

Community Health Needs Assessment

CHI Health Mercy – Corning, IA

2019



Table of Contents

Executive Summary.....	3
Introduction	4
Hospital Description.....	4
Purpose and Goals of CHNA.....	5
Community Definition.....	5
Community Description	6
Population.....	6
Socioeconomic Factors	7
Unique Community Characteristics	8
Other Health Services	8
Community Health Needs Assessment Process.....	9
Gaps in Information	10
Input from the Community & Public Health	10
Findings	11
Prioritization	11
Prioritized Health Needs (Top Identified Health Needs)	11
Resource Inventory.....	13
Evaluation of FY17-FY19 Community Health Implementation Strategy Plan.....	14
Dissemination Plan.....	34
Approval.....	34
Appendices.....	35
Appendix A: CHNA Data Presentation 11/1/18	35
Appendix B: CHNA Data Presentation Handout 11/1/18	84

Executive Summary

“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 is a regional health network consisting of 14 hospitals, two stand-alone behavioral health facilities, a free standing emergency department, 136 employed physician practice locations and more than 11,000 employees in Nebraska and Western Iowa. Our 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 community health needs assessment (CHNA) was completed with our community partners and residents in order to ensure we identify the top health needs impacting our community, leverage resources to improve these health needs, and drive impactful work through evidence-informed strategies.

CHI Health Mercy Corning (Mercy Corning) is located in Corning, Iowa. Mercy Corning is a critical access hospital with 22 acute inpatient beds and is certified as a Community (Level IV) Trauma Care Facility with 24-hour emergency care. Mercy Corning has achieved Pathway to Excellence® designation by the American Nurses Credentialing Center (ANCC). The hospital provides a variety of primary services, home care, senior care and hospice, as well as many community health and education resources.

Community Health Needs Assessment

In Fiscal Year 2019 (FY19), Mercy Corning conducted a community health needs assessment (CHNA) by engaging the community and local public health department (Taylor County Public Health – serving both Adams and Taylor Counties) in a review of the data and prioritization of top health needs.

The CHNA led to the identification of nine priority health needs for Adams and Taylor Counties. With the community, the Hospital will further work to identify the role of the hospital in addressing these health needs and develop measurable, impactful strategies. A report detailing Mercy Corning’s implementation strategy plan (ISP) will be released in fall of 2019.

The process and findings for the CHNA are detailed in the following report. If you would like additional information on this Community Health Needs Assessment please contact Kelly Nielsen, Kelly.nielsen@alegent.org, (402)343-4548.

Introduction

Hospital Description

CHI Health is a regional health network with a unified mission: nurturing the healing ministry of the Church while creating healthier communities. Headquartered in Omaha, the combined organization consists of 14 hospitals, two stand-alone behavioral health facilities, a free standing emergency department, and more than 136 employed physician practice locations in Nebraska and southwestern Iowa. More than 11,000 employees comprise the workforce of this network that includes 2,180 licensed beds and serves as the primary teaching partner of Creighton University's health sciences schools. In fiscal year 2018, the organization provided a combined \$179.3 million in quantified community benefit including services for the poor, free clinics, education and research. Seven hospitals within the system are designated Magnet or Pathway to Excellence. With locations stretching from North Platte, Nebraska, to Corning, Iowa, the health network is the largest in Nebraska, providing care for over one million patients each year and serves residents of Nebraska and southwest Iowa. For more information, visit online at CHIhealth.com.

CHI Health Mercy Corning (Mercy Corning) is located in Corning, Iowa. Mercy Corning is a critical access hospital with 22 acute inpatient beds and is certified as a Community (Level IV) Trauma Care Facility with 24-hour emergency care. Mercy Corning has achieved Pathway to Excellence® designation by the American Nurses Credentialing Center (ANCC). The community-based hospital offers many forms of care including technologically advanced medical services, quality health education, health screenings, and more. Beyond the hospital walls, Mercy Corning works closely with local health agencies, businesses and community groups to build a healthier community. CHI Health Mercy Corning provides the following services:

- 24-hour emergency care with heliport accommodations
- Diagnostic imaging services
- Diagnostic and evaluative laboratory services
- Cardiovascular services
- Cardiopulmonary Rehabilitation
- Chemotherapy
- Electroencephalograms (EEGs)
- Diabetes Education
- Nutrition Counseling
- Inpatient and outpatient physical therapy
- Respiratory Care Services
- Social Services
- Sleep Disorder Studies
- Support Groups: Diabetes, Cancer
- Wellness Center
- Wellness educational programs and instruction for patients, staff and the community
- Senior and Hospice
- Hospice, including Palliative care, Respite and Bereavement services
- Adult Immunizations

- Blood Pressure Screening
- Senior Health Assessment & Education
- Community health and education resources
- Child Immunizations
- Dietary programming
- Health and Wellness Presentations at various community events

Purpose and Goals of CHNA

CHI Health and our local hospitals make significant investments each year in our local communities to ensure we meet our Mission of creating healthier communities. A Community Health Needs Assessment (CHNA) is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

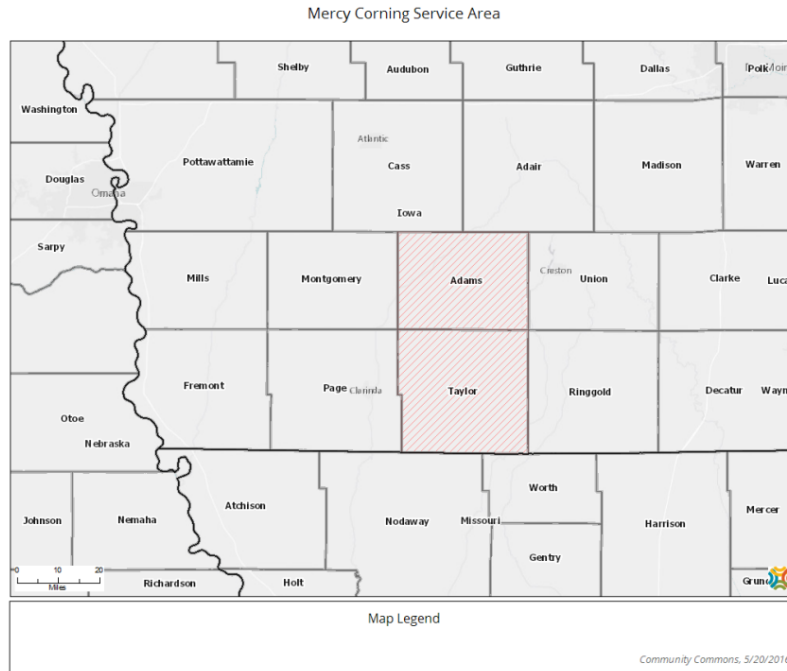
The goals of this CHNA are to:

1. Identify areas of high need that impact the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Set priorities and goals to improve these high need areas using evidence as a guide for decision-making.
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.

Community Definition

For the purposes of this CHNA, Mercy Corning identified Adams and Taylor Counties as the community served. As a Critical Access Hospital, Mercy Corning's primary service area is considered the county in which they are located (Adams County). While Mercy Corning is the only hospital located in Adams County, they also serve residents from Taylor County where there are no local hospitals. Therefore, both counties were included in the community definition. See Figure 1 below.

Figure 1. CHI Health Mercy Corning Service Area – Adams & Taylor Counties, Iowa¹



Community Description

Mercy Corning is located in Corning, Iowa which is situated near the center of Adams County, 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 has one school district and 4 incorporated towns: Carbon, Corning, Nodaway and Prescott. Corning is the County Seat and there are also 10 other townships.² Bedford is the County Seat, and Taylor County has 3 public school districts and eight incorporated cities and seventeen townships. Adams County covers approximately 423 square miles and Taylor County covers 532 square miles.

Population

Table 1 below describes the population for Adams and Taylor Counties, as well as Iowa overall. The data show a primarily Non-Hispanic White population, and a much higher percentage of residents over 65 years of age in Adams (22.8%) and Taylor (22.4%) compared to the State (16.7%). Although the changes were small, there was a reduction in the percent of population below 18 years of age across all three areas, and a slight increase in percent of population age 65 and over. The total population for Iowa has increased since 2010 by 3.6%, however both Adams and Taylor have realized a decline in total population; with a 9.5% decrease in Adams County and a 2.0% decrease in Taylor County. Both counties

¹ Community Commons Maps & Data – Accessed 5/20/16 <http://www.communitycommons.org/maps-data/>

² Source: Adams County, Iowa – County website accessed 4.25.19 <http://www.adamscountya.com/>

have a very low population density compared to state overall, which highlights the rural nature of the area.³

Table 1. Community Demographics³

	Adams County	Taylor County	Iowa
Total Population	3,645	6,191	3,156,145
Population/square mile (density)	9.5	11.9	54.5
Age			
% below 18 years of age	21.2%	23.2%	23.3%
% 65 and older	22.8%	22.4%	16.7%
Gender			
% Female	50.1%	49.6%	50.3%
Race			
% Non-Hispanic African American	0.3%	0.7%	3.8%
% American Indian & Alaskan Native	0.5%	0.3%	0.5%
% Asian	0.7%	0.5%	2.6%
% Native Hawaiian/Other Pacific Islander	0.0%	0.0%	0.1%
% Hispanic	1.3%	8.0%	6.0%
% Non-Hispanic White	96.6%	90.0%	87.5%
Foreign born persons (% 2013-2017)	0.9%	2.9%	85.7%

Socioeconomic Factors

Table 2 shows key socioeconomic factors known to influence health including household income, poverty, unemployment rates and educational attainment for the community served by the hospital. Data for both counties reveal a lower median household income and higher rates of uninsured population compared to Iowa. Poverty rates show that both counties have a much higher rate of children in poverty than the State (Adams County - 19%, Taylor County - 16%, Iowa – 13%).⁴

³ US Census Bureau QuickFacts accessed 4.26.19 <http://www.census.gov/quickfacts>

⁴ County Health Rankings – countyhealthrankings.org, accessed 4.26.19

Table 2. Socioeconomic Factors³

	Adams County	Taylor County	Iowa	U.S.
Income				
Median Household Income	\$49,745	\$46,825	\$56,570	\$57,652
Employment				
Unemployment	2.4%	2.3%	3.1%	5.0% ⁵
Poverty Rates				
Persons in Poverty	12.3% (125% of poverty level)	11.6%	10.7%	14.8%
Children in Poverty⁴	19%	16%	13%	11 %
Education				
High School Graduates	93.8%	91.0%	91.8%	87.3%
Bachelor's Degree or higher	17.3%	14.3%	27.7%	30.9%
Uninsured	6.2%	6.9%	5.5%	10.2%

Unique Community Characteristics

Adams and Taylor Counties are primarily rural in nature with manufacturing and agriculture being the major industries. POET Bio Refining is a local business that provides steady job opportunities and brings resources to the communities. Mercy Corning, local schools and local government entities provide the bulk of employment outside of the farming industry. Stable county governments as well as strong support from Iowa State University Extension services also maximize resources in the County.

Other Health Services

Mercy Corning is the only hospital located in Adams County and also serves Taylor County where there are no local hospitals. Mercy Corning leadership works with the local public health agency and local behavioral health coalition to collaborate on addressing community health needs. Mercy Corning also has a network of highly skilled and specialty care physicians with clinics located in Corning, Bedford, and Lenox, Iowa.

In addition to the healthcare services provided by Mercy Corning, the following entities offer services within Adams and/or Taylor Counties:

- Clarinda Medical Associates, Bedford, Iowa
- Crossroads Behavioral Health Services, Corning, Iowa
- Care Initiatives Bedford Specialty Care, Bedford, Iowa
- Care Initiatives Corning Specialty Care, Corning, Iowa

⁵ Source: US Bureau of Labor Statistics Databases, Tables & Calculators by Subject – Unemployment accessed 4/7/16
<http://data.bls.gov/timeseries/LNS14000000>

- Lenox Care Center, Lenox, Iowa
- Pursuit of Independence, Lenox, Iowa
- CHOICE Inc., Corning Iowa
- Midwest Opportunities Inc., Corning, Iowa
- Greater Regional Medical Center, Lenox, Iowa
- SSM Health Medical Group (St. Francis Hospital), Bedford, Iowa

There are several hospitals and medical centers located in counties that border both Adams and Taylor Counties and provide services to Adams and Taylor County residents:

- Adair County Memorial Hospital
- Community Health Centers of Southern Iowa, (Federally Qualified Health Center in neighboring Union and Ringgold Counties)
- Cass County Memorial Hospital
- Clarinda Regional Medical Center, Page County
- Montgomery County Memorial Hospital
- Ringgold County Hospital
- SSM Health, St. Francis Hospital, Maryville, Missouri

Community Health Needs Assessment Process

To conduct the current CHNA, Mercy Corning’s Community Benefit Action Team (CBAT) engaged with the collective impact coalition Behavioral Health Coalition of Adams and Taylor County (BHCATC), and Taylor County Public Health (TCPH) which serves both Adams and Taylor Counties, on November 1, 2018. The BHCATC is a robust and active coalition with multiple community stakeholders from key community services and agencies that serve behavioral health needs as well as other needs across the two counties. At the November meeting, Mercy Corning presented secondary data, and led a conversation to gain input from the group and prioritize top health needs.

Data reviewed with BHATC was sourced from a variety of sources including:

- Centers for Disease Control and Prevention (CDC) Wonder Query System
- CARES Engagement Network and Community Commons
- County Health Rankings
- HealthyPeople.gov – U.S. Dept. of Health & Human Services - Office of Disease Prevention and Health Promotion (Benchmarking)
- Iowa Aging
- Iowa Cancer Registry
- Kids Count – Iowa Report by County

Upon completion of the data presentation, the group held a robust discussion of the key findings and BHCATC members were asked to consider the factors affecting health (behavioral, socioeconomic, environmental, medical care, and genetics) and which needs were most pressing in the community. After capturing the group’s discussion, 19 participants were asked to vote for the health need they

believe to be the most important to address in order for the community to realize positive health outcomes.

Following the November meeting, the Mercy Corning CBAT met to validate the top identified needs, and begin to discuss the strategic planning process for the next three-year Implementation Strategy Plan (ISP) that will be released in the fall of 2019.

Gaps in Information

Although the CHNA is quite comprehensive, it is not possible to measure all aspects of the community's health, nor can we represent all interests of the population. Challenges exist in both counties around reliable data collection due to small sample sizes among different populations and indicators. This assessment was designed to represent a comprehensive and broad look at the health of the overall community. During specific hospital implementation planning, gaps in information will be considered and other data and input will be sought as needed.

Input from the Community & Public Health

Mercy Corning leveraged BHCATC in order to convene the most relevant stakeholders from across sectors, as well as public health. The following agencies were represented at the November 1, 2018 meeting where a comprehensive review of secondary data was conducted, along with a discussion and prioritization of top health needs. The following stakeholders provide important perspectives related to the aging, low-income, uninsured, at-risk and vulnerable populations, as well as those affected by violence.

CHNA Participation - BHCATC Meeting on November 1, 2018:

- BHCATC Coalition Leader, Deb Schrader
- **Taylor County Public Health**
- **Iowa Department of Public Health (IDPH)**
- Tobacco Prevention & Page County Public Health
- 1st Five
- Quad Counties Early Childhood Iowa (serving Adams, Taylor, Union, and Ringgold Counties)
- Imagine the Possibilities
- Iowa State University Extension
- Matura (designated Community Action Agency for Adams, Taylor, and four surrounding counties)
- Crisis Intervention & Advocacy
- Adams County Emergency Management
- Southwest Valley Schools (Corning, IA)
- Crossroads Mental Health
- Nebraska Aids Project
- Corning Fire Department
- CHI Health Mercy Corning Hospital

Findings

For a complete list of community health indicators reviewed in consideration of the Community Health Needs Assessment for CHI Health Mercy Corning, please refer to the Data Presentation in Appendix A. The Data Presentation was reviewed by the BHCATC on November 1, 2018, and the Coalition was provided the handout attached in Appendix B.

Prioritization

Following the presentation of secondary data across a wide range of community health indicators, local stakeholders representing the community at-large and importantly those most vulnerable for poor health outcomes, were asked to provide input through a large group discussion process. The discussion focused on health need areas that were drivers of multiple poor health outcomes; for example, how social needs such as lack of access to health food can actually drive obesity and chronic disease.

Upon completion of the group discussion, individual participants were asked to vote for their top health needs and take into consideration the following factors:

- Prevalence or severity
- Trend
- Disparities
- Direct and indirect impact on overall health of the community – meaning does this health need drive multiple health outcomes

Prioritized Health Needs (Top Identified Health Needs)

Table 3 below provides the listing and rationale for the top eight identified health needs in Adams and Taylor County, Iowa.

Table 3: Top Identified Health Needs

Health Need Area	Rationale
Access to Care	<ul style="list-style-type: none"> • 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
Behavioral Health Includes Mental Health & Substance Abuse	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ Alcohol-impaired driving deaths lower (17%) in Adams, and higher (33%) in Taylor than the State at 27%.
Cancer	<ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • 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.
Chronic Disease	<ul style="list-style-type: none"> • 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%. <ul style="list-style-type: none"> ○ 88% of Medicare enrollees in Adams and 90% across Taylor and Iowa are receiving HA1c monitoring.
Maternal & Child Health	<ul style="list-style-type: none"> • 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.
Sexually Transmitted Infections	<ul style="list-style-type: none"> • 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 Gonorrhea⁶
Social Determinants of Health	<ul style="list-style-type: none"> • 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.
Violence & Injury	<ul style="list-style-type: none"> • 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

⁶ Iowa Public Health Tracking Portal, <https://tracking.idph.iowa.gov/Health/Sexually-Transmitted-Diseases>, accessed 4.25.19

Resource Inventory

Table 4 displays a list of resources assets and resources available as the Mercy Corning team considers their work related to each prioritized health need.

Table 4: Resources Identified by Health Need Area

Significant Health Need	Assets/Resources
Access to Healthcare Services	Healthy and Well Kids in Iowa (hawk-i) Taylor County Public Health and Adams County Branch (TCPH) Adams County Ambulance Taylor County Ambulance I-Smile & Matura – Dental services for pre-school and school age
Aging Problems	TCPH Connections Area Agency on Aging Matura Action Corporation The Alzheimer’s Association – Greater Iowa Chapter Iowa State University Extension and Outreach – Iowa Concern Care Initiatives – Corning/Bedford
Cancer	CHI Health Mercy Corning American Cancer Society Care Initiatives – Greenfield Hospice Care Iowa Cancer Consortium Hospice of Southwest Iowa Hospice of Central Iowa
Chronic Disease (Obesity, Diabetes, Cardiovascular Disease)	CHI Health Wellness Center ACPH & TCPH Iowa State University Extension, Live Healthy Iowa Adams County Economic Development Corporation & Community Foundation Southern Iowa Council of Governments (SICOG) Bedford Area Development Center
Maternal & Child Health	CHI Health Mercy Corning ACPH & TCPH – Child Care Nurse Consultant 1 st Five Healthy Development Women, Infants & Children (WIC) – Corning Parents As Teachers Program Early Childhood Resource Library Health Education e-Library
Mental Health	CHI Health Mission & Ministry Grant – Behavioral Health Improvement Plan Adams County Public Health Agency (ACPH) Taylor County Public Health Agency (TCPH) Crossroads Behavioral Health Services – Creston, Iowa CHI Health Mercy Corning Outpatient Telepsych Services Midwest Opportunities, Inc. AJ Counseling
Substance Abuse	Quitline Iowa Area 24 Iowa Alcoholics Anonymous
Unintentional Injuries	CHI Health Mercy Corning Adams County Iowa Sheriff’s Office Taylor County Sheriff’s Office ACPH & TCPH

Evaluation of FY17-FY19 Community Health Implementation Strategy Plan

The previous Community Health Needs Assessment for CHI Health Mercy Corning was conducted in 2016. CHI Health Mercy Corning completed the community benefit activities listed below for the community health priorities identified in 2016. The priority areas in 2016 were:

1. Access to Healthcare Services
2. Behavioral Health
3. Chronic Disease

Priority Area # 1: Access to Healthcare

Goal	To improve the overall access to emergency healthcare services for a primarily rural, resource-constrained community.
Community Indicators	<p>CHNA 2013 Unintentional injury emergency department visit rate (age-adjusted per 100,000) 8629.96-Adams, 7590.83-Taylor, 6991.16-Iowa Unintentional injury death rate (age-adjusted per 100,000) 63.43-Adams, 39.26-Taylor, 38.23-Iowa Ratio of population to primary care physicians 1,343:1-Adams, no data-Taylor Ratio of population to mental health providers 1,343:1-Adams, 3,080:1-Taylor</p>
	<p>CHNA 2016 Unintentional injury emergency department visit rate (age-adjusted per 100,000) 9161.67-Adams, 7723.98-Taylor, 7325.99-Iowa Unintentional injury death rate (age-adjusted per 100,000) 54.35-Adams, 38.83-Taylor, 39.27-Iowa Ratio of population to primary care physicians 3,890:1-Adams, 3,080:1-Taylor Ratio of population to mental health providers no data-Adams, 6,140:1-Taylor</p>
	CHNA 2019
Timeframe	FY17-FY19
Background	<p>Rationale for priority: Mercy Corning provides ambulance services to two very rural counties (Adams and Taylor) where the service would otherwise not be provided. This would result in health emergencies going unanswered and a drastic increase in negative health outcomes. Mercy Corning is located over 20 miles from the nearest community mental health center in Creston, IA and there is a lack of mental health providers in the area. Both access to healthcare services and mental health were identified in the most recent CHNA as top health needs.</p>
	<p>Contributing Factors: Communities are rural and the population is spread across 432 square miles in Adams County and 534 square miles in Taylor County. Taylor County also lacks a hospital to serve local residents for inpatient or acute needs.</p>
	<p>National Alignment: Healthy People 2020 (HP202) objectives call for a reduction in the proportion of persons who are unable to obtain or delay in obtaining necessary medical care. HP2020 objective calls for increase proportion of adults with mental health disorders who receive treatment.</p>
	<p>Additional Information: Adams and Taylor County Board of Supervisors purchase and maintain ambulance vehicles for use in each county. Mercy Corning has been managing Adams County Ambulance for 20 years. Approximately three years ago Mercy Corning began managing the Taylor County Ambulance Services in both the Lenox and Bedford locations. Mercy Corning operates two ambulance teams/vehicles out of Corning, IA (Adams County), two ambulance teams/vehicles out of Bedford, and two out of Lenox, both in Taylor County. CHI Health received grant funding from CHI national to implement behavioral health programs planned by community coalitions developed through a previous planning grant, however the grant project does not include telepsych services, and Mercy Corning believed this to be a gap in access to care they will address.</p>
<p>1.1 Strategy & Scope: Fund and staff emergency transportation services (ambulance) for the communities of Adams and Taylor Counties</p>	

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> Increased access to acute/trauma care services Reduce impact of acute illness or injury due to rapid response by trained personnel 	<p>CHI Health System Role(s):</p> <ul style="list-style-type: none"> Data analysis/support <p>CHI Health Mercy Corning Role(s):</p> <ul style="list-style-type: none"> Provide trained, professional emergency responders Provide funding for service <p>Required Resources:</p> <ul style="list-style-type: none"> 1 FTE Paramedic Supervisor for all staff and volunteer paramedics 6 FTE Maintenance Techs (Double as paramedics for Adams County) 9 FTE Paramedics for Taylor County Vehicles, supplies and vehicle maintenance to be covered by the counties Boards of Supervisors Contract with PCC Ambulance Billing Services 	<ul style="list-style-type: none"> Adams County Board of Supervisors Taylor County Board of Supervisors
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> Provide for ambulance/emergency response services for all communities and rural homes in Adams and Taylor Counties 	<ul style="list-style-type: none"> # of ambulance calls by county (baseline FY16 430 Adams, 695 Taylor) 	<p>CHI Health Mercy Corning CBAT will review # of ambulance runs by county on a quarterly basis from hospital data.</p>
Results		
<p>FY17 Key Activities</p> <ul style="list-style-type: none"> Continued provision of staff for ambulance services to Adams & Taylor Counties where both County Boards of Supervisors cover vehicles, supplies and maintenance of vehicles. <ul style="list-style-type: none"> 1 FTE Supervisor, 6 FTE Paramedic/Maintenance Techs (Adams County), 9 FTE Paramedics (Taylor County) <p>FY17 Measures</p> <ul style="list-style-type: none"> 753 ambulance calls in Adams County 		

- 1,155 ambulance calls in Taylor County

FY18 Key Activities

- Continued provision of staff for ambulance services to Adams & Taylor Counties where both County Boards of Supervisors cover vehicles, supplies and maintenance of vehicles.
 - 1 FTE Supervisor, 6 FTE Paramedic/Maintenance Techs (Adams County), 9 FTE Paramedics (Taylor County)

FY18 Measures:

- Ambulance calls in Adams County down from 753 in FY17 to 407 in FY18
- Ambulance calls in Taylor County down from 1,155 in FY17 to 727 in FY18

FY19 Results Pending

1.2 Strategy & Scope: Provide telepsych services to residents of Adams and Taylor Counties needing crisis support and psych evaluation to identify correct level of treatment.

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Reduce wait time for crisis support • Reduce wait time for correct level of behavioral health care for individuals arriving in ED • Increase hospital bed availability for appropriate level of care not related to behavioral health crisis 	<p>CHI Health Mercy Corning Role(s):</p> <ul style="list-style-type: none"> • Provide space and coordination of telepsych service in ED <p>Required Resources:</p> <ul style="list-style-type: none"> • Provider needs and infrastructure to be identified during planning process. • Telehealth equipment 	<ul style="list-style-type: none"> • Integrated Telehealth Partners (ITP)
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Partner with Integrated Telehealth Partners (ITP) to provide 24-hour telepsych services based out of the ED. • Offer telepsych services to provide crisis evaluation, and appropriate referral to treatment and ongoing care relevant for each patient’s needs. • Provide emergency outpatient medication management through telepsych services 	<ul style="list-style-type: none"> • # of people utilizing telepsych services • Decrease in wait time for placement/accessing correct care for behavioral health crisis 	<p>CHI Health Mercy Corning CBAT will review data on a quarterly basis from the following sources:</p> <ul style="list-style-type: none"> • Telepsych visit data from ITP • Hospital ED data
Results		
<p>FY17 Key Activities</p> <ul style="list-style-type: none"> • Providing telepsych and telepsych medication management at CHI Health Mercy Corning for rural patients to access psychiatric care. <p>FY17 Measures</p> <ul style="list-style-type: none"> • Served 40 patients in FY17 • 12 medication management consults between November 2016 and March 2017 		

FY18 Key Activities

- Providing telepsych and telepsych medication management at CHI Health Mercy Corning for rural patients to access psychiatric care.

FY18 Measures:

- Served 27 patients in FY18
- 12 patients served for medication management consults

FY19 Results Pending

Priority Area # 2: Behavioral Health

Goal	To increase the preventive outreach, educational efforts and resources that support the resiliency of community members who experience mental health and substance use issues.	
Community Indicators	CHNA 2013 Data unavailable for Adams & Taylor Counties	
	CHNA 2016 Average number of mentally unhealthy days reported in the past 30 days (age-adjusted): <ul style="list-style-type: none"> ○ 2.9 Adams County ○ 3.1 Taylor County 	
	CHNA 2019	
Timeframe	FY17-FY19	
Background	Rationale for priority: Mental Health and substance use were identified as top health needs in the most recent CHNA processes conducted by both county health agencies as well as CHI Health Mercy Corning. Community input indicated behavioral health should be prioritized for work in the community, and CHI Health Mercy Corning has existing work to build upon.	
	Contributing Factors: Closure of a mental health treatment facility located in a neighboring county, lack in awareness, stigma, binge drinking, current knowledge and training of community service providers to refer critical cases to appropriate care, timely access to appropriate level of psychiatric or substance abuse care	
	National Alignment: Healthy People 2020 objectives include increasing the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment, as well as specific objectives related to substance abuse treatment and prevention.	
	Additional Information: CHI Health received grant funding from CHI national to implement behavioral health programs planned by community coalitions developed through a previous planning grant.	
2.1 Strategy & Scope: Increase the overall awareness of existing and potential resources among community stakeholders through an established behavioral health community coalition.		
Anticipated Impact	Hospital Role/ Required Resources	Partners

<ul style="list-style-type: none"> • Improvement of overall community awareness of existing and potential resources • Increased usage of services available 	<p>CHI Health System Role(s):</p> <ul style="list-style-type: none"> • Provides financial support • System-level leadership by Behavioral Health Service Line <p>CHI Health Mercy Corning’s Role(s):</p> <ul style="list-style-type: none"> • Sponsor • Fiscal Agent • Community Partner <p>Required Resources:</p> <ul style="list-style-type: none"> • Project Coordinator (8-10 hours/week) • 1 hour/week Administrative Assistant support • Leadership to Coalition from Mercy Corning management team • CHI Mission & Ministry Grant Funding (\$150k over 3 years) <p>Resources listed cover needs for strategies 2.1 – 2.3</p>	<ul style="list-style-type: none"> • Behavioral health coalition members
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Establish a community coalition to facilitate communication and awareness of resources • Create a behavioral health resource guide – paper and web-based • Promote and distribute behavioral health resource guide • Develop a collaborative communication protocol among hospital, providers, schools and law enforcement on mental health crisis and committal processes • Explore system solutions to address youth with chronic MH illness • Community Coalition meets regularly to identify, monitor, and address behavioral health issues • Develop a sustainability plan for post grant 	<ul style="list-style-type: none"> • # Coalition meetings and members • # Resource directories distributed (# hits to web-based directory if established) • Members rate coalition as effective 	<p>Behavioral Health Coalition and Mercy Corning CBAT review data from the following sources:</p> <ul style="list-style-type: none"> • Coalition meeting minutes (quarterly) • Coalition member survey

Results

FY17 Key Activities:

- Established the Behavioral Health Coalition for Adams & Taylor Counties and held 10 meetings throughout FY17, with strong and consistent participation.
- Coalition began work on the resource directory.
 - Faced some challenges with identifying ownership of website (considering long-term sustainability), and information gathering for resources, however work already progressing in FY18.

FY17 Measures:

- Resource directories to be promoted/distributed/available FY18
- Coalition members rate effectiveness of the collective impact coalition as high. Coalition member reporting “almost always” or “always” for the following:
 - Common Agenda – 95%
 - Shared measurement – 80%
 - Mutually Reinforcing Activities – 76%
 - Continuous Communication – 87%
 - Backbone Org – 87%

FY18 Key Activities

- Continued efforts through the Behavioral Health Coalition for Adams & Taylor Counties, holding 11 coalition meetings with an average of 11 attendees at each meeting.
- Coalition launched a website providing a comprehensive list of resources serving Adams and Taylor Counties, and southwest Iowa in general.
- Coalition also planned and implemented several trainings or programs described below.

FY 18 Measures:

- Mental Health Emergency Dept. visits to CHI Health hospitals have increased from 58 in FY17 to 78 in FY18, and some of this is attributed to increased awareness of mental health emergencies
- Web resource directory analytics reveal the website has:
 - 280 users
 - 397 sessions
 - 860 page views for an average time per page of 2.17 minutes
- Coalition members rate effectiveness of the collective impact coalition as high, and improving in all but one area over FY17. The following outlines the percentage of coalition members reporting “almost always” or “always” for the following key components of a collective impact model:
 - From 95% in FY17 to 90% in FY18 report use of common agenda
 - From 79% in FY17 to 90% in FY18 report shared measures being used
 - From 76% in FY17 to 88% in FY18 report mutually reinforcing activities
 - From 87% in FY17 to 88% in FY18 report continuous communication

- From 87% in FY17 to 89% in FY18 report existence of backbone organization

FY19 Results Pending

2.2 Strategy & Scope: Provide community-wide training on mental health and substance abuse to stakeholders such as law enforcement, EMTs, pastors, school personnel, and elder care workers.

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> Community members who have direct contact with the public are more equipped, and actively and appropriately respond to mental health crises in their community. 	<p>CHI Health System Role(s):</p> <ul style="list-style-type: none"> Provides financial support System-level leadership by Behavioral Health Service Line <p>CHI Health Mercy Corning’s Role(s):</p> <ul style="list-style-type: none"> Sponsor Fiscal Agent Community Partner <p>Required Resources:</p> <ul style="list-style-type: none"> Hiring of a new Project Coordinator (8-10 hours/week) 1 hour/week Administrative support from Administrative Assistant Mercy Corning Leadership team 1/hour week CHI Mission & Ministry Grant Funding <p>Resources listed cover needs for strategies 2.1 – 2.3</p>	<ul style="list-style-type: none"> Behavioral health coalition members
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> Provide and promote Mental Health First Aid training and identify other trainings for the community to increase the skill and knowledge of behavioral health. Behavioral health trainings offered to stakeholders Other identified community needs are addressed through training and education. Conduct Mental Health First Aid training with school staff in the county. 	<ul style="list-style-type: none"> # trainings held and participants attending # of participants trained representing various community service fields (i.e. # of health care providers trained, law enforcement, school, community professional) Participants report increased knowledge of behavioral health in the community 	<p>Behavioral Health Coalition and Mercy Corning CBAT will review data from the following sources:</p> <ul style="list-style-type: none"> Participant training evaluations (from training agency upon completion of each training)

Results

FY17 Key Activities:

- The Behavioral Health Coalition for Adams & Taylor Counties, the group trained a Mental Health First Aid Trainer (MHFA), and conducted trainings for school, healthcare, and community-based professionals. Law enforcement has been difficult to engage.
- Team identified and supporting implementation of several evidence-based programs in the schools and community to include: Capturing Kids Hearts, and Youth Mental Health First Aid.
-

FY17 Measures

- 1 trainer trained in MHFA – representative is from Midwest Opportunities, Inc.
- 3 MHFA trainings held
- 45 total participants trained in MHFA – 3 were healthcare workers, 5 school personnel, and 37 community professionals
- 41 participants completed post-training evaluation:
 - 93% course goals & objectives achieved
 - 93% more confident in recognizing signs of distress
 - 95% more confident to offer basic mental health “first aid”
 - 95% more confident to recognize & correct misconceptions
 - 100% would recommend training to others

FY18 Key Activities

- The Behavioral Health Coalition for Adams & Taylor Counties, trained a Mental Health First Aid Trainer (MHFA) in FY17 and this trainer is employed by Southwestern Community College (SWCC).
 - SWCC was able to absorb the administrative aspects of the trainings offered by the trainer, and the grant has supported free training and manual to all attendees for the ten trainings held in FY18.

FY18 Measures:

- 10 trainings for youth & adult MHFA held with a total of 160 participants from 4 community organizations
- 41 participants completed post-training evaluation:
 - 99% course goals & objectives achieved
 - 100% more confident in recognizing signs of distress
 - 83% more confident to offer basic mental health “first aid”
 - 100% more confident to recognize & correct misconceptions
 - 100% would recommend training to others

FY19 Results Pending

2.3 Strategy & Scope: Expand behavioral health prevention that educates and engages parents of children and youth ages 0-12 years.

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Parents are equipped and effective in raising children who are socially and emotionally resilient • Children experience positive health outcomes as a result of stable mental health foundations and abilities to manage behaviors. 	<p>CHI Health System Role(s):</p> <ul style="list-style-type: none"> • Provides financial support • System-level leadership by Behavioral Health Service Line <p>CHI Health Mercy Corning’s Role(s):</p> <ul style="list-style-type: none"> • Sponsor • Fiscal Agent • Community Partner <p>Required Resources:</p> <ul style="list-style-type: none"> • Hiring of a new Project Coordinator (8-10 hours/week) • 1 hour/week Administrative support from Administrative Assistant • Mercy Corning Leadership team 1/hour week • CHI Mission & Ministry Grant Funding <p>Resources listed cover needs for strategies 2.1 – 2.3</p>	<ul style="list-style-type: none"> • Behavioral health coalition members • School districts within Adams and/or Taylor Counties
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> • Engage schools as conduits for connecting prevention programs with parents and youth. • Implement at least one evidence-based prevention program at a minimum of two schools for parents and/or youth, that may include mentoring programs, tobacco and alcohol prevention programming. • Expand prevention programming across multiple schools and ages. 	<ul style="list-style-type: none"> • # schools collaborating with agency partners to provide programming • # youth/parents reached through programming • Decreased truancy in participating schools • Prevention program participants report positive changes • Other measures of program effectiveness to be determined based on evidence-based program selected 	<p>Behavioral Health Coalition and Mercy Corning CBAT will review data from the following sources:</p> <ul style="list-style-type: none"> • Program participation post-evaluations (upon establishment of evidence-based program) • School attendance records (annually) • Other program measures to be determined in year 1 planning.

Results

FY17 Key Activities

- Partnered with school districts in the area to implement
 - Capturing Kids Hearts (an evidence-based program intended to help teachers develop positive classroom environments through social contracts and communicating expected classroom behavior)
 - Nurtured Heart programming (a framework for focusing on relationships to improve difficult behavior in children)
- Coalition will begin offering Family to Family – NAMI (evidence-based program for families and friend of those living with mental illness)

FY17 Measures:

- 2 of 3 school districts implementing Capturing Kids hearts
- 1 schools implementing Nurtured Heart
- Other measures following implementation in FY18

FY18 Key Activities

- Partnered with school districts in the area to implement:
 - Capturing Kids Hearts (an evidence-based program intended to help teachers develop positive classroom environments through social contracts and communicating expected classroom behavior)
 - Certified three trainers (two from the schools and one from the Area Education Agency) to offer Nurtured Heart programming (a framework for focusing on relationships to improve difficult behavior in children)

FY18 Measures:

- 2 School districts collaborated with the Coalition to braid funding and bring a Capturing Kids' hearts trainer to the area in August 2017.
 - 50 staff from the 2 school districts were involved in implementation and the following measures were tracked:
 - 100% of staff have created a social contract with their classes using a classroom behavior tool from Capturing Kids' Hearts
 - 100% of the classroom participants are greeting students at the door and doing the handshake
 - 100% of teachers reported an increase in satisfaction in the classroom
 - 20.4% decrease in discipline referrals/removal from classrooms from 2017-2018
 - 20% decrease in severity of discipline referrals/in-school suspensions from 2017-2018
- 5 organizations engaged in offering Nurtured Heart Approach and served 17 parents
 - 14 families completed the program and reported the following on post-program surveys:
 - 57% increase in child strengths and decrease in child needs
 - 64% decrease in the percentage of time yelled at the child

- 86% increase in percent of time told reinforcing positive behaviors exhibited by the child
- One additional set of measures was tracked, the Difficulties in Emotion Regulation Scale – Short Form (DERS-SF)
 - 79% of participants with improved strategies to address emotional regulation
 - 64% of participants improved non-acceptance issues
 - 57% of participants improved impulse behaviors
 - 64% of participants improved goal setting behaviors
 - 64% of participants improved awareness of emotions

FY19 Results Pending

Priority Area # 3: Chronic Disease (Diabetes & Obesity)

Goal	Reduce the incidence of diabetes and obesity through increased awareness and improved behaviors around healthy eating and active living.
Community Indicators	CHNA 2013 Adult obesity = 33% in Adams County, 30% in Taylor County; 29% in Iowa overall
	CHNA 2016 Adult obesity = 31.8% in Adams County, 29.7% in Taylor County; 31% in Iowa overall 4.2% of adults in Adams County adults living with diabetes (2005-2011) 9.1% of adults in Taylor County (2005-2011)
	CHNA 2019
Timeframe	FY17-FY19
Background	Rationale for priority: Chronic diseases including heart disease, diabetes and obesity were identified as top health needs in the CHNA and community input prioritized diabetes based on the need and existing work in this area. The percent of adults living with diabetes in Taylor County is higher than Iowa overall (8.8%). In addition, there is existing work in this area to build on and share into Taylor County.
	Contributing Factors: Awareness of the issue of diabetes and the impact poor nutrition and physical activity habits have on health and risk of developing chronic diseases like diabetes. Rural county with high percentage of adults reporting no leisure time physical activity, low access to parks (especially in Adams County); lack of access to, and awareness on how to prepare healthy foods
	Research (if appropriate): Centers for Disease Control and Prevention recommends marginal weight loss and regular physical activity for pre-diabetics to reduce the risk of developing type 2 diabetes.
	National Alignment: Healthy People 2020 (HP202) objective calls for reduction in the annual number of new diabetes diagnosis; increase the proportion of adults who are at a healthy weight.
	Additional Information: Pre-diabetic programming has been established by Mercy Corning staff and offered in Corning, IA. Opportunities may exist around program growth into Taylor County. In 2000, the Wellness Center was started in partnership with the Corning Economic Development Corporation (who provided space) and a USDA grant that provided funding to renovate the space and to purchase equipment to start fitness center. In 2010, CHI Health Mercy Corning built a facility for the Wellness Center where it currently resides and operates for anyone ages 12 and up to purchase a membership. Some memberships are offered at discounted rates for those who qualify for financial assistance.
3.1 Strategy & Scope: Provide a free education program to participants identified as pre-diabetic and referred by physician or self-referred, in Adams and Taylor Counties.	

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> Reduction in new diagnosis of type 2 diabetes 	<p>CHI Health Mercy Corning Role(s):</p> <ul style="list-style-type: none"> Provide registered dietician and partner to offer courses in relevant locations <p>Required Resources:</p> <ul style="list-style-type: none"> 2 Registered Dieticians Approximately \$500 for materials/supplies/printing 	<ul style="list-style-type: none"> Adams & Taylor County Public Health Agency Home Health
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> Work with local health departments, physicians and clinic population health coaches to refer patients to free Pre-Diabetes Program. Offer free program classes quarterly to educate and inform those identified as pre-diabetic, or those that self-refer to learn more about healthy lifestyle management. Identify partners and opportunities to grow programming into Taylor County. Explore additional data gathering around participant satisfaction, long-term status of participants and ability to avoid a diagnosis of Type II Diabetes. 	<ul style="list-style-type: none"> # participants by class # program sites # of classes offered Long term outcome measures to be identified 	<p>Hospital CBAT will review referral data and course participant information on a quarterly basis from the following sources:</p> <ul style="list-style-type: none"> Participant surveys Clinic/Referral Data
Results		
<p>FY17 Key Activities</p> <ul style="list-style-type: none"> Team continued to offer quarterly free classes to the community to help those diagnosed with pre-diabetes to reverse the disease course through good nutrition and activity. Team attended a motivational interviewing training to develop skills in changing behavior among pre-diabetic patients. <p>FY17 Measures:</p> <ul style="list-style-type: none"> 2 community-based events 		

- 72 individuals provided free blood pressure checks
 - 7 individuals referred for follow-up with provider
- 64 individual provided free blood sugar checks with none referred for follow-up

FY18 Key Activities

- Offered four pre-diabetes classes to the public for free – targeting those referred by providers as having pre-diabetes, or diabetes.
- Team attended training for advanced practitioners to increase knowledge in prevention and treatment of the disease.
- Offered free blood sugar checks at a free health education event for the community featuring a learning presentation on pre-diabetes and diabetes.
- Submitted educational article to newspaper on reducing healthy food waste, to maximize healthy eating at home.

FY18 Measures:

- 4 community-based events
- 61 individuals provided free blood sugar checks with 8 referred for follow-up with their physician.

FY19 Results Pending

3.2 Strategy & Scope: Operate a local Wellness Center in Corning, Iowa serving Adams and Taylor Counties where other fitness centers do not exist.

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> Local residents are physically active due to increased access to physical activity resources, equipment and support. Improved health and well-being for local residents. 	<p>CHI Health Mercy Corning Role(s):</p> <ul style="list-style-type: none"> Maintain facility and equipment Provide trained staff for operation and programming <p>Required Resources:</p> <ul style="list-style-type: none"> Wellness Center Supervisor Wellness Center staff Facility costs 	<ul style="list-style-type: none"> City of Corning – Economic Development Corporation
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> Offer regular and relevant programming to address all physical activity levels within the identified scope of the community. Provide materials and resources that increase awareness and education around healthy eating and active living outside of the wellness center. 	<ul style="list-style-type: none"> Increase in membership (offered at reduced price to low-income) Members report increased knowledge, skills and behaviors around healthy eating and/or active living Members rate wellness center high in: <ul style="list-style-type: none"> Staff competency Availability of relevant programming 	<p>Hospital CBAT will review data from the following sources:</p> <ul style="list-style-type: none"> Membership number reports (quarterly) Member survey (annually)
Results		
<p>FY17 Key Activities</p> <ul style="list-style-type: none"> Mercy Corning continues operation of a robust community-based wellness center serving Adams, and surrounding Counties. Wellness Center leadership hosted a free wellness event for the community in April 2017 to educate the community in an engaging environment about brain health, sleep, healthy relationships, ergonomics, and offered child health screenings, blood pressure checks, and blood sugar screenings. Provided free vouchers to attendees for one-month wellness center memberships. <p>FY17 Measures</p>		

- 63 community members attended Wellness Event
- 19 Wellness Center membership vouchers were redeemed following April event
- 13 of the new members committed to long-term memberships.

FY18 Key Activities

- Mercy Corning continues operation of a robust community-based wellness center serving Adams, and surrounding Counties.
- Wellness Center leadership hosted a free wellness event for the community in April 2017 to educate the community in an engaging environment around various topics related to stress/relaxation techniques, heart health, and healthy nutrition, importance of physical activity, healthy feet (diabetes checks), pre-diabetes awareness, and bone health.
- Provided free vouchers to attendees for one-month wellness center memberships.

FY18 Measures:

- 6 separate lunch and learn events were hosted at the Wellness Center
- 72 individuals attended from Corning in Adams County, Lenox in Taylor County, as well as Villisca in Montgomery County, nearby.

FY19 Results Pending

Dissemination Plan

CHI Health Mercy Corning will make its CHNA widely available to the public by posting the written report on <http://www.chihealth.com/chna>. A printed copy of the report will be available to the public upon request, free of charge, by contacting Kelly Nielsen at Kelly.nielsen@alegent.org or (402) 343-4548. In addition, a paper copy will be available at the Hospital Information Desk/Front Lobby Desk.

Approval

On behalf of the CHI Health Board, the Executive Committee of the Board approved this CHNA on May 10, 2019.

Appendices

Appendix A: CHNA Data Presentation 11/1/18

On November 11, 2018, various stakeholders convened to review a data presentation and engage in a facilitated discussion to identify and prioritize top health needs for Adams and Taylor Counties. The attached is the data presentation shared.

Appendix B: CHNA Data Presentation Handout 11/1/18

Following the data presentation described above on November 1, 2018, participants engaged in a discussion regarding the data, identified top health needs, and voted on priorities as described in the narrative above (Process and Input sections).

CHI Health Mercy Corning

Community Health Needs Assessment

Secondary Data & Community Engagement Planning

Arli Boustead, CHI Health

November 1, 2018

AGENDA

CHNA Process overview

Review Previous Work

Community Health Data

Discussion

Purpose & Process Overview

Federal Requirements for tax-exempt hospitals

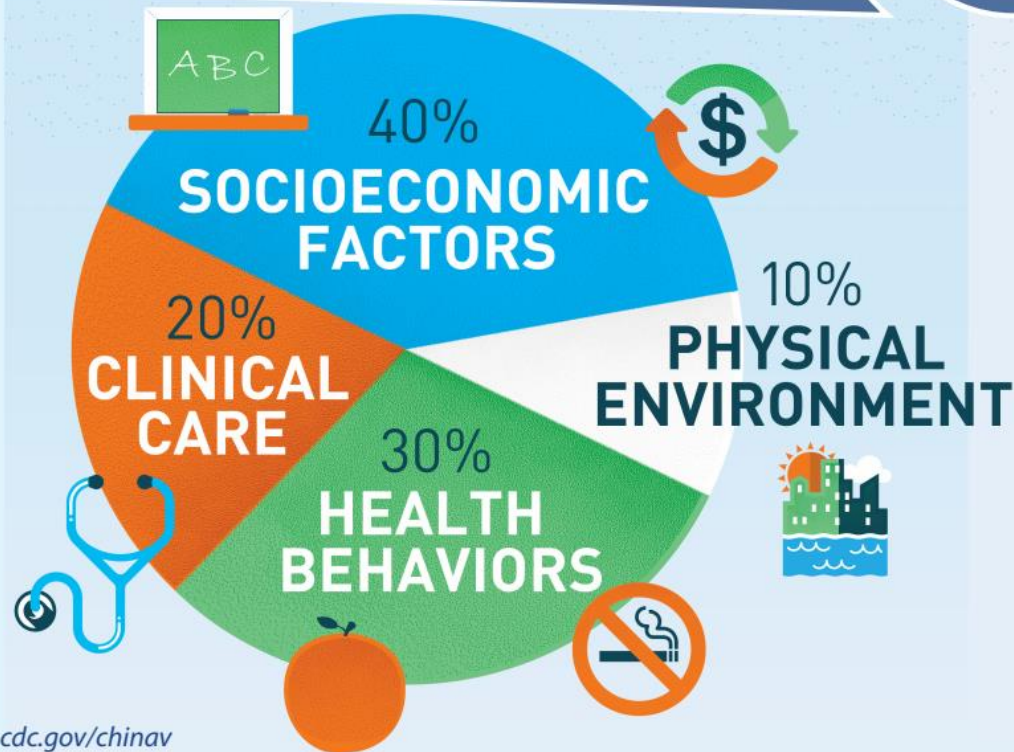
- Conduct Community Health Needs Assessment (CHNA) triennial
 - Top health needs
 - Identify relevant strategies to address health needs
- Write 3-year Implementation Strategy Plan (ISP)

Our Goals

- Identify areas of high need
- Ensure resources are leveraged correctly
- Use data to prioritize and use evidence as a guide to address
- Ensure compliance with section 501(r) of IRS tax code

What is Health?

Know What Affects Health



Source: www.cdc.gov/chinav

Overview of Current Work

- Adams County
- Taylor County
- CHI Health Mercy Corning

2016 CHNA Public Health Top Needs

Adams County	Taylor County
<p>Promote Healthy Living:</p> <ul style="list-style-type: none"> -Decrease tobacco use -Improve access to MH svcs -Increase breast cancer screening -Improve physical activity -Decrease hypertension 	<p>Promote Healthy Living:</p> <ul style="list-style-type: none"> -Home health -Blood pressure clinics -Community wellness & education -New baby home visit & prenatal education -Oral health
<p>Prevent Injury & Violence:</p> <ul style="list-style-type: none"> -Decrease violent crime rate -Decrease falls in adults 35-90 	<p>Prevent Injury & Violence:</p> <ul style="list-style-type: none"> -Not addressed
<p>Environmental Hazards:</p> <ul style="list-style-type: none"> -On-site wastewater systems accessible 	<p>Environmental Hazards:</p> <ul style="list-style-type: none"> -Environmental health -Investigate health hazards -Animal hazard/control
<p>Prevent Epidemics & Disease Spread:</p> <ul style="list-style-type: none"> -Investigate diseases reported 	<p>Prevent Epidemics & Disease Spread:</p> <ul style="list-style-type: none"> -Immunizations
<p>Emergency Preparedness & Response:</p> <ul style="list-style-type: none"> -Improve emergency response 	<p>Emergency Preparedness & Response:</p> <ul style="list-style-type: none"> -Public health emergency preparedness
<p>Strengthen Health Infrastructure:</p> <ul style="list-style-type: none"> -Improve mental health availability 	<p>Strengthen Health Infrastructure:</p> <ul style="list-style-type: none"> -Implement laws/policies for health improvement -Find health insurance -I need to help pay for ???

2018 Update Public Health Priorities

Adams County	Taylor County
Access to MH Services	Immunizations (HP2020)
Cancer (breast screening)	Home Health (Older Adults)
	Blood Pressure Clinics (Cardiovascular Diseases)

2016 CHNA Mercy Corning

CHNA Top Identified Needs



Mental health (Access to care)

Substance Abuse

Maternal & Child Health

Aging Problems



Chronic Disease (obesity, diabetes, cardiovascular disease)

Cancer

Unintentional Injuries



Access to Healthcare Services

2018 Update

Mercy Corning Priorities

FY17-FY19 Implementation Strategy Plan (ISP)

- Access to Healthcare Services
 - Ambulance
 - Tele-psych
- Behavioral Health
 - BH Coalition
 - Community trainings
 - Prevention/Education to youth/families
- Chronic Disease
 - Pre-diabetes programming
 - Wellness Center

2018 Update

Mercy Corning Priority Work

Priority	FY17 Reporting	FY18 Reporting
Ambulance	<ul style="list-style-type: none"> 753 ambulance calls in Adams County 1,155 ambulance calls in Taylor County 	<ul style="list-style-type: none"> 407 ambulance calls in Adams County 727 ambulance calls in Taylor County
Telepsych	<ul style="list-style-type: none"> Served 40 patients 12 medication management consults (Nov 2016-Mar 2017) 	<ul style="list-style-type: none"> Served 27 patients 12 for med management
BH Coalition Work	Reporting coalition effectiveness surveys, trainings, participation and participant reported results.	Reporting coalition effectiveness surveys, trainings, participation and participant reported results.

2018 Update

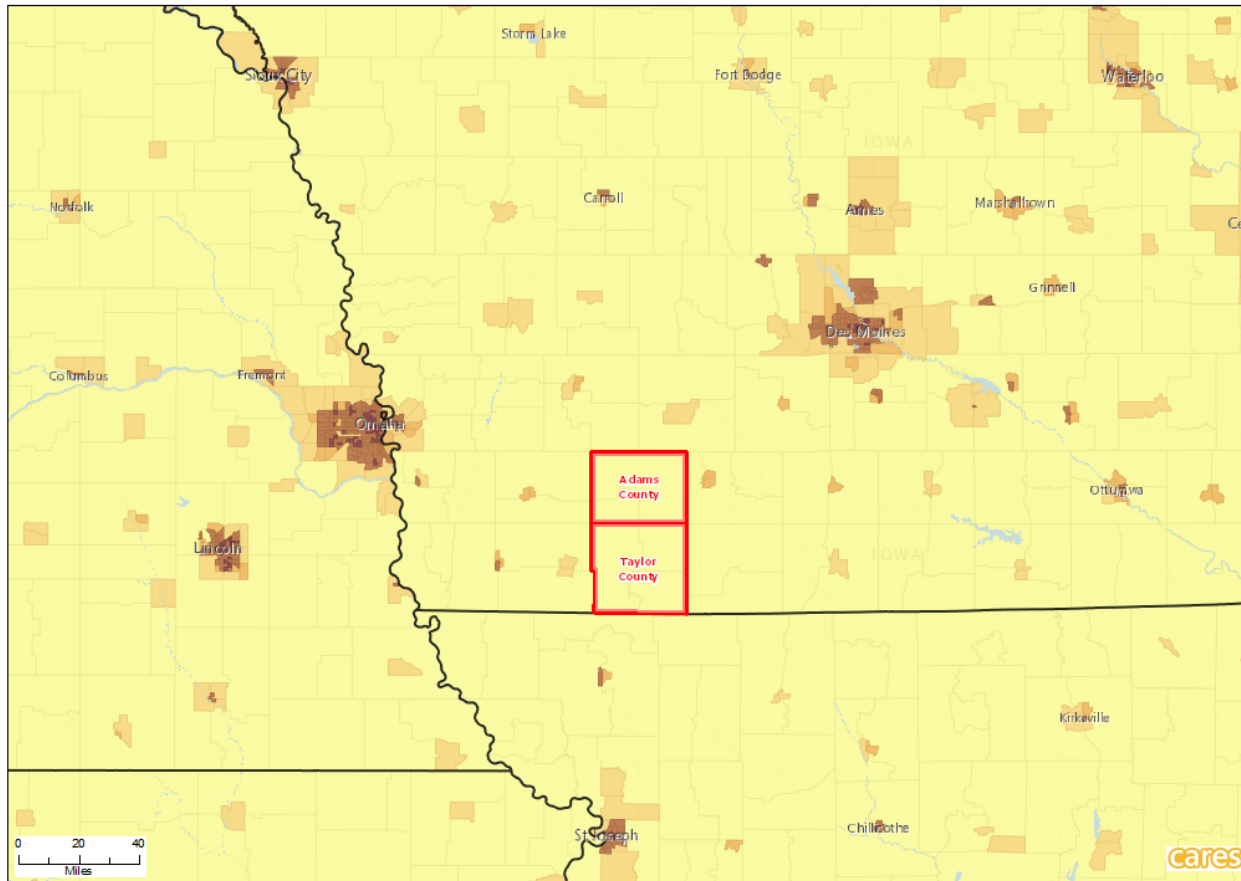
Mercy Corning Priority Work

Priority	FY17 Reporting	FY18 Reporting
Pre-diabetes	<ul style="list-style-type: none">• Held 3 community-based screening events (BP/Glucose)• 72 individuals provided free screening (7 referred for f/u)• 64 provided free blood sugar checks (0 referred)• Provided pre-diabetes education to 2 individuals	<ul style="list-style-type: none">• Held 3 community events• 62 individuals screened (4 referrals made)• Offered 4 pre-diabetes classes
Wellness Center	<ul style="list-style-type: none">• Continues operation of robust community-based Wellness Center• Served 63 at a community-wide wellness event• 19 wellness center membership vouchers redeemed following event• 13 of 19 committed long-term memberships	<ul style="list-style-type: none">• Held 6 lunch & learn events with a total of 72 participants (health topics: stress, heart health, nutrition, physical activity, diabetes, and bone health)• Participants primarily from Corning, Villisca, and Lenox.

Community Health Data

Community Definition

CHI Health Mercy Corning CHNA Defined Community 2018

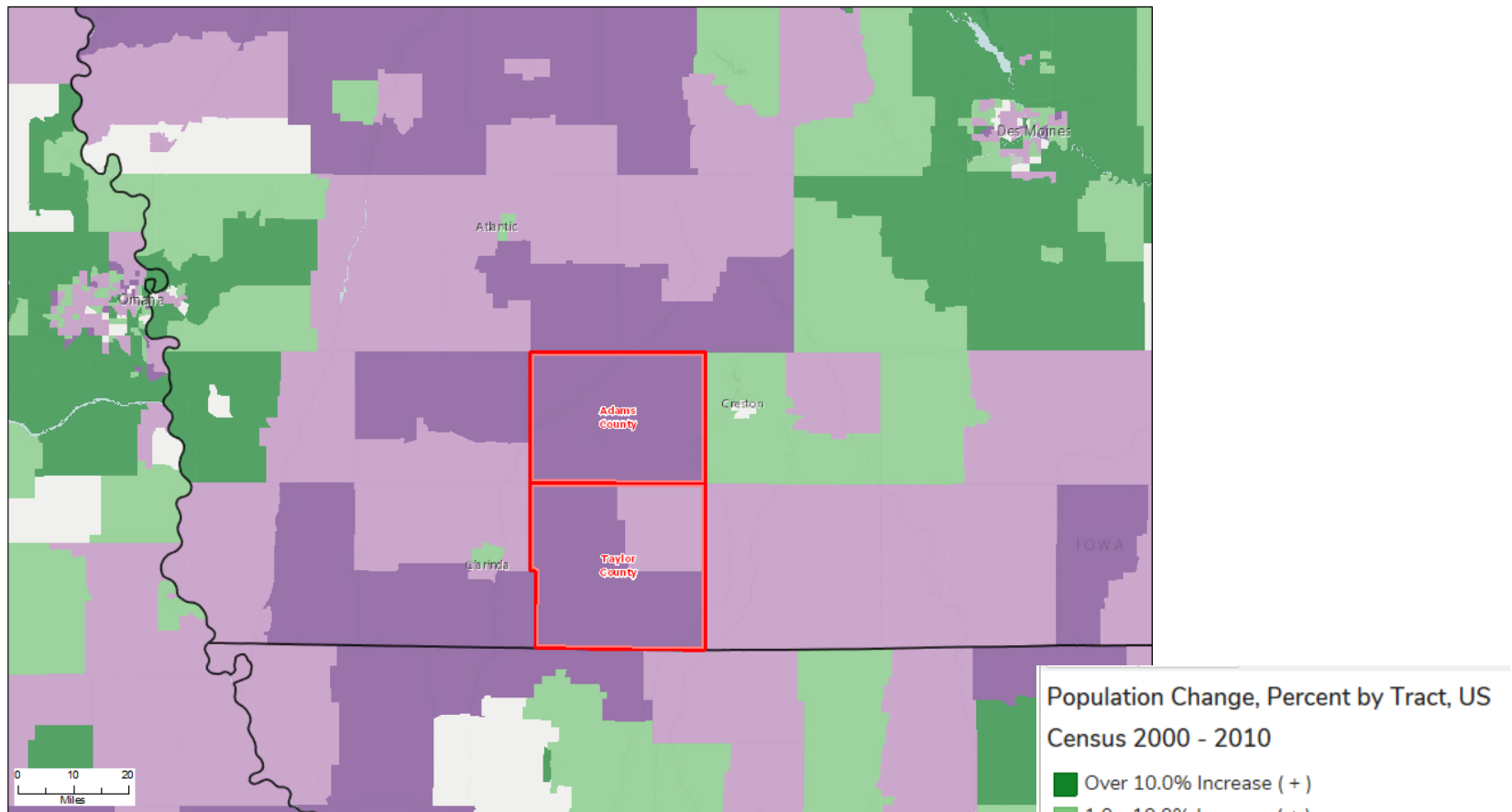


Demographics & Socioeconomic Factors

	Adams County	Taylor County	Iowa	United States
Total Population	3,822	6,209	3,106,589	318,558,162
Population density (Per square mile)	9.03	11.67	55.62	90.19
Total Land Area (Square miles)	423.44	531.90	55,856.49	3,532,068.58
% Rural	100%	100%	35.98%	19.11%
Age				
% below 18 years of age	20.91%	23.43%	23.42%	23.11%
% 65 and older	22.19%	20.82%	15.8%	14.5%
Sex				
% Female	50.55%	49.61%	50.33%	50.79%
Race/Ethnicity				
% Caucasian	97.33%	95.99%	90.9%	73.35%
% Black or African American	0.50%	0.19%	3.32%	12.63%
% American Indian and Alaskan Native	0.10%	0.26%	0.32%	0.82%
% Asian	0.86%	0.71%	3.32%	2.14%
% Native Hawaiian/Other Pacific Islander	0.0%	0.0%	0.08%	0.18%
% Hispanic or Latino	0.81%	7.41%	5.56%	17.33%
Language				
Percent of Population Ages 5 and over Speaking a Language Other Than English at Home	0.28%	3.82%	3.17%	8.52%
Veterans				
% of Total Population	8.34%	8.81%	8.55%	8.01%

Demographics & Socioeconomic Factors

Population Change - Adams & Taylor Counties



Demographics & Socioeconomic Factors

	Adams County	Taylor County	Iowa	United States
Income				
Median Household Income	\$48,598	\$46,510	\$56,247	\$67,871
Poverty Rates				
Persons in Poverty (Below 100% FPL)	368 (9.81%)	802 (13.2%)	369,828 (12.3%)	46,932,225 (15.11%)
Children in Poverty (Population Under Age 18- Children Below 100% FPL)	57 (7.13%)	204 (14.34%)	109,300 (15.31%)	15,335,783 (21.17%)
Employment				
Unemployment Rate	2.5%	2.4%	3.0%	4.2%
Education				
% Graduating High School in 4 Years	93.8%	93.0%	90.8%	86.1%
% of Population Age 25+ with Assoc. Degree or Higher	29.88%	26.32%	38.42%	38.49%
Insurance Coverage				
% of Population under 65 without insurance	6.79%	7.40%	5.96%	12.08%
% of children under 19 without insurance	4.02%	4.39%	2.57%	4.67%

Leading Causes of Death

Cause of Death (per 100,000 population)	Adams County	Taylor County	Iowa	HP 2020 Goal ¹³
1 Diseases of the heart **	379.2	386.1 208.4	247.5 (Ranked 1)	103.4
2 Malignant Neoplasms (Cancer)**	267.2	269.2 208.5	213.9 (Ranked 2)	161.4
3 Cerebrovascular Disease	83.6	73.8	60.2 (Ranked 3)	N/A
4 Chronic Lower Respiratory Disease (CLRD)	59.7	77.6	57.0 (Ranked 4)	102.6 (COPD)
5 Accidents (unintentional injuries)	50.8	57.5	41.1 (Ranked 5)	36.4
6 Alzheimer's disease	44.8	62.3	37.1 (Ranked 6)	N/A
7 Diabetes mellitus	35.8	38.3	24.8 (Ranked 8)	66.6

Hospital Inpatient Discharges FY17

	Patients	Discharges
Percent of total discharges Over age 65	139 (76%)	149 (77%)
Heart Failure & Shock (w & w/o CC or MCC) (all age) ***	15	18
Aftercare Musculoskeletal System & Connective Tissue w & w/o CC/MCC (all age)***	15	17
COPD w/CC or MCC (all age)***	14	16
Cellulitis w/o MCC (all age)	11	11
Esophagitis, Gastro & Misc Digest Disorders w/o CC/MCC (all age)	6	6
Nutritional & Metabolic Disorders w or w/o MCC (all age)	5	6
TOTAL	182	194

Chronic Disease

Need	Adams	Taylor	Iowa	US
Cancer Mortality per 100,000 population	297.9	177.0	203.1	
Diabetes Percent of adults (over 20) diagnosed with diabetes	11%	10%	10%	8% among top US performers
Diabetes Percent of diabetic Medicare enrollees receiving HA1c monitoring	88%	90%	90%	91%
Hypertension Percent adults with high BP	No data	No data	25.2%	28.1%
Heart Disease 2016 death rate from major CV disease per 100,000	514.5	579.2	283.7	

Maternal & Child Health Outcomes

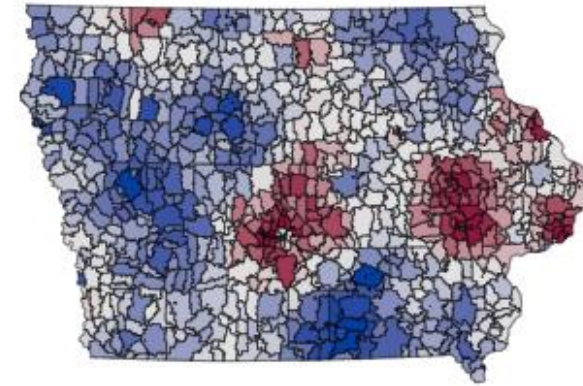
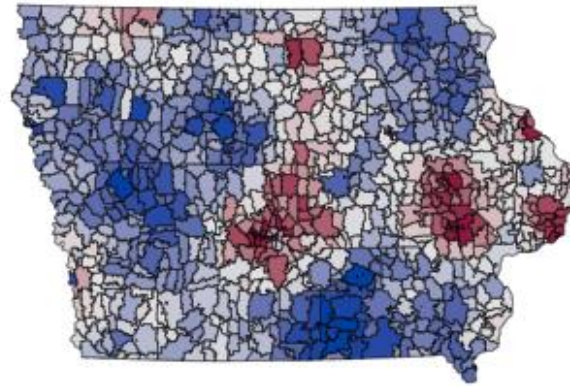
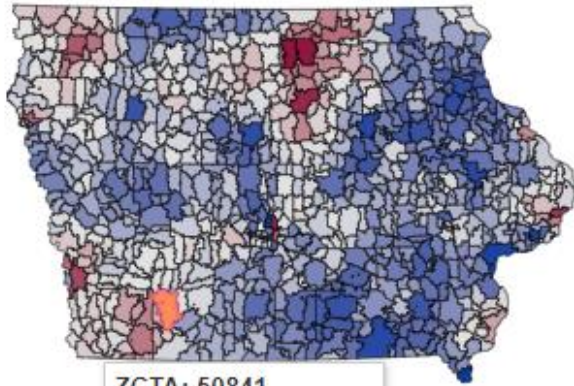
Need	Adams	Taylor	Iowa	US
Prenatal Care Percent of live births where mother receives prenatal care in the first trimester	62.2%	48.6%	78.7%	HP2020 Goal 77.9%

Breast Cancer Risk Probability: Incidence

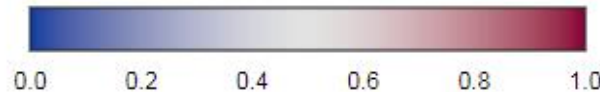
2004-2007

2008-2011

2012-2015



ZCTA: 50841
 City: Corning
 Risk Probability: 0.63
 Relative Risk: 1.04



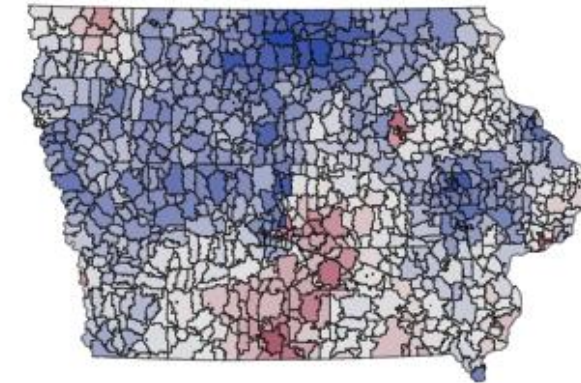
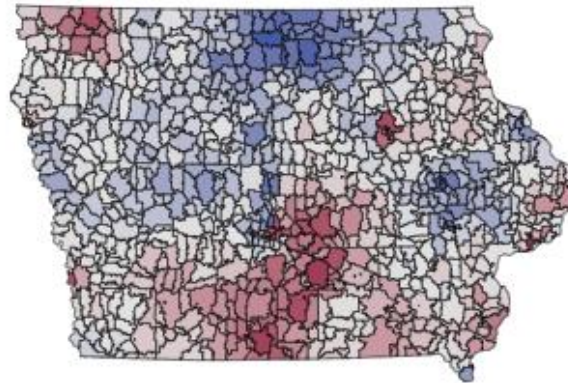
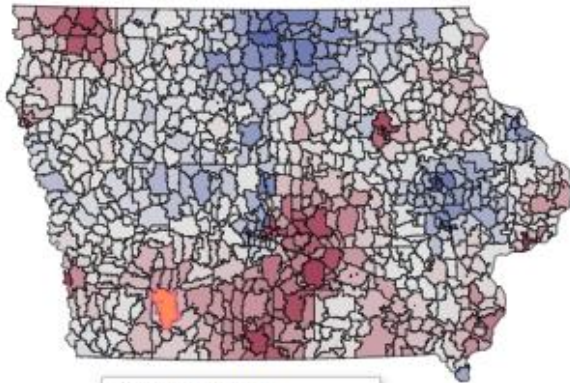
Time frame	Risk Probability ADAMS	Risk Probability TAYLOR
2004-2007	0.63	0.41
2008-2011	0.36	0.23
2012-2015	0.30	0.23

Risk Probability: Breast Cancer Mortality

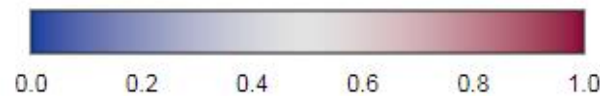
2004-2007

2008-2011

2012-2015



ZCTA: 50841
 City: Corning
 Risk Probability: 0.75
 Relative Risk: 1.09



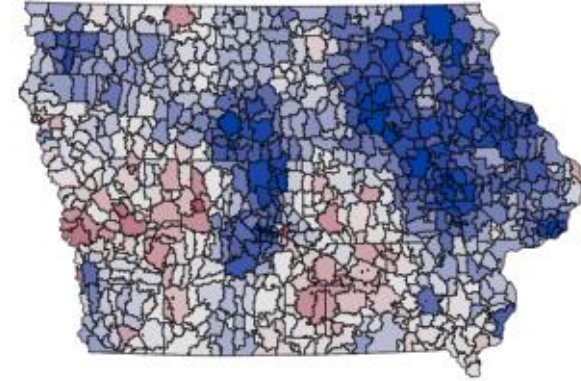
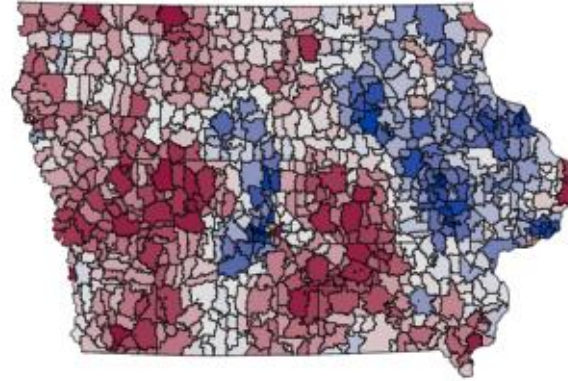
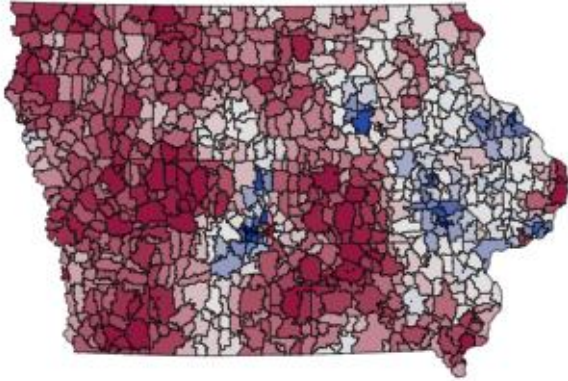
Time frame	Risk Probability ADAMS	Risk Probability TAYLOR
2004-2007	0.75	0.63
2008-2011	0.73	0.62
2012-2015	0.56	0.46

Colorectal Cancer Risk Probability: Incidence & Mortality

2004-2007

2008-2011

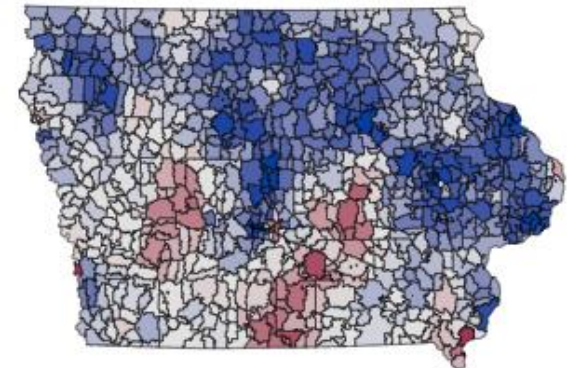
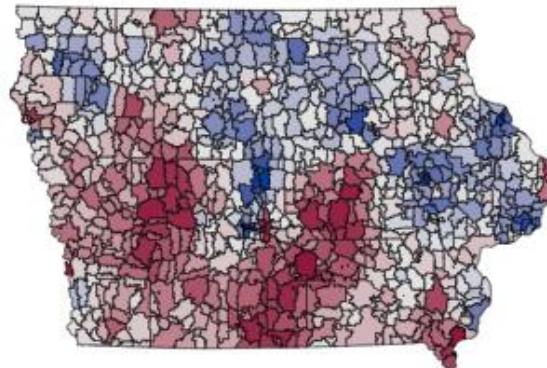
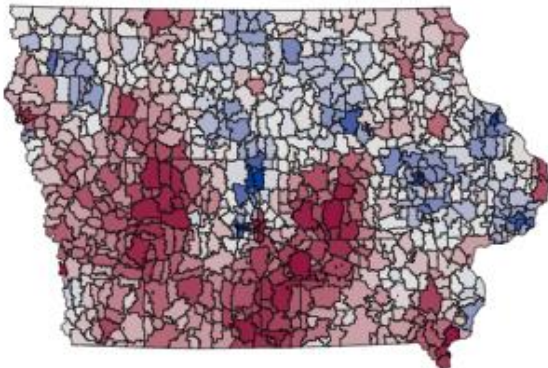
2012-2015



2004-2007

2008-2011

2012-2015

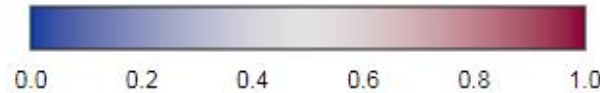
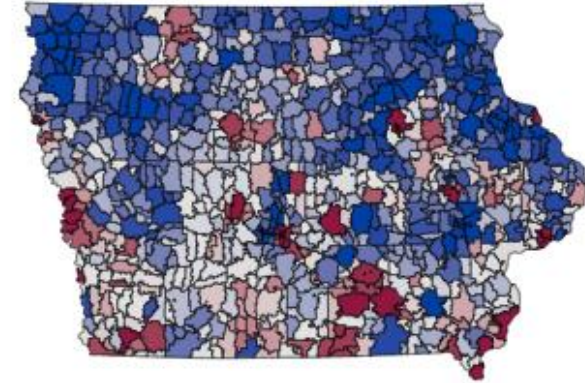
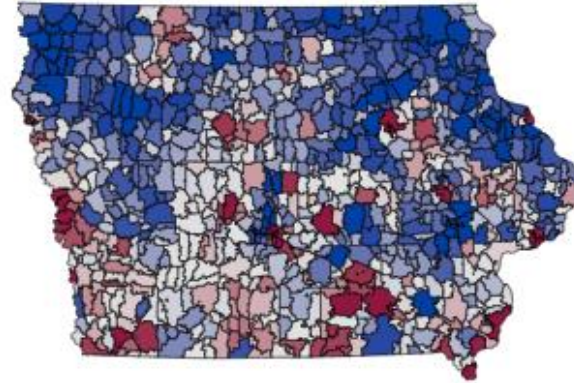
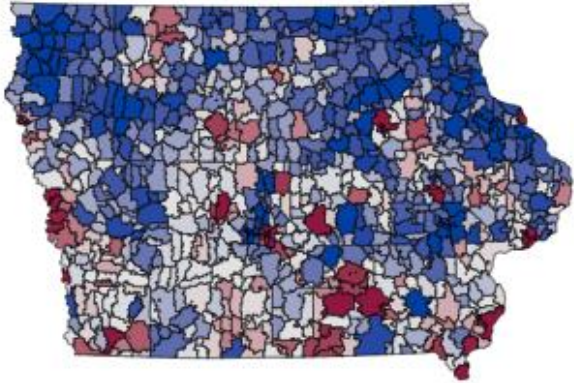


Lung Cancer Risk Probability: Incidence & Mortality

2004-2007

2008-2011

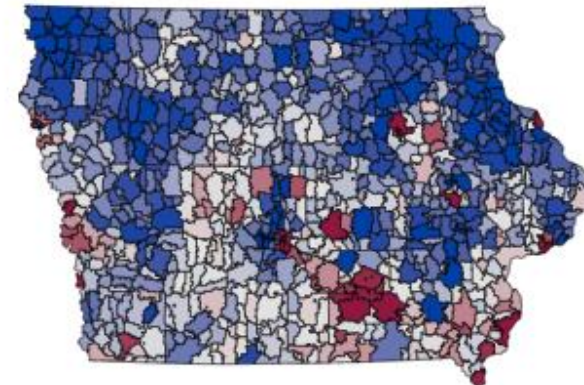
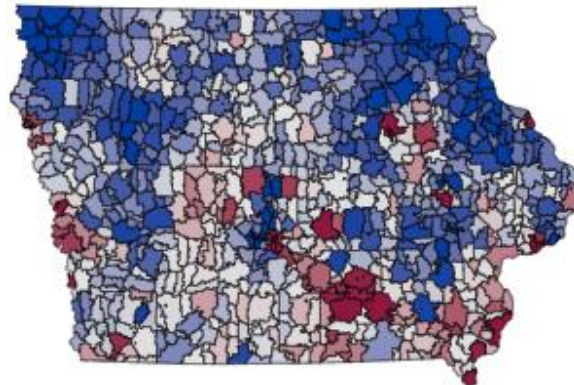
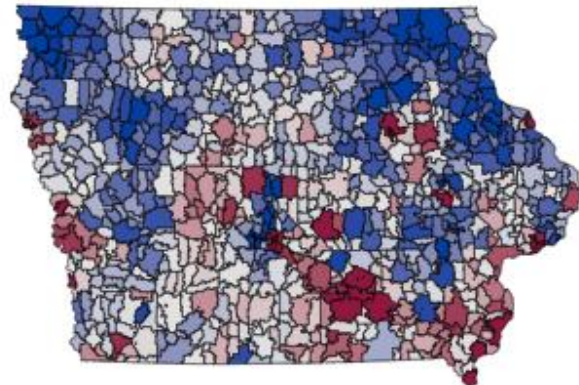
2012-2015



2004-2007

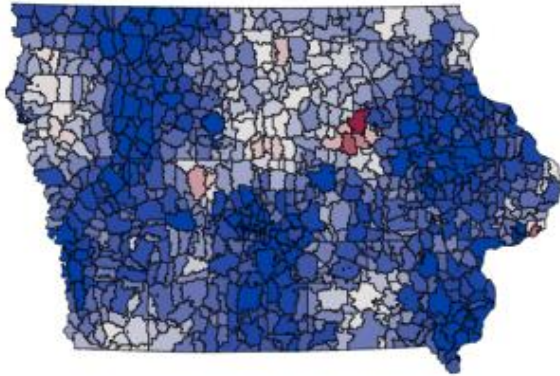
2008-2011

2012-2015

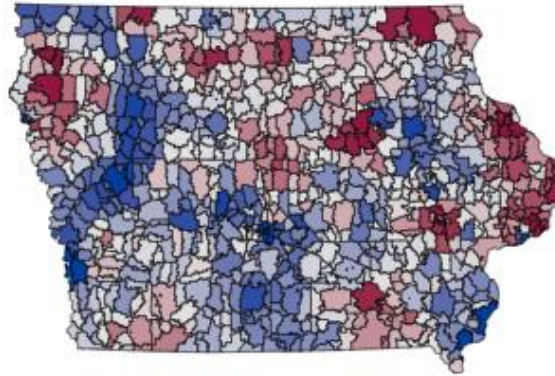


Skin Melanoma Risk Probability

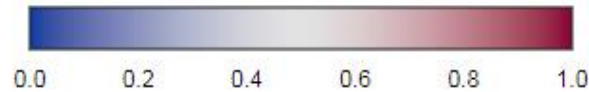
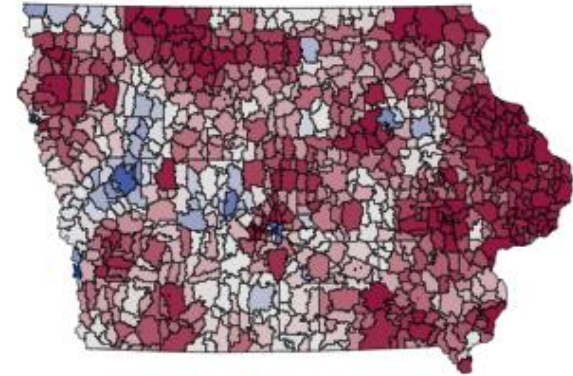
2004-2007



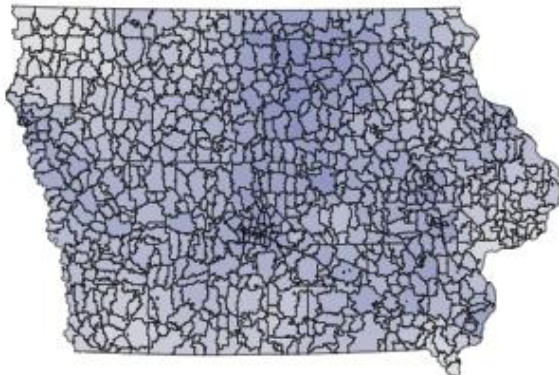
2008-2011



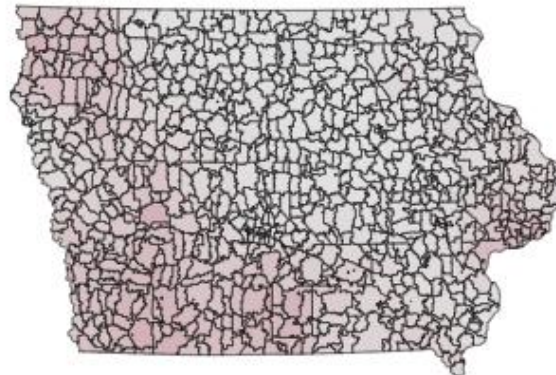
2012-2015



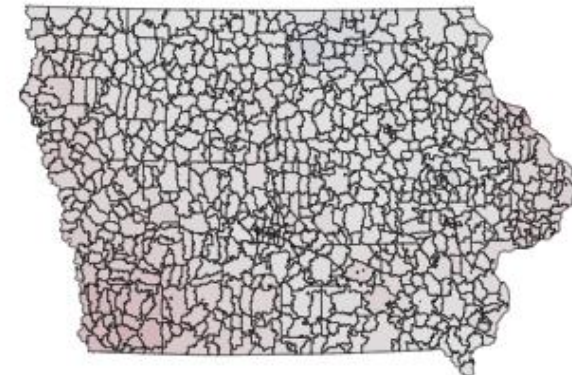
2004-2007



2008-2011



2012-2015



Drivers of Health

Behavioral Health & Substance Use

Injury & Violence

Health & Risk Behaviors

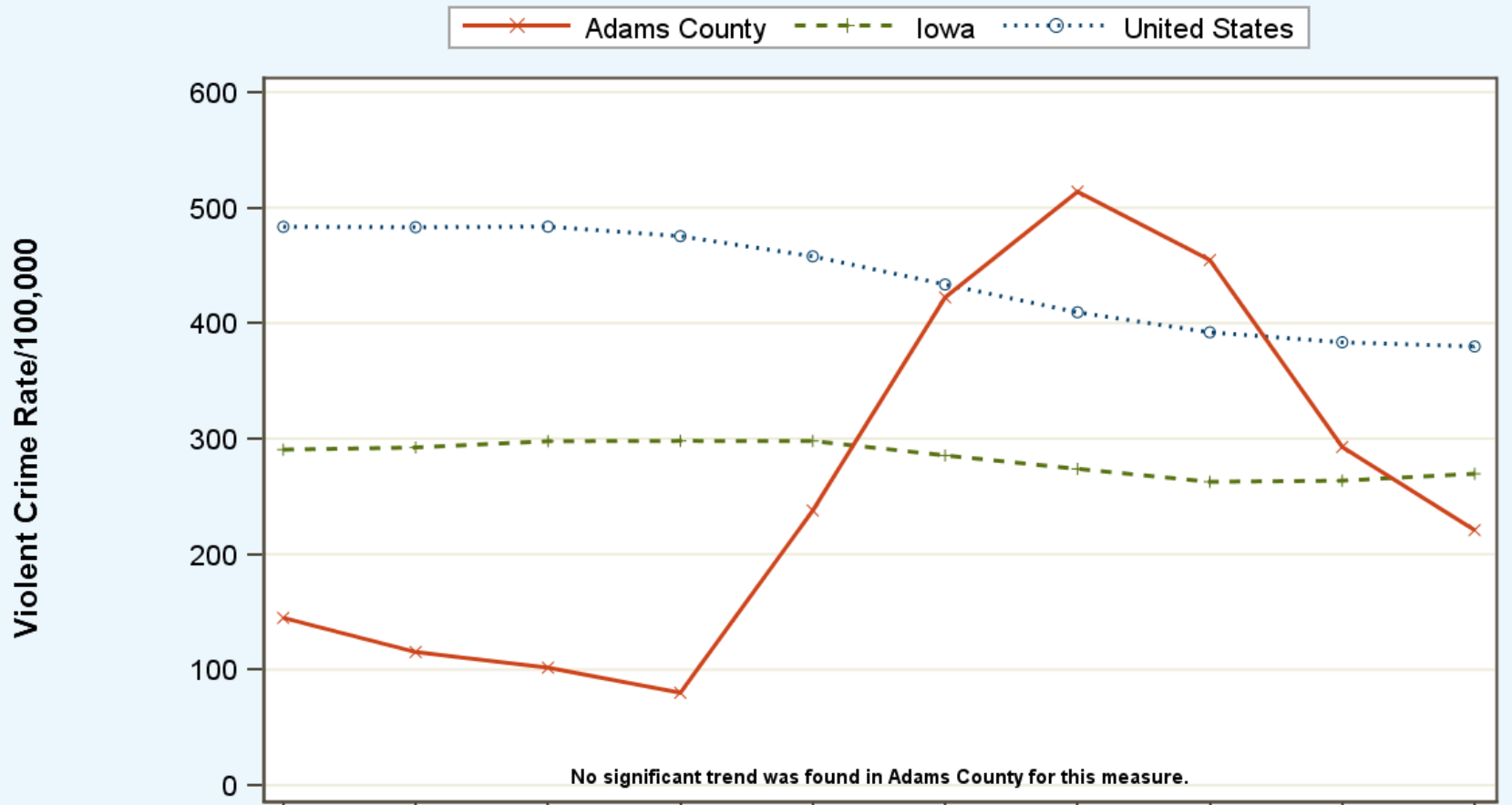
Social Determinants of Health

Hospital Inpatient Discharge Data

Injury & Violence

Need	Adams	Taylor	Iowa	US
Injury Deaths: Number of deaths due to injury per 100,000	89	81	65	55 among top US performers
Violent Crime: Number of reported violent crime offenses per 100,000	221	16	270	62

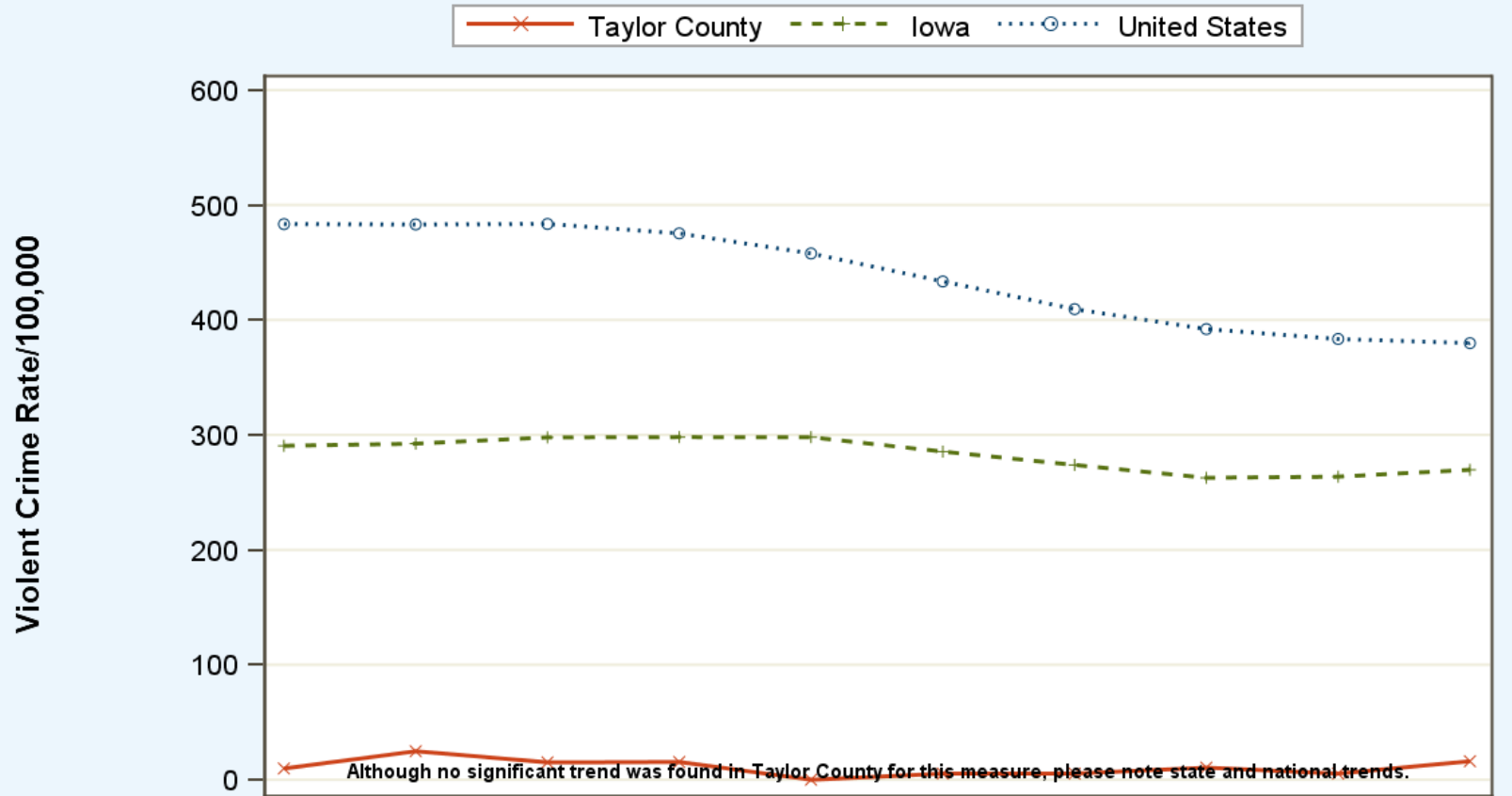
Violent crime rate in Adams County, IA County, State and National Trends



3-year Average	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
United States	483	483	484	475	458	433	409	392	383	380
Iowa	290	292	298	298	298	285	274	263	264	270
Adams County	145	115	102	80	238	422	514	455	293	221

Please see *Measuring Progress/Rankings Measures* for more information on trends. Trends were measured using all years of data

Violent crime rate in Taylor County, IA County, State and National Trends



3-year Average	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
United States	483	483	484	475	458	433	409	392	383	380
Iowa	290	292	298	298	298	285	274	263	264	270
Taylor County	10	25	15	15	0	5	5	11	5	16

Please see *Measuring Progress/Rankings Measures* for more information on trends. Trends were measured using all years of data

Health Behaviors

	Adams County		Taylor County	Iowa	
Health Factors		Health Factors			Healthy People 2020
Health Behaviors		Health Behaviors			
Adult smoking	i 15%	Adult smoking	i 16%	17%	12%
Adult obesity	32%	Adult obesity	31%	32%	30.5%
Food environment index	8.6	Food environment index	8.6	8.2	
Physical inactivity	26%	Physical inactivity	23%	25%	
Access to exercise opportunities	55%	Access to exercise opportunities	65%	83%	
Excessive drinking	i 21%	Excessive drinking	i 19%	22%	
Alcohol-impaired driving deaths	17%	Alcohol-impaired driving deaths	33%	27%	

Health Behaviors

	ADAMS County	TAYLOR County	IOWA
Food insecurity	11%	11%	12%
Limited access to healthy foods	1%	1%	6%
Drug overdose deaths			9
Drug overdose deaths - modeled	16- 17.9	8-11.9	10.6
Motor vehicle crash deaths			11
Insufficient sleep	27%	26%	28%

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

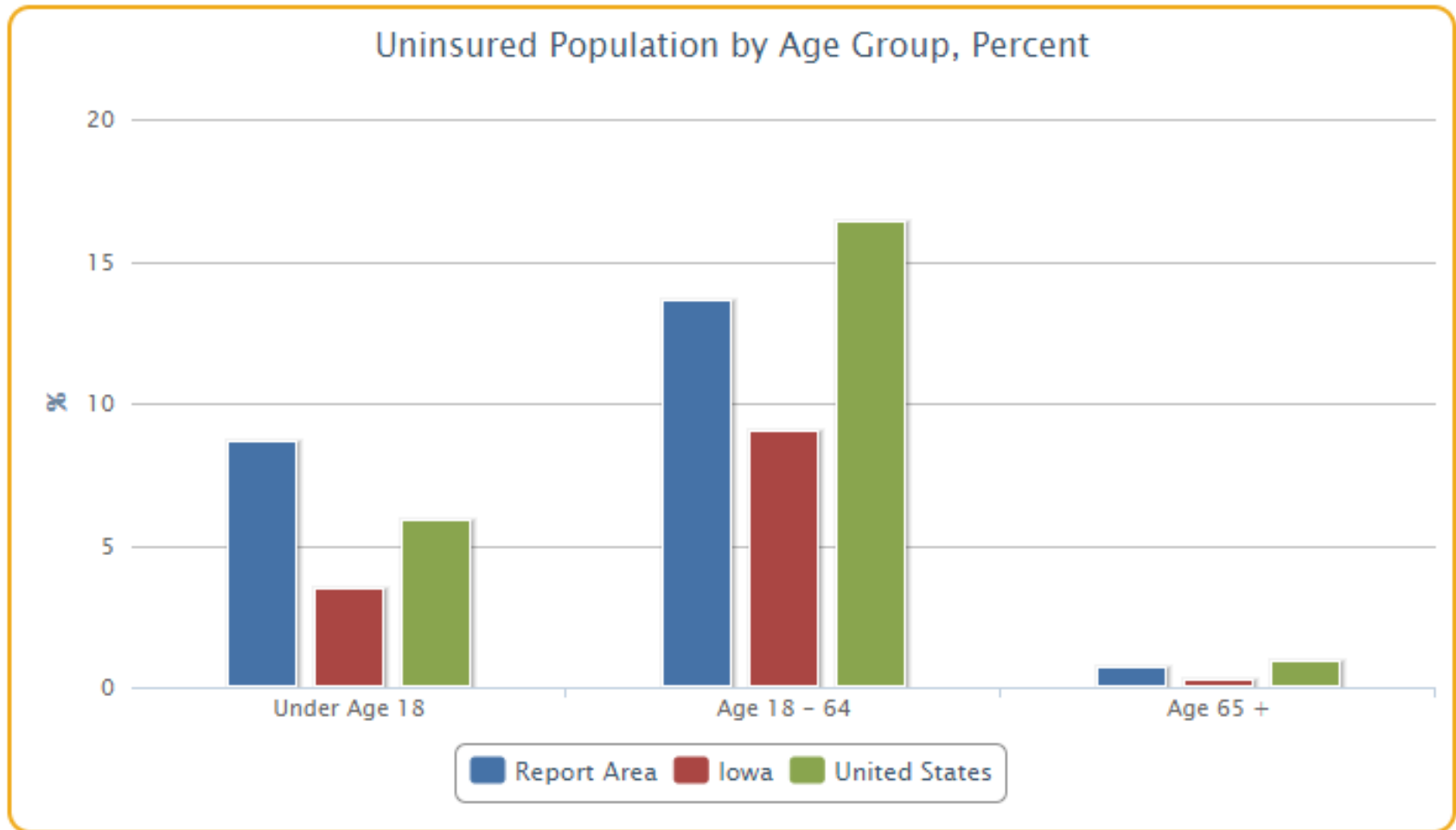
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

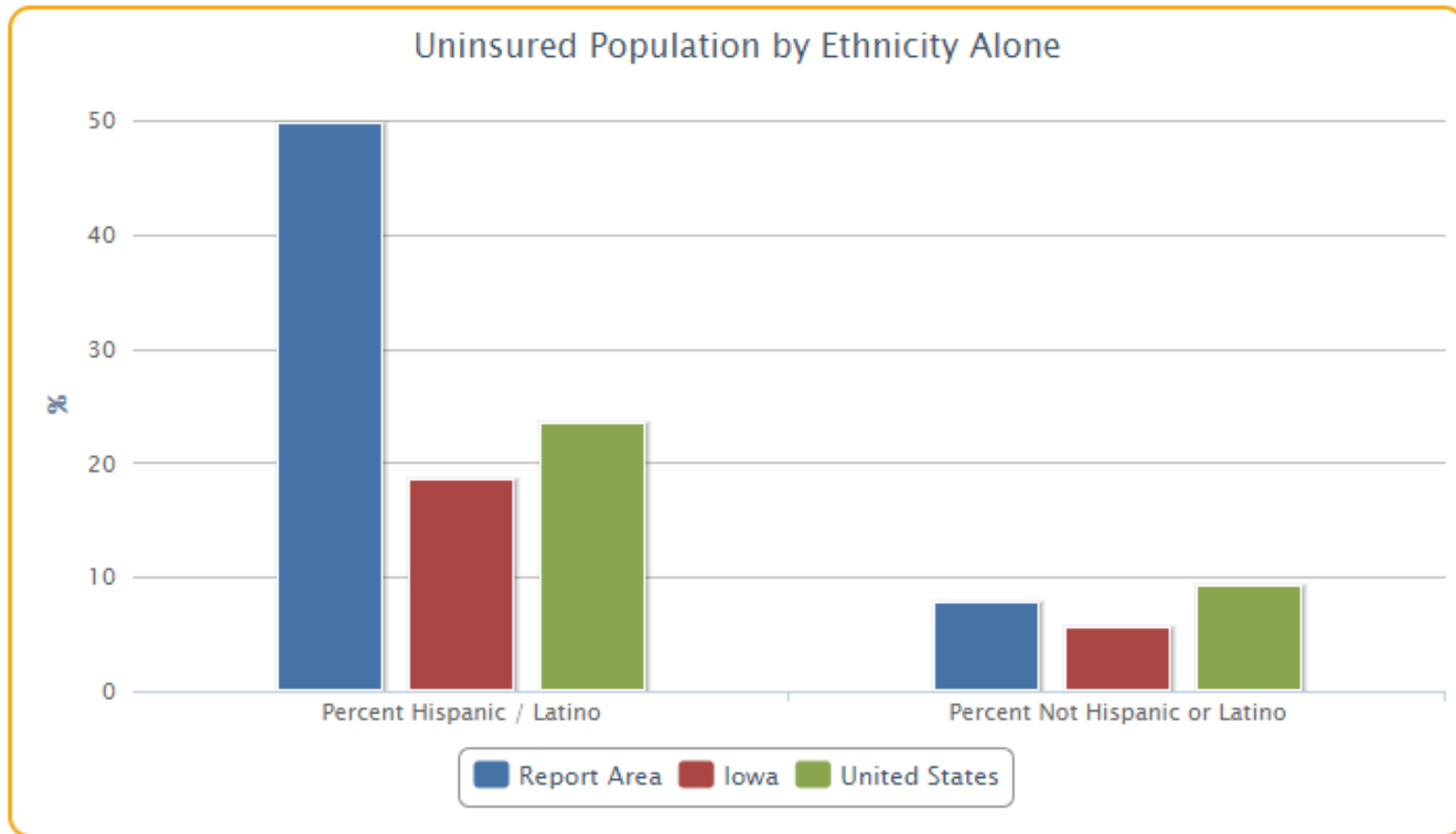
Access to Healthcare Services

Provider	Adams	Taylor	Iowa
Primary Care	3,800:1	6,210:1	1,360:1
Mental Health		6,220:1	760:1
Dentists	1,230:1	2,070:1	1,560:1

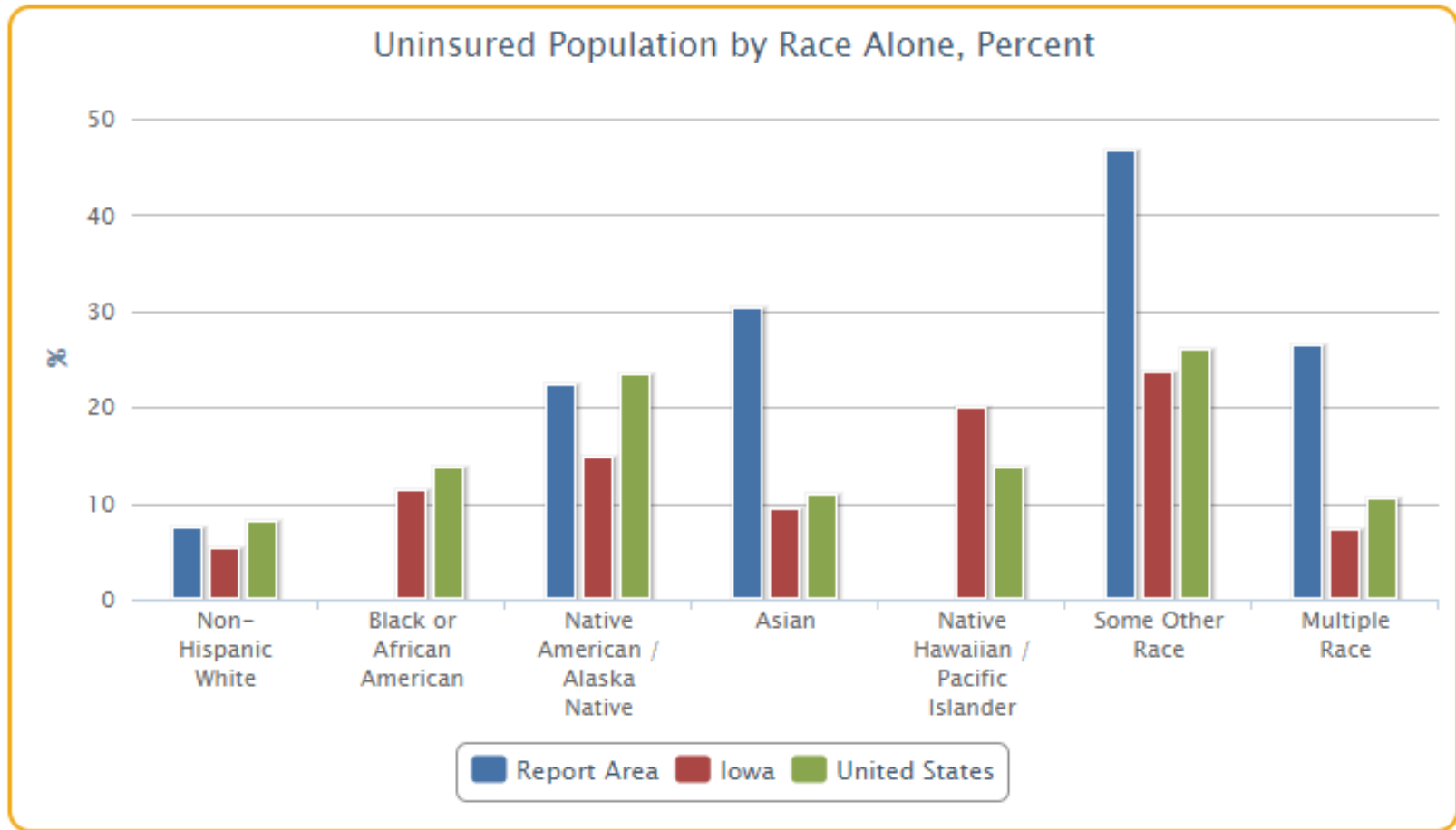
Uninsured in Adams & Taylor



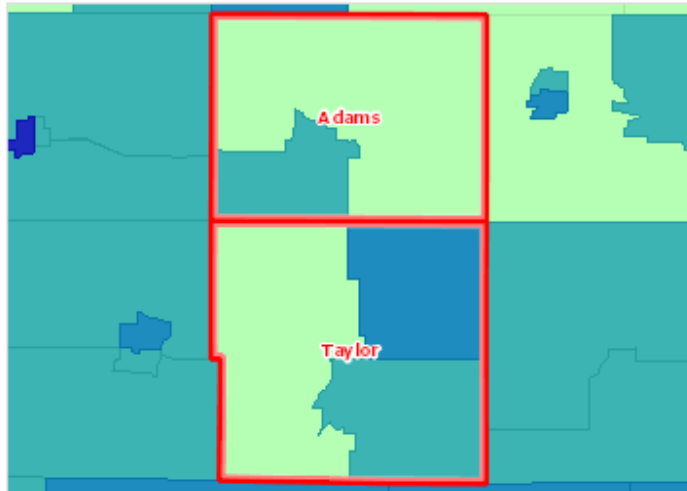
Uninsured in Adams & Taylor



Uninsured in Adams & Taylor

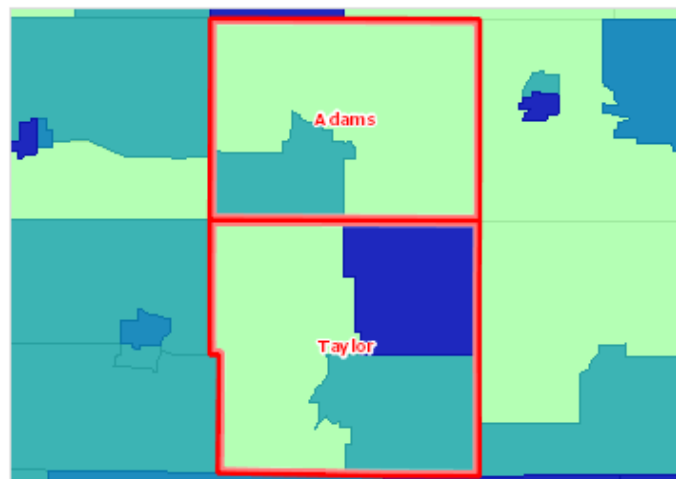


SDOH: Poverty



Population Below 200% Poverty Level, Percent by Tract, ACS 2012-16

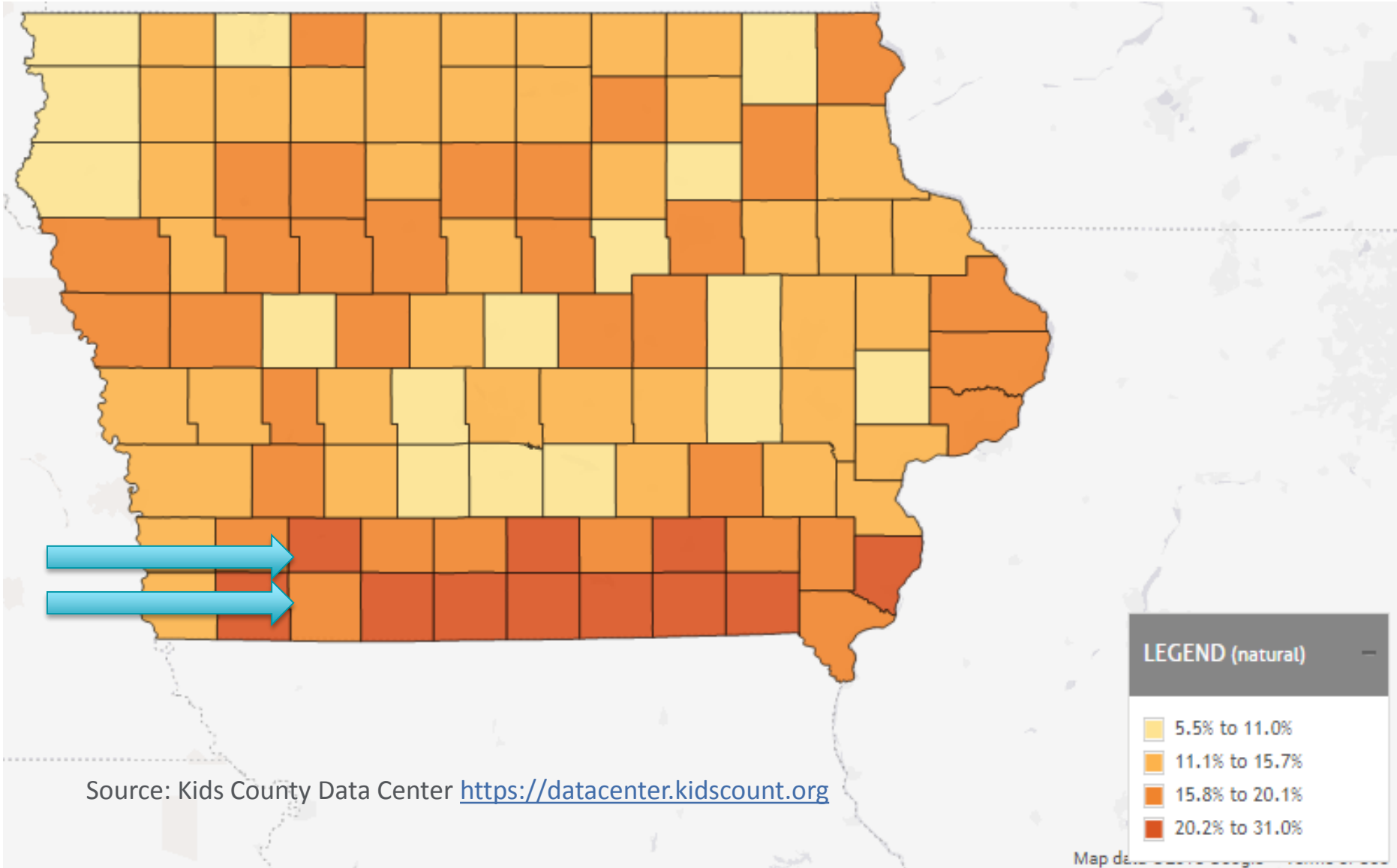
- Over 50.0%
- 38.1 - 50.0%
- 26.1 - 38.0%
- Under 26.1%
- No Data or Data Suppressed
- Report Area



Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2012-16

- Over 56.0%
- 47.1 - 56.0%
- 38.1 - 47.0%
- Under 38.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Report Area

SDOH: Children in Poverty



SDOH: Children in Poverty

County	2007	2010	2015	2016
Adair	14.2%	14.1%	16.5%	15.4%
Adams	16.5%	20.7%	20.2%	22.0%
Cass	19.0%	20.4%	19.7%	18.8%
Montgomery	17.9%	22.1%	19.6%	19.2%
Page	19.3%	22.4%	24.0%	21.9%
Ringgold	23.7%	29.5%	24.9%	23.8%
Taylor	15.4%	18.9%	20.3%	18.5%
Union	18.4%	20.9%	19.6%	18.2%

SDOH: Food Assistance

County	2007	2010	2015	2016
Adair	6.5%	8.9%	10.7%	10.8%
Adams	6.3%	10.5%	10.6%	11.0%
Cass	8.7%	12.6%	13.8%	13.6%
Montgomery	12.8%	16.8%	17.5%	17.5%
Page	9.6%	13.5%	14.0%	13.8%
Ringgold	7.5%	10.3%	11.9%	11.4%
Taylor	7.2%	10.3%	13.1%	11.9%
Union	10.2%	14.9%	14.7%	14.7%
AVERAGE	8.4%			12.9%

Top health needs & Discussion:

Identified Health Needs
Access to Health Services
Aging Issues
Cancer
Chronic Disease
Injury/Unintentional Injury & Violence
Maternal & Child Health
Mental Health & Substance Use (Behavioral Health)
Social Determinants of Health (Poverty, Food Access, Other?)

Discussion

What stands out to you in the data in front of us today?

What from the data is consistent with what you see or experience in your role?

What is missing with your perspective in the community?

Resource Inventory: Health Services & Healthcare Access Assets HANDOUT

Our Next Steps

Take the information you have provided & begin forming strategies to address priorities identified through this conversation and survey.

Return to this group for validation of strategies in Spring 2019.

Thank you!

Contact Arli Boustead with questions or comments on the process.

Arli.Boustead@alegent.org

402.343.4692

CHI Health Mercy Corning

2018 Community Health Needs Assessment Data Analysis

HEALTH NEED	2015 Priority Rationale	2018 Data update	NOTES
Chronic Disease (Obesity, Diabetes, Cardiovascular Disease)	<ul style="list-style-type: none"> The percent of adults who are obese in Adams County is at 32% which is slightly higher than Taylor (30%), Iowa (31%) and HP2020 goal (30.5%). While the age-adjusted heart disease death rate has improved in both counties, rates are still well above Iowa, the U.S., and HP2020 objectives. In Taylor County, 9.1% of adults are living with diabetes compared to 4.2% in Adams County (U.S. median is 8.1%). Emergency department visit rates for diabetes have increased in both counties. 	<ul style="list-style-type: none"> Obesity 32% Adams County, 31% Taylor County, 32% Iowa Age-adjusted heart disease related deaths declined in Taylor County, but updated data for Adams not available. Diabetes: age-adjusted rate of population diagnosed with diabetes is 7.8% in Adams, 8% in Taylor compared to 8.5% across Iowa and 9.2% across US 	<ul style="list-style-type: none">
Maternal & Child Health	<ul style="list-style-type: none"> Adams County has seen reductions in pre-term births (11%) and low infant birth weight (LBW) (7%), however the County rates are still above Taylor County and Iowa 	<ul style="list-style-type: none"> 62.2% of live births in Adams and 48.6% of live births in Taylor to mothers receiving prenatal care in the first trimester. Other relevant data (Low birth-weight and pre-term births not updated or available) 	<ul style="list-style-type: none">
Cancer	<ul style="list-style-type: none"> Cancer is the second leading cause of death in both Adams and Taylor Counties. Incidence of invasive cancers is higher in Adams County than Taylor County and Iowa overall. However, mortality rates for Taylor County are higher than Adams, Iowa and HP2020 goals. Breast cancer was a previous priority for CHI Health Mercy Corning, and ACPH identified it as a priority due to decreased mammography screening rates. 	<ul style="list-style-type: none"> Cancer still second leading cause of death, however incidence & mortality risk probabilities have <ul style="list-style-type: none"> Declined for breast and colon cancer Not changed significantly for lung cancers Increased slightly for skin melanomas 	<ul style="list-style-type: none">

CHI Health Mercy Corning

2018 Community Health Needs Assessment Data Analysis

Mental Health	<ul style="list-style-type: none"> • Ratio of mental health (MH) providers to population is 6,140:1 for Taylor County and there is no data for Adams County. • This number is dramatically high compared to Iowa overall at 830:1. • A treatment facility located in Clarinda, which is in Page County and borders Taylor County closed and committals for services are taking days to place. 	<ul style="list-style-type: none"> • 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 	•
Substance Abuse	<ul style="list-style-type: none"> • Substance abuse often occurs in conjunction with mental health issues. • ACPH reports 4% of Adams County youth have used tobacco over 20 days of the month. • The Taylor County Community Health Needs survey respondents ranked alcohol and other drugs second behind mental health as a top need. 	<ul style="list-style-type: none"> • Adult smoking slightly lower in two-county area than State • Excessive drinking slightly lower in two-county area than State <ul style="list-style-type: none"> ○ Alcohol-impaired driving deaths lower (17%) in Adams, and higher (33%) in Taylor than the State at 27%. 	•
Unintentional Injuries & Violence	<ul style="list-style-type: none"> • Death due to unintentional injuries is the 5th and 6th leading cause of death in Adams and Taylor respectively. • Emergency department visits due to unintentional injuries in Adams (9162 per 100,000) and Taylor (7724) are higher than Iowa overall (7326). 	<ul style="list-style-type: none"> • 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 	•
Aging Problems	<ul style="list-style-type: none"> • Iowa predicts that the current population of those over 65 (15%) will grow by 2040 to 20%. • Alzheimer’s incidence is higher in Taylor County (14.5%) than the U.S. median (10.3%). No data is available for Adams County. • Taylor County survey respondents ranked aging issues 4th on the list of health needs. 	<ul style="list-style-type: none"> • Uninsured population 65+ remains lower than the US, but higher than Iowa overall • Alzheimer’s Data source from 2016 changed – data unavailable 	•

CHI Health Mercy Corning

2018 Community Health Needs Assessment Data Analysis

Access to Healthcare Services	<ul style="list-style-type: none"> • Due to the rural nature of the two counties, continued effort around building health infrastructure through collaboration with local partners will be required to ensure residents have necessary healthcare services readily available to them. • The Taylor County survey respondents also expressed the need for the public health agency’s attention to helping residents to access health insurance. 	<ul style="list-style-type: none"> • Percentage of assessments conducted at public sector clinics where the children were fully immunized at age 24 months 69.2% in Adams and 80.0% in Taylor. (72.8% across Iowa) • Ratio of population to primary care physician is 3,800:1 for Adams, 6,210:1 for Taylor and 1,360:1 Iowa • See ratio of population to mental health providers in “Mental Health” section above • Percent uninsured among 18-64 year olds is higher than the state in Adams & Taylor County
Social Determinants of Health <i>Poverty</i>	<ul style="list-style-type: none"> • 12.2% of population living below 100% of Federal Poverty Level (FPL) in Adams County, 13.1% in Taylor and 12.2 in Iowa • 18.9% of children in Adams are living in poverty, 17.4% in Taylor and 15.5% across Iowa 	<ul style="list-style-type: none"> • 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.
Social Determinants of Health <i>Food Access</i>		<ul style="list-style-type: none"> • 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.

NOTE: Other Social Determinants of Health (Housing, Transportation, Community & social context) data either unavailable or unimpressive in this assessment.

CHI Health Mercy Corning

2018 Community Health Needs Assessment Data Analysis

Significant Health Need	Assets/Resources
Access to Healthcare Services	<ul style="list-style-type: none"> • Healthy and Well Kids in Iowa (hawk-i) • ACPH & TCPH • Adams County Ambulance • Taylor County Ambulance
Aging Problems	<ul style="list-style-type: none"> • ACPH & TCPH • Connections Area Agency on Aging • Matura Action Corporation • The Alzheimer’s Association – Greater Iowa Chapter • Iowa State University Extension and Outreach – Iowa Concern • Care Initiatives – Corning/Bedford
Cancer	<ul style="list-style-type: none"> • CHI Health Mercy Corning • American Cancer Society • Care Initiatives – Greenfield Hospice Care • Iowa Cancer Consortium • Hospice of Southwest Iowa • Hospice of Central Iowa
Chronic Disease (Obesity, Diabetes, Cardiovascular Disease)	<ul style="list-style-type: none"> • CHI Health Wellness Center • ACPH & TCPH • Iowa State University Extension, Live Healthy Iowa • Adams County Economic Development Corporation & Community Foundation • Southern Iowa Council of Governments (SICOG) • Bedford Area Development Center
Maternal & Child Health	<ul style="list-style-type: none"> • CHI Health Mercy Corning • ACPH & TCPH – Child Care Nurse Consultant • 1st Five Healthy Development • Women, Infants & Children (WIC) – Corning • Parents As Teachers Program • Early Childhood Resource Library • Health Education e-Library

CHI Health Mercy Corning

2018 Community Health Needs Assessment Data Analysis

Mental Health	<ul style="list-style-type: none">• CHI Health Mission & Ministry Grant – Behavioral Health Improvement Plan• Adams County Public Health Agency (ACPH)• Taylor County Public Health Agency (TCPH)• Crossroads Behavioral Health Services – Creston, Iowa• CHI Health Mercy Corning Outpatient Telepsych Services• Midwest Opportunities, Inc.• AJ Counseling
Substance Abuse	<ul style="list-style-type: none">• QuitlineIowa• Area 24 Iowa Alcoholics Anonymous• ISmart Data Center <p>2018 UPDATES:</p> <ul style="list-style-type: none">• Good Samaritan Media Campaign – Good Samaritan Law for drug overdose reporting• IDPH Bureau of Emergency & Trauma Svcs grant for first responders to address opioid overdose (\$3.19million over next four years)• Iowa Governor’s Office of Drug Control Policy awarded Comprehensive Opioid Abuse Program (COAP) grant to support Iowa Opioid Data Exchange (IODE) project.
Unintentional Injuries	<ul style="list-style-type: none">• CHI Health Mercy Corning• Adams County Iowa Sheriff’s Office• Taylor County Sheriff’s Office• ACPH & TCPH
OTHER	

