Mercy Medical Center - Dubuque completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on 5/24/2018. Mercy Medical Center - Dubuque performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment took into account a comprehensive secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data including input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at http://www.mercydubuque.com/community-health-needs-assessment, or printed copies are available at Mercy Medical Center – Dubuque by inquiring at the information desk in the front lobby.

Hospital Information

In 1879, the Sisters of Mercy arrived in Dubuque at the request of Bishop John Hennessy to launch a healing ministry now known as Mercy Medical Center. Today, Mercy–Dubuque is the leading hospital in the tri-states, with the most comprehensive cardiology center in the area and the only level II regional neonatal intensive care unit. Other services include a trauma center, a CARF-accredited inpatient rehabilitation unit, home health care, orthopedics, cancer care, retail pharmacies, palliative care, and a wide range of outpatient and community services.

Mercy operates two hospital-based skilled nursing units and a 40-bed nursing home. In recognition of the strength of its nursing service and the overall quality of patient care, Mercy was the 134th hospital in the country to be designated a Magnet® hospital, the nation’s most prestigious award for nursing excellence. Also accredited by The Joint Commission, Mercy–Dubuque is a member of Mercy Health Network in Iowa and of Trinity Health of Livonia, Michigan. Dubuque County is located along the Mississippi River in northeast Iowa.

Located within the Driftless Area - a region in Minnesota, Wisconsin, northwestern Illinois, and northeastern Iowa of the Midwest that was never glaciated - the geography of Dubuque County is one of stark contrasts; adjacent to the Mississippi River in the east, is generally rugged, steep, and wooded topography, however, the western portions of the county are made up of rolling farmland, forests, and prairies. The most recent estimate from Census Bureau's Population Estimates Program (PEP) lists Dubuque County (2016) at about 97,000 people.
DataUSA, using 5-year American Community Survey (ACS) data, says Dubuque County has a median age of 38.5 and a median household income of $56,000. Dubuque County, IA is the 7th most populated county in Iowa and borders Jo Daviess County, IL; Clayton County, IA; Delaware County, IA; Jackson County, IA; Jones County, IA; and Grant County, WI. There are twenty-one municipalities within the county. The largest of which, the city of Dubuque, is also the county seat. Historically, the regional economy was dominated by agriculture, meatpacking, and manufacturing but has recently become more diversified to include healthcare and social assistance services, retail, and technology.

Dubuque County has three regional medical facilities: Mercy Medical Center Dubuque, Mercy Medical Center Dyersville, and UnityPoint-Finley Hospital (also in the city of Dubuque.) Other health care providers include medical groups such as Medical Associates and Grand River Medical Group. Additionally, there are nonprofit community-based organizations providing health services such as the Dubuque Visiting Nurses Association (VNA), Crescent Community Health Center, and Hillcrest Family Services.

Mission

Mercy Health Network serves with fidelity to the Gospel as a compassionate, healing ministry of Jesus Christ to transform the health of our communities.

Health Needs of the Community

The CHNA conducted in 3/1/2018 identified the significant health needs within the Mercy Medical Center - Dubuque community. Those needs were then prioritized based on discussion of all the data, including secondary research as well as a community survey with more than 1,300 responses. The significant health needs identified, in order of priority include:
1) Healthy Behaviors and Lifestyles

- 42% of Dubuque County adults are overweight and 24% of Dubuque County adults are physically inactive. Both are major contributors to chronic disease. Obesity negatively affects body systems and increases the risk of many health diseases including heart disease, cancer and diabetes.

- 28% of driving deaths involved alcohol impairment.31.5% age-adjusted estimated adult excessive drinking compared to the Iowa average of 21.4%.16 total opioid overdose and opioid related deaths in 2016 in Dubuque County.15% increase in methamphetamine treatment admissions in Dubuque from 2013-2017. (SASC)38% increase in methamphetamine treatment admissions over the past four years in Iowa. Drug Submissions (in grams) to Iowa Division of Criminal Investigation Lab 2016-2018 during the first six months of recent years:1.8% increase marijuana4.5% increase methamphetamine1% increase cocaine4.6% increase heroin5% increase fentanyl15% increase heroin/fentanyl mix16% increase fentanyl/other

- Specific needs identified in the CHNA for Healthy Behaviors include: Opioid Use and Abuse, Obesity and Overweight, Alcohol Use and Abuse.
2) Disease Infection Control

- Dubuque County currently has 70 known positive diagnoses for HIV with an estimated 14% still undiagnosed making the need to increase testing vital to decreasing the number of undiagnosed. Individuals diagnosed and enrolled in case management average an 85% suppression rate also decreasing the number of transmissions. Sexually Transmitted Diseases continue to rise in Iowa. Chlamydia rates statewide rose from 416 in 2016 to 443.3 in 2017. Gonorrhea rates have also rose from 83 in 2016 to 119.9 in 2017. Increasing education, testing, and community outreach for both HIV and sexually transmitted diseases are essential components for a healthy community.

- Over the last three years numbers related to influenza have increased as shown: State of Iowa reports 2015-2016:*46 Influenza-associated mortalities all ages *353 Influenza-associated hospitalizations*7 Influenza-associated Long-Term Care Outbreaks Investigated*3688 positive results for non-influenza respiratory virus State of Iowa reports 2016-2017:*135 Influenza-associated mortalities all ages *1078 Influenza-associated hospitalizations*57 Influenza-associated Long-Term Care Outbreaks Investigated*5773 positive results for non-influenza respiratory virus State of Iowa reports October 2017 to March 2018:*244 Influenza-associated mortalities all ages *5293 Influenza-associated hospitalizations*83 Influenza-associated Long-Term Care Outbreaks Investigated*8299 positive results for non-influenza respiratory virus

- Specific needs identified in the CHNA for Disease Infection Control include: Influenza Immunizations, Elder Care Access, HIV/AIDS Screening and Prevalence and STD/STI Screening and Prevalence

3) Health Care Access

- Lack of primary and specialty providers, access to care, access to primary care, elder care resources, and access to dental and mental health services are continually a basis for concern in our community. Lack of information and data prevents us from evaluating services that we have in place and services needed.

- Specific needs identified in the CHNA for Access to Care include: Mental Health Access, Primary Care Access, Dental Care Access, and Specialty Care Access
4) Environmental Health

- Water quality refers to drinking water and ground water, the effects of substandard sewage systems, testing of rural sewage systems, and utilization of public sewage systems along with meeting or exceeding and maintaining drinking water quality based on federal guidelines and requirements.

- The Healthy Neighborhood need refers to healthy homes, the use of pesticides and nutrients, soil health, illegal dumping of refuse/hazardous material/waste, complete streets, and access to physical activity and alternative forms of transportation. Healthy Homes needs identified by the City of Dubuque Lead and Healthy Homes Programs include: lead based paint in predominately old housing stock, moisture issues due to improper ventilation and water intrusion from flooding, pesticide use, radon, carbon monoxide, and general safety issues. County-wide childhood lead poisoning data is above state and national averages caused primarily by lead-based paint in older housing stock, and with a concern more recently, of lead water service lines. Other health outcomes affected by residential environmental contaminants include respiratory diseases such as asthma, allergies, injuries, and quality of life issues linked to substandard housing. The community input survey noted Healthy Homes as the top environmental health issue.

- Specific needs identified in the CHNA for Environmental Health include: Emergency/Disaster Planning, Drinking Water Protection, and Healthy Homes

Hospital Implementation Strategy

Mercy Medical Center - Dubuque resources and overall alignment with the hospital’s mission, goals and strategic priorities were taken into consideration while identifying and prioritizing in the most recent CHNA process.
Significant health needs to be addressed

Mercy Medical Center – Dubuque will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- Healthy Behaviors and Lifestyles – page 6-7
- Health Care Access – page 8-9

Significant health needs that will not be addressed

Mercy Medical Center - Dubuque 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 it deemed most pressing, under-addressed, and within its ability to influence. Mercy Medical Center - Dubuque will not take action on the following health needs:

- Disease Infection Control – Mercy Medical Center - Dubuque does not plan to directly address this particular need because other agencies are already having some success in this area and their expertise better positions them to address the need.
- Environmental Health – Mercy Medical Center - Dubuque does not plan to directly address this particular need because city and county resources are best able to address this specific need.

This implementation strategy specifies community health needs that the hospital has determined to address 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 these three years, 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

Hospital facility: Mercy Medical Center - Dubuque

CHNA significant health need: Healthy Behaviors and Lifestyles

CHNA reference page: 27

Prioritization #: 1

Brief description of need:
42% of Dubuque County adults are overweight and 24% of Dubuque County adults are physically inactive. Both are of major contributors to chronic disease. Obesity negatively affects body systems and increases the risk of many health diseases including heart disease, cancer and diabetes.

Goal: Reduce the current level of overweight population in Dubuque County through improved food and physical activity opportunities/environments.

Objective:
Expand coordination and collaboration among agencies, organizations and entities that have expertise in food and physical activity environments and maximize resources of existing programs and resources.

Actions the hospital facility intends to take to address the health need:

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Timeline</th>
<th>Committed Resources</th>
<th>Potential Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y1</td>
<td>Y2</td>
<td>Y3</td>
</tr>
<tr>
<td>Promote and increase participation in community health programs through our community education department to the greater community.</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Double Up Food Bucks, Dubuque on the Move, Dubuque Farmers' Market</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expand access to weight loss programs through scholarship programs for 100 individuals to our 10 week weight loss program demonstrating a financial and physical need for the weight loss programs.</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>YMCA, Crescent Community Health Center Mercy Nutrition Department</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Anticipated impact of these actions:

<table>
<thead>
<tr>
<th>CHNA Impact Measures</th>
<th>CHNA Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decline of overweight population</td>
<td>42% of Dubuque county adults are overweight, 24% of Dubuque county adults are physically inactive</td>
<td>Demonstrated weight loss in at least 50 percent of individuals participating on our 10 week weight loss programs</td>
</tr>
<tr>
<td>Decline in chronic disease</td>
<td></td>
<td>Increase of 500 new individuals who participate in community health programs.</td>
</tr>
</tbody>
</table>
Plan to evaluate the impact:

We will evaluate the overall impact of our efforts annually through three primary data points:

- Number of participants in Business Solutions screenings each year
- Number of participants who attend community education programs related to nutrition, diet and wellbeing each year.
- Number of participants in the Mercy Weight Loss Program each year and their demonstrated percent of body weight lost each year.
CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2019-2021

<table>
<thead>
<tr>
<th>Hospital facility:</th>
<th>Mercy Medical Center - Dubuque</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHNA significant health need:</td>
<td>Access to Health Care</td>
</tr>
<tr>
<td>CHNA reference page:</td>
<td>42</td>
</tr>
<tr>
<td>Prioritization #:</td>
<td>2</td>
</tr>
</tbody>
</table>

**Brief description of need:**
Lack of primary and specialty providers, which includes cancer care specialty providers, access to care, access to primary care, elder care resources, and access to dental and mental health services are continually a basis for concern in our community.

**Goal:** Identify and employ strategies to improve health care access in Dubuque County.

**Objective:**
Increase awareness and access to palliative and cancer care through the implementation of a comprehensive cancer center and palliative care program.

**Actions the hospital facility intends to take to address the health need:**

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Timeline</th>
<th>Committed Resources</th>
<th>Potential Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y1</td>
<td>Y2</td>
<td>Y3</td>
</tr>
<tr>
<td>Expand palliative care resources</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Expand access to specialty oncology providers by opening a new comprehensive cancer center</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Expand nurse navigation programming through the cancer center</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Education and awareness of care options through free community education programs and promotional activities</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**Anticipated impact of these actions:**

<table>
<thead>
<tr>
<th>CHNA Impact Measures</th>
<th>CHNA Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased number of palliative care coordinators and navigators.</td>
<td>There are currently no palliative care coordinators or cancer nurse navigators in the market.</td>
<td>One care coordinator and navigator</td>
</tr>
<tr>
<td>Increased number of palliative care resources in the community.</td>
<td>The market does not currently have palliative care services.</td>
<td>Launch of palliative care program. Providing care to 300 inpatients per year, and 100 outpatients per year. Total of 900 inpatients over three years and 300 patients over three years</td>
</tr>
<tr>
<td>Educational opportunities available to the community regarding access to care, palliative care services and cancer care.</td>
<td>Currently offer a number of community education classes throughout the year.</td>
<td>Four educational opportunities related to access to care, palliative care and cancer care services reaching 500 people per year or a total of 1,500 reached in three years</td>
</tr>
</tbody>
</table>

**Plant to evaluate the impact:**

**We will evaluate the impact in the following ways:**

- Palliative Care – Launch of the program and palliative care referral volume tracking month over month numbers.
- Nurse navigation – Patient satisfaction surveys, referral volume, number of patients navigated in year three.
- Education and awareness of care options – Number of individuals reached through community education events. 1,500 reached over three years.

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**Adoption of Implementation Strategy**

On September 27, 2018, the Board of Directors for Mercy Medical Center - Dubuque, met to discuss the 2019-2021 Implementation Strategy for addressing the community health needs identified in the FY2019 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

![Signature](signature.png)

**Name & Title:** President

**Date:** 10/3/2018