INDEX

Introduction and Mission 3
Community Served by Hospital 3
Community Assets Identified 5
CHNA Process & Participants 6
Community Health Needs Identified 9
Prioritization Process & Gaps Identified 12
Collaborative Projects Addressing Prioritized Needs 13
Next Steps 16
Attachments: 17

A. Map of 14-County Service Area
B. Community Input & Methods Selection Grid
C. Designing a Healthier Future for North Iowa Infographic
D. Community Health Needs Assessment Summaries
   1. CDC County Health Rankings Data Grid
   2. Cerro Gordo County Public Health CHNA Snapshot
   3. North Iowa Community Action Organization CHNA Data
   4. Mason City Youth Task Force Leaders’ Coffee Report
   5. Focus Groups Summary
   6. Listening Posts Summary
   7. Survey Monkey Summary
E. FY14 – FY16 CHNA Implementation Strategy
**Introduction and Mission**

Mercy Medical Center - North Iowa is a faith-based, not-for-profit community health care system, which offers comprehensive health care services for people throughout North Central Iowa. Mercy’s care of the underserved and vulnerable population is reflected in its Mission Statement: “We, CHE Trinity Health, serve together in the spirit of the gospel as a compassionate and transforming healing presence within our communities.” This statement captures not only the heart of the system, but also the founding principles of the Sisters of Mercy, which are lived out through the Core Values: reverence, commitment to those who are poor, justice, stewardship, and integrity. Mercy's Strategic Vision is to become the most “Trusted Healthcare Partner for Life.”

Mercy’s legacy extends back to 1827 when Catherine McAuley, a woman of thoughtful activity who sought out and responded to human need, finding ways to address those needs and collaborating whenever possible, opened the first House of Mercy in Dublin, Ireland, where those who were vulnerable were offered shelter, education, and health care. In 1843, continuing the healing ministry of Jesus Christ, Catherine McAuley and the Sisters of Mercy were invited to the United States. Determined to carry out their mission, they worked closely with physicians, nurses, and other individuals who shared the belief that all people in the community deserve good care, given in a compassionate, respectful manner.

In the late 1800s, the Sisters of Mercy opened hospitals in rural towns and cities across the state of Iowa, arriving at Mason City in 1916 to found St. Joseph Mercy Hospital, which eventually became Mercy Medical Center – North Iowa. We continue under a Roman Catholic health system and are a member of Catholic Health East / Trinity Health system of Lavonia, Michigan, comprised of 82 hospitals in 21 states.

To continue the mission of Mercy and to comply with regulations governing not-for-profit hospitals, Mercy – North Iowa desires to improve the health of the community it serves, becoming the most “Trusted Healthcare Partner for Life.” It is our desire to target resources to where they are most needed and where they can be most effective. We are especially interested in addressing the identified needs of North Iowa’s vulnerable populations, especially the uninsured and underinsured, by identifying access barriers to health care and underlying contributors to poor health. Coordinating, complementing, and collaborating with community resources is good stewardship in avoiding duplication of efforts and in multiplying effectiveness.

**Community Served by the Hospital**

Mercy Medical Center – North Iowa serves a 14-county service area within a 70-mile radius stretching in every direction from Mason City. Please see Attachment A for map. The primary service area consists of Cerro Gordo and Worth counties, while the secondary service area is comprised of an additional 12 contiguous Iowa counties (Butler, Chickasaw, Floyd, Franklin, Hancock, Hardin, Howard, Kossuth, Mitchell, Palo Alto, Winnebago, and Wright). In 2012 the 14-county service area had an estimated population of 204,551 according to AC Nielsen County and 2013 Truven health Analytics, Inc. with 94.1 percent of residents as Caucasian. The largest
representative minority group in this service area is Hispanics, averaging less than 3.7% of the population.

There are eleven Critical Access Hospitals within Mercy – North Iowa’s service area, all outside of Cerro Gordo, providing primary health care services, eight of which are Mercy – North Iowa affiliates. Patients from the remaining Iowa counties utilize Mercy – North Iowa for tertiary level care. The University of Iowa Hospitals in Iowa City and Mayo Clinic in Rochester, Minnesota also provide tertiary care for this area.

Mercy – North Iowa’s market share for the 14-county service area remains fairly stable at 47 percent, while the primary service area has 93 percent of the market, as reported by Iowa Hospital Association data. Mason City is not only the county seat of Cerro Gordo, but also the primary shopping and economic center of the 14-county area. It is the hub of primary healthcare and human resources for the area.

Statistics indicate the significance of our elderly population. According to the U.S. Census Bureau, Mercy – North Iowa’s service area experienced a 6.6 percent decline in population from 2000-2009; the 2014 population projection documents an additional 3.2 percent decline. The stress that this trend places on the provision of services is compounded by the higher than average proportion of elderly in the area. About 19.8 percent of the population in the service area was over age 65 in 2010, compared to 17 percent for the state and 13.2 percent for the nation.

Iowa ranks second in the nation in percentage of population over 85, fourth in percentage of population over the age of 65 and highest in the nation for percentage of population age 100 and over. This large percentage of elderly presents special challenges to health care providers because the elderly have the highest incidence of disease and mortality in most categories and, correspondingly, are the biggest users of health care services. Medicare payment shortfalls present an additional burden for rural health providers. In FY 2013, the unreimbursed cost of services to Mercy – North Iowa’s Medicare patients was nearly $17.3 million!

The average household income in Mercy – North Iowa’s service area in 2012 was estimated to be $52,972. Households making $25,000 or less comprise 25.4 percent; those making from $25,000-$50,000 are 32.3 percent; $50,000-$75,000 is 22.8 percent and those making $75,000 or more represent 19.4 percent.

Mercy – North Iowa is a disproportionate share hospital. In FY 2013, our general admittance insurance payer mix for Medicare was 41.04 percent and 14.71 percent for the Poor and Underserved. The unreimbursed cost by Medicaid services was nearly half a million dollars. The insurance payer mix for the Poor and Underserved in Emergency Department admittance was over 23 percent; Medicare patients represented nearly 30 percent. Priorities of our Emergency Department physicians include augmenting access to care for uninsured and underinsured individuals, facilitating connection with a Primary Care Provider for those with none, and providing access to medications upon discharge for those with limited or no funds.
Use has grown so that over half of Mercy Family Medicine Residency Clinic patients represent those on Medicaid or self-pay. And over 60 percent of the calls received by our telephone medical triage service, Mercy Family Health Line, serve those on public assistance or without insurance. In addition to medical triage by nurses, access to office visits and referrals for internal and community resources are provided.

The entire 14-county service area is designated as a Mental Health Professional Shortage Area, and several counties are considered Primary Care Health Professional Shortage Areas or Medically Underserved Areas.

**Community Assets Identified**

With Cerro Gordo being a hub of North Central Iowa, many primary resources are located here, especially in Mason City, the county seat. The 2010 county population is 44,000, Mason City population has slightly declined to just over 27,000. Many drive to Mason City from surrounding counties for employment. Many also drive to Mason City for entertainment, shopping, and for medical attention. Mercy – North Iowa has become the largest employer in the area; in recent years it was ranked 3rd.

**Hospitals** - Mercy Medical Center - North Iowa is the only Referral Center and secondary level health care provider within a radius of at least 60 miles, with 350 licensed beds.
Within the 14-county service area, eight Critical Access Hospitals are affiliated with Mercy and there are three that are unaffiliated.
The University of Iowa Hospitals in Iowa City and Mayo Clinic in Rochester, Minnesota provide tertiary care for those outside of our immediate area.

**Community Clinics** -
Cerro Gordo County Free Clinic - accessible to all; Saturday mornings only
Cerro Gordo County Department of Public Health - normal robust spectrum of services
Mason City Clinic – ‘for-profit’ specialists
North Iowa Dental Clinic for the Uninsured and Underinsured – a free, means-tested clinic for adults

**Primary Care Physicians** (MD, DO, PA, ARNP) affiliated - approximately 175

**Supply of Dentists** – In this service area, there are six dentists listed as Iowa Medicaid Dentists on the Medicaid Public Health Care website. While all dentists agree that Medicaid patients have more oral health needs, accessibility for Title XIX patients is limited due to complicated paperwork, low reimbursements rates, denial of payment, and canceled appointments. The free dental clinic in Mason City currently has nine dentists who volunteer their time on a regular basis.

**Agencies** – Due to Mason City being the hub for North Iowa, there are many health and human service agencies in the area; each county has Public Health, a County Relief program, and
County Case Management. Several counties in the service area have compiled brochures listing available resources. Representative area agencies:

- Department of Health and Human Services
- North Iowa Community Action Organization - robust spectrum of services for 9 counties
- Northern Lights Homeless Shelters - temporary housing for men and women (and accompanying children)
- United Way - facilitates financial support of multiple service agencies (In alignment with Feeding America, UW's current emphasis throughout North Iowa is on supplying food in school backpacks on Fridays.)
- Prairie Ridge Addiction Treatment Services - Residential & Outpatient
- Mental Health Center – Named the region’s Integrated Health Home for adults & children
- Francis Lauer Youth Services - Residential & Outpatient
- Four Oaks for Youth – Residential & Outpatient
- Salvation Army
- Crisis Intervention Services
- Elderbridge Agency on Aging
- Hawkeye Harvest Food Bank
- Habitat for Humanity
- Catholic Charities
- Lutheran Services

School Systems -
- Public: kindergarten, grade, middle, and high schools
- Parochial Newman School System: kindergarten, grade, middle, and high school
- North Iowa Area Community College

Religious -
- This area has a full complement of faith-based communities, representing a spectrum of denominations and religions.

Community Health Needs Assessment (CHNA) Process & Participants

The FY 2014 CHNA process involved collaborative participation with community partners, respecting the requirements of their funding sources. An opportunity for future Federal action is aligning the hospital’s three-year mandated CHNA cycle to correspond with the Iowa Department of Public Health’s five-year assessment operative cycle. Representatives from Cerro Gordo County Public Health and North Iowa Community Action Organization were integral in every stage of our planning process and participated in the Task Force that combed the assessments to identify and prioritize the needs. Community Action, responsible for nine counties, is located in Mason City and functions as a centralizing communication hub for other social service agencies. Both Community Action and Public Health are close partners with Mercy – North Iowa, currently working together on projects to address identified needs, detailed later in this report.
Mercy's previous Community Health Needs Assessment was completed in 2011, for fiscal years 2011-2013. Along with Public Health and Community Action representatives, it was the consensus that the area’s quantitative statistics support consistency in the area's chronic disease and other health issues of uninsured persons, low-income persons and minority groups. Since these health challenges – most notably heart disease and diabetes -- are continuing to be addressed through several initiatives and/or have been merged into broader programs, the primary focus for this year’s assessment was to be placed on collecting qualitative data. Attachment B -- “Community Input & Methods Selection Grid” -- provides a quick overview of the input and methods utilized for gathering qualitative data.

Tapping into today’s technical acuity, we used IdeaScale, a web-driven brainstorming tool where a question or idea is posed and the public is invited to respond, comment and refine/rank ideas. We invited comment on http://mercyni.ideascale.com/ The input from this innovative venue is not included in the “Community Input & Methods Selection Grid” because of the minimal number of responses, none of which spoke to CHNA-relevant issues.

The CIRAS Project Manager from Iowa State University Extension and Outreach provided innovation assistance for the listening post sessions. Input from the Iowa EDA University Center Program was also utilized. The listening post sessions were modeled after an approach outlined in a University of Minnesota, Rochester Mayo Model presentation that was built around three key principles:

1. People affected by an issue should be part of defining the issues and creating the solutions.
2. Learning is dependent on relationships, inquiry and our ability to build on existing community assets.
3. Spaces must be built to foster the development of meaningful relationships, trust and accountability.

We executed against these principles by soliciting opinions in a variety of ways in order to continue to improve the quality of healthcare in North Iowa in the midst of the community's ever-changing health needs and perception thereof by utilizing the following:

- **Online:**
  - The community was invited to make comments and respond to comments via IdeaScale.
  - Targeted representative community groups were invited to respond to questions via a Survey Monkey.

- **Public Invitation for Face-to-Face Interaction:**
  - The regional newspaper and bank message boards advertised the invitation to participate in five community 'listening post" sessions within the county.
  - Three population groups were targeted for Focus Group sessions.

The questions posed in the Survey Monkey were carefully and purposely intended to dovetail with relevant questions used in the previous CHNA, with some emphasis on Mercy’s feasible
scope of service and screened for simplicity to encourage participation. Unlimited free text boxes were provided for each of the three questions to provide the opportunity for independent responses. Being one of the largest employers in North Central Iowa and since hospital staff live in many of the service-area counties, staff was sent the identical survey on-line. This group included the hospital’s Nurse Case Managers as well as Social Workers and others who have direct patient contact. Responses were also received from medical staff physicians and area clergy. Copious qualitative data was received that proved to develop themes and to provide helpful insight and suggestions.

Focus Groups were conducted in the following locations: in Hampton, a neighboring community, at outreach program for Hispanics in conjunction with Franklin County Public Health, with participants at the Senior Citizen Center in Mason City, and with those who regularly appreciate services provided at North Iowa Community Kitchen in Mason City.

Included in the Attachments are other significant sources of input that informed the decision to gather qualitative data in order to further identify and prioritize community needs: CDC County Health Rankings Data Grid [Attachment D1], Cerro Gordo County Public Health CHNA Snapshot [Attachment D2], North Iowa Community Action Organization Selected CHNA Data [Attachment D3], and Mason City’s Youth Task Force Leaders’ Coffee Report [Attachment D4].

All of this data in its raw state was available to the FY14 CHNA Task Force; its summarized form is included in the Attachments D5 – D7. Representatives of a broad spectrum of our community invited to participate in the January, 2014, CHNA Task Force to review assessment findings, identify needs, look for gaps, prioritize, and consider ways to respond to those needs include the following:

Blue Zone Project – Community Program Manager
MMC-NI – Community Benefit Officer & Free Dental Clinic Executive Director
Crisis Intervention Services Executive Director
MMC-NI Planning & Marketing Director
Cancer Center Interim Director
Cancer Center Accreditation Specialist / Cancer Registry Coordinator
Behavioral Services Director – Triad Grant Project Lead
Homeless Shelter Executive Director
MMC-NI Emergency Department Clinical Leader
North Iowa Community Action Organization Assoc. Director of Planning & Development
Financial Assistance Counselor
Rural Outreach – Medication Assistance Specialist & Free Dental Clinic Secretary
Cerro Gordo County Free Clinic Board Member
Mercy Case Management Interim Director
Retired Military / Credit Union – Mission & Community Benefit Committee Member
Mercy Family Health Line Administrator / RN
VP Mission Integration – Mercy - Cedar Rapids
Cerro Gordo County Public Health – Organization Development & Research Manager
Mercy Family Medicine Residency Clinic Medical Assistant & Resource Navigator /
Community Care Coordination Grant Project Care Coordinator
Mercy Family Medicine Residency Health Coach
North Iowa Regional Commerce Center Executive Director
Newman Catholic School System Administrator
Mason City School System Administrator
Mason City Youth Task Force Director
Cerro Gordo County Public Health – Health Promotion Service Manager
Pharmacy Billing (works with financial assistance for medications)
Community Health Advocate / Retired Healthcare Administrator
La Luz Hispania Community Center Co-Founder
Interpretation Services Lead – Inclusion & Diversity Committee Member
Salvation Army – Social Worker

Other resources consulted:
Cerro Gordo County Health Rankings & Roadmaps - 2012
Cerro Gordo County Department of Public Health – www.cghealth.com
Iowa Department of Public Health – Healthy Iowans 2010
North Iowa Community Action Organization’s 2012 Community Needs Assessment
Survey Data – www.nicao-online.org

**Community Health Needs Identified**

**Focus Groups**

Once again, research conducted during the Focus Group process affirmed similar findings as three years ago. Individuals who were interviewed at the Senior Citizens Center appear to be stable in having their basic healthcare needs met and are at low risk, budgeting carefully and seeking best prices for their medications. They did appreciate knowing, however, that resources were available should their circumstances change.

There is a medical team working closely with Elderbridge Agency, the University of Iowa, and other entities to create Sage-Link, a web-based information center that connects Seniors with community and national resources for solutions to every-day living problems that threaten healthy living. A prototype was tested by Mayo Clinic in Austin, MN. Sage-Link can be accessed at http://northiowasagelink.com.

Also similar to before, at the other end of the spectrum were those at the Community Kitchen who tend to be at risk with complex healthcare and community resource needs. Even though most had some form of health insurance, many interviewed were either unaware of benefits available or have already reached benefit limits or can no longer access the system. Specific needs revolve around lacking routine medical visits thus using the Emergency Department instead, requiring dental and optical care, unaware of the resources available and help with accessing them.
Many of the Objectives in the Implementation Strategy address the needs mentioned above. Also in response, Mercy – North Iowa prints a “Patient Assistance” brochure that indicates resources for Health & Medical Questions, Access for Doctor Appointments and Dental Care, Transportation for Medical Appointments, Paying for Healthcare Services, Enrollment in Government Programs, Paying for Prescribed Medicine, Long-term Need for Medication Due to Chronic Condition, and Day-to-Day Living Needs. With the cessation of IowaCare and commencement of Iowa Health & Wellness, this brochure will be updated and distributed in appropriate locations.

The Hispanic Focus Group was conducted in a less formal manner in the neighboring community of Hampton by Mercy’s former Outreach Coordinator for Diverse Populations who has developed a strong relationship with those involved in an outreach collaborative program with Franklin County Public Health. She and fellow-Roman Catholic sister have opened La Luz Hispania Community Center for social interaction and as a resource center. The health-related primary needs identified there regarded high blood pressure, diabetes or pre-diabetes, and asthma. All respondents indicated inability to afford health insurance, prescribed medications, and/or transportation to medical appointments.

Even though those who are undocumented are not always eligible for some government assistance programs, the hospital often can provide financial assistance with medical bills and with medications based on means-tested eligibility. Mercy – North Iowa has several initiatives for those with low incomes that address these very health-related issues -- heart failure, diabetes, and asthma. The access barrier of transportation to medical appointments and financial assistance for medications lies within programs that Mercy already has in place to some degree. The number of undocumented in the area is growing at a rate that challenges our charity-related resources. Access to Primary Care is focalized at the Mercy Family Medicine Residency Clinic. There is a concerted effort for broader dissemination of available resources through coordination with La Luz Hispania, Mercy’s interpreters for Hispanics, Mercy Family Health Line, and brochures translated into Spanish. Effort will be made to take a culturally relevant Pre-Diabetes program to the Hampton area.

**Listening Groups**

As mentioned previously, a University of Minnesota, Rochester Mayo Model of community listening sessions was utilized. Some responses were specific to hospital patient experience, but most centered on the four areas suggested for conversation:

1. **Barriers and opportunities in ease of access to getting needed medical care and community resources:**
   Many of these are reflected in Implementation Strategy “Access to Care” – to primary care services, health insurance coverage, dental care for the uninsured and underinsured, and communication of the availability of these services. The innovative suggestion of creating a “1 Stop, 1 Shop” community health services clearinghouse touches the “Community Care Coordination” Grant Project.
2. Sources used for obtaining medical information:
The responses to this gave insight into what sources were most highly utilized for this purpose. The prevalence of websites was expected. The suggestion to “be alert to bias of the source” reflected a thoughtful response.

3. Ideas on how to change behaviors to improve health:
Wisdom was reflected in the comment “Health is often an attitude as much as an action.” The expected suggestions to encourage better diet with access to affordable foods and increased physical activity, to include gardening were mentioned. Focusing on prevention saves time, money and quality of life. Collaboration of community to include churches was suggested.

4. Activity to increase happiness within the community:
Much was capsulated by growing a sense of purpose within community for wellness and hope, motivating self-accountability through meaningful activity, volunteerism, and employment. Of course, employment opportunities of higher quality need to be available. The prevalence of substance use and mental health was a topic.

Survey Monkey

The questions posed in the Survey Monkey were carefully and purposely intended to dovetail with relevant questions used in the previous CHNA, with some emphasis on Mercy’s feasible scope of service and screened for simplicity to encourage participation:

<table>
<thead>
<tr>
<th>Issues of current focus:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness (Physical Activity/Nutrition)</td>
</tr>
<tr>
<td>Community Safety/Unintentional Injury</td>
</tr>
<tr>
<td>Obesity/Overweight</td>
</tr>
<tr>
<td>Community Economic Vitality</td>
</tr>
<tr>
<td>Substance Use/Addiction</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
</tbody>
</table>

1) What can be done differently to address the above needs?
2) What could motivate North Iowans to assume greater responsibility for improving their own health?
3) What do you think would be most helpful to improve the health of North Iowans and how best could that be accomplished?

The "Issues of current focus" located in the box were based on suggestions from the FY13 Implementation Plan Review Task Force and deemed relevant during the FY14 CHNA pre-planning sessions with representatives from Cerro Gordo County Public Health and North Iowa Community Action Organization.

The unlimited free text boxes that accompanied each question in the Survey Monkey produced copious, thoughtful, highly energized responses. There were 503 respondents with 349 helpful responses for each question that ranged from "not sure" to simply "$" up to one response to one question that filled a single-spaced sheet of paper!

Using spreadsheets, this expansive sea of data was condensed under categories that emerged from the needs identified: Acute/Chronic/Behavioral Health, Prevention, and Community Care Coordination. The spreadsheets were then further condensed into a summary -- please see Attachment D7 -- which the Task Force referenced when compiling objectives.
As you read through all the attachments including “Community Health Needs Assessment Summaries,” you will notice that the data does lend itself into themes or categories of identified needs. Based on available facts and circumstances within our community, significant data was collated under nine categories, which were then prioritized as explained in the following section.

**Prioritization Process & Gaps Identified**

One of the two significant gaps discovered in the FY11 CHNA data gathering was prominently identified this year – the impact of substance use on community health and community behavior. The Director of Mercy’s Behavioral Services Department who is actively involved in state-wide initiatives was invited to bring a brief overview to the Task Force to expand our understanding of what is currently being done to address substance use and mental health in North Iowa.

In an effort to review available facts and circumstances within our community, the CHNA Task Force, membership listed earlier in this document, took into consideration the needs identified by the Focus Groups, Listening Post sessions, Survey Monkey commentary, needs identified and prioritized by Cerro Gordo County Public Health and the North Iowa Community Action Organization, all contained within the Attachments, as well as the experience, understanding and knowledge of the members’ direct involvement with the uninsured and underinsured population as well as their participation on committees and boards of other agencies that work with this population.

Considering the urgency of the need, impact it would have on the target population of uninsured and underinsured, other community resources already addressing the need, importance the community places on addressing the need, and feasibility of the hospital alone or collaboratively to meet the needs, Task Force members agreed on the priority of the nine significant categories of need. Four questions were used to guide this process and to identify FY14 gaps:

1. How is this need currently being addressed by Mercy or someone in the community?
2. Is that sufficient for the current capacity?
3. If not sufficient, how might someone adjust/expand what is already being done?
4. If not being addressed, what is the priority and who could own it?

Gaps identified: Smoking Cessation received little comment due to state-wide increased efforts to minimize tobacco addiction. Not particularly voiced this time, it still remains a challenge that many outlying communities often do not have the same health opportunities and resources because of their rural location, which accounts for transportation to medical appointments remaining a barrier to access to care.

It was agreed that significant identified needs could be collated into nine categories. They are listed in order of priority:

<table>
<thead>
<tr>
<th>1. Care Coordination</th>
<th>Improve communication between community care providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Improve communication between providers &amp; patients</td>
</tr>
</tbody>
</table>
• Improve health outcomes and navigate resources

| 2. Community Wellness | • Awareness of need for and motivation for preventative activity  
| | • Communication of wellness opportunities  
| | • Affordable option for family physical activity  

| 3. Substance Use/Mental Health | • Propensity of chronic disease for this population  
| | • 'Siloed' care between providers  
| | • Negative health and social effect on the community  

| 4. Access to Care | • Overcome barriers to good health  
| | • Access to medical appointments, emergent dental care for adults, prescribed medications, health insurance coverage, etc.  
| | • Awareness of available resources  

| 5. Parenting/Self-Responsibility | • Adequate self-value to prevent destructive behaviors  
| | • Need to assume accountability for one’s own health  

| 6. Chronic Disease Management | • Motivate for self-management / compliance  
| | • Continue to collaboratively address heart disease and diabetes  

| 7. Transportation | • Transportation to medical appointments, especially for those who live out of town  
| | • Communicate availability of resources  

| 8. Homeless/Temporary Shelter | • Safe place on short term basis for men, women and accompanying children  
| | • Coordinate with other housing resources in town  

| 9. Safety | • Unintentional injuries – vehicular, agriculture, business  
| | • Suicide  

**Collaborative Projects Addressing Prioritized Needs**

Unfolding of The Patient Protected Affordable Care Act of March 2010 continues to push a shift of medical attention and payment options from volume of services to assuming risk for improving and managing the health of community groups. In a pro-active response, Mercy – North Iowa created a Population Health Department that focuses on improving the health of the community. It involves moving toward the creation of Accountable Care Organization contracts with insurance payors, but more importantly, and in solidarity, Mercy is actively participating in four collaborative quality improvement projects developing systems of care for targeted populations, which work toward addressing many of the health-related needs identified across North Iowa in Mercy’s most recent CHNA.
Transitions of Care

A collaborative partnership of nearly 100 professionals representing all aspects of healthcare in 14-county service area that has the purpose to improve the following:

- Improve communication to maintain quality and safety for transitions
- Improve patient care and the quality of life after a hospital stay
- Significantly reduced readmissions to the hospital thru providing education to care facilities on best practices for treating heart failure patients.

The impact of this collaborative effort significantly improved the quality of health and care in one facility: their readmission rate to the hospital was reduced by 50% due to following the process. Iowa's CMS representative, Telligen, supports and guides this project.

Triad Grant Project

A collaborative partnership between Mercy Behavioral Health Department, Family Medicine Residency Clinic & Prairie Ridge Addiction Treatment Services to address at-risk individuals that have the co-occurring morbidities of substance use disorders and at least one chronic health disease, and possibly mental illness. The purpose is to create a community-based system of comprehensive care that utilizes SBIRT, an evidence-based model, that includes screening, brief interventions, referrals (to include underlying social determinants), and treatment. Care is being given to following up on handoffs and referrals. Self-directed goal setting and motivational interviewing are used to encourage improved self-management of health conditions. Iowa’s CMS representative, Telligen is also lending support for this grant endeavor. It is a grant funded by the CHE Trinity Health system.

Cerro Gordo County Public Health & Mercy’s Women’s Health Center

This Patient-Centered Medical Home Grant, funded by Iowa Primary Care Association, is owned by Cerro Gordo County Public Health (CGCPH). The purpose is to set a framework of collaboration and test using 10 women from within Cerro Gordo County without medical homes. Collaborating with Mercy’s Women’s Health Center, the goal is to attain a broader sense of whole-patient, population health-based outcomes that will provide better care for the targeted population. As patient needs, including underlying social determinants, are identified, a secondary goal is to expand and build relationships with other community resource organizations that can help meet these needs and enhance patient care.

Community Care Coordination (CCC) Grant Project

A collaborative partnership between Mercy Medical Center – North Iowa, Cerro Gordo County Department of Public Health and North Iowa Community Action Organization is developing comprehensive, centralized care coordination for underserved patients.

A targeted population of high risk patients ages 19-64 within Cerro Gordo will be enrolled and entered in specific pathways of care based on clinical and underlying social determinants, initially defined:
• Helping to obtain health insurance
• Connecting with a primary care physician (PCP) and/or medical home and pharmacy home
• Focusing on chronic diseases of heart failure and diabetes.

The outcome-oriented project based on patient-centered care will eventually expand to other pathways and to include other counties. Nearly 50 community resource and social service agencies in the area are excited about collaboratively addressing the complex needs of the target population. Iowa's Safety Net legislatively-approved funding is being closely guided by the Iowa Primary Care Association. Groundwork is being laid for a possible second-year added focus to include mental health.

Implementation Strategy – Care Coordination

CHNA Implementation Strategy “Care Coordination” is significantly addressed through the CCC project initiative by eliminating the “siloed” care of providers, providing formalized relationships between patient, health services and community resources. Being patient-centered, providers look at the whole person and not just their clinical information. Software is being developed to facilitate bi-directional referrals, which will facilitate connectedness and eliminate duplicative efforts, which should improve the quality of health for the patients. The impact of having a Health Coach and a Care Navigator at primary care clinics as well as referrals from nearly 50 community and social service agencies should prove greatly beneficial. The use of Motivational Interviewing and the Nurtured Heart Approach styles of coaching will be used in conjunction with patient self-directed goals and motivating for success. It is under this grant that the chronic diseases of heart disease and diabetes will see improved levels and/or stabilization. Further related activity is in Attachment E, starting on page 4.

Implementation Strategy – Access to Care

There continue to be barriers to Access to Care for the uninsured and underinsured, which results in inappropriate utilization of health care resources and awareness of available resources. There is a significant component of this being addressed through the Community Care Coordination Grant Project and to some degree in the Triad Grant Project. The goal will be to expand timely and appropriate access to medical care and other services for the uninsured and underinsured by eliminating barriers and communicating availability. Disparity will be diminished by facilitating access to emergent medical and dental office visits, aligning with a primary care provider and/or medical home, screening for health insurance eligibility, and receiving financial assistance with prescribed medications. Please see further detail in the Implementation Strategy, Attachment E, starting on page 6.

Implementation Strategy – Substance Use / Mental Health

The challenges to personal health and influence on behavior within area communities are exacerbated by closing mental health facilities and hospital departments around the state. Mason City’s Mental Health Center and related resources, Prairie Ridge Addiction Treatment Services (PRATS), Francis Lauer Youth Services, Four Oaks for youth, and Mercy’s Behavioral Services
Department and Psych floor attract and help to manage this population. Collaborative efforts, initially between Mercy and PRATS in the Triad Project, are to in develop a system of care for those who have the inevitable co-occurring morbidities of a substance use disorder and at least one chronic disease, and possibly a mental health disorder, enroll a small group during the development stage, improve patient’s health habits, and engage bi-directional referrals with community social service agencies. The CCC may move toward expanding their target group to include addictions and mental health. This is part of Implementation Strategy starting on page 7.

**Implementation Strategy – Safety Net Programs**

Many non-medical factors contribute to poor health, often called underlying social determinants. Addressing these issues for individuals is sometimes necessary before they can experience physical health improvements. The goal is to reduce barriers created by these underlying social determinants in order to improve health and see that patients have their essential basic needs met. Both the CCC and Triad grant projects incorporate an emphasis on indentifying and connecting patient through referrals to community resources. One of the criteria for patient enrollment into the CCC program is having no health insurance or being covered under Medicaid or Iowa Health & Wellness Plan. The complex needs of this target population is manifested in this early metric: when only 142 were enrolled in the program, they received 455 encounters for services (financial counseling, primary care provider appointments, community resource appointments, pharmacy visits, behavioral health visits, etc.) and were provided 953 assistance services (prescriptions, housing, transportation, financial, access to care, dental, health literacy, functional, etc.)! There is great promise in making significant impact on the lives of those who have need for multiple resources.

Mercy – North Iowa will continue to support its legacy programs: providing temporary housing for men, women and accompanying children, supporting case management for families that need economic and health stabilization in order to move toward self-sufficiency, and the actual preparation of hot, nutritionally appropriate meals for community members who participate in a community home delivery program. Starting on page 8 in the Implementation Strategy is further detail.

**Next Steps**

- FY14 CHNA Implementation Work Plan was presented to the Mission & Community Benefit Committee in February, 2014 and to the Senior Leadership Team in April, 2014 for review and approval with revision per directive.
- The FY 14 Community Health Needs Assessment Report and FY14-FY16 CHNA Implementation Strategy will be presented for approval to the Mercy – North Iowa’s board of governance, the Board of Trustees, and integrated into the hospital’s Strategic Plan in May, 2014.
- The FY14-FY16 CHNA Implementation Strategy will be reviewed annually and presented to the Mission & Community Benefit Committee, a sub-committee of the Board of Trustees.
In Fiscal Year 2017, per IRS compliance, a new Community Health Needs Assessment will be accomplished to identify and re-assess the community health needs at that time. A Community Health Needs Assessment Report and a FY17-FY19 Implementation Strategy will be responsive to address the needs identified.

Attachments:

A. Map of 14-County Service Area
B. Community Input & Methods Selection Grid
C. Designing a Healthier Future for North Iowa Infographic
D. Community Health Needs Assessment Summaries
   1. CDC County Health Rankings Data Grid
   2. Cerro Gordo County Public Health CHNA Snapshot
   3. North Iowa Community Action Organization CHNA Data
   4. Mason City Youth Task Force Leaders’ Coffee Report
   5. Focus Groups Summary
   6. Listening Posts Summary
   7. Survey Monkey Summary
E. CHNA Implementation Strategy
Mercy Health Network - North Iowa

Affiliated and Contract Managed Hospitals with Mercy - North Iowa

- Mercy Clinics
- Physician-Hospital Organizations
  - PHO Affiliated Clinics

Service Area Population 2010
- Primary 50,624
- Secondary 151,450
- Total Service Area 202,074

May 2010
<table>
<thead>
<tr>
<th>Input Type - Qualitative</th>
<th>Who?</th>
<th>Lead Person or Community Partner</th>
<th>Sample Size</th>
<th>How? (Hand, mail, phone, web)</th>
<th>Where? (Public, Media Business, Event)</th>
<th>When?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Groups</td>
<td>Hispanic Low Income Seniors</td>
<td>La Luz Comm Ctr No. la. Community Kitchen M.C. Sr. Center</td>
<td>18 15 17</td>
<td>Open invitation; face to face</td>
<td>Hampton, IA Mason City, IA</td>
<td>June ’13</td>
</tr>
<tr>
<td>Listening Groups Town Meetings</td>
<td>General Public</td>
<td>CIRAS: Iowa State University Extension &amp; Outreach</td>
<td>Poorly attended; Highly engaged</td>
<td>Newspaper invitation</td>
<td>C.L. Sr. Center Heritage Room Mercy Auditorium Columbia Room M.C. Library</td>
<td>June ’13</td>
</tr>
<tr>
<td>Survey Monkey</td>
<td>Health Providers Health Workers Human Srv Providers Ministerial</td>
<td>No. la. Community Action Organization &amp; Cerro Gordo Cty Public Health</td>
<td>Approx 3,500</td>
<td>Invited by e-mail</td>
<td>On line</td>
<td>Oct ’13</td>
</tr>
<tr>
<td>Expert Panels</td>
<td>Educators/City Govt/ Judicial/ Law Enforcement/ Legislators/Soc Srv Providers/Mental Health Treatment/ etc.</td>
<td>City of Mason City Youth Task Force</td>
<td>41</td>
<td>By invitation</td>
<td>Music Man Square</td>
<td>March ‘13 Sept ‘13</td>
</tr>
<tr>
<td>Task Force (Plan Review)</td>
<td>Those who work directly w/ uninsured &amp; underinsured</td>
<td>Community Benefit Officer</td>
<td>25</td>
<td>Face to face</td>
<td>Jan Walters Conference Room</td>
<td>Feb ’13</td>
</tr>
<tr>
<td>Individual Stories</td>
<td>Low Income / No Income</td>
<td>No. la. Free Dental Clinic / Telephone Medical &amp; Resource Triage</td>
<td>Cross Section</td>
<td>Telephone &amp; Direct Contact</td>
<td>Free Dental Clinic / Telephone Triage</td>
<td>Regular basis</td>
</tr>
</tbody>
</table>

**Interest Sectors:**
- Health Providers
- Business
- Hispanics / Seniors
- Human Service Providers
- Faith-Based Representatives
- Educators
- State, County & City Elected Officials
- General Public
- CHNA Assessments: NICAO & CGCPH
Who Are We? A Shrinking, Aging Population:

Who Do We See Ourselves and Our Community?

Vulnerable Populations Face Unique Health Risks & Barriers To Care, and May Require Enhanced Services and Targeted Outreach Strategies

Vulnerable Populations Include People Who:
- Unemployed
- Severely Work Disabled
- Have Major Depression
- Are Recent Drug Users (Within past month)
- Have No High School Diploma (among adults age 25 and older.)

Our Health Status:
"a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." (WHO)

Improvement Opportunity?

An additional four years of education lowers five-year mortality by 1.8 percentage points, reduces the risk of heart disease by 2.16 percent points, and the risk of diabetes by 1.3 percent points.” (NBER)

2013 Demographic Snapshot
Area: 2014 MMC-NCHRA Market Definition
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

Selected Area USA

2010 Total Population 67,642 305,745,538
2013 Total Population 66,542 314,861,807
2018 Total Population 65,501 325,322,277

% Change 2010 - 2016 1.9% 3.3%

Average Household Income $54,163 $89,637

Forecasted Population Decline

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### CDC County Health Ranking Data Grid

<table>
<thead>
<tr>
<th>MEASURES</th>
<th>Cerro Gordo Co.</th>
<th>Iowa</th>
<th>U.S.A.</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Years of potential life lost/100,000 pop.</strong></td>
<td>6,099</td>
<td>5,971</td>
<td>5,317</td>
<td>National Center for Health Statistics (NCHS)</td>
</tr>
<tr>
<td>% Adults reporting fair or poor health</td>
<td>11%</td>
<td>11%</td>
<td>10%</td>
<td>Behavior Risk Factor Surveillance System (BRFSS)</td>
</tr>
<tr>
<td>Avg. physically unhealthy days/month</td>
<td>3.0</td>
<td>2.8</td>
<td>2.6</td>
<td>BRFSS</td>
</tr>
<tr>
<td>Avg. mentally unhealthy days/month</td>
<td>3.2</td>
<td>2.7</td>
<td>2.3</td>
<td>BRFSS</td>
</tr>
<tr>
<td>% Live births with low birth weight &lt;2500g</td>
<td>6.7%</td>
<td>6.9%</td>
<td>6.0%</td>
<td>NCHS</td>
</tr>
</tbody>
</table>

**HEALTH BEHAVIORS**

| Tobacco: % Adults reporting currently smoking | 20%             | 18%  | 13%    | BRFSS                                       |
| Diet & Exercise: % Adults reporting obesity (BMI > 30) | 27%             | 29%  | 25%    | National Center for Chronic Disease Prevention & Health Promotion |
| Alcohol Use: % Adults reporting binge drinking | 18%             | 20%  | 7%     | BRFSS                                       |
| Motor-vehicle related mortality/100,000 pop.   | 13              | 14   | 10     | NCHS                                        |
| Hi-Risk Sexual Behavior: Births/1,000 teen females, ages 15-19 | 30              | 32   | 21     | NCHS                                        |
| New Chlamydia cases/100,000 pop.              | 256             | 346  | 92     | NCHS                                        |
| Access to Care: % Adults 18-64 without insurance | 12.2%           | 12.9%| 15.7%  | Small Area Health Insurance Estimates       |
| Quality of Care: discharges for ambulatory care sensitive conditions/1,000 Medicare enrollees | 64              | 60   | 47     | Medicare/Dartmouth Institute                |
| % Diabetic Medicare enrollees receiving HbA1c test | 87%             | 89%  | 90%    | Medicare/Dartmouth Institute                |
| Breast Cancer Incidence                        | 131.9/100,000   | 123.4| 126    | CED SEER                                    |
| % Chronically ill Medicare enrollees admitted to hospice in last 6 mos. of life | 94.6%           |      |        | Medicare/Dartmouth Institute                |
| Education: % HS students graduate in 4 yrs    | 90%             | 88%  | No info| National Center for Education Statistics    |
| % Population age 25+ with 4-year college degree or higher | 21.5%           | 24.9%| 28.2%  | Census/American Community Survey (ACS)      |
| Employment: % Population age 16+ unemployed & looking for work | 6.4%            | 5.9% | 5.0%   | Bureau of Labor Statistics                  |
| Income: % Children (<age 18) live in poverty  | 18%             | 17%  | 14%    | Small Area Income & Poverty Estimates       |
| Gini coefficient of household income inequality |                 |      |        | Census/ACS                                  |
| Family & Social Support: % Adults reporting not getting social/emotional support | 17%             | 16%  | 14%    | BRFSS                                       |
| % of children in single parent households     | 34%             | 27%  | 20%    | Census/ACS                                  |
| Air Quality: # Days air quality was unhealthy due to fine particulate matter | 0              | 0    |        | [http://www.epa.gov/airquality/airdata/](http://www.epa.gov/airquality/airdata/) |
| # Days that air quality was unhealthy/ozone   | 0              | 0    |        | County Health Rankings                      |
| Liquor stores/10,000 pop.                     | 0.7             | .04  |        | County Health Rankings                      |
Promote Healthy Behaviors

Problems/Needs:
- 84.8% of Cerro Gordo County respondents identified obesity as the number one health issue affecting the county. Statistics show that 26.9% of Cerro Gordo County adults are obese. The combined adult overweight and obesity percentage is about 63% which is equivalent to the state's. According to hospital discharge data, Cerro Gordo County's diabetes associated discharge rate is 16.9 for 2008 which is higher than the state’s average of 12.4.

- Cerro Gordo County's heart disease mortality for 2008 is 354 per 100,000 which is higher than the state average of 244.1 per 100,000 and Cerro Gordo County's coronary heart disease rate of hospitalization is 102.6 vs. the state's rate of 59.3 per 100,000.

- 60.5% of respondents state that they don’t have enough time to be healthier and 55.8% state that they have a lack of motivation; however 56.8 state that having an employee wellness program and 54.5% state that having access to affordable wellness and fitness facilities would help them start or maintain a healthy lifestyle.

- For at least the past 5 years, Cerro Gordo County ranks as one of the top four counties for most alcohol purchased and 65.2% of survey respondents believe binge drinking is the most common risky behavior in the County. Also to note, Cerro Gordo County's chronic liver disease and cirrhosis rate for 2009 is 13.8, higher than the state’s rate of 8.5.

- In Cerro Gordo County, breast cancer incidence is and has been higher than the state’s for decades. Statistics indicate from 2002-2006, Cerro Gordo County's adjusted rate is 145.4 versus the state's rate of 124 per 100,000. Cerro Gordo County ranks 5th highest in the state for breast cancer incidence.

- Cerro Gordo County's cervical cancer incidence rate is 11.1 per 100,000 versus the states rate of 7.3 as indicated by 2002-2006 cohort data. Cerro Gordo County birth rates for mothers under age 20 is steadily increasing. Vital statistics indicate the rate is 96.4 per 1,000 for 2009 which is higher than the state average of 86.9.

- Alzheimer's Disease statistics for 2009 indicate a rate of 57.3 per 100,000 for Cerro Gordo County while the state average is 42.

- According to a regional survey from 2007, 25% of respondents biggest daily struggle is feeling good about themselves, 6% had recently experienced a personal crisis, 6.5% biggest struggle was finding someone to talk to who understands them, and 6% felt worthless or without purpose. 17% of survey respondents indicated they were disabled, with 6% noting their disability was mental health. Statistics show that Cerro Gordo County is a designated mental health care provider shortage area - short 2.

- Iowa Youth Behavior Survey 2008 data indicates Cerro Gordo County's annual percent of current cigarette use for grades 6, 8 and 11 are 1.4%.

Strengthen the Public Health Infrastructure

Problems/Needs:
- Access to mental health care is an issue in Cerro Gordo County and throughout the Catchment region. The County is a designated mental health care provider shortage area.

- From a regional survey completed in 2010, education regarding health issues is lacking. 77.7% indicated they needed education to increase participation in physical activities and exercise programs, 70.9% needed education to improve nutrition and eating habits and 67.3% felt there was a need to educate residents on health care issues & services.

- In 2008, 33% of the public school children were eligible for free or reduced lunches, 37.9% of children ages 0-4 receive WIC services and about 45% of children less than age 20 are on Medicaid.

- There is not enough funding at the local level to provide mandated and other needed services. Due to budget issues (i.e. fewer state dollars, less tax funding, etc), 9% of staff were lost and not replaced after reorganization in 2010.
Why do you believe people have problems getting and keeping a job?

- Jobs are not available (46%/61%/72%)
- Substance Abuse Issues - (7%/48%/53%)
- Transportation (32%/53%/46%)
  - Need Child Care (18%/61%/41%)
  - Lack of Education (13%/61%/64%)
  - Language Barrier (2%/22%/13%)
  - Physical/Mental Disability (34%/32%/33%)
- Need Better Technical Job Skills (21%/48%/59%)
  - OTHER (49%/15%/13%)

What issues are the greatest challenges facing low-income households?

- Employment (33%/-/-)
  - Job Training (8%/61%/65%)
  - Housing (13%/67%/58%)
  - Budgeting (20%/76%/73%)
  - Child Care (10%/69%/72%)
  - Teen Pregnancy (less than 1%/32%/26%)
  - Substance Abuse (1%/51%/70%)
  - Transportation (16%/52%/57%)
  - Mental Health Services (12%/40%/60%)
  - Access to Medical Care (17%/36%/37%)
  - Access to Dental Care (18%/52%/52%)
  - Health Care Costs (24%/59%/48%)
  - Credit Card Debt (12%/50%/33%)

What areas do low-income people need assistance with to achieve or maintain self-sufficiency?

- Employment (33%/77%/87%)
  - Job Training (12%/65%/74%)
  - Housing (12%/57%/53%)
  - Child Care (12%/78%/62%)
  - Transportation (12%/56%/58%)
  - Medical Care (20%/48%/39%)
<table>
<thead>
<tr>
<th>CSBG Category</th>
<th>Proposed Initiatives from Strategic Planning Process - Abbreviated</th>
<th>NICAO Program Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUCATION</td>
<td>Expand Home Visitation Parent Education Services to single parents, families, foster parents, and grandparents</td>
<td>Community Partners/ FaDSS</td>
</tr>
<tr>
<td>INCOME MANAGEMENT</td>
<td>Maintain support for VITA Free Tax Preparation Sites Administer ESG Emergency Solutions Grant Homeless Prevention</td>
<td>Community Partners, FaDSS, Outreach, ESG Program</td>
</tr>
<tr>
<td>HOUSING – Energy related</td>
<td>Implement new Tenant Based Rental Assistance Program</td>
<td>Planning &amp; Development, ESG</td>
</tr>
<tr>
<td>EMERGENCY PROGRAMS/SERVICES</td>
<td>Maintain partnership with Mercy Medical Center-North Iowa and the Mission and Community Benefits Ministry Program</td>
<td>Community Partners</td>
</tr>
<tr>
<td>NUTRITION</td>
<td>Increase community outreach for WIC and other Health Programs</td>
<td>Health</td>
</tr>
<tr>
<td>SELF SUFFICIENCY DEVELOPMENT</td>
<td>Continue to provide Home Visitation Parent Education Services to families in north central Iowa</td>
<td>Community Partners</td>
</tr>
<tr>
<td>HEALTH</td>
<td>Explore ways of expanding oral health services for pregnant women and very young children</td>
<td>Health</td>
</tr>
<tr>
<td>SENIOR PROGRAMS/SERVICES</td>
<td>Continue to provide monthly home visitation program to ensure a basic level of support to elderly individuals referred for self-sufficiency development or financial literacy services</td>
<td>Community Partners</td>
</tr>
<tr>
<td>BUILDING COMMUNITY CAPACITY</td>
<td>Integrate CPPC strategies for protecting children into NICAO services and explore policy and practice changes to support these strategies</td>
<td>Planning &amp; Development/ CPPC Coordinator/ FaDSS/ Community Partners</td>
</tr>
</tbody>
</table>

♦ **Mission Statement:** North Iowa Community seeks to enrich the growth and development of children, individuals, and families in north central Iowa by empowering them to make life-choices which move them all towards *self-sufficiency*.

♦ **Vision and Value Statements:**
  1. Low-income people will become more *self-sufficient* and will achieve their potential by strengthening family and other supportive environments.
  2. The conditions in which low-income people live will be improved and low-income people will own a stake in their community.
  3. Partnerships and community collaborations strengthen services to families, create opportunities to develop new advocates for low-income people, and increase the capacity to achieve results.
  4. The causes and conditions of poverty are addressed as the organization focuses on individual and community needs while facilitating the process of local organizations working together to solve problems.
Methodology - Group facilitation was led by professionally trained facilitators.

Attendance - Nearly two dozen community leaders attended each event, representing federal, state, county & city government, city and county law enforcement, healthcare, broad spectrum of education, social service agencies, and court system.

Summary of Responses - The Mercy-requested participation at the September meeting was to intentionally follow-up with the highly engaged dialogue at the YTF March meeting.

March 2013: Root Underlying Social Determinants Challenging the Well-Being of our Youth

- Households lacking adequate income: employment opportunities / employable skills and abilities
- Multi-generational unhealthy parenting skills: healthy self-esteem / sense of purpose
- Significant influence of substance use addictions and mental health on functionality within households

September 2013: Overarching Obstacles to Improving Community Health

Overarching Obstacles to Change:

- Provide incentives/disincentives to make healthier choices especially for the poor
- Improve access to health insurance
- Improve economic stability
- Need for integrated care in community addressing the whole person
- Balance between sedentary lifestyle and physical activity (includes workplace)
- Stigma attached to overweight, mental illness, substance abuse; victim mentality; treated in silos
- Multi-generational unhealthy parenting skills along with changing demographics, e.g. single moms
- Ineffective welfare system; rewards unemployment
- Variance in understanding of components of wellness; long-term consequences of choices
- Misperceptions of underlying issues (adverse childhood experiences, physical/mental ability)
- Medical field is not rewarded to keep people healthy
- School curriculum no longer includes societal norm/prevention programs

Targeted Solutions: (What we can do differently)

- Prioritize a community-wide system of care that recognizes the whole person and underlying social determinants
- Blend funding resources; remove unnecessary duplication
- Coordinate same style messaging to clients by all social service agencies, e.g. expectations
- Map resources to encourage ownership/navigation of services for wellness
- Focus on families - build affordable opportunities to thrive thru education and activities
- Invest in children - they are our future
- Develop functional rewards for healthy behaviors; build awareness of consequences of long-term poor choices
- Expand health-promotion community activities
- Reform welfare system and HUD legislation

Other Comments:

- We have an extremely caring community; however, within the community there is polarization in many categories.
- Individuals build families - providing opportunities, knowledge, skills & resources creates foundation.
- Families build neighborhoods - supporting & encouraging families builds connectedness and socialization.
- Neighborhoods build communities - identifying & promoting health, positive norms and demonstrating responsiveness to needs builds a culture that links neighborhoods into a strong, productive community.
Summary - Focus Groups

Methodology - Inspired by the U. of Minnesota, Rochester Mayo Model of community listening sessions, we advertised 5 opportunities within Cerro Gordo county, the highest utilizers of Mercy - North Iowa.

Attendance - These events were announced beforehand and ‘customers’ were asked to sign up to participate; in reality, participants were solicited from those within the vicinity at time of event.

Summary of Responses:

Community Kitchen - Lead Steve Davis w/ Susan Kennedy - 13 participants (4 male/9 female)

Positives of their healthcare experience:
  - Pleased with Mercy's ER and primary care settings, timeliness of care, efficient and attentive staff, respectful treatment
  - Appreciate 24/7 nurse triage - Mercy Family Health Line

Opportunities for improvement: (hospital-specific responses omitted)
  - Limited knowledge of transportation assistance programs
  - Emergency Dept - symptoms not taken seriously; staff attentive w/ appropriate triage
  - Doctors/Clinics - difficult to keep same doctor consistently; would like them to be more like Mayo Clinic
  - IowaCare - transportation problematic; overnights in Iowa City problematic

Questions:
  - What should be done with leftover pain medications? -
  - Does Medicare/Medicaid pay for Urgent Care/Convenient Care? (yes) -

Suggestions:
  - Get word out about free dental clinic -
  - Need information re: new healthcare insurance clarified -

Mason City Sr. Citizen Center - Lead: Susan Kennedy w/ Steve Davis - 12 participants (1 male/11 female)

Positives of their healthcare experience: -
  - Appreciate access and care received; skill and attentiveness of staff -
  - No issues with prescriptions or medications or transportation; appreciate knowing programs do exist -

Opportunities for improvement: (hospital-specific responses omitted) -
  - Patient sees different doctor every time at the Residency Clinic -
  - New diagnoses often has overload of information; cannot absorb -
  - Certain aspects of access to dentist are challenging, e.g., children on Title XIX -
  - Communicate services available: transportation options, free dental clinic, other resources -

La Luz Hispanic Center (Hampton) - Lead: Sr. Carmen Hernandez - 10 participants (male & female-primarily age 25-54)

What would be most helpful in keeping you & your family well? - No response; prefer live interpreter to language line
Do you see a doctor regularly and if so, where? - Only 1 out of 6 see a doctor regularly
Source of most health information? - Family/Friends, Public Health Dept, & Internet
If interpretation needed, where do you receive it? - Mercy Family Residency Clinic & at WIC office
Where do not receive it? - dentist office, eye doctors, occasionally emergency room
Recent household members diagnosis? - High Cholesterol (3), Arthritis (2), HTN (2), Cancer (1), Heart Failure (1)
Household use of emergency room? - None (5), 1X (2)
Household unable to visit doctor? - Cost (7), Distance (7), No insurance (3), Appointment access (2), Lack transportation (2)
Reason household unable to fill prescription? - Too expensive (2), No insurance (2), Lack transportation (1)
Reason household unable to visit dentist? - Unable to make appointment (4), Too expensive (3), Lack transportation (1)

Primary struggles: Communicating because of language difference (4), Affording prescriptions (2), Transportation (1)
Methodology - Inspired by the U. of Minnesota, Rochester Mayo Model of community listening sessions, we advertised 5 opportunities within Cerro Gordo County, the highest utilizers of Mercy - North Iowa.

Attendance - Attendance by those within the community was minimal; however, those who did attend engaged in vibrant conversation and appreciated being heard. One gentleman drove over 20 miles to attend a session.

Summary of Responses: (Those specific to Mercy hospital services are not included.)

Barriers and opportunities in ease of access to getting needed medical care and community resources:
- Increase accessibility to primary care services; timeliness of results
- Increase accessibility to dental care for those w/o insurance
- Enhance user-friendly access to healthcare services
- Expand opportunity for health insurance coverage; get questions answered
- Improve coordination between providers re: medication for chronic conditions
- Create community health services clearinghouse - 1 stop, 1 shop (referrals, EHR, case mgt)
- Funding stream dictates what is done or not done in community
- Transform ‘victim’ culture to one of self-reliance
- Create on-line source to see physician ranking/skill

Sources used for obtaining medical information:
- Brochures in doctor offices
- Web MD and other websites
- Call doctor’s office and talk to nurse
- American Cancer Society
- Mercy Family Health Line - 24/7 nurse triage
- Insurance vendor call line
- Be alert to bias of source

Ideas on how to change behaviors to improve health:
- Health is often an attitude as much as an action
- Communicate: prevention saves time, money and quality of life
- Encourage better diet & exercise (gardening)
- Access to affordable healthy foods (incentivize farmers)
- Eliminate duplication of services; increase collaboration of resources (multiple case managers for the few)
- Expand availability of resources (transportation, etc.)
- Community support in proactive steps (media articles, tasting at events, etc.)
- Encourage churches to make impact in community

Activity to increase happiness within community:
- Identify those who are isolated and address issues
- Grow sense of purpose, community, wellness, hope
- Motivate compliance / self-responsibility
- Engage those on assistance into meaningful activity/employment
- Create higher quality job opportunities
- Control substance abuse and mental health
- Expand volunteerism
Methodology - A 3-question survey monkey was sent out to seven comprehensive email lists.

Participants - Mercy providers, mid-level providers, those with direct and indirect patient care, Mercy colleagues, community social services, and community ministerial were invited to participate in the online survey. Mercy employees live throughout North Iowa and well represent the area.

Summary of Responses: 507 individuals responded with careful thought and a plethora of ideas to address the questions; 1 response filled a full page!

Introduce better nutrition & exercise in area school systems/ Use billboards to educate/motivate on targeted health-related topics/ Expand YMCA into a Wellness Center/ Create coordinated care pathways to allow collaboration between stakeholders/ Create 'case management' teams of providers, health coaches, community works for population that inappropriately utilize resources.

What can be done differently to address the above needs?

- Promote culture change that focuses on prevention; reward good health habits, penalize poor ones
- Educate the young early on wellness and incorporate healthy habits
- Offer free/low cost exercise options for the general public
- Encourage dog ownership; safe places for people to walk and have physical activity
- YMCA should expand services and be more accessible to those with limited incomes; be a wellness center
- Coordinated pathways positively addresses a lot of barrier and negative issues
- Job creation; affordable nutrition, exercise centers, quality health insurance (revise Medicaid program)
- Increase accessibility to case management for those with mental health issues, especially youth and teens
- Coordinated care between IP and OP for mental health patients

What could motivate North Iowans to assume greater responsibility for improving their own health?

- Offer incentives for good health decisions, e.g. exercise, doctor visits
- Community involvement in more affordable opportunities for physical activity, especially for families
- Community involvement in more affordable sources for good nutrition and actives that model how to do it
- Money; financial consequences; financial incentives
- Knowing the consequences of poor health and long term effect of personal choices; shock effect
- Provide work for unemployed rather than free government assistance; need for personal responsibility
- Explore effects of untreated anxiety and depression
- Target coordinated care for those w/ pain management issues; frequent inappropriate users of ER
- Better communication of what resources are available and how to access them

What do you think would be most helpful to improve the health of North Iowans and how best could that be accomplished?

- Begin the culture change in schools, lower grades - early intervention
- Local access to affordable health facilities and help in knowing how best to utilize them
- Better understanding of chronic health issues; health events; test results; prescribe exercise, support groups, etc.
- Connect bike paths, complete sidewalks, hold health fairs, etc.
- "The simple dignity of human labor."
- Mandatory workplace education; incentive programs for healthy choices - reasonable work loads
- Provide algorithms for symptoms and minor illness/injuries.
- Targeted case management and health coaches, connect with the home
- Free activities - walking area - nutritional cooking classes - affordable winter physical activity
- Community collaboration around these topics
- Awareness of effect of long-term choices
Mercy Medical Center – North Iowa - Community Health Needs Assessment Implementation Strategy - Fiscal Years 2014-2016 -

Mercy Medical Center – North Iowa (MMC-NI) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Trustees in May 2014. MMC-NI 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 persons who represent a broad spectrum of the community, community members, various community organizations, and those with special expertise in public health.

The complete CHNA report is available electronically at www.mercynorthiowa.com/community-benefit or printed copies are available at Mercy Medical Center – North Iowa.

Hospital Information and Mission Statement

Mercy Medical Center – North Iowa (MMC-NI) is a faith-based, not-for-profit community health care system that offers comprehensive health care services. It serves a 14-county area within a 70-mile radius stretching in every direction from Mason City, Iowa. In 2012, the 14-county service area had an estimated population of 204,551. Mercy – North Iowa's market share for the 14-county service area remains fairly stable at 47 percent, as reported by Iowa Hospital Association data. The primary service area, Cerro Gordo and Worth counties, experience 93 percent of the market.

Cerro Gordo County’s population is just over 44,000. The population of Mason City, the county seat of Cerro Gordo, has slightly declined to just over 27,000. Even so, Mason City is the primary shopping, entertainment and economic center of the 14-county area. It is also the primary healthcare and human services resource hub of North Iowa. Mercy – North Iowa has become the largest employer of the area; in recent years it was ranked 3rd.

According to the U.S. Census Bureau, Mercy – North Iowa's service area experienced a 6.6 percent decline in population from 2000-2009; the 2014 population projection documents an additional 3.2 percent decline. The stress that this trend places on the provision of services is compounded by the higher than average proportion of elderly in the area with about 19.8 percent of the population over age 65 in 2010, compared to 17 percent for the state and 13.2 percent for the nation.

CHNA Implementation Strategy
Mission Statement

Mercy – North Iowa is a member of the Roman Catholic health system, Catholic Health East / Trinity Health of Lavonia, Michigan, which is comprised of 82 hospitals in 21 states, operating under the mission: We, CHE Trinity Health, serve together in the spirit of the gospel as a compassionate and transforming healing presence within our communities. This statement captures not only the heart of the system, but also the founding principles of the Sisters of Mercy. The Core Values consist of the following: reverence, commitment to those who are poor, justice, stewardship, and integrity. Mercy’s Strategic Vision is to become the "Most Trusted Healthcare Partner for Life."

Health Needs of the Community

The CHNA conducted in fiscal year 2014 (July 2013 – June 2014), based on available facts and circumstances within our community, identified nine significant health needs within the Mercy Medical Center – North Iowa community. Those needs were then prioritized by the Task Force based on the intensity of the need, impact it would have on the target population of uninsured and underinsured, number of persons affected, other community resources already addressing that need, and feasibility of the hospital to meet those needs. The nine significant health needs identified, in order of priority include:

<table>
<thead>
<tr>
<th></th>
<th>Care Coordination</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Improve communication between community care providers</td>
</tr>
<tr>
<td></td>
<td>Improve communication between providers &amp; patients</td>
</tr>
<tr>
<td></td>
<td>Improve health outcomes and navigate resources</td>
</tr>
<tr>
<td>2</td>
<td>Community Wellness</td>
</tr>
<tr>
<td></td>
<td>Awareness of need for and motivation for preventative activity</td>
</tr>
<tr>
<td></td>
<td>Communication of wellness opportunities</td>
</tr>
<tr>
<td></td>
<td>Affordable option for family physical activity</td>
</tr>
<tr>
<td>3</td>
<td>Substance Use/Mental Health</td>
</tr>
<tr>
<td></td>
<td>Propensity of chronic disease for this population</td>
</tr>
<tr>
<td></td>
<td>'Siloed’ care between providers</td>
</tr>
<tr>
<td></td>
<td>Negative health and social effect on the community</td>
</tr>
<tr>
<td>4</td>
<td>Access to Care</td>
</tr>
<tr>
<td></td>
<td>Overcome barriers to good health</td>
</tr>
<tr>
<td></td>
<td>Access to medical appointments, emergent dental care for adults, prescribed medications, health insurance coverage, etc.</td>
</tr>
<tr>
<td></td>
<td>Awareness of available resources</td>
</tr>
<tr>
<td>5</td>
<td>Parenting/Self-Responsibility</td>
</tr>
<tr>
<td></td>
<td>Adequate self-value to prevent destructive behaviors</td>
</tr>
<tr>
<td></td>
<td>Need to assume accountability for one’s own health</td>
</tr>
<tr>
<td>6</td>
<td>Chronic Disease Management</td>
</tr>
<tr>
<td></td>
<td>Motivate for self-management / compliance</td>
</tr>
<tr>
<td></td>
<td>Continue to collaboratively address heart disease and diabetes</td>
</tr>
<tr>
<td>7</td>
<td>Transportation</td>
</tr>
<tr>
<td></td>
<td>Transportation to medical appointments, especially for those who live out of town</td>
</tr>
</tbody>
</table>
Hospital Implementation Strategy

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

- **Care Coordination** – This comprehensive category will also encompass some components of several of the needs not being directly addressed. Detailed need-specific Implementation Strategy starts on page 4 of this document.
- **Substance Use/Mental Health** – Detailed need-specific Implementation Strategy starts on page 7.
- **Homeless / Temporary Shelter** – Though #8 in priority, this is a legacy program for Mercy. There was an urgent temporary housing need for homeless and transient men in 1999 and Mercy assumed initial sponsorship of the Northern Lights Homeless Shelters that expanded to include short term stay for women and accompanying children. Continued support alleviates the urgency of this need. This need was broadened to come under the title Safety Net Programs. Detailed need-specific Implementation Strategy starts on page 8.

Significant health needs that will not be directly addressed

Mercy Medical Center – North Iowa 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 – North Iowa will not take action on the following health need:

- **Community Wellness** – Community consciousness of this need indicates the #2 rank, which the community is addressing in a variety of ways. Mercy will
provide supportive collaboration when possible, but constraints of capacity prohibit direct involvement.

- **Parenting/Self-Responsibility** – This basic need is already being directly addressed by many community social service agencies in the area. Mercy will encourage self-accountability by using self-directed patient goals utilizing motivational interviewing and stylized coaching in its systems of care projects.

- **Chronic Disease Management** – Prominent chronic diseases – diabetes and heart disease – are components of several of Mercy’s initiatives, some of which are collaborative, and therefore will not be specifically addressed.

- **Transportation** – Especially in rural areas, this is a significant barrier to access to care. This is a component of “Access to Care;” the scope, however, is a shared responsibility within the broader community of care and social service providers.

- **Safety** – The consensus of the Task Force was that the scope of this topic was very broad and that it fell more within the purview of other community organizations.

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 30, 2016, 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.

<table>
<thead>
<tr>
<th>CHNA IMPLEMENTATION STRATEGY</th>
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</thead>
<tbody>
<tr>
<td>FISCAL YEARS 2014-2016</td>
</tr>
<tr>
<td>HOSPITAL FACILITY:</td>
</tr>
<tr>
<td>Mercy Medical Center – North Iowa</td>
</tr>
<tr>
<td>CHNA SIGNIFICANT HEALTH NEED:</td>
</tr>
<tr>
<td>CARE COORDINATION</td>
</tr>
<tr>
<td>CHNA REPORT REFERENCE:</td>
</tr>
<tr>
<td>Page 15</td>
</tr>
<tr>
<td>PRIORITIZATION:</td>
</tr>
<tr>
<td>Initially ranked # 1</td>
</tr>
<tr>
<td>BRIEF DESCRIPTION OF NEED:</td>
</tr>
<tr>
<td>Community members and patients often receive ‘siloes’ care by providers who do not communicate in a formalized manner with each other, often resulting in gaps of care and duplicative services.</td>
</tr>
<tr>
<td>GOAL:</td>
</tr>
<tr>
<td>To create and implement a coordinated system of care to improve community / patient linkage with health services and resources that will lead to improve health outcomes and wellness.</td>
</tr>
</tbody>
</table>
OBJECTIVE: Target the most vulnerable individuals for enrollment into community care coordination; integrate self-management resources/programming in a manner that helps the patient achieve wellness and improved health; implement national best practice models that target chronic disease.

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:**

1. Develop and implement an infrastructure for community-wide care coordination activities along with resources for communication and navigation in order to formalize a system of communication between health providers and community partners.
2. Identify and enroll eligible individuals into appropriate care coordination programs targeting frequent ED users, the uninsured, those without a Primary Care Provider (PCP), and those with specific diagnosis (heart disease, diabetes, substance use disorder, mental health) where they will be linked for navigational assistance.
3. Train appropriate members of the care coordination project team in coaching styles.
4. Support community wellness through collaborative partnerships in building wellness and prevention opportunities.

**ANTICIPATED IMPACT OF THESE ACTIONS:**

1. Eligible individuals are identified and enrolled in a care coordination program.
2. Individuals are linked with the CCC grant project for navigation assistance.
3. Heart disease patients are enrolled in CCC and will show improvement or stabilization in their blood pressure.
4. Diabetes patients are enrolled in CCC and will show improvement or stabilization in the A1C levels.
5. Inappropriate ED utilization will be decreased.

**PLAN TO EVALUATE THE IMPACT:**

1. Benchmark the number of patients referred to and enrolled in a system of care in current year and compare to each subsequent year.
2. Number of referrals by those enrolled in a system of care; # services provided to those not enrolled.
3. Number CCC heart disease enrollees will improve their blood pressure readings if >130/80; those already there will maintain stabilization at <130/80.
4. Number CCC diabetic enrollees will improve their A1C readings if >8; those already there will maintain stabilization <8.
5. % of CCC enrollees that receive a medication therapy review, if appropriate.
6. Track Emergency Department aversions due to coordination of care.
7. Two Project colleagues will receive Nurtured Heart Approach (NHA) Train the Trainer certification.
8. Mercy – North Iowa will continue to provide financial support for City of Mason City’s leadership in community wellness.

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

In-kind match for grant funding: CCC $50,000
Possible staff for navigation in Emergency Department $45,000
Support for NHA Train the Trainer certification $4,500
Continue support of Mason City’s Blue Zones Project $25,000
**COLLABORATIVE PARTNERS:** Cerro Gordo County Department of Public Health, North Iowa Community Action Organization, Prairie Ridge Addiction Treatment Services, Nurtured Hearts Approach Specialist, and City of Mason City.

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### CHNA IMPLEMENTATION STRATEGY

**FISCAL YEARS 2014-2016**

<table>
<thead>
<tr>
<th>HOSPITAL FACILITY:</th>
<th>Mercy Medical Center – North Iowa</th>
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<tbody>
<tr>
<td>CHNA SIGNIFICANT HEALTH NEED:</td>
<td>ACCESS TO CARE</td>
</tr>
<tr>
<td>CHNA REPORT REFERENCE:</td>
<td>Page 15</td>
</tr>
<tr>
<td>PRIORITIZATION:</td>
<td>Initially ranked # 4</td>
</tr>
<tr>
<td>BRIEF DESCRIPTION OF NEED:</td>
<td>Many people, especially the uninsured and underinsured, do not access health care resources appropriately or are aware of the availability of resources.</td>
</tr>
<tr>
<td>GOAL:</td>
<td>Expand timely and appropriate access to medical care and other services for the uninsured and underinsured by eliminating barriers and communicating availability.</td>
</tr>
<tr>
<td>OBJECTIVE:</td>
<td>Utilizing care coordination, individuals will be screened, identified, and enrolled or referred for health insurance coverage and other supportive services to improve health and reduce disparities.</td>
</tr>
</tbody>
</table>

#### ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Communicate availability of, and provide access to medical appointments.
2. Explore how to better utilize and integrate our 24/7 telephone triage service
3. Identify those without a regular medical provider and navigate to a primary care provider (PCP) or medical home.
4. Provide enrollment screening and assistance to maximize health insurance coverage.
5. Provide medication assistance programs for the uninsured and underinsured.
6. Reduce transportation barriers for eligible individuals.
7. Provide emergent dental care for adults who are uninsured or underinsured.

#### ANTICIPATED IMPACT OF THESE ACTIONS:

1. Provide access to office visits in order to reduce inappropriate use of ED.
2. Increase number of people with a PCP or medical home.
3. Increase number of people with health insurance coverage.
4. Medication assistance programs will target those eligible and in need of assistance.
5. Community is informed, and encouraged, to access timely medical care.
6. Transportation barriers are decreased.
7. Uninsured and underinsured adults receive timely access to dental care.

#### PLAN TO EVALUATE THE IMPACT:

1. Track number of office visits created by Rural Outreach and Mercy Family Health Line.
2. Track Emergency Department aversions due to coordination of care.
3. Number aligned with a PCP or medical home.
4. Ratio of Iowa Health & Wellness insured to those eligible in Cerro Gordo County increases.
5. Number Rx’s filled at free or reduced rates.
6. Number of Patient Resource brochure distribution sites.
7. Number of rides to medical appointments provided for those eligible.
8. Number of adults who receive free dental services.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**
Mercy Family Health Line (24/7 telephone triage) - overall $325,000
Financial Counselors $114,000
Medication Assistance Programs (includes colleagues, pharmacist, medications) $180,000
Dental Clinic and Colleagues $60,000
Brochure: Patient Resources $1,200
Transportation to Medical Appointments $75,000

**COLLABORATIVE PARTNERS:** Cerro Gordo County Public Health, North Iowa Community Action Organization, Prairie Ridge Addiction Treatment Services, and North Iowa Dental Clinic for the Uninsured & Underinsured.

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**CHNA IMPLEMENTATION STRATEGY**
**FISCAL YEARS 2014-2016**

**HOSPITAL FACILITY:** Mercy Medical Center – North Iowa

**CHNA SIGNIFICANT HEALTH NEED:** SUBSTANCE USE / MENTAL HEALTH

**CHNA REPORT REFERENCE:** Page 15

| PRIORITIZATION: | Initially ranked # 3 |

**BRIEF DESCRIPTION OF NEED:** It is not unusual for an individual who has a substance use disorder or mental health disorder to also have one or more chronic diseases. Those with these co-morbidities often receive “siloed” care by providers or do not access care thereby having a propensity for poor health and to over utilize the Emergency Department for acute occurrences.

**GOAL:** Improve health outcomes for this population by using an intentional coaching style to encourage improved self-management and to improve coordination between medical and specialized mental health / addiction services.

**OBJECTIVE:** Collaborate with community partners in developing a system of coordinated care for those with a substance use disorder, a chronic disease and possibly mental health disorder by expanding screening and assessment, enrolling in appropriate treatment plan, encourage self-accountability and compliance with treatment plans, thus reducing addictive behaviors, and by making appropriate referrals to community health and social service providers.
### ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Continue to develop and align collaborative systems of care to help those with a substance use disorder, chronic disease and possibly a mental health disorder.
2. Train providers in SBIRT (screen/brief intervention/referral to treatment).
3. Identify and enroll eligible individuals in initial patient project of care coordination, targeting those residing in Cerro Gordo County with a substance use disorder, chronic disease (heart failure, HTN, or diabetes) and possibly a mental health disorder.
4. Create self-directed health outcome goal for each enrolled participant.
5. Improve coordination of care transition with community resources.
6. Create and implement a system to assure follow-up of referrals by stakeholders.

### ANTICIPATED IMPACT OF THESE ACTIONS:

1. Appropriate % of Residency Clinic providers are trained and utilize SBIRT.
2. Patients appropriate for care management participants are identified and enrolled in the program.
3. Inappropriate use of ED is decreased by enrolled participants.
4. A significant percent of patients follow through with bi-directional referrals.

### PLAN TO EVALUATE THE IMPACT:

1. 85 % of providers at Residency Clinic trained and properly using SBIRT.
2. 5% decrease in use of ED by Triad-enrolled patients.
3. 10% of care management participants achieve at least one self-directed health outcome goal.
4. 10% of care management participants follow through with at least one bi-directional referral.

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

- In-kind match for Triad grant funding $29,000
- Mercy Family Medicine Residency Clinic - overall $1,400,000

### COLLABORATIVE PARTNERS:

Prairie Ridge Addiction Treatment Services and social service agencies yet to be determined.

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### CHNA IMPLEMENTATION STRATEGY

#### FISCAL YEARS 2014-2016

<table>
<thead>
<tr>
<th>HOSPITAL FACILITY:</th>
<th>Mercy Medical Center – North Iowa</th>
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</thead>
<tbody>
<tr>
<td>CHNA SIGNIFICANT HEALTH NEED:</td>
<td>SAFETY NET PROGRAMS</td>
</tr>
<tr>
<td>CHNA REPORT REFERENCE:</td>
<td>Page 16</td>
</tr>
<tr>
<td>PRIORITIZATION:</td>
<td>Initially ranked # 8</td>
</tr>
<tr>
<td>BRIEF DESCRIPTION OF NEED:</td>
<td>Many non-medical factors contribute to poor health, often called underlying social determinants. Addressing these issues for individuals is sometimes necessary before experiencing health improvement.</td>
</tr>
</tbody>
</table>
**GOAL:** Reduce barriers created by underlying social determinants in order to improve health and provide basic needs.

**OBJECTIVE:** Make referrals to resource services that address underlying social determinants and continue to financially support certain community social service programs.

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:**
1. Formalize referral process to better utilize programs and social service agency resources that address underlying social determinants, especially for those within the systems of care.
2. Continue to support provision of temporary housing for homeless or transient men and women.
3. Continue to financially support a community partner agency program that addresses self-sufficiency for families that need economic and health stabilization.
4. Continue to prepare and subsidize preparation of hot, nutritionally appropriate meals for community members who sign up with the community agency providing that program.

**ANTICIPATED IMPACT OF THESE ACTIONS:**
1. Community social service agencies will agree to partner in a formalized referral process.
2. An appropriate number of men and women will be housed and have their basic needs met.
3. Families will advance through the process that brings stabilization, increasing personal self-accountability.
4. Community members will receive hot meals in the convenience and safety of their homes.

**PLAN TO EVALUATE THE IMPACT:**
1. Number of referrals per patient in systems of care is tracked and reported.
2. Number of individuals that receive temporary housing and referral services is tracked and reported.
3. % of families referred that are enrolled accomplishes improvement in stabilization.
4. % of community members who receive subsidized Meals on Wheels.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**
- In-kind match for grant funding: CCC $50,000 and Triad $29,000
- Continue support of Northern Lights Homeless Shelters $72,200
- Continue support of NICAO’s Community Partners $63,600
- Continue support of food preparation for Meals on Wheels $75,700

**COLLABORATIVE PARTNERS:**
Northern Lights Homeless Shelters, North Iowa Community Action Organization, Community Kitchen, and many social service agencies in the areas to include Cerro Gordo County Public Health.
Adoption of CHNA Report and Implementation Strategy

On May 28, 2014, the Board of Trustees for Mercy Medical Center - North Iowa met to discuss the 2014-2016 Implementation Strategy for addressing the community health needs identified in the Fiscal Year 2014 Community Health Needs Assessment. Upon review, the Board approved the CHNA Summarizing Report, this Implementation Strategy, and the related budget.

Name & Title

Date

5/28/2014