



Community Health Needs Assessment (CHNA) Implementation Strategy

Fiscal Years FY26-28

MercyOne Elkader Medical Center completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on March 20, 2025. MercyOne Elkader Medical Center 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 community members and various community organizations.

The complete CHNA report is available electronically at [MercyOne.org/about-us/community-health-and-well-being](https://www.mercyone.org/about-us/community-health-and-well-being) or printed copies are available at 901 Davidson St, Elkader, IA 52043.

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 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 200 clinics, medical centers, 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 Elkader Medical Center, a member of MercyOne, is a 25-bed critical access hospital, which provides a vital lifesaving link to rural communities in Clayton County and surrounding areas through ambulance and emergency services. MercyOne is committed to providing quality, personalized and safe health care close to home.

The MercyOne Elkader Medical Center emergency department is staffed 24 hours a day, seven days a week with board certified providers and advanced level practitioners who are well-trained to treat emergency needs. MercyOne Elkader Medical Center is certified as a Level IV Trauma Center by the Iowa Department of Public Health. Team members certification include:

- Advanced Trauma Life Support
- Advanced Cardiac Life Support
- Pediatric Advanced Life Support
- Neonatal Advance Life Support
- Airway Management

Services and specialties available at MercyOne Elkader Medical Center include:

- Cardiopulmonary rehabilitation
- Cataract procedures
- Coagulation management
- Colon screenings
- Emergency services
- General surgery

- Hospice care
- Imaging and radiology
- Lab and wellness testing
- Occupational therapy
- Physical therapy
- Respiratory therapy
- Respite care
- Skilled care
- Speech therapy
- Podiatry

MercyOne Elkader Medical Center participates in a clinically integrated network (CIN) where providers work together to improve health, increase patient satisfaction, and lower health care costs for members and the communities served.

Our community

MercyOne Elkader Medical Center is located in Elkader, Iowa, which serves as the county seat for Clayton County. MercyOne Elkader Medical Center also operates two family medicine clinics located within Clayton County. The county is 760 square miles, the fifth largest in the state.

The total population of Clayton County, as recorded on the most recent census in 2020, is 17,043. Clayton County, along with other rural Iowa communities, is experiencing population declines. The population of Clayton County decreased by 5% between 2010 and 2020. Clayton County has an aging population with 26% of residents 65 years of age and older. Most of the population (97%) is white, and the county has seen almost no minority growth in the past 10 years (Iowa State University Extension and Outreach, Rural Iowa at a Glance 2024).

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 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, as well as promote health and well-being 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 Clayton County, Iowa. 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. Access to care

Health insurance

- Nearly a quarter (24%) of residents are enrolled in Medicaid, which is higher than the state (21%) and national (22%) enrollment rates. Enrollment is highest in the under 18 age group (41%). Individuals receiving Medicaid are more likely to have health access, health status and social support needs. (Data Source: American Community Survey, 2018-22)
- 7% of the population does not have health insurance which is higher than the state (5%) and lower than the United States (9%). The proportion without health insurance is highest among the Hispanic or Latino population (22%). (Data Source: American Community Survey, 2018-22)

Primary care

- Nearly a quarter (24.5%) of respondents on the community survey reported they have not been able to easily receive all the care they need for health concerns. (Data source: Community Survey Q7)
 - 21% of respondents on the community survey reported scheduling issues/conflicts with facility hours as a barrier to receiving health care services, 17% reported cost as a barrier and 12% reported being unable to take time off work. (Data source: Community Survey Q8)
 - There are only 59 primary care providers for every 100,000 people, which is significantly less than both the state (118) and national (116) averages. (Data Source: CMS NPPES, 2024)
 - Part of Clayton County is a shortage area for primary care physicians (Iowa HHS).
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Mental health and substance misuse

- 12% of respondents on the community survey reported cost as a barrier to receiving brain/mental health services, 10% reported lack of anonymity as a barrier and 7% reported it taking too long to get an appointment. (Data source: Community Survey Q9)
- Clayton County has 17 mental health providers for every 100,000 which is significantly less than both the state (193) and national (309) averages.
- There are no providers in Clayton County who specialize in addiction or substance abuse treatment.

Specialists

- Nearly 23% of Clayton residents believe access to specialists is one of the top health concerns. (Data Source: Community Survey Q19)
- When asked about additional services or resources that should be available in the community, four survey respondents submitted free text responses reading increasing access to specialty providers. (Data Source: Community Survey Q36).

Dental

- 10% of residents reported having trouble accessing dental care, and the primary barrier is cost. (Data source: Community Survey Q 10 & Q 11)
- Clayton County has one dental provider for every 2,128 people. This is lower than the state (1 per 1,411) and national (1 per 1,361) ratios. (Data source: HRSA, 2022)
- Part of Clayton County is a shortage area for dental care providers. (Data Source: HRSA)
- When asked about additional services or resources that should be available in the community, four survey respondents submitted free text responses reading access to dental providers. (Data Source: Community Survey Q36)

Skilled nursing facilities and home care

- Although county level data for access to home health care and skilled nursing care was not found, multiple members of the Advisory Council identified this as a significant community need. This was also a topic at a 2024 Clayton County Board of Health Meeting.

2. Mental health and substance misuse

Mental health

- Brain/mental health was the most reported concern for adults on the community survey. (Data Source: Community Survey Q19)
 - 12% of survey respondents reported experiencing brain/mental health challenges. (Data Source: Community Survey Q6)
 - Death due to intentional harm in Clayton County (17.4 per 100,000) was higher than the state (17.1) and national (14.5) rates. (Data source: CDC-National Vital Statistics System, 2018-2022)
 - 16% of adult residents report 14 or more days over the past 30 days during which their mental health was not good. This is similar to state and national averages. (Data Source: Behavioral Risk Factor Surveillance System, 2022)
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- Brain/Mental health was the top reported health risk for children on the community survey followed by bullying. (Data Source: Community Survey Q20)
 - The percentage of young people who are not in school and not working is high (17%), which can indicate social disengagement. (Data Source: American Community Survey, 2018-22)
 - When asked about additional services or resources that should be available in the community, seven survey respondents submitted free text responses reading access to mental health. (Data Source: Community Survey Q 36)

Substance misuse

- Most (78%) community survey respondents consider substance misuse a growing problem. (Data source: Community Survey Q22)
 - 30% of respondents on the community survey consider substance use one of the top concerns for adults in Clayton County. (Data source: Community Survey Q19)
 - Nearly a quarter (23.9%) of adults report binge drinking in the past 30 days, which is similar to the state (23.5%) and worse than the national average (18%). (Data Source: Behavioral Risk Factor Surveillance System)
 - Nearly 17% of adults smoke, which is similar to state (16.5%) and worse than the national average (13.2%). (Data Source: Behavioral Risk Factor Surveillance System)
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3. Obesity, nutrition and physical inactivity

Obesity

- 40% of Clayton County residents are classified as obese, which is higher than both Iowa (38.7%) and the United States (33.4%). (Data Source: CDC Behavioral Risk Factor Surveillance System, 2022)
- More than a quarter (28%) of survey respondents report being overweight or obese. (Data source: Community Survey Q6)
- Obesity was the second most-reported concern for adults on the community survey and the fourth greatest health risk for children. (Data source: Community Survey Q19 and Q20)

Nutrition

- Only 7% of survey respondents report eating at least 2-3 servings of fruits and vegetables each day. (Data source: Community Survey Q4)

Physical activity

- Just over a quarter (25.7%) of Clayton County residents report no physical activities or exercise in the past month. This is higher than the state average of 24.9% and the national average of 23%. (Data Source: Behavioral Risk Factor Surveillance System, 2022)
 - 15% of survey respondents reported getting 30+ minutes of exercise 0 days each week. (Data Source: Community Survey Q3)
 - 5% of survey respondents reported having trouble paying for exercise opportunities. (Data Source: Community Survey Q13)
 - Screen time was reported as the third greatest health risk for children on the community survey. (Data Source: Community Survey Q20)
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4. Social determinants of health (SDOH)

Food:

- 10% of survey respondents reported having trouble paying for food. (Data Source: Community Survey Q9)
- An estimated 13% of residents experienced food insecurity at some point during the year, which is higher than both state and national rates. This is the highest rate in the past five years. (Data Source: Feeding America, 2022)

Housing:

- 11% of survey respondents reported having trouble paying for housing and utilities. (Data Source: Community Survey Q13)
- 11% of survey respondents reported issues with living arrangements including mold/dampness, bugs, cleanliness, drinking water, nonfunctioning appliances, leaks and accessibility. (Data Source: Community Survey Q14)
- Nearly 22% of Clayton County residents spend 30% or more of their household income on housing. (Data Source: American Community Survey, 2018-2022)
- Almost 23% of Clayton County housing units have one or more substandard housing conditions. (Data Source: American Community Survey, 2018-22)

Transportation:

- 5% of survey respondents reported having trouble accessing transportation. (Data Source: Community Survey Q8)
- Almost 8% of Clayton County households do not have a motor vehicle, which is higher than Iowa (5.61%) and lower than the United States (8.33%). (Data Source: American Community Survey, 2018-22)

Financial strain:

- 18% percent of survey respondents reported having trouble paying for basic needs such as food, housing, transportation and childcare. (Data Source: Community Survey Q13)
- Clayton County Median household income is nearly \$60,500 which is \$10,000 less than the Iowa average and \$15,000 less than the United States average. (Data Source: American Community Survey, 2018-22)
- Nearly 29% of the Clayton County residents have an income below 200% of the FPL. (Data Source: American Community Survey, 2018-22)

5. Preventive health services

- Mammography screening rates in Clayton County (51%) are lower than Iowa (53%). (Data Source: County Health Rankings)
 - Both flu vaccination rates (28.6%) and childhood immunization rates (65.5%) are lower in Clayton County than Iowa. (Data Source: Iowa Public Health Tracking Portal)
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Hospital implementation strategy

Significant health and social needs to be addressed

MercyOne Elkader 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** Access to care: CHNA pages 15-16
- 2** Mental health and substance misuse: CHNA page 16
- 3** Social determinants of health (SDOH): CHNA pages 17-18

Significant health and social needs that will not be addressed

MercyOne Elkader Medical Center acknowledges 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 Elkader Medical Center does not intend to address the following needs:

- **Obesity, nutrition and physical inactivity:** This was not selected as a need to address, but MercyOne Elkader Medical Center will continue to utilize existing services available to address these needs.
- **Preventive health services:** This need was not selected as it was ranked the lowest priority by the advisory council. MercyOne Elkader Medical Center will continue to offer preventive health services.

This implementation strategy specifies community health needs that the hospital 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.

1

Access to care



Goal: Increase access to primary care services

CHNA Impact Measures

Reduce the average time from request to appointment at MercyOne Elkader Family Medicine for acute visits

**2026
Baseline**

24 hours

**2028
Target**

**Same
day**

Reduce the average time from request to appointment at MercyOne Elkader Family Medicine for non-acute visits

2 weeks

1 week

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Recruit at least one additional primary care provider to serve the community.	X	X	X	MercyOne Elkader Family Medicine	Recruitment in-kind time, recruitment visits, commencement bonus
				MercyOne Elkader Medical Center	Recruitment in-kind time, recruitment visits, commencement bonus
	Focus location(s)				Focus Population(s)
	MercyOne Elkader Family Medicine MercyOne Monona Family Medicine				Clayton County, Iowa residents

2

Mental health and substance misuse



Goal: Increase access to mental health care

CHNA Impact Measures

**2026
Baseline**

**2028
Target**

Enroll adults 65 and older in Senior Life Solutions

0

50

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Partner with Senior Life Solutions to provide an outpatient program that helps older adults who are struggling with a mental illness.	X	X	X	MercyOne Elkader Medical Center	Remodeling facility, colleague program education
				Senior Life Solutions	Community outreach, colleague time, recruiting colleagues
	Focus location(s)				Focus Population(s)
	MercyOne Elkader Medical Center				Adults 65 and older who are struggling with a mental health condition such as depression or anxiety.

3

Social Determinants of Health (SDOH)



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

CHNA Impact Measures

Improve social needs screening rates for patients
Implement a new program/partnership based on social needs screening findings

**2026
Baseline**

**2028
Target**

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70%

0

1

Strategy	Timeline Y1 Y2 Y3			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Implement workflow to screen patients for health-related social needs	X			MercyOne Elkader Medical Center	Colleague time, new electronic medical record
	X			MercyOne Elkader Family Medicine	Colleague time, new electronic medical record
				Focus location(s)	Focus Population(s)
				MercyOne Elkader Medical Center and MercyOne Elkader Family Medicine	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(s) in patient population		X		MercyOne Elkader Medical Center	Colleague time, new electronic medical record, analytics
		X		MercyOne Elkader Family Medicine	Colleague time, new electronic medical record, analytics
				Focus location(s)	Focus Population(s)
				MercyOne Elkader Medical Center and MercyOne Elkader Family Medicine	All patients
Strategy	Timeline Y1 Y2 Y3			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Identify and implement a program or partnership to address identified social need(s)		X	X	MercyOne Elkader Medical Center	Colleague time and financial contribution
		X	X	MercyOne Elkader Family Medicine	Colleague time
				Focus location(s)	Focus Population(s)
				MercyOne Elkader Medical Center and MercyOne Elkader Family Medicine	All patients

*New electronic medical record go-live end of FY25. No baseline for direct comparison.

Adoption of Implementation Strategy

On September 18, 2025 the Board of Directors for MercyOne Elkader Medical Center met to discuss the 2025-2028 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.



9/18/2025

Alana Monson, Interim Administrator

Date