



Community Health Needs Assessment (CHNA) Implementation Strategy

Fiscal Years FY25-27

MercyOne Clinton Medical Center and Genesis Medical Center DeWitt completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the MercyOne Clinton Board of Directors on April 11th, 2024 and the Genesis Medical Center DeWitt Board of Directors on May 2nd, 2024. MercyOne Clinton Medical Center and Genesis Medical Center DeWitt 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.

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/). Printed copies are available 1410 North 4th Street, Clinton, IA 52732 and 1118 11th Street, DeWitt, IA 52742.

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 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 Clinton Medical Center, a member of MercyOne, is a licensed 163-bed hospital with the ability to accommodate 107 patients. Services offered include emergency services offering level IV trauma support, radiation, oncology, pediatrics, birth center, perioperative services, inpatient behavioral health, inpatient rehabilitation (physical, occupational, speech), cardiac and pulmonary diagnostic and interventional services, sleep lab, laboratory, and pharmacy. Two miles from the main hospital campus is a MercyOne south health campus with outpatient rehabilitation, homecare and hospice, home medical equipment, and wound center.

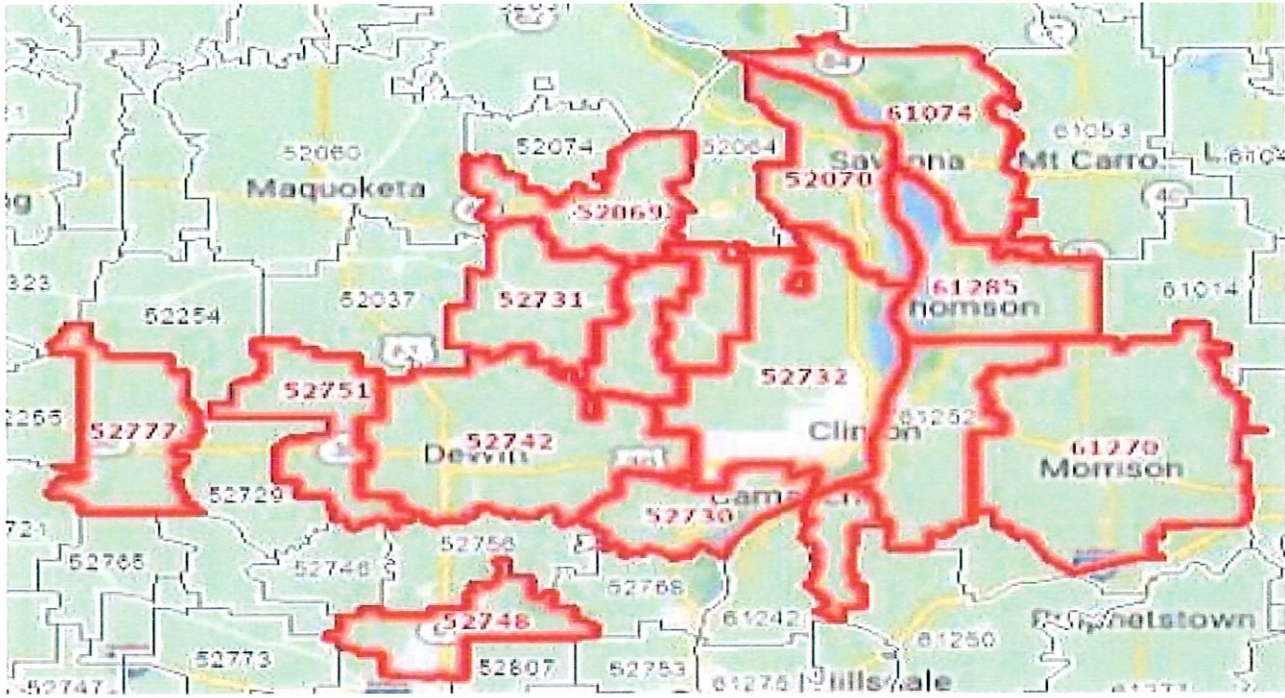
MercyOne Clinton Medical Center is a member of the MercyOne System of Des Moines, Iowa, and Trinity Health of Livonia, Michigan.



Our community based services

Describe non-acute facilities such as PACE, Medical Group, Safety Net Health Centers, Home Care, Senior Living, and other CHWB services such as Mobile Health, Community Health Worker Hubs, Prevention Programs – DPP, Tobacco, Prenatal, Sr. Fit, etc. – This information can be copied from the CHNA.

Our community



The geographic area for the CHNA includes 17 zip codes in five (5) counties in Iowa and Illinois. The five counties include Clinton, Jackson, and Scott in Iowa, and Whiteside and Carroll in Illinois. 93% of MercyOne Clinton Medical Center patients reside within this area. This service area does not exclude low-income or underserved populations.

Service Area Zip Codes				
IA 52064	IA 52069	IA 52070*	IA 52701	IA 52727*
IA 52730	IA 52731	IA 52732*	IA 52742	IA 52748
IA 52750	IA 52751	IA 52757	IA 52777	IL 61074*
IL 61230	IL 61252	IL 61270	IL 61285	

*Priority zip codes that meet the federal poverty guideline definition and area median income (AMI) definition

The total population of the service area, as recorded on the most recent census in 2023, is 76,099, and is trending downward. The population is primarily rural with two small cities, Clinton and DeWitt. The median age is 42.5, which is higher than the median Iowa and US age of 38. The population is mostly Caucasian, with 92.3% White, 2.6% Black, 0.05% Native American, 0.6% Asian, and 4.3% Hispanic.

The below table summarizes the demographics of the service area using 2017-2021 population estimates

Race and Hispanic origin	
White alone	92.3%
Black or African American alone	2.6%
American Indian or Alaska Native alone	0.25%
Asian alone	0.62%
Native Hawaiian and Other Pacific Islander alone	0.058%
Some other race alone	0.24%
Two or more races	3.9%
Ethnicity	
Latino Hispanic (of any race)	4%
Not Hispanic or Latino	95.7%
Age	
Under 18	23.7%
18-64	56.7%
65 and older	19.6%
Median age	42.5
Sex	
Male	49.8%
Female	50.2%
Population characteristics	
Foreign-born population	1.6%
Population age 5+ with limited English proficiency	0.68%
Veterans	6.4%
Population with a disability	12.7%
Geography	
Population per square mile	76

*data pulled from US Census Bureau, 2017-2021. Centers for Medicare and Medicaid Services, 2020.

Our approach to health equity

While CHNAs 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 the 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 2023 and 2024 identified the significant needs for health and social drivers of health within the Clinton County community. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified include:

1. Brain/Mental health

- DeWitt service area has 88% fewer mental health providers than the nation (84% fewer than Iowa)
- The combined service area has 69% fewer mental health providers per capita in than the nation (47% fewer than Iowa).
- Not enough psychiatric inpatient beds at MercyOne was cited as a concern during informant interviews
- According to survey, 46% faced challenges in receiving brain health care, including appointment availability (14.5%) and cost (10.5%).
- 45.2% of survey participants said brain health is a concern for adults
- 54.8% of survey participants said it is a concern for children (62.1% in DeWitt).
- Suicide rate is 40% higher than the national rate (25% higher than Iowa)
- Male suicide rate is 50% higher than the national rate (35% higher than Iowa)
- Poor mental health days is higher than state and national rates
- Mental health was discussed as a concern in focus group

2. Substance use

- DeWitt service area has no addiction/substance use providers.
 - There are 72% fewer addiction/substance use providers per capita in the service area than the nation (56% fewer than Iowa).
 - 18.2% of population are current smokers, which is higher than nation (13.5%) and Iowa (15.8%).
 - COPD prevalence is higher (7.9%) than Iowa (6.8%) and nation (6.4%).
 - Death by lung disease is 19% higher than nation and 6% higher than Iowa.
 - Heavy/Excessive drinking is higher than nation (although lower than Iowa)
 - Binge drinking is higher than nation (although lower than Iowa).
 - Death by drug poisoning is higher than Iowa (although lower than nation).
 - Average number of patients per month at MercyOne ED for alcohol use
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has grown from 14 in 2019 to 27 in 2023.

- Average number of patients per month at MercyOne ED for amphetamine use rose from 10 in 2022 to 16 in 2023.
- Substance use providers was noted as an unmet need in informant interview.
- Drug use and smoking was brought up as concerns during focus group.
- Violent crime rate is 50% higher than Iowa rate and 13% higher than nation (included under substance use since vast majority of crime is drug- related according to Clinton Police Department).

3. Access to health care

- There are only 64 primary care physicians per 100k population, which is 52% lower than the nation and IA rates.
- Preventable hospitalization rates among Medicare beneficiaries is 10% higher than Iowa (8% lower than nation)
- 35.5% of survey participants reported that they have not been able to receive all the care they need (46.7% in Clinton).
- Transportation noted as top issue in focus group and Community Health Clinic, Inc. and Clinton and DeWitt Emergency Medicine informant interviews.
- Access to specialty care noted as a need in Community Health Clinic, Inc. informant interview and focus group.
- Access to primary care and access to specialist care were the 4th and 5th top responses, respectively, to the question: What are your TOP THREE (3) health and social concerns for ADULTS your community?
- Being able to afford medications noted as a top issue for focus group participants and patients according to Community Health Clinic, Inc. informant interview

4. Cancer

- Cancer incidence for all sites is 20% higher than nation (10% higher than Iowa)
- Colon and rectum cancer incidence is 19% higher than nation (8% higher than Iowa)
- Breast cancer incidence is 17% higher than nation (11% higher than Iowa)
- Mammogram rates among Medicare beneficiaries are 16% lower than Iowa (8% higher than nation)
- Death by cancer is 8% higher than nation (5% higher than Iowa)

5. Access to childcare

- Clinton County is considered a childcare desert according to the Center for American Progress with 4.85 children per licensed childcare slot
 - Access to affordable childcare was noted as a top concern among focus group participants.
 - First Children's Finance estimated the childcare gap could be as high as 1,587 spaces: 237 spaces for ages 0 to 2 and 1,428 spaces for school age children for the Clinton and Camanche area in their Child
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Care Market Analysis Report published in December 2023.

- Preschool enrollment rate is lower than Iowa and nation

6. Food insecurity

- Food insecurity rate for service area (9.0%) is higher than Iowa (7.6%), but lower than nation (10.3%)
- Food insecurity rate for children in Clinton County (12.2%) is higher than Iowa (9.7%), but lower than nation (13.3%)
- 29.0% of food insecure children are ineligible for assistance, which is higher than Iowa (27.1%) and nation (26.6%)
- 25.2% of low-income population have low food access, which is higher than Iowa (19.5%) and nation (19.4%)
- Top social issue seen in patients according to Community Health Clinic, Inc. informant interview.
- Top concern among focus group participants

7. Housing and homelessness

- Gonorrhea cases per 100k population is 175 (140 in Iowa)
- Syphilis cases per 100k population is 30 (27 in Iowa)
- Chlamydia cases per 100k population is 479 (458 in Iowa)

8. Obesity, obesity-associated disease, and exercise

- 39.8% of population is obese, which is higher than Iowa (36.6%) and nation (33.0%)
- Heart attack hospitalization rate is 31% higher than Iowa.
- Heart disease prevalence among Medicare beneficiaries is higher than in Iowa and nation.
- High blood pressure prevalence is higher than Iowa and nation.
- Diabetes prevalence is 8% higher than Iowa (5% lower than nation)
- No leisure-time physical activity higher than Iowa and nation
- Access to recreation and fitness facilities is 50% lower than Iowa (48% lower than nation)
- Rates of death due to coronary heart disease is 32% higher than nation (21% higher than Iowa)
- Obesity was listed as a top three concern by survey participants in all zip codes.
- 40% of survey participants self-reported to be obese.
- 35.5% of survey participants self-reported to have heart problems (50% and 37.1% in Clinton respectively).

9. Access to dental care

- There are 28% fewer dentists per capita in-service area than the nation (24% fewer than Iowa).
 - Only 35.97% of children (0-20) with Medicaid dental coverage received preventative dental care service, which is 17% less than Iowa's average.
 - Oral health emergency department visit rate is 81% higher than Iowa.
 - At least 500+ patients currently on waitlist at Community Health Center, Inc.
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- Adults with Medicaid are not being accepted for dental services according to Clinton County Resource Center and Community Health Center, Inc. informant interviews and focus group.
- According to focus group, adults with Medicaid are told to go to Iowa City, which is a 1.5-hour drive.

10. Asthma

- Current adult asthma prevalence is higher than IA and nation.
- Clinton County's asthma emergency department visits are 35% higher per capita than Iowa

11. Teen pregnancy*

- Teen birth rate in Dewitt's service area is 68% higher than Iowa (42% higher than nation)
- Teen birth rate in combined service area is 43% higher than Iowa (27% higher than nation).

*Note: Teen pregnancy was identified after prioritization survey as a significant need due to overwhelming disparity in service area rates compared to state and national rates and was therefore not able to be ranked.

Hospital Implementation Strategy

Significant health and social needs to be addressed

MercyOne Clinton Medical Center will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following needs:

- 1 Access to health care– see pages (ref pages in this doc)

Significant health and social needs that will not be addressed

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

- **Brain/Mental health** - This need will not be addressed due to resource limitations. MercyOne Clinton Medical Center will continue to partner with local organizations and evaluate additional resources as they become available.
- **Substance use** - This need will not be addressed due to resource limitations. MercyOne Clinton Medical Center will continue to partner with local organizations and evaluate additional resources as they become available.
- **Cancer** - This need will not be addressed due to resource limitations. MercyOne Clinton Medical Center will continue to partner with local organizations and evaluate additional resources as they become available.
- **Access to childcare** - This need will not be addressed due to resource limitations. MercyOne Clinton Medical Center will continue to partner with local organizations and evaluate additional resources as they become available.

- **Food insecurity** - This need will not be addressed due to resource limitations. MercyOne Clinton Medical Center will continue to partner with local organizations and evaluate additional resources as they become available.
- **Housing & homelessness** - This need will not be addressed due to resource limitations. MercyOne Clinton Medical Center will continue to partner with local organizations and evaluate additional resources as they become available.
- **Obesity, obesity-associated disease, exercise** - This need will not be addressed due to resource limitations. MercyOne Clinton Medical Center will continue to partner with local organizations and evaluate additional resources as they become available.
- **Access to dental care** - This need will not be addressed due to resource limitations. MercyOne Clinton Medical Center will continue to partner with local organizations and evaluate additional resources as they become available.
- **Asthma** - This need will not be addressed due to resource limitations. MercyOne Clinton Medical Center will continue to partner with local organizations and evaluate additional resources as they become available.
- **Teen pregnancy** - This need will not be addressed due to resource limitations. MercyOne Clinton Medical Center will continue to partner with local organizations and evaluate additional resources as they become available.

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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Access to health care



Hospital facility: MercyOne Clinton Medical Center
CHNA reference pages:

Brief description of need:

- There are only 64 primary care physicians per 100k population, which is 52% lower than the nation and IA rates.
- Preventable hospitalization rates among Medicare beneficiaries is 10% higher than Iowa (8% lower than nation)
- 35.5% of survey participants reported that they have not been able to receive all the care they need (46.7% in Clinton).
- Transportation noted as top issue in focus group and Community Health Clinic, Inc. and Clinton and DeWitt Emergency Medicine informant interviews.
- Access to specialty care noted as a need in Community Health Clinic, Inc. informant interview and focus group.
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- Being able to afford medications noted as a top issue for focus group participants and patients according to Community Health Clinic, Inc. informant interview

Equitable and Inclusive SMART Objectives:

1. Improve preventive health care access and vaccination, with Mobie Medical Unit presence, at ten community events by FY27 QTR 4.
2. Reduce transportation barriers by implementing a patient shuttle service by FY25 QTR 4.
3. Improve ease of health care access by implementing a specific scheduling phone number (563-421-DOCS) and online scheduling/rescheduling tool (InQuicker) by FY25 QTR 2.

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

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Partner with community service organizations by providing preventive care, nutrition, and exercise education via the Mobile Medical Unit at their special events.	X	X	X	MercyOne Clinton Medical Center	In kind staff time, printed materials, educational give aways
				MercyOne Dubuque Medical Center	Mobile medical unit, staff time, medical supplies, educational giveaways
				Information, Referral & Assistance Services	Indoor and outdoor space
				Clinton County Health Department	Vaccines, medical supplies
				Focus location(s)	Focus Population(s)
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Promote list of transportation options available in Clinton to patients	X	X	X	MercyOne Clinton Medical Center	In kind staff time, printed materials
				Information, Referral & Assistance Services	Staff time
				Focus location(s)	Focus Population(s)
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Create a job aid for staff members to use to help patients with their transportation needs	X	X	X	MercyOne Clinton Medical Center	In kind staff time, printed materials
				Focus location(s)	Focus Population(s)
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Create a plan to use existing shuttle. Either create volunteer program to drive shuttle or seek grant funding to fund a driver.	X	X	X	MercyOne Clinton Medical Center	In kind staff Time (Foundation Executive Director), \$12,350 additional committed resource for coordination of volunteer drivers, \$4,752 committed for transportation health equity.


Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Promote new and improved scheduling options to community. 563-421-DOCS and InQuicker (online appointment booking and rescheduling).				MercyOne Clinton Medical Center	In kind staff time, marketing, printed materials, software
	X	X	X		
				Focus location(s)	Focus Population(s)
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
				Focus location(s)	Focus Population(s)
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
				Focus location(s)	Focus Population(s)
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
				Focus location(s)	Focus Populaton(s)

Anticipated impact of these actions:

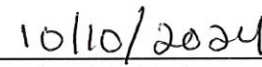
Impact Measures	Baseline	Target	Plan to evaluate the impact
Provide Preventive health care, including nutrition and exercise education, to 400 encounters via the MercyOne Mobile Medical Unit at twelve community events.	0	12 events/400 patient encounters	Count number of events and patient encounters from Mobile Medical Unit log.
Provide shuttle rides to improve health care access.	0	70 rides	Count number of shuttle rides from shuttle log.
Improve health care access with enhanced appointment scheduling options.	0	100 scheduled appointments	Count appointments scheduled using 563-421-DOCS & InQuicker.

Adoption of Implementation Strategy

The Board of Directors for MercyOne Clinton Medical Center met to discuss the FY 2025-2027 Implementation Strategy for addressing the community health and social needs identified in the FY 2025-2027 Community Health Needs Assessment on October 10, 2024. Upon review, the board approved this Implementation Strategy and the related budget.



 Melissa Wood, COO/CNO



 October 10, 2024