Mercy Medical Center-Clinton
Community Health Needs Assessment Implementation Strategy
Fiscal years FY 2019-2021

Mercy Medical Center-Clinton (MMC-C) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on April 27, 2018. MMC-C performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at [www.mercyclinton.com](http://www.mercyclinton.com) or printed copies are available at MMC-C.

Hospital Information and Mission Statement

Mercy's primary service area, highlighted yellow on the map below, is where the hospital draws approximately 83% of its admissions, includes the cities of Clinton (IA), Camanche (IA), Fulton (IL) and Savanna (IL). However, for the purposes of this plan, the analysis will look at the area encompassing both the hospital's primary and secondary service areas (combined yellow and green highlighted areas on the map below) where Mercy draws approximately 90% of its admissions. The reason for taking this broader view is twofold: 1) it creates a contiguous geographic service area, and 2) Mercy is by far the major service provider in the zip codes that have been added. This larger area includes 16 zip codes in 4 counties in Iowa and Illinois.

The Mississippi River forms a natural boundary between the two states that the hospital serves because the city of Clinton's has the only two bridges between Sabula, Iowa (to the north) and Bettendorf, Iowa (to the south). The river boundary impacts patient travel patterns and influences patient migration for service delivery. Clinton sits at the crossroads of highways 30 and 67.
Mission
We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and healing presence in our communities

Values
- Reverence - We honor the sacredness and dignity of every person.
- Commitment to Those who are Poor - We stand with and serve those who are poor, especially those most vulnerable.
- Justice - We foster right relationships to promote the common good, including sustainability of Earth.
- Stewardship - We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- Integrity - We are faithful to who we say we are.

We believe that this report will convey the perceptions, attitudes and beliefs regarding health status and health needs within the MMC-C service area community.
Health Needs of the Community

The CHNA conducted in December 2017 and January 2018 identified 7 significant health needs within the Clinton County community. Internal prioritization 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. One survey targeting the poor, Staying Ahead Group, one survey targeting the poor and diversity, Information Referral and the last survey that was given to a biannual community meeting held on December 7, 2017 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 (Adverse Childhood Experiences). Each representative was given three votes in each heading. All of the votes were tallied and 22 health needs were identified. The list then was narrowed down to the top 7 health needs and 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 top needs.

The committee identified 7 significant health needs, in order of priority:

Mental Health
Substance Abuse
Access to Care
Nutrition, Physical Activity and Obesity
Suicide
Education/poverty levels
Community engagement

The 7 health needs were then narrowed down to the top 4 health issues and the committee will address these top 4 with Substance Abuse being addressed within the mental health scope.

### Mental Health
Access to mental health services continues to be a problem. Some of this is a function of affordability and some is the result of a shortage of needed mental health professionals. Specifically there is an acute shortage of psychiatrists in the community. At present, patients may wait up to 2 months before seeing a psychiatrist for an outpatient visit, increasing the chances that the patient will use the ER in a mental health emergency. This problem is further complicated by the fact that there are no longer any psychiatrists with hospital inpatient privileges in town.

MMC-C provided FY18 Tele-psyche subsidy of just over $200,000

### Substance Abuse
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. Overall, Opioids as the primary drug went from 15 in 2015 to 35 in 2016.

<table>
<thead>
<tr>
<th>Access To Care</th>
<th>Poverty remains a pervasive reality in the community; especially in the Illinois portion of the hospital's service area. Transportation is another persistent problem in the community. Many poor and elderly patients do not have the means to get to the hospital or their doctor's appointments. Limited availability of primary care providers, specifically OB physician. Iowa has one PCP for every 1,360 residents. Jackson County has a ratio of 2,160:1 and Clinton County has a ratio of 1,840:1. Illinois has a ratio of 1,240:1. Carroll County 2,910:1 and Whiteside 1,680:1. Our service area should have 30.41 FTE PCPs and the current supply is 19.8 FTE PCPs.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nutrition, Physical Activity, &amp; Obesity</th>
<th>Based on the RWJ Foundation County Health Rankings from 2018, 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. <a href="http://www.countyhealthrankings.org/">http://www.countyhealthrankings.org/</a> The 2017 CDC BRFSS prevalence of obesity indicated 7 states having the highest percentage (&gt;35%) being obese. Iowa was one of these 7 states. <a href="https://www.cdc.gov/obesity/data/prevalence-maps.html">https://www.cdc.gov/obesity/data/prevalence-maps.html</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Suicide</th>
<th>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.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Education/Poverty Levels</th>
<th>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</th>
</tr>
</thead>
</table>
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.

Hospital Implementation Strategy

MMC-Clinton resources and overall alignment with the hospital’s mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

Significant health needs to be addressed

MMC-Clinton will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Mental Health** – Detailed Implementation Strategy found on page 7 & 8.
  - **Substance Abuse**.
- **Nutrition, Physical Activity and Obesity** – Detailed Implementation Strategy found on page 11 & 12.

Significant health needs that will not be specifically addressed by MMC-C, but will be supported by MMC - C.

MMC-Clinton acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which is deemed most pressing, under-addressed, and within its ability to influence. Therefore, MMC-C will not specifically take action on the following health needs but will be a supporting partner:

- **Suicide** – Competing priorities excluded this need from being directly addressed in the implementation strategies, but MMC-C will keep this health need in mind when developing the mental health and substance abuse implementation strategy as the high incidence of suicide may be attributed to the mental health and substance abuse in the area.
Education/poverty levels – Competing priorities excluded this need from being directly addressed in the implementation strategies.

Community engagement – Competing priorities excluded this need from being directly addressed in the implementation strategies, but MMC-C is aware that community engagement is essential to directly impact the top health priorities. MMC-C will continue to support community events/programs that relate to the top health needs.

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.

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending June 2021, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.
| **CHNA IMPLEMENTATION STRATEGY**  
**FISCAL YEARS 2019-2021** |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOSPITAL FACILITY:</strong></td>
</tr>
<tr>
<td><strong>CHNA SIGNIFICANT HEALTH NEED:</strong></td>
</tr>
<tr>
<td><strong>CHNA REFERENCE PAGE:</strong></td>
</tr>
</tbody>
</table>

**BRIEF DESCRIPTION OF NEED:**
The nearest inpatient behavioral med unit is over 35 miles away and many of the chronically mentally ill have transportation issues.
Recent statistics from the MMC-C Emergency Department showed the following:
- 7.4 mental health holds per month
- 5.94 psychiatrics commitments per month came through the ED
- 32.5 mental health voluntary admissions/transfers per month
- 11.8 mental health involuntary admissions per month
- 31 patients each month who needed a follow up appointment with a mental health provider

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.

**GOAL:** Improve access/treatment for residents with mental health and substance use disorders (inpatient/outpatient)

**OBJECTIVE:**
1. Over the next three years beginning January 1, 2019 provide and monitor services across continuum of care for residents with mental health and/or substance use disorder.
2. Decrease ED visits due to overdose by 5% over the next 3 years.
3. Decrease IP hospitalizations related to overdose and withdrawals by 5% over the next 3 years.

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:**
1. Support two or more programs in the community focused on mental health/substance use disorder needs for adult and adolescent populations.
2. Advocate for funding and develop plan that addresses long-term solutions for detoxification and addiction treatment.
3. Partner with outpatient mental health/substance abuse services and other local agencies to provide coordinated care at the various access points in patient care.
4. Initiate discussions with local agencies to address long-term plans for substance use disorders and mental health care in community.
5. Utilize Opioid Reduction Tool (ORT) and Prescription Drug Monitoring Program to help identify patients who may be at risk for substance abuse.
6. Offer naloxone to patients experiencing overdoses.

**ANTICIPATED IMPACT OF THESE ACTIONS:**
1. An increase of referrals to PCPs within 72 hours will be increased for patients with mental health and substance abuse issues because they will be monitored across the continuum of care.
2. There will be a reduction of substance patients that overdose because they will be given naloxone 100% of the time they come to the ED or for IP hospitalizations.
3. By offering an increase of resources for individuals with mental health/substance use disorder, decrease the number of overdoses and ED visits due to overdose.

**PLAN TO EVALUATE THE IMPACT:**
1. Track ED visits related to substance use disorder monthly and report to Opioid Guardianship Committee.
2. Track ED Length of stay related to substance use disorder and report to the ED Committee monthly.
3. Track patients referrals to healthcare providers within 72 hours monthly.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**
1. Provide resources for staff to support coordination of care across continuum, such as PCP referral within 72 hours.
2. Staffing will be available specifically for patients with substance abuse and mental health patients.
3. Mercy will collaborate with partners in the community (EMTs, Fire Department, Police) to offer monthly education programs on substance abuse and mental health issues.
4. Commit to fundraising and support of facility to enhance treatment options for mental health/substance use disorder.

**COLLABORATIVE PARTNERS:**
Bridgeview, ASAC, New Directions, Cornerstone Wellness, The Health Place, Emergency Department, BHU, Care Management, Pharmacy, Peer Recovery Specialists, Impact Coalition, Clinton PD, MA-Jill Johnson, CRUSH
<table>
<thead>
<tr>
<th>HOSPITAL FACILITY:</th>
<th>Mercy Medical Center (Clinton, IA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHNA SIGNIFICANT HEALTH NEED:</td>
<td>Access to Care</td>
</tr>
<tr>
<td>CHNA REFERENCE PAGE:</td>
<td>19</td>
</tr>
</tbody>
</table>

**BRIEF DESCRIPTION OF NEED:**
Clinton and the surrounding communities suffer from a shortage of primary care providers. The flight of primary care providers from the community over the last several years has only aggravated the problem. According to [www.countyhealthrankings.org](http://www.countyhealthrankings.org), Clinton County has one primary care provider for every 1,840 individuals in the county. Two of the three counties in our primary service area have a higher ratio with Carrol County IL having a ratio of 2,920:1. Only Whiteside County has a better ratio which is 1,680:1. A recent study by Sg2 indicated a community need of 30.41 primary care physicians. We currently have 19.8 physicians available (reflects Iowa licensed physicians only).

A complicating factor in access to care is the high percentage of citizens who live in poverty and often lack basic transportation to be able to go to doctor appointments. Within Clinton County, IA, 13.5% of its residents live in poverty. 13% of residents in Jackson County IA live in poverty. The Iowa average is 10.7%. On the Illinois side, Carroll County IL has 12.6% of its residents in poverty and Whiteside County IL has 11.9% of its residents in poverty. The Illinois average is 12.6%

**GOAL:**
Increase the number of primary care physicians by 2021 in the Clinton County Area. Over the next 3 years, improve transportation for patients to get to their appointments with their Primary Care Provider.

**OBJECTIVE:**
1. By 2021, 75% of individuals in Clinton County will report they have a primary care (personal) physician on the annual health status survey conducted by the State of Iowa.
2. By 2021, 100% of high-risk patients will schedule a follow up appointment with their PCP at discharge.
3. By 2021, MMC staff will arrange transportation for 90% of patients that identify transportation as a barrier seeking care.
4. Increase access to care by employing at least three primary care providers (physician or mid-level) each fiscal year beginning in FY2019.
5. By the end of FY21, expand primary care access by opening two satellite clinics in the surrounding area of Clinton, IA.
**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:**

1. Actively recruit and employ primary care providers who are committed to the community as well as the Mission, Vision and Values of Mercy.
2. Continue to financially support the current transportation assistance policy that includes taxi, bus and paratransit vouchers to help patients get to appointments with their personal provider.

**ANTICIPATED IMPACT OF THESE ACTIONS:**

By actively pursuing additional PCPs in the area and adding additional satellite clinics, patients will have more access to PCPs, which will increase the number of individuals that are reporting no PCP on the health status survey conducted by the state of Iowa.

Eliminating transportation as a barrier by providing transportation vouchers to those patients that are in need of transportation will help get patients to their appointments and help them receive the personal care they deserve.

**PLAN TO EVALUATE THE IMPACT:**

1. The number of PCPs hired will be tracked on an annual basis.
2. The number of patients receiving transportation assistance will be tracked on a quarterly basis.
3. The dollars spent on providing transportation assistance to patients will be tracked quarterly.
4. The number of PCPs will be tracked annually using the Clinton County Robert Wood Johnson county health rankings and roadmaps.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**

Financial resources in the recruitment and employment of primary care providers.

Financial resources in support of the transportation assistance policy.

**COLLABORATIVE PARTNERS:**

- Medical Associates (Clinton, IA)
- Mercy Medical Center (Dubuque, IA)
- Mercy Health Network
- On The Go Too Taxi
- Dana’s Cabs
- MTA
# CHNA IMPLEMENTATION STRATEGY
## FISCAL YEARS FY19-FY21

<table>
<thead>
<tr>
<th>HOSPITAL FACILITY:</th>
<th>Mercy Medical Center – Clinton</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHNA SIGNIFICANT HEALTH NEED:</td>
<td>Nutrition, Physical Activity and Obesity</td>
</tr>
<tr>
<td>CHNA REFERENCE PAGE:</td>
<td>20</td>
</tr>
<tr>
<td>PRIORITIZATION #:</td>
<td>3</td>
</tr>
</tbody>
</table>

### BRIEF DESCRIPTION OF NEED:
Over the past few years, obesity has gradually increased from 30% in 2015 to 32% in 2018. "Adults 18+ reporting no leisure physical activity" has stayed the same at 27% compared to 20% in the US. On the CDC BRFSS (Behavioral Risk Factor Surveillance System), 2017 Iowa is one of 7 states with BMIs > 35. [https://www.cdc.gov/obesity/data/prevalence-maps.html](https://www.cdc.gov/obesity/data/prevalence-maps.html) This indicates that our community is not getting enough movement and/or being educated on how to lose weight.

### GOAL:
Over the next 3 years, increase physical activity and reduce obesity among adults in Clinton County.

### OBJECTIVE:
1. By 2021, decrease "by any amount" the percentage of adults over the age of 18 in Clinton County that report no physical activity on the County Health Rankings. In 2018, 27% reported no leisure physical activity.
2. By 2021, decrease "by any amount" the percentage of obese adults over the age of 18 in Clinton County. In 2018, 32% of Adults in Clinton County are obese.

### ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:
In response to this health need – physical activity, nutrition and obesity, MMC – C will:
- Partner with the ACO to begin a referral and tracking process with the health coaches.
- MMC – C will continue to provide resources and partner with the healthy lifestyle coalition, Let's Live Healthy Clinton. LLHC is working on specific action plans relating to Eat Well, Move More and Feel Better.
  - **Eat Well** – community gardens, healthy concessions, donation garden
  - **Move More** – Walking School Bus, Complete streets, Sidewalk maintenance policy, Bike Share program, and accessible walking paths indoor and outdoor
  - **Feel Better** – Cessation in health care, nicotine free daycares, nicotine worksites and trauma informed alliance - ACES
- Provide at least 3 CDC DPP programs each year tracking weight and minutes of activity
- Become a CDC certified DPP site by 2021.
- Provide a complete health improvement program 3 times a year that focuses on weight loss, prevention and reversal of disease.
**ANTICIPATED IMPACT OF THESE ACTIONS:**
All of the combined tactics will work towards reducing the risk of obesity, for all community members, while trying to eliminate barriers. (financial, transportation)

1. Prevent T2  
2. CHIP  
3. ACO Health Coach Referral Process

LLHC Healthy Lifestyle Coalition Collaboration working on policy and systems in the community, worksites, health care systems and schools to make the healthy choice the easy choice.

**PLAN TO EVALUATE THE IMPACT:**

1. Track participation of programming for Prevent T2 (Prevent Type 2 CDC approved Diabetes Prevention Program) and CHIP (Complete Health Improvement Program) for January 2019-December 2020 classes.
2. Track participants weight loss and minutes of exercise for Prevent T2 for classes held in January 2019 – December 2020.
3. Track participants weight loss and other biometrics; lipids, BP, A1C for CHIP in classes held from January 2019 – December 2020.
4. Identify the number of overweight and/or obese patients through the ACO beginning January 2019.
5. Track the number of patients referred to a Mercy Community Health Program beginning in January 2019.
6. Track the number of patients that participate in a Mercy Community Health program beginning January 2019.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**
The cost of developing, implementing and measuring community programs led by the community health and wellness coordinator along with additional resources that will enhance the programming and community initiatives. Additional internal resources will include diabetes educator/dietitian, RNs for community health screenings, health coaches, and case managers. Prevent T2 will be offered as a community service for those that are prediabetic or at risk for diabetes and CHIP scholarships will be offered for those that have a financial and health need.

**COLLABORATIVE PARTNERS:**
Let’s Live Healthy Clinton Community task force, Diabetes Education Center, City of Clinton, Schools, Healthy Hometown, Healthiest State programs, Iowa State University Extension, ASAC, Parks and Rec, Worksites, City of Dewitt, and community members.
Adoption of Implementation Strategy

On October 26, 2018, the Board of Directors for Mercy Medical Center-Clinton, met to discuss Implementation Strategy for addressing the community health needs identified in the FY2019-2021 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

Amy Berentes
Name: Amy Berentes
Title: RHM, Vice President Mercy Medical Center-Clinton

Kay Takes
Name: Kay Takes
Title: RHM, President

10/26/18
Date