



Community Health Needs Assessment (CHNA) Implementation Strategy

Fiscal Years FY23-25

MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital, and Clive Behavioral Health completed a comprehensive Community Health Needs Assessment (CHNA) in collaboration with multiple community partners that was adopted by the Board of Directors at each participating MercyOne hospital in June 2022. The CHNA was completed 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 determinants of health, as well as primary data collection, including input from representatives of the community, community members, and various community organizations.

The CHNA report is available electronically at [MercyOne.org/desmoines/about-us/community-benefit](https://www.mercyone.org/desmoines/about-us/community-benefit) or printed copies are available upon request at each participating MercyOne hospital.

Our hospitals

MercyOne was founded in 1998 through a collaboration between CommonSpirit Health and Trinity Health – two of the country’s foremost, not-for-profit Catholic health organizations. On September 1, 2022 MercyOne became a fully aligned member of Trinity Health based in Livonia, Michigan. This decision, which brings all parts of MercyOne under a single parent organization, is about making MercyOne stronger and more unified so we can grow and care for more people in our communities.

MercyOne Central Iowa, part of the MercyOne health care network, operates four not-for-profit, Catholic medical centers in Des Moines, West Des Moines, Newton and Centerville and two specialty hospitals – MercyOne Children’s Hospital in Des Moines and MercyOne Rehabilitation Hospital in Clive – along with more than 20 additional facilities that house more than 60 primary care, pediatric, internal medicine and specialty clinics. Additionally, MercyOne Central Iowa partners with Clive Behavioral Health to provide inpatient care for people with behavioral health disorders or co-occurring disorders. MercyOne Central Iowa has several additional ministries including: Mercy College of Health Sciences, MercyOne Des Moines Foundation, MercyOne Health and Fitness Center, MercyOne Population Health Services Organization, and MercyOne House of Mercy.

MercyOne Des Moines Medical Center, a 656-bed acute care facility, was founded by the Sisters of Mercy in 1893 and is the longest continually operating hospital in Des Moines. MercyOne West Des Moines Medical Center, an 89-bed acute care facility, opened in 2009 to provide much-needed services to the quickly-expanding western communities in Central Iowa. MercyOne Des Moines is one of the largest employers in the state of Iowa with more than 5,300 employees. MercyOne Des Moines medical center hosts several ACGME-accredited residency and fellowship programs.

MercyOne House of Mercy is one of Central Iowa’s most comprehensive providers of vital behavioral health services, and the state’s largest program for parenting women with children. House of Mercy uses evidenced-based practices to provide high-quality, personalized care for each client. Since opening in 1988, House of Mercy has dedicated itself to making the community a healthier place by providing quality substance use disorder treatment and mental health programs to individuals and families in need of these services.

MercyOne Clive Rehabilitation Hospital is a state-of-the-art, 50-bed inpatient acute rehabilitation hospital dedicated to the treatment and recovery of individuals who have experienced a loss of function due to an injury or illness. MercyOne Clive Rehabilitation Hospital offers customized, intensive rehabilitation tailored to the individual needs of those recovering from stroke, brain injury, neurological conditions, trauma, spinal cord injury, amputation, and orthopedic injury.

Clive Behavioral Health offers a broad range of treatment for individuals who struggle with a behavioral health disorder or co-occurring disorders. The 100-bed facility spans more than 83,000 square-feet, with a one-story area for clinical and support services and a three-story unit for inpatient and outpatient services.

MercyOne Des Moines Medical Center, Clive Rehabilitation Hospital, and Clive Behavioral Health collaborated to create this joint implementation strategy to address the needs identified in the joint FY22 community health needs assessment.

Our community

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

The service area has a total population of 616,787 residents according to census estimates. The population increased by nearly 87,000 persons between the 2000 and 2010 censuses. Most of this growth occurred in Dallas County. The service area encompasses both urban and rural areas. A higher proportion of the service area is urban compared with the state as a whole. Warren County has the highest percentage of rural residents in the service area.

Almost 13% of the population in the service area is 65 years of age and older which is lower than both state and national figures. Approximately 25% of the population are children under 18 years of age. Dallas County houses the largest proportion of children in the service area.

In looking at race independent of ethnicity, 85.9% of service area residents are White and 5.6% are Black. The area is more diverse than the state but less diverse than the nation as a whole. Polk County is more racially diverse than are Warren and Dallas Counties. A total of 7.6% of service area residents are Hispanic or Latino. A total of 3.1% of the population age 5 and older live in a home in which no person age 14 or older is proficient in English.

Almost 10% of the service area population is living below the federal poverty level. The poverty rate is higher in Polk County than in Dallas County and Warren County. One in four area residents would not be able to afford an unexpected \$400 expense without going into debt. The prevalence is considerably higher in Polk County at 28.7%.

CHNA pages 32-52 provide robust detail on the population characteristics of the service area.

Health needs of the community

Significant health needs were identified based on the information gathered through the FY22 Community Health Needs Assessment (CHNA). Community stakeholders then prioritized those needs in conjunction with the administration of an Online Key Informant Survey. The significant health needs identified, in order of priority include:

1. Mental health
2. Respiratory disease (COVID-19)
3. Nutrition, physical activity, and weight
4. Substance abuse
5. Heart disease and stroke
6. Access to health care services
7. Infant health and family planning
8. Injury and violence
9. Disability and chronic pain
10. Sexual health
11. Cancer

Hospital implementation strategy

Significant health needs to be addressed

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

- 1 Mental health** – CHNA pages 56-64.
- 2 Access to health care services** – CHNA pages 148-166.
- 3 Substance abuse** – CHNA pages 131-139.
- 4 Infant health and family planning**– CHNA pages 113-116.
- 5 Heart disease and stroke**- CHNA pages 70-75.

Significant health needs that will not be addressed

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

- **Respiratory disease (COVID-19)**- This need was not selected to address due to the evolving nature of the COVID-19 pandemic. MercyOne will continue to work collaboratively with state and public health officials to continue to respond to the evolving community health needs of the COVID-19 pandemic.
- **Nutrition, physical activity, and weight**- Community stakeholders who rated this domain as a major problem primarily shared concerns around access and affordability of healthy food options as well as safe outdoor spaces. MercyOne will continue to partner with the community organizations who are already leading initiatives to address this need.
- **Injury and violence**- This need was not selected as it was ranked as a lower priority by community stakeholders.
- **Disability and chronic pain**- This need was not selected as it was ranked as a lower priority by community stakeholders.
- **Sexual health**- This need was not selected as it was ranked as a lower priority by community stakeholders.
- **Cancer**- This need was not selected as it was ranked as a lower priority by community stakeholders.

This implementation strategy specifies community health needs that the hospital, in collaboration with community partners, has determined to address over the next three years. 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.

1

Mental health



Hospitals: MercyOne Des Moines Medical Center and Clive Behavioral Health
CHNA reference pages: 56-64

Brief description of need:

- One in four CHNA survey respondents believe that their overall mental health is 'fair' or 'poor.'
- A total of 36% of area residents have been diagnosed by a physician as having a depressive disorder which is higher than state (16%) and national (21%) figures.
- A total of 41% of area adults have experienced symptoms of chronic depression. This is unfavorably high among Polk County residents (45%), young adults (51%), low-income residents (64%), and LGBTQ+ respondents (61%).
- In 2020 there were 112 mental health providers for every 100,000 area residents. Providers are largely concentrated in Polk County.
- Almost 11% of area adults report a time in the past year when they needed mental health services but were not able to get them. This is most problematic in Polk County and reported more often among young adults (18%), those living in low-income households (18%), and LGBTQ+ individuals (26%).
- Among parents of children 5 to 17 years of age, 21% report that their child needed mental health services at some point in the past year.
- Key informants characterized mental health as a major problem in the community. Respondents shared concerns around access, wait times, stigma, navigation, affordability, and workforce diversity. Many noted these concerns were exacerbated in the youth population.

Goal: Improve access to mental health services

Objective #1:

- Increase the number of inpatient behavioral health beds available

Strategies:

1. Continue nurse, provider, and therapist recruitment initiatives to increase number of beds at Clive Behavioral Health that are staffed/open for patients from 45% capacity to 100% capacity by FY25.
2. Renovate MercyOne Des Moines Medical Center space to open an additional 34 mental health inpatient beds by FY25.

Objective #2:

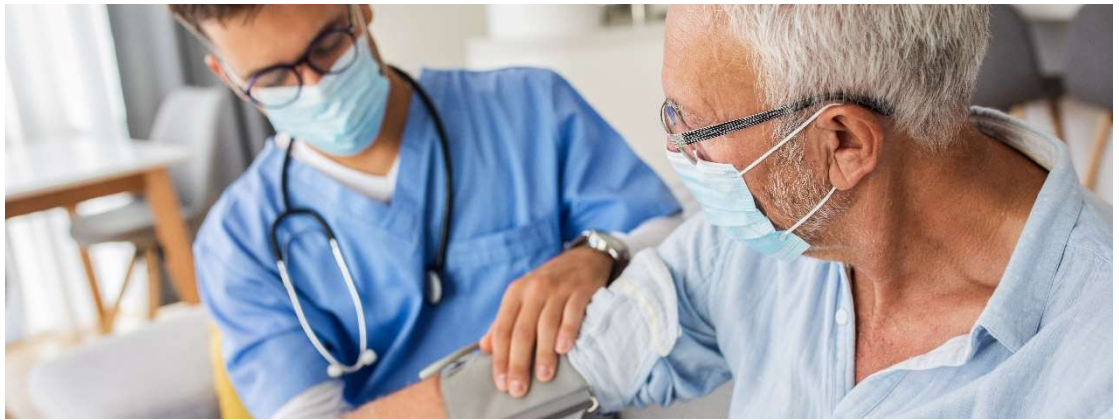
- Increase availability of outpatient behavioral health programs

Strategies:

3. Clive Behavioral Health will develop and launch a partial hospitalization program (PHP) for patients experiencing severe behavioral health symptoms in FY24-25.
4. Clive Behavioral Health will identify additional space needed to accommodate outpatient program growth in FY24.
5. Clive Behavioral Health will build upon an existing adolescent intensive outpatient program by adding additional patient capacity from 16 to 32 patients in FY23.
6. Clive Behavioral Health will develop and launch an adult intensive outpatient program in FY24.

2

Access to health care



Hospital facility: MercyOne Des Moines Medical Center and MercyOne Clive Rehabilitation Hospital

CHNA reference pages: 148-166

Brief description of need:

- Approximately 5% of adults aged 18-64 report having no health insurance coverage. This is well below the state and US prevalence. There are significant racial and ethnic disparities in health insurance coverage. In the service area, 2% of white, non-Hispanic adults lack health insurance coverage while 18% of adults from communities of color lack health insurance coverage.
- Approximately 45% of area adults reported some type of difficulty or delay in obtaining health care services in the past year. This is higher than the national figure of 35%. Of the tested barriers, local residents fared worse than adults nationwide for: cost of prescription medication, appointment availability, inconvenient office hours, and a lack of transportation.
- Almost 18% of area adults have skipped doses or stretched a needed prescription in the past year in order to save costs.
- Emergency room use is highest in Polk County and reported more often among younger adults, low income residents, communities of color, and LGBTQ+ persons.
- Key informants characterized access to health care services as a moderate problem in the community.

Goal: Eliminate barriers to accessing care

Objective #1:

- Leverage technology to make care more accessible

Strategies:

7. MercyOne Des Moines will offer remote patient monitoring for people with multiple chronic health conditions in FY23.
8. MercyOne Des Moines will implement an application that assists patients with medication adherence and reconciliation at discharge from the hospital within FY23-24.
9. MercyOne Des Moines will launch an on-demand telehealth platform for 24/7 urgent care consults in FY24-25.

Objective #2:

- Identify and remove transportation and medication cost barriers

Strategies:

10. Expand screening for medication affordability and transportation needs to cover all primary care, pediatric, and emergency department locations in FY23.
11. Embed Community Health Workers at both MercyOne Des Moines Medical Center and MercyOne West Des Moines Medical Center in FY23 to assist patients in navigating community resources and public assistance programs.

3

Substance abuse



Hospital facility: MercyOne Des Moines Medical Center, in partnership with House of Mercy, and Clive Behavioral Health
CHNA reference pages: 131-139

Brief description of need:

- A total of 30% of area adults are excessive drinkers (heavy and/or binge drinkers). This is well above the Iowa prevalence (23%) and national prevalence (27%). Excessive drinking is reported most by adults 18-39 years of age (40%).
- Between 2017 and 2019, there was an annual average age-adjusted unintentional drug-related mortality rate of 13.7 deaths per 100,000 population in the service area. This is well above the state mortality rate (8.6) but lower than the national mortality rate (18.8).
- A total of 5% of area adults acknowledge using an illicit drug in the past month. This is more than twice the national percentage. Prevalence decreases with age and is acknowledged more often among men, low-income residents, and communities of color.
- A total of 44% of area residents report their life has been negatively affected by substance abuse (by self or someone else). This is higher than the national prevalence of 36%. This is reported much more often among low-income residents and those in the LGBTQ+ community.
- Half of key informants characterized substance abuse as a moderate problem and 40% characterized it as a major problem. Key informants who rated substance abuse as a major problem clearly identified alcohol as causing the most problems in the community.

Goal: Make treatment more accessible

Objective #1:

- Develop new access points and expand existing services for substance use disorder (SUD) treatment

Strategies:

12. House of Mercy (HOM) will develop a peer support program and admit 58 clients in FY23.
13. HOM will embed two counselors into school settings in FY24 to support prevention and early intervention.
14. HOM will partner with probation/parole on initiatives to support offender re-entry in FY24.
15. Clive Behavioral Health will launch an adult SUD program in FY23.

Objective #2:

- Recruit and retain a high quality diverse SUD treatment workforce

Strategies:

16. HOM will develop recruiting connections with five organizations dedicated to serving racial and ethnic minority populations or economically vulnerable populations in FY23-FY24.

Objective #3:

- Increase the number of counselors trained and certified to provide a variety of evidence-based counseling and therapeutic techniques

Strategies:

17. HOM will train eight counselors on dialectical behavioral therapy in FY23.
18. HOM will train three counselors on Mindfulness-Based Stress Reduction (MBSR) in FY24-25.

4

Infant health and family planning



Hospital facility: MercyOne Des Moines Medical Center
CHNA reference pages: 113-116

Brief description of need:

- A total of 7% of 2013-2019 area births were low-weight. This is better than the national percentage (8%) but slightly worse than the Iowa percentage (7%).
- Between 2017 and 2019, there was an annual average of 4.6 infant deaths per 1,000 live births. This is better than both the state (5.1) and national (5.6) rates.
- Key informants characterized infant health and family planning as a moderate problem. Among key informants who characterized infant health and family planning as a major problem in the community, many shared concerns around racial/ethnic and socioeconomic disparities in birth outcomes.

Goal: Improve health outcomes for women of color in central Iowa

Objective #1:

- Reduce stillbirth rates among women of color

Strategies:

19. MercyOne Des Moines will train colleagues in leadership positions on implicit bias in FY23 and spread training to all colleagues in FY24.
20. MercyOne Des Moines' perinatal nurse will design and implement at least one quality improvement project aimed at reducing racial and ethnic disparities in birth outcomes in FY23.
21. MercyOne Des Moines will expand Community Health Worker coverage to the obstetric emergency department in FY23 to assist patients in navigating community resources, applying for public assistance programs, and identifying a medical home that meets their pre-natal care needs and preferences.

Objective #2:

- Recruit and retain a high quality diverse maternal health workforce

Strategies:

22. MercyOne Des Moines will sponsor at least one additional health care education event each fiscal year focused on engaging African American and Latino youth in health care careers.

5

Heart disease and stroke



Hospital facility: MercyOne Clive Rehabilitation Hospital
CHNA reference pages: 70-75

Brief description of need:

- Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. Heart disease and stroke can result in poor quality of life, disability, and death.
- Between 2017 and 2019, there was an annual average age-adjusted heart disease mortality rate of 160.2 deaths per 100,000 population in the service area. The rate is highest in Warren County at 187.3 deaths per 100,000 population.
- A total of 35% of area adults have been told by a health professional at some point that their blood pressure was high. The same percentage of area adults have been told their cholesterol levels were high.
- A total of 85% of area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol. Risk factors were reported more often among adults age 40 and older and those in low-income households.
- Key informants characterized heart disease and stroke as a moderate problem.

Goal: Maximize quality of life post-stroke

Objective #1:

- Provide high-quality physical medicine and rehabilitation programs to persons who have sustained a stroke

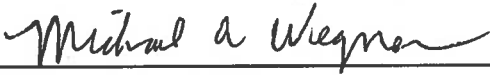
Strategies:

23. MercyOne Clive Rehabilitation hospital will complete a gap analysis in FY23 to identify populations who may benefit from physical medicine and rehabilitation programs but are not currently able to be cared for at the hospital. For example, the hospital recently added the ability to care for patients with a left ventricular assist device through an employee education program through a similar analysis.
24. MercyOne Clive Rehabilitation hospital will achieve a stroke certification through the Commission on Accreditation of Rehabilitation Facilities (CARF) by FY25.

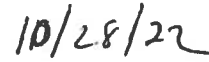
Adoption of implementation strategy

MercyOne Des Moines Medical Center

On October 26, 2022, the Board of Directors for MercyOne Des Moines Medical Center voted after review of the 2023-2025 Implementation Strategy for addressing the community health needs identified in the 2022 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy.



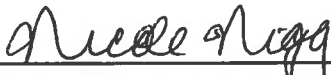
Mike Wegner, Interim President



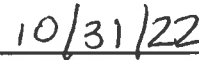
Date

MercyOne Clive Rehabilitation Hospital

On October 25, 2022, the Board of Directors for MercyOne Clive Rehabilitation Hospital voted after review of the 2023-2025 Implementation Strategy for addressing the community health needs identified in the 2022 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy.



Nicole Nigg, Chief Executive Officer



Date

Clive Behavioral Health Hospital

On October 12, 2022, the Board of Directors for MercyOne Clive Rehabilitation Hospital voted after review of the 2023-2025 Implementation Strategy for addressing the community health needs identified in the 2022 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy.



Jeff Herman, Interim Chief Executive Officer



Date