Implementation Plan **2019**

CHI Health Mercy – Corning, IA

CHI Health

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Introduction

This document outlines CHI Health Mercy Corning's Implementation Strategy Plan (ISP) to address the community's health needs, as determined by the 2019 Community Health Needs Assessment (CHNA), adopted by the Board on May 10, 2019.

Details regarding CHI Health Mercy Corning, including the history and services, can be found in the CHNA report posted online at www.chihealth.com/chna.

Purpose and Goals of ISP

CHI Health and our local hospitals make significant investments each year in our local community to ensure we meet our Mission of creating healthier communities. The ISP is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

The goals of this ISP are to:

1. Identify strategies that will meaningfully impact the areas of high need identified in the CHNA that affect the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that appropriate partnerships exist or are developed and that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Identify core measures to monitor the work and assure positive impact for residents of our communities.
4. Ensure compliance with section 501(r) of the Internal Revenue Code for not-for-profit hospitals under the requirements of the Affordable Care Act.

Organization Mission

"The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities."

CHI Health carries on the faith traditions of our founders: The Sisters of St. Francis of Perpetual Adoration, The Sisters of Mercy, the Immanuel Lutheran communities, the Jesuits of Creighton University, and the men and women who formed the Nebraska Heart Hospital. Each brought a distinct way of incorporating faith and spirituality with clinical care and all shared a calling and passion for serving those most in need in our community through compassionate care and excellence in medicine.

In 2012, Catholic Health Initiatives accepted full sponsorship of CHI Health bringing together 15 acute care hospitals, 4 behavioral health facilities, 2 specialty hospitals, over 120 clinics, and multiple health services across the Nebraska and Iowa region to carry on this healing ministry. We live out our mission through our core values:

Reverence

Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.

Integrity

Moral wholeness, soundness, fidelity, trust, truthfulness in all we do.

Compassion

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

Excellence

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

This mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our wall. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The following implementation plan outlines our commitment to this mission and to our communities.

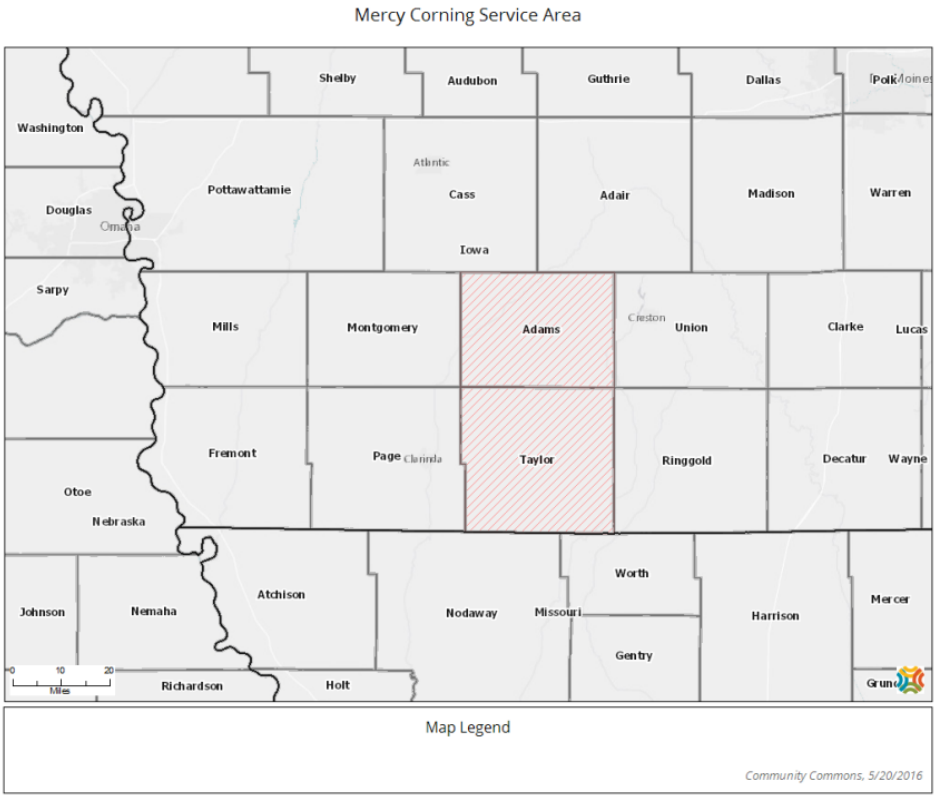
Community Served by the Hospital

CHI Health Mercy Corning is a critical access hospital located in Adams County, Iowa (see Figure 1 below). The hospital primarily serves Adams County as well as Taylor County, IA to the south, where there is no county hospital. The work of the following plan will primarily focus on Adams and Taylor Counties. For purposes of the implementation strategy plan, CHI Health Mercy Corning took into consideration data specific to their patient population and surrounding geographies in order to determine the appropriate strategies, measures and scope of the plans. The specific scope is described in the plans below.

Mercy Corning is located approximately 80 miles from the metropolitan area of Omaha, Nebraska and Council Bluffs, Iowa and 95 miles from the metropolitan area of Des Moines, Iowa. Adams County is immediately north of and

adjacent to Taylor County, which is at the southernmost border of Iowa to Missouri. Both Adams and Taylor Counties, as well as the surrounding counties are non-metropolitan and located near the western border of Iowa. Adams County covers approximately 423 square miles and Taylor County covers 532 square miles. Further description of the county population demographics, socioeconomic factors, and unique characteristics can be found in the 2019 CHNA at www.CHIHealth.com/chna.

Figure 1: Priority Service Area for CHI Health Missouri Valley



Implementation Strategy Planning Process

In order to select priority areas and design meaningful, measureable strategies, CHI Health Mercy Corning's Community Benefit Action Team (CBAT) conducted an internal meeting following the completion of the CHNA to consider top identified needs and prioritize needs for work. For each top health need, the hospital took into consideration existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that health area. In addition, CHI Health Mercy Corning considered potential other areas of need as defined by the IRS. As described in the IRS instructions for the Form 990, Schedule H for Hospitals, community need may be demonstrated through the following:

- A community needs assessment developed or accessed by the organization
- Documentation that demonstrated community need or a request from a public agency or community group was the basis for initiating or continuing the activity or program
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or programs

Throughout development of the plan, internal and community partners were consulted to ensure the appropriate strategies were selected, the right partners were engaged, and resources were leveraged. To further assure alignment and integration with the organization, CHI Health Strategy and Planning team members have ongoing participation in hospital planning efforts which includes information from the CHNAs and implementation plans.

Prioritized Health Needs

Prioritization Process

During the CHNA process, CHI Health Mercy Corning's CBAT identified the top health needs through consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the magnitude of the issue in terms of the number of persons affected; and the perceptions of top health issues among key informants giving input to the process. This process can be reviewed in more detail in the CHNA posted at www.chihealth.com/chna.

Upon completion of the CHNA, and the internal CBAT meeting, Mercy Corning's leadership consulted the Behavioral Health Coalition of Adams and Taylor County to validate the priority health need selected. During this meeting the team shared how they took into consideration the severity of each health issue, the population impacted (making special consideration to disparities and vulnerable populations), the trends in the data as well as existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that health area.

Prioritization Criteria

In order to select and validate priorities, the hospital considered information from the CHNA and the subsequent community input meetings and ultimately prioritized two health needs for work (Access to Care and Behavioral Health) based on:

- Severity and impact on other health need areas
- Existing work that involved multiple community partners and resources
- Community's desire for the hospitals to continue engagement in related work

Prioritized Health Needs

Table 1, below shows the top identified health needs and rationale for selection, as well as identifies whether the hospital has prioritized each need for Implementation Strategy Plan work.

Table 1: Prioritized Health Needs Identified in CHNA

Health Need Area	Rationale	Hospital Priority
Access to Care	• Uninsured rates are low in Adams & Taylor compared to Iowa, however the rural nature of the Counties presents challenges to accessing relevant care for all. • Community reports that fewer employers and employment opportunities provide affordable health insurance. • Access to healthcare insurance enrollment supports and services • Access to services outside of normal business hours	No
Behavioral Health Includes Mental Health & Substance Abuse	• Ratio of MH providers to population is 6,220:1 for Taylor (no data for Adams) • Iowa overall is 760:1 • Poor mental health days in past 30 3.2 Adams, 3.3 Taylor, 3.3 Iowa • Adult smoking slightly lower in two-county area than State • Excessive drinking slightly lower in two-county area than State ○ Alcohol-impaired driving deaths lower (17%) in Adams, and higher (33%) in Taylor than the State at 27%.	No
Cancer	• Skin cancer prevalence has trended up significantly across Iowa in past, and mortality is also trending in the wrong direction, and Southwest Iowa is above the State average for mortality and significantly above the State average for prevalence. • Cancer screening rates for mammography are 68% and 64% in Adams and Taylor Counties, respectively, compared to 69% across Iowa. • Cancer is the second leading cause of death in both Counties and in Iowa.	No
Chronic Disease	• Disease of the heart is the leading cause of death in both Counties and across Iowa. Adams is at a rate of 379.2 and while Taylor County death rate per 100,000 population is at 208.4 (below the State rate of 247.5) both are still well above the HP2020 goal of 103.4 per 100,000. • 11% of adults over 20 in Adams County have been diagnosed with Diabetes, and 10% in Taylor County and across Iowa. This is above the top US performing counties at 8%. ○ 88% of Medicare enrollees in Adams and 90% across Taylor and Iowa are receiving HA1c monitoring.	No
Maternal & Child Health	• 62.2% of live births were to mothers receiving prenatal care in the first trimester in Adams County while Taylor County is at 48.6% (NOTE: Taylor County residents also seek prenatal care from neighboring Missouri providers.) • Community input suggests the larger issue related to this health need is that substance abuse is on the rise, and Medicaid managed care organizations are reporting increased incidence of substance use during pregnancy.	No
Sexually Transmitted Infections	• Noted by the community as a rising issue, although data not available on trend • Data for Adams County is suppressed for Chlamydia • Taylor County chlamydia rate is 370 per 100,000 population and is 443 per 100,000 for Iowa overall. • Both Counties report zero cases of Gonorrhea	No
Social Determinants of Health	• 9.8% of population living below 100% of FPL in Adams County, 13.2% in Taylor, 12.3% across Iowa • 22% of children in Adams County are living in poverty, up from 16.5% in 2007. 18.5% in Taylor, up from 15.4% in 2007. • Percentage of individuals receiving financial assistance for food during the year (SNAP) up from average of 8.4% across eight-county region to 12.9% • 47.8% in Adams & 50.3% of students in Taylor are eligible for free or reduced-price lunches. Rate has stayed steady in Adams, but Taylor experienced an increase.	Yes*

Violence & Injury	• Violent crime rate fluctuates greatly in Adams County but has remained relatively high since 2007, and was at 221 violent crimes per 100,000 population in 2013. This is much higher than Taylor County at a rate of 16 per 100,000 and Taylor has remained steadily below 25 per 100,000 since 2005. • Community reports rise in violent crime is related to substance abuse. • Child Abuse & Neglect – 22 children per 1,000 confirmed abuse and neglect in 2016 for both Adams and Taylor – rates varies widely each year. • Injury deaths: 89 deaths per 100,000 in Adams, 81 in Taylor, compared to 65 across Iowa • Violent Crime rate 220.8 per 100,000 in Adams, 16.1 in Taylor and 270.6	No

*****See plan below for explanation and details

Implementation Strategy Plan

The following outlines goals, objectives, anticipated impact, key strategies and relevant related work for the health need area that has been prioritized for work over the next three year cycle spanning fiscal years 2020- 2022.

Evaluation Plan

The hospital will conduct an evaluation to demonstrate impact of the related strategy and key activities. These plans will include specific data sources such as program records, hospital patient data, and/or community- level data such as the community health needs assessment (CHNA). Measures may include (but are not limited to): community indicators, partners, funding, and programmatic outcomes (via program records). Data will be reviewed by an internal interdisciplinary team at appropriate intervals (e.g., quarterly, bi-annually) but at least annually and will be reported on the annual Schedule H tax reporting as required by the Patient Protection and Affordable Care Act regulations.

Hospital Role and Required Resources

Internal staff time will be leveraged in satisfaction of hospital plan deliverables. Key staff will be identified both at the system level and from within the hospital, as appropriate. Additionally, the hospital will evaluate in an on-going manner, the need to support key activities and strategies financially in partnership with the community and other stakeholders.

Significant Health Needs to be Addressed

Priority Health Need: Social Determinants of Health	
Goal	Increase capacity of community-led efforts to address socioeconomic issues that are creating poor health outcomes among Adams and Taylor County residents
Strategy & Scope	Provide strategic partnership and financial support to existing Behavioral Health Coalition of Adams & Taylor Counties (BHCATC) to address social factors that are driving substance abuse, violence, and general poor mental health in Adams & Taylor County.
Timeframe	FY2020-FY2022
Community Indicators	**CHNA 2016** • Unemployment – 3.4% (Adams), 4.2% (Taylor), 4.2% (Iowa) • 12.3% of persons in poverty in Adams County, 11.6% in Taylor County, 10.7% across Iowa • 18.9% of children under 18 in poverty in Adams County, compared to 17.4% in Taylor, and 15.5% across Iowa • Average number of mentally unhealthy days in past 30 in Adams County was 2.9, 3.1 in Taylor, and 3.1 across Iowa **CHNA 2019** • Unemployment – 2.4% (Adams), 2.3% (Taylor), 3.1% (Iowa) • 12.2% of persons in poverty in Adams County, 13.1% in Taylor County, 12.2% across Iowa • 19% of children under 18 in poverty in Adams County, compared to 16% in Taylor, and 13% across Iowa • Average number of mentally unhealthy days in past 30 in Adams County was 3.2, 3.3 in Taylor, and 3.3 across Iowa
Background	**Rationale:** • Community stakeholders identified poor social connectedness, violence, food insecurity, and transportation issues as drivers of poor mental health and substance abuse • Existing work with BHCATC to address behavioral health issues, as well as emerging plans to consider how social supports and programs can improve behavioral health **Contributing Factors:** • Rural nature of the area creates challenges related to the availability of high-paying jobs, quality and affordable housing, food availability, transportation to access basic needs, as well as opportunities to connect socially **National Alignment:*** • 3.6% of persons with co-occurring substance abuse and mental disorders received treatment for both disorders • 87% of primary care facilities provide mental health treatment onsite or by paid referral • 15.1% of persons living below the poverty threshold (baseline measure – no target available) • 22.0% of children 0-17 living in poverty (baseline measure – no target available • *Note: measures may be difficult to capture at the county level given the rural nature of these two counties. **Additional Information:** • BHCATC originated from a CHI Health Mission & Ministry grant three years ago, and has made great progress in convening relevant stakeholders (including public health) and identifying work that addresses the drivers of poor health outcomes. Additionally, BHCATC received another three-year grant (FY20-FY22) to continue this work and develop sustainability of the Coalition

Anticipated Impact	• Improved recognition and awareness of how SDOHs drive poor health outcomes • Increased capacity of community and health services to recognize and address social needs while attending to immediate needs for those in behavioral health (mental health or substance use) crisis • Improved social-emotional well-being, self-care, and resilience among families with children for long-term health
Key Activities	Provide leadership to the BHCATC and collaborate with key partners to: • Identify drivers of behavioral health and substance use issues, such as poverty, social disconnectedness, and transportation, (collectively referred to as Social Determinants of Health) and work to identify strategies to address these drivers in partnership with Coalition participants • Support evidence-based programs and trainings (such as trauma-informed care, Capturing Kids Hearts) for health and human services providers to address crisis and support parents and families develop strong positive connections for resilience and long-term health • Explore the opportunity to expand home visiting and group parent education services and develop an action plan with relevant actions and measures of success. • Support training and programming related to trauma-informed care and other evidence-based programming to address social and emotional wellness for improved resilience and capacity to self-sustain, and develop an action plan with relevant actions and measures of success Address food insecurity through • support to the Corning Feed the Pack program – a back pack food program for children eligible to receive out of school meals (breakfast and lunch) for holiday and school break days – and identify opportunities to improve family capacity for planning and preparing healthy food for children. • Identify root causes of food insecurity in the community (especially among children) and determine strategies to address and measures for success
Partners	• BHCATC (Parents as Teachers, Crossroads, IA DHS, First Five) • Local Schools – Backpack food access programming
Relevant Related Activities	In addition to the specific strategies and key activities outlined above to address *Behavioral Health* (to be reported annually on Schedule H tax narrative), CHI Health and CHI Health Mercy Corning also supports the following bodies of work related to this health need area: • Mercy Corning staffs and manages the ambulance services for Adams and Taylor County and collaboration with both County Boards of Supervisors and public health to serve the communities in Adams and Taylor Counties for health and behavioral health related needs • Mercy Corning offers a tele-psych program based in the emergency department to offer crisis intervention as well as medication management for those needing psychological medications •
Results	*PENDING*

Significant Health Needs Not Addressed

In acknowledging the range of priority health issues that emerged from the CHNA process, CHI Health Mercy Corning prioritized *Social Determinants of Health* in order to most effectively focus resources and meaningfully impact the selected health issues. As described in the process above, the hospital took into consideration existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that area in order to select the priorities. Having basic and social needs is a critical component of a person's health and unmet social determinants are often key drivers of other health needs. Therefore, the hospital seeks to indirectly address the following health needs by addressing social needs as a root causes of poor health outcomes. In order to maximize resources and impact on the prioritized health need area above, Mercy Corning will not write strategies to directly address the following needs, although relevant related work is highlighted where applicable below.

Access. In addition to the rationale stated above, the hospital staffs ambulance services to cover both Adams and Taylor County through an existing agreement with both counties boards of health.

Behavioral Health. The primary work of the strategy above, written to address Social Determinants of Health, will be happening through on-going support of the Behavioral Health Coalition of Adams and Taylor Counties (BHCATC). The BHCATC's is focused on improving behavioral health through a combination of addressing immediate behavioral health needs, while also identifying and addressing social determinants of health.

Cancer. CHI Health will continue to perform existing cancer outreach throughout the community and financially support community partners such as the American Cancer Society, the Nebraska Cancer Coalition and Project Pink'd. Additionally, CHI Health Clinics are working to increase utilization of HPV vaccination to prevent cervical cancer.

Chronic Disease. In addition to the rationale stated above, the hospital has existing programming around educating and supporting those diagnosed with pre-diabetes, providing heart healthy cooking classes, and operating the community's only Wellness Center to provide a state of the art gym and recreational facility for community members.

Maternal & Child Health. In addition to the rational stated above, the hospital's work to address behavioral health is at least in part focused on home visiting programs that support families during the birth to five years to address parenting challenges for those parents at risk for substance abuse and/or other poor health outcomes.

Sexually Transmitted Infections. This not an area that CHI Health prioritized. However, as mentioned in the Cancer section above, CHI Health Clinics are focusing on HPV vaccination for the prevention of cervical cancer.

Violence & Injury. Importantly, CHI Health is working at the system level to ensure Sexual Assault Nurse Examiners (SANE) are available 24/7 at tertiary hospitals in Omaha, Lincoln, Kearney, and Grand Island, as well as tele-health availability to Critical Access Hospitals like Mercy Corning, and to improve trauma-

informed care among emergency care, women's health, case managers, and clinic providers, while also seeking system-level strategies to address human trafficking.

Authorization

The CHI Health Board of Directors approved and adopted this Implementation Plan on _____.

Appendix

CHI Health Mercy Corning Community Health Needs Assessment Report can be found at **www.chihealth.com/chna** and a free copy may be obtained by contacting **kelly.nielsen@alegent.org** or 402-343-4548.


CHI Health