

Mercy Medical Center – Des Moines Implementation Plan for the Community Health Needs Assessment (CHNA)

Overview

Consistent with our mission, core values and vision, Mercy Medical Center – Des Moines is committed to the health needs of the communities we serve. Every three years, Mercy participates in a Community Health Needs Assessment (CHNA) to understand the broad healthcare needs of our communities. Through this process, we work with community stakeholders and health care leaders to improve the health and quality of life of the community. Our collective goal is to gain a better understanding of our communities' needs and to make the best decision in directing our resources for maximum effect.

Mercy – Des Moines at a glance:

Mercy Medical Center-Des Moines is an acute care, not-for-profit Catholic hospital serving the residents of Iowa. Founded by the Sisters of Mercy in 1893, Mercy is the longest continually operating hospital in Des Moines. With approximately 7,000 staff members and a medical staff of about 1,200 physicians and allied health professionals, Mercy is one of the state's largest employers and one of the Midwest's largest referral centers.

Our vision for Mercy Medical Center – Des Moines is *to provide a Remarkable Mercy Experience to every person we are privileged to serve*. This means acting as a partner with our patients in all phases of life's journey. Mercy provides a full continuum of health care services to meet the acute, chronic and preventative needs of all our residents. This team approach includes a network of health care facilities in 14 rural communities as well as 50 family practice and specialty clinics throughout the central Iowa area. Each primary care clinic is structured to offer a medical home for each of their patients. This medical home empowers patients by maintaining an ongoing relationship with a personal physician and clinic team. Mercy's goal is to engage and empower patients to be actively involved in managing their own health care.

We live our values through meeting the needs of people on all levels of well-being. This includes proactive behaviors such as providing immunizations, facilitating healthy lifestyles, and conducting screenings and examinations to diagnose and treat disease in its earliest possible stages. This report reflects our extension of service beyond the walls of the traditional hospital as we reach out to our community in partnerships with others.

Our Community

Mercy Medical Center-Des Moines has a primary service area of three counties and a secondary reach to the surrounding six counties. The population served includes both urban and rural communities, with a growing number of people residing in the 3-county primary service area (Polk, Dallas, and Warren). These residents have a median household income of \$66,558, with roughly eight percent of persons living below the poverty level. Of those who live below the poverty level, 53 percent are single-parent families with children under 5 years of age.

With an increasing immigrant and refugee population relocating to Iowa, approximately 10 percent of our 3-county area, speak a language other than English at home. The largest non-native population has Hispanic origin, representing 10.7 percent of our community. Another demographic factor impacting Iowa's demand for health care service is our elderly, with 14.9 percent of our residents being over 65 years of age.

The uninsured population of our 3-county service area is approximately five percent. Medicare and Medicaid cover 22 percent of the residents in our primary service area.

Formulating Mercy's Implementation Plan:

The Central Iowa Health Needs Assessment (CHNA) was a collaboration among the three community based hospitals in our community – Mercy Medical Center-Des Moines, Unity Point – Des Moines, and Broadlawns Medical Center. These three hospitals serve multi-county areas, so the CHNA process included Polk, Warren and Dallas counties. Each county brought the information from their own county assessment to the table for discussion.

As the workgroups refined the data and community input, a CHNA Steering Committee provided a final level of analysis and structure. The final report addresses six priorities, based on the potential for implementation and depth of impact. Those priorities include:

- A) Increase opportunities for expanded and alternative means of healthcare delivery to address issues limiting access to care
- B) Establish more vibrant communities and neighborhoods characterized by mixed- and joint-use spaces and facilities that are accessible and available to everyone, including public gathering places for diverse and integrated engagement, and designs that promote healthy lifestyles
- C) Expand statewide training efforts for all professionals working with children across the various health and child-serving systems in Trauma Informed Care, cultural competency, and mental health first aid
- D) Identify additional sources of funding to create new and expand existing training programs in Psychiatry and Psychology and improve the mental health and disabilities training of primary care doctors and other primary care providers

- E) Ensure access to high-quality pre-K and K-12 education for Central Iowa children
- F) Ensure access to health care services and education for Central Iowa's newcomer population

Reviewing Identified Needs and Establishing Mercy's Plan:

Our Mercy implementation plan has been developed through the work of a multi-disciplinary team following the conclusion of the CHNA process. The strategies to meet community health needs are listed below.

Priority A: Increase opportunities for expanded and alternative means of healthcare delivery to address issues limiting access to care.

Strategies

1. Increase locations/hours available to patients
2. Continue enrollment of patients in all eligible programs
3. Provide financial assistance to patients with limited resources

Access to care is being enhanced in many ways, including a pilot project to offer 24-hour Urgent Care, the opening of a new Quick Care Clinic with Hy-Vee in Waukee and downtown Des Moines, expansion of services in Ottumwa to include Urgent Care and physical therapy in a new facility under construction in Ottumwa, beginning a new OB emergency service, creation of a comprehensive Women's Center now under construction, and expansion of substance abuse treatment services through the House of Mercy. In addition, Mercy has proactively participated in programs to get uninsured patients enrolled in insurance, and has created a joint venture with Wellmark to offer a more affordable insurance plan on and off the insurance exchange.

How Mercy Will Collaborate to Create A Healthier Community

The Mercy Medical Center – Des Moines Help Center operates 7 days a week, 24 hours a day and 365 days a year. It is an all-encompassing access hub to care as children and adults with behavioral health, mental health, or substance abuse diagnoses are seen and treated. The Help Center uses nurses primarily trained in behavioral health to triage patients so these individuals obtain the proper care in their own community, and involves the patient and their family in making the appropriate recommendation and treatment. The Help Center currently sees approximately 500-600 patients a month, and patients are seen at the Help Center via same day appointments, walk-ins or through telemedicine which services roughly 30-45% of all patient encounters.

Telemedicine has been an increasing mechanism to serve the Help Center's patients, and namely those in rural communities. In 2009, the Help Center obtained a grant to provide assistance and triage to rural community emergency departments using

telemedicine in conjunction with the Help Center staff. A Help Center clinician sees the patient via telemedicine completing the same structured interview that is done for all patients. This interview is used to construct a recommendation plan for the patient which is then given to the ED physician at that rural hospital responsible for the patient. This not only aids the rural health team in making an educated decision regarding the patient's treatment plan, but provides behavioral health resources to patients and members of our rural communities in Iowa. Appropriately triaging behavioral health patients can decrease inpatient transfers within a facility significantly, and one rural hospital who adopted the Help Center's services saw an 80% percent reduction in inpatient transfers. Patients are correctly triaged and even discharged with treatment plans to continue their care at an outpatient setting. The Help Center does not charge patient's for these services as its number one priority is making sure patients get triaged and placed where they need to go during their first interaction with the health system, specifically making sure patients get timely care in the right place at the right time.

Tactics:

To expand its patient reach and services Mercy will,

- Explore the development of a 23-hour observation crisis unit to be staffed by 1-2 nurses. This area would be for patients who are ready to be discharged home but don't have the family or support system to assist with their discharge and treatment plan.
- Implement creative ways to treat all types of behavioral health patients as the need for this growing population intensifies and access to care moves to the forefront of behavioral health service needs in Iowa.
- Examine opportunities to meet the health needs of the most vulnerable, especially the chronically homeless
- Assess locations with increasing need and capacity

PRIORITY B: Establish more vibrant communities and neighborhoods characterized by mixed- and joint-use spaces and facilities that are accessible and available to everyone, including public gathering places for diverse and integrated engagement, and designs that promote healthy lifestyles.

Strategies

1. Develop a system of vibrant, walkable employment and residential nodes dispersed throughout Central Iowa and connected to one another by multimodal transportation corridors
2. Provide multimodal transportation access throughout the region
3. Make walking, biking, and using public transportation a normal part of daily life
4. Encourage and celebrate place making and community building opportunities

How Mercy Will Collaborate to Create A Healthier Community

Mercy's neighborhood is in the heart of Des Moines, located in one of the historic districts of our community. Over time, however, the once vibrant environment settled into a state of disrepair. Led by community activists and faithful preservationists of history, Mercy has joined the 6th Avenue Corridor Project to bring the area back to life.

The 6th Avenue Corridor, Inc. is the nonprofit organization responsible for the commercial revitalization of the area between I-235 north to the Des Moines River bridge. Mercy has lent support and expertise to their programming.

Tactics

To enhance the surroundings for all to feel safe and welcome, Mercy will:

- Provide volunteer teams for community activities, especially clean up and restoration activities for the most vulnerable residents.
- Sponsor the Multi-cultural Market The 6th Avenue Corridor, Inc. , a summer-long festival featuring a diverse array of ethnic and multicultural products (textiles, artisan goods, food) while encouraging neighborhood activity and community-building.
- Work with the city and county leaders as well as other partners to support success of a new streetscape. This will include new pedestrian safety features, aesthetic improvements, and sustainability concepts

PRIORITY C: Expand statewide training efforts for all professionals working with children across the various health and child-serving systems in Trauma Informed Care, cultural competency, and mental health first aid

Strategies

1. Provide financial and human resources to the Central Iowa ACEs 360 project to increase community-wide awareness for providers, educators, advocates and parents.
2. Increase education regarding resiliency and risk factors, as well as therapeutic strategies for children and families
3. Foster participation in the 1st Five program to connect families with resources

How Mercy Will Collaborate to Create A Healthier Community

Mercy Children's Hospital and Clinics has been actively involved in the growing national movement to recognize the effect toxic stress, adverse childhood experiences and trauma have on health. From 2012-2014, adverse childhood experiences (ACEs) data was gathered through Iowa's Behavioral Risk Factor Surveillance System. This data demonstrates fifty-six percent of Iowa adults have experienced at least one of eight types of child abuse and household dysfunction and over fourteen percent have

experienced four or more. As the number of these experiences increases, so does the risk for poor health outcomes, including increased risk for diabetes, heart disease, depression and early death. This information provides an expanded vision for impacting the health and social issues we are working to address in our community. New research identifies the effects caring connections has on positive experiences for children from the beginning and helps those with a history of trauma heal. Mercy is actively participating in the Central Iowa ACEs Steering Committee and has offered previous lectures to our medical staff by Lisa Cushatt, Program Manager of Central Iowa ACEs 360, and Gladys Alvarez from the Iowa Trauma Informed Care Project. In addition, one staff member has completed train-the-presenter Connections Matter training, a workshop where attendees learn that fostering caring relationships with children, families and adults matters to developing healthy brains, supportive relationships and thriving communities; and, how to then present this message to others.

Mercy Central Pediatric Clinic was an original pilot site for Iowa's 1st Five program, the healthy mental development initiative building partnerships between physician practices and public service providers to enhance high quality well-child care. The program promotes the use of developmental tools including social-emotional development and family risk factors allowing providers to identify children at risk. Since the original launch, Mercy Clinics have had varying levels of referrals into the program with opportunities for increased participation to impact the overall health and mental health of the children we serve.

Tactics:

To improve the care of children through the education of their providers, Mercy will:

- Mercy will host, at minimum, two training opportunities per year for health care staff on the topics of trauma-informed care, the impact of adverse childhood experiences, toxic stress, and/or mental health first aid. These trainings will continue to increase awareness and gain understanding of these important issues. Trainings will also offer potential responses to consider implementing within our systems of care.
- Mercy Children's Hospital and Clinics will continue to share the Connections Matter training with medical staff and communities by having other staff complete the train-the-presenter Connections Matter workshop and offer Connections Matter trainings.
- Knowing that early intervention is key in reducing the impacts of trauma and that the foundations of mental health are set in the first five years of life, Mercy will re-engage staff and medical providers within our clinics to increase referrals to our local 1st Five program.

PRIORITY D: Identify additional sources of funding to create new and expand existing training programs in Psychiatry and Psychology and improve the mental health and disabilities training of primary care doctors and other primary care providers

Strategies

1. Complete a “current state” assessment of the demand and supply of Behavioral Health services;
2. Explore opportunities with community facilities to discern potential partnerships
3. Research Graduate Medical Education options to increase providers

How Mercy Will Collaborate to Create A Healthier Community

According to the statistics provided by Mental Health America, access to insurance does not mean access to care. Barriers such as high costs or a lack of available treatment providers mean that some people, even when they have access to insurance, cannot obtain treatment at all. Others may be able to access treatment only to find that treatment is limited and quality is poor. Furthermore, measuring basic access to treatment can hide the fact that for many people, even those with access to insurance, finding quality or appropriate treatment is another matter entirely.

Broadlawn Medical Center, Mercy Medical Center and UnityPoint Health-DSM have convened to discuss access to care for those most in need. While challenges exist, the opportunities for collaboration are significant.

Tactics

To work for an increase of behavioral health services, Mercy will:

- Develop an assessment of current and emerging trends in Behavioral Health services;
- Develop a forecast for the next 3 to 5 years;
- Compare the current supply and resources compared to the projected resource needs based on the forecast of future demand.
- While exploring collaboration alternatives, maximize the investment and services of Mercy’s Behavioral Health service line
- Provide increased mental health services to the underserved via House of Mercy programming

PRIORITY E: Ensure access to high-quality pre-K and K-12 education for Central Iowa children

Strategies

1. Work in partnerships that enhance healthy relationships
2. Provide assistance to schools with students at risk in provision of counselling to children and families

3. Participate in PROJECT SEARCH to assist older students in vocational training.

How Mercy Will Collaborate to Create A Healthier Community

With over 100 years of dedication to education in our community, Mercy recognizes that children need to be prepared to start school and then be healthy enough to stay in the classroom.

Reach Out and Read

Mercy physicians and staff begin by encouraging parents to read to their children. Through the program "Reach Out and Read," physicians and parents work together to prepare Central Iowa's youngest children for success in school. Doctors, nurse practitioners, and other medical professionals encourage reading aloud in their regular pediatric checkups, advising parents about the importance and giving developmentally-appropriate books to children. The program begins at the 6-month checkup and continues through age 5, with a special emphasis on children growing up in low-income communities. With 35% of children entering kindergarten today lacking the basic language skills they will need to learn to read, Mercy believes a head start contributes to good health.

Healthy Homes Des Moines

The Center for Disease Control reports that asthma is one of the most common chronic conditions among children in the United States. Poorly controlled asthma is the leading cause of school absenteeism, and may impair a child's ability to attend school, or affect his or her academic performance. Mercy is collaborating with local foundations, hospitals and health agencies to support Healthy Homes Des Moines (HHDSM) to get to the source of the problem for our communities families.

Local health care providers and Des Moines Public School nurses identify families with children whose uncontrolled, persistent asthma is likely the result of household conditions. Healthy Homes inspectors visit their homes and determine if repairs can be made to improve indoor air quality for residents. Once home improvements are complete, families receive supplies to maintain a clean home free of asthma triggers such as mice, cockroaches, dusty old carpet and moisture, and the provider who referred the family to HHDSM gets an update. Two months later, HHDSM follows up with families to see how their children are doing.

Preliminary results are very encouraging. According to HHDSM leaders, approximately 80 percent of parents or guardians reported that their children experienced asthma symptoms during the previous four weeks, but less than half reported having an asthma action plan in place. Sixty percent of referred families reported relying on urgent care facilities and/or emergency department visits for health care, even though 100 percent reported having a medical home.

Tactics:

To contribute to the education of all children in grades K-12, Mercy will:

- Provide support and human resources to programs seeking volunteers in school settings
- Maintain supportive mental health and substance abuse counselling for children and families in need of assistance through the House of Mercy
- Provide learning opportunities to students interested in health care fields
- Participate in Project SEARCH for young adults with learning disabilities
- Partner with schools via GIRL POWER, an empowerment program to increase self-esteem and reduce risk behaviors

PRIORITY F: Ensure access to health care services and education for Central Iowa's newcomer population

Strategies

1. Educate Iowa's health care providers on their responsibilities vis-à-vis language access under Title VI of the Civil Rights Act of 1964, which prohibits recipients of federal funding from discriminating based on national origin by failing to provide meaningful access to individuals who are Limited English Proficient (LEP)
2. Provide resources to providers on local refugee- and immigrant-serving providers that are able to provide culturally and linguistically appropriate support, especially through the use of the community health navigator model
3. Provide support to organizations, including hospitals and clinics that assist refugees and immigrants to maintain appropriate health insurance coverage
4. Liaise with local organizations that provide enrollment support, especially during the transition to Managed Care

How Mercy Will Collaborate to Create A Healthier Community

In keeping with our Mission, Mercy is called to welcome the stranger in our midst. For Central Iowa, this includes the significant number of refugees Iowa has resettled in the past five years, with more than 3,000 new refugees entering the state from 2009 through 2014. During its 2015 fiscal year, Des Moines was the primary resettlement area for nearly 800 refugees.

Of our new residents, more than half were from Burma, also called Myanmar, home to the world's longest-running civil war. Many of the Burmese have languished for years in refugee camps, without access to jobs or outside assistance. Central Iowa has also the Bhutanese, Iraqis, and smaller groups from African countries — Sudan, Somalia, Eritrea, and the Democratic Republic of Congo.

Another 545 to 600 refugees are expected to resettle in the Des Moines area in 2016 through the U.S. Committee for Refugees and Catholic Charities. Refugees arriving in

Iowa today receive a maximum of 90 days to receive core services, such as help signing up for state aid, obtaining a Social Security card and settling into housing. Most have limited access to English and cultural orientation classes.

Mercy is joining with the U.S. Committee for Refugees and Immigrants (USCRI), to connect our newly arrived neighbors with the health care they have been lacking in resettlement camps. To make this possible, Mercy is working internally to create a culture of awareness and cultural competence. A survey conducted by Lutheran Services in Iowa indicates:

- 100% of Des Moines area service providers reported that language was a barrier to serving refugee families
- 100% reported that if those barriers to service reduced they would be receptive to serving refugee families
- 78% percent of providers reported feeling overwhelmed by the needs of refugee families they had served

Health Advocacy

To allow providers and refugees the best chance for success, Mercy will work with the USCRI to train “Health Advocates” from within the refugee population to assist those new to our community and country. Funded through a collaborative between Mercy and the U.S. Committee for Refugees and Immigrants (USCRI), Mercy will be meeting the needs of new lowans by building the skills and comfort level of refugees during a critical transition.

The Health Advocate will work closely with the Refugee Wellness Program case managers to provide cultural and linguistic support through direct interpretation, case management, cultural navigation and provider trainings. The Health Advocates will engage with members of their community, support them on the path to improved physical and mental health, and create meaningful connections between refugees and healthcare providers to ensure their long-term well-being.

Tactics

To improve health care for the newest lowans with diverse backgrounds, Mercy will:

- Provide cultural and linguistic support to Limited English Proficiency (LEP) refugees served by the USCRI
- Increase access to physical and mental health resources for Limited English Proficiency (LEP) refugees
- Build the capacity of health care providers to provide culturally and linguistically appropriate services to refugees
- Provide direct case management services to refugees in the community under supervision of USCRI Wellness Program staff

- Conduct home visits, intakes and assessments of clients referred to the Wellness Program under supervision of Wellness Program staff;
- Coordinate appointments and services, maintain appointment notes for clients enrolled in the Wellness Program;
- Communicate with healthcare providers about ongoing barriers or needs of clients served in the Wellness Program, and work to eliminate these barriers.

Mercy Medical Center – Des Moines embraces a sacred legacy to serve our community, with preferential care for the poor and underserved. We welcome the opportunity to work collaboratively with our partners to provide the best Mercy experience to all those we are privileged to serve.