



## MercyOne Clinton CHNA Implementation Strategy Fiscal Years FY22-24

MercyOne Clinton Medical Center completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on 10/22/2021. MercyOne Clinton 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 took into account a comprehensive review of secondary data analysis of patient outcomes, community health status, and social determinants 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 <https://www.mercyone.org/clinton/about-us/community-benefit/> or printed copies are available at MercyOne Clinton Medical Center 1410 N. 4th St. Clinton, IA 52732.

### Hospital Information **Definition of Service Area**

MercyOne Clinton is located in Clinton, Iowa and serves 16 zip codes in four counties in Iowa and Illinois. The four counties include: Clinton (IA.), Jackson (IA.), Whiteside (IL.), and Carroll (IL.). Over 93% of the patients provided by MercyOne Clinton come from this service area. The threshold for a true service area is 90%.

### **Services Provided by MercyOne**

MercyOne Clinton is considered the main hospital campus. The facility is licensed for 163 beds with the ability to accommodate 107 patients. The facility provides the following inpatient and outpatient services:

- The MercyOne Clinton Specialty Clinic (Primary Care, Internal Medicine, Podiatry, Gastro-Intestinal, Oncology, General Surgery and Vascular Surgery) is in the hospital on the 1<sup>st</sup> and 4<sup>th</sup> floors

- Emergency Services offering Level IV Trauma Program
- Ambulance Services (Contracted through Medic EMS)
- Radiation Oncology (Free-standing unit adjacent to the hospital)
- Outpatient Oncology (Contracted through Genesis and located on the 4<sup>th</sup> floor)
- Inpatient and Outpatient Services
  - Ambulatory Services (4 West)- infusions, transfusions, procedures, PICC and Midline insertion, Same Day Surgery overflow, outpatient chemotherapy
  - General and Intermediate Patient care (2 Main)- medical, surgical, telemetry, post cardiac, inpatient chemotherapy
  - Critical Care Services (2 West) – critical and intermediate care, inpatient dialysis
  - Respiratory Services- respiratory and ventilator management, EKG
  - The Birth Center and Maternal Children's Services- obstetrics, gynecology, and pediatrics
  - Perioperative Services - Preadmission Services, Same Day Surgery, Anesthesia, Operating Room, GI Lab, Procedure Room, Post Anesthesia Care and Central Processing
  - Inpatient Behavioral Health (Psychiatry Physician services provided by Fas Psych Telehealth)
  - Inpatient Rehabilitation Services - Physical, Occupational, and Speech therapies
  - Inpatient and Outpatient Cardiac and Pulmonary Diagnostic and Interventional Services
  - Sleep Lab
  - Inpatient and Outpatient Radiology Services
  - Inpatient and Outpatient Laboratory Services
  - Inpatient and Outpatient Pharmacy Services

MercyOne Clinton South Health Campus is located approximately two miles from the main hospital campus and offers the following services:

- Outpatient Rehab (includes Physical Therapy, Occupational Therapy, and Speech Therapy (Speech Therapy includes adult and pediatric))
- Outpatient Renal Dialysis
- MercyOne Clinton Homecare & Hospice
- MercyOne Clinton Durable Home Medical Equipment
- MercyOne Clinton Wound Center

MercyOne Clinton Medical Group has provider clinics in five locations: MercyOne Clinton North Health Plaza, MercyOne Fulton Family Clinic, MercyOne Dewitt Family Clinic, MercyOne Morrison Family Clinic, and MercyOne Specialty Care located on the first and fourth floors of the hospital. Providers and Specialists offer services for the following:

1. Audiology
2. Bariatrics
3. Cardiology
4. Pain Management/ Anesthesia
5. Family Practice Internal Medicine
6. General Surgery
7. Gynecology
8. Nephrology
9. Obstetrics
10. Oncology
11. Ophthalmology
12. Orthopedics
13. Pediatrics
14. Podiatry
15. Pulmonology
16. Rheumatology
17. Urology
18. Vascular Surgery

MercyOne Clinton Urgent Care offers provider services by appointment and walk-in to address medical needs of the community after hours, weekends and some holidays.

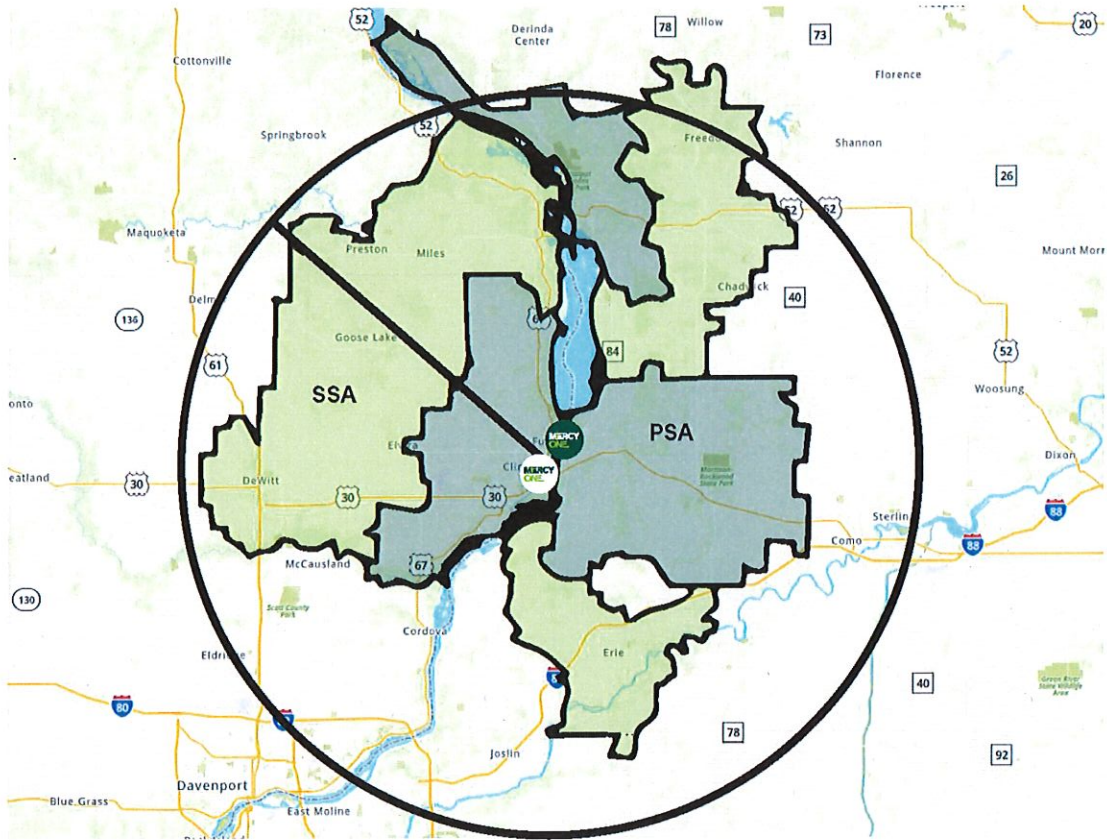
**Health Facilities Owned and Operated by MercyOne Clinton:** MercyOne Clinton, formerly Mercy Health Network, is a connected system of health care facilities and services dedicated to helping people and communities live their best life. The system's clinics, medical centers, hospitals and other care facilities are located throughout the state of Iowa and beyond. Headquartered in central Iowa, MercyOne Clinton was founded in 1998 through a collaboration between Catholic Health Initiatives (now CommonSpirit Health) and Trinity Health — two of the country's leading, not-for-profit Catholic health organizations.

Today, the nonprofit health system includes more than 18 owned and joint venture medical centers and hospitals, 25 affiliated medical centers and more than 420 clinics and related care facilities. With 20,000 employees across the state, MercyOne Clinton is working to provide personalized and convenient health care.



MercyOne Clinton serves a population of over 70,000 people in four counties in eastern Iowa and western Illinois. MercyOne Clinton provides services on seven campuses throughout the service area. Services are provided in the medical center, four clinics, and an urgent care facility. The organization is accredited through the Joint Commission.

# Community Description - Service Area and Population

## GEOGRAPHIC AREA SERVED



## LOCATIONS

-  MercyOne Clinton Medical Center
-  MercyOne Clinton North Health Plaza

## SERVICE AREA

-  Primary Service Area
-  Secondary Service Area

## **Population Demographics and Social Determinants of Health**

**Population:** The four-county service area has seen a consistent population decline over the past 20 years. Most recently, the service area population declined from 147,772 in 2015 to 137,571 in 2018.

**Age:** In comparison with state and national data, the service area continues to have a more aging population. Approximately 20% of the service area's population is 65 years or older, which is substantially higher than the national average of 15%. On the contrary, the service area has a lower proportion of those aged 18-44 when compared to the national average.

**Race:** All four counties within the service area have populations that are predominantly white. Clinton and Jackson counties report 93.8% and 96.8% of residents, respectively, as white, while 95.7% of Carroll County residents and 93.4% of Whiteside County residents identify as white. Clinton County has the highest percentage of black or African American population, at 2.7%. Jackson, Carroll, and Whiteside County all reported less than 2% of residents as black or African American. Whiteside County has the highest percentage of residents with a Hispanic ethnicity, at 11.9%. Clinton County reports 3.1%, Carroll County reports 3.6%, and Jackson County reports 1.4% Hispanic or Latino.

**Free/Reduced Lunch:** In order for a family to qualify for free or reduced lunch, the family must have an income between 130%-185% of the US federal poverty rate. According to the National Center for Education Statistics, in the service area there were 21,417 total public-school students enrolled during the 2018-19 school year. Of the 21,417 enrolled students, 48.7% (10,435) were eligible for free/reduced lunch. The percent eligible for free/reduced lunch is significantly higher than the Iowa average of 42.5%.

**Household Income:** According to the US Census Bureau, from 2014-2018, the median household income for Illinois and Iowa was \$79,747 and \$74,794 respectively. The median household income for the United States was \$73,965. When compared to state and national data, all four counties in the service area have median household incomes that are significantly lower. Carroll County has the lowest household income at \$66,164, followed by Whiteside County at \$66,908, Clinton County at \$67,549, and Jackson County at \$69,011.

**Poverty:** According to the Robert Wood Johnson Foundation County Health Rankings and Roadmaps, the indicator 'Children in Poverty' captures an upstream measure of poverty that assesses both current and future health risk. Poverty and other social factors contribute a number of deaths comparable to



leading causes of death in the US like heart attacks, strokes, and lung cancer. While repercussions resulting from poverty are present at all ages, children in poverty may experience lasting effects on academic achievement, health, and income into adulthood. Low-income children have an increased risk of injuries from accidents and physical abuse and are susceptible to more frequent and severe chronic conditions and their complications such as asthma, obesity, diabetes, ADHD, behavior disorders, cavities, and anxiety than children living in high income households. MercyOne's primary service area, Clinton County increased in the rate of children in poverty between 2002 (13%) and 2018 (17%). From 2014-2018, approximately 30.4% of individuals in the service area are living in households with income below 200% of the Federal Poverty Level (FPL).

**Medicaid:** The rate of insured population with Medicaid in the service area is approximately 21.5%, which is higher than the state of Iowa (19.3%) and state of Illinois (21.2%).

**Uninsured:** According to the US Census Bureau, from the years 2014-2018, an estimated 4.7% of the service area was uninsured. The service area rate compares favorably to the state of Illinois (7.3%) and the state of Iowa (4.9%).

**Education:** Proficiency in reading by the end of third grade is a crucial marker in a child's educational development. In the early years, learning to read is a critical component of education. But beginning in fourth grade, children use reading to learn other subjects, and therefore, mastery of reading becomes a critical component in their ability to keep up academically. Children who reach fourth grade without being able to read proficiently are more likely to drop out of high school, reducing their earnings potential and chances for success (Kids Count Data Center). According to the US Department of Education, in 2017-18, approximately 57.5% of 4<sup>th</sup> graders living in the service area performed at or above the "proficient" level for reading, favorable when compared to the state of Illinois, but unfavorable when compared to the state of Iowa.

**Violent Crimes:** High levels of violent crime compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors, such as exercising outdoors. Additionally, exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity prevalence. Exposure to chronic stress also contributes to the increased prevalence of certain illnesses, such as upper respiratory illness, and asthma in neighborhoods with high levels of violence. Uniform Crime Reporting (UCR) data is generally regarded as a valid and reliable index of the types of crime residents view as serious events. The County Health Rankings use data from the County-Level Detailed Arrest and Offense Data report. According to this data source,

Clinton County is getting worse for violent crimes increasing from 2007 (447) to 2016 (555) per 100,000 population.

During a three-year period from 2014-2016, the Federal Bureau of Investigation measured violent crimes per 100,000 people throughout the states of Iowa and Illinois. During this period, Whiteside County (191 per 100,000), Carroll County (47 per 100,000), and Jackson County (82 per 100,000) had significantly lower violent crime rates than the state of Iowa average (283 per 100,000) and the state of Illinois average (406 per 100,000). However, Clinton County had an estimated 484 violent crimes per 100,000 people, by far the highest in the service area, and substantially higher than the state rate for Illinois and Iowa.

**Unemployment:** Since the beginning of the COVID-19 pandemic, the unemployment rate for the MercyOne Clinton service area is consistent with the national unemployment rate for the same time period, with the state of Illinois reporting higher rates of unemployment and the state of Iowa reporting lower rates.

**Veterans:** This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. Of the 106,476 population of the report area, 10,006 or 9.40% are veterans.

**Food Insecurity:** Food insecurity is the percentage of the population who did not have access to a reliable source of food during the past year. Without constant access to food individuals can suffer from negative health outcomes and even premature death. In 2020, between 9%-12% of service area residents lacked access to adequate food. The lack of access was consistent with rates seen throughout the state of Iowa (11%) and the state of Illinois (11%).

**Access to Primary Care:** Service area residents continue to have less access to primary care than is seen throughout the states of Iowa and Illinois. In 2017, Whiteside County had the greatest access to primary care in the service area with approximately 59 primary care physicians per 100,000 population. The other 3 counties in the service area, Carroll County (34.5), Clinton County (51.2), and Jackson County (36.1) are all significantly lower than the state averages of Iowa (72.9) and Illinois (80.1).

## **Mission**

### **Vision**

MercyOne will set the standard for a personalized and radically convenient system of health services.

### **Mission**

MercyOne Clinton serves with fidelity to the Gospel as a compassionate, healing ministry of Jesus Christ to transform the health of our communities.

### **Core Values**

Reverence: We honor the sacredness and dignity of every person.

Integrity: We are faithful to who we say we are.

Commitment to those who are poor: We stand with and serve those who are poor, especially the most vulnerable.

Compassion: Solidarity with one another, capacity to enter into another's joy and sorrow.

Excellence: Preeminent performance, becoming the benchmark, putting forth our personal and professional best.

Justice: We foster right relationships to promote the common good, including sustainability of the Earth.

Stewardship: We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

## **Health Needs of the Community**

The CHNA conducted on 4/23/2021 identified the significant health needs within the MercyOne Clinton Medical Center community. Those needs were then prioritized. The Community Health Needs Assessment (CHNA) process included gathering both qualitative and quantitative data. It is important to note that, while most of this data is health specific MercyOne Clinton acknowledges that many factors affect individual and population health. Most notably, the social determinants of health (poverty, education, employment, etc.) can have a significant impact on health status, and MercyOne Clinton collected a wide variety of data that reflects these indicators. Together, the qualitative and the quantitative data will help the health system make decisions regarding short-term and long-term resource allocation. The final 8 prioritized health needs were developed from analyzing the responses from the community health need survey against a need differential process. During the analysis, 5 key questions from the Community Survey were identified as areas of focus: What are the 3 most important factors for a healthy community?, What are the 3 worst health problems in the community?, What are 3 risky behaviors that exist in the community?. What are the 3 worst health problems relative to children's health?,



What are 3 social care needs that people face in the community? The top 5 responses from the 5 questions listed were compiled into a list of 25 potential areas of concern. From the list of 25, closely related responses were grouped together to create a better-defined list of 15 areas of concern. After obtaining a list of the 15 areas of concern from the survey, a need differential was calculated for each area, comparing quantitative data indicators from the County Health Rankings in Iowa and Illinois to narrow it down to 8 top health needs. The need differential was calculated by using the following formula:  $\text{Need Differential} = (\text{current rate} - \text{benchmark rate}) / \text{current rate} \times 100$ .

### **Prioritization of Significant Needs**

After the top 8 needs were identified in January 2021, these 8 were presented to the steering committee. The Steering Committee was given a survey through survey monkey on January 5, 2021 listing the 8 health needs and asking them to prioritize the top health needs based on their area of expertise and knowledge of the area in the community they represent. The idea was to have the steering committee identify the top areas because this is the group that collectively can help address the needs with the maximum impact.

**Major Priorities:** After a week of collecting surveys from the Steering Committee in January 2021, the following 8 categories were identified from the community survey, need differential analysis and steering committee input. In order of importance.

#### **1) Mental Health**

Brain Health has been one of the top-ranking health needs for this community the past several years. Clinton County offers inpatient and outpatient services, but we still see mental/brain health as a top priority on our Community Health Needs Assessment. Over the past year accessing services became more challenging due to COVID-19 restrictions. It is anticipated that COVID-19 will have a significant impact to brain/mental health due to increased stress, social isolation, and lack of healthcare. To be successful, we need to raise awareness/acceptance of brain/mental health issues and to provide the community with adequate tools/resources to live healthy lives. As a result, of mental/brain health surfacing as a top priority, a work group has been formed with experts of different backgrounds to develop action plans to implement over the next 3+ years.

## **2) Substance Abuse**

Substance use has been one of the top-ranking health needs for this community the past several years. Clinton County has one provider that offers outpatient substance use services, and there are two intensive outpatient programs with housing, a substance use prevention agency, two substance abuse coalitions, and additional community partners who address substance use as part of their services. Over the past year accessing services became more challenging due to COVID-19 restrictions. Statewide substance use providers have seen a 30% decrease in patients, due to COVID-19 and related closings/restrictions. In addition, prevention efforts have been limited due to not being able to do community outreach or school-based services. Overall, the early data suggests that in the United States, COVID-19 has led to an increase in substance use, increase in overdoses, mental health related issues due to increased stress, social isolation, and lack of healthcare. According to the Centers for Disease Control and Prevention, as of June 2020, 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19. Overdoses have also spiked since the onset of the pandemic. A reporting system called ODMAP shows that the early months of the pandemic brought an 18% increase nationwide in overdoses compared with those same months in 2019. To be successful, we need to increase community readiness and implement strategies to reduce initiation of substance use and decrease the progression of substance use and related behavioral health issues. This workgroup will use the Strategic Prevention Framework to collect and review assessment data, build capacity, create community strategies, implement strategies, and evaluate their effectiveness. As a result, of substance use surfacing as a top priority, a work groups has been formed with experts of different backgrounds to develop action plans to address this community priority.

## **3) Access to Health Care**

Primary care providers in the service continue to rise. Currently from the County Health Rankings data Clinton County had a ratio for PCPs of 1860 to 1. This has remained steady at this level for the past 10 years with a ratio range of 1694-1959:1. With a high need for more providers and an identified need to get vulnerable patients to and from health care, transportation and access to a primary care physician has remained a top priority for MercyOne's service area

#### **4) Obesity**

Adult obesity is defined as the percentage of the adult population, age 20 and older, with a body mass index (BMI) greater than or equal to 30 kg/m. According to the CDC, obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for major health conditions such as diabetes, cancer and heart disease. Adult obesity rates in 2020 for the service area were consistent with rates seen across Iowa (33%) and Illinois (30%), an increase from 2014 of 1% and 2% respectively. Whiteside County had the highest adult obesity rate (34%), followed by Clinton County (33%), Jackson County (31%), and Carroll County (25%).

#### **5) Poverty**

According to the Robert Wood Johnson Foundation County Health Rankings and Roadmaps, the indicator 'Children in Poverty' captures an upstream measure of poverty that assesses both current and future health risk. Poverty and other social factors contribute a number of deaths comparable to leading causes of death in the U.S. like heart attacks, strokes, and lung cancer. While repercussions resulting from poverty are present at all ages, children in poverty may experience lasting effects on academic achievement, health, and income into adulthood. Low-income children have an increased risk of injuries from accidents and physical abuse and are susceptible to more frequent and severe chronic conditions and their complications such as asthma, obesity, diabetes, ADHD, behavior disorders, cavities, and anxiety than children living in high income households. MercyOne's primary service area, Clinton County increased in the rate of children in poverty between 2002 (13%) and 2018 (17%). From 2014-2018, approximately 30.4% of individuals in the service area are living in households with income below 200% of the Federal Poverty Level (FPL).

#### **6) Access to Food**

Food insecurity is the percentage of the population who did not have access to a reliable source of food during the past year. Without constant access to food individuals can suffer from negative health outcomes and even premature death. In 2020, between 9%-12% of service area residents lacked access to adequate food. The lack of access was consistent with rates seen throughout the state of Iowa (11%) and the state of Illinois (11%).

**7) Suicide**

Suicide serves as an important measure of the mental health of a county's population. The Iowa Health Fact Book data from 2014-2018 ranked Clinton County 10th out of 99 counties with an adjusted suicide rate of 18 per 100,000, while Jackson County ranked 24th with an adjusted suicide rate of 22.6 per 100,000, both more than the Iowa suicide rate of 14 per 100,000. The most recent data from the Illinois Department of Public Health listed a statewide average of 11 suicides per 100,000 with Whiteside County at 18 suicides per 100,000. Carroll County suicide data was unreported. The source for this data is from the National Center for Health Statistics - Mortality Files.

**8) Cancer**

According to State Cancer Profiles, from 2013 – 2017, cancer rates in all four service area counties were higher than the state of Illinois and Iowa averages. Jackson County had the highest cancer rate in the service area, though down from 511 last cycle, with 488.5 cases per 100,000 population. Clinton County (481), Whiteside County (472), and Carroll County (458) all had cancer cases per 100,000 of the population rates higher than the US average at 448.7 per 100,000. The state-average cancer rates for Iowa and Illinois were approximately 479 and 465.5 per 100,000 population, respectively.

## **Hospital Implementation Strategy**

MercyOne Clinton Medical Center 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. Of the 8 significant health needs, the top 3 health needs were identified with the Steering Committee and each will have workgroups dedicated to addressing the needs. Though only the top 3 were selected as needs that will be addressed, the workgroups will keep in mind all the identified health needs as they often overlap.

### **Significant health needs to be addressed**

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

- **Mental Health** – page 15.
- **Substance Abuse** – page 18.
- **Access to Health Care** – page 22.

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

MercyOne Clinton Medical Center acknowledges the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on only the top 3 health needs which it deemed most pressing, under-addressed, and within its ability to influence, MercyOne Clinton will not take action on the following health needs:

- **Obesity** – MercyOne Clinton does not plan to directly address this particular need because while this is a need, community education will be provided focusing on prevention, but it was not deemed a top priority.
- **Poverty** – MercyOne Clinton does not plan to directly address this particular need because other service organizations are addressing this need directly and developing action plans.
- **Access to Food** – MercyOne Clinton does not plan to directly address this particular need because other service organizations have plans in place and resources to address this need. MercyOne Clinton will support these organizations and continue with providing Groceries with Grace for patients.
- **Suicide** – MercyOne Clinton does not plan to directly address this particular need because other coalitions and task forces are directly working on this health need. MercyOne will continue to be involved with these groups to provide support and resources as needed.
- **Cancer** – MercyOne Clinton does not plan to directly address this particular need because it was not one of the top 3, but is a need in the community and MercyOne will provide education as needed and support the work of cancer awareness organizations as needed.

While not the top areas for specific action plans, MercyOne Clinton's Community Benefit Program will continue to provide services on a variety of other health issues including: Diabetes Prevention, Obesity, Nicotine Prevention, Fall Prevention for Seniors, Exercise, Chronic Disease Prevention, and Community Health Awareness & Prevention while keeping in mind the social determinants of health.

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



## CHNA IMPLEMENTATION STRATEGY FISCAL YEARS FY22-24

|                                      |                  |                          |   |
|--------------------------------------|------------------|--------------------------|---|
| <b>Hospital facility:</b>            | MercyOne Clinton |                          |   |
| <b>CHNA significant health need:</b> | Brain Health     |                          |   |
| <b>CHNA reference page:</b>          | 16               | <b>Prioritization #:</b> | 1 |

**Brief description of need:**

Brain Health has been one of the top-ranking health needs for this community the past several years. Clinton County offers inpatient and outpatient services, but we still see brain health as a top priority on our Community Health Needs Assessment. Over the past year accessing services became more challenging due to COVID-19 restrictions. It is anticipated that COVID-19 will have a significant impact to brain health due to increased stress, social isolation, and lack of healthcare. Over the course of FY19-20, MercyOne Clinton Medical Center had 626 mental health inpatient and outpatient admissions. As a result, admissions are on track to increase by 18% in FY21. This could be a result of mental health issues related to social isolation, depression and anxiety due to the COVID-19 pandemic. The average number of mentally unhealthy days reported in a 30-day period for Clinton County (3.9), Jackson County (3.6), Whiteside (3.9), and Carroll (3.9). Clinton County, our main service area, was ranked 94 out of 99 counties in the overall quality of life health outcome ranking.

**Goal:** Raise awareness and acceptance of brain health issues and provide the community with adequate tools and resources to have easy access to brain health services for youth and adults.

**SMART Objective(s):**

1. Reducing stigma with education and training for middle school students, health care workers including MercyOne colleagues and other key brain health stakeholders by offering at least 5 training options by June 30, 2024.
2. Identify barriers and track referral locations of patients presented in the ED with brain health issues and implement strategies to address these barriers by June 30, 2024.
3. Reduce **youth** who report: "During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks" on the 2024 Iowa Youth Survey
4. Increase the number of youth who report that they have a trusted person to talk to on the 2024 Iowa Youth Survey.

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

| Strategies  | Timeline |    |    | Committed Resources  |                                     | Potential Partners   |
|---|----------|----|----|--|-------------------------------------|--|
|   | Y1       | Y2 | Y3 | Hospital   | Other Sources                       |  |
| Provide education and training on resiliency, ACES, Youth/Adult Mental Health First Aid, and Question, Persuade and Refer training.   | X        | X  | X  | Funding Staff time and operational support                 | QPR & resiliency training materials | Iowa State Extension, MercyOne Foundation, Brain Health Now, Bridgeview, CSAC, ASAC                              |
| Collect more in-depth data on ED patients to identify barriers for brain health treatment – i.e. social determinants, transportation.   | X        | X  | X  | Staff time to track and coalition work to address barriers |                                     | Brain Health Work group  |
| Assess targeted populations to identify barriers in the community with brain health providers and access to brain health treatment.   | X        | X  | X  | Mobile Medical Unit, Staffing and organizational support   |                                     | Community Resource Center Iowa MHDS Eastern Region, and Brain Health Now   |
| Work to help teens develop mental health peer groups start by developing a youth screening tool and include a curriculum to accompany the peer support groups in health classes.                            | X        | X  | X  | Organizational Support                                     | Evidence based peer programs        | Brain Health work group, Bridgeview, Life Connections, School guidance counselors                                |
| Implement a curriculum for teachers to discuss suicide prevention in the classroom and get teachers trained to be able to teach this curriculum.  | X        | X  | X  | Organizational Support                                     | Curriculum                          | Brain Health Work group, ISU extension office, Schools, Bridgeview, Life Connections, School Guidance Counselors |
| Map out transportation options in Clinton County and surrounding areas and identify ways to improve transportation to areas where transportation is unavailable for those in need of brain health treatment | X        | X  | X  | Organizational Support                                     | Map of transportation options       | MTA, Eastern Iowa MHDS, Brain Health Work Group  |

**Anticipated impact of these actions:**

| CHNA Impact Measures  | CHNA Baseline                         | Target   |
|---|---------------------------------------|--|
| Number of trainings with QPR and Resiliency                             | 0                                     | 5  |
| Resiliency training for teens   | 0                                     | 3 middle schools within the service area – Clinton, Fulton and Camanche        |
| Identify barriers with brain health patients in the ED for getting help | 0                                     | Over the next 3 years develop action plans for 2 barriers that are identified. |
| Number of assessments provided for brain health with the MMU & CRC.     | 0                                     | Collect 25 brain health assessments per year for 3 years                       |
| Implement suicide prevention curriculum                                 | 0                                     | 3 middle schools within the service area – Clinton, Fulton and Camanche        |
| Identify transportation locations and barriers                          | Look at current map in Clinton of MTA | Increase transportation to 2 locations in the service area                     |

**Plan to evaluate the impact:**

The MercyOne CHWB lead will keep an annual record of trainings and staff contact hours supporting the Brain Health initiatives. The CHWB team and the Brain Health workgroup will evaluate these strategies annually to identify opportunities for growth.

## CHNA IMPLEMENTATION STRATEGY FISCAL YEARS FY22-24

|                                      |                  |                          |   |
|--------------------------------------|------------------|--------------------------|---|
| <b>Hospital facility:</b>            | MercyOne Clinton |                          |   |
| <b>CHNA significant health need:</b> | Substance Abuse  |                          |   |
| <b>CHNA reference page:</b>          | 16               | <b>Prioritization #:</b> | 2 |

**Brief description of need:**

Substance misuse has been one of the top-ranking health needs for this community the past several years. Clinton County has one provider that offers outpatient substance use services, and there are two intensive outpatient programs with housing, a substance use prevention agency, two substance abuse coalitions, and additional community partners who address substance use as part of their services. Over the past year accessing services became more challenging due to COVID-19 restrictions. Statewide substance use providers have seen a 30% decrease in patients, due to COVID-19 and related closings/restrictions. In addition, prevention efforts have been limited due to not being able to do community outreach or school-based services. Overall, the early data suggests that in the United States, COVID-19 has led to an increase in substance use, increase in overdoses, mental health related issues due to increased stress, social isolation, and lack of healthcare. According to the Centers for Disease Control and Prevention, as of June 2020, 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19. Overdoses have also spiked since the onset of the pandemic. A reporting system called ODMAP shows that the early months of the pandemic brought an 18% increase nationwide in overdoses compared with those same months in 2019.

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**Goal:** Reduce substance misuse to protect the health, safety, and quality of life for all, especially children and increase community readiness and strategies to reduce initiation of substance use. (Healthy People 2020 Substance Abuse Goal)

**SMART Objective(s):**

1. Increase the number of substance use disorder treatment providers in Clinton County by 1 per year. (As measured by # of CADCs – Certified Alcohol and Drug Counselors)
2. Reduce barriers to substance use treatment by providing additional resources including additional locations and additional peer support/CHWs by 1 per year for the next 3 years.
3. Increase the number of kids in MercyOne's service area that participate in an Evidence Based Program on substance use/resiliency each year for 3 yrs.
4. Implement the Healthcare committed program to identify number of youth and adults at risk for substance abuse by June 30, 2024.
5. Decrease the total (males and females) percentage of youth that try alcohol from the Iowa Youth survey by June 30, 2024.

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

| Strategies  | Timeline  |    |    | Committed Resources                         |                   | Potential Partners  |
|---|-----------|----|----|---|-------------------|---|
|   | Y1        | Y2 | Y3 | Hospital                                    | Other Sources     |   |
| 1A<br>Provide community trainings for treatment providers on substance use, culture competency with stigma and/or resiliency training. IBC approved                           | X         | X  | X  | Marketing, onsite locations and CE approval | Grant Funded      | Gateway Impact, ASAC, and Camanche & Dewitt Coalition     |
| 1B<br>Train more individuals to provide substance use assessments   | Base line | X  | X  | MAT clinic, MMU, Urgent Care, ED            | CHW               | Jail, Life Connections, ASAC, Community Health Care       |
| 1C Recruit more treatment providers to the MercyOne Service area – Clinton County.  | Base line | X  | X  | Staff Time                                  |                   | ASAC, Gateway Impact Coalition, Community Resource Center |
| 2A<br>Survey treatment centers to identify barriers or gaps and map out current locations to identify geographical gaps in our service area.                                  | X         |    |    | Staff Time                                  |                   | Substance Use Workgroup                                   |
| 2B<br>Utilize community health worker and/or peer support to connect patients with treatment. (expand peer support additional settings i.e. Urgent Care, MMU, MAT clinic, ED) |           | X  | X  | In-kind support, Staff Time                 | Grant Funded, CHW | Bridgeview and Life Connections Peer Support              |
| 3A<br>Survey the number schools and ages of students currently implementing EBPs include a menu of possible EBP programs.   | X         |    |    | Staff Time                                  |                   | Substance Use Work Group                                  |

|   |   |   |   |                                   |  |   |
|---|---|---|---|-----------------------------------|--|---|
| 4A<br>Develop and get approval of Health Care Committed program   | X |   |   | Staff Time, Health Care Providers |  | Substance Use Work Group  |
| 4B<br>Provide trainings on the stigma related to substance use and increase the communities understanding of stigma that goes with individuals that abuse substances.       | X | X | X | Staff Time                        |  |   |
| 5A<br>Work with the Brain Now Campaign and Brain Health coalition to connect how early initiation of substance use leads to problematic substance abuse and health problems | X | X | X | Staff Time                        |  | CSAC, Local Coalitions & workgroups, school guidance counselors, Life Connections |

**Anticipated impact of these actions:**

| CHNA Impact Measures   | CHNA Baseline   | Target   |
|--|---|--|
| Number of Trainings provided for treatment on substance use, culture competency with stigma and/or resiliency to health care workers, teachers and general public. | Establish Baseline  | Increase to 3 additional service areas within MercyOne Service Area– i.e. Fulton Savanna |
| Number of treatment providers in the MercyOne service area   | Establish baseline  | Increase by 1 provider for each year by 2024   |
| Number of staff and community members who can provide substance use assessments  | Establish Baseline  | Increase by 10%  |
| Number of Evidence Based programs in schools provided.   | Establish Baseline  | Increase by three EBP by 2024  |
| Decrease barriers or gaps of current treatment locations   | Establish current barriers through mapping and surveying population | Improve at least 2 barriers for the MercyOne Service area                                |
| Gather data from Health Care Committed Program to identify areas to address  | Baseline  | Address at least 2 gaps from the data gathered by 2024                                   |



|  |  |            |
|--|--|------------|
| Decrease the total (male and female) percentage by 1% that have tried more than a sip of alcohol by the age of 8 years old on the Iowa Youth Survey. | In the 2018 Iowa Youth Survey, 9% for both males and females at age 8 years old. | 8% by 2024 |
|--|--|------------|

**Plan to evaluate the impact:**

The CHWB lead will work with Gateway Impact and ASAC and other key stakeholders to keep record of the trainings provided to the treatment providers and community on stigma. This team will also work on surveys to identify gaps with treatment locations, will work with CHW and peer support programs to provide substance use assessments/support and establish and implement the health care committed program to develop action plans over the next 3 years.

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## CHNA IMPLEMENTATION STRATEGY FISCAL YEARS FY22-24

|                                      |                       |                          |   |
|--------------------------------------|-----------------------|--------------------------|---|
| <b>Hospital facility:</b>            | MercyOne Clinton      |                          |   |
| <b>CHNA significant health need:</b> | Access to Health Care |                          |   |
| <b>CHNA reference page:</b>          | 17                    | <b>Prioritization #:</b> | 3 |

**Brief description of need:**

Primary care providers in the service continue to rise. Currently from the County Health Rankings data Clinton County had a ratio for PCPs of 1860 to 1. This has remained steady at this level for the past 10 years with a ratio range of 1694-1959:1. With a high need for more providers and an identified need to get vulnerable patients to and from health care, transportation and access to a primary care physician has remained a top priority for MercyOne's service area

**Goal:** Improve access to comprehensive quality health services by identifying and removing access barriers to vulnerable populations and those who are underserved and connect individuals in need of Primary Care.

**SMART Objective(s):**

1. Increase over baseline access to primary care and preventative services to uninsured and underserved individuals by June 30, 2024.
2. Increase over baseline access to non-emergent community-based health care services by June 30, 2024.
3. Increase over baseline access to brain health services and awareness of brain health and substance use resources by June 30, 2024.

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

| Strategies  | Timeline |    |    | Committed Resources          |               | Potential Partners |
|---|----------|----|----|------------------------------|---------------|--------------------|
|   | Y1       | Y2 | Y3 | Hospital                     | Other Sources |                    |
| Dedicate funding to recruit primary care physicians through MercyOne recruitment services.  | X        | X  | X  | Funding                      |               | Recruitment Agency |
| Facilitate community-based health services with the mobile medical unit by participating in at least 3/per year community-based health offerings, including preventative services – flu shots, COVID-19 | X        | X  | X  | MMU resources and staff time |               |                    |

|   |   |   |   |            |  |  |
|---|---|---|---|------------|--|--|
| vaccinations/boosters, Free Blood Pressure checks, Brain health assessment and other services that may arise.   |   |   |   |            |  |  |
| While providing preventative services with community based mobile medical unit assess the number of individuals uninsured & facilitate presumptive Medicaid process.        | X | X | X | Staff Time |  |  |
| Provide health services to at least 3 vulnerable populations with the mobile medical unit over the next 3 years. i.e. Veteran Population, Quarterly Mobile Food Pantry, MAT | X | X | X | Staff Time |  |  |

**Anticipated impact of these actions:**

| CHNA Impact Measures   | CHNA Baseline                                       | Target   |
|--|---|--|
| Increase the number FTEs of providers over the next 3 years  | Provider FTE FY22 is 50.66                          | Target Provider FTE is 54 by FY24  |
| Number of community based Mobile Medical Unit activities for the next 3 years<br>Number of mobile unit activities dedicated to vulnerable populations i.e veteran population | 0 general population<br><br>0 vulnerable population | 12 months X 3 years) = 36<br><br>3/year = 9 for next 3 years   |
| Number of uninsured individuals identified with the MMU over the next 3 years  | Establish Baseline                                  | Enroll the number of identified individuals in insurance by 10% from baseline over the next 3 years. |
| Identify the number of individuals not connected with a PCP that we assess in the community while out in the MMU.  | Establish Baseline                                  | Connect individuals in contact with the MMU to a PCP by 15% over a 3-year period.<br>(5%/year)       |

**Plan to evaluate the impact:**

The MercyOne Clinton CHWB lead and Eastern Iowa team will develop a plan and schedule for the MMU to provide community-based health over the next 3 years. The MMU and CHWs will track uninsured and insured without a PCP and will work to get these individuals on health insurance and connected to a PCP. Number of physicians recruited to the area of the next 3 years will be documented.

## Adoption of Implementation Strategy

On October 22, 2021, the Board of Directors for MercyOne Clinton, met to discuss the FY22-24 Implementation Strategy for addressing the community health needs identified in the FY22 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

Malissa Sprenger MS IAHDC 10, 22, 2021  
Name & Title Date  
Vice President, Mission Integration  
MercyOne - Eastern Iowa Region