Mercy Medical Center - Dyersville completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on 6/1/2018. Mercy-Dyersville 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.mercydyersville.com/community-health-needs-assessment, or printed copies are available at Mercy-Dyersville administration.

Hospital Information

Mercy Medical Center – Dyersville is a 20-bed critical access hospital serving 17 rural communities in western Dubuque County. Oak Crest Manor – a 40-bed nursing home – and a physician practice are also on the campus. Mercy – Dyersville is a partner of Mercy – Dubuque, which is accredited by The Joint Commission, and is a member of Mercy Health Network and Trinity Health of Livonia, Michigan.

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 on 4/23/2018 identified the significant health needs within the Mercy-Dyersville 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 marijuana 4.5% increase methamphetamine 1% increase cocaine 4.6% increase heroin 5% increase fentanyl 15% increase heroin/fentanyl mix 16% increase fentanyl/other Heroin and Opiates Overdoses/Deaths 2016-2018: 2016: 28/92017: 22/82018 (through July 2018): 19/3

- 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

Mercy-Dyersville 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**

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

- **Healthy Behaviors and Lifestyles** – Specific needs identified under Healthy Behaviors include: Opioid Use and Abuse, Obesity and Overweight, Alcohol Use and Abuse.
- **Health Care Access** – Specific needs identified under Access to Care include: Mental Health Access, Primary Care Access, Dental Care Access, and Specialty Care Access.

**Significant health needs that will not be addressed**

Mercy-Dyersville 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-Dyersville will not take action on the following health needs:

- **Disease Infection Control** – Mercy-Dyersville 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-Dyersville 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.
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

<table>
<thead>
<tr>
<th>Hospital facility:</th>
<th>Mercy Medical Center - Dyersville</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHNA significant health need:</td>
<td>Healthy Behaviors and Lifestyles</td>
</tr>
<tr>
<td>CHNA reference page:</td>
<td>26 Prioritization #: 1</td>
</tr>
</tbody>
</table>

### Brief description of need:

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.

### 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 Y2 Y3</td>
<td>Hospital Other Sources</td>
<td></td>
</tr>
<tr>
<td>Expand community presence in the marketplace by participating in community events and encouraging healthy behaviors by maintaining a presence at the Dyersville Farmers' Market</td>
<td>X X X</td>
<td>$2,500 (over three years)</td>
<td>Dyersville Chamber of Commerce</td>
</tr>
<tr>
<td>Host regular community education events at Mercy-Dyersville featuring Mercy dietitians.</td>
<td>X X X</td>
<td>$1,500 (over three years)</td>
<td>Dyersville Chamber of Commerce, Women's Night Out, Western Dubuque School District, Beckman Catholic Schools</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>Increase awareness of healthy behaviors through community health education and participation in community events such as the farmer's market</td>
<td>0 individuals participate in community health programs, new initiative.</td>
<td>500 individuals 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:

Track the number of participants in healthy physical activities sponsored by Mercy-Dyersville
Track the number of interactions at Dyersville Farmers' Market
Track the number of participants in community education events hosted by Mercy-Dyersville
CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2019-2021

Hospital facility: Mercy-Dyersville

CHNA significant health need: Health Care Access

CHNA reference page: 26 | Prioritization #: 2

Brief description of need:
Lack of primary and specialty providers which includes 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:
Improve access to primary care with the addition of an advanced registered nurse practitioner (ARNP)

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

<table>
<thead>
<tr>
<th>Strategies</th>
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<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>Employ ARNP to increase access to primary care services</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Anticipated impact of these actions:

<table>
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<th>CHNA Impact Measures</th>
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<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased access to primary care services in Dyersville through established ARNP practice</td>
<td>Dyersville has not previously had an employed ARNP.</td>
<td>See 450 patients per year</td>
</tr>
</tbody>
</table>

Plan to evaluate the impact:
Track number of patient visits monthly and report to quality assurance committee every quarter.
Adoption of Implementation Strategy

On October 22, 2018, the Board of Directors for Mercy Medical Center - Dyersville, met to discuss the 2019-2021 Implementation Strategy for addressing the community health needs identified in the 2019-2021 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

[Signature]
Name & Title

[Signature]
Date

CHNA Implementation Strategy