MERCY MEDICAL CENTER-CLINTON
COMMUNITY HEALTH NEEDS ASSESSMENT
FY 2019-2021

I. Introduction
Electronic copies of this CHNA are available at http://www.mercyclinton.com/community-benefit, and free paper copies may be requested at Mercy Medical Center, 1410 N 4th Street, Clinton, Iowa  52732.

The Community Health Needs Assessment (CHNA) is the result of a collaboration between Mercy Medical Center-Clinton (MMC-C) and various community stakeholder agencies to review and measure health status in our community. The goal of the collaboration was to produce a current profile of health status, wellness, health delivery and public-sourced options about health in Clinton, Jackson, Whiteside, and Carroll counties. The process used a compilation of the most recent local, state and national data, as well as the opinions of representatives from area human service health agencies and members of the community. The report that follows is to be understood as a summary of the findings and observations from all sources

A CHNA is a process that describes the state of the local community, enables the identification of the major risk factors and causes of poor health, and enables the identification of the actions to address these. At its most basic level, a community needs assessment of this type is a valuable tool for planning. The information gathered during this process will enable MMC-C and other health and human services organizations to identify and prioritize problems for action. At a time when resources are becoming scarcer, a needs assessment of this type is needed to determine the most beneficial allocation of resources. This is in keeping with the mission of MMC-C as a member of Mercy Health Network (MHN) and the Trinity Health System.

A. Mission
Mercy Medical Center - Clinton serves with fidelity to the Gospel as a compassionate, healing ministry of Jesus Christ to transform the health of our communities.

Reverence: We honor the sacredness and dignity of every person.

Integrity: We are faithful to who we say we are.

Commitment to those who are poor: We stand with and serve those who are poor, especially the most vulnerable.

Compassion: Solidarity with one another, capacity to enter into another's joy and sorrow.
**Excellence:** Preeminent performance, becoming the benchmark, putting forth our personal and professional best.

**Justice:** We foster right relationships to promote the common good, including sustainability of the Earth.

**Stewardship:** We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

We believe that this report will convey the perceptions, attitudes and beliefs regarding health status and health needs within the Mercy service area community. It encompasses both qualitative and quantitative data. Quantitative data tells only part of the story. Qualitative data tells the stories behind the numbers. Realizing this, Mercy strives to paint a fair and accurate picture of the community's health status and health needs. This information can be used in a variety of ways to improve community health, including the development of new local programs, collaborative efforts among stakeholders to seek unified solutions, new services and assistance to donors who must make strategic investment decisions.

The community health needs assessment that is presented in this report is just the beginning of a dynamic, ongoing process and long-term goal of improving the community's health. This data collection is the first step in the overall community needs assessment process, which includes the following steps: community profiling, deciding on priorities for action, planning public health and health care programs to address the priority issues, implementing the planned activities, and the evaluation of health outcomes. Community health needs assessments should be part of a continuous process that seeks to improve the health and well-being of the community.

In the upcoming year, the health issues identified in the report will be reviewed, prioritized, and incorporated into a new strategic action plan that will be used by MMC-C and others to target activities for investment and action over the course of the next three to five years.

The document is divided into 5 sections which include a review of the hospital's previous community health needs assessment, a description of the geographic area that MMC-C serves, key public health & environmental data, a summary of various community sources of input regarding area health issues and a summary of the priorities MMC-C plans to address as a result of this assessment.

**B. Retrospective Review of Previous CHNA**

Key findings of the FY 16-18 community health needs assessment included issues pertaining to mental health services, access to care, prescription assistance, diabetes, and weight loss and physical activity. The prioritization process involved several steps, the hospital’s Chief Community Benefit Officer identified 22 community issues that were sourced from public health data, various county health department planning efforts, a survey of low income individuals, and minority focus groups.
Major FY16-FY18 Priorities: In order of importance:

- **Access to Care:**
  There were two ways that MMC-C supported improved access to care. First, MMC-C and Trinity Health, the hospital’s parent organization, committed $150,000 a year support for two years that assisted Community Health Care Inc. to open a satellite federally qualified community health center clinic in Clinton. The Clinton clinic opened in September, 2015. The hospital also expanded ways to help its patients with financial needs pay for transportation to and from the hospital or to other referral centers. Taxi Cab and MTA Vouchers are made available to patients without means of transportation. 600-800 patients are assisted annually by bus, taxi or Medic ambulance. Cost of this program is $40,000 to $60,000 per year.

- **Mental Health Service:** The hospital continued its support for Bridgeview Community Mental Health Center’s outpatient behavioral health services and its own inpatient mental health unit. Maintaining an inpatient unit was seen as critical since the next nearest unit is over 35 miles away and many of the chronically mentally ill have transportation issues. The Medicare cost report costs are used to calculate the value of the hospital’s support for Bridgeview Community Mental Health Center in the form of rent subsidy. MMC-C subsidizes an inpatient behavioral med unit with approximately $200,000 per year support for physician tele-psych service due to Psychiatrist shortage.

- **Prescription Assistance:** During FY 2015 MMC-C initiated the ‘First Fill’ program. The focus of the program was on making sure that Congestive Heart Failure patients discharged from the hospital had their needed prescriptions when they left the hospital. Starting in FY 2016 MMC-C expanded the program to a broader range of inpatients that have trouble affording their prescriptions. The hospital dispenses approximately $8,000 per year in medication at no cost to patients who have financial barriers to filling their prescriptions upon discharge. The new federally qualified community health center which opened in September, 2015 offers reduced cost prescriptions for its patients which assist low income ambulatory patients ability to afford their prescriptions.

- **Diabetes:** Diabetes is clearly a significant issue for service area residents. The hospital formed an Accountable Care Organization/Clinically Integrate Network (ACO/CIN) in conjunction with Medical Associates the major multispecialty medical provider in the region. Mercy expanded to include additional primary care providers. The first clinical area of focus was the use of health coaches to better manage these patients. In addition to ACO/CIN activities MMC-C’s Community Health and Wellness department adopted a DPP, diabetes prevention program to community members that are pre-diabetic.

- **Weight Loss, Nutrition and Physical Activity:** Mercy adopted an evidence based lifestyle medicine program that focuses on prevention and reversal of disease integrating optimal nutrition, exercise and behavioral psychology principles. Mercy also provides resources and support to the Let’s Live Healthy Clinton Area initiative which focuses on community initiatives specific to - Eat Well, Move More and Feel Better.
C. Executive Summary

**Population:** During a fifteen-year period from 2000 to 2015, the four county population has decreased by 5.0% from 147,772 to 140,388. While the total population continues to decline in the area, the percentage of individuals 65 years or older continues to climb. Over 18% of the 2015 service area population was 65 and older, significantly higher than the Iowa average of 14.8% and the Illinois average of 13.0%. In 2015, the racial makeup of the service area was approximately 95.2% white, 1.9% black, 0.6% Asian, and 2.3% considered multiple races or another race. Approximately 6.3% of the service area population indicated having a Hispanic ethnicity.

**Socio and Economic Environment:** The median household income ranged from $45,463 in Whiteside County to $52,945 in Clinton County in 2015. All four counties in the service area were below state and national averages. Unemployment rates for the service area have steadily declined from 7.16% in 2013 to 4.38% in 2017. The unemployment rate of 4.38% is slightly lower than the national average of 4.63% in July 2017. The service area continues to have a low number of people attaining education beyond high school. For the time period from 2011 to 2015, approximately 52% of the population attained education beyond high school, which is significantly lower than the national average of 59%.

**Community Health Needs Assessment Planning Process**

MMC-C used a variety of sources for input into the Community Health Needs Assessment process including: distributing a Community Health Need Survey to key stakeholders in the community, another survey was distributed to two groups that represent lower income levels and African American and Hispanic groups - Information Referral and Staying Ahead members and after the surveys were tallied, a Community focus group was held representing over 30 key stakeholders in the community voting from results from the: Community Survey results, Health Indicators from Healthy People 2020 and ACES.

**Significant Health Needs Identified**

The major issues identified for MMC-C to address include:
1. Mental Health
2. Substance Abuse
3. Access to Health Services
4. Nutrition, Physical Activity and Obesity

**D. CHNA Approval**

MMC-C’s most recent CHNA was approved at the hospital’s Board of Director’s Meeting held April 27, 2018.
II. Community Served

A. Geographic Area Served
A. Definition of Service Area

MMC-C is located in Clinton, Iowa and serves 16 zip codes in four counties in Iowa and Illinois. The four counties include: Clinton (IA.), Jackson (IA.), Whiteside (IL.), and Carroll (IL.). Ninety four percent of MMC-C’s admissions come from our primary and secondary service areas.

B. Population Demographics

Population: Each of the four counties within the service area has seen a decline in population from 2000 to 2015. In 2000, the service area population was approximately 147,772 and has since decreased to 140,388 in 2015. The decreasing numbers in population from 2000 to 2015 range from a 3.5% decline in both Jackson County and Clinton County to a 10.5% decline in Carroll County. The population decline in all four counties differs from the population change seen in both Illinois and Iowa for the same time period. Since 2000, both Illinois and Iowa have seen population growth by a rate of 3.6% and 5.7% respectively.

Age: In comparison with state and national data, the service area has a much higher 65 and over population. Over 18% of the 2015 service area population was 65 and older, significantly higher than the Iowa average of 14.8% and the Illinois average of 13.0%. Carroll County has the highest percentage of population 65 and older with 21.6%, followed by Jackson County with 18.8%, Whiteside County with 17.7%, and Clinton County with 17.0%.

On the contrary, in 2015, the 0-14, 15-17, and 35-54 age group populations are all expected to decrease in size. The 18-24 and 25-34 age groups are expected to increase by less than 1% and remain below the national averages for each age group. The 55-64 and 65+ age group populations are also expected to increase, creating a larger gap above the national averages. The child bearing female population is expected to decrease by 1.4% in 2019, falling further below national and state averages, which are both expected to increase. As the area continues to grow older, attracting and keeping the younger population is becoming increasingly more difficult.

Race: All four counties within the service area have populations that are predominantly white. Clinton and Jackson counties register 94.2% and 97.4% of residents, respectively, as white, while 96.6% of Carroll County residents and 94.9% of Whiteside County residents identify as white. Clinton County has the highest percentage of black or African-American population, at 2.8%. Jackson, Carroll, and Whiteside County all reported less than 2% of residents as black or African-American. Whiteside County has the highest percentage of residents with a Hispanic ethnicity, at 11.6%. Clinton County reports 2.9%, Carroll County reports 3.3%, and Jackson County reports 1.3% Hispanic or Latino.

Adult Literacy: Approximately 8.7% of service area residents age 16 years and greater are lacking literacy skills, according to the National Center for Education Statistics. Both Clinton County (8%) and Jackson County (9%) have a higher percentage of adults
lacking literacy skills than the Iowa state average of 7%. Carroll County and Whiteside County have approximately 9% of residents lacking literacy skills, which is significantly lower than the Illinois state average of 13%.

**Free/Reduced Lunch:** According to the National Center for Education Statistics, there were 22,106 total public school students enrolled during the 2013-14 school year. Of the 22,106 enrolled students, 48.46% (10,713) were eligible for free/reduced lunch. The percent eligible for free/reduced lunch is significantly higher than the Iowa average of 40.7%. Whiteside County had the highest percentage of eligible students at 54.22%, followed by Carroll County at 51.53%, Clinton County at 43.33%, and Jackson County at 40.74%. Free/reduced lunch data is significant because it helps identify vulnerable populations that are more likely to need healthcare access or additional social support.

**Household Income:** According to the US Census Bureau, in 2015, the median household income for Illinois and Iowa was $59,590 and $54,843 respectively. The median household income for the United States was $55,775. When compared to state and national data, all four counties in the service area have median household incomes that are significantly lower. Whiteside County has the lowest household income at $45,463, followed by Jackson County at $49,956, Carroll County at $50,432, and Clinton County at $52,945.

**Poverty:** Poverty is a critical factor in the health status of residents, as it creates barriers to services and food that promote healthy living. In 2015, approximately 12.8% of individuals in the service area are living in households with income below the Federal Poverty Level (FPL). The national average of individuals living at the FPL is 14.7% and the state of Iowa average is 12.1%. In the service area, Clinton County has the highest percentage of residents below the FPL with 13.4%. Jackson County also has a poverty rate above the state average with 12.9% of residents below the FPL. Both Carroll (10.7%) and Whiteside County (12.8%) have poverty rates below the Illinois state average of 13.6%.

According to the US Census Bureau, in 2015, approximately 7,060 (12.0%) of the 58,665 households in the service area were living in poverty. Although the poverty rate has gradually increased since 2000, all four counties in the service area have rates below the national average of 14.4%.

**Medicaid:** The percentage of the primary service area population enrolled in Medicaid is considerably higher than the state average. According to Clinton and Jackson County 2018 Public Health data, 21.64% of Clinton County residents and 19.77% of Jackson County residents are enrolled in Medicaid, while the Iowa average is 17.96%. Comparable data was not available for the Illinois counties.

Residents aged 18 years and younger account for a large part of the enrollment, with 35.52% receiving Medicaid in Clinton County, and 32.44% receiving Medicaid in Jackson County. This compares to the state average of 33.76%
Uninsured: In 2015, the US Census Bureau estimated 9.2% of the United States population should be considered uninsured. Both Illinois and Iowa have lower percentages of uninsured with 6.9% and 4.8% respectively. In the four county service area the percentage of uninsured is consistent with state averages with the exception of Jackson County (6.7%), which is significantly higher than the Iowa average. Clinton County has the lowest percentage of uninsured at 4.7%. Both Carroll County and Whiteside County have approximately 6.5% of residents considered to be uninsured.

Education: For a period from 2011 to 2015, approximately 10.1% of service area residents aged 25 and over had not attained a high school diploma. For the same time period, the national average for not attaining a high school diploma was 13.4%. Whiteside County had the highest percentage in the service area with 11.9% and Clinton County had the lowest percentage with 8.5%.

Although all four counties have a favorable rate of residents with at least a high school education, the percentage of residents with at least some college education is significantly lower than the national average. According to the US Census Bureau, approximately 52.1% of service area residents have education beyond high school, which is significantly lower than the national average of 58.9%. Both Iowa and Illinois state averages are even higher, at 59.3% and 61.1% respectively. The service area also has an alarmingly low rate of residents with bachelor’s degree education or higher, with only 17.5% attaining that level of education. The service area rate is considerably lower than the national average of 29.8%.

Violent Crime: During a period from 2012 – 2014, the Federal Bureau of Investigation measured violent crimes per 100,000 people throughout the states of Iowa and Illinois. The data showed both Whiteside (163 per 100,000) and Carroll County (70 per 100,000) had significantly lower violent crime rates than the state of Illinois rate of 388 violent crimes per 100,000 people. Jackson County also had a rate (61 per 100,000) that was significantly lower than the state of Iowa rate of 270 violent crimes per 100,000 people. However, Clinton County had an estimated 431 violent crimes per 100,000 people, by far the highest in the service area, and substantially higher than the state rate.

Unemployment: Over a five year period from July 2013 to July 2017, unemployment rates have dropped in all four service area counties. Jackson County has the lowest unemployment rate in the service area at 3.1%, followed by Clinton County at 4.1%, Carroll County at 4.4%, and Whiteside County at 5.1%. Although Clinton County has the second lowest unemployment rate in the service area, it is substantially higher than the Iowa state average of 3.1%. According to the Bureau of Labor Statistics, the United States unemployment rate as of July 2017 was 4.63%.

Access to Primary Care: Service area residents continue to have less access to primary care than is seen throughout the states of Iowa and Illinois. In 2015, Whiteside County had the most access to primary care in the service area with 1 physician for every 1,680 individuals. Carroll County had the least access to primary care in the service area with 1 physician for every 2,920 individuals. Once again, all four counties had considerably less access to primary care than the state of Iowa (1,360:1) and the state of Illinois (1,240:1).
The limited access to primary care physicians in the service area can result in less preventative care and follow-up care, increasing the likelihood of poor health outcomes.

A report from Sg2 indicates that the service area should have 30.41 FTE in Primary Care Physicians (excludes advanced practitioners). The current “supply” of Iowa primary care providers is 19.8 FTE. Of the current providers 9 FTE are older than 60 and 2.7 Primary Care providers are over 70 years of age.

III. Process and Methods

A. Data Sources

The Community Health Needs Assessment (CHNA) process included gathering both qualitative and quantitative data. It is important to note that, while most of this data is health specific, MMC-C acknowledges that many factors affect individual and population health. Most notably, the social determinants of health (poverty, education, employment, etc.) can have a significant impact on health status, and Mercy collected a wide variety of data that reflects these indicators. Together, the qualitative and the quantitative data will help the health system make decisions regarding short-term and long-term resource allocation. Information gathered by informal means can be used to validate scientifically gathered quantitative information. In addition, differences between public and provider perceptions are often discovered, as well as new issues, as unmet needs may surface.

Demographical and socio-economic data was gathered from a variety of sources including Community Commons, the U.S. Census Bureau, the Bureau of Labor Statistics, and the U.S. Department of Health and Human Services.

B. County Health Rankings

Diabetes: According to the National Diabetes Surveillance System and the Center for Disease Control and Prevention, approximately 10% of Iowa and 9% of Illinois residents aged 20 and older have been diagnosed with diabetes. The diabetes prevalence data was collected in 2014 and also includes population estimates from the U.S. Census Bureau.

In the four county service area, all four counties had a higher prevalence of diabetes than their respective state rates. Clinton County, Jackson County, and Carroll County all had approximately 11% of residents aged 20 and older diagnosed with diabetes. Whiteside County had a slightly lower prevalence of diabetes, with 10% of residents aged 20 and older having been diagnosed.

Heart Disease: The Iowa Department of Public Health reports that heart disease is the number one cause of death in Iowa. Across all races, Iowa has a much higher rate of death from heart disease. The rate in Iowa is 109.7 heart disease deaths per 100,000 compared to a national rate of 99.7 per 100,000. Clinton County has a significantly
higher rate of 162.3 per 100,000 and Jackson County also has a much higher rate of 135.8 per 100,000.

In Illinois, the CDC reports that there are 93.9 deaths per 100,000 from heart disease with a national average of 99.7 deaths per 100,000. Carroll County has a rate of 103.3 deaths from heart disease per 100,000 and Whiteside County has an even higher rate of 108 per 100,000.

In both states, rates are higher for African-Americans.

**Frequent Mental Distress:** According to data obtained from the Behavioral Risk Factor Surveillance System (BRFSS), in 2016, approximately 10% of adults living in Iowa and Illinois reported having 14 or more days of poor mental health per month. During the same time period, each of the four service area counties had 11% of residents state that they had 14 or more days of poor mental health per month. Poor mental health was defined as any signs of stress, depression, or problems with emotions.

**Drug Overdose Deaths:** Drug overdose deaths are a leading contributor to premature death and with the increase in opioid usage since 2000, the rate of drug overdose deaths has also risen by 137 percent nationwide. In the service area, Whiteside County has the highest drug overdose death rate with approximately 16 out of every 100,000 persons dying from drug poisoning. The rate in Whiteside County is slightly higher than the state of Illinois rate of 15 out of 100,000. Clinton County has also seen an increase in opioid usage since 2000 and with that now has a drug overdose death rate of 10 per 100,000 persons. The state of Iowa rate for the same time period is approximately 9 deaths per 100,000 persons.

**Teen Births:** According to the National Center for Health Statistics, during a time period from 2010-2016, both Clinton County and Whiteside County had teen birth rates well over the state of Iowa and Illinois averages. Clinton County had the highest rate in the service area with approximately 36 births per 1000 teens aged 15-19, followed by Whiteside County with 34 births per 1000 teens. Both Jackson County (20 births per 1000 teens) and Carroll County (26 births per 1000 teens) had considerably lower teen birth rates and compared favorably to the state of Iowa average (22 births per 1000 teens) and Illinois average (26 births per 1000 teens).

**Insufficient Sleep:** A lack of sleep can have serious negative effects on health and has been linked to chronic health conditions such as heart disease and kidney disease. As an important part of a healthy lifestyle, getting a sufficient amount of sleep on a nightly basis is critical. In 2016, approximately 32% of adults in Clinton County stated they slept less than 7 hours per night. Whiteside County had the next highest rate at 29%, followed by Carroll County at 28%, and Jackson County at 27%. The service area rates are similar to those reported for the state of Iowa (28%) and the state of Illinois (32%).
Adult Smoking: According to 2016 data obtained by County Health Rankings, approximately 16% of adults living in the four county service area are current smokers. Rates among service area counties are as follows; Clinton County 16%, Jackson County 15%, Whiteside County 16%, and Carroll County 15%. The rate of current smokers in the service area is consistent with the state of Iowa (17%) and state of Illinois (16%) averages.

Low Birth Weight Babies: Infants considered to have a low birth weight are at higher risk of cardiovascular disease later in life, have a greater rate of respiratory conditions, and have higher rates of cognitive problems. A low birth weight is defined as an infant weighing less than 2,500 grams (approximately 5lbs, 8 oz.). According to the National Center for Health Statistics, from 2010-2016, approximately 7% of live births in Iowa and 8% of live births in Illinois were considered ‘low birth weight’. In the service area, Jackson (6%), Whiteside (6%), and Carroll County (6%) all had ‘low birth weight’ rates below the state averages. Clinton County had the highest rate in the service area with 8% of live births considered ‘low weight’.

Sexually Transmitted Infections: Sexually Transmitted Infections are measured as the number of new chlamydia cases per 100,000 population, since chlamydia is the most common bacterial sexually transmitted infection in North America. During 2015, in the service area, Clinton County had the highest incidence rate of chlamydia at 462.0 per 100,000 residents, followed by Whiteside County at 339.3, Jackson County at 266.9, and Carroll County at 251.4. With the exception of Clinton County, all other service area counties had incidence rates below the Iowa average of 388.9 per 100,000 and the Illinois average of 540.4 per 100,000.

HIV and AIDS: HIV prevalence within the service area in 2015 ranged from 10 cases per 100,000 residents in Whiteside County to 88 cases per 100,000 residents in Clinton County. Prevalence rates across the service area were much lower than the Iowa average of 94 per 100,000 and the Illinois average of 330 per 100,000 residents.

Cancer: According to State Cancer Profiles, from 2010 – 2014, cancer rates in all four service area counties were higher than the state of Illinois and Iowa averages. Jackson County had the highest cancer rate in the service area with 511 cases per 100,000 population. Clinton County, Whiteside County, and Carroll County all had cancer rates near 480 cases per 100,000 population. For the same time period, the Iowa average cancer rate was approximately 466 per 100,000 population, while the state of Illinois average was approximately 463 per 100,000.

Excessive Drinking: Excessive drinking is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average. According to data obtained from the Behavioral Risk Factor Surveillance System in 2016, approximately 20% of residents living in the service area are self-reported excessive drinkers. Excessive
drinking rates in the service area were slightly lower than the state of Iowa average (22%) and the state of Illinois average (21%).

**Adult Obesity:** Adult Obesity is defined as the percentage of the adult population, age 20 and older, with a body mass index (BMI) greater than or equal to 30 kg/m². According to the CDC, obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for major health conditions such as diabetes, cancer and heart disease. Adult obesity rates in 2014 for the service area were consistent with rates seen across Iowa (32%) and Illinois (28%). Jackson County had the highest adult obesity rate (33%), followed by Clinton County (32%), Whiteside County (29%), and Carroll County (27%).

**C. Environmental Health Factors**

**Air Pollution:** Elevated air pollution levels can have negative consequences on residents such as decreased lung function, chronic bronchitis, and asthma. Long-term exposure to fine particulate matter can also increase the premature death risk among people age 65 and older. The CDC tracks air pollution levels by measuring the average daily density of fine particulate matter in micrograms per cubic meter. Illinois has an air pollution rate of 10.5 fine particulates per cubic meter, slightly higher than the Iowa rate of 9.6. In the service area, Clinton County had the highest air pollution rate at 10.9 and Jackson County had the lowest at 10.3.

**Motor Vehicle Accident Deaths:** Motor vehicle accidents are one of the leading causes of death in the United States. From 2010 – 2016, approximately 11 motor vehicle accident deaths per 100,000 Iowa residents occurred and 8 per 100,000 occurred in Illinois. For the same time period, all four counties in the service area had motor vehicle accident death rates at or above 10 per 100,000 residents. Carroll County had the highest rate with 24 per 100,000, followed by Jackson County with 15 per 100,000, Whiteside County with 11 per 100,000 and Clinton County with 10 per 100,000.

**Suicide Incidence:** The Iowa Health Fact Book (updated August 2017) from the University of Iowa College of Public Health ranked Clinton County 17th out of 99 counties with an adjusted suicide rate of 18.6 per 100,000 while Jackson County ranked 9th out of 99 counties with an adjusted suicide rate of 23.4 per 100,000. The most recent data from the Illinois Department of Public Health listed a state wide average of 8.6 suicides per 100,000 with Carroll County being at 11.4 suicides per 100,000 and Whiteside County at 10.5 suicides per 100,000.

**Food Insecurity:** Food insecurity is the percentage of the population who did not have access to a reliable source of food during the past year. Without constant access to food, individuals can suffer from negative health outcomes and even premature death. In 2015, between 10%-13% of service area residents lacked access to adequate food. The lack of access was consistent with rates seen throughout the state of Iowa (12%) and the state of Illinois (12%).
Radon Poison Cases: According to the U.S. Environmental Protection Agency and Surgeon General’s Office, an estimated 20,000 lung cancer deaths per year are caused by radon. Radon is the second leading cause of lung cancer in the United States so decreasing exposure to high levels of radon is critical. The US EPA recommends corrective measures be taken to reduce exposure to radon gas for any areas measuring at or above 4 pCi/L. Both the state of Iowa and the state of Illinois have radon levels well above the 4 pCi/L threshold, with levels of 6.1 pCi/L and 5.3 pCi/L respectively. Radon levels across the service area were also significantly higher than the 4 pCi/L threshold. Carroll County had the highest radon level (6.8 pCi/L), followed by Jackson County (6.1 pCi/L), Clinton County (5.8 pCi/L) and Whiteside County (5.1 pCi/L).

D. Health Facilities Owned and Operated by MMC-C

MMC-C is a single organization comprised of three distinct facilities all located in the city of Clinton, Iowa.

- Mercy Medical Center a 163 bed acute care hospital located at 1410 N. Fourth Street, Clinton, IA.
- Mercy Living Center –North an 86 bed skilled nursing facility located at 600 14th Avenue North, Clinton, IA.
- Mercy Living Center-South a 97 bed skilled nursing facility located at 638 Bluff Blvd., Clinton, IA.

E. Services Provided

MMC-C offers a variety of services at its various locations.

Mercy Medical Center-North
- State of Iowa Level IV Trauma / Emergency Services
- Contracted Ambulance Services (Medic)
- Radiation Oncology
- Mercy Specialty Clinic (GI, ENT, Orthopedics, General Surgery, Internal Medicine, Thoracic and Vascular Surgery)
- Acute Care Services
  - Inpatient Medical / Surgical Services
  - Inpatient Progressive Care Unit
  - Intensive Care Unit (including Inpatient Dialysis)
  - Respiratory Services
  - Women’s and Children Services
    - OB
    - GYN
    - Pediatrics
  - Perioperative Services
    - Preadmission Services
    - Same Day Surgery
    - Surgery
- Anesthesia
- GI Lab
- Inpatient Behavioral Health Unit
- Rehabilitation Services
- Inpatient and Outpatient Chemo Therapy and Infusion Therapy
- Inpatient and Outpatient Cardiac and Pulmonary Diagnostics and Interventional Services
- Inpatient and Outpatient Radiology Services
  - X-ray
  - CT
  - MRI
  - PET CT
  - Mammography
  - Ultrasound
  - Nuclear Medicine
- Inpatient and Outpatient Laboratory Services
- Inpatient and Outpatient Pharmacy

Mercy Living Center North
- Long Term Care
- Skilled Care

Mercy Medical Center – South and Mercy Living Center – South
- Outpatient Rehabilitation
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
- Outpatient Renal Dialysis
- Wound Center
- Home Medical Equipment
- Homecare and Hospice
- Internal Medicine Clinic
- Long Term Care
- Skilled Care
- Memory Loss Unit
IV. Community Input and Collaborative Partners

A. Input Methodology

Previous CHNA priorities were reviewed with community partners. No written comments were received during the input process or during 2016-2018 CHNA cycle.

Clinton County CHNA Process: MMC-C working in conjunction with the Genesis Visiting Nurses Association (VNA) and Genesis Medical Center-Clinton held a series of meetings with various community agencies and elected officials to review data and prioritize local health issues. The VNA serves as the Public Health Nursing Agency for Clinton County Iowa, and is contracted to handle most of the county’s public health functions. As a result, the health issues identified as a part of this process will also become the priorities for Clinton County the geographic area where most of the population that MMC-C serves reside. Meetings were conducted with Public Health on December 11, 2017, January 10, 2018 and other various agencies and elected officials on December 7, 2017 and January 24, 2018.

Surrounding Counties: Input from sought Jackson, Carroll and Whiteside counties was incorporated by reviewing county community health needs assessment material and including input from key stakeholders representing each of the counties. Feedback was received from Jackson and Whiteside Counties. Carroll County did not provide input for the CHNA.

Survey of those who are Poor: MMC-C conducted focus groups with Staying Ahead. Staying ahead is a group of individuals that are working to improve their life by understanding the root causes of poverty and work towards developing action plans to maintain self-sufficiency. The mission of Staying Ahead is to improve lives, help with self-sufficiency and continue the momentum of sustainability which helps members of the community get out of poverty. Surveys were collected from this group to identify their health needs. Surveying occurred on December 6 and December 13, 2017. 9 surveys were collected.

Minority Focus Groups: MMC-C conducted surveys with Information Referral. The surveys were collected during food pantry days and when individuals were coming in for financial assistance for medications, housing and utilities. 19 surveys were collected representing 21% African American, 11% Hispanic, 58% Caucasian and 11% other. Surveys were collected for two weeks in December 2017 and two weeks in January 2018. Refer to Appendix A for a summary of the health issues identified by these focus groups.
B. Summary of Input

Clinton County Community Focus Group: As a way to gain insight into the underserved population, Genesis VNA and Mercy convened a series of meetings with representatives from various organizations within the service area including:

- Bridgeview Community Mental Health Center
- Clinton County Board of Health
- Clinton County Board of Supervisors
- Eastern Iowa Community College – Clinton
- Gateway Impact (Substance Abuse) Council
- Genesis VNA
- Clinton County Sheriff Department
- Clinton Fire Department
- Fulton Superintendent (Whiteside County)
- Sisters of Saint Francis
- Hillcrest family Services - WIC
- Hy-Vee Grocery Store
- Community Health Clinic
- Clinton School District
- Women’s Health Services
- Iowa State Extension Service
- Iowa State Senate Office
- Lutheran Social Services
- MMC-Clinton
- United Way of Clinton County
- Visiting Nurses of Iowa (I-Smile) Dental Program
- YWCA

The purpose of pulling the group together was to help identify and prioritize perceived gaps in services based on the collected surveys, Healthy People 2020 and ACES. Previous plan priorities and demographic/health status information was shared before and at the beginning of the meeting to help stimulate thought. Participants were then asked a structured set of questions regarding strengths and weaknesses of current service offerings. The focus group identified the following seven priority areas for focus:

1. Mental health, access of service for adolescents
2. Substance abuse*
   - Includes opioid, methamphetamines, and alcohol abuse
3. Access to health services, PCP and Transportation
4. Nutrition, physical activity, obesity, including community resources and partnerships and program implementation
5. Suicide
6. Education/poverty levels
7. Community engagement
V. Survey of those who are Poor: Significant Community Health Needs

A. Process for Identifying Needs to be Addressed by Mercy

Internal prioritization of the issues to be addressed by MMC-C was conducted with several MMC-C key staff including the Vice President of Human Resources/CHRO/Chief Community Benefits Officer, Financial Analyst/Community Benefit Coordinator/Financial Contact, Senior Quality Analyst, Community Health and Wellness Coordinator, Director of Behavioral Med Unit, Behavioral Health Coordinator, Director of OB/Peds, Director of Homecare Operations, and Director of Patient Experience.

The prioritization process involved several steps. First, the CHNA focus group met on January 24th with over 20 organizations represented. The CHRO gave a summary of how the data was collected with the three surveys. Surveying targeting those who are poor including diverse populations - Staying Ahead Group and Information Referral. The last survey was given to a biannual community meeting group, held on December 7, 2017 that included several agencies representing the Clinton county area. The top health needs were divided out under the headings of Healthy People 2020, the Community Health Survey and ACEs. The topics/headings of Healthy People 2020 and ACEs are listed in Appendix B.

Twenty-two health needs were identified. Each representative was given three votes in each section (health needs identified via survey, Health People 2020 and ACEs). Each person was given three votes and asked to vote on what they believed are the most important health for our community. They could split their votes or use them all on one health issue. All of the votes were tallied. Through discussion, the group narrowed the list of 22 health priorities to seven health priorities. The seven priorities were given to this group prior to meeting on February 15, 2018. The group met to finalize the list and identify the areas that Mercy can address based on the significant needs.

B. Description of Health Needs to be Addressed by Mercy

Major Priorities: Listed in order of importance:

Mental Health: According to countyhealthrankings.org, Clinton County had an average of 3.4 mentally unhealthy days in the last 30 days compared to 3.3 days for the state of Iowa. Jackson County had an average of 3.3 days. The state of Illinois had an average of 3.5 mentally unhealthy days in the last 30 days with Whiteside County reporting an average of 3.7 days and Carroll County reporting 3.5 days.

The Iowa Health Fact Book (updated August 2017) from the University of Iowa College of Public Health ranked Clinton County 17th out of 99 counties with an adjusted suicide rate of 18.6 per 100,000 while Jackson County ranked 9th out of 99 counties with an
adjusted suicide rate of 23.4 per 100,000. The most recent data from the Illinois Department of Public Health listed a state wide average of 8.6 suicides per 100,000 with Carroll County being at 11.4 suicides per 100,000 and Whiteside County at 10.5 suicides per 100,000.

Recent statistics from the MMC-C Emergency Department showed the following:
1. 7.4 mental health holds per month
2. 5.94 psychiatrics commitments per month came through the ED
3. 32.5 mental health voluntary admissions/transfers per month
4. 11.8 mental health involuntary admissions per month
5. 31 patients each month who needed a follow up appointment with a mental health provider

**Substance Abuse:** 21% of adults in Illinois report binge or heavy drinking with 20% of adults reporting binge drinking in both Carrol and Whiteside Counties. In Iowa the number of adults who report binge drinking is 22% with Clinton County at 19% and Jackson County at 20%.

The percent of driving deaths with alcohol involved is 33% in Illinois. Carroll County and Whiteside County had lower rates with 29% and 30% respectively. The percent of driving deaths with alcohol involved is 27% in Iowa. Jackson County had a lower rate by two percent and Clinton County was higher than the state average with 30% of driving deaths involving alcohol.

MMC-C has seen an exponential increase in the number of ED patients with a diagnosis code of heroin or opioid abuse from 2 in 2016 to 53 as of October 2017. Clinton County individuals in treatment responded that heroin was their primary drug of choice in eight cases in 2016, compared to four in 2015. Opioids as the primary drug went from 15 in 2015 to 35 in 2016.

**Access to Care:** Access to care, especially primary care continues to be a challenge for residents of our primary and secondary services areas. Iowa has one primary care provider for every 1,360 residents. Jackson County and Clinton County have a much higher ratio of residents to providers as evidenced by the ratio of 2,160:1 in Jackson County and 1,840:1 in Clinton County. Illinois has a ratio of 1,240:1 with Carroll County at a ratio of 2,920:1 and 1,680:1.

The local multi-specialty group just lost three OB-GYN providers which leaves one OB-GYN provider at that clinic and two other independent providers in the community.

A report from Sg2 indicates that the service area should have 30.41 FTE in Primary Care Physicians (excludes advanced practitioners). The current ‘supply’ of Iowa primary care providers is 19.8 FTE. Of the current providers 9 FTE are older than 60 and 2.7 Primary Care providers are over 70 years of age.
Nutrition, Physical Activity and Obesity: Based on the RWJ Foundation County Health Rankings, Clinton County continues to see an increase in adult obesity, 32% and physical inactivity, 27% compared to the national rankings of 26% and 20% respectively. Mercy will continue involvement with community partners and the Let’s Live Healthy Clinton Area initiative that focus on Move More, Eat Well and Feel Better.

Mercy will also continue to work on becoming a certified diabetes prevention program using CDC curriculum which focuses on a weight loss goal of 5-7%, healthy eating and exercise. The community health and wellness department will continue to give scholarships to those that are in financial need to attend an evidence based lifestyle medicine program that targets prevention and reversal of chronic disease, weight loss and improved overall health and well-being.

Suicide: According to data obtained from the Department of Public Health, the number of suicides per 100,000 residents in our service area continues to be higher than state averages. Carroll County and Whiteside County have suicide rates of 11.4 and 10.5 suicides per 100,000 population. Clinton County and Jackson County have much higher suicide rates with 18.6 and 23.4 suicides per 100,000 population. When compared to the state of Illinois average of 8.6 suicides per 100,000, it is very evident that suicide is a major concern in the service area.

The high incidence of suicide in the area may be attributed to the concerns in mental health and substance abuse that have also been seen. Looking forward it is critical that all three issues are addressed or rates will continue to climb.

Education/Poverty Levels: When assessing the level of education attained by service area residents, there are two areas of concern. The first area of concern is the percentage of residents who have a high school diploma or lower education level. According to the US Census Bureau, approximately 48% of the service area has a high school diploma or lower education, which is much higher than the national average of 41%.

The other area of concern with educational attainment is the percentage of residents who have a bachelor’s degree or higher education level. The national average for this level of education is approximately 30%, while the service area only has 17.5% of residents achieving a bachelor’s or higher level of education.

In addition to concerns surrounding education, the service area is also experiencing low household income levels. Approximately 12% of households in the service area are in poverty and the median household income ranges from $45,000 in Whiteside County to $52,000 in Clinton County. These income levels are substantially lower than the state of Illinois average ($60,000) and state of Iowa average ($55,000).

Community Engagement: Community engagement is evident through the array of representation of community leaders on the Let’s Live Healthy Clinton Area Initiative: Chamber, City, Clinton Visitor Bureau, School, Public Health, major employers, Hy-Vee, YWCA, health professionals, media and many other non-profit organizations, but it is still a struggle to find the best way to communicate and get citizens involved. The
LLHC collaboration and partnership utilizes connections through social media and media to get the word out about community health initiatives focusing on Eat Well, Move More and Feel Better, but the best method of engagement has been the word of mouth through positive feedback among citizens involved through volunteer opportunities for events. The LLHC will continue to seek additional resources/grants to make sure finances are not a barrier for community engagement.

Secondary Priorities: While not the significant areas of focus for MMC-C’s Community Benefit Program, the hospital also plans to work on a variety of other health issues including: tobacco use, low food access, minority health insurance enrollment, fall prevention for seniors, exercise, heart disease/high blood pressure, cancer awareness/prevention, and low birth weight babies and disease control.

Questions and comments about the Community Health or the CHNA can be directed to:
Shane Buer buersh@mercyhealth.com or Andrea Barnett barnetta@mercyhealth.com or by clicking on Community Health under the Contact Us section on our website (www.mercyclinton.com) or by sending feedback to their attention to Mercy Medical Center, 1410 N. 4th Street, Clinton, IA 52732.
APPENDIX A

Summary of Health Issues Identified Through Survey of Minority Focus Groups

Community Partners
1. LLHC Community Partners
2. Information Referral Survey
3. Staying Ahead

Summary of Health Issues
• Promote Healthy Living
  Mental Health (39)
  Alcohol & Other Drugs (32)
  Physical Activity (6)
  Tobacco (6)
• Prevent Injuries
  Violent & Abusive Behavior (39)
  Suicide (39)
  Disability (7)
• Prevent Epidemics
  Disease Control & Surveillance (26)
  Immunizations/Vaccinations (20)
  Sexually Transmitted Diseases (22)
  HIV/AIDS (11)
• Protect Against Environment Hazards
  Healthy Homes (21)
  Drinking Water Protection (21)
  Food Safety (7)
• Public Health Emergencies
  Emergency Planning (16)
  Individual Preparedness (15)
  Risk Communication - Before, during and after a crisis (10)
  Communication Networks (8)
• Strengthen Health Infrastructure
  Community Engagement (16)
  Education & Poverty Levels (14)
  Health Insurance (7)
  Transportation (6)
APPENDIX B

Healthy People 2020

Access to Health Services

Persons with medical insurance (AHS-1.1)
Persons with a usual primary care provider (AHS-3)

Clinical Preventive Services

Adults receiving colorectal cancer screening based on the most recent guidelines (C-16)
Adults with hypertension whose blood pressure is under control (HDS-12)
Persons with diagnosed diabetes whose A1c value is greater than 9% (D-5.1)
Children receiving the recommended doses of DTaP, polio, MMR, Hib, HepB, varicella and PCV vaccines by age 19–35 months (IID-8)

Environmental Quality

Air Quality Index >100 (EH-1)
Children exposed to secondhand smoke (TU-11.1)

Injury and Violence

Injury deaths (IVP-1.1)
Homicides (IVP-29)

Maternal, Infant, and Child Health

All Infant deaths (MICH-1.3)
Total preterm live births (MICH-9.1)

Mental Health

Suicide (MHMD-1)
Adolescents with a major depressive episode in the past 12 months (MHMD-4.1)

Nutrition, Physical Activity, and Obesity

Adults meeting aerobic physical activity and muscle-strengthening objectives (PA-2.4)
Obesity among adults (NWS-9)
Obesity among children and adolescents (NWS-10.4)
Mean daily intake of total vegetables (NWS-15.1)

Oral Health

Children, adolescents, and adults who visited the dentist in the past year (OH-7)

Reproductive and Sexual Health

Sexually active females receiving reproductive health services (FP-7.1)
Knowledge of serostatus among HIV-positive persons (HIV-13)

Social Determinants

Students graduating from high school 4 years after starting 9th grade (AH-5.1)

Substance Abuse

Adolescents using alcohol or illicit drugs in past 30 days (SA-13.1)
Binge drinking in past month—Adults (SA-14.3)

Tobacco

Adult cigarette smoking (TU-1.1)

Adolescent cigarette smoking in past 30 days (TU-2.2)

Adverse Childhood Experiences (ACEs)

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Physical neglect
5. Emotional neglect
6. Intimate partner violence
7. Mother treated violently
8. Substance misuse within household
9. Household mental illness
10. Parental separation or divorce
11. Incarcerated household member