386	100.0	\$752	60.0
lowa Total Report Totals:		192,414 192,414	100.0 100.0	\$961 \$961	115,386 115,386	100.0 100.0	\$752 \$752	60.0 60.0

Outpatient – Other

Iowa Assoc	HOSPITAL CIATION						imens	ions
Patient Type:	Outpatient							
Place of Service:	Other outpatient							
Template Name:	Market and Facility							
Report Name:	CHNA Other Outpatient 2017-2	019						
Facility:	Pella Regional Health Center							
Market Area:	Marion County							
Time Period:	2017 Q1 through 2019 Q4							
		Mari	on County		Pella Regio	nal Health C	enter	
			% of	Avg.		% of	Avg.	Market
State/County/Zip		Measures	Col.	Charges	Measures	Col.	Charges	Share
lowa Marion								
50044		641	2.3	\$1,024	188	2.1	\$519	29.3
50057		161	0.6	\$216	13	0.1	\$0	8.1
50062		450	1.6	\$442	33	0.4	\$476	7.3
50116		186	0.7	\$585	34	0.4	\$1,141	18.3
50119		458	1.6	\$757	156	1.8	\$398	34.1
50138		14,745	52.0	\$445	1,996	22.5	\$249	13.5
50163		559	2.0	\$613	39	0.4	\$357	7.0
50214		398	1.4	\$268	179	2.0	\$174	45.0
50219		8,456	29.8	\$567	6,015	67.7	\$377	71.1
50225		1,968	6.9	\$754	107	1.2	\$186	5.4
50256		322	1.1	\$291	119	1.3	\$183	37.0
Marion Total		28,344	100.0	\$519	8,87 9	100.0	\$345	31.3
lowa Total		28,344	100.0	\$519	8,879	100.0	\$345	31.3
Report Totals:		28,344	100.0	\$519	8,879	100.0	\$345	31.3

Rehab Services (Therapy)

Patient Type: Place of Service: Template Name: Report Name: Facility: Market Area:	HOSPITAL CIATION Outpatient Therapy Market and Facility Marion Therapy 2017-2019 Pella Regional Health Center Marion Therapy 2017-2019						imens	ions
Time Period:	2017 Q1 through 2019 Q4							
		Marion The	erapy 2017-2	2019	Pella Regio	nal Health C	enter	
			% of	Avg.		% of	Avg.	Market
State/County/Zip		Measures	Col.	Charges	Measures	Col.	Charges	Share
lowa								
Marion								
50044		760	3.2	\$1,065	465	3.2	\$934	61.2
50057		138	0.6	\$1,400	30	0.2	\$1,325	21.7
50062		351	1.5	\$1,233	90	0.6	\$1,120	25.6
50116		136	0.6	\$947	82	0.6	\$896	60.3
50119		534	2.3	\$882	356	2.4	\$826	66.7
50138		9,729	41.6	\$1,096	4,201	28.5	\$993	43.2
50163		546	2.3	\$1,153	113	0.8	\$1,077	20.7
50214		388	1.7	\$939	313	2.1	\$897	80.7
50219		9,410	40.2	\$976	8,659	58.8	\$925	92.0
50225		1,110	4.7	\$1,200	214	1.5	\$872	19.3
50256		306	1.3	\$1,071	213	1.4	\$1,015	69.6
Marion Total		23,408	100.0	\$1,048	14,736	100.0	\$945	63.0
Iowa Total Report Totals:		23,408 23,408	100.0 100.0	\$1,048 \$1,048	14,736 14,736	100.0 100.0	\$945 \$945	63.0 63.0

CHNA Survey Detailed Survey, Findings (Primary Research)

Please We und Panden conside * Requir	answer honestly and you derstand that there has be					the second of	hole lesso	the ease and conders -	of our community. Discos hale by ensuring these four short supplies
Panden conside * Requir	derstand that there has be mic: however, we are atter		e kept confid		Health inv	ne you to	neip improve	the care and services of	of our community. Please help by answering these few short questions.
	ering the impact that COV	npting to assess ID had on service	services befo es. Thank you	re the occ again for	urrence of your partic	COVID to ipation.	address mov	ing forward. The leader	VID-19. We know that there will be a different normal due to the rship would like you to answer the following questions without
Mari	k only one oval per row.								
Ove		Good Good	Fair	Poor N	/ery Poor				
						-			
	w would you rate the for	lowing health	care service	s? (Pleas	e select c	ne box fo	or each row	0	
			Very Good	Good	Fair	Poor	Very Poor	Not Applicable (NA)	
Peo	diatric (child) care		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	-
Chi	iropractor		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Der	ntist(s)		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Eye	e Doctor / Optometrist		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Far	mily Planning Services		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Far	mily Practice (Medical) Se	rvices	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Ho	ome Care Agencies / Hom	e Health	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Ho	ospice		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Ho	spital Services		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Nur	rsing Home		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Pha	armacy		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Put	blic Health		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Sch	hool Nurse		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
	en health (drinking, abuse agnancy)	, safety,	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Chi	ild (day) care services		0	\bigcirc	0	\bigcirc	\odot	0	-
	rour opinion, how mucl	n of a problem i Not a proble			ses of po				lect one box for each row)
Car	ncer	\bigcirc		\bigcirc		\bigcirc	0		
Dia	abetes	\bigcirc		\bigcirc		\bigcirc	0		
Dru	ug Abuse	\bigcirc		\bigcirc		\bigcirc	0		
Sub	bstance Abuse	\bigcirc		\bigcirc		\bigcirc	0		
Hea	art Disease	\bigcirc		\bigcirc		\bigcirc	0		
Me	ental Illness	\bigcirc		\bigcirc		\bigcirc	0		
Obe	esity	\bigcirc		\bigcirc		\bigcirc	0		
Pne	eumonia / Flu	\bigcirc		\bigcirc		\bigcirc	0		
Res	spiratory Disease	\bigcirc		\bigcirc		\bigcirc	0		
Sex	xually Transmitted Diseas	es		\bigcirc		\bigcirc	0		
Stre	roke	\bigcirc		\bigcirc		\bigcirc	\bigcirc		
Sui	icide	\bigcirc		\bigcirc		\bigcirc	0		

5 I							-1.3			
 In your opinion, what areas need addition Check all that apply. 	nal educatio	n or atte	ntion in o	ur comm	unity? (Ple	ise select all that app	piy)			
Abuse / Violence										
Aging (Dementia)										
Alcohol Alternative Medicine										
Child (day) care										
Chronic Diseases (example Diabetes or He	eart Failure)									
Drugs/Illegal substances Family Planning / Birth Control										
Lead Exposure										
Mental Illness										
Neglect Nutrition										
Obesity										
Pain Management Pediatric (child) care										
Poverty										
Preventative Health										
Sexually Transmitted Diseases Suicide										
Teen Health (drinking, abuse, safety, pregn	nancy)									
Tobacco Use										
Uninsured / Underinsured										
Vaccinations										
Vaccinations Wellness Education Other:										
Wellness Education	g in your cor	mmunity	?							
Wellness Education Other: Konvertee and the following Mark only one oval per row.	Very Good	Good	Fair	Poor	-	Not aware of the serv	rices			
Wellness Education Other: Konsequence Other: Caregiver training programs/support groups	Very Good	Good	Fair	\bigcirc	\bigcirc	\bigcirc	rices			
Wellness Education Other: Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs	Very Good	Good	Fair	0	0	0	rices			
Wellness Education Other: Wellness Education Other: Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs Prevention of falls	Very Good	Good	Fair	0000	0	0	vices			
Wellness Education Other: Wellness Education Other: Caregiver training programs/support groups Early childhood development programs Prevention of falls Obesity prevention and treatment	Very Good	Good	Fair	0000	0		rices			
Wellness Education Other: Wellness Education Other: Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs Prevention of falls	Very Good	Good	Fair	0000	0	0	vices			
Wellness Education Other: Wellness Education Other: Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs Prevention of falls Obesity prevention and treatment Spiritual health support	Very Good	Good	Fair	00000			vices			
Wellness Education Other: Key State Structure Caregiver training programs/support groups Early childhood development programs Prevention of falls Obesity prevention and treatment Spiritual health support Drug abuse programs	Very Good		Fair O O O O O O O O O O O O O O				vices			
Wellness Education Other: Wellness Education Other: Caregiver training programs/support groups Early childhood development programs Prevention of falls Obesity prevention and treatment Spiritual health support Drug abuse programs Reduction of opiate/narcotic use	Very Good		Fair 0 0 0 0 0 0 0 0 0 0 0 0 0				rices			
Wellness Education Other: Wellness Education Other: Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs Prevention of falls Obesity prevention and treatment Spiritual health support Drug abuse programs Reduction of opiate/narcotic use Alcohol use and treatment programs	Very Good		Fair 0 0 0 0 0 0 0 0 0 0 0 0 0				rices			
Wellness Education Other: Wellness Education Other: Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs Prevention of fails Obesity prevention and treatment Spiritual health support Drug abuse programs Reduction of oplate/narcotic use Alcohol use and treatment programs Transportation (bus) services in community	Very Good		Fair				vices			
Wellness Education Other: Wellness Education Other: Wellness Education Other: Summaria and the following Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs Prevention of falls Obesity prevention and treatment Spiritual health support Drug abuse programs Reduction of opiate/narcotic use Alcohol use and treatment programs Transportation (bus) services in community Violence prevention	Very Good		Fair				rices			
Wellness Education Other: Wellness Education Other: Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs Prevention of fails Obesity prevention and treatment Spiritual health support Drug abuse programs Reduction of oplate/narcotic use Alcohol use and treatment programs Transportation (bus) services in community	Very Good		Fair				Aces			
Wellness Education Other: Wellness Education Other: Wellness Education Other: Summaria and the following Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs Prevention of falls Obesity prevention and treatment Spiritual health support Drug abuse programs Reduction of opiate/narcotic use Alcohol use and treatment programs Transportation (bus) services in community Violence prevention	Very Good		Fair				rices			
Wellness Education Other: Wellness Education Other: Wellness Education Other: Summaria and the following Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs Prevention of falls Obesity prevention and treatment Spiritual health support Drug abuse programs Reduction of opiate/narcotic use Alcohol use and treatment programs Transportation (bus) services in community Violence prevention	Very Good		Fair				rices			
Wellness Education Other: Wellness Education Other: Wellness Education Other: Summaria and the following Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs Prevention of falls Obesity prevention and treatment Spiritual health support Drug abuse programs Reduction of opiate/narcotic use Alcohol use and treatment programs Transportation (bus) services in community Violence prevention	Very Good		Fair				Aces			
Wellness Education Other: Wellness Education Other: Wellness Education Other: Summaria and the following Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs Prevention of falls Obesity prevention and treatment Spiritual health support Drug abuse programs Reduction of opiate/narcotic use Alcohol use and treatment programs Transportation (bus) services in community Violence prevention	Very Good		Fair				rices			
Wellness Education Other: Wellness Education Other: Wellness Education Other: Summaria and the following Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs Prevention of falls Obesity prevention and treatment Spiritual health support Drug abuse programs Reduction of opiate/narcotic use Alcohol use and treatment programs Transportation (bus) services in community Violence prevention	Very Good		Fair				rices			
Wellness Education Other: Wellness Education Other: Wellness Education Other: Summaria and the following Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs Prevention of falls Obesity prevention and treatment Spiritual health support Drug abuse programs Reduction of opiate/narcotic use Alcohol use and treatment programs Transportation (bus) services in community Violence prevention	Very Good		Fair				rices			
Wellness Education Other: Wellness Education Other: Wellness Education Other: Summaria and the following Mark only one oval per row. Caregiver training programs/support groups Early childhood development programs Prevention of falls Obesity prevention and treatment Spiritual health support Drug abuse programs Reduction of opiate/narcotic use Alcohol use and treatment programs Transportation (bus) services in community Violence prevention	Very Good		Fair				rices			

	Very Goo		S? (Please Fair		very Poor	h row) Not Applicable
the following programs	Very Goo		Fair		Very Poor	Not Applicable
the following parts disease testing cessation programs disease testing the following has been been been been been been been bee	vublic healthca vublic healthca ms		Fair		Very Poor	Not Applicable
the following programs	vublic healthca		Fair	select or Poor O	Very Poor	Not Applicable
the following particles (WIC programs a programs disease testing cessation programs the following he	Very Goo	d Good	Fair	Poor Poor C C C C C C C C C C C C C	Very Poor	Not Applicable
the following provides (WIC programs)	vublic healthca	d Good	Fair	Poor Poor O O O O O O O O O O O O O O O O O O	Very Poor	Not Applicable
the following proves in programs disease testing cessation programs the following here is a second s	Very Goo	d Good	Fair	Poor O O O O O O O O O O O O O O O O O O	Very Poor	Not Applicable
the following provides (WIC programs)	Very Goo	d Good	Fair	Poor	Very Poor	Not Applicable
row. hess hylices (WIC programs) disease testing cessation programs bgrams the following he	Very Goo	d Good	Fair		Very Poor	Not Applicable
nvices (WIC progra n programs disease testing cessation program ograms the following h	ams)					
t programs disease testing cessation program ograms the following h	ms O					
disease testing cessation program ograms the following he	ms O			0 0 0 0		0
disease testing cessation program ograms the following he	ms	000000000000000000000000000000000000000	0000	00000	000000000000000000000000000000000000000	0
disease testing cessation program ograms the following he	ms	0	0	0	0	0
cessation program ograms the following he	ms	0	0	0	0	\bigcirc
ograms the following he	ealthcare serv	0	0	0	\bigcirc	
the following h	ealthcare serv					\bigcirc
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	follow these health practices	:? (Please se Yes	lect one t	Dox for each row	
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Town Hall Meeting Outcomes (Primary Research)

Top Priorities (votes for top actions)

Mental Health: Increase the provided and breadth of services for Mental Health needs in the communities. Mental Health needs: increase providers, access, employment for providers, reimbursement shortage – barrier for services, community responses (example: EMT), and transportation to and from services in other communities.

Childcare Services/ Access: Continue to address the access to childcare services within the communities. Continue to work with Partnership study.

Employment of Healthcare workers: Working with community partners to attract and retain healthcare workers. Housing for low income workers available to employees.

Elderly services and volume of services: Continue to work on services for the elderly in the community including: In-home support, Staffing, Day/acute services, and funding resources

Substance Abuse: Reduce the concern for and presence of substance abuse related health/safety issues. Drugs and substance use and presentation services/response Ranking high in use of substances within the communities, health/safety concerns related to substance use, and decreased access to services.

Teen health/ teen services: Improvement of services and access for teen health. Continue to work with Community Coalition.

Implementation of Priorities in Action Plan – listed prior in report

CONTACT INFORMATION AND QUESTIONS

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-----End of Report-----