



Community Health Needs Assessment (CHNA) Implementation Strategy

Fiscal Years FY26-28

MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital and Clive Behavioral Health completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in October, August and September 2024, respectively. MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital and Clive Behavioral Health performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status and social influencers of health, as well as primary data collection, including input from representatives of the community, community members and various community organizations.

For MercyOne Des Moines Medical Center, printed copies of the CHNA report are available upon request at 1111 6th Avenue, Des Moines, IA 50314. This report is also available electronically at <https://www.mercyone.org/about-us/community-health-and-well-being/>.

For MercyOne Clive Rehabilitation Hospital, printed copies of the CHNA report are available upon request at 1401 Campus Drive, Clive, IA 50325. This report is also available electronically at <https://www.mercyrehabdesmoines.com/patient-experience/community-health-needs-assessment>.

For Clive Behavioral Health, printed copies of the CHNA report are available upon request at 1450 NW 114th Street, Clive, IA 50325. This report is also available electronically at <https://clivebehavioral.com/about-us/>.

Our Mission

We, MercyOne, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our hospitals

MercyOne Des Moines Medical Center

MercyOne is a connected system of health care facilities and services dedicated to helping people and communities live their best lives. The system's more than 220 clinics, medical centers, hospitals and care locations are located throughout the state of Iowa and beyond. MercyOne employs more than 22,000 colleagues. MercyOne is a member of Trinity Health based in Livonia, Michigan. MercyOne Des Moines Medical Center, founded by the Sisters of Mercy in 1893, is the longest continually operating hospital in Des Moines and Iowa's largest medical center, with 802 beds available. The hospital is one of the Midwest's largest referral centers. With more than 7,000 colleagues and a medical staff of almost 1,500 physicians and allied health professionals, MercyOne is one of Iowa's largest employers. MercyOne Des Moines Medical Center hosts several ACGME-accredited residency and fellowship programs.

MercyOne Clive Rehabilitation Hospital

MercyOne Clive Rehabilitation Hospital is a state-of-the-art, 50-bed inpatient acute rehabilitation hospital dedicated to the treatment and recovery of individuals who have experienced a loss of function due to an injury or illness. MercyOne Clive Rehabilitation Hospital offers intensive, patient-focused, specialized rehabilitation services. The rehabilitation programs provide ongoing care to patients in their recovery journey. We offer customized, intensive rehabilitation tailored to the individual needs of those recovering from stroke, brain injury, neurological conditions, trauma, spinal cord injury, amputation and orthopedic injury.



Clive Behavioral Health

Clive Behavioral Health offers a broad range of treatment for individuals who struggle with a behavioral health disorder or co-occurring disorders. Our vision is to provide patient-centered care that helps patients achieve a brighter future. The 100-bed facility spans more than 83,000 square-feet, with a one-story area for clinical, outpatient and support services and a three-story unit for inpatient services.

Our community-based services

MercyOne Medical Group is one of Iowa's largest multispecialty clinic systems, made up of more than 50 primary care, pediatric, internal medicine and specialty clinics located throughout Dallas, Jasper, Polk, Wapello, Warren and Webster counties. MercyOne has several additional ministries including Mercy College of Health Sciences, MercyOne Des Moines Foundation, MercyOne Population Health Service Organization and MercyOne House of Mercy. MercyOne Des Moines Medical Center participates in a clinically integrated network (CIN) where providers work together to improve health, increase patient satisfaction and lower healthcare costs for members and the communities served.

Our community

The service area for the CHNA and Implementation Strategy includes Polk, Warren and Dallas counties in Iowa. This community definition was determined based on the ZIP codes of residence of recent patients of participant hospitals as well as partnering organizations.

The service area has a total population of 644,482 residents according to census estimates. The population increased by 101,484 persons between the 2010 and 2020 censuses. Most of this growth occurred in Dallas County. The service area encompasses both urban and rural areas. A higher proportion of the service area is urban compared with the state as a whole. Warren County has the highest percentage of rural residents in the service area.

Over 14% of the population in the service area is 65 years of age and older which is lower than both state and national figures. Approximately 25% of the population are children under 18 years of age. Dallas County houses the largest proportion of children in the service area.

In looking at race independent of ethnicity, 78.5% of service area residents are White and 6.0% are Black. The area is more diverse than the state but less diverse than the nation. Polk County is more racially diverse than are Warren and Dallas Counties. A total of 8.7% of service area residents are Hispanic or Latino. A total of 3.0% of the population age 5 and older live in a home in which no person age 14 or older is proficient in English.

Over 9% of the service area population is living below the federal poverty level. The poverty rate is higher in Polk County than in Dallas County and Warren County. A total of 35.5% of area residents would not be able to afford an unexpected \$400 expense without going into debt. The prevalence is highest in Polk County at 39.8%.

CHNA pages 39-45 provide robust detail on the population characteristics of the service area.

Our approach to health equity

While community health needs assessments (CHNA) and Implementation Strategies are required by the IRS, Trinity Health ministries have historically conducted CHNAs and developed Implementation Strategies as a way to meaningfully engage our communities and plan our Community Health & Well-Being work. Community Health & Well-Being promotes optimal health for people experiencing poverty or other vulnerabilities in the communities we serve by addressing patient social needs and investing in our communities through dismantling oppressive systems, including racism, and building community capacity. Trinity Health has adopted the Robert Wood Johnson Foundation's definition of Health Equity - "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

This implementation strategy was developed in partnership with community and will focus on specific populations and geographies most impacted by the needs being addressed. Racial equity principles were used throughout the development of this plan and will continue to be used during the implementation. The strategies implemented will mostly focus on policy, systems and environmental change as these systems changes are needed to dismantle racism and promote health and wellbeing for all members of the communities we serve.

Health and social needs of the community

The CHNA conducted in 2024 identified the significant needs for health and social drivers of health within the Central Iowa community. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

1. Mental health

- Over a quarter (27.4%) of Total Service Area adults believe that their overall mental health is "fair" or "poor."
 - A total of 38.5% of Total Service Area adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia or minor depression).
 - A total of 48.1% of Total Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression). This marks a statistically significant increase since 2021 (41.8%).
 - In the Total Service Area, there were 14.7 suicides per 100,000 population (2018-2020 annual average age-adjusted rate). This has increased over the past decade.
 - In the Total Service Area in 2024, there were 148.5 mental health providers (including psychiatrists, psychologists, clinical social workers and counselors who specialize in mental health care) for every 100,000 population. Rates are considerably lower in Warren (13.3 per 100,000) and Dallas (55.2 per 100,000) counties.
 - A total of 32.1% of residents are currently taking medication or otherwise receiving treatment from a health professional for some type of mental health condition or emotional problem. This is well above the US figure (21.9%) and increasing significantly since 2021 (27.2%).
 - A total of 12.8% of Total Service Area adults report a time in the past year when they needed mental health services but were not able to get them.
 - Almost 75% of key informants characterized mental health as a major problem in the community.
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2. Social determinants of health (especially housing)	<ul style="list-style-type: none"> • A total of 35.5% of Total Service Area residents would not be able to afford an unexpected \$400 expense without going into debt. This marks a statistically significant increase since 2021 (25.0%). • A considerable share of residents (42.0%) report that they were “sometimes,” “usually,” or “always” worried or stressed about paying their rent or mortgage in the past year. This denotes a statistically significant increase since 2021 (31.2%). • A total of 16.6% of Total Service Area residents report living in unhealthy or unsafe housing conditions during the past year. • Overall, 37.1% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food. This is worsening significantly since 2021 (27.4%). • Almost 65% of key informants characterized social determinants of health as a major problem in the community.
3. Nutrition, physical activity & weight	<ul style="list-style-type: none"> • Over 35% of Total Service Area adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables. This is higher than the national percentage (30.0%) and has increased considerably since 2021 (19.0%). • Half (50.7%) of Total Service Area adults regularly participate in adequate levels of either moderate or vigorous physical activities. • Among Total Service Area respondents, 63.5% report using screen time for entertainment at least three hours per day. • Three in four (75.6%) Total Service Area adults are overweight. This is higher than state and national figures and marks a statistically significant increase since 2021 (66.6%). The overweight prevalence includes 45.1% of Total Service Area adults who are obese. • Based on the heights/weights reported by surveyed parents, 35.7% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile). • Almost 50% of key informants characterized nutrition, physical activity and weight as a major problem in the community.
4. Substance use	<ul style="list-style-type: none"> • Between 2018 and 2020, the Total Service Area reported an annual average age-adjusted mortality rate of 15.3 alcohol-induced deaths per 100,000 population. This is well above the state and national figures and has increased considerably over the past decade. • Between 2018 and 2020, there was an annual average age-adjusted mortality rate of 14.8 unintentional drug-induced deaths per 100,000 population in the Total Service Area. This is higher than the Iowa rate but lower than the US rate. This has also increased over the past decade, echoing state and national trends. • A total of 7.6% of Total Service Area adults acknowledge using an illicit drug in the past month. This has increased significantly since 2021 (4.7%). • Over half (51.2%) of Total Service Area residents’ lives have been negatively affected by substance use (either their own or someone else’s). This is well above the national figure (45.4%) and has increased significantly since 2021 (43.7%).

5. Diabetes

- A total of 11.3% of Total Service Area adults report having been diagnosed with diabetes. Another 10.9% of adults have been diagnosed with “pre-diabetes” or “borderline” diabetes.
- Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 19.6 deaths per 100,000 population in the Total Service Area.
- Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 7.1 deaths per 100,000 population in the Total Service Area.

6. Heart disease

- Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 160.8 deaths per 100,000 population in the Total Service Area.
- Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 33.2 deaths per 100,000 population in the Total Service Area. Rates are much higher in Warren County (45.1 per 100,000).
- A total of 7.3% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.
- A total of 39.0% of Total Service Area adults have been told by a health professional at some point that their blood pressure was high. This is well above the Iowa figure (31.4%).
- A total of 37.0% of adults have been told by a health professional that their cholesterol level was high. This is higher than the national prevalence (32.4%).

7. Access to health care services

- Among adults age 18 to 64, 5.3% report having no insurance coverage for health care expenses.
 - A total of 47.5% of Total Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.
 - Of the tested barriers, appointment availability impacted the greatest share of Total Service Area adults. However, the following barriers have increased significantly in prevalence since 2021: cost of doctor visits, appointment availability, inconvenient office hours and finding a physician.
 - Over 17% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.
 - A total of 9.7% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.
 - More than two in three adults (69.0%) visited a physician for a routine checkup in the past year.
 - A total of 9.8% of Total Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.
 - Almost 10% of residents characterize local health care services as “fair” or “poor.”
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8. Cancer

- Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 148.6 deaths per 100,000 population in the Total Service Area.
- Lung cancer is the leading cause of cancer deaths in the Total Service Area. Other leading sites include prostate cancer, female breast cancer and colorectal cancer (both sexes). Each of the local rates fails to satisfy the related Healthy People 2030 objective.
- The highest cancer incidence rates are for female breast cancer and prostate cancer.

9. Disabling conditions

- Among Total Service Area survey respondents, over 80% report having at least one chronic health condition, and 39.1% of Total Service Area adults report having three or more chronic conditions.
- A total of 32.0% of Total Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.
- A total of 18.6% of Total Service Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.

10. Injury & violence

- Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 47.3 deaths per 100,000 population in the Total Service Area. This has increased over the past decade, echoing state and national trends. Falls and poisoning (including unintentional drug overdose) accounted for most unintentional injury deaths.
- Between 2015 and 2017, the Total Service Area reported 352.5 violent crimes per 100,000 population. This is higher than the Iowa violent crime rate but lower than the US violent crime rate.
- A total of 6.0% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years. This marks a statistically significant increase over time.

11. Sexual health

- In 2021, the Total Service Area reported a prevalence of 182.4 HIV cases per 100,000 population. This is well above the Iowa prevalence (114.2 per 100,000) but much lower than the US (382.2 per 100,000).
 - In 2021, the chlamydia incidence rate in the Total Service Area was 583.6 cases per 100,000 population. This is higher than the state (489.2 per 100,000) and national (495.5 per 100,000) incidence rates.
 - The Total Service Area gonorrhea incidence rate in 2021 was 320.5 cases per 100,000 population. This is well above the Iowa (200.5 per 100,000) and US (214.0 per 100,000) rates.
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Hospital Implementation Strategy

Significant health and social needs to be addressed

MercyOne Des Moines Medical Center, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following needs:

- 1 Mental health** – CHNA pages 69-80.
- 2 Social determinants of health (especially housing)** – CHNA pages 46-65.
- 3 Access to health care services** – CHNA pages 171-189.

MercyOne Clive Rehabilitation Hospital, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following needs:

- 1 Access to health care services** – CHNA pages 171-189.

Clive Behavioral Health, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following needs:

- 1 Mental health** – CHNA pages 69-80.

Significant health and social needs that will not be addressed

MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital and Clive Behavioral Health acknowledge the wide range of priority health and social issues that emerged from the CHNA process and determined that it could effectively focus on only those needs which are the most pressing, under- addressed and within its ability to influence. MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital and Clive Behavioral Health do not intend to address the following needs:

- **Nutrition, physical activity & weight** – Community stakeholders who rated this domain as a major problem primarily shared concerns around access and affordability of healthy food options as well as safe outdoor spaces. MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital and Clive Behavioral Health will continue to partner with the community organizations who are already leading initiatives to address this need.
- **Substance use** – This need was not selected due to resource limitations. MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital and Clive Behavioral Health will continue to partner with local organizations to address this need and utilize current substance use disorder services available at their respective facilities.
- **Diabetes** – This need was not selected due to resource limitations. MercyOne Des Moines Medical Center will continue to offer Diabetes and Endocrinology Care. MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital and Clive Behavioral Health will continue to partner with local organizations and evaluate additional resources as they become available.
- **Heart disease** – This need was not selected due to resource limitations. MercyOne Des Moines Medical Center will continue to offer Heart and Vascular Care. MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital and Clive Behavioral Health will continue to partner with local organizations and evaluate additional resources as they become available.

- **Cancer** – This need was not selected as it was ranked a lower priority by community stakeholders.
- **Disabling conditions** – This need was not selected as it was ranked a lower priority by community stakeholders.
- **Injury & violence** – This need was not selected as it was ranked a lower priority by community stakeholders.
- **Sexual health** – This need was not selected as it was ranked a lower priority by community stakeholders.

Additionally, MercyOne Clive Rehabilitation Hospital will not be addressing the following needs:

- **Mental health** – This need was not selected due to resource limitations. MercyOne Clive Rehabilitation Hospital will continue to partner with organizations that have expertise in this area, such as Clive Behavioral Health, to serve the mental health needs of patients and the community.
- **Social determinants of health (especially housing)** – This need was not selected due to resource limitations. MercyOne Clive Rehabilitation Hospital will continue to partner with local organizations and evaluate additional resources as they become available.

Additionally, Clive Behavioral Health will not be addressing the following needs:

- **Social determinants of health (especially housing)** – This need was not selected due to resource limitations. Clive Behavioral Health will continue to partner with local organizations and evaluate additional resources as they become available.
- **Access to health care services** - This need was not selected due to resource limitations. Clive Behavioral Health will address access to health care services specific to mental health as outlined in this Implementation Strategy. Clive Behavioral Health will partner with local organizations, such as MercyOne Des Moines Medical Center, to provide access to care outside of their scope.

This implementation strategy specifies community health needs that the hospital, in collaboration with community partners, has determined to address. The hospital reserves the right to amend this implementation strategy if circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital should refocus its limited resources to best serve the community.

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Mental health



Goal: Increase access to mental health care

CHNA Impact Measures	2025 Baseline	2028 Target
Increase inpatient bed capacity in Central Iowa	88 beds	134 beds
Expand outpatient therapy access points in Central Iowa	10 therapists	15 therapists
Expand rural psychiatric workforce in Iowa	0 rural residents	6 rural residents
Expand Dialectical Behavior Therapy – Children program at MercyOne House of Mercy	2 Orientation classes/ year	4 Orientation classes/ year
Increase partnerships with organizations/agencies for postpartum outreach in Central Iowa	2 partnerships	5 partnerships

Strategy	Timeline Y1 Y2 Y3	Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Increase workforce to open additional inpatient beds	X	X	Clive Behavioral Health
	Focus location(s)		Focus Population(s)
	Central Iowa		RNs and technicians
Strategy	Timeline Y1 Y2 Y3	Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Evaluate market demand for outpatient therapy			MercyOne Medical Group
			Clive Behavioral Health
	X	X	X
	Focus location(s)		Focus Population(s)
	Central Iowa		Patients being referred to outpatient therapy

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Recruit and hire outpatient therapists	X	X	X	MercyOne Medical Group	Staff time, staff salaries and benefits
	Focus location(s)			Focus Population(s)	
	TBD based on market analysis			TBD based on market analysis	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Recruit and hire psychiatric provider	X			MercyOne Medical Group	Staff time, staff salaries and benefits
	Focus location(s)			Focus Population(s)	
	Ankeny North Family Medicine Clinic			Patients needing outpatient psychiatrist services	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Expand outpatient group therapy programming		X	X	Clive Behavioral Health	Infrastructure & staff
	Focus location(s)			Focus Population(s)	
	Central Iowa			TBD based on market analysis	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Evaluate and identify rural psychiatric residency locations	X	X		MercyOne Des Moines Medical Center	Staff time
	Focus location(s)			Focus Population(s)	
	TBD			TBD	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Increase the number of rural psychiatry resident placements within identified locations	X	X	X	MercyOne Des Moines Medical Center	Staff time, Staff salaries and benefits
	Focus location(s)			Focus Population(s)	
	Central Iowa; rural locations TBD			Medical school graduates	

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Expand Dialectical Behavior Therapy to children ages 6-12	X	X	X	MercyOne House of Mercy	Staff training and time
Focus location(s)				Focus Population(s)	
Central Iowa				House of Mercy clients with children ages 6-12	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Identify partners that specialize in working with pregnant/postpartum women for House of Mercy postpartum outreach	X			MercyOne House of Mercy	Staff time
Focus location(s)				Focus Population(s)	
Central Iowa				Pregnant & Postpartum women	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Coordinate with identified partners to refer patients to House of Mercy for treatment				MercyOne House of Mercy	Staff time
				MercyOne Medical Group	Staff time
				Department of Health and Human Services	Staff time
				UCS Healthcare	Staff time
				Department of Corrections	Staff time
				TBD community partners	Staff time
Focus location(s)				Focus Population(s)	
Central Iowa				Pregnant & Postpartum women	

2

Social determinants of health (especially housing)



Goal: Identify and address underlying social factors that contribute to health disparities

CHNA Impact Measures	2025 Baseline	2028 Target
Continuously improve social needs screening rates for patients	--*	70%
Implement one new program/partnership based on social needs screening findings	0	1
Financially contribute annually to the Patient Social Needs Assistance fund to provide housing assistance	\$0	\$10,000/year

Strategy	Timeline Y1 Y2 Y3			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Develop and implement EMR workflow to screen patients for social needs	X			MercyOne Des Moines Medical Center	Staff time New EMR system
				MercyOne West Des Moines Medical Center	Staff time New EMR system
				MercyOne Primary Care locations	Staff time New EMR system
	Focus location(s)				Focus Population(s)
MercyOne Des Moines Medical Center MercyOne West Des Moines Medical Center MercyOne Primary Care locations				All patients	

Strategy	Timeline Y1 Y2 Y3			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Track social needs screening results and identify greatest need in patient population	X			MercyOne Des Moines Medical Center	Staff time New EMR system & analytics
				MercyOne West Des Moines Medical Center	Staff time New EMR system & analytics
				MercyOne Primary Care locations	Staff time New EMR system & analytics
	Focus location(s)				Focus Population(s)
MercyOne Des Moines Medical Center MercyOne West Des Moines Medical Center MercyOne Primary Care locations				All patients	

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Identify and implement program/partnership to address identified social need				MercyOne Des Moines Medical Center	Staff time New EMR system
		X	X	MercyOne West Des Moines Medical Center	Staff time
				MercyOne Primary Care locations	Staff time
				Community Partner (TBD)	Staff time
				Focus location(s)	Focus Population(s)
				TBD based on screening results	TBD based on screening results
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Financially contribute annually to the Patient Social Needs Assistance Fund to address housing instability	X	X	X	MercyOne Des Moines Medical Center	Financial contribution
				Focus location(s)	Focus Population(s)
				MercyOne Des Moines Medical Center MercyOne West Des Moines Medical Center	Inpatients experiencing housing instability
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Educate the community about the impact of social determinants of health on health and well-being				MercyOne Des Moines Medical Center	Staff time Marketing ad channels
				UnityPoint Health – Des Moines	Staff time Marketing ad channels
				Broadlawns Medical Center	Staff time Marketing ad channels
	X	X	X	Dallas County Health Department	Staff time Marketing ad channels
				Polk County Health Department	Staff time Marketing ad channels
				Warren County Health Services	Staff time Marketing ad channels
				Mid-Iowa Health Foundation	Staff time Marketing ad channels
				Focus location(s)	Focus Population(s)
				Polk, Dallas, & Warren Counties	Polk, Dallas, & Warren County residents

*New EMR system go-live end of FY25 – no baseline for direct comparison

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Access to health care services



Goal: Improve access to health care services across various care settings

CHNA Impact Measures	2025 Baseline	2028 Target
Increase number of postpartum patients served by Community Paramedicine program	0	50/year
Increase number of patients served by MercyOne Air Med Maternal Transport Team	31/year	100/year
Increase number of people served by Skilled Nursing Facility (SNF) Bridge Program & Prosthetic Training Program	0	24 per year per program
Increase number of people served by Senior Health Insurance Information Program (SHIIP) volunteer counselors	0	100
Increase number of new patients connected to MercyOne primary care	22/year	100/year

Strategy	Timeline Y1 Y2 Y3	Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Expand Community Paramedicine program to include postpartum hypertension and PMADs	X	X	X
	Focus location(s)		Focus Population(s)
	Central Iowa		Postpartum women with hypertension or PMADs
Strategy	Timeline Y1 Y2 Y3	Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Optimize and grow MercyOne Air Med Maternal Transport Team	X	X	X
	Focus location(s)		Focus Population(s)
	State of Iowa		Pregnant women

Strategy	Timeline Y1 Y2 Y3			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Educate maternity care staff on community postpartum resources	X	X	X	MercyOne Des Moines Medical Center	Staff time
				MercyOne West Des Moines Medical Center	Staff time
				TBD community partners	Staff time
	Focus location(s)				Focus Population(s)
	Central Iowa				Nurses, social workers, community health workers
Strategy	Timeline Y1 Y2 Y3			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Develop, implement, and optimize process to educate and refer patients to community postpartum resources	X	X	X	MercyOne Des Moines Medical Center	Staff time, marketing collateral
				MercyOne West Des Moines Medical Center	Staff time, marketing collateral
				TBD community partners	Staff time, marketing collateral
	Focus location(s)				Focus Population(s)
	Central Iowa				Pregnant and postpartum women
Strategy	Timeline Y1 Y2 Y3			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Educate patients and facilities on SNF Bridge Program and Prosthetic Training Program	X	X	X	MercyOne Clive Rehabilitation Hospital	Staff time, marketing collateral
	Focus location(s)				Focus Population(s)
	Central Iowa				Skilled nursing facilities & patients
Strategy	Timeline Y1 Y2 Y3			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Identify partner facilities for SNF Bridge Program and Prosthetic Training Program and implement processes for transitions of care	X	X	X	MercyOne Clive Rehabilitation Hospital	Staff time
	Focus location(s)				Focus Population(s)
	Central Iowa				Skilled nursing facilities
Strategy	Timeline Y1 Y2 Y3			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Evaluate and select office space to house SHIP program	X			MercyOne Des Moines Medical Center	Staff time, office space
	Focus location(s)				Focus Population(s)
	Des Moines Metropolitan Area				NA

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Recruit and onboard SHIP volunteers	X	X		MercyOne Des Moines Medical Center	Staff time
	Focus location(s)				Focus Population(s)
	Des Moines Metropolitan Area				Polk County residents
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Implement and sustain SHIP program		X	X	MercyOne Des Moines Medical Center	Staff time, space, technology, office supplies
	Focus location(s)				Focus Population(s)
	Location TBD				Medicare beneficiaries & Caregivers
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Develop Medical Group Discharge Navigator program	X			MercyOne Medical Group	Staff time, staff salary & benefits
				MercyOne Des Moines Medical Center	Staff time, staff salary & benefits
	Focus location(s)				Focus Population(s)
	Central Iowa				Patients discharged from the hospital or emergency room
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Define, implement, and optimize workflow and processes to support patients' transition to the ambulatory setting	X	X	X	MercyOne Medical Group	Staff time
				MercyOne Des Moines Medical Center	Staff time
	Focus location(s)				Focus Population(s)
	Central Iowa				Patients discharged from the hospital or emergency room

Adoption of Implementation Strategy

MercyOne Des Moines Medical Center

On May 28, 2025, the Board of Directors for MercyOne Des Moines Medical Center met to discuss the 2026-2028 Implementation Strategy for addressing the community health and social needs identified in the 2025 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.



Vanessa Freitag, Chief Operating Officer

6/19/2025

Date

MercyOne Clive Rehabilitation Hospital

On May 20, 2025, the Board of Directors for MercyOne Clive Rehabilitation Hospital met to discuss the 2026-2028 Implementation Strategy for addressing the community health and social needs identified in the 2025 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.



Nicole Nigg, Chief Executive Officer

5/20/25

Date

Clive Behavioral Health

On June 4, 2025, the Board of Directors for Clive Behavioral Health met to discuss the 2026-2028 Implementation Strategy for addressing the community health and social needs identified in the 2025 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.



Kevin Pettit, Chief Executive Officer

6/20/25

Date