



Knoxville Hospital & Clinics

Primary Service Area

Community Health Needs Assessment Round #2



May 2016

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment

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*Shaded lines note IRS requirements

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Marion County, IA - 2016 Community Health Needs Assessment (CHNA)

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with local residents, to research and prioritize county health needs and document community health delivery successes. This health assessment will serve as the foundation for community health improvement efforts for the next three years. The last CHNA for Marion County, IA was published in June of 2013. (Note: The Patient Protection and Affordable Care Act (ACA) requires not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). This assessment was coordinated and produced by VVV Consultants LLC (Olathe, Kansas) under the direction of Vince Vandehaar, MBA.

Important CHNA benefits for both the local hospital and health department, as well as for the community, are as follows: 1) Increases knowledge of community health needs and resources 2) Creates a common understanding of the priorities of the community's health needs 3) Enhances relationships and mutual understanding between and among stakeholders 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5) Provides rationale for current and potential funders to support efforts to improve the health of the community 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs.

Town Hall "Community Health Strengths" cited for Knoxville Hospital & Clinics' Primary Service Area are as follows:

Marion County, IA - Community Health "Strengths"			
	Topic		Topic
1	Vaccinations	12	High Education Levels in Community
2	School Health / School Nurse	13	Inpatient Care Scores
3	Number of Primary Care Providers	14	Increasing Access to Mental Health
4	Community Involvement	15	Doctors Recruiting Doctors
5	Access to Exercise	16	Newly Remodeled Hospital
6	Variety of Visiting Specialists	17	Coaches vs Cancer
7	Extended Hours at Clinic	18	Youth Groups
8	Backpack Buddies	19	Support Groups
9	Community Coalition	20	Summer Food Program
10	SIM Grant	21	Crosswalks
11	Recreation Center		

Town Hall “Community Health Changes and/or Improvements Ranking” cited for Knoxville Hospital & Clinics’ Primary Service Area are as follows:

Town Hall Community Health Needs - Year 2016 Knoxville Hospital & Clinics - Primary Service Area 27 Town Hall Attendees, 83 Votes				
#	Health Needs to Change and/or Improve	Votes	%	Accum
1	Inpatient Mental Health Services	13	15.7%	15.7%
2	Access to Mental Health Providers	12	14.5%	30.1%
3	Fight Obesity (Nutrition and Fitness)	11	13.3%	43.4%
4	Visiting Specialists Clinics (Pediatrics and Pulmonology)	8	9.6%	53.0%
5	Healthcare Transportation	8	9.6%	62.7%
6	Economic Development (Jobs)	7	8.4%	71.1%
7	Diabetes Education / Management	5	6.0%	77.1%
Total Town Hall Votes		83	100.0%	
Other Items Noted: Affordable Housing, Health Literacy, Education for Prevention of Sexual Assault, Adult Daycare, Patient Education on Emergency Room vs Urgent Care Services, Family Planning Services, Smoking / E-Cigarettes, Counseling for Abuse / Sexual Assault and Missing School (Sick).				

Key Community Health Needs Assessment Conclusions from secondary research for Knoxville Hospital & Clinics’ Primary Service Area are as follows:

IA HEALTH RANKINGS: According to the 2016 RWJ County Health Rankings study, Appanoose County’s highest State of Iowa rankings (of 99 counties) were in Health Factors, Clinical Care, Social and Economic Factors and Health Behaviors.

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

- TAB 1: Marion County has a population of 33,365 residents as of 2014. The percent change in population in Marion County from April 1, 2010 to July 1, 2014 is .2%, higher than the Iowa rural norm of -1.7%. The percent of persons 65 years and over in Marion County is 16.4%, lower than the Iowa rural norm of 20.2%. The percent of languages spoken in the home other than English in Marion County is 2.9%, lower than the Iowa rural norm of 5.2%. The percent of persons in Marion County living in the same house one year and over is 83.6%, lower than the Iowa rural norm of 87.5%. There are 2,284 veterans in Marion County, higher than the Iowa rural norm of 1,173. There are 60.1 persons per square mile in Marion County, higher than the Iowa rural norm of 25.5. The percent of children living in single-parent households in Marion County is 18%, lower than the Iowa rural norm of 25.9%. The percent poverty levels in Marion County is 10%, lower than the Iowa rural norm of 12.1%. The percent of residents in Marion County with limited access to healthy foods is 3%, lower than the Iowa rural norm of 12.7%.
- TAB 2: The percent of housing units in multi-unit structures in Marion County is 13.9%, higher than the Iowa rural norm of 10.5%. The total number of firms in Marion County is 3,254, higher than the Iowa rural norm of 1,421. The percent of persons with a long commute driving alone in Marion County is 27%, higher than the Iowa rural norm of 24.9%.
- TAB 3: In Marion County, 23.8% of students are eligible for free lunch, lower than the Iowa rural norm of 29.4%. The 4-year high school graduation rate in Marion County is 384, higher than the Iowa rural norm of 145. The percent of persons 25+ with a bachelor's degree or higher in Marion County is 25%, higher than the Iowa rural norm of 18.7%.
- TAB 4: The rate of mothers in Marion County who began prenatal care in the first trimester is 636, higher than the Iowa rural norm of 253. The rate of low birth weights (less than 2500 grams) in Marion County is 45, higher than the Iowa rural norm of 21. The rate of mothers who smoked during pregnancy in Marion County is 142, higher than the Iowa rural norm of 62. The rate of mothers under age 20 in Marion County is 52, higher than the Iowa rural norm of 28. The rate of out-of-wedlock births in Marion County is 193, higher than the Iowa rural norm of 104.
- TAB 5: The ratio of the population in Marion County to primary care physicians is 983, lower than the Iowa rural norm of 1,987. The percent of residents in Marion County who reported yes, they would definitely recommend the hospital is 69%, lower than the Iowa rural norm of 72.6%.
- TAB 6: The percent of alcohol-impaired driving deaths in Marion County is 27%, higher than the Iowa rural norm of 22.9%.
- TAB 7: The percent of excessive drinking in Marion County is 11%, lower than the Iowa rural norm of 19.8%. The percent of physical inactivity in Marion County is 23%, lower than the Iowa rural norm of 26.4%. The percent of the Medicare population in Marion County with Hypertension is 49.4%, lower than the Iowa rural norm of 52.8%. The percent of the Medicare population with Hyperlipidemia in Marion County is 37.9%, lower than the Iowa rural norm of 41%. The percent of the Medicare population in Marion County with Heart Failure is 12.2%, lower than the Iowa rural norm of 14%. The percent of the Medicare population in Marion County with Chronic Kidney Disease is 11.8%,

lower than the Iowa rural norm of 13.7%. The percent of the Medicare population in Marion County with COPD is 9.8%, lower than the Iowa rural norm of 11%. The percent of the Medicare population in Marion County with Osteoporosis is 7.2%, higher than the Iowa rural norm of 5.9%.

- TAB 8: The uninsured percent in Marion County is 8.5%, lower than the Iowa rural norm of 12%.
- TAB 9: The rate of infant deaths in Marion County is 13, higher than the Iowa rural norm of 9. The Heart Disease mortality rate in Marion County is 422, higher than the Iowa rural norm of 215. The Chronic Obstructive Pulmonary Disease mortality rate in Marion County is 69, higher than the Iowa rural norm of 46. The suicide rate in Marion County is 22, higher than the Iowa rural norm of 12.
- TAB 10: The percent of access to exercise in Marion County is 84%, higher than the Iowa rural norm of 69.9%. The percent of two-year-old coverage of individual vaccines and selected vaccination series in Marion County is 73%, higher than the Iowa rural norm of 67%. The percent of diabetic monitoring in Marion County is 91%, higher than the Iowa rural norm of 88.4%. The percent of mammography screenings in Marion County is 71.1%, higher than the Iowa rural norm of 62.9%.

Key 2016 Community Feedback Conclusions

In February of 2016, Knoxville Hospital & Clinics (KHC) collected stakeholder feedback from their primary service area consumers, community leaders and groups, public and other organizations, and other providers. These stakeholders (N=114) provided the following community feedback insights via an online perception survey:

- 67.5% of KHC primary service area stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good, with Very Good being the highest ranking.
- KHC primary service area stakeholders are satisfied with the following services: Ambulance Services, Eye Doctor/Optomtrist, Hospice, Inpatient Services, Pharmacy, Primary Care, Public Health Department and School Nurse.
- KHC primary service area stakeholders are not satisfied with the following services: Family Planning Services, Mental Health Services and Visiting Specialists.
- 81.3% of KHC primary service area stakeholders have received healthcare services outside of their community over the past two years.
- KHC primary service area stakeholders perceive the following causes of disease or disability a problem in their community: Abuse/Violence, Alcohol, Drugs/Substance Abuse, Mental Illness, Obesity, Physical Exercise and Suicide.

As seen below, the community still senses a health need for Improve Mental Healthcare (Providers, Placement, Transportation, Beds and Education), Increase Substance Abuse (Treatment and Prevention), Expand/Build Adult Daycare and Build Walking Trails and Sidewalks.

Knoxville Hospital & Clinics (Primary Service Area) Marion Co, IA N=114						
From our last CHNA (2013), a number of health needs were identified as priorities. Are any of these 2013 CHNA needs still an "Ongoing Problem" in our Knoxville Hospital & Clinics service area?						
Answer Options	Not a Problem Anymore	Somewhat of a Problem	Major Problem	Problem %	Response Count	Most Pressing Rank
Improve Mental Healthcare (Providers, Placement, Transportation, Beds and Education)	4	25	51	95.0%	80	1
Increase Substance Abuse (Treatment and Prevention)	10	30	37	87.0%	77	2
Expand/Build Adult Daycare	14	41	22	81.8%	77	3
Build Walking Trails and Sidewalks	16	43	21	80.0%	80	6
Improve Family Planning Education (in High School – Birth Control)	18	38	15	74.6%	71	9
Build "Health" Community Perception/Awareness	20	36	18	73.0%	74	4
Fight Cancer	20	41	13	73.0%	74	7
Increase Wellness Education (Programs and Screenings)	28	44	8	65.0%	80	8
Expand Specialist Services (G.I., Ortho, etc.)	29	32	15	61.8%	76	5
Increase Preventive Care Services	31	37	9	59.7%	77	9

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

1. A description of the community served by the facility and how the community was determined;
2. A description of the process and methods used to conduct the CHNA;
3. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications;
5. A prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

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

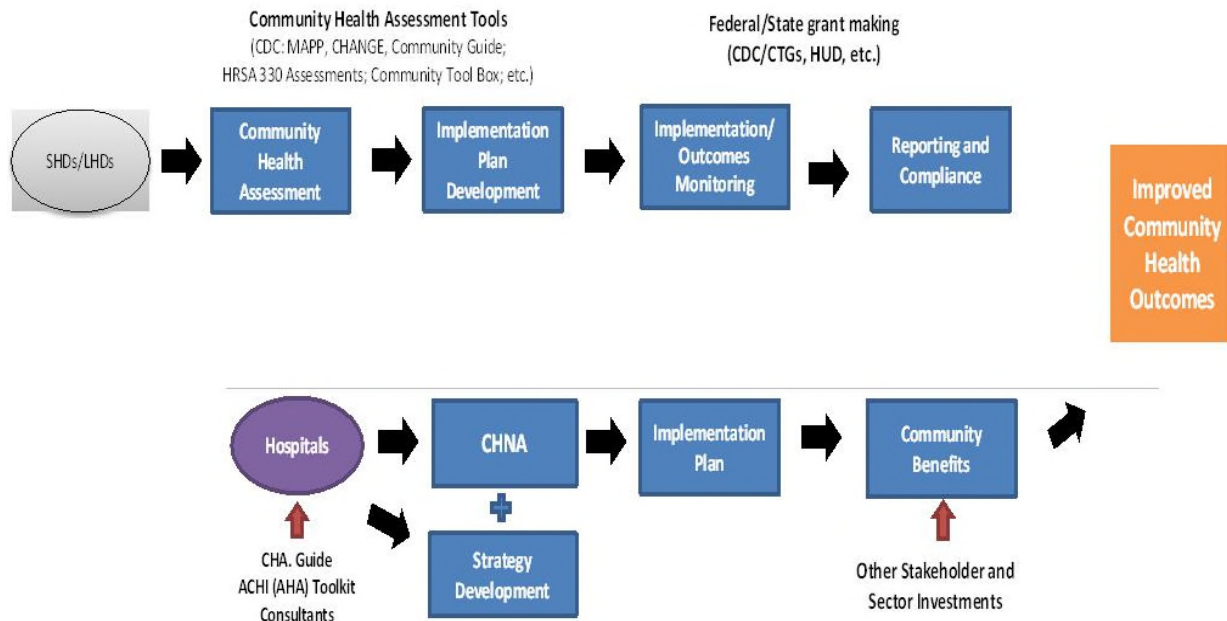
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2015 or during either of the two previous fiscal years.

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

Year 2015 - IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

The Internal Revenue Service and the Treasury Department have issued **final regulations** under the Affordable Care Act to protect patients in tax-exempt hospitals from aggressive debt collection practices and to provide other rules for charitable hospitals.

Under the **final regulations**, each Section 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis: establish written financial assistance and emergency medical care policies; limit the amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy; make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and conduct a community health needs assessment, or CHNA, and adopt an implementation strategy at least once every three years. The first three requirements are effective for tax years beginning after March 23, 2010 and the CHNA requirements are effective for tax years beginning after March 23, 2012.

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements. "Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a **blog post** Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

She noted that as a condition of their tax-exempt status, charitable hospitals must take an active role in improving the health of the communities they serve, establish billing and collections protections for patients eligible for financial assistance, and provide patients with the information they need to apply for such assistance. "These final rules adopt the same framework of proposed regulations but simplify the compliance process for charitable hospitals, while continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

Under the new rules, hospitals cannot charge individuals eligible for financial assistance more for emergency or other medically necessary care than the amounts generally billed to patients with insurance (including Medicare, Medicaid, or private commercial insurance). In addition, every tax-exempt hospital must establish and widely publicize a financial assistance policy that clearly describes to patients the eligibility criteria for obtaining financial assistance and the method for applying for financial assistance.

Charitable hospitals are also prohibited from engaging in certain collection methods (for example, reporting a debt to a credit agency or garnishing wages) until they make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy.

In addition, each charitable hospital need to conduct and publish a community health needs assessment at least once every three years and disclose on the tax form that it files on an annual basis the steps it is taking to address the health needs identified in the assessment.

Many of the requirements have been in place since the Affordable Care Act passed in 2010, but in response to comments on the proposed regulations, the final rules also expand access to translations for patients, by lowering the threshold for having translations of financial assistance policies available from 10 percent of the community served as proposed, to five percent of the community served or population expected to be encountered by the hospital facility, or 1000 persons, whichever is less, according to McMahon. "The final rules also revise the notification requirements to maintain important protections for patients while making it easier for hospitals to comply with them," she wrote. "General notifications regarding a hospital's financial assistance policy must appear on bills and in the hospital. However, individual written and oral notifications of the hospital's financial assistance policy are now only required when a hospital plans to use extraordinary collections actions, such as reporting a debt to a credit bureau, selling the debt to a third party or garnishing wages."

While charitable hospitals must continue to make a good-faith effort to comply, the rules provide charitable hospitals with time to fully update their policies and programming to implement the changes. But if a charitable hospital fails to meet the consumer protection provisions required by the law, the hospital could have its tax-exempt status revoked. If a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax will apply, McMahon noted. "However, if a hospital fails to meet a requirement, but the failure is neither willful nor egregious, the hospital can correct and publicly disclose the error to have it excused, thus avoiding revocation of tax-exempt status, but the excise tax would still apply," she wrote.

II. Methodology

b) Collaborating CHNA Parties

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

Knoxville Hospital & Clinics Profile

1002 S Lincoln St, Knoxville, IA 50138

CEO: Kevin Kincaid

About Us: Knoxville Hospital & Clinics, a Critical Access Hospital serving Marion County, Iowa, and the surrounding area, is dedicated to providing you personal, progressive health care with compassion. Our health care organization is well suited to serve the health care needs of Central Iowa. In addition to various departments providing general health care services, we also offer you a large variety of outpatient clinics staffed by qualified specialty physicians. We are committed to you!

Our Mission: Through our caring compassion, and with a healing spirit, we provide exceptional healthcare services.

Our Vision: Knoxville Hospital & Clinics is the premier healthcare facility in south central Iowa because we successfully meet the needs and exceed the expectations of those we serve.

Our Services: When you need medical care, you don't need to travel outside of the Knoxville community for your healthcare needs. Knoxville Hospital & Clinics provides nurses and technicians who take the time to comfort patients and family members and healthcare providers who go out of their way to make sure patients have the information they need to make informed decisions. We also have the diagnostic and surgical technology to treat patients and perform the latest and greatest procedures. All of this care is delivered with compassion and commitment.

- Cardiac and Pulmonary Rehabilitation
- Diabetes Education
- Emergency Medical Services
- Family Medicine
- Food & Nutrition
- General Surgery
- Imaging Services
- Laboratory
- Medical/Surgical
- Obstetrics
- Occupational Health
- Rehab Services-Physical and Occupational Therapy
- Respiratory Therapy
- Skilled Care
- Wound Care

Marion County Public Health Department

2003 N Lincoln St, Knoxville, IA 50138

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

Our 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.

Our Core Values:

- Collaboration
- Competence
- Integrity
- Respect
- Stewardship
- Strength Based Approach
- Trust
- Invested in Education

Our Programs:

- Care for Yourself
- Child Care Nurse Consultant
- Emergency Response
- Environmental Health
- First Five
- Hawk-i
- Homemaker
- Immunizations
- I-Smile™
- Lead
- Maternal Child Health
- Parents as Teachers
- Preschool Tuition Assistance
- Public Health Nursing
- Tobacco
- WIC
- Other Programs

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Consultants LLC

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

VINCE VANDEHAAR, MBA

Principal Consultant and Owner of VVV Consultants LLC

VVV Consultants LLC was incorporated on May 28th, 2009. With over 30 years of business and faculty experience in helping providers, payors and financial service firms obtain their strategic planning and research and development needs, Vince brings in-depth health industry knowledge, research aptitude, planning expertise and energy. VVV Consultants LLC services are organized, formal processes of listening to the voice of the customer. Vince started his consulting business after working for Saint Luke's Health System (SLHS) of Kansas City for 16 years. *(Note: Saint Luke's Hospital of Kansas City, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003. The Baldrige examiners cited Vince's department as "Best Practice" in the areas of customer satisfaction, market research and evaluation efforts <Kansas City Star 3/10/04>).*

VVV Consultants LLC consultants have in-depth experience helping hospitals work with local health departments to engage community residents and leaders to identify gaps between existing health community resources and needs and construct detailed strategies to meet those needs, while still adhering to the hospital's mission and budget. Over the past 20 years, Vandehaar has completed eight comprehensive Baldrige aligned Community Health Needs Assessments for Saint Luke's of Kansas City System facilities (3 campuses) and was contracted to conduct two additional independent department of health consulting projects (prior to IRS 990 regs). To date, VVV has completed 55 CHNA IRS-aligned assessments for Iowa, Kansas, Missouri and Nebraska hospitals and health departments.

Vince Vandehaar, MBA is actively involved in the Kansas City community. He is a member the Greater Kansas City Employee Benefits Association, the Society for Healthcare Strategy and Market Development, the American Marketing Association Kansas City Chapter and Co-Chair of the AMA Kansas City Healthcare Special Interest Group. In addition to these roles, from 2000 to 2008, Vince served as the state chairman for MHA's Data Committee and was a member of KHA's Data Taskforce.

Collaborating Consultants

Alexa Backman, MBA - VVV Consultants LLC

Associate Consultant

II. Methodology

c) CHNA and Town Hall Research Process

Grinnell Regional Medical Center's Community Health Needs Assessment (CHNA) process began in late October 2015. At that time, an inquiry was made by Kevin Kincaid, CEO, to VVV Consultants LLC to explore the possibility of conducting a comprehensive IRS-aligned CHNA. VVV Consultants LLC then reviewed CHNA experience, in-depth CHNA requirements and regulations, CHNA development options to meet IRS requirements and next steps after option approval.

VVV CHNA Deliverables:

- Uncover / document basic secondary research and health of county, organized by 10 TABS.
- Conduct Town Hall meeting to discuss secondary data and uncover / prioritize county health needs.
- Conduct and report CHNA primary research.
- Prepare and publish IRS-aligned CHNA report that meets requirements.

Knoxville Hospital & Clinics - CHNA Work Plan

Project Timeline and Roles 2016

Step	Date (Start-Finish)	Lead	Task
1	10/26/2015	VVV	Sent VVV quote for review.
2	11/25/2015	Client	Select CHNA Option C. Approve to start work 1/15/16.
3	1/25/2016	VVV	Send out REQCommInvite Excel file. Hospital and health department to fill in primary service area stakeholders names, addresses and e-mails.
4	1/25/2016	VVV	Request client to send IHA PO101, 102 and PO103 reports to document service area for FFY 12, 13 and 14. In addition, request client to complete three year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or before 1/25/2016	VVV	Prepare CHNA Option C stakeholder feedback online link. Send text link for client review.
6	On or before 1/25/2016	VVV / Client	Prepare and send out PR story to local media announcing upcoming CHNA work. Client to place.
7	2/5/2016	VVV	Launch and conduct online survey to stakeholders. Client will e-mail invite to participate to all stakeholders.
8	2/5/2016	VVV / Client	Prepare and send out PR story to local media announcing online CHNA stakeholder feedback survey. Request public to participate.
9	On or before 2/19/2016	VVV	Assemble and complete secondary research. Find and populate 10 tabs. Create Town Hall PowerPoint for presentation.
10	2/19/2016	Client	Prepare and send out community Town Hall invite letter and place local advertisement.
11	2/19/2016	VVV / Client	Prepare and send out PR story to local media announcing upcoming Town Hall. VVV will mock up PR release to media sources.
12	On or before 2/29/2016	VVV/ Client	Conduct conference call (<i>time TBD</i>) with client and health department to review Town Hall data and flow.
13	3/15/2016	VVV	Conduct CHNA Town Hall from 5:30-7:00p.m. at Knoxville High School. Review and discuss basic health data plus rank health needs.
14	On or before 4/30/2016	VVV	Complete analysis. Release draft one and seek feedback from client leaders and health department.
15	On or before 5/15/2016	VVV	Produce and release final CHNA report. Client will post CHNA online.
16	On or before 5/31/2016	Client	Conduct client Implementation Plan primary service area leadership meeting.
17	30 days prior to end of client fiscal year	Client	Hold board meetings to discuss CHNA needs and create and adopt an Implementation Plan. Communicate CHNA plan to community.

To meet IRS CHNA requirements, a four-phase methodology was reviewed and approved as follows:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA hospital client and county health department. Review / confirm CHNA calendar of events, explain / coach client to complete required participant database and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Iowa Hospital Association (IHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Gather historical primary research to uncover public health needs, practices and perceptions for hospital primary service areas.

Phase III—Quantify Community Need:

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

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

Post CHNA report findings to meet IRS-aligned CHNA criteria.

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

Phase I: Discovery.....	January 2016
Phase II: Secondary / Primary Research.....	February 2016
Phase III: Town Hall Meeting.....	March 15 th , 2016
Phase IV: Prepare / Release CHNA report.....	May 2016

Detail CHNA Development Steps Include:

Steps to Conduct Community Health Needs Assessment	
	Development Steps
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept, Mental Health Centers, Schools, Churches, Physicians etc), hold community meeting.</i>
Step # 2 Planning	<i>Prepare brief Community Health Needs Assessment Plan - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect & Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.</i>
Step # 4a Primary Research	<i>Conduct Community Roundtable (Qualitative Research). Review Secondary Research (Step3) with Community Stakeholders. Gather current opinions and identify health needs.</i>
Step # 4b Primary Research <Optional>	<i>Collect Community Opinions. (Quantitative Research). Gather current opinions (Valid sample size) regarding community health needs and healthcare practices. If appropriate, conduct Physician Manpower Assessment to determine FTE Physician need by specialty.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive Community Health Needs Assessment report (to community leaders) with Recommended Actions to improve health. < Note: Formal report will follow IRS Notice 2011-52 regs ></i>
VVV Research & Development, LLC 913 302-7264	

Overview of Town Hall Community Priority Setting Process

Each community has a wealth of expertise to be tapped for CHNA development. For this reason, a Town Hall is the perfect forum to gather community insight and provide an atmosphere to objectively consensus build and prioritize county health issues.

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to Town Hall: local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, local residents, community leaders, opinion leaders, school leaders, business leaders, local government, faith-based organizations and persons (or organizations serving them), people with chronic conditions, uninsured community members, low income residents and minority groups.

Knoxville Hospital & Clinics' Town Hall was held on Tuesday, March 15th, 2016 at Knoxville High School. Vince Vandelaar and Alexa Backman facilitated this 1 ½ hour session with twenty-seven (27) attendees. (Note: a detailed roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome and introductions.
2. Review purpose for the CHNA Town Hall and roles in the process.
3. Presentation/review of historical county health indicators (10 tabs).
4. Facilitate Town Hall participant discussion of data (probe health strengths/concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using four dots to cast votes on priority issues). Tally and rank top community health concerns cited.
6. Close meeting by reflecting on the health needs/community voting results. Inform participants on next steps.

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital and health department leaders via e-mail or personal conversations.

(NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting of open-end comments).

Community Health Needs Assessment on behalf of Knoxville Hospital & Clinics

Marion County, IA - Town Hall Meeting



Vince Vandehaar, MBA
VVV Consultants LLC
Owner and Adjunct Marketing Professor

Olathe, Kansas 66061
VVV@VandehaarMarketing.com

www.vandehaarmarketing.com
913-302-7264

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. Opening / Introductions (10 mins)
- II. Review CHNA Purpose and Process (10 mins)
- III. Review Current County "Health Status" –
Secondary Data by 10 TAB Categories
Review Community Feedback Research (35 mins)
- IV. Collect Community Health Perspectives
Hold Community Voting Activity: Determine
MOST Important Health Areas (30 mins)
- I. Close / Next Steps (5 mins)

VVV Consultants LLC

I. Introduction:

Background and Experience



Vince Vandehaar , MBA

VVV Consultants LLC, Principal Consultant

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

Adjunct Professor - Marketing / Health Admin, 26 years +

- > Webster University (1988 – present)
- > Rockhurst University (2010 – present)

Alexa Backman, MBA, Associate Consultant

Town Hall Participation (You)

- ALL attendees welcome to share.
 - Parking Lot
- There are no right or wrong answers.
- Only one person speaks at a time.
- Please give truthful responses.
- Have a little fun along the way.

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses -- owners/CEOs of large businesses (local or large corporations with local branches), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials, Foundations, United Way organizations. And other "community leaders."

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

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

II. Purpose: Why Conduct Community Health Needs Assessment?

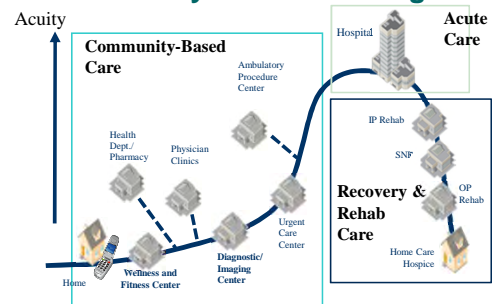
- To determine health-related trends and issues of the community.
- To understand/evaluate health delivery programs in place.
- To develop strategies to address unmet health needs.
- To meet Federal requirements -- both local hospital and health department.

II. Review CHNA Definition

A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. (NOTE: Some the data has already been published by local, state and federal public health organizations. Some data will be collected today).

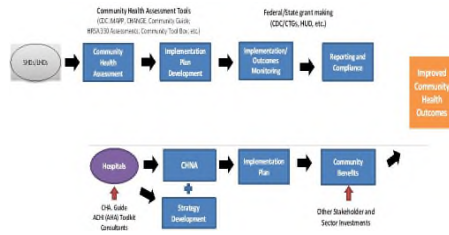
CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

Future System of Care Sg2



IP = inpatient; SNF = skilled nursing facility; OP = outpatient.

Community Health Needs Assessment Joint Process: Hospital and Health Department



II. Required Written Report IRS 990 Documentation

- a description of the community served
- a description of the CHNA process
- the identity of any and all organizations and third parties which collaborated to assist with the CHNA
- a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications
- a prioritized description of all of the community needs identified by the CHNA and
- a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

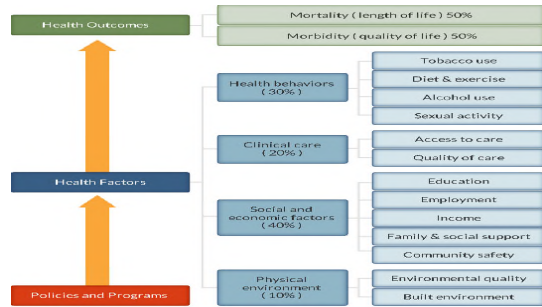
III. Review Current County "Health Status"

Secondary Data by 10 TAB Categories plus IA State Rankings

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

County Health Rankings

Robert Wood Johnson Foundation and University of WI Health Institute



1 Physical Environment (10%)			26 Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Air pollution particulate matter	The average daily measure of fine particulate matter (PM2.5) in a county	Community safety (5%)	Violent crime	Percent crime rate per 100,000 population
	Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
Housing and transit (5%)	Leaky housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or bathing facilities	Health Outcomes (10%)	Health Indicators	
	Transit access to work	Percent of the workforce that drives alone to work			
	Low common driving	Along routes who commutes to their care alone, the route that commutes takes 10 minutes			
27 Clinical Care (20%)			28 Tobacco Use		
Focus Area	Measure	Description	Focus Area	Measure	Description
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	Adult tobacco use	Prevalence of tobacco use	Report smoking >= 100
	Primary care physicians	Ratio of population to primary care physicians	Food environment index	Index of factors that contribute to a healthy food environment	
Quality of care (10%)	Dentists	Ratio of population to dentists	Physical inactivity	Percent of adults aged 20 and over reporting	
	Mental health providers	Ratio of population to mental health providers	Access to exercise opportunities	Percent of the population with adequate access to facilities for physical activity	
	Preventable hospital stays	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Excessive drinking	Single plus heavy drinking	
	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c testing	Alcohol and drug use (5%)	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Sexual activity (5%)	Sexually transmitted infections	Chlamydia rate per 100,000 population
29 Social and Economic Environment (40%)			30 / 3c Maternal / Mortality		
Focus Area	Measure	Description	Focus Area	Measure	Description
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Quality of life (10%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Physically unhealthy days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	
Income (10%)	Children in poverty	Percent of children under age 18 in poverty	Low birthweight	Percent of live births with low birthweight (< 2500 grams)	
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Length of life (10%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
	Children in single-parent households	Percent of children that live in household headed by single parent			

IV. Collect Community Health Perspectives Ask your opinion. Your thoughts?

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

V. Have we forgotten anything ?

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

Community Health Needs Assessment

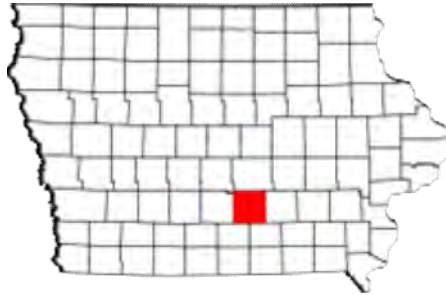
Questions Next Steps ?

VVV Research & Development, LLC
vmlvandehaar@aol.com
913 302-7264

II. Methodology

d) Community Profile (A Description of Community Served)

Marion County, IA Community Profile



Demographics

The population of Marion County was estimated to be 33,294 on July 1, 2015 and had a 0.2% change in population from April 1, 2010–July 1, 2015.¹ Its county seat is Knoxville, IA. According to the U.S. Census Bureau, the county has a total area of 571 square miles, of which 555 square miles is land and 16 square miles is water.² Marion County's population density is 60 persons per square mile and its industries providing employment are Educational (health and social services) (44.4%) and Agriculture (forestry, fishing and hunting and mining) (17.8%).³

The major highway transportation is by Iowa Highway 5, Iowa Highway 14, Iowa Highway 92, Iowa Highway 163 and Iowa Highway 316.⁴

¹ <http://www.census.gov/quickfacts/table/PST045215/19125>

² U.S. Census Bureau

³ http://www.city-data.com/county/Marion_County-IA.html

⁴ U.S. Census Bureau

Marion County Detail Demographic Profile

ZIP	NAME	County	Population			Households		HH Avg Size	Per Capita Income 14
			YR 2014	YR 2019	Chg	YR 2014	YR 2019		
50044	Bussey	MARION	852	873	2.5%	345	354	2.5	\$22,742
50057	Columbia	MARION	274	282	2.9%	105	108	2.6	\$22,846
50062	Melcher Dallas	MARION	1,609	1,635	1.6%	660	671	2.4	\$19,646
50116	Hamilton	MARION	335	341	1.8%	126	128	2.7	\$21,111
50119	Harvey	MARION	423	402	-5.0%	178	170	2.4	\$23,816
50138	Knoxville	MARION	11,888	11,908	0.2%	4,861	4,881	2.4	\$22,176
50163	Melcher Dallas	MARION	15	15	0.0%	9	9	1.7	\$26,963
50214	Otley	MARION	907	966	6.5%	314	335	2.9	\$30,512
50219	Pella	MARION	13,989	14,179	1.4%	4,975	5,048	2.5	\$26,582
50225	Pleasantville	MARION	2,987	3,012	0.8%	1,178	1,192	2.5	\$23,912
50252	Swan	MARION	350	360	2.9%	137	141	2.6	\$26,723
50256	Tracy	MARION	463	447	-3.5%	175	169	2.6	\$21,353
Totals			34,092	34,420	12.1%	13,063	13,206	2.5	\$24,032

ZIP	NAME	County	Population				YR 2014		Females Age20_35
			YR 2014	Pop65+	Kids<18	GenY	Males	Females	
50044	Bussey	MARION	852	154	208	236	442	410	64
50057	Columbia	MARION	274	42	77	69	143	131	18
50062	Melcher Dallas	MARION	1,609	284	419	478	805	804	137
50116	Hamilton	MARION	335	62	82	95	175	160	26
50119	Harvey	MARION	423	69	112	113	218	205	32
50138	Knoxville	MARION	11,888	2,185	3,051	3,292	5,936	5,952	946
50163	Melcher Dallas	MARION	15	0	5	6	9	6	2
50214	Otley	MARION	907	94	303	247	481	426	61
50219	Pella	MARION	13,989	2,200	4,067	4,316	6,840	7,149	1,421
50225	Pleasantville	MARION	2,987	487	824	885	1,493	1,494	250
50252	Swan	MARION	350	55	92	92	176	174	28
50256	Tracy	MARION	463	76	115	126	240	223	35
Totals			34,092	74,548	9,355	9,955	16,958	17,134	3,020

ZIP	NAME	County	Population				Aver HH Inc 14	HH YR 2014	HH \$50K+
			White	Black	Amer In	Hisp			
50044	Bussey	MARION	837	3	2	11	\$56,164	345	158
50057	Columbia	MARION	266	2	0	6	\$59,617	105	58
50062	Melcher Dallas	MARION	1,569	7	2	37	\$47,894	660	256
50116	Hamilton	MARION	327	3	1	3	\$56,129	126	59
50119	Harvey	MARION	418	0	0	6	\$56,585	178	89
50138	Knoxville	MARION	11,462	165	22	223	\$53,867	4,861	2,306
50163	Melcher Dallas	MARION	15	0	0	0	\$44,939	9	3
50214	Otley	MARION	874	6	1	7	\$88,135	314	208
50219	Pella	MARION	13,248	146	30	234	\$72,632	4,975	3,090
50225	Pleasantville	MARION	2,912	14	5	48	\$60,322	1,178	660
50252	Swan	MARION	340	2	1	5	\$68,270	137	81
50256	Tracy	MARION	452	3	1	7	\$56,432	175	87
Totals			32,720	351	65	587	\$60,082	13,063	7,055

Source: ERSA Demographics

III. Community Health Status

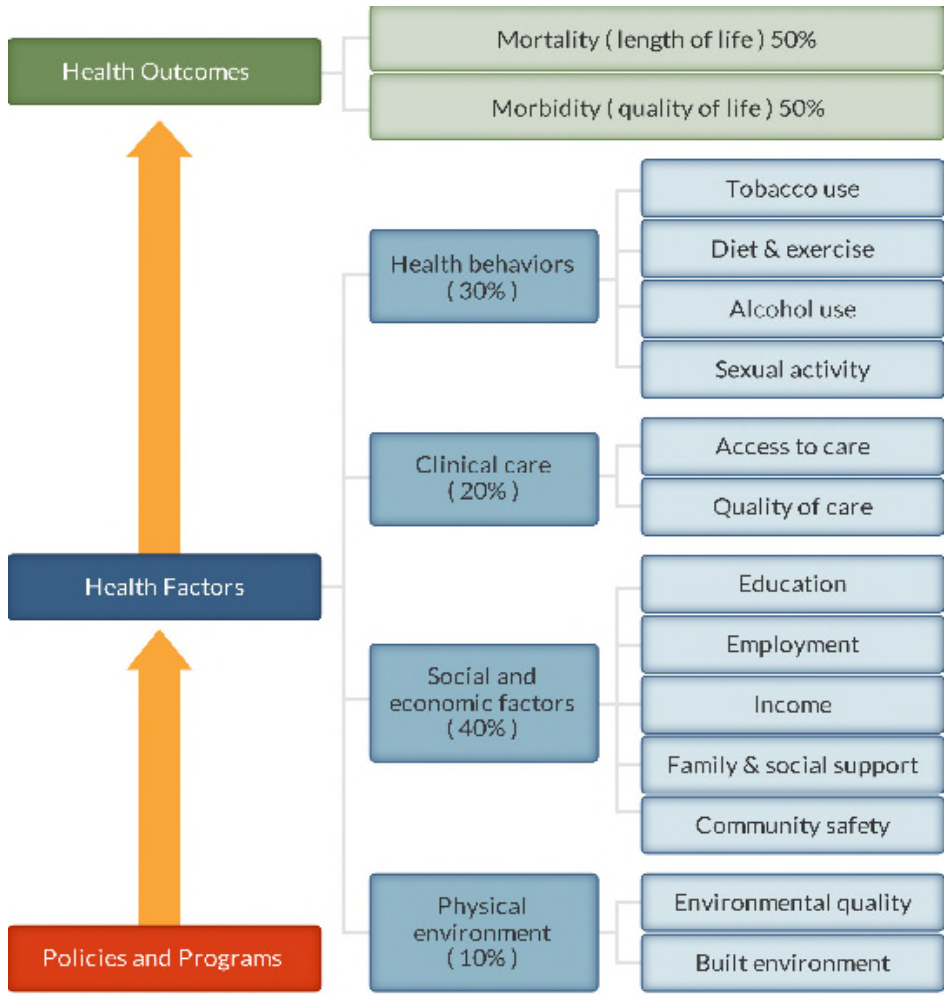
[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators and results of our recent CHNA Town Hall. To produce this profile, VVV Consultants LLC staff analyzed data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 tabs), results from the 2015 County Health Rankings and conversations from Town Hall primary research. **Each table reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.** <Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below in model, these rankings are based on a number of health factors.>



County Health Rankings model ©2012 UWPHI

Secondary Research

2015 State Health Rankings for Marion County, IA

#	IA Rank of 99 Counties	Definitions	Marion County	TREND	IA Rural Norm (14)
1	Physical Environment	Environmental quality	36		41
2	Health Factors		12		54
2a	Clinical Care	Access to care / Quality of Care	10		64
2b	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	13		50
3	Health Outcomes		41		59
3a	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	20		52
3b	Morbidity	Quality of life	44		49
3c	Mortality	Length of life	37		62
http://www.countyhealthrankings.org , released 2015 Iowa Rural Norm N=14 includes the following counties: Page, Fremont, Ida, Sac, Davis, Appanoose, Marion, Poweshiek, Tama, Madison, Ringgold, Carroll, Lucas and Clayton.					

When considering the state of community health, it's important to review published health data by topic area. Below is a summary of key tabs of information collected:

Tab 1 Demographic Profile

Tab	Health Indicator	Marion County	Trend	State of Iowa	Rural Norm	Source
1a a	Population, 2014 Estimate	33,365		3,107,126	14,153	People Quick Facts
1a b	Population, % Change - April 1, 2010 to July 1, 2014	0.2%		2.0%	-1.7%	People Quick Facts
1a c	Population, 2010	33,309		3,046,355	14,364	People Quick Facts
1a d	Persons Under 5 years, Percent, 2014	6.1%		6.3%	6.0%	People Quick Facts
1a e	Persons Under 18 years, Percent, 2014	24.1%		23.4%	23.4%	People Quick Facts
1a f	Persons 65 Years and Over, Percent, 2014	16.4%		15.8%	20.2%	People Quick Facts
1a g	Female Persons, Percent, 2014	50.1%		50.3%	50.3%	People Quick Facts
1a h	White Alone, Percent, 2014	96.3%		92.1%	96.6%	People Quick Facts
1a i	Black or African American Alone, Percent, 2014	1.0%		3.4%	0.7%	People Quick Facts
1a j	Hispanic or Latino, Percent, 2014	1.9%		5.6%	2.5%	People Quick Facts
1a k	Foreign Born Persons, Percent, 2009-2013	2.3%		4.5%	1.8%	People Quick Facts
1a l	Language Other than English Spoken at Home, Pct Age 5+, 2009-2013	2.9%		7.2%	5.2%	People Quick Facts
1a m	Living in Same House 1 Year & Over, Percent, 2009-2013	83.6%		84.8%	87.5%	People Quick Facts

Tab 1 Demographic Profile

Tab	Health Indicator	Marion County	Trend	State of Iowa	Rural Norm	Source
1b	a Veterans, 2009-2013	2,484		226,175	1,173	People Quick Facts
1b	b Persons per Square Mile, 2010	60.1		54.5	25.5	Geography Quick Facts
1b	c Children in Single-Parent Households, 2015	18.0%		29.0%	25.9%	County Health Rankings
1b	d Poverty Levels, 2011	10.0%		12.7%	12.7%	Iowa Health Fact Book
1b	e Limited Access to Healthy Foods, 2015	3.0%		6.0%	5.9%	County Health Rankings
1b	f People 65+ with Low Access to a Grocery Store, 2010	2.2%		3.6%	3.3%	U.S. Department of Agriculture - Food Environment Atlas
1b	g Voter Turnout, 2012	54.4%		53.3%	53.6%	Iowa Secretary of State

Tab 2 Economic Profile

Tab	Health Indicator	Marion County	Trend	State of Iowa	Rural Norm	Source
2	a Per Capita Money Income in Past 12 Months (2013 dollars), 2009-2013	\$25,477		\$27,027	\$24,657	People Quick Facts
2	b Housing Units in Multi-Unit Structures, Percent, 2009-2013	13.9%		18.4%	10.5%	People Quick Facts
2	c Persons per Household, 2009-2013	2.5		2.4	2.4	People Quick Facts
2	d Severe Housing Problems, 2015	10.0%		12.0%	10.6%	County Health Rankings
2	e Retail Sales per Capita, 2007	\$10,201		\$13,172	\$10,006	Business Quick Facts
2	f Total Number of Firms, 2007	3,254		259,931	1,421	Business Quick Facts
2	g Unemployment, 2015	4.5%		4.6%	4.8%	County Health Rankings
2	h Child Food Insecurity Rate, 2013	11.5%		12.6%	12.4%	Feeding America
2	i Grocery stores / 1,000 pop, 2012	0.3		0.3	0.3	U.S. Department of Agriculture - Food Environment Atlas
2	j Low-Income and Low Access to a Grocery Store, 2010	2.2%		3.6%	3.3%	U.S. Department of Agriculture - Food Environment Atlas
2	k SNAP participants (% eligible pop), 2010*	88.0%		88.0%	88.0%	U.S. Department of Agriculture - Food Environment Atlas
2	l Mean Travel Time to Work (Minutes), Workers Age 16+, 2009-2013	20.3		18.8	19.8	People Quick Facts
2	m Long Commute - Driving Alone, 2009-2013	27.0%		19.0%	24.9%	County Health Rankings

Tab 3 Public Schools Health Delivery Profile

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

Tab	Health Indicator	Marion County	Trend	State of Iowa	Rural Norm	Source
3 a	Students Eligible for Free Lunch (%), 2010	23.8%		30.0%	29.4%	U.S. Department of Agriculture - Food Environment Atlas
3 e	4-Year High School Graduation Rates, 2011-2012	384		30,357	145	Iowa Health Fact Book
3 f	Bachelor's Degree or Higher, Percent of Persons Age 25+, 2009-2013	25.0%		25.7%	18.7%	People Quick Facts

Tab 3 Public Schools Health Delivery Profile

#	Health Indicator	Knoxville	Pleasantville	Twin Cedars	Melcher Dallas
1	Total Public School Nurses	1	1	NA	NA
2	School Nurse is Part of IEP Team	YES	YES	NA	NA
3	Active School Wellness Plan	YES	YES	NA	NA
4	VISION: # Screened / Referred to Prof / Seen by Professional	852/109/unsure	145/6/unsure	NA	NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	785/39/9	364/6/3	NA	NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	230/54/unsure	105/19/unsure	NA	NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	do not screen	do not screen	NA	NA
8	Students Served with No Identified Chronic Health Concerns	972/1785	553	NA	NA
9	School has a Suicide Prevention Program	NO	YES	NA	NA
10	Compliance on Required Vaccinations	98%	98%	NA	NA

TAB 4 Maternal and Infant Health Profile

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

Tab	Health Indicator	Marion County	Trend	State of Iowa	Rural Norm	Source
4 a	Mothers Who Began Prenatal Care in First Trimester, 2010-2011	636		62,857	253	Iowa Health Fact Book
4 b	Annual Birth Outcome % Preterm, 2014	7.2%		7.3%	8.3%	Iowa Department of Health and Environment
4 c	Low Birth Weight (<2500 Grams), 2010-2011	45		NA	21	Iowa Health Fact Book
4 d	Mothers Who Smoked During Pregnancy, 2010-2011	142		12,398	62	Iowa Health Fact Book
4 e	Mothers under Age 20, 2010-2011	52		5,763	28	Iowa Health Fact Book
4 f	Out-of-Wedlock Births, 2010-2011	193		26,106	104	Iowa Health Fact Book

TAB 4 Maternal and Infant Health Profile

Tab		Vital Statistics	Marion County	Trend	State of Iowa
4	a	Total Live Births, 2010-2011	732		76,718
4	a	Total Live Births, 2012-2013	758		77,699

TAB 5 Hospitalization/Provider Profile

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

Tab		Health Indicator	Marion County	Trend	State of Iowa	Rural Norm	Source
5	a	Primary Care Physicians per 1, 2015	983		1,375	1,987	County Health Rankings
5	b	Preventable Hospital Stays, 2015	64		56	65	County Health Rankings
5	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	74.0%		76.0%	74.3%	CMS Hospital Compare, 1/1/14-12/31/14
5	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	69.0%		75.0%	72.6%	CMS Hospital Compare, 1/1/14-12/31/14
5	e	Department Before They Were Seen by a Healthcare Professional	28		26	29	CMS Hospital Compare, 1/1/14-12/31/14

TAB 5 Hospitalization/Provider Profile

#	IA Hospital Association PO103	Marion County			TREND
		FFY2013	FFY2014	FFY2015p	
1	Total Discharges	3,435	3,378	3,223	
2	Total IP Discharges-Age 0-17 Ped	577	488	517	
3	Total IP Discharges-Age 18-44	606	610	576	
4	Total IP Discharges-Age 45-64	631	636	609	
5	Total IP Discharges-Age 65-74	529	545	527	
6	Total IP Discharges-Age 75+	1,092	1,099	993	
#	IA Hospital Association PO103	Knoxville Hospital & Clinics Only			TREND
		FFY2013	FFY2014	FFY2015p	
1	Total Discharges	660	631	540	
2	Total IP Discharges-Age 0-17 Ped	60	19	5	
3	Total IP Discharges-Age 18-44	80	54	29	
4	Total IP Discharges-Age 45-64	101	116	93	
5	Total IP Discharges-Age 65-74	107	127	121	
6	Total IP Discharges-Age 75+	312	315	291	

*FFY 2015 has been prorated based on 3Q of data

TAB 5 Hospitalization/Provider Profile

Source: Hospital Internal Records				
Knoxville Hospital & Clinics				
ZIP	City	County	Accum %	3 YR Total IP/OP/ER/PC
50138	Knoxville	Marion	62.3%	66,093
50225	Pleasantville	Marion	73.1%	11,529
50163	Melcher	Marion	77.2%	4,371
50049	Chariton	Lucas	79.9%	2,874
50062	Dallas	Marion	82.1%	2,309
50170	Monroe	Jasper	84.0%	2,034
50044	Bussey	Marion	85.4%	1,485

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Marion County	Trend	State of Iowa	Rural Norm	Source
6 a	Depression: Medicare Population, 2012	15.8%		14.9%	14.0%	Centers for Medicare and Medicaid Services
6 b	Alcohol-Impaired Driving Deaths, 2015 (3 of 6 Total Driving Deaths)	27.0%		23.0%	22.9%	County Health Rankings
6 d	Poor Mental Health Days, 2015	2.0		2.6	2.7	County Health Rankings

TAB 7 Health Risk Profiles

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health. Being overweight / obese; smoking, drinking in excess, not exercising, etc. can lead to poor health.

Tab	Health Indicator	Marion County	Trend	State of Iowa	Rural Norm	Source
7a a	Adult Obesity, 2015	30.0%		30.0%	31.0%	County Health Rankings
7a b	Adult Smoking, 2015	18.0%		18.0%	19.0%	County Health Rankings
7a c	Excessive Drinking, 2015	11.0%		20.0%	19.8%	County Health Rankings
7a f	Physical Inactivity, 2015	23.0%		24.0%	26.4%	County Health Rankings
7a g	Poor Physical Health Days, 2015	2.9		2.8	2.9	County Health Rankings
7a h	Sexually Transmitted Infections, 2015	224		370	226	County Health Rankings

TAB 7 Health Risk Profiles

Tab	Health Indicator	Marion County	Trend	State of Iowa	Rural Norm	Source
7b a	Hypertension: Medicare Population, 2012	49.4%		51.2%	52.8%	Centers for Medicare and Medicaid Services
7b b	Hyperlipidemia: Medicare Population, 2012	37.9%		40.2%	41.0%	Centers for Medicare and Medicaid Services
7b c	Heart Failure: Medicare Population, 2012	12.2%		12.8%	14.0%	Centers for Medicare and Medicaid Services
7b d	Chronic Kidney Disease: Medicare Population, 2012	11.8%		13.4%	13.7%	Centers for Medicare and Medicaid Services
7b e	COPD: Medicare Population, 2012	9.8%		10.5%	11.0%	Centers for Medicare and Medicaid Services
7b f	Atrial Fibrillation: Medicare Population, 2012	8.4%		8.6%	8.8%	Centers for Medicare and Medicaid Services
7b g	Cancer: Medicare Population, 2012	6.8%		7.3%	7.4%	Centers for Medicare and Medicaid Services
7b h	Osteoporosis: Medicare Population, 2012	7.2%		5.4%	5.9%	Centers for Medicare and Medicaid Services
7b i	Asthma: Medicare Population, 2012	2.6%		3.5%	2.7%	Centers for Medicare and Medicaid Services
7b j	Stroke: Medicare Population, 2012	2.1%		2.6%	2.6%	Centers for Medicare and Medicaid Services

TAB 8 Uninsured Profiles

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

Tab	Health Indicator	Marion County	Trend	State of Iowa	Rural Norm	Source
8 a	Uninsured (Under 65), 2010	8.5%		10.7%	12.0%	Iowa Health Fact Book

TAB 8 Uninsured Profiles

#	Knoxville Hospital & Clinics	YR13	YR14	YR15	TREND
1	Bad Debt - Write off	\$1,793,061	\$1,979,736	\$954,744	
2	Charity Care - Free Care Given	\$223,498	\$139,122	\$211,775	

TAB 9 Mortality Profile

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

Tab	Health Indicator	Marion County	Trend	State of Iowa	Rural Norm	Source
9 a	Life Expectancy for Females, 2009	81.6		82.0	81.3	Institute for Health Metrics and Evaluation
9 b	Life Expectancy for Males, 2009	76.1		77.3	76.4	Institute for Health Metrics and Evaluation
9 c	Infant Deaths, 2007-2011	13		998	9	Iowa Health Fact Book
9 d	Heart Disease Mortality, 2006-2010	422		35154	215	Iowa Health Fact Book
9 e	Chronic Obstructive Pulmonary Disease Mortality, 2006-2010	69		NA	46	Iowa Health Fact Book
9 f	Suicides, 2007-2011	22		1843	12	Iowa Health Fact Book

TAB 9 Mortality Profile

#	Causes of Death by County of Residence, Iowa Health Fact Book 2013	Trend	Marion County	%	State of Iowa	%
	All Causes		1,602	100.0%	138,412	100.0%
1	Heart Disease	0.9%	422	26.3%	35,154	25.4%
2	All Cancer	0.1%	369	23.0%	31,766	23.0%
3	Lung Cancer	-0.5%	94	5.9%	8,838	6.4%
4	Stroke	4.8%	94	5.9%	1,422	1.0%
5	Alzheimer's Disease	0.7%	85	5.3%	6,331	4.6%
6	Chronic Obstructive Pulmonary Disease	3.0%	69	4.3%	1,824	1.3%
7	Accidents and Adverse Effects	-0.7%	61	3.8%	6,233	4.5%
8	Pneumonia/Influenza	0.8%	54	3.4%	3,569	2.6%
9	Colorectal Cancer	0.5%	46	2.9%	3,234	2.3%
10	Diabetes Mellitus	-0.5%	36	2.2%	3,770	2.7%

TAB 10 Preventive Health Profile

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

Tab	Health Indicator	Marion County	Trend	State of Iowa	Rural Norm	Source
10 a	Access to Exercise Opportunities, 2015	84.0%		79.0%	69.9%	County Health Rankings
10 b	2-Year-Old Coverage of Individual Vaccines and Selected Vaccination Series, 2012	73.0%		71.0%	67.0%	Iowa Immunization Program
10 d	Diabetic Monitoring, 2015	91.0%		89.0%	88.4%	County Health Rankings
10 e	Mammography Screening, 2015	71.1%		66.4%	62.9%	County Health Rankings
10 f	Limited Access to Healthy Food, 2015	3.0%		6.0%	5.9%	County Health Rankings
10 g	Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
10 h	Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
10 i	Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

Community Feedback Research

For a CHNA, it is also important to gather community perspective from key stakeholders on their views of progress to address the baseline CHNA needs documented three years ago. Below are findings of this online community primary research:

Question 1—Overall Quality of Healthcare Delivery

Knoxville Hospital & Clinics (Primary Service Area) Marion Co, IA N=114						
1. Three years ago, a Community Health Needs Assessment was completed. This assessment identified a number of health needs for our community. Today, we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?						
Answer Options	Very Good	Good	Fair	Poor	Very Poor	Valid N
Knoxville PSA N=114	32	45	34	1	2	114
Top 2 Boxes (Very Good / Good)	67.5%					
Option C Stakeholders Round #2	612	1,337	513	66	14	2,542
Top 2 Boxes (Very Good / Good)	76.7%					

Question 5—Rating of Healthcare Services

Knoxville Hospital & Clinics (Primary Service Area) Marion Co, IA N=114			
5. How would our community rate each of the following ?	Option C Stakeholders Round #2 Bottom 2 Boxes	Marion Co N=114	TREND
Ambulance Services	3.6%	1.4%	
Child Care	15.5%	8.2%	
Chiropractors	5.5%	6.1%	
Dentists	14.9%	7.2%	
Emergency Room	5.8%	7.7%	
Eye Doctor / Optometrist	8.5%	0.0%	
Family Planning Services	16.8%	15.3%	
Home Health	12.0%	7.4%	
Hospice	7.4%	1.4%	
Inpatient Services	3.9%	4.2%	
Mental Health Services	32.1%	62.3%	
Nursing Home	12.4%	6.0%	
Outpatient Services	3.0%	5.6%	
Pharmacy	2.5%	0.0%	
Primary Care	4.9%	4.2%	
Public Health Department	4.2%	4.5%	
School Nurse	7.5%	1.6%	
Visiting Specialists	7.8%	11.8%	

Question 7—Healthcare Services Outside of PSA

Knoxville Hospital & Clinics (Primary Service Area) Marion Co, IA N=114			
7. Over the past 2 years, did you or do you know someone who received health care services outside of our community?	Option C Stakeholders Round #2 Bottom 2 Boxes	Marion Co N=114	TREND
Yes	79.4%	81.3%	
No	13.1%	16.3%	
Don't know	7.5%	2.5%	
TOTALS	100.0%	100.0%	

Question 8—Requested Discussion Items for Town Hall Agenda

Knoxville Hospital & Clinics (Primary Service Area) Marion Co, IA N=114			
8. Are there any other health needs that we need to discuss at our upcoming CHNA Town Hall meeting?	Option C Stakeholders Round #2 Bottom 2 Boxes	Marion Co N=114	TREND
Abuse / Violence	4.9%	5.5%	
Alcohol	5.0%	5.9%	
Cancer	5.2%	2.8%	
Diabetes	4.8%	3.5%	
Drugs / Substance Abuse	7.9%	9.2%	
Family Planning	2.9%	2.6%	
Heart Disease	3.7%	2.6%	
Lead Exposure	0.7%	0.7%	
Mental Illness	8.1%	12.0%	
Nutrition	5.0%	4.4%	
Obesity	7.9%	8.3%	
Ozone	0.7%	0.4%	
Physical Exercise	5.9%	5.7%	
Poverty	5.1%	4.6%	
Respiratory Disease	2.3%	1.1%	
Sexual Transmitted Diseases	2.2%	2.6%	
Suicide	4.7%	9.2%	
Teen Pregnancy	3.9%	3.1%	
Tobacco Use	4.1%	3.9%	
Vaccinations	4.3%	3.5%	
Water Quality	3.2%	2.6%	
Wellness Education	6.0%	4.8%	
Some Other Need (please specify below)	1.2%	0.9%	
TOTAL	100.0%	100.0%	

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Knoxville Hospital & Clinics Primary Service Area (Marion County, IA)				
Cat	Healthcare Services Offered in County: Yes / No	KHC	Health Dept	County
Clinic	Primary Care	Yes	No	Yes
Hosp	Alzheimer Center	No	No	Yes
Hosp	Ambulatory Surgery Centers	Yes	No	Yes
Hosp	Arthritis Treatment Center	Yes	No	No
Hosp	Bariatric/Weight Control Services	No	Yes	No
Hosp	Birthing/LDR/LDRP Room	No	No	Yes
Hosp	Breast Cancer	No	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	No	No	Yes
Hosp	Colonoscopy	Yes	No	Yes
Hosp	Crisis Prevention	No	Yes	Yes
Hosp	CTScanner	Yes	No	Yes
Hosp	Diagnostic Radioisotope Facility	Yes	No	No
Hosp	Diagnostic/Invasive Catheterization	No	No	No
Hosp	Electron Beam Computed Tomography (EBCT)	No	No	No
Hosp	Enrollment Assistance Services	Yes	No	Yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No	No	No
Hosp	Fertility Clinic	No	No	No
Hosp	FullField Digital Mammography (FFDM)	Yes	No	Yes
Hosp	Genetic Testing/Counseling	No	No	No
Hosp	Geriatric Services	No	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	No	No	No
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	Mammograms	Yes	Access Only	Yes
Hosp	Mobile Health Services	Yes	No	Yes
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes	No	Yes
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	No	No	No
Hosp	Neonatal	No	No	No
Hosp	Neurological Services	No	No	No
Hosp	Obstetrics*	No	No	Yes
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	No	No	No
Hosp	Palliative Care Program	No	No	No
Hosp	Pediatric	Yes	No	Yes
Hosp	Physical Rehabilitation	Yes	No	Yes
Hosp	Positron Emission Tomography (PET)	Yes	No	Yes
Hosp	Positron Emission Tomography/CT (PET/CT)	Yes	No	Yes

Inventory of Health Services - Knoxville Hospital & Clinics Primary Service Area (Marion County, IA)				
Cat	Healthcare Services Offered in County: Yes / No	KHC	Health Dept	County
Hosp	Psychiatric Services	No	No	Yes
Hosp	Radiology, Diagnostic	Yes	No	Yes
Hosp	Radiology, Therapeutic	No	No	No
Hosp	Reproductive Health	No	No	No
Hosp	Robotic Surgery	No	No	Yes
Hosp	Shaped Beam Radiation System 161	No	No	No
Hosp	Single Photon Emission Computerized Tomography	No	No	No
Hosp	Sleep Center	Yes	No	Yes
Hosp	Social Work Services	Yes	Yes	Yes
Hosp	Sports Medicine	Yes	No	Yes
Hosp	Stereotactic Radiosurgery	No	No	No
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	No	No	Yes
SR	Home Health Services	No	Yes	Yes
SR	Hospice	Yes	No	Yes
SR	Long-Term Care	No	No	Yes
SR	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	No	No	Yes
SERV	Alcoholism-Drug Abuse	No	No	Yes
SERV	Blood Donor Center	No	No	No
SERV	Chiropractic Services	No	No	Yes
SERV	Complementary Medicine Services	No	Yes	No
SERV	Dental Services	No	Yes	Yes
SERV	Fitness Center	No	No	Yes
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair (Annual)	Yes	Yes	Yes
SERV	Health Information Center	Yes	Yes	Yes
SERV	Health Screenings	Yes	Yes	Yes
SERV	Meals on Wheels	No	No	Yes
SERV	Nutrition Programs	Yes	Yes	Yes
SERV	Patient Education Center	No	No	No
SERV	Support Groups	No	No	Yes
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

*In July of 2014, OB inpatient unit and deliveries were discontinued. An OB visiting specialist provides GYN and prenatal care, but deliveries take place in Des Moines.

Providers Delivering Care in Marion County, IA
Knoxville Hospital & Clinics - Primary Service Area 2016

FTE Providers Working in County	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visting DRs*	PSA Based PA / NP
Primary Care:			
Family Practice	5.0		5.50
Internal Medicine/Geriatrician	1.0		
Obstetrics/Gynecology		0.02	
Pediatrics			
Medicine Specialists:			
Allergy/Immunology		0.55	
Cardiology		0.08	0.26
Dermatology		0.02	0.12
Endocrinology			
Gastroenterology			
Oncology/Radiology		0.06	
Infectious Diseases			
Nephrology			
Neurology			
Psychiatry		0.07	
Pulmonary			
Rheumatology		0.12	
Audiology		0.19	
Surgery Specialists:			
General Surgery/Colon/Oral	1.0	0.03	
Neurosurgery			
Ophthalmology		0.01	
Orthopedics		0.08	
Otolaryngology (ENT)		0.03	0.07
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vascular		0.02	
Urology		0.03	
Hospital Based:			
Anesthesia/Pain			1.00
Emergency		4.20	
Radiology		1.00	
Pathology			
Hospitalist	1.0		
Neonatal/Perinatal			
Physical Medicine/Rehab		0.03	
Occupational Medicine			
Podiatry		0.06	
Chiropractor			
Optometrist			
Dentist			
TOTALS	8.0	6.60	6.95

*Total FTE Specialists serving community who office outside PSA.

Visiting Specialists - Knoxville Hospital & Clinics

Specialty	Physician Name/Group	Office Location (City/State)	Annual Days	Schedule
Allergist	Teresa Glesener / ENT Clinic of Iowa	1455 29th Street, West Des Moines, IA 50266	144	Tuesday, Wednesday and Friday; 7:30-5
Audiology	Dr. Kayser / Kayser Hearing	3529 E 26th Street Des Moines, IA 50317	24	1st and 3rd Monday; 9-4
Audiology	Dr. Weaver / Woodward Hearing	4217 University Ave. Des Moines, IA 50311	36	1st and 3rd Thursday; 10:30-5
Cardiology - Iowa Heart Mobile	Mercy Iowa Heart Center	Des Moines, IA	96	Tuesday and Friday; 8-4
Cardiology	Dr. Wickemeyer, Jolene Runkel ARNP / Iowa Heart Center	411 Laurel ST. Suite A250 Des Moines, IA 50314	48	Monday- Runkel; 9-3:30 Wickemeyer; 8-4
Dermatology	Anne Nelson / Bergman Folkers Plastic Surgery	2000 Grand Ave., Des Moines, IA 50312	12	1st Monday
Dermatology	Linda Schilling ARNP	4300 New York Ave. Des Moines, IA 50310	24	Every Other Thursday; 8-4
Diabetic Education	Caitlin Rondello			Monday, Tuesday, Thursday and Friday by Appointment
ENT	Ashley Flattery / ENT Clinic of Iowa	1455 29th Street, West Des Moines, IA 50266	24	1st and 3rd Wednesday; 7-12:45
General Surgeon	Dr. Jensen	Corydon, IA	?	As Needed (No Firm Schedule)
General Surgeon	Dr. Kermode / Knoxville Hospital & Clinics	1002 South Lincoln Knoxville, IA 50138	260	Full-Time Monday-Friday (Employed by KHC)
Hematology / Oncology	Dr. Morton / Medical Oncology and Hematology Associates	1221 Pleasant Street Des Moines, IA 50309	24	2nd and 4th Tuesday; 10:30-4
Nerve Conduction	Dr. Jeffrey Pederson / Mercy Medical Center	1111 6th Ave., Des Moines, IA 50314	12	2nd Tuesday; 9-4
OB/GYN	Dr. T / Obstetrical and Gynecological Associates	5900 Westown Parkway, West Des Moines, IA 50266	12	3rd Monday; 9-1
Ophthalmology	Dr. Steven Johnson / Wolfe Eye Clinic	6200 Westown Parkway, West Des Moines, IA 50266	12	1st Monday; 7-3
Orthopedic	Dr. Todd Peterson / Capital Orthopedic Sports Medicine	450 Laurel Street Des Moines, IA 50314	48	Thursday; 1-4
Orthopedic	Dr. Lin / Des Moines Orthopedics	1301 Pennsylvania Ave. Des Moines, IA 50316	24	Every Other Wednesday; 9-12
Podiatry	Dr. Jill Frerichs / Capital Orthopedic Sports Medicine	12499 University Ave. Suite 210 Clive, IA 50325	48	Tuesday; 9-11:15
Psychologist	Dr. Tomas Gonzalez	Des Moines, IA	48	Saturday
Radiology	Dr. Robert Filippone			Reads X-Rays and Does Own Billing, On-Site as Requested
Rheumatology	Dr. Boulis	Des Moines, IA		First and Third Fridays; 7:30-4
Speech Therapy	Megan Hargens / Central Rehabilitation			Wednesday (Therapist, not an MD)
Urology	Dr. Kevin Birusingh / Iowa Clinic	5950 University Ave., West Des Moines, IA 50266	12	1st Tuesday; 8:30-12
Vascular	Dr. Massop / The Iowa Clinic	5950 University Ave. Suite 231 West Des Moines, IA 50266	12	2nd Monday; 9-12

Marion County Iowa Knoxville Hospital & Clinics—Primary Service Area Healthcare Service Directory

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Marion County Sheriff	(641) 828-2220
Marion County Ambulance	(641) 842-5002

Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Knoxville	(641) 828-0541	(641) 828-0586
Pella	(641) 628-4921	(641) 628-1627
Pleasantville	(515) 848-3112	(515) 848-5123

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 & Exploited Children	1-800-THE LOST
National Institute on Drugs	1-800-662-4537
Poison Control	1-800-222-1222
Sr Health Ins 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 Healthcare Resources

Doctors and Dentists--General

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

Hospitals and Clinics--General

[Find a Health Center](#) (Health Resources and Services Administration) [Find a Provider: TRICARE Provider Directories](#) (TRICARE Management Activity) [Hospital Quality Compare](#) (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 Orthopaedic Foot and Ankle MD](#) (American Orthopaedic 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) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Find a Diabetes Educator](#) (American Association of Diabetes Educators) [Find a Genetic Counselor](#) (National Society of Genetic Counselors) [Find a Midwife](#) (American College of Nurse-Midwives) [Find a Nurse Practitioner](#) (American Academy of Nurse Practitioners) [Find a Physical Therapist](#) (American Physical Therapy Association) [Find a Professional: Online Directory of Audiology and Speech-Language Pathology Programs](#) (American Speech-Language-Hearing Association) [Find a Registered Dietitian](#) (Academy of Nutrition and Dietetics) [Find a Therapist](#) (Anxiety Disorders Association of America) [Find an Audiologist](#) (American Academy of Audiology) [Manual Lymphatic Drainage Therapists](#) (National Lymphedema Network) [National Register of Health Service Providers in Psychology](#) (National Register of Health Service Providers in Psychology) [NCCAOM: Find Nationally Certified Practitioners](#) (National Certification Commission for Acupuncture and Oriental Medicine) [Search for an Emergency Contraception Provider in the United States](#) (Princeton University, Office of Population Research)

Hospitals and Clinics--Specialized

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

Family Practice

KHC - Family Practice

Earl J McKeever, MD
1202 West Howard Knoxville, IA 50138
641-828-7211

KHC - Family Practice

Michael VanNatta, DO
1202 West Howard Knoxville, IA 50138
641-828-7211

KHC - Family Practice, OB

Brent Hoehns, MD
1202 West Howard Knoxville, IA 50138
641-828-7211

KHC - Hospitalist

Dan Rowley, MD
1202 West Howard Knoxville, IA 50138
641-828-7211

KHC - Family Practice

Shannon Remington, DO
1202 West Howard Knoxville, IA 50138
641-828-7211

PRCH - Family Practice

Nancy Vander Broek, DO
405 Monroe Pella, IA 50219
641-621-2412

PRHC - Family Practice, OB

Richard Posthuma, MD
405 Monroe Pella, IA 50219
641-621-2413

PRHC - Family Practice OB, Colonoscopy

Spencer Carlstone, MD
405 Monroe Pella, IA 50219
641-621-2409

PRHC - Family Practice

Mitch Blom, DO
405 Monroe Pella, IA 50219
641-621-2414

PRHC - Family Practice

Danielle Clark, DO
405 Monroe Pella, IA 50219
641-621-2407

PRHC - Family Practice, OB

Anne Hellbusch, DO
405 Monroe Pella, IA 50219
641-621-2659

PRHC - Family Practice, OB

Galyn Vande Zande, DO
405 Monroe Pella, IA 50219
641-621-2406

PRHC - Family Practice, OB

Tereasa VanZee, DO
405 Monroe Pella, IA 50219
641-621-2421

PRHC - Family Practice, OB

Craig Wittenberg, MD
405 Monroe Pella, IA 50219
641-621-2405

PRHC - Knoxville Clinic - Family Practice

Todd Triemer, DO
1208 N. Lincoln Knoxville, IA 50138
641-828-3832

PRHC - Knoxville Clinic - Family Prac, OB

Kevin Mace, DO
1208 N. Lincoln Knoxville, IA 50138
641-828-3832

PRHC - Knoxville Clinic - Family Practice

Scott Barclay, MD
1208 N. Lincoln Knoxville, IA 50138
641-828-3832

PRHC - Monroe & Sully Clinics - Fam. Practice

William Bitsas, MD
100 East Sherman Monroe, IA 50170
641-259-2155

PRHC - Ottumwa Clinic - Family Practice, OB

Betsy Siitari, MD, FAAFP, FACOG
405 Monroe Pella, IA 50219
641-455-5200

PRHC - Ottumwa Clinic - Family Practice

John Kanis, DO
405 Monroe Pella, IA 50219
641-455-5200

General Surgery

KHC - General Surgery

David Kermode, DO
1202 West Howard Knoxville, IA 50138
641-828-7211

KHC - General Surgery Specialty Clinic

Jake Settles, DO
1202 West Howard Knoxville, IA 50138
641-828-7211

PRHC - General Surgery, Colonscopy

Matt Morgan, DO, FACOS
405 Monroe Pella, IA 50219
641-628-6772

PRHC - General Surgery, Colonscopy

Mike Thompson, DO, FACOS, FFSMB
405 Monroe Pella, IA 50219
641-628-6772

Specialty Services**Allergy****PRHC – ENT Clinic of Iowa**

Teresa Glesener
1202 W. Howard Knoxville, IA 50138
641-828-7211

**PRHC - Allergy, Lung & Sleep Center
Pella. Spec. Clinic**

Dr. Ravinder Agarwal
405 Monoe Pella, IA 50219
641-628-3150

Anesthesia**KHC - Anesthesia**

Steven Eck, CRNA
1002 S. Lincoln Knoxville, IA 50138
641-842-2151

KHC - Anesthesia

Tyler McDonald, CRNA
1002 S. Lincoln Knoxville, IA 50138
641-842-2151

PRHC - Anesthesia

Tim Kinkade, CRNA
404 Jefferson St. Pella, IA 50219
641-628-3150

PRHC - Anesthesia

Shannon Krumm, CRNA
404 Jefferson St. Pella, IA 50219
641-628-3150

PRHC - Anesthesia

Andy Hunsinger, CRNA
404 Jefferson St. Pella, IA 50219
641-628-3150

Audiology**KHC/PRHC- Audiology Specialty Clinic**

Dean Kayser, AUD
1202 West Howard Knoxville, IA 50138
405 Monroe Pella, IA 50219
800-516-2020

KHC - Audiology - Specialty Clinic

Dotty Walters, AUD
1202 West Howard Knoxville, IA 50138
641-828-7211

Behavioral Health**Knoxville/KHC - Adult Psychologist**

Tomas Gonzalez-Forestier, PhD
1515 W Pleasant St Suite 116B Knoxville,
IA 50138
641-842-3101

Cardiology**KHC/PRHC - Cardiology Specialty Clinic**

William Wickemeyer, MD
405 Monroe Pella, IA 50219
1202 West Howard Knoxville, IA 50138
800-670-9428/641-828-7211

PRHC - Cardiology

Dr. Joel From
405 Monroe Pella, IA 50219
515-875-9090

PRHC - Cardiology

Dr. David Lemon
405 Monroe Pella, IA 50219
515-875-9090

Chiropractic**Browne Family Chiropractic**

Dr. Beau Browne, DC
312 Oskaloosa St Pella, IA 50219
641-628-3133 F: 641-628-3033

Chiropractic Health Center

Dr. E. Scott Coyle, DC
204 E Montgomery St. Knoxville, IA 50138
641-842-2239 F:

Knoxville Chiropractic Clinic

Dr. Larry Formanek, DC
115 E. Main Street Knoxville, IA 50138
641-842-3007 F: 641-842-5612

Precision Chiropractic

Dr. Jenny Slykhuis, DC
813 N Lincoln St. Su. 5 Knoxville, IA 50138
641-828-7228 F: 641-842-7140

The Chiropractic Hut

114 1/2 E. Monroe St Pleasantville, IA
50225
515-848-3334

VanHemert Chiropractic

Dr. Russell VanHemert, DC
1310 Washington St Pella, IA 50219
641-628-2099 F: 641-628-2324
Dr. Brian Lange, DC
410 E. Robinson St. Knoxville, IA 50138
641-842-3227

Dermatology**KHC – Bergman Folkers Plastic Surgery**

Anne Nelson, ARNP
1202 West Howard Knoxville, IA 50138
641-828-7211

KHC - Dermatology

Linda Shilling, ARNP
1202 West Howard Knoxville, IA 50138
641-828-7211

PRHC - Dermatology

Dr. Vincent Angeloni
405 Monroe Pella, IA 50219
641-628-3150

PRHC - Dermatology

Vickie Giesellman, ARNP
405 Monroe Pella, IA 50219
641-628-3150

PRHC - Dermatology

Gloria Thielking, ARNP
405 Monroe Pella, IA 50219
641-628-3150

ENT**KHC – ENT Clinic of Iowa**

Ashley Flattery
1202 West Howard Knoxville, IA 50138
800-248-4443

PRHC - Ear, Nose, Throat

Heidi Close, MD
405 Monroe Pella, IA 50219
641-628-9500

PRHC - Ear, Nose, Throat

Kevin Prater, PA
405 Monroe Pella, IA 50219
641-628-9500

Endocrinology**PRHC - Endocrinology Specialty Clinic**

Thomas O'Dorisio, MD
405 Monroe Pella, IA 50219
877-891-5350

Emergency Medicine**PRHC - ER**

Matthew Doty, MD
404 Jefferson St Pella, IA 50219
641-628-3150

PRHC - ER

Matthew Gritters, MD
404 Jefferson St Pella, IA 50219
641-628-3150

PRHC - ER

Jeffrey Hartung, DO
404 Jefferson St Pella, IA 50219
641-628-3150

PRHC - ER

Ryan Thoreson, DO
404 Jefferson St Pella, IA 50219
641-628-3150

PRHC - ER, Occupational Medicine

Tim Dykstra, MD, FAAFP
404 Jefferson St Pella, IA 50219
641-628-3150/ 641-628-6650

Internal Medicine**KHC - Internal Medicine**

Jayaveerapandian Bhama, MD
1202 West Howard Knoxville, IA 50138
641-828-7211

PRHC - Internal Medicine

Ron Childerston, DO
405 Monroe Pella, IA 50219
641-621-2461

PRHC - Internal Medicine

Doug Kanis, DO
405 Monroe Pella, IA 50219
641-621-2401

PRHC - Internal Medicine

Robin Vande Voort, MD
405 Monroe Pella, IA 50219
641-621-2462

OB/ Gynecology

KHC – Obstetrical & Gynecological Associates

Dr. T
1202 W. Howard Knoxville, IA 50138
641-828-7211

PRHC - Ottumwa Clinic - Gynecology

Joseph Coleman, MD, FACOG
405 Monroe Pella, IA 50219
641-455-5200

PRHC - Gynecology

Dale Lensing, MD, FACOG
405 Monroe Pella, IA 50219
641-620-2144

Nephrology

PRHC - Nephrology Specialty Clinic

Bruce Buchsbaum, MD
405 Monroe Pella, IA 50219
641-621-2280

PRHC - Nephrology Specialty Clinic

Sanjiv Dahal, MD, FASN
405 Monroe Pella, IA 50219
641-241-5710

Occupational Medicine

PRHC - Occupational Med

Kam Dennill, PA-C
405 Monroe Pella, IA 50219
641-628-6650

PRHC - Occupational Med

Karen Emmert, PA-C
405 Monroe Pella, IA 50219
641-628-6650

Oncology

KHC - Oncology/Hematology Specialty Clinic

Roscoe Morton, MD
1202 West Howard Knoxville, IA 50138
641-828-7211

PRHC - Oncology Specialty Clinic

Mark Westberg, MD
405 Monroe Pella, IA 50219
641-621-2280

Ophthalmology

KHC - Ophthalmology Specialty Clinic

Dr. Steven Johnson
1202 West Howard Knoxville, IA 50138
641-828-7211

Optometrist

Knoxville - Optometrist - Eye Health Solutions

Jason Maasdam, OD, Lily Maasdam, OD
100 South 5th St Knoxville, IA 50138
641-842-3616 F: 641-842-5453

Knoxville - Optometrist - Whylie Eye Care

Robert R Powell, OD
123 E Main St. Knoxville, IA 50138
641-842-2020

Pella - Optometrist - Eye Care Partners

Ralph DeHaan, OD
823 Franklin St. Pella, IA 50219
641-628-9225

Pella - Optometrist - Eye Care Partners

Jim Else, OD
823 Franklin St. Pella, IA 50219
641-628-9225

Pella - Optometrist - Eye Care Partners

Sandra Hundt, OD
823 Franklin St. Pella, IA 50219
641-628-9225

Pella - Optometrist - Eye Care Partners

Wayne VanderLeest, OD
823 Franklin St. Pella, IA 50219
641-628-9225

Pella - Optometrist - Family Eye Care Center

Kevin Jones, OD
518 Franklin St Pella, IA 50219
641-628-2023 F: 641-628-2031

Pella - Optometrist - Family Eye Care Center

Michelle Jones, OD
518 Franklin St Pella, IA 50219
641-628-2023 F: 641-628-2031

Pella - Optometrist - Whyllie Eye Care

Christopher Huston, OD
1534 Washington St Pella, IA 50219
641-628-2530

Orthopedics

KHC - Des Moines Orthopedics - Specialty Clinic

Ian Lin, MD
1202 West Howard Knoxville, IA 50138
641-828-7211

KHC – Capital Orthopedics and Sports Medicine Orthopedics Specialty Clinic

Dr. Todd Peterson
1202 West Howard Knoxville, IA 50138
641-828-7211

PRHC - Iowa Ortho - Specialty Clinic

Mark R. Matthes, MD
405 Monroe Pella, IA 50219
641-621-1390

PRHC - Iowa Ortho Specialty Clinic

Joseph F. Galles, MD
405 Monroe Pella, IA 50219
641-621-1390

PRHC - Iowa Ortho Specialty Clinic

Ze-Hui Han, MD
405 Monroe Pella, IA 50219
641-621-1390

PRHC - Orthopedics

Christopher B. Vincent, MD
405 Monroe Pella, IA 50219
641-621-1390

PRHC - Orthopedics Specialty Clinic

Steven Aviles, MD
405 Monroe Pella, IA 50219
641-621-1390

Iowa Orthopedic Center

Ze Hui Han MD
404 Jefferson St # L
Pella, IA 50219
6416211390

Iowa Orthopedic Center

Mark R Matthes MD
404 Jefferson St # L
Pella, IA 50219
6416211390

Iowa Orthopedic Center

Jamie Mc Donald
404 Jefferson St # L122b
Pella, IA 50219
6416211390

Iowa Orthopedic Center

Daniel W Vande Lune MD
404 Jefferson St # L122b
Pella, IA 50219
6416211390

Iowa Orthopedic Center

Christopher Vincent MD
404 Jefferson St # L
Pella, IA 50219
6416211390

Perinatology

PRHC - Perinatology Specialty Clinic

Neil Mandsager, MD
405 Monroe Pella, IA 50219
641-628-6620

Physical Therapy and Rehabilitation Services

Work Systems Rehab & Fitness

308 SE 9th St. Pella, IA 50219
641-621-0230 F: 641-621-0319
Shelly DeRuiter, PT
Elise Spronk, MS, OTR/L
Joel Watters, PT, DPT
Mark Blankespoor, PT, DPT
Troy VanderMolen, PT

PRHC - PT

405 Monroe St Pella, IA 50219
641-628-6623

Barbara Peterson, PTA
Countney Creamer, PTA
Gary Elises, PT, CSCS
Shawna Fopma, MSPT
Amy Herdegen, DPT
Zachary Kanis, DPT, MHA
Debra Kinney, PTA
Lisa Kisling, DPT, CSCS
Michelle Morgan, MSPT
Megan Nelson, DPT
Tamara Pommer, DPT
Jessica Verdon, DPT
Gene Schmitz, PT, OCS, ATC, MS,
CSCS
Liz Vermeer, DPT, CCCE

PRHC - Athletic Trainer

641-628-6623
Amy Stevens, ATC CSCS

PRHC - Massage Therapy

641-628-6623
Dawn Core, LMT
Jennifer Lunkley, PTA, LMT

PRHC - Occupational Therapy

641-628-6623
Brenda Birdsell, OTR/L, CLT
Kara Groenenboom, COTA/L, CLT
Abby Mockenhaupt, OTR/L, CLT
Sarah Vogel, OTR/L
PRHC - Speech Therapy
Kayla Jiskoot, MA, CCS-SLP
Tara Leidigh, MA, CCC-SLP
Jacayla Vittetoe, MA, CCC-SLP

KHC- PT

1002 S Lincoln St. Knoxville, IA 50138
641-842-1464
F: 641-842-1470

Susan Woodle, Med, MS PT, DPT
Steve Cassabaum, MS PT, DPT
Matt DeWall, MPT, CSCS
Justin Plum, DPT
Brooke Shelquist, DPT
Sara Boyce, PTA
Austin Ollinger, PTA
Ashley DeMoss, OTA

Podiatry**KHC/PRHC - Podiatry Specialty Clinic**

Jill Frerichs, DPM
405 Monroe Pella, IA 50219
1202 West Howard Knoxville, IA 50138
641-828-7211

Pella Foot & Ankle Clinic

Sean J. McMurray, DPM
908 Washington St Pella, IA 50219
641-628-3542

Pella Foot & Ankle Clinic

Kevin J. Mulvey, DPM
908 Washington St Pella, IA 50219
641-628-3542

Pulmonology**PRHC - Pulmonology Specialty Clinic**

Neil Horning, MD
405 Monroe Pella, IA 50219
641-621-2280

Radiologist**KHC - Radiologist**

Bob Filippone, DO
1002 South Lincoln Knoxville, IA 50138
641-842-2151

PRHC - Radiology

Lee Henry, DO
404 Jefferson St Pella, IA 50219
641-628-6620

PRHC - Radiology

Alison Smith, DO
405 Monroe Pella, IA 50219
641-628-6620

Urology**KHC - Urology Specialty Clinic**

Dr. Kevin Birsingh
1202 West Howard Knoxville, IA 50138
641-828-7211

PRHC - Urology Specialty Clinic

Russell Bandstra, MD
405 Monroe Pella, IA 50219
866-613-4323

PRHC - Urology Specialty Clinic

Aaron Smith, DO
405 Monroe Pella, IA 50219
866-613-4323

Vascular Surgery

KHC/PRHC - Vascular Surgery Specialty Clinic

Douglas Massop, MD
1202 West Howard Knoxville, IA 50138
405 Monroe Pella, IA 50219
515-875-9090

Physicians & Surgeons – Other

Matt Biggerstaff MD

404 Jefferson St
Pella, IA 50219
5152456425

James Brunz MD

404 Jefferson St
Pella, IA 50219
5152456425

Robert J Bruxvoort MD

405 Monroe St
Pella, IA 50219
6416283832

Spencer L Carlstone MD

405 Monroe St
Pella, IA 50219
6416283832

Timothy Dykstra MD

405 Monroe St
Pella, IA 50219
6416283832

David P Fredrickson MD

405 Monroe St
Pella, IA 50219
6416283832

Matthew A Gritters MD

404 Jefferson St
Pella, IA 50219
6416283150

Clint Harris MD

404 Jefferson St
Pella, IA 50219
5152456425

Stewart J Kanis DO

405 Monroe St
Pella, IA 50219
6416283832

Thomas Klein DO

404 Jefferson St
Pella, IA 50219
5152456425

Richard D Posthuma MD

405 Monroe St
Pella, IA 50219
6416283832

Dana Simon MD

404 Jefferson St
Pella, IA 50219
5152456425

Nancy A Vander Broek DO

405 Monroe St
Pella, IA 50219
6416283832

Kurt R Vander Ploeg MD

615 Washington St
Pella, IA 50219
6416282222

Robin Vande Voort MD

405 Monroe St
Pella, IA 50219
6416283832

Galyn W Vande-Zande DO

405 Monroe St
Pella, IA 50219
6416283832

David Waddle MD

404 Jefferson St
Pella, IA 50219
5152456425

Nurses-Practitioners

KHC - Clinic

Laci Dykstra, ARNP
1202 West Howard Knoxville, IA 50138
641-828-7211

KHC - Clinic

Jennifer Wilkin, ARNP
1202 West Howard Knoxville, IA 50138
641-828-7211

KHC - Melcher Clinic

Laurie Goff, ARNP
113 North Main St Melcher, IA 50163
641-947-2121

KHC - Pleasantville Clinic

Brandi Booth, ARNP
104 North Washington St. Pleasantville, IA
50225
515-848-3113

Vickie L Arkoma

1515 W Pleasant St
Knoxville, IA 50138
6418423101

Tony W Gorton

1515 W Pleasant St
Knoxville, IA 50138
6418423101

Kathy L Marlow

1515 W Pleasant St
Knoxville, IA 50138
6418423101

Mark A Mesick

1515 W Pleasant St
Knoxville, IA 50138
6418423101

Mary A Robb

1515 W Pleasant St
Knoxville, IA 50138
6418423101

Sandra S Stearns

1515 W Pleasant St
Knoxville, IA 50138
6418423101

Regina J Walker

1515 W Pleasant St
Knoxville, IA 50138
6418423101

Marsha Collins

405 Monroe St
Pella, IA 50219
6416283832

Diane L Dejong

405 Monroe St
Pella, IA 50219
6416283832

Karen K Emmert

405 Monroe St
Pella, IA 50219
6416283832

Andrew J Hunsinger

404 Jefferson St
Pella, IA 50219
6416283150

Timothy E Kinkade

404 Jefferson St
Pella, IA 50219
6416283150

Shannon J Krumm

404 Jefferson St
Pella, IA 50219
6416283150

Jennifer Lowry

2605 Washington St
Pella, IA 50219
6416209119

David J Mc Farland

404 Jefferson St
Pella, IA 50219
6416283150

Susan Thompson

404 Jefferson St
Pella, IA 50219
5152456425

Clinics**KHC - Clinic**

Natalie Rowley, PA
1202 West Howard Knoxville, IA 50138
641-828-7211

KHC - Clinic

Nick Ford, PA
1202 West Howard Knoxville, IA 50138
641-828-7211

PRHC - Clinic

Julie Lautenhach, PA-C
405 Monroe Pella, IA 50219
641-621-2407

PRHC - Clinic

Jennifer Wadle, PA-C
405 Monroe Pella, IA 50219
641-621-2406

PRHC - Knox & Bussey Clinics

Brad Beattie, PA-C
411 Merrill St Bussey, IA 50044
641-944-5813

PRHC - Monroe & Sully Clinic

Diane DeJong, PA-C
100 East Sherman Monroe, IA 50170
641-259-2155

PRHC - Ottumwa Clinic

Melissa Gingrich, WHNP- BC
920 N. Quincy Ave Ottumwa, IA 52501
641-455-5200

PRHC - Ottumwa Clinic

Heather Upset, PA-C
920 N. Quincy Ave Ottumwa, IA 52501
641-455-5200

PRHC - Pella & Bussey Clinic

Marsha Collins, CDE, PA-C
405 Monroe Pella, IA 50219
641-621-2200

PRHC - Sully Clinic

Leah Bruxvoort, ARNP
704 Third Street Sully, IA 50251
641-594-3150

PRHC - Sully Clinic

Amanda Van Wyk, PA-C
704 Third Street Sully, IA 50251
641-944-5813

PRHC - Vermeer Clinic

Sheila Punt, ARNP
1210 Vermeer Road East Pella, IA 5021
641-621-7670

PRHC - Vermeer Clinic

Elizabeth Stamper, ARNP
1210 Vermeer Road East Pella, IA 5021
641-621-7670

PRHC - Vermeer Clinic

Bethanne Stevens, ARNP
1210 Vermeer Road East Pella, IA 5021
641-621-7670

Dentists**Allen Family Dentistry**

Dr. Jeffery Allen, DDS
839 Broadway, and Pella, IA 50219
641-628-1121 F: 641-620-1035
jfadds@iowatelecom.net

Dahm Dental

Dr. Jeffery Dahm, DDS
2018 Washington Pella, IA 50219
641-628-2468 F: 641-628-8247
jdshmds@iowatelecom.net

Dental Design

Dr. Lisa Holst, DDS
401 E. Robinson St Knoxville, IA 50138
641-828-8778 F: 641-828-9058

Family Dentistry

Dr. Travis Egesadal, DDS
112 S First Knoxville, IA 50138
641-842-5288 F: 641-828-8171

Pella Family Dentists

Dr. David Barnes, DDS
715 Main Street Pella, IA 50219
641-628-2671 F: 641-628-8914
ddspcbarbh@iowatelecom.net

Pella Family Dentists

Dr. Joseph Van Ee, DDS
715 Main Street Pella, IA 50219
641-628-2671 F: 641-628-8914
ddspcbarbh@iowatelecom.net

Pella Family Dentists

Dr. Micah VerMeer, DDS
715 Main Street Pella, IA 50219
641-628-2671 F: 641-628-8914
ddspcbarbh@iowatelecom.net

Recker Dental Care

Dr. Eric Recker, DDS
2114 Washington Pella, IA 50219
641-628-1604 F: 641-628-2075

Recker Dental Care

Dr. Leigh Rasmussen, DDS
2114 Washington Pella, IA 50219
641-628-1604 F: 641-628-2075

Recker Dental Care

Dr. Mark Recker, DDS
2114 Washington Pella, IA 50219
641-628-1604 F: 641-628-2075

Stone Ridge Dental

Dr. Thomas Mohr, DDS
1008 West Pleasant St Pleasantville, IA
50225
515-848-3691 F: 515-848-3692

Dr. Greg Vannucci, DDS

2601 Washington Pella, IA 50219
641-628-2011 F: 641-683-4616
Only there every Wed

Dr. Andrew Secory, DDS

211 S Second Knoxville, IA 50138
641-828-7777

Home Care Agencies**Harden Home Care**

Nick Stracke, Administrator
213 E. Main St. Su 102 Knoxville, IA 50138
1-800-771-7440 F: 1-866-428-1206
nstracke@hardenhealthcare.com

Pella Home Health Care

Nancy Willer, Director
1119 E. 2nd Street Pella, IA 50219
641-628-6638 F: 641-628-6664
nwiller@pellahealth.org

Quality Home Care

Donna Parker/Mary Jo Nofstger, Co-Owners
101 E. Marion Knoxville, IA 50138
641-828-7889 F: 641-828-6119
qhcp@iowatelecom.net

Iowa Home Care

Gina Vos, Branch Manager
2521 Washington St Pella, IA 50219
641-620-1528 F: 641-628-4749

Marion County Public Health

Kim Dorn, Director
2003 N Lincoln Knoxville, IA 50138
641-828-2238 F: 641-842-3442

Nursing Home/Assisted Living**Christian Opportunity Center**

Rod Braun, Director
1553 Broadway Pella, IA 50219
641-628-1162
rbraun@christianopportunity.org

Hearthstone

Dot Beason, Director of Home Services
608 E. 2nd Street Pella, IA 50219
641-628-1244
dbeason@wesleylife.org

Griffin Nursing & Rehab Center

Connie Richards, Administrator
606 N.7th Street Knoxville, IA 50138
641-842-2187 F: 641-842-3527
con.richards@yahoo.com

Locust Hill Assisted Living

Peggy Adkisson, Owner
1173 Hwy 14 Knoxville, IA 50138
641-842-4638 F: 641-842-7249
adkisson@iowatelecom.net

Marion County Care Facility

Angela Smith, New Director/Administer
1111 Newbold Knoxville, IA 50138
641-828-0620 F: 641-828-0628
asmith@communitycareinc.net

Park Lane Village Assisted Living

Kristi Zellmer, Administrator
908 S. Park Lane Knoxville, IA 50138
641-828-7878 F: 641-828-2184
kzellmer@parklaneal.com

Pella Regional LTC @ PRHC

Mary Jo Foster, Supervisor
404 Jefferson Street Pella, IA 50219
641-628-2331
mfoster@pellahealth.org

Hilltop Manor - PRHC

Lori Garrard, Administrator
408 Jefferson Street Pella, IA 50219
641-628-1381
lgarrard@pellahealth.org

Pleasant Care

Matt Edwards, Administrator
909 N. State Street Pleasantville, IA 50225
515-628-8260 F: 515-848-5596
pleasant@ahahealthcare.com

Vriendschap Village

Brenda Colvin, Administrator
2602 Fifield Rd Pella, IA 50219
641-628-8260 F: 641-628-4259
bcolvin@watermarkcommunities.com

West Ridge Nursing Center

Rochelle Thompson, Administrator
1904 W. Howard Knoxville, IA 50138
641-842-3153 F: 641-828-7082
rthompson@careinitiatives.org

Knoxville Residential

Deena Bonnett, Director of Clinical Services
205 N Iowa St. Knoxville, IA 50138
641-842-4618
d.bonnett@yahoo.com

HCI Care Services: Hospice of Central Iowa

Lori Bailey, Director
213 E Main St #103 Knoxville, IA 50138
641-842-4312

Hospice of Pella

505 Union Street Pella, IA 50219
641-620-5050

Helping Hands

Chuck Galezzi, Director
117 E. Main Street Knoxville, IA 50138
641-842-6933

Veterans Care**US Veterans Medical Center**

Larue Beth Westemeyer DO
1515 W Pleasant St
Knoxville, IA 50138
6418423101

VA Medical Center

Neeraja Kakade MD
1515 W Pleasant St
Knoxville, IA 50138
6418423101

VA Central IA Healthcare System

Samaroo Jaipaul MD
1515 W Pleasant St
Knoxville, IA 50138
6418285020

VA Central IA Healthcare System

Usha Jaipaul MD
1515 W Pleasant St
Knoxville, IA 50138
6418285015

V. Detail Exhibits

[VVV Consultants LLC]

Patient Origin and Access

[VVV Consultants LLC]

#	IA Hospital Association PO103	Marion County			TREND
		FFY2013	FFY2014	FFY2015p	
1	Total Discharges	3,435	3,378	3,223	
2	Total IP Discharges-Age 0-17 Ped	577	488	517	
3	Total IP Discharges-Age 18-44	606	610	576	
4	Total IP Discharges-Age 45-64	631	636	609	
5	Total IP Discharges-Age 65-74	529	545	527	
6	Total IP Discharges-Age 75+	1,092	1,099	993	
#	IA Hospital Association PO103	Knoxville Hospital & Clinics Only			TREND
		FFY2013	FFY2014	FFY2015p	
1	Total Discharges	660	631	540	
2	Total IP Discharges-Age 0-17 Ped	60	19	5	
3	Total IP Discharges-Age 18-44	80	54	29	
4	Total IP Discharges-Age 45-64	101	116	93	
5	Total IP Discharges-Age 65-74	107	127	121	
6	Total IP Discharges-Age 75+	312	315	291	
*FFY 2015 has been prorated based on 3Q of data					

Source: Hospital Internal Records				
Knoxville Hospital & Clinics				
ZIP	City	County	Accum %	3 YR Total IP/OP/ER/PC
50138	Knoxville	Marion	62.3%	66,093
50225	Pleasantville	Marion	73.1%	11,529
50163	Melcher	Marion	77.2%	4,371
50049	Chariton	Lucas	79.9%	2,874
50062	Dallas	Marion	82.1%	2,309
50170	Monroe	Jasper	84.0%	2,034
50044	Bussey	Marion	85.4%	1,485

Town Hall Attendees Notes and Feedback

[VVV Consultants LLC]

Knoxville Hospital & Clinics CHNA Round #2 Town Hall Attendees, N=27 3/15/2016

IRS Category	Last Name	First Name	Organization	Address
Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc.	Andrew	LaVonne	Beta Sigma Phi - Iowa Kappa Masters Chapter	505 S. Parklane Drive, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Bellon	MaryBeth	Knoxville Hospital & Clinics	1002 S. Lincoln, Knoxville, IA 50138
Press (Paper, TV, Radio).	Butler	Jim	KNIA/KRLS Radio Station	1610 N. Lincoln St, Knoxville, IA 50138
People without titles, but identified by others as "community leaders."	Chambers	Todd	McKay Insurance/KHC Board Member	106 E. Main St, Box 151, Knoxville, IA 50138
Public health officials.	Dorn	Kim	Marion County Public Health Department	2003 N. Lincoln St, Box 152, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Errthum	Marty	Knoxville Hospital & Clinics	1002 S. Lincoln, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Hamilton-Beyer	Maggie	Knoxville Hospital & Clinics	1002 S. Lincoln, Knoxville, IA 50138
People without titles, but identified by others as "community leaders."	Hanna	Mary	St. Anthony's Catholic Church	1201 Woodland Dr, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Kincaid	Kevin	Knoxville Hospital & Clinics	1002 S. Lincoln, Knoxville, IA 50138
Press (Paper, TV, Radio).	Miller	Maureen	Knoxville Journal Express	122 E. Robinson, Knoxville, IA 50138
Education officials and staff - school superintendents, principals, teachers and school nurses.	Mitchell	Angie	Knoxville Community Schools	102 N. Lincoln St, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Nelson	Katrina	Knoxville Hospital & Clinics	1002 S. Lincoln, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Oldham	Lisa	Knoxville Hospital & Clinics	1002 S. Lincoln, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Parker	Donna	Quality Home Care Professionals, Inc.	101 E Marion, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Shaw	Elly	Knoxville Hospital & Clinics	1002 S. Lincoln, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Swihart	Deb	Knoxville Hospital & Clinics	1002 S. Lincoln, Knoxville, IA 50138
Community member.	Woodle	Park		
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Representative		Quality Home Care Professionals, Inc.	101 E Marion, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Representative		Quality Home Care Professionals, Inc.	101 E Marion, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Representative		Quality Home Care Professionals, Inc.	101 E Marion, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Tews	Evy	Crisis Intervention Services	312 W 1st Ave W., Newton, IA 50208
Press (Paper, TV, Radio).	Sprecker	Cayde	KNIA/KRLS Radio Station	603 E Robinson St, Knoxville, IA
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Noftsgger	Mary Jo	Quality Home Care Professionals, Inc.	101 E Marion, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Maggert	Jo	Knoxville Hospital & Clinics	1002 S. Lincoln, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Carter	Amber	Quality Home Care Professionals, Inc.	101 E Marion, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Worrall	Mark	Knoxville Hospital & Clinics	1002 S. Lincoln, Knoxville, IA 50138
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Woodle	Susan	Knoxville Hospital & Clinics	1002 S. Lincoln, Knoxville, IA 50138

Community Health Needs Assessment

Marion Co, IA - Strengths (Color Cards) N=27

#	Today: What are the strengths of our community that contribute to health?
1	Access to exercise on different levels
2	Number of physicians
3	Exercise accessibility
4	Number of available physicians
5	Evening physician hours/availability
6	Providers/hospitals, clinics
7	Exercise/nutrition
8	Local mental health agencies improving
9	Extended hours options
10	SIM
11	Had a change in MH system Nov 1 = improving system locally, long way to go!
12	Physicians/provider dedication - extended hours
13	Summer food program
14	Access to nutrition - exercise opportunities
15	Good coalitions
16	Had some good stats for Marion County compared to state data
17	Hospital & clinic care
18	Good professional team
19	Visiting specialists - variety, more
20	Good schools - nurse
21	Mental health - new program in jail, etc.
22	More performing arts entry
23	Knoxville Hospital & Clinics is undergoing a complete and multi-million dollar development. With a full cast of doctors and nurses and adding to the number continuously. We have an excellent leader in Kevin Kincaid.
24	Recreational/exercise opportunities available
25	Hospital adding visiting specialists
26	Better screening options available
27	Access to healthcare - IP, OP
28	Eye doctors
29	School nurse
30	Newly renovated hospital
31	Access to fitness - rec center, anytime
32	Performing arts - more social
33	Coaches vs Cancer
34	Recreation Center
35	New bike path
36	Newly renovated hospital & clinic
37	Access to healthcare
38	Better screening options

Community Health Needs Assessment

Marion Co, IA - Strengths (Color Cards) N=27

#	Today: What are the strengths of our community that contribute to health?
39	Good prenatal health
40	Good eye doctors
41	Good inpatient care scores
42	Good school nurse
43	Performing arts center
44	Coaches vs Cancer = education
45	County public health
46	Church basketball
47	Access to fitness - rec center, bike paths, new KHC
48	Exercise options available
49	Lots of visiting specialists
50	Faith community options
51	Rec Center
52	Improved facilities and growing positive reputation
53	Hospital network
54	Exercise
55	Education
56	Community engagement
57	Access to healthcare
58	Preventive care/primary care - eye doctors, dentists, doctors
59	SIM grant
60	Community involvement for betterment
61	SIM grant available for health
62	Doctors provided recruitment
63	Faith community options
64	ACO involvement + Mercy network
65	Health coach monitoring patient at home
66	Growing PCP practice
67	SIM grant - MCPH
68	Strong/stable leadership at KHC
69	Community Coalition - starting to open up communication
70	Vaccinations
71	Community support
72	Access to exercise opportunities
73	Increasing specialists
74	Education
75	Upgraded facilities
76	Crosswalk/Youth Group/Rec Center for underserved
77	Community Coalition - PH, Hosp, Home Care, NF 1/4 Mtgs
78	Support groups - AA, Grief Group, CA support

Community Health Needs Assessment

Marion Co, IA - Strengths (Color Cards) N=27

#	Today: What are the strengths of our community that contribute to health?
79	Good medical facility
80	Wellness programs - Rec Center/fitness places
81	Youth programs - soccer/sports
82	Coaches vs Cancer
83	Support groups
84	Access to fitness/recreation
85	Upgraded facilities for healthcare
86	Growth of youth activities - crosswalk
87	Improved hospital facilities able to recruit providers and keep existing providers
88	More collaboration at hospital/home care/public health/nursing homes in Knoxville
89	Physical improvement at KHC
90	Outdoor opportunities around lake
91	Primary care growth

Community Health Needs Assessment

Marion Co, IA - Weakness (White Cards) N=27

#	Today: What are the weaknesses of our community that contribute to health?
1	Psychiatry
2	Inpatient mental health
3	Substance abuse treatment
4	OB care/infant death
5	Excessive missing school
6	Healthcare transportation
7	Counseling abuse/sexual assault
8	Smoking education
9	Affordable housing
10	Bike trails/bike friendly community
11	Recruiting younger families
12	Jobs
13	Visiting specialists - Pulm, Peds
14	Health education
15	Obesity
16	E-cigs
17	Health literacy
18	School sick/absenteeism
19	Healthy relationships
20	Diabetes
21	Smoking education
22	Affordable housing
23	Bike trails/bike friendly community
24	Mental health IP access
25	Better education/support for mental illness
26	Reach the elderly better for fitness/support groups
27	Mental health
28	Getting people to be more active
29	Eating better
30	Smoking education
31	Recruit young families
32	Mental health needs
33	New doctor in mental health or monitored group homes including transportation
34	Recruiting younger families
35	Counselors for abuse/sexual assault services
36	Smoking
37	Mental health
38	Osteoporosis focus
39	Increase providers/specialty offerings

Community Health Needs Assessment

Marion Co, IA - Weakness (White Cards) N=27

#	Today: What are the weaknesses of our community that contribute to health?
40	Obesity
41	More mental health options (outpatient)
42	Abuse and violence need to be talked about - we need more SANE nurse (Sexual Assault Nurse Examiners) in the Knoxville hospital ER for sexual assault victims. We currently have four.
43	More mental health services and transportation to appointments
44	Exercise and obesity
45	Mental health - suicide, substance abuse, smoking, depression
46	We are in need of mental health care services! We have veterans and members of the general population who need mental health care.
47	Concerned about higher than average infant mortality.
48	Social behaviors were high percentage (40) and social behaviors were red (smoking, drinking, unwed mothers).
49	Obesity - exercise
50	Mental health
51	Drug use
52	Low birth rate
53	Mental health professionals - Inpatient
54	Family planning services
55	Counseling for drug abuse
56	Urgent care
57	Economics - jobs
58	A big problem for Knoxville is the so-called Knoxville Clinic owned and operated by the Pella hospital. They will not admit any patients to the Knoxville Hospital, but send them to the Pella Community Hospital. We need to face this problem and definitely work on overcoming that problem and if at all possible remove it.
59	Exercise and obesity
60	Mental health/alcohol/suicide/drug abuse/depressed elderly
61	Community education - obesity/healthy foods
62	Infant mortality - low birth weight/young unmarried/smoking
63	Need urgent care to decrease ER visits
64	Mental health in crisis - inconsistent follow through
65	Suicide in hospital parking lot - call outsiders in to cope
66	Senior concerns about Medicaid coverage
67	Lack of knowledgte of what outside referrals require
68	Senior concerns about Medicaid
69	Transportation to seniors scheduled in advance
70	What they need to make it work face to face - HH - med reconciliation
71	Visiting specialists

Community Health Needs Assessment

Marion Co, IA - Weakness (White Cards) N=27

#	Today: What are the weaknesses of our community that contribute to health?
72	More screenings - osteoporosis
73	Suicide support groups
74	Support groups - depression
75	Programs to help alleviate anxiety
76	Transportation
77	Mental health/beds access
78	Adult daycare
79	Lack of provider knowledge on referring for reimbursements
80	Family planning
81	State systems are messed up
82	Medicaid - managed care poorly implemented
83	Health coverage = no access
84	Abuse/sexual assault/domestic violence
85	Mental health - Medicaid coverage is a mess
86	Health literacy
87	Substance abuse treatment/prevention
88	Smoking/tobacco use/e-cigs (new problem)
89	Reimbursement rate = no cost
90	Diabetes/prediabetes
91	Family planning/teen pregnancy
92	Affordable housing
93	Obesity/nutrition education
94	Transportation
95	Beds available for mental health patients
96	Number of physicians
97	Transportation
98	Mental health/behavioral health/suicide - need access to care/beds/urgent needs
99	Adult daycare needed
100	Pediatric services/visiting specialists
101	Drug/substance/alcohol abuse/OWI
102	Affordable/quality child care
103	Smoking reduction/smoking while pregnant cessation
104	Motivation for healthy eating and exercising - reduce obesity and cost
105	Shortage of nurses and CNAs
106	Transportation to and from medical appointments
107	Caring for baby boomers
108	Low birth weights - mothers <20 years old, out of wedlock births
109	Increasing infant mortality

Community Health Needs Assessment

Marion Co, IA - Weakness (White Cards) N=27

#	Today: What are the weaknesses of our community that contribute to health?
110	16% depressed - increasing suicides, need MH access and get word out on specialties
111	Increase compliance - follow up appointments, medications

Marion County Community Health Needs Assessment Meeting
3.15.16
N=27

Community Members Present:

- Schools
- Parents
- Home Care/Hospice
- Providers- Physician, Physical Therapist

TAB 1: Demographic Profile

- Physician is not seeing many patients coming in speaking Spanish.

TAB 3: Educational Profile

- Doing screenings in middle school as well as elementary schools.

TAB 7: Preventive Quality Measures Profile

- New RWJ public health data being released tomorrow has excessive drinking at 20%.

Recent Happenings in the Community:

- Marion County public health department received a SIM grant for the Triple Aim.
- Changes in Iowa managed Medicaid starts 4/1.

STRENGTHS:

- Vaccinations
- School health (nurse)
- Number of primary care providers
- Community involvement
- Access to exercise
- Variety of visiting specialists
- Extended hours at the clinic
- SIM grant
- High education levels in the community
- Good inpatient care scores
- Increasing access to mental health
- Doctors are recruiting doctors
- Newly remodeled hospital
- Coaches vs Cancer
- Recreation Center
- Youth groups
- Crosswalks
- Community Coalition
- Summer Food Program
- Backpack Buddies

- Support Groups

WEAKNESSES:

- Affordable housing
- Health literacy
- Missing school (sick)
- Education/prevention for sexual assault
- Diabetes
- Economic development (jobs)
- Visiting specialists (Pediatrics and Pulmonology)
- Obesity (nutrition and fitness)
- Counseling for abuse/sexual assault
- Adult daycare
- Patient education on Emergency Room vs Urgent care services
- Smoking/e-cigarettes
- Mental health providers
- Healthcare transportation
- Family planning services
- Inpatient mental health

Public Notice and Invitation

[VVV Consultants LLC]



News

For Immediate Release

Contact: Katrina Nelson, 641-842-1418
knelson@knoxvillehospital.org

February 2, 2016

Knoxville Hospital & Clinics to Continue Assessing Community Health Needs

Town Hall Meeting to be Held March 15, 5:30-7:00 p.m.

KNOXVILLE – Over the next three months, Knoxville Hospital & Clinics will be updating the 2013 Marion County Community Health Needs Assessment (CHNA). *(Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a community health needs assessment and adopt an implementation strategy at least once every three years).*

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2013 CHNA report and to collect up-to-date community health perceptions. To accomplish this work, a short online survey has been developed. To access the survey, please visit www.knoxvillehospital.org and click on the survey link located directly on the homepage.

All community residents and business leaders are encouraged to **complete the 2016 online CHNA survey by Tuesday, March 1st** and to attend the upcoming scheduled **Town Hall on Tuesday, March 15, from 5:30-7:00pm at Knoxville High School.**

“We hope that the community and health professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in our county,” said Kevin Kincaid, Chief Executive Officer at Knoxville Hospital & Clinics.

Vince Vandelaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, Kansas) has been retained to conduct this countywide research. If you have any questions about CHNA activities, please call 913-924-2327.

Knoxville Hospital & Clinics, a Critical Access Hospital serving Marion County and the surrounding area, is dedicated to providing personal, progressive quality health care with compassion. For more information regarding this release and other happenings at Knoxville Hospital & Clinics, call the Public Relations office at (641) 842-1418 or visit www.knoxvillehospital.org.

From: CFO

Date: February 19th, 2016

To: Community Leaders, Providers and Hospital Board and Staff

Subject: CHNA Round #2 Online Survey

Knoxville Hospital & Clinics is partnering with other community health providers to update the 2013 Community Health Needs Assessment. (*Note:* This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years).

Your feedback and suggestions regarding community health delivery are very important to collect in order to complete the 2016 Community Health Needs Assessment and implementation plan updates.

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

https://www.surveymonkey.com/r/KHC_CHNA2016

CHNA Round #2 due date for survey completion is March 1st, 2016. All responses are confidential. Thank you in advance for your time and support in participating with this important request.

Sincerely,
Maggie Hamilton Beyer
CFO



Date: Feb 19, 2016

Dear Community Member,

You may have heard that Knoxville Hospital & Clinics is partnering with other healthcare providers to perform a Community Health Needs Assessment. We need your input on the current state of health delivery in our community and your thoughts on the most important health needs that our community needs to address.

On Tuesday, March 15th, you are invited to attend a Knoxville Town Hall meeting. We have retained the services Vince Vandelaar and VVV Consultants LLC from Olathe, KS, to facilitate this meeting and prepare our report.

Your input is valuable, and will be incorporated into our final report. Please join us on **Tuesday, March 15th, from 5:30-7:00 p.m.** at Knoxville High School. A light dinner will be served starting at 5:00 p.m.

We look forward to seeing you at the Town Hall meeting and appreciate your input.

Sincerely,

Maggie Hamilton Beyer
CFO

Press Release #2

COMMUNITY CALENDAR: Public Invited to Attend Knoxville Town Hall to Improve Healthcare

WHAT: Knoxville Hospital & Clinics will host a town hall meeting to gather the public's input about identifying unmet community health needs and improving the delivery of healthcare in Marion County (Knoxville, IA). A light dinner will be provided.

WHO: All members of the community interested in the future of healthcare delivery are invited to attend. Vince Vandehaar of VVV Consultants LLC from Olathe, Kansas, will facilitate the meeting.

WHEN: Tuesday, March 15th, 5:30-7pm

WHERE: Knoxville High School

HOW: RSVP by contacting Katrina Nelson at (641) 842-1418



Community Health Needs Assessment

KHC Community Town Hall Meeting

Knoxville Hospital & Clinics and
Marion County Public Health
will be sponsoring a
Town Hall Meeting on Tuesday, March 15th
from 5:30 to 7:00 p.m.
at Knoxville High School

All Knoxville residents are invited to attend.
A light dinner will be provided starting at 5pm

Please join us for this opportunity to share your opinions
and suggestions to improve health care delivery
in Marion County, IA.

Thank you in advance for your participation.

Detail Primary Research Primary Service Area

[VVV Consultants LLC]

Community Health Needs Assessment Round #2 Community Feedback

Methodology

A community feedback survey was created on behalf of the CHNA client to gather primary service area stakeholder feedback on health perception and progress in addressing previous CHNA community needs. All community residents were encouraged to take the survey online by entering the following address into personal browser:

https://www.surveymonkey.com/r/KHC_CHNA2016.

In addition, an invite letter was sent to all primary service area stakeholders (i.e. Schools, County, City, Clergy, Public Health Leaders).

Below is a summary of public response:

Knoxville Hospital & Clinics (Primary Service Area) Marion Co, IA N=114		
10. For reporting purposes, are you involved in or are you a...	Option C Stakeholders Round #2 Bottom 2 Boxes	Marion Co N=114
Board Member	4.2%	5.2%
Business / Merchant	5.6%	7.5%
Case Manager / Discharge	0.6%	0.7%
Civic Club / Chamber	4.2%	1.5%
Charitable Foundation	2.5%	1.5%
Clergy / Congregational Leader	1.1%	1.5%
College / University	1.7%	0.0%
Consumer Advocate	1.1%	2.2%
Consumers of Health Care	8.5%	7.5%
Dentist	0.2%	0.7%
Economic Development	1.2%	0.7%
Education Official / Teacher	4.2%	3.0%
Elected Official (City / County)	1.5%	0.0%
EMS / Emergency	1.6%	0.7%
Farmer / Rancher	4.2%	1.5%
Health Department	1.7%	6.0%
Hospital	13.1%	11.2%
Housing / Builder	0.4%	0.7%
Insurance	0.7%	0.0%
Labor	1.4%	0.7%
Law Enforcement	0.6%	2.2%
Low Income / Free Clinics	0.6%	1.5%
Mental Health	1.5%	3.0%
Nursing	9.2%	8.2%
Other Health Professional	6.4%	7.5%
Parent / Caregiver	11.1%	9.7%
Pharmacy	0.5%	0.0%
Physician (MD / DO)	0.5%	0.7%
Physician Clinic	1.3%	2.2%
Press (Paper, TV, Radio)	0.3%	0.7%
Senior Care / Nursing Home	1.5%	0.0%
Social Worker	0.9%	3.0%
Veteran	1.9%	2.2%
Welfare / Social Service	0.6%	0.7%
Other (please note below)	3.4%	5.2%
TOTAL	100.0%	100.0%

KEY - CHNA Open End Comments				
CODE	Physician Specialty		CODE	Physician Specialty
ALLER	Allergy/Immunology		ONC	Oncology/Radiation Oncology
AES	Anesthesia/Pain		OPHTH	Ophthalmology
CARD	Cardiology		ORTH	Orthopedics
DERM	Dermatology		ENT	Otolaryngology (ENT)
EMER	Emergency		PATA	Pathology
ENDO	Endocrinology		PEDS	Pediatrics
FP	Family Practice (General)		PHY	Physical Medicine/Rehabilitation
GAS	Gastroenterology		PLAS	Plastic/Reconstructive
SUR	General Surgery		PSY	Psychiatry
GER	Gerontology		PUL	Pulmonary
HEM	Hematology		RAD	Radiology
IFD	Infectious Diseases		RHE	Rheumatology
IM	Internal Medicine		VAST	Thoracic/Cardiovascular/Vascular
NEO	Neonatal/Perinatal		URL	Urology
NEP	Nephrology		MDLV	Mid-Level
NEU	Neurology		SURG	Surgery
NEUS	Neurosurgery		TEL	Telemedicine
OBG	Obstetrics/Gynecology (Delivery)			

KEY - CHNA Open End Comments				
Code	Healthcare Themes		Code	Healthcare Themes
VIO	Abuse/Violence		NURSE	More Nurse Availability
ACC	Access to Care		NEG	Neglect
AGE	Aging (Senior Care/Assistance)		NH	Nursing Home
AIR	Air Quality		NUTR	Nutrition
ALC	Alcohol		OBES	Obesity
ALT	Alternative Medicine		ORAL	Oral Surgery
ALZ	Alzheimers		ORTHOD	Orthodontist
AMB	Ambulance Service		OTHR	Other
ASLV	Assisted Living		OP	Outpatient Services/Surgeries
AUD	Auditory		OZON	Ozone
BACK	Back/Spine		PAIN	Pain Management
BD	Blood Drive		PARK	PARKING
BRST	Breastfeeding		PHAR	Pharmacy
CANC	Cancer		DOCS	Physicians
CHEM	Chemotherapy		FLU	Pneumonia / Flu
KID	Child Care		FOOT	Podiatrist
CHIR	Chiropractor		POD	PODIATRIST
CHRON	Chronic Diseases		POV	Poverty
CLIN	Clinics (Walk-In, etc.)		PNEO	Prenatal

KEY - CHNA Open End Comments

Code	Healthcare Themes	Code	Healthcare Themes
COMM	Communication	PREV	Preventative Healthcare
CORP	Community Lead Healthcare	PRIM	Primary Care:
CONF	Confidentiality	PROS	Prostate
DENT	Dentists	DOH	Public Health Department
DIAB	Diabetes	QUAL	Quality of care
DIAL	Dialysis	REC	Recreation
DUP	Duplication of Services	RESP	Respiratory Disease
ECON	Economic Development	NO	Response "No Changes," etc.
EMER	Emergency Room	SANI	Sanitary Facilities
EMS	EMS	SNUR	School Nurse
EYE	Eye Doctor/Optomtrist	STD	Sexually Transmitted Diseases
FAC	Facility	SMOK	Smoking
FAM	Family Planning Services	SS	Social Services
FEM	Female (OBG)	SPEC	Specialist Physician care
FINA	Financial Aid	SPEE	Speech Therapy
FIT	Fitness/Exercise	STRK	Stroke
ALL	General Healthcare Improvement	DRUG	Substance Abuse (Drugs/Rx)
GEN	General Practice	SUIC	Suicide
GOV	Government	TPRG	Teen Pregnancy
HRT	Heart Care	THY	Thyroid
HIV	HIV/AIDS	TOB	Tobacco Use
HH	Home Health	TRAN	Transportation
HSP	Hospice	TRAU	Trauma
HOSP	Hospital	TRAV	Travel
MAN	Hospital Management	ALCU	Underage Drinking
INFD	Infidelity	INSU	Uninsured/Underinsured
IP	Inpatient Services	URG	Urgent Care/After Hours Clinic
LEAD	Lead Exposure	VACC	Vaccinations
BIRT	Low Birth Weight	VETS	Veteran Care
LOY	Loyalty	WAG	Wages
MAMO	Mammogram	WAIT	Wait Times
MRKT	Marketing	H2O	Water Quality
STFF	Medical Staff	WELL	Wellness Education/Health Fair
BH	Mental Health Services	WIC	WIC Program

CHNA Community Feedback 2016

Knoxville Hospital & Clinics (Primary Service Area) N=114

ID	ZIP	OVERALL HC RATING	C1	C2	C3	ARE THERE HEALTHCARE SERVICES IN THE KNOXVILLE HOSPITAL & CLINICS SERVICE AREA THAT YOU FEEL NEED TO BE IMPROVED AND/OR CHANGED? (PLEASE BE SPECIFIC.)
1040	50138	GOOD	ACC	CARD	PULM	MORE ACCESS TO SPECIALTIES LIKE CARDIOLOGY, PULMONOLOGY, AND MENTAL HEALTH. MENTAL HEALTH ACCESS IN KNOXVILLE IS VERY LIMITED.
1046	50138	GOOD	ACC	MH		ACCESS TO MENTAL HEALTH SERVICES IS A MUST.
1019	50311	FAIR	ASSLT	MH	COMM	KNOXVILLE AND MARION COUNTY IN GENERAL. IT IS IMPORTANT TO PROVIDE VICTIMS WITH THE RESOURCES AND SUPPORT THEY NEED AFTER SUCH A TRAUMATIC EVENT. THE HOSPITAL (SPECIFICALLY SANE NURSES) IS PART OF A SEXUAL ASSAULT STANDPOINT THE HOSPITAL AND CLINICS ARE VERY DISJOINTED. THERE APPEARS TO BE QUITE A BIT OF TURNOVER AND IT OFTEN ISN'T APPARENT WHO TO CONTACT OR REFER TO FOR SPECIFIC THINGS.
1112	50138	GOOD	CLIN	COMM		JUST A CLINIC AFTER HOURS
1047	50044	GOOD	CLIN			BETTER COMMUNICATION BETWEEN STAFF AND PATIENT REGARDING TESTS THAT ARE DONE, ORDERS BY DR.
1041	50138	GOOD	COMM	STAFF		OFFER FREE DIABETES EDUCATION CLASSES/SEMINARS FOR SENIORS, AND FOR THOSE THAT INSURANCE DOES NOT COVER IT, PERIODICALLY. TELEMEDICINE FOR MENTAL HEALTH SERVICES.
1074	50138	GOOD	DIAB	ED	INSUR	NEED TO PROVIDE DIALYSIS.
1054	50138	VERY GOOD	DIAL			NEED MORE PROVIDERS TO ALLOW BETTER ACCESS TO HEALTHCARE SERVICES IN A TIMELY MANNER.
1021	50138	FAIR	DOCS	ACC	WAIT	MORE PHYSICIANS AT KH&C WHICH WOULD HOPEFULLY IMPROVE THE CARE. MORE VISITING SPECIALTY DOCTORS AT KH&C. MORE MENTAL HEALTH SUPPORT BRING OB SERVICES BACK
1025	50138	FAIR	DOCS	SPEC	MH	DRUG PREVENTION PROGRAMS RESOURCES FOR VICTIMS OF SPOUSAL ABUSE
1015	50225	FAIR	DRUG	ABUSE		MORE COMMUNITY OUTREACH AND EDUCATION TO PATIENTS ON SERVICES IN THE COMMUNITY TO BETTER OVERALL ADDRESS THEIR NEEDS AS THIS IMPACTS THEIR HEALTH.
1080	50318	FAIR	ED			ER POLICIES NEED TO BE REVISED SO PATIENTS AREN'T SENT HOME THAT REALLY NEED TO BE ADMITTED TO HOSPITAL. THIS IS 1 AREA THAT I HEAR CONCERN ABOUT OVER AND OVER AGAIN.
1044	50163	FAIR	EMER			HOSPITAL IS TOO SMALL TO COMPETE WITH WHAT OTHER LARGER HOSPITALS IN THE REGION CAN OFFER
1091	50219	FAIR	FAC			I THINK THERE IS ROOM FOR IMPROVEMENT IN PROVIDING GASTROENTEROLOGY AND DIABETES SERVICES. ALSO, THE COLLABORATION BETWEEN THE HOSPITAL AND HOSPICE SERVICES IS AN IMPORTANT SERVICE THAT NEEDS TO BE CONTINUALLY MONITORED.
1097	50138	GOOD	GAST	DIAB	HOSP	I DON'T REQUIRE ANYTHING BEYOND A GENERAL HEALTH PRACTITIONER AND AM SATISFIED.
1075	50138	GOOD	GP			PERHAPS MENTAL HEALTH SPECIALIST TO ASSIST THE MEDICAL PROVIDERS IN DEALING WITH DEMENTIA OR OTHER MENTAL PROBLEMS. I DO FEEL THEY ARE GOOD IN THIS FIELD BUT JUST A THOUGHT. ALSO, NEED A DOPPLER WITH A WAND FOR VASCULAR ISSUES.
1026	50138	VERY GOOD	MH	DEMEN	VASC	MENTAL HEALTH, PEDIATRIC CARE, PAIN MANAGEMENT
1037	50138	GOOD	MH	PEDS	PAIN	MENTAL HEALTH SUPPORT THRU PROVIDERS AND THRU FACILITY SUPPORT IS LACKING AND HARD TO GET IN TIME APPOINTMENTS OR FIND FACILITY TO PROVIDE INPATIENT ACUTE SUPPORT. EMERGENCY DEPARTMENT IS HAMPERED BY TRYING TO FIND BEDS FOR ACUTE SITUATIONS FOR REGULAR AND SENIOR CARE.
1069	50138	GOOD	MH	WAIT	EMER	MENTAL
1035	50138	FAIR	MH			MENTAL HEALTH
1062	50138	FAIR	MH			MENTAL HEALTH
1077	50138	VERY GOOD	MH			MENTAL HEALTH
1092	50219	GOOD	MH			MENTAL HEALTH

CHNA Community Feedback 2016

Knoxville Hospital & Clinics (Primary Service Area) N=114

ID	ZIP	OVERALL HC RATING	C1	C2	C3	ARE THERE HEALTHCARE SERVICES IN THE KNOXVILLE HOSPITAL & CLINICS SERVICE AREA THAT YOU FEEL NEED TO BE IMPROVED AND/OR CHANGED? (PLEASE BE SPECIFIC.)
1109	50138	FAIR	MH			MENTAL HEALTH
1003	50225	FAIR	MH			MENTAL HEALTH EVALUATIONS NEED TO BE TAKEN MORE SERIOUSLY. TOO MANY PEOPLE NOT BEING ADMITTED AND BEING PUT OUT ON THE STREET.
1057	50225	GOOD	MH			MENTAL HEALTH SERVICES
1061	50312	GOOD	MH			MENTAL HEALTH.
1073	50219	GOOD	MH			NEED TO ADD MENTAL HEALTH PROVIDERS
1070	50318	VERY GOOD	MH			PROVIDE MORE MENTAL HEALTH CARE.
1024	50138	FAIR	NURS	QUAL		NURSES ARE INEXPERIENCED, LACK COMPETENCY.
1067	50138	GOOD	NUT	EXER	WELL	LOCAL RECREATION CENTER ON SOME PHYSICAL FITNESS PROGRAMS.
1029	50138	FAIR	OBG	STAFF		NEED TO BRING THE OB/GYN DEPARTMENT BACK. WE ALSO NEED TO HAVE MORE EMPLOYEES AT THE CHECK IN AREA.
1078	50138	FAIR	PEDS	FP		NEED PEDIATRICIANS, NOT JUST FAMILY PRACTICE. NEED THE ABILITY TO SEE FAMILY DOCTOR, NOT JUST WHOEVER IS WORKING.
1108	50138	GOOD	PEDS			PEDIATRIC (PEDIATRICIAN)
1042	50138	GOOD	PEDS			WE NEED A PEDIATRICIAN.
1105	50219	VERY GOOD	PULM			PULMONARY CARE PHYSICIAN
1039	50138	FAIR	REHAB	SURG	DIAL	REHAB SERVICES, SURGERY SERVICES, DIALYSIS, OBSTETRICS
1055	50225	VERY GOOD	RHEU	PRIM		GLAD THERE IS NOW A RHEUMATOLOGIST AVAILABLE. NEED TO ADD MORE PRIMARY CARE DOCTORS.
1098	50138	GOOD	SHED			EASE OF SCHEDULING APPOINTMENTS
1033	50163	FAIR	STAFF	RAD		YOUR PRIVACY ACT NEEDS TO IMPROVE. YOUR PERSONAL IN THE RADIOLOGY NEED TO BE MORE UNDERSTANDING SPECIALLY WHEN THE PATENT IS SCARED AND NERVOUS
1087	50163	GOOD	STAFF			CUSTOMER SERVICE, FRIENDLINESS
1100	50044	FAIR	URG	CLIN	SPEC	URGENT CARE CLINICS. MORE SPECIALTIES.
1084	50138	VERY GOOD	URG	EMER	CLIN	AN URGENT CARE CLINIC IN ADDITION TO THE ER

CHNA Community Feedback 2016

Knoxville Hospital & Clinics (Primary Service Area) N=114

ID	ZIP	OVERALL HC RATING	C1	C2	C3	THROUGHOUT THE PAST TWO YEARS, DID YOU OR SOMEONE YOU KNOW RECEIVE HEALTHCARE SERVICES OUTSIDE OF KNOXVILLE HOSPITAL & CLINICS' SERVICE AREA? IF YES, WHAT SERVICE?
1003	50225	FAIR	CARD			HEART CARE
1004	50138	GOOD	OBG	PELLA		PELLA OB
1009	50225	GOOD	EMER	MH		EMERGENCY ROOM MENTAL HEALTH
1012	50225	GOOD	BURN			BURN ON HAND
1018	50311	GOOD	MH	SUB		MENTAL HEALTH, SUBSTANCE ABUSE COUNSELING
1021	50138	FAIR	EMER	SPEC	IMAG	ULTRASOUND (EMERGENCY), SPECIALISTS, IMAGING
1023	50138	VERY GOOD	UI			UNIVERSITY OF IOWA HOSPITAL
1024	50138	FAIR	PELLA	KNOX	CLIN	PELLA HOSPITAL KNOXVILLE CLINIC
1025	50138	FAIR	NEURO	CARD	ORTD	NEUROLOGY, CARDIO, ORTHODONTIST
1026	50138	VERY GOOD	ONC	CARD	VASC	ONCOLOGY THRU MERCY; METHODIST FOR ANGIOGRAM AND STRESSTEST AND IA CLINIC FOR VASCULAR CARE AND TESTING.
1029	50138	FAIR	ORTHO	SURG	OBG	ORTHOPEDIC SURGERY, CHILDBIRTH, AND PREVENTATIVE HEALTH CARE
1033	50163	FAIR	ORTHO			ORTHO
1039	50138	FAIR	SURG	ORTHO	HH	SURGERY, ORTHOPEDICS, HOME HEALTH, REHAB, OBSTETRICS, EMERGENCY SERVICES
1040	50138	GOOD	PRIM			PRIMARY CARE
1041	50138	GOOD	OP			OUTPATIENT CARE
1042	50138	GOOD	PRIM	SPEC	PEDS	PRIMARY AND ANY SPECIALIST, PEDIATRIC, MENTAL HEALTH
1044	50163	FAIR	ORTHO			ORTHOPEDIC DOCTOR
1050	50021	FAIR	GP	DM		GENERAL HEALTHCARE IN DES MOINES
1051	50138	VERY GOOD	ORTHO	SURG	ORAL	ORTHO PAEDIC SURGERY, ORAL SURGERY
1055	50225	VERY GOOD	SURG			SURGICAL
1057	50225	GOOD	GASBY	MH		GASTRIC BYPASS; MENTAL HEALTH SERVICES
1058	50138	VERY GOOD	IACCTY	PLAS		IOWA CITY BOTOX
1062	50138	FAIR	ENT			ENT
1067	50138	GOOD	ORTHO			ORTHOPEDIC
1068	50138	GOOD	ORTHO			ORTHO JOINT CARE
1069	50138	GOOD	ORTHO			ORTHO SERVICES JOINT CARE
1070	50318	VERY GOOD	ORTHO			ORTHOPEDIC
1073	50219	GOOD	PRIM	MAHSK		PRIMARY PHYSICIAN MAHASKA HEALTH PARTNERSHIP
1074	50138	GOOD	MAMM	LAB		MAMMOGRAM & LABS
1075	50138	GOOD	CARD	NEURO		CARDIOLOGY, NEUROLOGY
1078	50138	FAIR	ORTHO	OBG	GAST	ORTHOPEDIC, OBGYN, GASTRO-INTESTINAL, DERMATOLOGY
1087	50163	GOOD	PELLA			PELLA REGIONAL HEALTH CENTER
1088	50138	FAIR	PRIM			REGULAR CARE,
1091	50219	FAIR	PELLA	DM		WE DOCTOR AT PELLA REGIONAL AND MERCY DSM
1092	50219	GOOD	BAR	SURG		BARIATRIC SURGERY
1095	50138	VERY GOOD	CANC			CANCER
1096	50138	VERY GOOD	CARD			CARDIOLOGIST
1097	50138	GOOD	MAMM	COLON	PRIM	MAMMOGRAPHY, COLONOSCOPY, PRIMARY PHYSICIAN AT PELLA HOSPITAL
1098	50138	GOOD	OBG			OB GYN
1099	50138	VERY GOOD	CANC			CANCER
1100	50044	FAIR	IP			INPATIENT

CHNA Community Feedback 2016

Knoxville Hospital & Clinics (Primary Service Area) N=114

ID	ZIP	OVERALL HC RATING	C1	C2	C3	THROUGHOUT THE PAST TWO YEARS, DID YOU OR SOMEONE YOU KNOW RECEIVE HEALTHCARE SERVICES OUTSIDE OF KNOXVILLE HOSPITAL & CLINICS' SERVICE AREA? IF YES, WHAT SERVICE?
1101	50138	GOOD	DIAB			JUVENILE DIABETIC SERVICES
1105	50219	VERY GOOD	OBG			OB GYN
1106	50219	GOOD	PAIN			PAIN MANAGEMENT SERVICES
1108	50138	GOOD	CARD			CARDIOLOGIST
1112	50138	GOOD	PELLA	VA	DM	MY FAMILY RECEIVES ALL CARE AT PRHC, MY FATHER RECEIVES CARE FROM THE VA AND MERCY DES MOINES.

CHNA Round #2 Feedback 2016 - Knoxville Hospital & Clinics

Let Your Voice Be Heard!

Knoxville Hospital & Clinics is updating its Community Health Needs Assessment (CHNA) in partnership with other area health providers. Feedback from this survey will identify current health issues in our community. Participation is voluntary and all answers will be kept confidential.

All CHNA Round #2 feedback is due by Tuesday, March 1st, 2016. Thank you for your participation.

CHNA Round #2 Feedback 2016 - Knoxville Hospital & Clinics

Part I: Introduction

1. Three years ago, Knoxville Hospital & Clinics completed a Community Health Needs Assessment. This assessment identified a number of health needs for our community. Today, we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?

	Very Good	Good	Fair	Poor	Very Poor
Health Rating:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHNA Round #2 Feedback 2016 - Knoxville Hospital & Clinics

2. Are there healthcare services in the Knoxville Hospital & Clinics service area that you feel need to be improved and/or changed? (Please be specific.)

CHNA Round #2 Feedback 2016 - Knoxville Hospital & Clinics

3. From our last CHNA (2013), a number of health needs were identified as priorities. Are any of these 2013 CHNA needs still an "Ongoing Problem" in our Knoxville Hospital & Clinics service area?

	Not a Problem Anymore	Somewhat of a Problem	Major Problem
Improve mental health care (providers, placement, transportation, beds and education)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase wellness education (programs and screenings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Build walking trails and sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase preventive care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase substance abuse (treatment and prevention)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Build "health" community perception/awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve family planning education (in high school – birth control)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expand Specialist services (G.I., Ortho, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fight Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expand/build adult day care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHNA Round #2 Feedback 2016 - Knoxville Hospital & Clinics

4. Which 2013 CHNA health needs are most pressing today for improvement? (Please select top three needs.)

- | | |
|--|---|
| <input type="checkbox"/> Improve mental health care (providers, placement, transportation, beds and education) | <input type="checkbox"/> Build "health" community perception/awareness |
| <input type="checkbox"/> Increase wellness education (programs and screenings) | <input type="checkbox"/> Improve family planning education (in high school – birth control) |
| <input type="checkbox"/> Build walking trails and sidewalks | <input type="checkbox"/> Expand Specialist services (G.I., Ortho, etc.) |
| <input type="checkbox"/> Increase preventive care services | <input type="checkbox"/> Fight Cancer |
| <input type="checkbox"/> Increase substance abuse (treatment and prevention) | <input type="checkbox"/> Expand/build adult day care |

CHNA Round #2 Feedback 2016 - Knoxville Hospital & Clinics

5. How would Knoxville Hospital & Clinics service-area members rate each of the following services? (Please select one box per row.)

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

CHNA Round #2 Feedback 2016 - Knoxville Hospital & Clinics

6. How would Knoxville Hospital & Clinics service-area members rate each of the following? (Please select one box per row.)

	Very Good	Good	Fair	Poor	Very Poor	N/A
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHNA Round #2 Feedback 2016 - Knoxville Hospital & Clinics

7. Throughout the past two years, did you or someone you know receive healthcare services outside of Knoxville Hospital & Clinics's service area?

- Yes
- No
- Don't know

If yes, please specify the healthcare services received.

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8. Are there any other health needs from the list below that need to be discussed at our upcoming CHNA Town Hall meeting? (Please select all that need to be on our agenda.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Abuse / Violence | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drugs / Substance Abuse | <input type="checkbox"/> Physical Exercise | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Poverty | <input type="checkbox"/> Wellness Education |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Respiratory Disease | |
| <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Sexually Transmitted Diseases | |
| <input type="checkbox"/> Other (please specify) | | |

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9. What is your home zip code?

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Demographics

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Elected Official - City / County | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Business / Merchant | <input type="checkbox"/> EMS / Emergency | <input type="checkbox"/> Parent / Caregiver |
| <input type="checkbox"/> Case Manager / Discharge Planner | <input type="checkbox"/> Farmer / Rancher | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Civic Club / Chamber | <input type="checkbox"/> Health Department | <input type="checkbox"/> Physician (MD / DO) |
| <input type="checkbox"/> Charitable Foundation | <input type="checkbox"/> Hospital | <input type="checkbox"/> Physician Clinic |
| <input type="checkbox"/> Clergy / Congregational Leader | <input type="checkbox"/> Housing / Builder | <input type="checkbox"/> Media (Paper, TV, Radio) |
| <input type="checkbox"/> College / University | <input type="checkbox"/> Insurance | <input type="checkbox"/> Senior Care / Nursing Home |
| <input type="checkbox"/> Consumer Advocate | <input type="checkbox"/> Labor | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Consumers of Healthcare | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Low Income / Free Clinics | <input type="checkbox"/> Welfare / Social Service |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Education Official / Teacher | <input type="checkbox"/> Nursing | |
| <input type="checkbox"/> Other (please specify) | | |

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You have just completed the Community Health Needs Assessment Survey. Thank you for your participation. By hitting "Next," you are submitting your responses and giving others an opportunity to complete the same survey.

Again, thank you for your participation.

CHNA Report Contact :



Vince Vandelaar, MBA
VVV Consultants LLC
Adjunct Professor / Professional Healthcare
Marketing and Strategic Planning Consulting
Services

601 N Mahaffie, Olathe, KS 66061
(913) 302-7264 (C)
VVV@VandelaarMarketing.com

LinkedIn: [vandehaar](#)
Website: [VandelaarMarketing.com](#)