



Ames, Iowa

Community Profile 2021-2022

COMMUNITY PROFILE

P.1 COMMUNITY DESCRIPTION

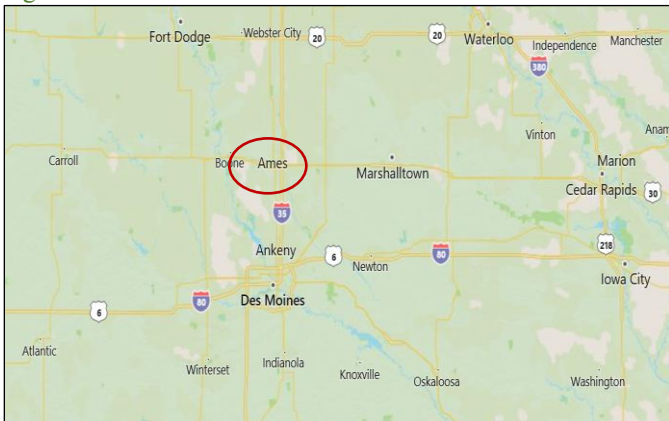
P.1a Community Environment

P.1a(1) Community Definition and Identity

Ames is an urban community located in central Iowa (Story County), approximately 30 miles north of the state capital of Des Moines (Figure P.1-1). It is the home of Iowa State University (ISU), one of the country’s first land grant universities. Ames has a total population of 66,258 (2019), with Iowa State University (ISU) students making up approximately 36,000 of the population. Incorporated in 1869, the city was named in honor of Oakes Ames, a congressman from Massachusetts who had railroad interests. The name was proposed by industrialist and railroad magnate, John Blair, a friend and colleague of Mr. Ames and a co-founder of the city of Ames.

The terrain is mainly flat to slightly rolling and agricultural. The climate is typically continental with strong seasonal variations. Summers are warm and humid with frequent showers and thunderstorms, some heavy. Winter brings mostly cold, dry air from the north with periods of precipitation, mainly snow. Below zero temperatures, strong winds and wind chills occur occasionally. Fall is dry and pleasant; the first freeze is typically early October and the last early May.

Figure P.1-1 Central Iowa



Ames has experienced growth in its population according to the US Census Bureau (Figure P.1-2) and compares favorably to that of neighboring communities south (Des Moines) north (Fort Dodge), and east (Marshalltown). Ames also compares itself to in-state university town Iowa City, home of the University of Iowa, and land grant university town Fort Collins.

Figure P.1-2 Population Growth & Demographics

	2010	2020	% change	% white	% >65	% female
Ames	58,963	66,427	+12%	81%	10%	46%
Des Moines	203,433	214,237	+5%	76%	12%	51%
Fort Dodge	25,206	23,888	-5%	87%	17%	48%
Iowa City	67,862	74,828	+11%	78%	10%	50%
Marshalltown	27,552	27,490	-3%	81%	18%	49%
Fort Collins	143,986	169,810	+18%	88%	11%	50%

Ames is best known as the home of ISU, a leading research university with agriculture, business, design, engineering, human sciences, liberal arts, and veterinary medicine colleges. Additionally, Ames is home to the United States Department of Agriculture (USDA), Agricultural Research Service’s National Animal Disease Center (NADC), the largest federal animal disease center in the US. Ames is also home to the USDA’s Animal and Plant Health Inspection Service, which includes the National Veterinary Services Laboratory and the Center for Veterinary Biologics. The U.S. Department of Energy’s *Ames Laboratory* is located on the Iowa State campus. ISU, federal research facilities, and other industry help make Ames a very viable and economically stable community. Ames is also the headquarters for the Iowa Department of Transportation. Other world class companies located in Ames include Deere & Co, Vermeer, Merck Animal Health, 3M, Barilla, Boehringer Ingelheim, Hach, Danfoss, and Syngenta.

P.1a(2) Community Offerings

Community offerings are listed in Figure P.1-3 and further defined below.

P.1-3 Community Offerings

	Health	Comprehensive, high quality healthcare services including 220 bed acute care hospital, 250+ physician multi-specialty clinic, Federally Qualified Healthcare clinic.
	Education	Top rated public education system, private k-12, Iowa State University a Top Tier research center.
	Economy	45% public sector employment; local industry committed to re-investment and growth; diverse job opportunities; low (1.9%) unemployment rate
	Quality of Life	Big 12 athletics; robust parks (36 parks, 55 miles of trails); low crime rate

Health – As the medical hub for multiple counties, health care in Ames is accessible and advanced with medical professionals offering state-of-the-art medical intervention close to home. McFarland Clinic, with its main clinic located in Ames, is Iowa’s largest physician-owned multi-specialty clinic with a network of more than 200 providers serving residents in 12 communities. Mary Greeley Medical Center, also based in Ames, is a *2019 Malcolm Baldrige National Quality Award Recipient*. Mary Greeley is a 220-bed acute care hospital offering comprehensive inpatient, outpatient and community-based services provided by more than 1,400 employees. Primary Health Care, a federally qualified health care center located in Ames, ensures that the underinsured and uninsured have access to high quality healthcare services. The rate of uninsured in Ames is 6% which is the same as the top US performer’s rate of 6% as well as the state of Iowa’s rate of 6%. In addition, the rate of uninsured children in Ames (Story County) is 2% which compares favorably to both the state and top US performer rate of 3%. The high rate of insured residents in Ames as well as a strong payor mix (high rate of commercial insureds) makes Ames a healthy community as evidenced by the Robert Wood Johnson Foundation County Health Rankings and Roadmaps report.

Education – Ames is a city offering top-quality education from kindergarten to advanced degrees. The Ames Community School District boasts three re-built and two newly remodeled elementary schools and a state-of-the-art middle school. A new high school is under construction and slated to open in August 2022. Ames High School was rated the number one public school in Iowa (U.S. News and World Reports). High school graduation rates in Ames (97%) exceeds that of the state (92%) and the top US performer (94%).

Economy – The economic base of Ames is steady, anchored by the university and other state agencies as well as an assortment of mostly agricultural, pharmaceutical, and biotech-related manufacturing and research facilities. The Bureau of Labor Statistics ranked Ames (and Boulder, CO) as having the lowest unemployment rate (2.5%) of any metropolitan area in the US in 2016. By June 2018, unemployment in Ames had fallen even further to 1.5% and currently it sits at 2.2% (COVID-19 factored in) as compared to the US average unemployment rate of 3.7%. Ames has seen the job market increase by 2.3% over the last year and future job growth over the next ten years is predicted to be 34.0% which is higher than the US average of 33.5%. The Sales Tax Rate for Ames is 7.0% (US average is 7.3%). The Income Tax Rate for Ames is 9.0% (US average is 4.6%). The average income of an Ames resident is \$24,082 a year (US average is \$28,555 a year). The Median household income of an Ames resident is \$42,373 a year (US average is \$53,482 a year). Ames income inequality is ranked slightly higher (unfavorable) at 5.6% as compared to the state (4.2%) and top US performer (3.7%). Additionally, 21% of Ames residents experience severe housing problems (defined as the percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities); this compares unfavorably to the state (4.2%) and top US performers (3.7%).

Quality of Life – Ames offers cultural, recreational, educational, business, and entertainment amenities including many that are more common in larger metropolitan cities. The city offers four seasons of recreational activities through more than 36 parks, 55 miles of bike trails, golf courses, and an outdoor aquatic center. According to the Robert Wood Johnson Foundation County Health Rankings and Roadmaps, Ames (Story County) is ranked “among the healthiest counties in Iowa”. Access to exercise opportunities in Ames is ranked 93% which compares to the state at 83% and the top US ranked community at 91%. University facilities, including CY Stephens Auditorium, attract performers from a variety of musical genres, as well as Broadway touring productions. An eclectic and free-to-the-public university lectures program brings some of the world’s most significant leaders, thinkers, and creators to Ames.

Collectively, these offerings support a vibrant community and one that continues to grow as evidenced by Figure P.1-2. Additionally, Ames has earned national recognition for its favorable economy, business climate, cost of living and sense of community. It has been consistently ranked as a top place to live in America, a top college town, and among the healthiest communities in the country. In September 2020, Ames ranked

6th on the Business Insider’s list of the 30 best American cities to live in after the pandemic. Also, in 2020 Ames was named a top 10 city for working parents (SmartAsset). In 2019, the city was named a best place for millennials to move (Reviews.org) and a best small city for business (Chamber of Commerce). In 2018, Ames was named the best college town in America (24/7 Wall St.), and a top 5 small metro area for retirees to age successfully (Investopedia).

P.1a(3) Residents, Other Customers, and Stakeholders

Ames key residents, other customer groups and stakeholder groups as well as differences in expectations and requirements are listed in Figure P.1-4. Key residents of Ames have requirements that exceed those of other customers and stakeholders as many residents who work and live in Ames expect to receive their services within the community (i.e.: childcare, transportation) versus other customers such as in-commuters who may receive services from the community they live in.

Figure P.1-4 Key Groups and their Requirements

Key Groups	Key Requirements
Residents (<i>those who use/receive services listed in P.1a(2)</i>) Employed/Workforce Unemployed Retirees Out-Commuters (live in Ames, work outside Ames) Students	Safety Transportation Employment opportunities Quality Education Access to Services Food Security Childcare
Other Customers (<i>tourists, businesses, people who work but who do not live in the community</i>) In-Commuters (Work in Ames, live outside Ames) Visitors	Access to information about services available Transportation Safety and Security Restaurants/Entertainment
Stakeholders (<i>neighboring communities, entities affected by our community’s actions</i>) Marshalltown Fort Dodge Nevada Ankeny Des Moines Businesses Iowa State University	Employment Opportunities Access to Services Quality Education Understanding of how services connect across different communities

P.1a(4) People Resources

Key community organizations, groups and segments that are involved in delivering key offerings to Ames are listed in Figure P.1-5. Recent changes that the community has experienced in its needs for these organizations include greater collaboration amongst the entities to reach the residents and other customers who rely on them for support. For example, food insecurity was identified as one of three top priorities in the most recent Community Health Needs Assessment survey. Several agencies support the community with food programming; however, the Ames community excellence group believes the reach could be enhanced with a more collaborative effort.

Formal leaders in the community include representatives from the city, county, hospital, clinic, United Way, university, school district, and chamber of commerce; informal leaders include support persons in the key community groups, various social service agencies, business leaders/representatives, and other ad hoc members as needed and identified throughout our work.

Figure P.1-5 Key Community Groups

Key Community Group	Health	Education	Economy	Quality of Life
United Way of Story County (and various social service agencies) • Story County Quality of Life Alliance	x	x	x	x
Health Care Entities • Hospital • Clinic • FQHC (Primary Health Care)	x	x	x	x
Ames Chamber of Commerce (tourism)			x	x
City of Ames • Mayor • Assistant City Manager • Parks & Recreation • Safety (police)		x	x	x
Volunteers	x	x	x	x
Education • Community School Districts • Iowa State University		x		x
Young Professionals • FUEL (organization for young professionals of Story County)			x	x
Students		x	x	x
Faith Based Organizations				x
Senior Services	x		x	x

P.1a(5) Regulatory Environment

Ames adheres to all state and national regulations including the Iowa Code. Key aspects of the regulatory environment of Ames are listed in Figure P.1-6.

Figure P.1-6 Regulatory Environment

Regulatory Bodies	Health	Education	Economy	Quality of Life
HIPAA	X			
EEOC	X	X	X	X
FLSA	X	X	X	X
OSHA	X	X	X	X
CDC	X	X	X	X
CMS	X			
EPA	X	X	X	X
Department of Health & Human Services	X			X
US Bureau of Labor Statistics			X	
Municipal Code			X	X
Iowa Code	X	X	X	X
Iowa Department of Inspection and Appeals	X	X	X	X

P.1b Community Excellence Group

P.1b(1) Mission, Vision, and Values

Ames formed a community excellence group because we believe that individually we do good things, but together we could accomplish great things for our community. Our ‘why’ is about increasing our collaborative efforts for the greater community good. **Our stated Mission, Vision and Values** guiding our work are noted in Figure P.1-7.

Figure P.1-7 Mission, Vision and Values

<p>Mission</p> <p>The <i>Community Health Collaboration</i> is a strategic leader in building diverse partnerships dedicated to measurable improvement of the health, education, economic opportunities, and quality of life for all residents of Ames.</p>
<p>Vision</p> <p>Our community is healthy when all individuals enjoy quality of life, security, and well-being.</p>
<p>Values</p> <p>Collaboration Inclusive Customer Focused Innovative Excellence</p>

P.1b(2) Composition

The composition of our community excellence group is multi-disciplinary and is depicted in Figure P.1-8.

Figure P.1-8 Community Excellence Group Composition



Key leaders of the Ames community excellence group include:

- City of Ames Police Chief
- Ames Assistant City Manager
- Story County Board of Supervisor
- City of Ames Mayor
- United Way of Story County President & CEO
- Iowa State University VP Diversity & Inclusion
- Iowa State University Dean, Liberal Arts
- Ames Community School District Superintendent
- Mary Greeley Medical Center President & CEO
- Mary Greeley Medical Center VP & Quality Officer
- Mary Greeley Medical Center VP Clinical Services
- Mary Greeley Medical Center Board Representatives
- McFarland Clinic physician representative
- Ames Chamber of Commerce CEO

Key drivers that engage this group in achieving its mission and vision include the desire to see all residents of Ames live a healthy life as evidenced by access to healthcare, access to education (high graduation rates), strong employment opportunities (low unemployment rate), and healthy neighborhoods (low crime rates). Additionally, the community believes there is duplication in the work that is being done and desires to develop a systems perspective and a management by fact philosophy to maximize the work by all for all.

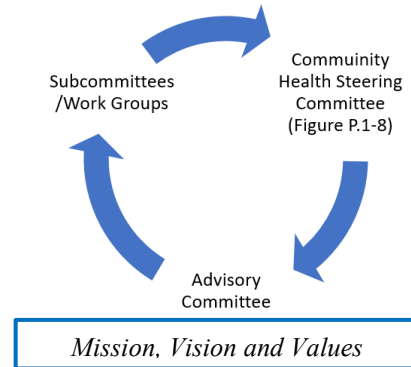
The backbone organization is Mary Greeley Medical Center, a 220-bed not-for-profit municipal hospital and a 2019 Malcolm Baldrige National Quality Award recipient.

P.1b(3) Leadership System

The composition of the Ames community excellence group (Figure P.1-8) includes key community leaders from each group noted, and the leadership system of this group is evolving. **The leadership system** (Figure P.1-9) most closely reflects that of a

distributive leadership model in that its focus is on collaboration, shared purpose, responsibility, and recognition of leadership regardless of role or position within an organization. In its early work, the Ames community excellence group defined a collective Mission, Vision and Values that provides the foundation of the leadership system. It is intended for this group to evolve and to bring on ad-hoc members as initiatives dictate. Additionally, there is strong support within the leadership system to systematically incorporate feedback from its residents, other customers, and stakeholders into the action planning process.

Figure P.1-9 Leadership System



P.1b(4) Programs and Services

The Ames community excellence group does not offer **programs and services**, rather it acts as the convener of organizations in the community to coordinate and collaborate to systematically identify the needs of the community and match those needs with programs and services that may already exist. If such program or service does not exist, or if it needs re-tooling, the community excellence group will collaborate to achieve a desired outcome. Additionally, our community excellence group will:

- Create awareness of what we are all doing in our respective organizations and build on those successful programs and services.
- Convene conversations / guide discussion / create our future roadmap and success through use of the national Baldrige framework.

P.1b(5) Suppliers, Partners, and Collaborators

Suppliers, partners, and collaborators that support the work of the community excellence group have not been fully defined yet; however, early discussion include those noted in Figure P.1-10.

Figure P.1-10 Suppliers, Partners, Collaborators

Suppliers	Ames Community Foundation, Iowa Healthcare Collaborative
Partners	Story County Quality of Life Alliance, Food Bank of Iowa, Various Interfaith Organizations, Youth & Shelter Services, Eyerly Ball, Central Iowa Community Services (CICS)
Collaborators	Raising Readers of Story County, Ames Public Library, Salvation Army, Mid Iowa Community Action (MICA)

P.2 COMMUNITY SITUATION

P.2a Competitive Environment

P.2a(1) Competitive Position

The competitive position for the Ames community consists of a strong education system including k-12 and higher education. Ames is home of one of the first land grant universities, Iowa State University, with strong agriculture, engineering, and innovation programs. Ames has a highly engaged community with strong philanthropic support and is rated one of the top 100 Best Places to Live (*MarketWatch*) in America. A strong economy (low unemployment rate) and good job market make Ames desirable to live as evidenced by its strong population growth (Figure P.1-2). Key competitors to the community of Ames include neighboring communities of Des Moines, IA (Polk County), and Nevada, IA (Story County). While not a direct competitor, Ames compares itself to other land grant university communities such as the city of Fort Collins, Colorado (see also Figure P.1-2) another Malcolm Baldrige Quality Award recipient as well as university town Iowa City, home of The University of Iowa.

P.2a(2) Competitiveness Changes

Key changes affecting the Ames community’s competitive situation are noted in Figure P.2-1.

The COVID-19 pandemic created a new competitiveness change in the workforce for almost all communities in America in that there are more opportunities for remote workers. While we have not seen this fully develop in the Ames community, we are monitoring this to determine if it will positively (more people choosing jobs in Ames who live in another state/location) or negatively (loss of population as workers move to more desirable locations) impact our labor market.

Competitiveness changes generally provide for opportunities for innovation and collaboration. Ideas for such changes are noted in Figure P.2-1.

Figure P.2-1 Key Changes

	Key Changes	Innovation & Collaboration Opportunity
Health	Aging population: Mental Health issues exacerbated by pandemic	<ul style="list-style-type: none"> Workforce ‘unretirement’ opportunities Implement known best practices already in place in other communities to address mental health needs
Education	Brain Drain (college and high school graduates leaving community)	<ul style="list-style-type: none"> Embrace remote work opportunities Make Ames a desirable location for remote workforce
Economy	Low unemployment rate	<ul style="list-style-type: none"> Partner with other universities/land grant universities to offer remote job opportunities
Quality of Life & Safety	Affordable Housing	<ul style="list-style-type: none"> Evaluate housing needs across all sectors of the community

P.2a(3) Comparative data

Key sources of **comparative and competitive data available to our community excellence group** include the US Census data, the Robert Wood Johnson Foundation County Health Rankings & Roadmap data, and Healthy People 2030. Additional sources of comparative data are available from each participant noted in P.1-8. **Limitations affecting our ability to obtain and use the data** are mainly related to the timing of collection for each data set.

P.2b Strategic Context

P.2b(1) Core Competencies

Core Competencies of the Ames community and our community excellence group include:

- Collaborative
- Philanthropic
- Highly Educated

These core competencies were developed during our visioning process as a means of achieving our mission and vision. They represent our collective strengths and our desire to work collaboratively to achieve excellence for the community.

P.2b(2) Key Strategic Challenges and Advantages

Key **strategic challenges and advantages** for our community (Figure P.2-2) were an output of our early visioning process. Specifically, our advantages are what brought our community of excellence group together. Our desire to work collaboratively in addressing our challenges directly ties to our Mission and Vision. Our key challenges were identified during our initial data review process including the qualitative and quantitative data found in our most recent Community Health Needs Assessment survey. Figure P.2-3 provides a comparison of our most pressing priorities and compares those to key competitors and other similar communities.

Figure P.2-2 Key Strategic Challenges and Advantages

Key Strategic Challenges	
1	Access to affordable housing
2	Access to healthcare
3	Access to healthy foods
4	Attracting, recruiting, and retaining workforce
5	Low unemployment rate
Key Strategic Advantages	
1	High quality education system
2	High quality healthcare
3	Home of land grand university

Figure P.2-3 Priorities and Comparisons

Community	Ratio Population: MH Providers	Limited Access to Healthy Food	Severe Housing Problems
Ames	460:1	10%	21%
Des Moines	370:1	4%	14%
Fort Dodge	380:1	8%	12%
Marshalltown	550:1	5%	10%
Iowa City	270:1	3%	19%
Fort Collins	270:1	5%	17%

P.2c Performance Improvement System

Our community of excellence group is in the early stages of identifying a performance improvement system. **Key elements of our current performance improvement** approach are grounded in the Baldrige Communities of Excellence Framework. Additionally, most groups participating have experience with the Plan, Do, Check, Act improvement methodology and some have experience with lean and six sigma. Each of these methods will support our work with the Baldrige Communities of Excellence framework.

Category 1: LEADERSHIP

1.1. Community Excellence Group Leadership

1.1a Vision and Values

1.1a(1) Setting Vision and Values

Leaders of the community excellence group set the mission, vision, and values (P.1b(1)) for the group through a collaborative, consensus model discussion. The mission was established to reflect the work of the collective group to achieve the desired outcome of the community – its vision. The values were derived from a list of values of each participant. The list of values was shared with participants, and they were tasked with identifying and ranking the top 7 values that most closely resonated with them. We then came to consensus on the 5 values that would most closely align with the work of the collaborative group. **The MVV are deployed** through the leaders of the COE group to people, organizations and groups including residents, customers, and stakeholders as appropriate by way of various communication platforms within each of the participating organizations. **Leaders’ personal actions reflect a commitment to the MVV** through their individual work in the community both in support of their own organizations priorities as well as through the work of the group. For example, as discussions commenced on priorities surrounding mental health services, the group agreed to partner with one another to reach a greater audience in offering mental health first aid training in the community (*“building diverse partnerships dedicated to measurable improvement of the health . . .”*).

1.1a(2) Promoting Legal and Ethical Behavior

Leaders’ actions demonstrate their commitment to legal and ethical behavior through adherence to their respective organizations ethical policies and code of conduct. Collectively, the COE group promotes an environment that is reflective of the high standards held for everyone within their organization. Additionally, many of the COE group participants are public officials and their personal actions are held to a higher standard.

1.1b Communication

COE group members **communicate** through a joint steering committee meeting that occurs at least quarterly. Topics of mutual interest are discussed in an open forum meeting. Updates around mental health priorities are communicated to the COE group by members of a mental health subcommittee. This subcommittee includes key members of the steering committee as well as subject matter experts in the mental health field.

COE group members **engage in frank, two-way communication** about what is working well and what is not working well related to mutual priorities. **Key decisions** are

made in a distributive model (Figure P.1-9) among the collective group, like the need to engage the superintendents from our seven county school districts in our discussions on mental health and suicide prevention for youth. Additionally, the decision to continue to engage in the COE framework and the work of our cohort was made by the collective group as they now see the value in using the framework to guide our efforts.

Leaders communicate with and engage the community excellence group, key residents and other customers and key community groups through various communication methods noted in Figure 1.1-1.

Figure 1.1-1 Communication Methods

Method	COE	Key Resident s	Other Customer s	Stakeholder s
Meeting minutes	X			
Social Media		X	X	X
Newsletters		X	X	
Open Meetings				
Websites		X	X	X

1.1c Mission and Performance

1.1c(1) Creating and Environment for Success

Leaders’ actions create an environment for community success through its collaborative approach to address community-wide needs. Prioritizing activities that will address key needs of the community are supported by the COE group. Using our most current Community Health Needs Assessment survey, the COE group identified mental health services as a key community need. In working collaboratively, raising awareness and education for those experiencing mental health issues was identified and a plan to offer Mental Health First Aid training community-wide was created.

1.1c(2) Creating a Focus on Action

The COE group **creates a shared focus on action to achieve the group’s mission** through its commitment to addressing mutual needs of the community. In collaboration, the COE group identified key opportunities, established a plan and tracks progress toward achieving desired results.

1.2 GOVERNANCE & SOCIETAL RESPONSIBILITIES

1.2a Community Excellence Group Governance

1.2a(1) Governance System

The COE group holds one another **accountable to responsible governance** through its ongoing partnership and commitment to the community. Additionally, each member is responsible to adhering to its respective organization’s governance structures and requirements.

1.2a(2) Performance Evaluation

The performance of COE group leaders is evaluated primarily based on attendance at formal meetings. Since most of the discussion and decisions happen at these meetings, attendance is key to moving forward. Additionally, individually leaders are evaluated by the customers associated with their respective organizations.

CDC	.....Center for Disease Control and Prevention
CEO	.....Chief Executive Officer
CICS	.....Central Iowa Community Services
CMS	.....Center for Medicare and Medicaid Services
COE	.....Communities of Excellence
EFOC	
EPA	.....Environmental Protection Agency
FLSA	.....Fair Labor Standards Act
FUEL	.....Fueling & Uniting Engaged Leaders
FQHC	.....Federally Qualified Health Center (Primary Health Care)
HIPAA	.....Health Insurance Portability and Accountability Act
ISU	.....Iowa State University
KPI	.....Key Performance Indicator
MICA	.....Mid-Iowa Community Action
NADC	.....National Animal Disease Center
OSHA	.....Occupational Safety and Health Administration
RWJF	.....Robert Wood Johnson Foundation