Community Health Needs
Implementation Plan

Mercy
Excellence. Every Day in Every Way.
The Organization’s Mission

Mercy Medical Center - Des Moines is an 802-bed acute care, not-for-profit Catholic hospital serving the residents of Iowa. Mercy was founded by the Sisters of Mercy in 1893 and is Des Moines’ longest operating hospital. As a member of Catholic Health Initiatives (CHI) since 1995, Mercy continues to be a strong presence for both primary and tertiary-level health care. Mercy Medical Center - Des Moines is one of the Midwest’s major referral centers, with areas of excellence including cardiology, cancer, birthing and pediatric services, emergency/trauma services, critical care, neurology, orthopedics, behavioral medicine and more. Mercy employs 7,100 people, with a medical staff of more than 800 physicians and allied health professionals.

To involve all residents of our state in the full continuum of health care services, Mercy has adopted a “Right Care, Right Place, Right Time” philosophy in meeting the acute, chronic and preventative needs of the communities we serve. This team approach includes a network of health care facilities in 14 rural communities as well as 28 family practice and specialty clinics throughout the central Iowa area. Each primary care clinic is structured to offer a medical home for each of their patients. This medical home empowers patients by maintaining an ongoing relationship with a personal physician and clinic team. Mercy’s goal is to engage and empower patients to be actively involved in managing their own health care.

Today, living our mission and values at Mercy Medical Center - Des Moines means reaching people throughout the community where they live, work and
interact. We are called to respond to the needs of people on all levels of well-being. This includes proactive behaviors such as providing immunizations, facilitating healthy lifestyles, and conducting screenings and examinations to diagnose and treat disease in its earliest possible stages. This report reflects our extension of service beyond the walls of the traditional hospital as we reach out to our community in partnerships with others.

Target Areas and Priority Populations

Mercy Medical Center - Des Moines has a primary service area of three counties and a secondary reach to the surrounding six counties. The population served includes both urban and rural communities, with a growing number of people residing in the 3-county primary service area (Polk, Dallas, and Warren). These residents have a median household income of $61,721, with roughly eight percent of persons living below the poverty level. Of those who live below the poverty level, 52 percent are single-parent families with children under 5 years of age.

With an increasing immigrant and refugee population relocating to Iowa, approximately 10 percent of our 3-county area speak a language other than English at home. The largest non-native population has Hispanic origin, representing 10.7 percent of our community. Another demographic factor impacting Iowa's demand for health care service is our elderly, with 14.9 percent of our residents being over 65 years of age.

The uninsured population of our 3-county service area is approximately eight percent. Medicare and Medicaid cover 22 percent of the residents in our primary service area.
What Does Our Community Need?

Working with nearly 30 community-based organizations, Mercy Medical Center - Des Moines joined in an in-depth evaluation of the health of our community. Designed to identify needs and develop improvement strategies, the process engaged thousands of residents and vested leaders in this valuable discussion.

Many services identified as greatest need were critically important, but best addressed by community collaborators with specific expertise. Mercy Medical Center - Des Moines, through a discernment of data, community feedback and internal consultation, saw the proactive response to chronic disease management as an area where we could contribute and monitor outcomes. In particular, the Mercy physicians, staff and Board of Directors felt an impact was possible taking a pre-emptive approach to risk factors such as obesity, hypertension and lack of physical activity. Empowering patients to embrace a healthier lifestyle, especially in relation to the prevention and/or management of chronic disease has been identified as an area of targeted focus for our system.
Major Needs and How Priorities Were Established

The Central Iowa Community Health Need’s Assessment (CHNA) was a collaboration among the three largest nonprofit hospitals in Iowa: Iowa Health Des Moines, Mercy Medical Center-Des Moines, and Broadlawns Medical Center. These three hospitals serve multi-county areas so the CHNA included Polk, Dallas and Warren Counties. Each county conducted an individual County Health Improvement Plan by engaging residents and local stakeholders in conversations to determine the greatest needs in their communities.

The health needs identified in Polk County were:

- Ensure access to affordable, healthy food for everyone
- Devote additional resources to prevention and wellness
- Provide youth with more ways to be physically active every day in school
- Make sure all people in Polk County have health insurance
- Expand health coverage for families who cannot afford private insurance
- Ensure equal access to health care for all
- Empower more people to take responsibility for maintaining their health
- Identify personal health services needs of populations

Dallas County identified the following health needs in their communities:

- Increase public awareness of resources to address the issues of access to care
- Increase awareness of mental health resources
• Increase the percentage of Dallas County adults who consume five or more fruits/vegetables per day
• Increase the percentage of Dallas County adults who engage in regular physical activity
• Increase the percentage of residents seeking treatment to begin treatment within seven days
• Decrease youth use of Alcohol/Tobacco/Other Drugs

**Warren County's health needs were identified as:**
• Reduce the adult obesity rate to 25-30% range from current 31-32% range
• Increase the amount of physical activity in children
• Increase family planning/pregnancy prevention resources to decrease teen pregnancy

Based on the identified needs from each of the County Health Improvement Plans, healthy weight and access to health insurance/care are two identified in the community Needs Assessment.
The Mercy Medical Center Community Health Assessment Team (CHAT) saw a common thread with both of these priorities. Obesity and lack of access to health

*Statistics courtesy of Iowa Department of Public Health 2009 Iowa Chronic Disease Report

**Preventive Services and Risk Factors, Iowa compared to the United States, 2010**

- **High school students**
  - Overweight/obese
  - Eat fewer than 5 fruits/vegetables per day
  - Not attending PE class
  - Current cigarette smoker

- **Adults**
  - Overweight/obese
  - Insufficient moderate/vigorous activity
  - Current cigarette smoker
  - High blood pressure
  - High blood cholesterol
  - Ever diagnosed with diabetes

- **Adult preventive services**
  - No health care coverage
  - No fecal occult blood test w/in 2 years
  - Never had sigmoidoscopy or colonoscopy
  - No mammogram in last 2 years (women 40+)

**Prevalence of Overweight/Obesity among Iowans by Year, 2000-2010**

- **Obese**
- **Overweight**

BRFSS data show that in 2010, 37.1% of Iowa adults were overweight and 29% were obese: 66.1% of adults were overweight or obese.

In 2000, 60% of Iowans were overweight or obese, reflecting a 10% increase in the past decade.

*Note: age-adjusted rate*

*Statistics courtesy of Iowa Department of Public Health 2009 Iowa Chronic Disease Report*
care can result in chronic diseases like diabetes, hypertension and heart disease. By empowering patients to take a proactive role in their own health and connecting residents to both a personal support system and a medical home, the committee hopes to strengthen the network of support for wellness in Central Iowa.

How the Implementation Strategy Was Developed

Mercy Medical Center - Des Moines' Implementation Strategy has been developed based on the findings of the CHNA that was completed in June 2012. Approved by the Mercy Board of Directors on May 1, 2013, Mercy Medical Center - Des Moines will work with the Iowa Department of Health and our county health departments to deliver an evidence-based program called Better Choices/Better Health (Chronic Disease Self-Management Education). Our focus will be to offer this highly respected initiative, developed by Stanford University and the Stanford School of Medicine, to create networks of support where our residents work, play, and live.
We have vetted our proposed initiative with our community collaborators to validate our discernment process. Through their enthusiastic endorsement, we believe our efforts address both of the needs identified. The management of weight (and related conditions) in a supportive environment has proven to result in greater understanding and adoption of permanent lifestyle changes. Our goal is to enhance this opportunity and trend. Secondly, the support system created cultivates trust in and commitment to the use of a medical partner in the management of conditions requiring professional intervention. Given our expertise and established history of proactively creating a healthier community, we look forward to wisely using our valuable resources in a focused and measurable manner.
References


Community Health Needs Assessment Central Iowa (June 2012).
