EXECUTIVE SUMMARY

This document describes the work we will do during 2023 through 2025 to address the health needs of the residents of Poweshiek County. It is UnityPoint Health—Grinnell’s 2023-2025 implementation strategy in response to the 2022 Community Health Needs Assessment (CHNA). The CHNA and this implementation strategy are intended to meet the mandate set forth in the Affordable Care Act (ACA), which requires not-for-profit hospitals to perform these activities every three years.

The health needs were determined in 2022 by surveys and comparisons of local health indicators with national benchmarks. The CHNA was created in collaboration with the hospital and public health department. It is up to UPH-Grinnell Regional Medical Center and Public Health to develop their own implementation strategy. The CHNA belongs to the community; the implementation strategy to UPH-GRMC.

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

<table>
<thead>
<tr>
<th>Community Health Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mental Health</td>
</tr>
<tr>
<td>2. Nutrition, Physical Activity &amp; Weight</td>
</tr>
<tr>
<td>3. Diabetes</td>
</tr>
<tr>
<td>4. Potentially Disabling Conditions</td>
</tr>
<tr>
<td>5. Cancer</td>
</tr>
<tr>
<td>6. Heart Disease and Stroke</td>
</tr>
<tr>
<td>7. Respiratory Disease</td>
</tr>
<tr>
<td>8. Access to Health Care Services</td>
</tr>
</tbody>
</table>

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

This produced the following list of priorities:

<table>
<thead>
<tr>
<th>UPH-Grinnell’s Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health and Substance Abuse</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Access to Healthcare Services</td>
</tr>
<tr>
<td>Diabetes, Nutrition, Physical Activity &amp; Weight</td>
</tr>
</tbody>
</table>
It is these four priorities for which UPH-Grinnell has created initiatives and an implementation strategy. A total of seven initiatives will be described later in this document.

To summarize:

- The community has one 2022 CHNA, identifying 8 health needs.
- The Hospital combined with Public Health will develop a shared 2023-2025 implementation strategy.
- UPH-Grinnell’s implementation strategy has four priorities with 7 initiatives.

**BACKGROUND**

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

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

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

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

- Describe the actions the hospital facility intends to take to address the health need and the anticipated impact of these actions.
- Identify the resources the hospital plans to commit to address the health need.
- Describe any planned collaboration between the hospital and other facilities or organizations in addressing the health need.
- Be adopted by an authorized body of the hospital facility.
EIGHT COMMUNITY HEALTH NEEDS

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

Priority rankings of community health need by key informants:

FOUR PRIORITIES

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

- Considered key informants’ priority rankings of the needs.
- Focused on needs that showed 75% combined classification of major problem or moderate problem.
- Combined needs that may be associated or have similar response efforts.
- Focused on broader community-based impact.
This resulted in identifying four priorities for UPH-Grinnell. These are as follows:

1) Mental health and substance abuse
2) Cancer
3) Preventative services
   a. Nutrition, physical activity, and weight
   b. Diabetes
4) Access to healthcare services

The CHNA also identified several other areas of need regarding respiratory disease, heart disease and stroke and potentially disabling conditions. In our consideration of priorities, these were seen as needs that UPH-Grinnell continuously addressed through service lines within the hospital. The hospital and public health’s response to the COVID-19 pandemic provided essential care to patients and promoted prevention and relief efforts to our community. Services through the hospital are continuously engaged in process improvement to best address these priorities clinically.

# INITIATIVES

A committee of leaders and clinicians in the community reviewed existing initiatives that supported the priorities, and crafted new initiatives. The process produced seven initiatives to support the four priorities.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Mental Health &amp; Substance Abuse</th>
<th>Cancer</th>
<th>Preventative Services</th>
<th>Access to Healthcare Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1). Increase access to behavioral health and substance abuse services</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2). Health Equity and DEI initiatives and partnerships to address underrepresented populations.</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3). Resource and Referral Coordination</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4). Provide community-focused mental health wellness opportunities</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5). Community Wellness programming and partnerships</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6). Recruitment and retention of health care providers</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7). Expand services through financial and in-kind contributions</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
IMPLEMENTATION

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

The Community Health Implementation Team consisted of Hospital team leaders from administration, public health, finance, foundation, social services, and clinics. Along with key stakeholders in the community representing mental health services. This group serves to help advise those carrying out the implementation strategy.

The Community Health Implementation Team will convene quarterly to:

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

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

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

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

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

**Priority: MENTAL HEALTH AND SUBSTANCE ABUSE**

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Focused Tactics</th>
<th>Anticipated Impact</th>
<th>Existing or Planned Collaborations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase access to behavioral health and substance abuse services</td>
<td>*Grinnell College Counseling services *UPH Psychiatric Residency Program *Eyerly Ball Mobile Crisis Team **Hickory Recovery Network</td>
<td>Improve opportunities to access mental health and substance abuse services.</td>
<td>*Grinnell College Student Services *UPH-DM *Eyerly Ball *Foundation 2/CICS *Integrated tele-Health Partners</td>
</tr>
<tr>
<td>Resource and Referral Coordination</td>
<td>*CommunityHealth Workers *211 app *GrinnellPD Mental Health Liaison *Individual Therapy for those without Insurance *Medication funding *Private substance abuse/mental health provider list</td>
<td>Patients referred to appropriate community support services based on need to improve health outcomes.</td>
<td>*211 of Iowa *Findhelp *Grinnell PD *Poweshiek Co Sheriff’s Dpmt *CICS Region *Jail Diversion/Poweshiek Co Courts *Capstone *MICA *Campbell Fund</td>
</tr>
<tr>
<td>Provide community-focused mental health wellness opportunities</td>
<td>*Unlocking Brain Fitness Classes *Yoga in the Park *Qigong *Art in the Park *Suicide Prevention and Mental Health Education *Mental Health First Aide *Free Mental Health therapy, medication and education</td>
<td>UPH-GRMC will provide support to community partner organizations working to address this priority.</td>
<td>*Public Health *PWA Fitness Center *Grinnell Area Mental Health Consortium *American Brawn *Regional CICS *Private therapists</td>
</tr>
<tr>
<td>Community Wellness programming and partnerships</td>
<td>*I-Step programs *Quitline Iowa *My Life My Quit *Project Recovery Iowa</td>
<td>Community programs implemented with partner organizations will be developed to contribute to improved mental wellbeing.</td>
<td>*Satuci *CICS *HHS Tobacco Use, Prevention and Control (TUPC) *Capstone</td>
</tr>
<tr>
<td>Expand services through financial and in-kind contributions</td>
<td>*Organizational Support of Partner Agencies and Initiatives</td>
<td>UPH-GRMC will provide support to community partner organizations working to address this priority</td>
<td>*Capstone *LINK Mentoring program</td>
</tr>
</tbody>
</table>
### Priority: CANCER

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Focused Tactics</th>
<th>Anticipated Impact</th>
<th>Existing or Planned Collaborations</th>
</tr>
</thead>
</table>
| Resource and Referral Coordination              | * Expand cancer services                                                       | Patients referred to appropriate community screenings and treatment to improve health outcomes. | * 211 of Iowa
* Findhelp
* Mission Cancer
* Rural Health Clinics |
| Expand services through financial and in-kind contributions | * Essential Community Projects financed by USDA Rural Development in Iowa        | UPH-GRMC will provide support to community partner organizations working to address this priority | Mission Cancer + Blood Leukemia and Lymphoma Society |

### Priority: PREVENTATIVE SERVICES: DIABETES, NUTRITION, PHYSICAL ACTIVITY & WEIGHT

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Focused Tactics</th>
<th>Anticipated Impact</th>
<th>Existing or Planned Collaborations</th>
</tr>
</thead>
</table>
| Health Equity and DEI initiatives and partnerships to address underrepresented populations. | * Count the Kicks Health Birth Project
* 211 App
* Diabetic Education
* Bariatric Program
* Free Health Coaching/Care Coordination
* Transitional Care Management
* Chronic Care Management | Working with Collaborative Partners to use programs that reach a diverse population | * UPH-GRMC PH
* Free Clinics of Iowa |
| Resource and Referral Coordination              | * Community Health Workers                                                      | Patients referred to appropriate community screenings and treatment to improve health outcomes. | * 211 of Iowa
* Findhelp
* UPC Health Coach/Care Coordinator
* PWA Fitness Center |
| Community Wellness programming and partnerships  | * Child Passenger Safety Program
* Safe Sleep
* Bike Helmet Safety
* Farmers Market
* Cancer Screenings
* Diabetes Education
* Ag Safety Day
* Local Business Wellness Screenings | Community programs implemented with partner organizations will be developed to contribute to improved mental wellbeing | * SIDs of Iowa
* City of Grinnell
* Lions Club
* Iowa State Extension
* Public Health and PWA Fitness Center |
| Expand services through financial and in-kind contributions | * Organizational Support of Partner Agencies and Initiatives
* Holiday meals | UPH-GRMC will provide support to community partner organizations working to address this priority | * Goodfellows Grinnell
* Grinnell United Way
* Imagine Grinnell |
## Priority: ACCESS TO HEALTHCARE SERVICES

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Focused Tactics</th>
<th>Anticipated Impact</th>
<th>Existing or Planned Collaborations</th>
</tr>
</thead>
</table>
| Increase access to behavioral health and substance abuse services | *Grinnell College Counseling services  
*Psychiatric Residency Program  
*Eyerly Ball Walk-in Clinic  
*Telehealth medicine | Improve opportunities to access mental health and substance abuse services. | *Grinnell College  
*DMU  
*Eyerly Ball  
*Integrated TeleHealth Partners  
*Embrace – TeleHealth Outpt Services |
| Health Equity and DEI initiatives and partnerships to address underrepresented populations | *Community Care Clinic  
*Free medications  
*Free Dental Service  
*Maternal Health Outreach | Working with Collaborative Partners to use programs that reach a diverse population | *Free Clinics of Iowa  
*SafeNet RX  
*Poweshiek County Dental Coalition  
*Campbell Fund  
*GRMC clinic/CoE grant |
| Resource and Referral Coordination | *Community Health Workers  
*211 App  
*WIC  
*Maternal Health/Child Health  
*i-Smile  
*1st Five program  
*Elderly Waiver  
*Senior Health Insurance Information Program  
*Transitional Care Management  
*Chronic Care Management | Patients referred to appropriate community screenings and treatment to improve health outcomes | *211 of Iowa  
*Findhelp  
*MICA  
*Northeast Iowa Area Agency on Aging  
*UPC Care Coordinator/Health Coach |
| Community Wellness programming and partnerships | *Loan Closet  
*Alzheimers Support Group  
*Family Development Center  
*Food Pantry  
*Headstart | Community programs implemented with partner organizations will be developed to contribute to improved mental and physical wellbeing | *UPH- GRMC PH  
*Alzheimers Assoc.  
*Mid-Iowa Community Action (MICA) |
| Recruitment and retention of health care providers | *Family Practice Physicians  
*OB/GYN physician  
*University Master of Social work field placement candidates  
*EMS scholarship support  
*Nursing student rotation  
*DMU medical student rotation | Increase opportunity to take on new patients in these service lines. | *UNI  
*University of Iowa  
*DMU  
*MCC |
| Expand services through financial and in-kind contributions | *Organizational Support of Partner Agencies and Initiatives  
*Free Health Coaching/Care Coordination | UPH-GRMC will provide support to community partner organizations working to address this priority | *UPC Health Coach/Care Coordinator |

### UnityPoint Health-Grinnell Community Health Implementation Team

- Jennifer Havens, CEO UPH-Grinnell Regional Medical Center
- Kyle Wilcox, VP Finance and Operations, UPH-Grinnell Regional Medical Center
- Shauna Callaway, Director of Public Health and Wellness, UPH – GRMC
- Donna Fischer, Director of Development, UPH-GRMC
Glossary of Focused Tactics Addressing CHNA Priorities and Initiatives

**American Brawn:** private organization that supports mental health, focusing on military personnel and First Responders.

**Bike Helmet Safety:** This program offers bike helmets and free education on bike safety for third grade students in local schools.

**Campbell Fund:** private charity administered through the City of Grinnell for low-income individuals in need of assistance with medical, city, gas or electric utilities, rent, groceries and/or transportation.

**Central Iowa Community Services (CICS)** — supports individuals and strengthens communities by serving the unique needs of people with brain health challenges and intellectual and other developmental disabilities in 15 Iowa counties, including Poweshiek.

**Child Passenger Safety Program:** The CPS Program is a program that distributes car seats to families in need.

**Community Health Worker:** Dedicated staff assigned to help specific patients address the social determinants of health that may be keeping them from optimal health outcomes.

**Chronic Care Management:** a comprehensive care plan that lists your health problems and goals, other providers, medications, community services and other health information needed for coordination of care.

**Count the Kicks:** Partnership project to address improved birth outcomes of women, especially with limited prenatal care or in rural areas.

**Diversity and Inclusion Committee:** Employee resource group that supports the organization with developing human resources policy, education and community involvement opportunities that promote a diverse and inclusive environment.

**Embrace Telehealth Services:** a virtual practice providing Iowans with a spectrum of mental health services via telehealth.

**Eyerly Ball Crisis Response service:** Mobile Crisis Response is a service that provides teams of professionals that can provide on-site, face-to-face mental health services for an individual or family experiencing a mental health crisis. They can respond wherever the crisis is occurring—in an individual’s home, the community, or other locations where the individual lives, works, attends school, or socializes.

**Eyerly Ball Walk-in clinic:** Substance abuse evaluations and/or individual outpatient therapy is available to individuals with Medicaid, Medicare, certain private insurance plans, or those willing to pay for services out of pocket.

**Free Clinics of Iowa:** a volunteer healthcare networks serving Iowa’s most vulnerable, un/under-insured with basic, primary care services.

**Foundation 2:** a nonprofit human service agency committed to positive youth development, suicide prevention, and helping build the foundation for stronger and healthier families and safer communities.
Services include a 24-hour crisis phone line, crisis chat and text, family counseling, mobile crisis outreach, an emergency youth shelter and independent living support for youth.

**Grinnell College Counseling services**: Provides access to counseling services that help Grinnell students succeed academically, personally, and interpersonally.

**Grinnell Farmers Market**: Sponsorship of the Grinnell Chamber that UPH-GRMC provides health awareness and education.

**Grinnell Police Department Mental Health Liaison**: Mental Health provider who responds with law enforcement when they have contact with someone who is having a mental health crisis.

**Health Screenings**: Many service lines across the organization offer a variety of health screening opportunities at no or low charge to our community. This includes skin screenings, mammograms, blood screenings, colorectal screenings, and many others.

**Hickory Recovery Network**: a provider of residential drug rehab treatment and alcohol detox programs. They provide residential and outpatient programs for adults suffering from substance use disorders and co-occurring mental health illnesses. Currently seeking state approval to open treatment center in Grinnell.

**Integrated Telehealth Partners**: (ITP) provides access to an experienced group of psychiatrists and psychiatric nurse practitioners who have extensive training and board certifications covering child and adolescent psychiatry, adult psychiatry, geriatric psychiatry, forensic psychiatry, substance abuse treatment, detox, and medication assisted treatment for opioid addiction.

**I-step**: Iowa’s youth-led tobacco prevention movement

**Jail Diversion/Community Justice Based services**: This project was created to assist Poweshiek County/Grinnell Police Department regarding their crisis natured calls and offer follow up assistance. It is currently being funded under the Jail Diversion Program by CICS. Provider is employed by Capstone Behavioral Healthcare. Jail Diversion Program staff can assist with locating housing, applying for food assistance/community assistance programs, assistance in locating employment, budgeting, ensuring appropriate medical and behavioral health care is in place, promoting independent living skills and identifying and intervening where there are gaps in care, and strengthening natural supports.

**Make it OK**: Make It OK is a campaign to help our communities start changing attitudes and negative perceptions about mental illness

**Mental Health Consortium/JPK fund**: serves those in the Poweshiek County area with mental health needs by providing financial assistance support, convening groups around mental health needs and advocating for those in need.

**Mental Health First Aide**: a skills-based training course that teaches participants about mental health and substance-use issues.

**Mission Cancer + Blood**: community-based healthcare team of cancer and blood specialists providing care and treatment options.

**More You Know classes**: community based educational classes geared towards families on a variety of topics, free to the community.

**Psych Residency Program**: UPH-DM and Broadlawns Medical Center offer a jointly administered psychiatry residency program that has earned full accreditation from the Accreditation Council for Graduate Medical Education.

**Postpartum Home visits**: Nurse home visiting program offered to new moms to provided assessment, education, breastfeeding support and referrals in Poweshiek County and surrounding counties.

**Poweshiek County Dental Coalition**: a nonprofit group of volunteer community members dedicated to bringing dental treatment to children throughout the county.

**Qigong**: Exercises to optimize energy within the body, mind, and spirit, with the goal of improving and health and well-being.
**Quitline/MyLife, My Quit:** tobacco cessation program

**Rural Health Clinics:** RHCs are intended to increase access to primary care services for patients in rural communities. Per regulation, they must accept all beneficiaries for care and treatment and not impose any limitations on the acceptance of beneficiaries for care and treatment. Grinnell RHC clinics include: Family Practice, OB/GYN, Montezuma, Internal Medicine, Ortho, Pain, ENT, and Walk-In Clinics

**Safe Sleep:** This program distributes pack and play travel cribs for safe sleep for infants and children. The program also offers education on the ABCs (Alone, Back, Crib, no Smoking) of safe sleep.

**SHIIP - Together We Care and findhelp:** Online tool that connects individuals to area organizations offering free and reduced-cost social services and programs. The resource is completely free and can be accessed by visiting TogetherWeCare.UnityPoint.org.

**Transitional Care management:** Services that address the handoff period between the inpatient and community setting.

**Unlocking Brain Fitness:** 10-week course providing education on modifiable risk factors to lifestyle behaviors to reduce the risk of cognitive impairment, dementia and Alzheimer’s.

**Wellness Coaching:** Health coaching is available to all employees and spouses at UPH-GRMC. Health coaches are trained in the intrinsic coaching methodology which assists individuals in using best thinking to identify steps and create results that are important for them.

**Yoga in the Park:** Partnership with Grinnell Parks and Recreation to provide free yoga classes in local parks on Saturdays during the summer months

**2-1-1 App:** A resource and referral directory that provides phone and web-based assistance to practitioners and individuals regarding community resources to support patients/clients.