

Community Health Needs Assessment and Improvement Plan 2017 -2019

UnityPoint Health – Jones Regional Medical Center

Description and Purpose



Community Health Needs Assessment: Systematic examination of the **health** status indicators for a given population that is used to identify key problems and assets in a **community**.

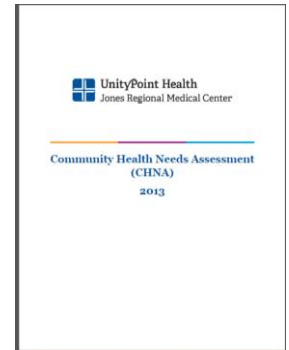
Community Health Improvement Plan: Long-term **systematic effort** to address **priority** public health issues within a community.

Accountable Care Act Requirements

- ✓ Non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) every three years.
- ✓ *Joint CHNA reports and implementation strategies.*
- ✓ *Input from persons representing the broad interests of the community*
- ✓ *Defining the community*
- ✓ *Health – not just health care – needs.*
- ✓ *Widely available*

Evaluation of Impact: 2014 – 2016 Plan

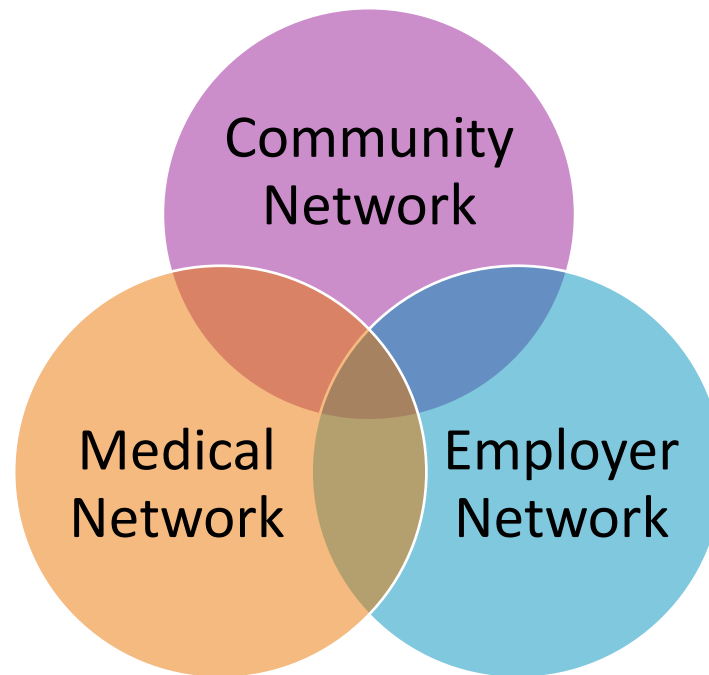
- Served **10,000 individuals** in Jones, Linn and surrounding counties in helping them navigate Medicaid expansion and Insurance Exchange coverage.
- Implemented Patient Centered Medical Homes at Anamosa and Monticello clinics, focused on healthy living, prevention, and gaps in care.
- Increased access in primary care through opening urgent care in Jones County.
- Worked with high utilizers of the emergency department through implementing the Emergency Department Consistent Care Program at JRMC.
- Provided outreach and sexual health education in Jones Country through the weekly clinics offered through the Family Health Center.



Connection to Mission and Vision

UnityPoint Health Mission: Improve the health of the people and communities we serve.

UnityPoint Health Vision 2020: Effectively partner to manage *the health needs* of a population.



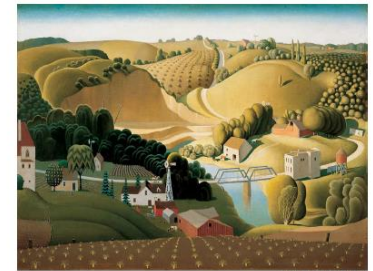
Joint Process and Community Input

Collaboration

- Joint planning in UnityPoint Health – Cedar Rapids hospital entities
 - ❖ *Jones Regional Medical Center, St. Luke's Hospital, and Continuing Care Hospital*
 - ❖ *Consistency and to leverage opportunities*
- Collaborated with public health and other community entities
- Participated in Together! Healthy Linn – Assessment and Improvement Plan

Process

- Reviewed population health and demographics data – 2014-2015
- Sought additional input through surveys, consumer focus and key stakeholder groups – 2015
- Reviewed service area public health plans for themes
- Aligned strategies with community goals
- Formalized the assessment and improvement plan

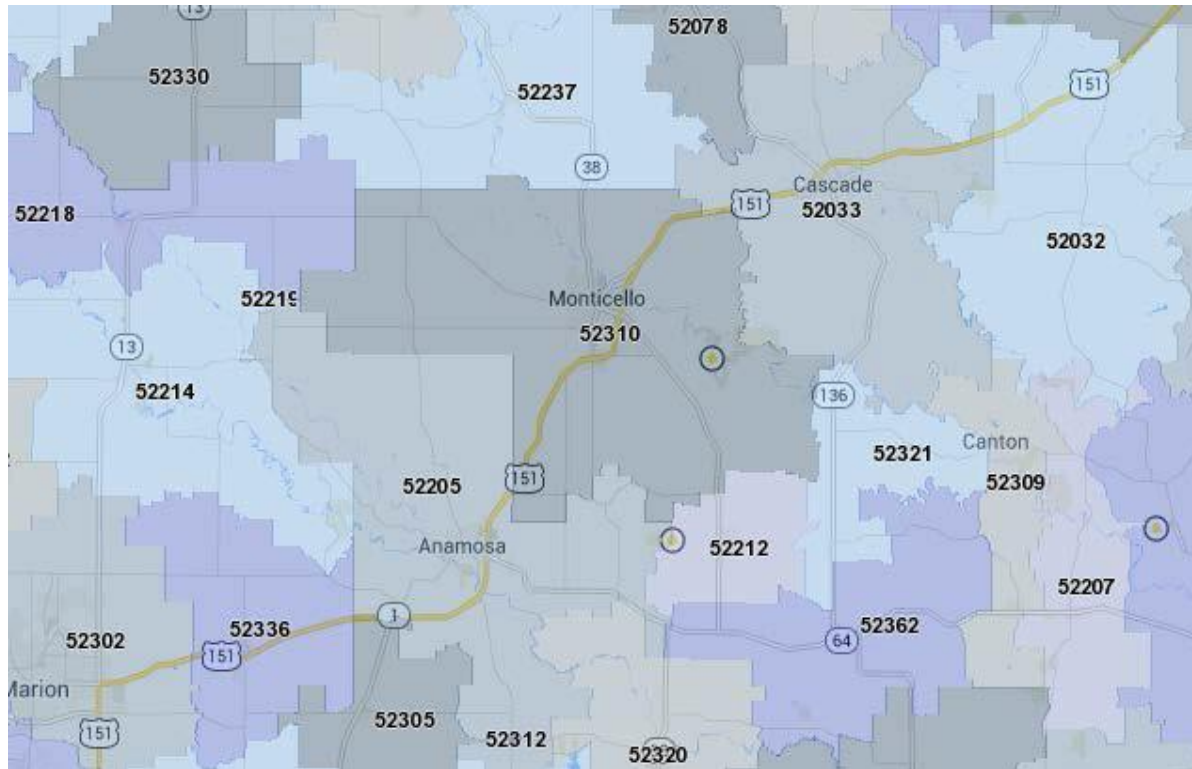


COMMUNITY HEALTH NEEDS
ASSESSMENT AND
HEALTH IMPROVEMENT PLAN

JONES COUNTY, IOWA

2016

Defining Our Community



Primary Service Area: Jones

Secondary Service Area: Linn, Cedar, Delaware

Community Health Needs



Social Determinants of Health

- Safe and Affordable Housing
- Access to Care and Community Resources
- Adverse Childhood Experiences (ACEs)



Behavioral Health

- Mental Health Services
- Suicide
- Substance Abuse



Health Promotion

- Data Sharing
- Community Education
- Chronic Disease

Summary of Quantitative Data

Obesity, Heart Failure, Diabetes, Stroke

Obesity

	OVERWEIGHT	OBESE	TOTAL
Jones County	31.8%	31.1%	62.9%
Iowa	35.0%	30.4%	65.4%
United States	35.8%	27.1%	62.9%

Table 5. Overweight and Obesity in Jones County, Iowa, and the United States [27]

Cholesterol and Blood Pressure

	HIGH CHOLESTEROL		HIGH BLOOD PRESSURE	
	Adults (Self-Report)	Medicare Population	Adults (Self-Report)	Medicare Population
Jones County	58.5%	38.1%	23.3%	51.3%
Iowa	37.9%	40.3%	25.2%	51.2%
United States	38.5%	44.8%	28.2%	55.5%

Table 24. Percent of Population with High Cholesterol and High Blood Pressure [27]

Heart Attacks, Heart Failure, Heart Disease

	HEART ATTACK HOSPITALIZATION RATE		HEART FAILURE HOSPITALIZATION RATE		HEART DISEASE DEATH RATE	
	Jones County	Iowa	Jones County	Iowa	Jones County	Iowa
2008-2012	173.8	156.3	181.3	209.4	177.0	172.2
2009-2013	172.5	150.7	185.6	200.5	169.8	168.7
2010-2014	166.1	149.3	203.8	195.7	166.7	165.2

Table 26. Heart Attack and Heart Failure Hospitalization Rates, and Heart Disease Death Rates (age-adjusted per 100,000 population) [6]

	STROKE HOSPITALIZATION RATE		STROKE DEATH RATE	
	Jones County	Iowa	Jones County	Iowa
2008-2012	147.5	171.6	38.1	37.6
2009-2013	145.6	165.3	31.8	35.8
2010-2014	149.6	162.0	32.6	34.5

Table 27. Stroke Hospitalization and Death Rates (age-adjusted per 100,000 population) [6]

Smoking

	PERCENT OF POPULATION SMOKING CIGARETTES	PERCENT OF ADULTS EVER SMOKING 100 OR MORE CIGARETTES	PERCENT OF SMOKERS WITH QUIT ATTEMPT IN PAST 12 MONTHS
Jones County	22.1%	47.2%	78.6%
Iowa	18.1%	44.3%	56.1%
United States	18.1%	44.2%	60.0%

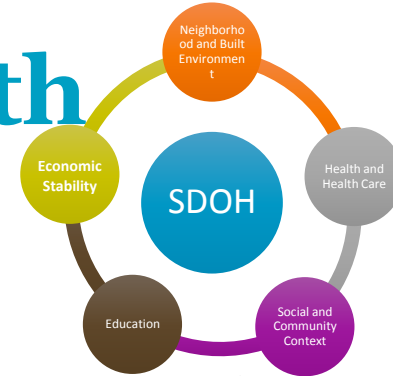
Table 6. Tobacco Usage in Jones County, Iowa, and the United States [27]

Data Summary

- Jones County has a higher prevalence of obesity, high cholesterol, heart attack and heart failure hospitalizations, and heart disease death rates than the state.
- Prevalence has decreased in heart attack hospitalizations and heart disease death rates in Jones County from 2008 – 2014.
- Stroke hospitalizations rates have increased in the county but are lower than the state.
- There is a higher percent of the Medicare population diagnosed with diabetes (25.4) in the county than in the state (23.8).
- There is a higher percent of people smoking in Jones County than in the state.

Community Health Improvement Plan

Social Determinants of Health



Access to Care and Community Resources

Goal: Increase access to care and community resources for vulnerable populations

Objectives:

- Certified Application Counselors will **assist 12,000 individuals** in Jones, Linn and surrounding counties to navigate opportunities to enroll in Medicaid or other appropriate insurance options.
- Actively **monitor** and respond accordingly to **increases in patient self-pay** related state or national policy changes.
- Increase access through continued implementation of the UnityPoint Clinic **provider recruitment plan** for additional primary, urgent, specialty and mental health access.
- Increase access to mental health services through exploring **telepsych opportunities** in the Emergency Department and outpatient clinics.
- Enhance access to support through further development of **support groups** that address community needs including care for the caregiver.

Behavioral Health

Mental Health



Goal: Increase access to mental health services.

Objectives:

- Integrate and optimize opportunities through the **Abbe Health affiliation**
- A **common care plan**, including **depression screening**, will be in place for 100% of high risk hospitalized patients.
- Care Providers will partner with patients and families to promote early identification of depression and care planning as demonstrated by **achieving depression screening targets**.
- Educate employees on **mental health resources**.

Behavioral Health

Suicide



Goal: Decrease the rate of suicide by 5% in Jones County.

Objectives:

- **Assess current suicide prevention practices** conducted in community and explore partnerships.
- Increase community **awareness and response** to risk factors related to suicide by adding one resource (event, publication, group, etc).

Health Promotion

Community Education



Goal: Decrease preventable diseases through health education in the community.

Objective:

- Participate in **community data collection** efforts to assess the types of **substance abuse education** being provided and the number of individuals reached.
- **Continue close partnerships** and referrals to Public Health and Eastern Iowa Health Center for services related to sexual health and sexually transmitted diseases.

Health Promotion

Chronic Disease (cont.)

Objectives:

- **100% of identified care coordinators** in the clinic will be trained in standardized diabetes education, including when to refer to the Diabetes Education Center.
- The Diabetes Provider Advisory Group will implement a **provider continuing education** program on the changing diabetes medications.
- Provide certified **eating disorder** and **weight management** services.
- Utilize **predictive analytics** to identify individuals with **diabetes** or **heart failure** with a likelihood of an admission within six months and initiate subsequent protocols.
- Continue strong relationships with St. Luke's Hospital on triaging patients with **strokes appropriately and quickly.**

Collaborating Partners

Thank you to Jones County and surrounding Public Health organizations for their collaborative work with the Needs Assessments and Community Plans.

In addition, JRMC participated in Together! Health Linn Steering Committee:

Community Health Improvement Planning Team **Together! Healthy Linn Steering Committee**

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