

---

Central  
Iowa  
Healthcare

---

Community  
Health Needs  
Assessment

---

Implementation  
Strategy 2016-2019

Table of Contents

Executive Summary	1
Introduction	2
Health Needs of the Community	3
Significant Health Needs to be Addressed	4
Implementation Strategy	6
Obesity	7
Behavioral Health	8
Adoption of Implementation Strategy	10

## **Executive Summary**

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

### **2016-2019 Health Care Priorities**

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

### **Implementation Strategy**

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

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

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

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

## **Introduction**

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

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

## Health Needs of the Community

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

	<b>IDENTIFIED NEED</b>	<b>SPECIFIC TARGET</b>
<b>Conditions</b>	Obesity	<ul style="list-style-type: none"> <li>• Adults-prevention, education and treatment</li> <li>• Children/Young Adults-prevention, education and treatment</li> </ul>
	Chronic Diseases	<ul style="list-style-type: none"> <li>• Self-management education and nutritional education</li> <li>• Access to low cost medical management</li> </ul>
	Suicide	Prevention
	Cancer	Education, screenings and access to low cost treatments
<b>Behaviors</b>	Tobacco/Nicotine Use	Prevention, education and treatment
	Drug Use	Prevention, education and treatment
	Alcohol Abuse	Prevention, education and treatment
	Immunizations	Children and Adults-Influenza and HPV
	Nutrition and Healthy Eating	<ul style="list-style-type: none"> <li>• Access to healthy foods</li> <li>• Education regarding good nutrition and food preparation options</li> </ul>
<b>Access</b>	Hospital-Based Care	<ul style="list-style-type: none"> <li>• Access to hospital-based services for all (lab, surgery, imaging)</li> <li>• Care coordination and continuity with community partners to assure follow up</li> </ul>
	Behavioral Health and Mental Health	Increase capacity and access for all populations
	Dental/Oral Health	Uninsured and Underinsured
	Primary Care	Uninsured and Underinsured
	Elderly Care	<ul style="list-style-type: none"> <li>• Assistance understanding and physically accessing available services</li> <li>• Self-care education</li> </ul>
<b>Determinants</b>	Health Education and Awareness	<ul style="list-style-type: none"> <li>• Education on health issues and choices for treatment in and outside of the service area</li> <li>• Awareness of services already available</li> </ul>
	Transportation	<ul style="list-style-type: none"> <li>• Lower resourced patients</li> <li>• Patients with complex, chronic diseases that require multiple visits</li> </ul>
	Health Insurance	Education regarding available plans and basic insurance knowledge
	Language and Cultural Impacts	Education for providers on trends and cultural views on health

## **Significant Health Needs to be Addressed**

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

## **Specific Health Needs that will not be Addressed**

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

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

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

## **Implementation Strategy**

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

CIH reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending in 2019, other organizations in the community may decide to address certain needs, indicating that CIH then should refocus its limited resources to best serve the community.



## **Overweight and Obesity**

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

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

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

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

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

### **Anticipated Impact of these Actions:**

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

### **Plan to Evaluate the Impact:**

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

### **Programs and Resources the Hospital Plans to Commit:**

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

### **Collaborative Partners (Any and all Community Partners):**

1. TBD

## **Behavioral Health**

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

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

### **Objectives:**

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

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

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

### **Anticipated Impact of these Actions:**

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

### **Plan to Evaluate the Impact:**

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

**Programs and Resources the Hospital Plans to Commit:**

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

**Collaborative Partners (Any and all Community Partners):**

TBD

### **Adoption of Implementation Strategy**

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

---

Carol Hibbs

Chair

Central Iowa Healthcare Board of Directors

---

Date