Central Iowa Healthcare

Community Health Needs Assessment

October 20, 2016

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Executive Summary

Mission and Values

The mission of Central Iowa Healthcare is to create and continually improve services that respond to health care needs in our community.

The values of Central Iowa Healthcare are: Quality, Teamwork, Integrity, Empowerment and Compassion.

Assessing Community Health Needs

Central Iowa Healthcare (CIH) engaged in a comprehensive Community Health Needs Assessment (CHNA) process. The CHNA process included an in-depth review of national, state and local data, key informant interviews and review of hospital data. The purpose of this data was to evaluate trends, needs, special populations and the capacity of the hospital and community. The CHNA Steering Committee reviewed information in 2016 and also did a retrospective review of the 2013 CHNA. The CHNA Steering Committee defined the service area for this assessment as the counties of Marshall, Tama and Grundy.

Health Challenges

The tri-county service area consists of people from a diverse population and socio-economic status. There were eighteen areas of concern that were identified as health needs or challenges in the 2016 assessment.

2016-2019 Health Care Priorities

- Overweight & Obesity (which underlies many Chronic Diseases)
- Behavioral Health (which includes Mental Health and Substance Abuse)

Our Strategic Response

The hospital's Board of Directors will manage CIH's response to the health needs identified in this CHNA. As a first step, CIH has researched and identified high level strategies for the identified priorities. The following strategies have been identified to address these needs:

Obesity:

- Improve the coordination of and support for existing community resources addressing this need
- Support schools with education and prevention strategies, nutrition and physical activity and behavioral health
- Address access to care barriers such as transportation, ability to pay, awareness of insurance benefits, and the number of providers
- Increase community access to nutritious foods

- Increase community opportunities for physical activity
- Increase education in community venues regarding health behaviors

Behavioral Health:

- Improve the coordination of and support for existing community resources addressing this need
- Improve access to adolescent behavioral health
- Address access to care barriers such as transportation, ability to pay, awareness of insurance benefits, and the number of providers
- Increase education of and support for primary care to address behavioral health needs
- Improve access to substance abuse treatment and increase support for patient compliance

Specific implementation plans, with tactics aligned to these strategies, will be developed, implemented and measured for effectiveness. These implementation plans will be reviewed and updated regularly to ensure CIH is effective in its response to these identified health needs.

If you would like additional information about the 2016 Community Health Needs Assessment, please contact:

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Introduction

Demographics

Central Iowa Healthcare (CIH) is located in Marshalltown, Iowa and serves primarily residents from Marshall, Tama and Grundy Counties. Central Iowa Healthcare provides primary care clinics in Marshalltown, Tama, State Center and Conrad. Urgent Care services began in Marshalltown in 2015. Central Iowa Healthcare provides paramedic services for the region, employs the Marshall County Public Health Nurse and provides specialty services such as the Wound Healing Center.

Data from Central Iowa Healthcare from July 2015-September 2016 shows that 68% of patient visits were from residents of Marshall County, 18% from Tama County and 6% from Grundy County. The remaining 8% of the patients are from outside of these areas. These numbers are based on discharges and are likely to include duplicate participant visits. Community input and key informant information was gathered from all counties.

Marshall County is located in central Iowa. It is 62 miles from Waterloo 52 miles from Des Moines and 42 miles from Ames. Marshall County is surrounded by Hardin, Grundy, Jasper, Poweshiek, Story and Tama Counties.

In the 2016 fiscal year, the gross revenue mix for hospital patients represented 42%-Medicare, 21.2%-Medicaid, 21.9%-Blue Cross, 10.5%-Commercial, 4.4%-Private/Self-Pay.

Population

Tri-County Area	2013	2014	2015	2016
Total Population	71134	70841	70884	70692
% below 18 years of age	25%	23%	25%	24%
% 65 and over	17%	18%	18%	18%
% of American Indian/Alaskan Native	2%	2%	2%	3%
% Hispanic	13%	12%	12%	14%

Retrospective Review

In October 2013, the Marshalltown Medical & Surgical Center performed a comprehensive CHNA and produced a plan to address the issues identified. The period of 2013-2016 has been a time of major change for Marshalltown Medical & Surgical Center. In July of 2015, an electronic health records system was implemented and an Urgent Care and Surgical Center was opened in southern Marshalltown. Also in 2015, the hospital's name was changed from Marshalltown Medical & Surgical Center to Central Iowa Healthcare. Hospital leadership also changed significantly since the 2013 CHNA. However, many of the items identified through the 2013 CHNA still retain their validity and much was done to address them even during the significant organizational transitions. The Community Advisors from 2013 identified a total of 36 community health needs impacting the identified service area. The following three issues were subsequently identified as the "priority areas":

1. Development of a Community Resource Center (Language appropriate and culturally relevant-assistance and educational materials).
   Response: Additional interpreters and interpreting tools (including, tele-translate and video sign language tools) have been incorporated in clinic, hospital and home visits. Culturally competent trainings have also occurred for employees at Central Iowa Healthcare.
2. Development of a comprehensive plan that provides education, resources and activities for the creation of a healthy lifestyle for children from birth through 21 years of age.
   Response: Community collaborations and individual non-profit agencies have provided resources and partnerships to increase the awareness of healthy activities for children and young adults.
3. Expansion of mental health services/providers and the development of educational resources.
   Response: Additional social work employees, patient financial advocates and telemedicine tools have been added to address the needs specifically for emergency room patients.

The full report can be viewed at
http://www.centraliowahealthcare.com/media/cms/MMSC_CHNA_2013_D370A66C20C64.pdf.

The complete inventory of community benefits is available on request and is provided annually to the IRS in compliance with the IRS' requirements for charitable hospitals.

Summary Observations from Current CHNA

Service Area

Central Iowa Healthcare's service area is defined as Marshall, Tama and Grundy counties. The total population in this area is estimated to be 79,692 in 2016. The racial diversity of the region is expanding and the age of the population is also increasing.

Assessing Community Health Care Needs

Central Iowa Healthcare (CIH) engaged in a comprehensive Community Health Needs Assessment (CHNA) process. The CHNA process included an in-depth review of national, state and local data, key informant interviews and review of hospital data. The purpose of this data was to evaluate trends, needs, special populations and the capacity of the hospital and community. The CHNA Steering Committee reviewed information in 2016 and also did a retrospective review of the 2013 CHNA. The CHNA Steering Committee defined the service area for this assessment as the counties of Marshall, Tama and Grundy.

The 2016 Community Health Needs Assessment identified eighteen areas of potential need. A "potential need" was evidenced by a wide variance between local and state metrics, an unfavorable trend, issues identified by a majority of survey respondents, issues identified by multiple, key informants or issues identified by local, hospital or third-party studies. In total, the following issues were identified as potential needs to be addressed.

2016 Potential Needs

Conditions	Obesity	Access	Hospital-Based Care
	Chronic Diseases		Behavioral Health and Mental Health
	Suicide		Dental/Oral Health
	Cancer		Primary Care
			Elderly Care
Behaviors	Tobacco/Nicotine Use	Determinants	Health Education and Awareness
	Drug Use		Transportation
	Alcohol Abuse		Heath Insurance
	Immunizations		Language and Cultural Impacts
	Nutrition and Healthy Eating		

Health Care Priorities and Contributing Risk Factors

Using the data, findings and feedback from its fact-finding process, the CHNA Steering Committee and the leadership at CIH together prioritize the community's needs according to the following criterion:

- The degree to which the need was essential to the overall health of the community
- The urgency of the need
- Central Iowa Healthcare's ability as a hospital to address the need
- The likelihood Central Iowa Healthcare's efforts would impact the need.

These criteria balance considerations of the depth and urgency of the needs, and the hospital's relative ability to affect the needs based on its expertise, programs and partner relationships. As a result of this process, the following health needs were found to be a priority for the service area:

- Overweight & Obesity (which underlies most Chronic Diseases)
- Behavioral Health (which includes Mental Health and Substance Abuse)

Response

To address needs identified in the CHNA, Central Iowa Healthcare will engage key internal and community partners in identifying and implementing evidence-based strategies. These strategies will guide the current community benefit programs and efforts, as well as new tactics and partnerships that can be integrated into its strategic plan.

Information Sources & Data Collection Approaches

Central Iowa Healthcare (CIH) did not engage a 3rd party vendor to lead the process of gathering both primary and secondary data. The process was led by CIH volunteers and staff that have experience in community-wide assessments. The process involved actively reaching out to key informants in the service area, community-wide surveys (available on-line and in paper form in English and Spanish), a community input meeting and gathering of local, regional and nationally available data sources.

Methodology

Both quantitative and qualitative methods representing both primary and secondary research were used to illustrate and compare health trends and disparities across the local area. Primary research methods were used to solicit input from key informants representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research methods were used to gather existing statistical data to identify community health trends across the area and populations. This data is also used as a tool to quantify peoples' perceptions. This data was relied upon to ensure the most complete picture of community health needs, the strengths, challenges and opportunities facing the community.

Secondary Research

CIH has gathered secondary research from a variety of sources, including, but not limited to the following:

County Health Rankings and Roadmaps
http://www.countyhealthrankings.org/
United States Census Bureau
http://www.census.gov/
Centers for Disease Control and Prevention
http://www.cdc.gov/
2015 State Health Profile
http://www.idph.iowa.gov/Portals/1/userfiles/91/Healthy%20Iowans/State%20Health%20Profile%20Final.pdf
Healthy Iowans: Iowa's Health Improvement Plan 2012-2016
http://www.idph.iowa.gov/healthy-iowans/plan
Iowa Youth Survey 2014
http://www.iowayouthsurvey.iowa.gov/images/2014_County_reports/64.Marshall.pdf

The collection of these resources served as the basis for the needs assessment including:

- Most recent available estimates of demographic, educational attainment, and socioeconomic opportunity information for the communities we serve.
- Estimates of chronic disease and high-risk health behaviors for the service area.

Marshall County Findings

County Health Rankings & Roadmaps (unless noted) provides the following 2016 data analysis:

Marshall County, Iowa Population: 40,866

- 25% (10,217) under the age of 18 –State of Iowa average 23.4%
- 17.5% (7,152) over the age of 65-State of Iowa average 15.6%

Overall County Health Ranking 88/99 counties

- Marshall County ranks 88 out of the 99 Iowa counties for health outcomes. Health outcomes are measured in relation to length of life (premature death) and quality of life. (2013=66/99 Iowa Counties.)

Health Outcomes

Length of Life

- **Premature Death.** Premature death is defined as the number of years of potential life lost before age of 75. Marshall County ranks higher in premature deaths at 7,400/100,000 compared to 5,900 for the same population for the state of Iowa. (2013=6,752/100,000)

Quality of Life

- **Poor or Fair Health**. Marshall County adults report a higher number of days with poor or fair health at 15% compared to 13% throughout the state of Iowa. (2013=11%)
- **Poor Physical Health Days**. Marshall County adults report less number of days of being physically unhealthy at 3.1 days compared to the state average of 3.2 days. (2013=2.2 days)
- **Poor Mental Health Days**. Marshall County adults report less numbers of days being mentally unhealthy at 3.0 days compared to 3.1 days in Iowa. (2013=2.9 days)
- **Low Birthweight**. Marshall County babies are born at the same rate as the state of Iowa for low birthweight. That is currently 7% of the live births. (2013=7%)
- **Frequent Physical Distress.** Marshall County adults have a lower rate of physical distress at 9% of the population compared to 10% throughout the state. Frequent physical distress is defined as over 14 days of fair or poor health per month.
- **Frequent Mental Distress.** Marshall County adults have the same rate of frequent mental distress as the state at 9% throughout the state. Frequent mental distress is defined as over 14 days of mentally unhealthy days per month.
- **Diabetes.** Marshall County residents (over the age of 20) have a diabetes prevalence rate (those who currently have diabetes) of 10%, which is higher than the state of Iowa's rate of 9%. (There is no distinction in the data between Type 1 and Type 2 diabetes prevalence). (2013=9%)

Marshall County Findings Cont.

- **HIV Prevalence.** Marshall County has a higher rate per 100,000 population count than the average throughout the state of Iowa. Marshall County is at 77/100,000 and the state of Iowa is 73/100,000. The current number of people living with HIV in Marshall County is 26. (2013=74/100,000)

Health Factors

Health Behaviors

- **Adult Smoking.** The rate of adults that report smoking in Marshall County is 17% which is slightly lower than the state of Iowa which reports 19%. (2013=20%)
- **Obesity.** Marshall County reports 33% of the adult population as obese. The state of Iowa is lower at 31%. (2013=32%)
- **Physical Inactivity.** Marshall County adults (over aged 20) report that 27% of this population has no leisure-time activity compared to 25% of the same population across the state of Iowa. (2013=26%)
- **Access to Exercise Opportunities.** Marshall County residents report that 71% of the population has access to adequate locations for physical activities. This is lower than the state of Iowa that reports the average to be 76%.
- **Excessive Drinking.** Marshall County reports a lower percent of adults that binge or excessive drink alcohol at 19% of the population compared to 22% across the state of Iowa. (2013=15%)
- **Alcohol-Impaired Driving Deaths.** Marshall County reports that 25% of all driving deaths have alcohol involvement compared to an average of 24% throughout the state of Iowa.
- **Sexual Transmitted Infections**. Marshall County residents have a higher rate of newly diagnosed chlamydia cases per 100,000 populations. Marshall County's rate is 480/100,000 which is higher than the state rate of 356/100,000. (2013=376/100,000)
- **Teen (ages 15-19) Births.** The teen birth rate, measured as a number of births per 1,000 female populations, is significantly higher in Marshall County (51/1,000) compared to the state of Iowa (28/1,000). Currently, this is the second highest rate/county in Iowa. (2013=59/1,000)
- **Food Insecurity**. Marshall County residents show a higher rate of access to adequate foods at 89% of the population compared to 87% across Iowa.
- **Limited Access to Healthy Foods**. Marshall County's low-income residents have the same access to healthy foods based on their location to a grocery store as the state of Iowa at 6% of the population. (2013=6%)
- **Motor Vehicle Crash Deaths**. Marshall County has a higher rate per 100,000 population at 17/100,000 compared to the state rate of 12/100,000. (2013=12/100,000)
- **Insufficient Sleep**. Marshall County adults who report fewer than 7 hours of sleep a day is lower than the state average. Marshall County's adults reports 28% have insufficient sleep compared to Iowa's rate of 30%.

Marshall County Findings Cont.

Clinical Care

- **Uninsured.** Marshall County residents under the age of 65 have an uninsured rate of 12% of this population compared to 10% throughout the state. This percent includes 5% of children under the age of 19 that are also uninsured in Marshall County. The state of Iowa has a rate of 4% for children. (2013=13%)
- **Primary Care Physicians.** Marshall County has a higher population to physician rate than the state. For every one primary care physician in Marshall County, there are 1,460 people. In the state of Iowa, this ratio is 1,350:1. (2013=1,454:1)
- **Dentist.** In Marshall County, there are 2,150 people for each dentist compared to 1,630 people for each dentist throughout the state. (2013=2,338:1)
- **Mental Health Providers.** Marshall County has 970 people for each mental health care provider compared to the state average of 830 providers per person.
- **Preventable Hospital Stays.** Marshall County has a lower rate of hospital stays for ambulatory-care sensitive conditions per 1000/Medicare enrollees. Marshall County has 25/1,000, the state of Iowa has 51/1,000 and nationally, it is 38/1,000. (2013=46/1,000)
- **Diabetic Monitoring.** Marshall County has a higher rate of diabetic Medicare enrollees (ages 65-75) that receive HbA1c monitoring at 92% compared to the state average of 90% of the same population. (2013=87%)
- **Mammography Screening.** Marshall County has a higher rate of mammogram screenings for female Medicare enrollees (ages 67-69) compared to the state average. The current rate is 72% for Marshall County residents compared to 67% for the state of Iowa. (2013=72%)
- **Healthcare Costs.** Marshall County receives $7,220 per Medicare Enrollee's price adjusted reimbursements compared to $8,298 throughout the state of Iowa.

Social and Economic Factors

- **High School Graduation.** Marshall County reports that 86% of the population has a high school diploma compared to 89% in Iowa. (2013=82%)
- **Some College.** Marshall County reports that 57% of the population has some college compared to a rate of 69% in Iowa. (2013=55%)
- **Unemployment Rate.** Marshall County has an unemployment rate of 5.6% which is greater than Iowa's at 4.4% of the population. (2013=7%)
- **Children in Financial Poverty.** Marshall County has 18% of the children that live in financial poverty compared to 16% of the children in the state of Iowa. (2013=20%)
- **Single Parent Homes**. Marshall County has 30% of the children that live in a single parent home compared to 29% of the children in Iowa. (2013=28%)
- **Social Associations.** Marshall County residents have a lower degree of social association at 12.7 compared to the state of Iowa at 15.5.

Marshall County Findings Cont.

- **Violent Crimes.** Marshall County has a higher rate of violent crimes than the state. Marshall County has 354 violent crimes per 100,000 people compared to the state of Iowa of 263 for the same population. (2013=381/100,000)
- **Injuries Deaths.** Marshall County has 80/100,000 deaths/injury which is higher than 60/100,000 in the state of Iowa.
- **Median Income**. Marshall County has a median income of $50,200 per household which is lower than Iowa's average household median income of $53,800. (2013=$47,535)
- **Free School Lunch.** Students in Marshall County qualify and receive free lunch in schools at a higher rate than in the state of Iowa. Marshall County has an average of 51% of the students compared to 34% throughout the state of Iowa. (2013=47%)
- **Language.** According to the US Census Bureau, 18.8 % of those over the age of 5 in Marshall County speak another language other than English in their home.

Physical Environment

Severe Housing Problem. Marshall County reports that 13% of the population has one or more of the following issues regarding to their housing: overcrowding, high housing costs or lack of kitchen or plumbing facilities. In Iowa the state average is 12% of the population.

Neighborhoods. According to the Iowa Youth Survey 2014, Marshall County students report that 19% of their neighbors do not get along. Compared to 12% throughout the state.

Key

- Items that have comparable data from 2013 include the 2013 data. If positive movement has occurred since 2013, the data is green. If negative movement has occurred since 2013, the data is red. If no movement has occurred, it remains in black. Not all data points have comparable data from 2013.

Tama County Findings

County Health Rankings & Roadmaps (unless noted) provides the following 2016 data analysis:

Tama County, Iowa Population: 17,451

- 24.1% (4,206) under the age of 18 –State of Iowa average 23.4%
- 19.2% (3,351) over the age of 65-State of Iowa average 15.6%

Overall County Health Ranking 71/99 counties

- Tama County ranks 71 out of the 99 Iowa counties for health outcomes. Health outcomes are measured in relation to length of life (premature death) and quality of life. (2013=53/99 Iowa Counties.)

Health Outcomes

Length of Life

- **Premature Death.** Premature death is defined as the number of years of potential life lost before age of 75. Tama County ranks lower in premature deaths at 5,700/100,000 compared to 5,900 for the same population for the state of Iowa. (2013=5,567/100,000)

Quality of Life

- **Poor or Fair Health**. Tama County adults report the same number of days with poor or fair health at 13% as the state of Iowa. (2013=12%)
- **Poor Physical Health Days**. Tama County adults report less numbers of days of being physically unhealthy at 3.1 days compared to the state average of 3.2 days. (2013=2.2 days)
- **Poor Mental Health Days**. Tama County adults report the same number of days of being mentally unhealthy at 3.1 days compared to 3.1 days in Iowa. (2013=2.3 days)
- **Low Birthweight**. Tama County babies are born at the same rate as the state of Iowa for low birthweight. That is currently 9% of the live births. (2013=8.3%)
- **Frequent Physical Distress.** Tama County adults have a lower rate of physical distress at 9% of the population compared to 10% throughout the state. Frequent physical distress is defined as over 14 days of fair or poor health per month.
- **Frequent Mental Distress.** Tama County adults have the same rate of frequent mental distress as the state at 9%. Frequent mental distress is defined as over 14 days of mentally unhealthy days per month.
- **Diabetes.** Tama County residents (over the age of 20) have a diabetes prevalence rate (those who currently have diabetes) of 10%, which is higher than the state of Iowa rate of 9%. (There is no distinction in the data between Type 1 and Type 2 diabetes prevalence). (2013=10%)

Tama County Findings Cont.

Health Factors

Health Behaviors

- **Adult Smoking.** The rate of adults that report smoking in Tama County is 18% which is lower than the state of Iowa which reports 19%. (2013=17%)
- **Obesity.** Tama County reports 33% of the adult population as obese. The state of Iowa is lower at 31%. (2013=26%)
- **Physical Inactivity.** Tama County adults (over aged 20) report that 33% of this population has no leisure-time activity compared to 25% of the same population across the state of Iowa. (2013=30%)
- **Access to Exercise Opportunities.** Tama County residents report that 54% of the population has access to adequate locations for physical activities. This is lower than the state of Iowa that reports the average to be 76%.
- **Excessive Drinking.** Tama County adults report a lower percent that binge or excessive drink alcohol at 19% of the population compared to 22% across the state of Iowa. (2013=28%)
- **Alcohol-Impaired Driving Deaths.** Tama County reports a higher percent of all driving deaths with alcohol involvement at 46% compared to an average of 24% throughout the state of Iowa.
- **Sexual Transmitted Infections**. Tama County residents have a higher rate of newly diagnosed chlamydia cases per 100,000 populations. Tama County's rate is 359/100,000 which is higher than the state rate of 356/100,000. (2013=355/100,000)
- **Teen (ages 15-19) Births**. The teen birth rate, measured as a number of births per 1,000 female population aged 15-19 years, is higher in Tama County (35/1,000) compared to the state of Iowa (28/1,000). (2013=38/1,000)
- **Food Insecurity**. Tama County residents show higher rate of access to adequate foods at 88% of the population compared to 87% across Iowa.
- **Limited Access to Healthy Foods**. Tama County's low-income residents have the same access to healthy foods based on their location to a grocery store as the state of Iowa at 7% of the population.
- **Motor Vehicle Crash Deaths**. Tama County has a higher rate per 100,000 population at 23/100,000 compared to the state rate of 12/100,000. (2013=23/100,000)
- **Insufficient Sleep**. Tama County adults who report fewer than 7 hours of sleep a day is lower than the state average. Tama County's adults report 28% have insufficient sleep compared to Iowa's rate of 30%.

Clinical Care

- **Uninsured.** Tama County residents under the age of 65 have an uninsured rate of 16% of this population compared to 18% throughout the state. This percent includes 7% of children under the age of 19 that are also uninsured in Tama County. The state of Iowa has a rate of 4% for children. (2013=13%)

Tama County Findings Cont.

- **Primary Care Physicians.** Tama County has a higher population to physician rate than the state. For every one primary care physician in Tama County, there are 4,390 people. In the state of Iowa, this ratio is 1,350:1. (2013=4,436:1)
- **Dentist.** In Tama County, there are 5,820 people for each dentist compared to 1,630 people for each dentist throughout the state. (2013=4,436:1)
- **Mental Health Providers.** Tama County has 2,490 people for each mental health care provider compared to the state average of 830 providers per person.
- **Preventable Hospital Stays.** Tama County has a lower rate of hospital stays for ambulatory-care sensitive conditions per 1,000/Medicare enrollees. Tama County has 32/1,000, the state of Iowa has 51/1,000 and nationally, it is 38/1,000. (2013=52/1,000)
- **Diabetic Monitoring.** Tama County has a higher rate of diabetic Medicare enrollees (ages 65-75) that receive HbA1c monitoring at 92% compared to the state average of 90% of the same population. (2013=91%)
- **Mammography Screening.** Tama County has a higher rate of mammogram screenings for female Medicare enrollees (ages 67-69) compared to the state average. The current rate is 63% for Tama County residents compared to 67% for the state of Iowa. (2013=65%)
- **Healthcare Costs.** Tama County receives $8,108 per Medicare Enrollee's price adjusted reimbursements compared to $8,062 throughout the state of Iowa.

Social and Economic Factors

- **High School Graduation.** Tama County reports that 93% of the population has a high school diploma compared to 89% in Iowa. (2013=91%)
- **Some College.** Tama County reports that 61% of the population has some college compared to a rate of 69% in Iowa. (2013=59%)
- **Unemployment Rate.** Tama County has an unemployment rate of 5.6% which is greater than Iowa's at 4.4% of the population. (2013=6.9%)
- **Children in Financial Poverty.** Tama County has 18% of the children that live in financial poverty compared to 16% of the children in the state of Iowa. (2013=17%)
- **Single Parent Homes**. Tama County has 33% of the children that live in a single parent home compared to 29% of the children in Iowa. (2013=37%)
- **Social Associations.** Tama County residents have a lower degree of social association at 17.1 compared to the state of Iowa at 15.5.
- **Violent Crimes.** Tama County has a higher rate of violent crimes than the state. Tama County has 354 violent crimes per 100,000 people compared to the state of Iowa of 263 for the same population. (2013=210/100,000)
- **Injuries Deaths.** Tama County has 81/100,000 deaths/injury which is higher than 60/100,000 in the state of Iowa.
- **Median Income**. Tama County has a median income of $55,000 per household which is lower than Iowa's average household median income of $53,800. (2013=$50,034)

Tama County Findings Cont.

- **Free School Lunch.** Students in Tama County qualify and receive free lunch in schools at a lower rate than in the state of Iowa. Tama County has an average of 25% of the students compared to 34% throughout the state of Iowa. (2013=22%)
- **Language.** According to the US Census Bureau, 10.3% of those over the age of 5 in Tama County speak another language other than English in their home.

Physical Environment

Severe Housing Problem. Tama County residents report that 1% of the population has one or more of the following issues regarding to their housing: overcrowding, high housing costs or lack of kitchen or plumbing facilities. In Iowa the state average is 12% of the population.

Neighborhoods. According to the Iowa Youth Survey 2014, Tama County students report that 13% of their neighbors do not get along. Compared to 12% throughout the state.

Key

- Items that have comparable data from 2013 include the 2013 data. If positive movement has occurred since 2013, the data is green. If negative movement has occurred since 2013, the data is red. If no movement has occurred, it remains in black. Not all data points have comparable data from 2013.

Grundy County Findings

County Health Rankings & Roadmaps (unless noted) provides the following 2016 data analysis:

Grundy County, Iowa Population: 12,375

- 23.4% (2,896) under the age of 18 –State of Iowa average 23.4%
- 19.8% (2,450) over the age of 65-State of Iowa average 15.6%

Overall County Health Ranking 6/99 counties

- Grundy County ranks 6 out of the 99 Iowa counties for health outcomes. Health outcomes are measured in relation to length of life (premature death) and quality of life. (2013=22/99 Iowa Counties.)

Health Outcomes

Length of Life

- **Premature Death.** Premature death is defined as the number of years of potential life lost before age of 75. Grundy County ranks 4,100/100,000 compared to 5,900 for the same population for the state of Iowa. (2013=4,493/100,000)

Quality of Life

- **Poor or Fair Health**. Grundy County adults report the number of days with poor or fair health at 10% compared to 13% throughout the state of Iowa. (2013=10%)
- **Poor Physical Health Days**. Grundy County adults report a lower number of days of being physically unhealthy at 2.6 days compared to the state average of 3.2 days. (2013=2.5 days)
- **Poor Mental Health Days**. Grundy County adults report less number of days of being mentally unhealthy at 2.7 days compared to 3.1 days in Iowa. (2013=2 days)
- **Low Birthweight**. Grundy County babies are born at the same rate as the state of Iowa for low birthweight. That is currently 7% of the live births. (2013=8.3%)
- **Frequent Physical Distress.** Grundy County adults have a lower rate of physical distress at 8% of the population compared to 10% throughout the state. Frequent physical distress is defined as over 14 days of fair or poor health per month.
- **Frequent Mental Distress.** Grundy County adults have a fewer number of mental distress days at 8% compared to the state average of 8%. Frequent mental distress is defined as over 14 days of mentally unhealthy days per month.
- **Diabetes.** Grundy County residents over the age of 20 have a diabetes prevalence rate (those who currently have diabetes) of 9%, which is equal to the state of Iowa's rate. (There is no distinction in the data between Type 1 and Type 2 diabetes prevalence). (2013=9%)

Grundy County Findings Cont.

Health Factors

Health Behaviors

- **Adult Smoking.** The rate of adults that report smoking in Grundy County is 15% which is lower than the state of Iowa which reports 19%. (2013=13%)
- **Obesity.** Grundy County reports 29% of the adult population as obese. The state of Iowa is currently at 31%. (2013=31%)
- **Physical Inactivity.** Grundy County adults (over aged 20) report that 27% of this population has no leisure-time activity compared to 25% of the same population across the state of Iowa. (2013=25%)
- **Access to Exercise Opportunities.** Grundy County residents report that 75% of the population has access to adequate locations for physical activities. This is lower than the state of Iowa that reports the average to be 76%.
- **Excessive Drinking.** Grundy County adults report a lower percent that binge or excessive drink at 20% of the population compared to 22% across the state of Iowa. (2013=21%)
- **Alcohol-Impaired Driving Deaths.** Grundy County reports 20% of all driving deaths involved alcohol compared to an average of 24% throughout the state of Iowa.
- **Sexual Transmitted Infections**. Grundy County residents have a lower rate of newly diagnosed chlamydia cases per 100,000 people. Grundy County's rate is 184.8/100,000 which is lower than the state's rate of 356/100,000. (2013=137/100,000)
- **Teen (ages 15-19) Births.** The teen birth rate, measured as a number of births per 1,000 female population aged 15-19 years, is lower in Grundy County (14/1,000) compared to the state of Iowa (28/1,000). (2013=16/1,000)
- **Food Insecurity**. Grundy County residents have greater access to adequate foods at 90% of the population compared to 87% across Iowa.
- **Limited Access to Healthy Foods**. Grundy County's low-income residents have greater access to healthy foods based on their location to a grocery store at 2% of the population compared to 6% of the state's population.
- **Motor Vehicle Crash Deaths**. Grundy County did not have reportable data in 2016. In 2013, it was 13/100,000 people.
- **Insufficient Sleep**. Grundy County adults who report fewer than 7 hours of sleep a day is lower than the state average. Grundy County's adults reports 27% have insufficient sleep compared to Iowa's rate of 30%.

Clinical Care

- **Uninsured.** Grundy County residents under the age of 65 have an uninsured rate of 8% of this population compared to 10% throughout the state. This percent includes 5% of children under the age of 19 that are also uninsured in Grundy County. The state of Iowa has a rate of 4% for children. (2013=9%)

Grundy County Findings Cont.

- **Primary Care Physicians.** Grundy County has a higher population to physician rate than the state. For every one primary care physician in Grundy County, there are 4,100 people. In the state of Iowa, this ratio is 1,350:1. (2013=6,227:1)
- **Dentist.** In Grundy County, there are 4,130 people for each dentist compared to 1,630 people for each dentist throughout the state. (2013=4,151:1)
- **Mental Health Providers.** Grundy County has 12,380 people for each mental health care provider compared to the state average of 830 providers per person.
- **Preventable Hospital Stays.** Grundy County has a lower rate of hospital stays for ambulatory-care sensitive conditions per 1000/Medicare enrollees. Grundy County has 26/1,000, the state of Iowa has 51/1,000 and nationally, it is 38/1,000. (2013=54/1,000)
- **Diabetic Monitoring.** Grundy County has a higher rate of diabetic Medicare enrollees (ages 65-75) that receive HbA1c monitoring at 91% compared to the state average of 90% of the same population. (2013=90%)
- **Mammography Screening.** Grundy County has a higher rate of mammogram screenings for female Medicare enrollees (ages 67-69) compared to the state average. The current rate is 78% for Grundy County residents compared to 67% for the state of Iowa. (2013=70.9%)
- **Healthcare Costs.** Grundy County receives $8,329 per Medicare Enrollee's price adjusted reimbursements compared to $8,298 throughout the state of Iowa.

Social and Economic Factors

- **High School Graduation.** In 2013, the graduation rate in Grundy County was 96%. Data was not available for 2016.
- **Some College.** Grundy County reports that 73% of the population has some college compared to a rate of 69% in Iowa. (2013=74.2%)
- **Unemployment Rate.** Grundy County has an unemployment rate of 4.4% which is equal to Iowa's at 4.4% of the population. (2013=5.1%)
- **Children in Financial Poverty.** Grundy County has 9% of the children that live in financial poverty compared to 16% of the children in the state of Iowa. (2013=8%)
- **Single Parent Homes**. Grundy County has 23% of the children that live in a single parent home compared to 29% of the children in Iowa. (2013=21%)
- **Violent Crimes.** Grundy County has a lower rate of violent crimes than the state. Grundy County has 52 violent crimes per 100,000 people compared to the state of Iowa of 263 for the same population. (2013=30/100,000)
- **Injuries Deaths.** Grundy County has 52/100,000 deaths/injury which is higher than 60/100,000 in the state of Iowa in 2016.
- **Median Income**. Grundy County has a median income of $61,200 per household which is higher than Iowa's average household median income of $53,800. (2013=$54,645)

- **Free School Lunch.** Students in Grundy County qualify and receive free lunch in schools at a lower rate than in the state of Iowa. Grundy County has an average of 19% of the students compared to 34% throughout the state of Iowa. (2013=17%)
- **Language.** According to the US Census Bureau, 2.1 % of those over the age of 5 in Marshall County speak another language other than English in their home.

Physical Environment

Severe Housing Problem. Grundy County residents report that 7% of the population has one or more of the following issues regarding to their housing: overcrowding, high housing costs or lack of kitchen or plumbing facilities. In Iowa the state average is 12% of the population.

Neighborhoods. According to the Iowa Youth Survey 2014, Grundy County students report that 10% of their neighbors do not get along. Compared to 12% throughout the state.

Key

- Items that have comparable data from 2013 include the 2013 data. If positive movement has occurred since 2013, the data is green. If negative movement has occurred since 2013, the data is red. If no movement has occurred, it remains in black. Not all data points have comparable data from 2013.

Primary Research/Findings from the Community Input Process

Health Needs

The key informant interviews and community surveys created opportunities for community members to identify the barriers and gaps to positive health outcomes and the current health needs of their family and the community at large. Where sample sizes were sufficient, the survey data was quantified based on the frequency with which a metric was mentioned or rankings of those metrics. Insights into the connectivity of needs, the specifics of needs and the significance of different needs often became most apparent in the qualitative portion of the data collection: open-ended and free-flowing interviews.

While each participant identified needs specific to the community they represented, several common needs arouse.

- Mental Health concerns
- Substance Abuse including Prescription Drugs
- Alcohol Abuse
- Obesity

Mental Health was mentioned by a majority of key informants and survey respondents. Many suggested that the close connection between mental health and substance abuse, including prescription drug abuse, illegal drug abuse and alcohol abuse, implies the need to consider these as a single issue of Behavioral Health. Many key informants expressed concern of an increase in illegal drugs, particularly in children and young adults. They also noted that there are limited resources or barriers for children, young adults and their families for treatment of mental health or substance abuse. Likewise, it was stated that there were few options for affordable local treatment for adults. Many attributed the higher rates of violence, homelessness and suicide to the need for additional care for Mental Health and Substance Abuse.

Nearly every key-informant highlighted concerns with obesity and overweight conditions, as well as the impact weight problems have on other issues such as chronic diseases and overall wellness.

Barriers to Health

When asked about barriers to positive health outcomes, the following answers were listed most frequently:

- Income/Ability to Pay/Lack of Insurance
- Awareness of services/Education /Understanding of personal health needs
- Language/Culture
- Availability of care options (specialist)
- Understanding wellness benefits and overall understanding of insurance plans
- Hours/Days of Services

- Social Supports including access to quality child care on all shifts and transportation
- Availability and cost of healthy foods

While many respondents acknowledged improvements in access related to the expansion of Medicaid in Iowa in 2012, the inability to pay continues to negatively impact those in the community. High deductibles, increased premiums and co-pays continue to make the inability to pay a barrier to care for some with private insurance.

Primary health care, preventative health care and education/understanding of personal health needs were also highly rated as areas to address. These barriers are closely linked, as it requires some understanding about what good health requires before recognizing the need to engage in healthy behaviors such as exercise and healthy eating.

Other barriers with high frequency were: local and regional transportation with additional hours and cultural/language impact on accessing care.

Socio-Economic Factors	**Specific Need**
Health Education/Awareness	• Education on health issues and choices for treatment in and outside of service area • Increase awareness of services already available
Transportation	Availability on destination and hours
Health Insurance	Understanding of availability and what plans cover

Access Issues

Respondents were asked about specific concerns they had regarding access to care. The following were mentioned most frequently:

- Mental Health Access
- Specialty Care
- Primary Care
- Dental Care

Mental health care included lack of in-patient beds at a local and state level as well as substance abuse treatment facilities. This was expressed in general and especially for children. Primary care physicians were noted as having a sufficient number and choices in the service area, but hours were mentioned as a barrier. Specialty care was noted primarily in regards to cancer treatment and having to travel outside of the area for treatment. Dental care was mentioned as a higher need in the rural areas as well as those without insurance coverage.

Top Actions Central Iowa Healthcare Can Take to Impact Need

Key informants and survey participants were asked for ideas and suggestions regarding how Central Iowa Healthcare can best address the needs and barriers of health. While the suggestions were wide-ranging with some very specific and many generalized, overall the respondents suggestions fell into the following categories:

Collaborate

Nearly every key informant highly valued collaboration with existing community partners as a key strategy for addressing the needs and welcomed the opportunity to work more closely with Central Iowa Healthcare as it completes its CHNA and moves into the implementation plan. Most participants believed collaboration was essential to impacting the community's needs. Public Health departments were eager to partner with CIH as it begins implementation of its community benefits plans.

Increase Education/Awareness/Communication

The input noted a strong interest in improved education on a variety of topics. Similarly, it was clearly noted that there was a need for better awareness regarding resources that are available on a local and regional level. This mirrored broader statements regarding communication to all in the service area.

Improve Care Coordination

There were several suggestions made regarding ways to improve care coordination in the community. Many participants believed that CIH was central to this opportunity. Specifically, there was interest in strengthening the linkages between patients being discharged from CIH and the resources these patients needed to follow up such as transportation, healthy foods, therapy, in-home care and ensuring these services were arranged prior to patients leaving the hospital. Others expressed a need to coordinate care for people with co-occurring disorders such as mental health and substance abuse or mental health and chronic illnesses. One example given was for people treated for an acute mental health need in the hospital who leave with an antipsychotic prescription which must be renewed by a primary care or psychiatric physician. Many of these patients cannot access the follow-up care required and end up revisiting the emergency room when the prescription runs out. Finally, there were requests for greater focus on chronic disease self-management, so patients with chronic disease can successfully manager their diseases.

Prioritization and Description of Needs Identified

The body of community health needs data was refined to eighteen (18) health needs and determinants of highest importance. These 18 needs were chosen based on the presence of an unfavorable trend, a wide degree of variance from comparison geographies and/or if it was considered a high priority to survey and key informant interview participants. These 18 potential areas of focus and the particular targets of the need for each are listed on the following page.

	IDENTIFIED NEED	SPECIFIC TARGET
Conditions	Obesity	• Adults-prevention, education and treatment • Children/Young Adults-prevention, education and treatment
	Chronic Diseases	• Self-management education and nutritional education • Access to low cost medical management
	Suicide	Prevention
	Cancer	Education, screenings and access to low cost treatments
Behaviors	Tobacco/Nicotine Use	Prevention, education and treatment
	Drug Use	Prevention, education and treatment
	Alcohol Abuse	Prevention, education and treatment
	Immunizations	Children and Adults-Influenza and HPV
	Nutrition and Healthy Eating	• Access to healthy foods • Education regarding good nutrition and food preparation options
Access	Hospital-Based Care	• Access to hospital-based services for all (lab, surgery, imaging) • Care coordination and continuity with community partners to assure follow up
	Behavioral Health and Mental Health	Increase capacity and access for all populations
	Dental/Oral Health	Uninsured and Underinsured
	Primary Care	Uninsured and Underinsured
	Elderly Care	• Assistance understanding and physically accessing available services • Self-care education
Determinants	Health Education and Awareness	• Education on health issues and choices for treatment in and outside of the service area • Awareness of services already available
	Transportation	• Lower resourced patients • Patients with complex, chronic diseases that require multiple visits
	Heath Insurance	Education regarding available plans and basic insurance knowledge
	Language and Cultural Impacts	Education for providers on trends and cultural views on health

Members of the community, the Steering Committee and CIH Leadership reviewed information related to these needs and were asked to independently rate the top needs. The following factors were considered:

- Degree to which the need is essential to the community's overall health
- Urgency in addressing the need
- Hospital's unique ability to address the need
- Likelihood that hospital's effort will make an impact on the need

Participants were asked not to consider funding constraints in this review.

The discussion included careful consideration of the symbiotic relationships of many of the needs and the ability to potentially impact more than one need by focusing on specific populations and/or needs. As a result of this process, Central Iowa Healthcare prioritized the following health needs in its service area:

- Overweight and Obesity (which underlies many chronic diseases)
- Behavioral Health, including Mental Health and Substance Abuse

These needs were selected based on the relative urgency of the need, the essential nature of these need to the overall health of the community and that by addressing these particular issues, Central Iowa Healthcare might positively impact related needs. For example, in addressing obesity, CIH might improve the percentage of people eating healthfully and participating in physical activity and reduce the prevalence of some chronic diseases such as diabetes. Likewise, in addressing behavioral health and mental health, CIH may positively impact alcohol and drug abuse and reduce the need for emergency room visits relating to these presenting issues.

Reflections on the Health Needs Assessment

The Process: Lessons Learned and Recommendations for Future CHNA

Central Iowa Healthcare is continuously improving its process and this CHNA is no exception. There are countless sources of information available to inform the CHNA process. The data is usually dated and correlating the impact of isolated local programs to the general populations is limited. When data is limited, CIH must rely on anecdotal information and our own internal data. A more robust process that engages multiple community partners to share efforts and costs and collect shared, community-specific data would be invaluable. These same community partners all require similarly data for purposes of their own assessments and the need to coordinate are clearly evident.

In part, because the data are endless and because health needs and the social determinants for health are similarly endless, time becomes a rate limiting factor in sifting through to find meaningful sources of data and information. The entire CHNA process, to be comprehensive, requires a substantial amount of time and effort. Due to timing and other constraints some populations were not fully represented at the desired level. Similar to the suggestion above, more time and a coordinated effort between multiple community agencies to collect data directly from residents would substantially improve the process.

Strategic Next Steps

By identifying obesity and behavioral health as its priorities, CIH has created a clear call-to-action to focus the future work of its community benefits programs. CIH implementation plan will identify strategies and tactics it believes best suited to address these issues. Equally important, the implementation plan will include metrics for evaluating the effectiveness of the community benefits programs in addressing these important needs.

As a first step in its implementation planning process, CIH has begun working to determine high level strategies for the priorities of obesity and behavioral health. The following strategies have been identified to address these needs:

Obesity:

- Improve the coordination of and support for existing community resources addressing this need
- Support schools and community organizations with education and prevention strategies, nutrition and physical activities and behavioral health
- Increase community access to nutritious foods
- Increase community opportunities for physical activities
- Increase education in community venues regarding health behaviors
- Increase number of patients attending certified Pre-Diabetes classes

Behavioral Health:

- Improve the coordination of and support for existing community resources addressing this need
- Improve access to adolescent behavioral health

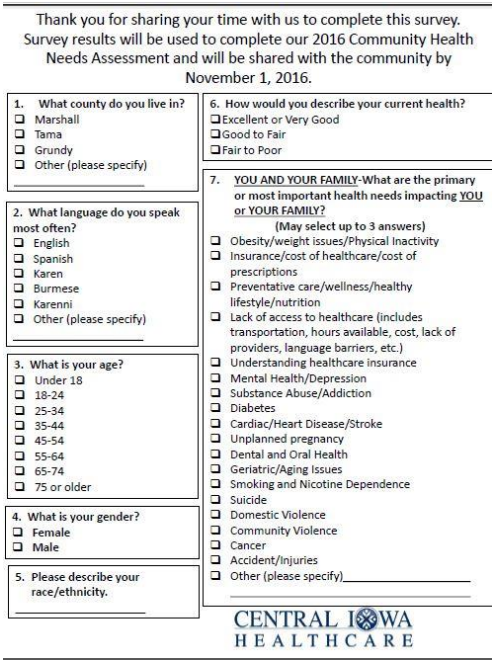
- Address access to care barriers such as transportation, ability to pay, awareness of insurance benefits and the number of providers
- Increase education of and support for primary care to address behavioral health needs
- Improve access to substance abuse treatment and increase support for patient compliance

Specific implementation plans with tactics aligned to these strategies will be developed, implemented and measured for effectiveness in collaboration with appropriate internal and external partners. Central Iowa Healthcare eagerly anticipates working in collaboration with the public health departments in the tri-county service area and other community partners to meet the health needs of this area.

Appendix A

Community Survey

English



Thank you for sharing your time with us to complete this survey. Survey results will be used to complete our 2016 Community Health Needs Assessment and will be shared with the community by November 1, 2016.

1. What county do you live in?
- ❑ Marshall
- ❑ Tama
- ❑ Grundy
- ❑ Other (please specify) _____

2. What language do you speak most often?
- ❑ English
- ❑ Spanish
- ❑ Karen
- ❑ Burmese
- ❑ Karenni
- ❑ Other (please specify) _____

3. What is your age?
- ❑ Under 18
- ❑ 18-24
- ❑ 25-34
- ❑ 35-44
- ❑ 45-54
- ❑ 55-64
- ❑ 65-74
- ❑ 75 or older

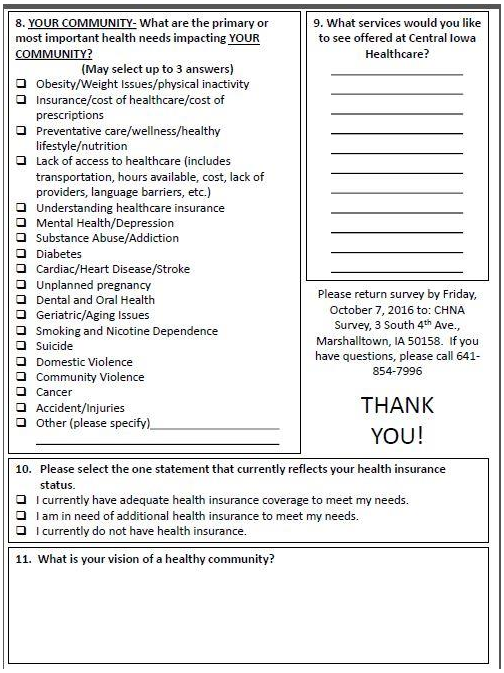
4. What is your gender?
- ❑ Female
- ❑ Male

5. Please describe your race/ethnicity. _____

6. How would you describe your current health?
- ❑ Excellent or Very Good
- ❑ Good to Fair
- ❑ Fair to Poor

7. YOU AND YOUR FAMILY-What are the primary or most important health needs impacting YOU or YOUR FAMILY?
(May select up to 3 answers)
- ❑ Obesity/weight issues/Physical Inactivity
- ❑ Insurance/cost of healthcare/cost of prescriptions
- ❑ Preventative care/wellness/healthy lifestyle/nutrition
- ❑ Lack of access to healthcare (includes transportation, hours available, cost, lack of providers, language barriers, etc.)
- ❑ Understanding healthcare insurance
- ❑ Mental Health/Depression
- ❑ Substance Abuse/Addiction
- ❑ Diabetes
- ❑ Cardiac/Heart Disease/Stroke
- ❑ Unplanned pregnancy
- ❑ Dental and Oral Health
- ❑ Geriatric/Aging Issues
- ❑ Smoking and Nicotine Dependence
- ❑ Suicide
- ❑ Domestic Violence
- ❑ Community Violence
- ❑ Cancer
- ❑ Accident/Injuries
- ❑ Other (please specify)_____

CENTRAL IOWA HEALTHCARE



8. YOUR COMMUNITY- What are the primary or most important health needs impacting YOUR COMMUNITY?
(May select up to 3 answers)
- ❑ Obesity/Weight Issues/physical inactivity
- ❑ Insurance/cost of healthcare/cost of prescriptions
- ❑ Preventative care/wellness/healthy lifestyle/nutrition
- ❑ Lack of access to healthcare (includes transportation, hours available, cost, lack of providers, language barriers, etc.)
- ❑ Understanding healthcare insurance
- ❑ Mental Health/Depression
- ❑ Substance Abuse/Addiction
- ❑ Diabetes
- ❑ Cardiac/Heart Disease/Stroke
- ❑ Unplanned pregnancy
- ❑ Dental and Oral Health
- ❑ Geriatric/Aging Issues
- ❑ Smoking and Nicotine Dependence
- ❑ Suicide
- ❑ Domestic Violence
- ❑ Community Violence
- ❑ Cancer
- ❑ Accident/Injuries
- ❑ Other (please specify)_____

9. What services would you like to see offered at Central Iowa Healthcare?

Please return survey by Friday, October 7, 2016 to: CHNA Survey, 3 South 4th Ave., Marshalltown, IA 50158. If you have questions, please call 641-854-7996

THANK YOU!

10. Please select the one statement that currently reflects your health insurance status.
- ❑ I currently have adequate health insurance coverage to meet my needs.
- ❑ I am in need of additional health insurance to meet my needs.
- ❑ I currently do not have health insurance.

11. What is your vision of a healthy community?

Community Survey

Spanish

Gracias por prestarnos su tiempo para completar esta encuesta. Los resultados seran usados para completar nuestro Asesoramiento de Necesidades de la Comunidad del 2016, lo cual sera compartido con la comunidad el 1ro de noviembre del 2016.

1. ¿En que condado vive?
- ❑ Marshall
- ❑ Tama
- ❑ Grundy
- ❑ Otro (por favor espcifique)

_____

2. ¿ Que idioma habla con mas frecuencia?
- ❑ Ingles
- ❑ Español
- ❑ Karen
- ❑ Birmano
- ❑ Karenni
- ❑ Otro (por favor especifique)

_____

3. ¿ Cual es su edad?
- ❑ Menos de 18 años
- ❑ 18-24
- ❑ 25-34
- ❑ 35-44
- ❑ 45-54
- ❑ 55-64
- ❑ 65-74
- ❑ 75 o mayor

4. ¿Cual es su genero?
- ❑ Femenino
- ❑ Masculino

5. Por favor describa su raza ó etnicidad

_____

6. ¿Como describiria su salud actual?
- ❑Excelente
- ❑Buena
- ❑No muy buena

7. ¿Cuales son las necesidas de salud mas importantes que le impactan a usted ó a su familia? (Puede seleccionar hasta tres respuestas)
- ❑ Obesidad/problemas de peso
- ❑ Seguro medico/costo de cuidado de salud/costo de medicamentos
- ❑ Cuidado preventivo/estilo de vida saludable/nutricion
- ❑ Falta de acceso al cuidado de salud (incluyendo transporacion, horas de disponibilidad, costo, falta de proveedores, barreras de idioma, etc.)
- ❑ El comprender su seguro medico
- ❑ Salud Mental/Depresion
- ❑ Abuso de Sustancias/Adiccion
- ❑ Diabetes
- ❑ Enfermedades del corazon/Embolio
- ❑ Embarazo no planeado
- ❑ Salud dental y oral
- ❑ Problemas de salud en personas de edad avansada
- ❑ Habito de fumar y dependencia a la nicotina
- ❑ Suicidio
- ❑ Violencia
- ❑ Cancer
- ❑ Accidentes/Lastimaduras
- ❑ Otro (por favor especifique)_____

_____

CENTRAL IOWA HEALTHCARE

8. ¿Cuales son los necedidas mas importantes que impactan a su comunidad? (Puede seleccionar hasta tres respuestas)
- ❑ Obesidad/problemas de peso
- ❑ Seguro medico/costo de cuidado de salud/costo de medicamentos
- ❑ Cuidado preventivo/estilo de vida saludable/nutricion
- ❑ Falta de acceso al cuidado de salud (incluyendo transporacion, horas de disponibilidad, costo, falta de proveedores, barreras de idioma, etc.)
- ❑ El comprender su seguro medico
- ❑ Salud Mental/Depresion
- ❑ Abuso de Sustancias/Adiccion
- ❑ Diabetes
- ❑ Enfermedades del corazon/Embolio
- ❑ Embarazo no planeado
- ❑ Salud dental y oral
- ❑ Problemas de salud en personas de edad avansada
- ❑ Habito de fumar y dependencia a la nicotina
- ❑ Suicidio
- ❑ Violencia
- ❑ Cancer
- ❑ Accidentes/Lastimaduras
- ❑ Otro (por favor especifique)_____

_____

9. Que servicios le gustaria que se ofrecieran en Central Iowa Healthcare?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Por favor regrese esta encuesta a mas tardar el viernes, 7 de octubre. Mandelo por correo a CHNA Survey, 3 South 4th Ave. Marshalltown, IA 50158. Llamenos si tiene alguna pregunta al 641-854-7996

Gracias!!

10. Por favor seleccione la frase que mas refleje su estatus actual de seguro medico:
- ❑ Actualmente tengo seguro medico adecuado que cubre mis necesidades medicas
- ❑ Necesito seguro medico adicional que cubra mis necesidades medicas
- ❑ Actualmente no tengo seguro medico

11. ¿Cual es su vision de una comunidad saludable?

Appendix B

Key Informant Interview Questions

Name: _____
Organization: _____
Date/Time of Meeting: _____
Location of Meeting: _____
Secondary Affiliation: _____
Best Form of Contact: _____

1. **What do you see as important health concerns in the community?**

2. **What do you see as significant gaps in the community?**

3. **What ideas do you have to addressing concerns and gaps in the community?**

4. **What can CIH do to improve the health and quality of life of residents in the community?**

Appendix C

Steering Committee and Key Informants

Name	Title	Organizational Affiliation	Additional Affiliations
Steering Committee			
Dawnett Willis	COO/Acting CEO	Central Iowa Healthcare	
Pat Thompson	Marshall County Public Health Nurse	Marshall County Public Health	
David Thomas	Retired Family Medicine Provider	Chair of Marshall County Board of Health	Medical Director MCC/EMT Program, Iowa Trauma System Advisory Council
Susan Martin	Community Volunteer	CIH Board of Directors	
Terry Briggs	Retired OB-GYN Providers	Community Volunteer	
Deirdre Gruendler		Central Iowa Healthcare	
Kelly Knott	Patient Financial Counselor/CHNA Coordinator	Central Iowa Healthcare	
Name	Title	Organizational Affiliation	Additional Affiliations
Michael W. Tupper	Chief of Police	City of Marshalltown	
Susan Vititoe	Clinic Director	Primary Health Care-Marshalltown Medical Clinic	
Lynn Olberding	Chamber Executive Director	Marshalltown Chamber of Commerce	
Nancy L. Stevenson	Executive Director	Marshalltown Area United Way	
Sabrina Cowan	District Nurse Pre-K-12	West Marshall Community Schools	Resident of State Center and Home Healthcare Nurse
Jodi Bowden-Fuentes	Executive Director	LUNA (Latinas United for a New Dawn) (Domestic Violence and Sexual Assault-Marshall County)	Latino Communities
Monica Dirks	DV/SA Advocate	LUNA (Latinas United for a New Dawn) (Domestic Violence and Sexual Assault-Marshall County)	Latino Communities

Rhonda Miller	Community Liaison	Iowa River Hospice	Senior Provider Group
Tami Lichtenberg	Executive Director	Iowa River Hospice	
Garrett Kubic	Nursing Student	Tama County Public Health	
Lori Johnson	Assistant Director/CFO	Tama County Public Health	
Linda Rosenberger	CEO/Executive Director	Tama County Public Health	
Ellen Waterbury	Grades 9-12 School Nurse	South Tama County School District	
Sister Chris Feagan	Director of Hispanic Ministries	St. Mary's Catholic Church-Marshalltown	Hispanic Communities
Jodi S. Tymeson	Commandant	Iowa Veterans Home	
Mandi Beeghly	Executive Director	Central Iowa Family Planning	
Kathy Dooley	Health Educator	Central Iowa Family Planning	
Lori Wallis	School Nurse	BCLUW Community School District	
Angie Eastman	Nurse	Youth & Shelter Services	
Carol Hibbs	Executive Director	Marshalltown YMCA-YWCA	
Kim Jass-Ramirez	Development Director	Marshalltown YMCA-YWCA	

Central Iowa Healthcare

Community Health Needs Assessment

Implementation Strategy 2016-2019

Table of Contents

Executive Summary

Central Iowa Healthcare conducted a Community Health Needs Assessment (CHNA) and developed an implementation strategy with interventions to address identified needs. This process included an in-depth review of national, state and local data, key informant interviews and community surveys. This information was used to identify and prioritize health needs and risk factors in Marshall, Tama and Grundy counties.

2016-2019 Health Care Priorities

- Overweight & Obesity (which underlies many Chronic Diseases)
- Behavioral Health (which includes Mental Health and Substance Abuse)

Implementation Strategy

The above needs were prioritized based on extent and urgency of the need as well as the hospital's ability and likelihood of having an impact. After reviewing these data and engaging in deeper discussion, Central Iowa Healthcare developed an implementation strategy based on evidence-based interventions, current capabilities and its estimate of achievable initiatives. These overall strategies broadly include:

- Improving the coordination of and collaboration with existing community resources in addressing this need
- Increasing community access to financial resources, health education, prevention and healthcare
- Increasing awareness regarding the benefits covered by insurance
- Improving the effectiveness of existing community resources by focusing on assuring right care in the right place at the right time

The Central Iowa Healthcare's Board of Director approved the Implementation Strategy on October 20, 2016. However, Central Iowa Healthcare anticipates further engaging its key community partners in implementing its strategies across the service area, and making adjustments to the strategies as partnerships and evidence evolve.

The final, approved versions of the 2016 Community Health Needs Assessment and the 2016-2019 Implementation Strategies are available electronically at www.centraliowahealthcare.com. Printed copies of both documents are available in the administrative office located at Central Iowa Healthcare, 3 South 4th Avenue, Marshalltown, IA 50158.

Introduction

Central Iowa Healthcare (CIH) completed a comprehensive Community Health Needs Assessment (CHNA) that was approved by its Board of Directors on October 20, 2016. Central Iowa Healthcare performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the communities that had specific knowledge of specialized populations.

The complete CHNA report is available electronically at www.centraliowahealthcare.com. Questions, comments or feedback regarding this CHNA or the Implementation Strategy should be directed to Kelly Knott, Patient Financial Advocate kelly.knott@centraliowahealthare.com / 641-854-7996.

Health Needs of the Community

The 2016 CHNA identified eighteen potential areas of need in the service area. A "need" was evidenced by a wide variance between local and state metrics, an unfavorable trend and issues identified by a majority of survey respondents or key informants. In total, the following issues were identified as

	IDENTIFIED NEED	SPECIFIC TARGET
Conditions	Obesity	• Adults-prevention, education and treatment • Children/Young Adults-prevention, education and treatment
	Chronic Diseases	• Self-management education and nutritional education • Access to low cost medical management
	Suicide	Prevention
	Cancer	Education, screenings and access to low cost treatments
Behaviors	Tobacco/Nicotine Use	Prevention, education and treatment
	Drug Use	Prevention, education and treatment
	Alcohol Abuse	Prevention, education and treatment
	Immunizations	Children and Adults-Influenza and HPV
	Nutrition and Healthy Eating	• Access to healthy foods • Education regarding good nutrition and food preparation options
Access	Hospital-Based Care	• Access to hospital-based services for all (lab, surgery, imaging) • Care coordination and continuity with community partners to assure follow up
	Behavioral Health and Mental Health	Increase capacity and access for all populations
	Dental/Oral Health	Uninsured and Underinsured
	Primary Care	Uninsured and Underinsured
	Elderly Care	• Assistance understanding and physically accessing available services • Self-care education
Determinants	Health Education and Awareness	• Education on health issues and choices for treatment in and outside of the service area • Awareness of services already available
	Transportation	• Lower resourced patients • Patients with complex, chronic diseases that require multiple visits
	Heath Insurance	Education regarding available plans and basic insurance knowledge
	Language and Cultural Impacts	Education for providers on trends and cultural views on health

Significant Health Needs to be Addressed

Central Iowa Healthcare then prioritized the needs according to the depth and urgency of the needs, and the hospital's relative ability to affect the need based on its expertise, programs and partner relationships to determine the needs it will address. As a result of this process, CIH identified overweight and obesity and behavioral health which include mental health and substance abuse as the two most significant health needs in its service area.

Specific Health Needs that will not be Adressed

Central Iowa Healthcare acknowledges the wide range of significant health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed to be most urgent and essential to the community as well as within its ability to influence. CIH will not take new or specific, additional actions on the following health needs:

- Cancer-CIH currently offers and will continue to offer free and low-cost programs in partnership with other organizations and the hospital's foundation aimed at breast cancer prevention and early detection.
- Chronic Diseases-Many chronic diseases such as diabetes and high blood pressure are closely related to weight issues. These will be addressed indirectly through many of the strategies and activities aimed at reducing obesity. Efforts to improve behavioral health should also indirectly improve chronic diseases such as liver disease and patients' emotional ability to manage chronic medical issues. For these reasons, CIH will not take new or specific actions to address chronic diseases.
- Suicide-Suicide is often a reflection of unmet mental health needs or substance abuse issues, CIH anticipates suicide will be addressed indirectly through many of its strategies and activities aimed at addressing behavioral health.
- Tobacco/Nicotine Use-Tobacco use ranked low compared with other community needs. CIH anticipates that through its efforts to address behavioral health needs, and specifically education regarding substance uses and their impacts, tobacco use may decline as an indirect result of its strategies and activities aimed at addressing other aspects of behavioral health.
- Drug Abuse-Will be addressed indirectly through many of the strategies and activities aimed at addressing behavioral health.
- Alcohol Abuse-Will be addressed indirectly through many of the strategies and activities aimed at addressing behavioral health.
- Immunizations-Immunizations ranked low compared with other community needs. The trend toward population health management, medical homes and accountable care will create provider incentives necessary to elevate all immunization rates. For these reasons, CIH will not take new or specific, additional actions to address immunizations but will continue to monitor the data.
- Nutrition-Nutrition and healthy eating will be addressed indirectly through many of the strategies and activities aimed at reducing obesity.

- Hospital-Based Care-Data derived from the community survey and interview process regarding the need for hospital based care were limited, but appeared to be primarily related to financial access to care. CIH will continue to assist patients with insurance enrollment and access to other financial supports through its patient financial advocate program, but will not be taking new or specific actions to address this need.
- Dental/Oral Health-The need for dental health was specific to access for individuals that did not have dental insurance. CIH will continue to assist patients with insurance enrollment and access to other financial supports through its patient financial advocate program, but will not be taking new or specific actions to address this need.
- Primary Care-Increased access to primary care was identified as a need by some community surveys and interviews. The specific areas of concerns were expressed as the hours of availability of services. Hours of primary care in urgent care and clinics will continue to be reviewed to address the needs of the patients.
- Elderly Care-The need for elder-focused services was identified through some community interviews and surveys. However, the majority of these needs related to household care issues, such as repairs and handicap-accessibility in the home. Because these needs fall outside CIH expertise, and because elderly care ranked low compared to other needs, CIH will not be addressing this need at this time.
- Health Education and Awareness-Health education and awareness are essential for individuals to prevent, seek care and manage health conditions. Initiatives for the CHNA that CIH has resolved to address will each include essential elements for health education and awareness such as education regarding healthy lifestyles and eating, and substance abuse prevention education.
- Transportation-This need impacts access to care, particularly among rural individuals. However, transportation ranked low among other risk factors and Medicaid Managed Care Organizations (MCOs) now provide services for scheduled services.
- Health Insurance-CIH will continue to assist patients with insurance enrollment and access to other financial supports through its patient financial advocate services.
- Language and Cultural Impacts-CIH will continue to provide translation and interpretation services to patients as well as continued learning experiences on the cultural impacts in regards to health views.

Implementation Strategy

This Implementation Strategy specifies two community health needs that Central Iowa Healthcare has resolved to address in whole or in part, and that are consistent with its mission. CIH will engage key community partners in implementing evidence-based strategies across its service area. The specific strategies and activities outlined on the following page will be implemented in coordination with community partners where available and appropriate. Many of these strategies closely align with the plans of its community partners.

CIH 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 the three years ending in 2019, other organizations in the community may decide to address certain needs, indicating that CIH then should refocus its limited resources to best serve the community.

Overweight and Obesity

Brief Description of Need: The prevalence of obesity and overweight individuals in Central Iowa Healthcare's service area is substantial among adults and children. The health problem has continued to worsen. Obesity and overweight are leading factors for chronic disease and disability, and contribute to mental health problems. Obesity and overweight conditions affect a majority of the population in the service area.

Goal: Promote health and reduce chronic disease by increasing the prevalence of healthy weight across the entire CIH service area.

Objective: Decrease the proportion of community members of all ages who are overweight or obese.

Action the Hospital Facility Intends to Take to Address the Health Need:

1. Continue and expand diabetic and pre-diabetic classes to patients
2. Continue and expand employee health initiatives for CIH employees and families
3. Continue and expand promotion of healthy activities in the service area
4. Continue and expand promotion of healthy food and eating in the service area

Anticipated Impact of these Actions:

1. Increased access to researched based weight management programs
2. Increased access to physical activity opportunities
3. Increased access to healthy food choices, impact of dietary and weight management strategies

Plan to Evaluate the Impact:

1. Number of patients in researched based weight management programs
2. Number of employees and families involved in health initiatives
3. Number of participants who engage in activities that involve healthy food and eating education

Programs and Resources the Hospital Plans to Commit:

1. State and nationally certified diabetic and pre-diabetic education classes
2. Access to facilities for hosting external programs
3. Explore grant opportunities to support strategy

Collaborative Partners (Any and all Community Partners):

1. TBD

Behavioral Health

Brief Description of Need: The prevalence of adults that report having at least 14 days of fair/poor mental health days in the past month is comparable to state data, but the perceived need through key informant interviews, community input and community surveys showed a high concern for people with mental health and substance abuse needs. Per many community respondents, access and coordination of mental health and substance abuse care is limited within the service area despite the growing needs.

Goal: Improve the behavioral health status of populations in the community; including people who have mental health and/or substance abuse/chronic disease conditions. This includes all stages of life.

Objectives:

1. Increase awareness to resources, including health insurance/Medicaid for individuals with behavioral health needs.
2. Increase awareness and use of benefits for those who are currently enrolled in some form of health insurance.
3. Decrease the consumption of community crisis resources by improving access to services that prevent or manage chronic behavioral health diseases and/or substance abuse.

Action the Hospital Facility Intends to Take to Address the Health Need:

1. Continue and expand enrollment and retention of insurance coverage for behavioral health patients throughout the service area.
2. Continue and expand coordination of care for behavioral health patients.
3. Support community-based drug/alcohol prevention programming.
4. Advocate concerning legislative issues that impact behavioral health.

Anticipated Impact of these Actions:

1. Eligible individuals served in the emergency room will be assisted in applying for state Medicaid coverage.
2. People with behavioral health or substance abuse issues will have access (knowledge and availability) to health care, as well as housing, food and other social supports.
3. The number of people using the emergency room for treatment for primary care-appropriate needs will decline.
4. The number of behavioral health crises treated in the emergency room will decline.

Plan to Evaluate the Impact:

- Number of Medicaid applications completed and the number of applications accepted.
- Number of individuals linked to community resources and social supports.
- Number of visits to the hospital that the social workers are supporting.
- Number of behavioral health-related ED visits.

Programs and Resources the Hospital Plans to Commit:

1. Patient Financial Advocates
2. Social Workers
3. Administrative Support
4. Access to facilities for hosting external programs
5. Explore grant opportunities to support strategy

Collaborative Partners (Any and all Community Partners):

TBD

Adoption of Implementation Strategy

On October 20, 2016, the Central Iowa Healthcare Board of Directors met to discuss the 2016-2019 Implementation Strategy for addressing the community health needs identified in the 2016 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and accepted responsibility to review and monitor the strategies.

Carol Hibbs — 10-20-2016

Carol Hibbs
Chair
Central Iowa Healthcare Board of Directors

Date