



Mercy Medical Center – Sioux City

Community Health Needs Assessment Implementation Strategy

Fiscal years 2017 – 2019

Mercy Medical Center (Mercy) and Dunes Surgical Hospital (DSH) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in January 2016. Mercy and DSH 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 community, community members, and various community organizations. The complete CHNA report is available electronically at <http://www.mercysiouxcity.com/community-benefit>, or printed copies are available at Mercy Medical Center, Administration.

Hospital Information and Mission Statement

Mercy is part of Mercy Health Network (MHN), an integrated system of member hospitals in Iowa and other health and patient care facilities united into one operating organization to improve the delivery of healthcare services to the people of Iowa and surrounding communities.

Mercy is a 238-bed regional center that provides residents in a tri-state region an entire continuum of preventive, primary, acute and tertiary healthcare services. Mercy is home to the only Level II trauma center in western Iowa - one of only four trauma care facilities in the State to receive verification from the American College of Surgeons—and Mercy Air Care, the region's only helicopter ambulance service. Mercy is a partner with Dunes Surgical Hospital, a multi-specialty surgical hospital, in Dakota Dunes, South Dakota. Mercy owns Baum Harmon Mercy Hospital in Primghar, Iowa, and Oakland Mercy Hospital in Oakland, Nebraska. Managed hospitals include Hawarden Community Hospital in Hawarden, Iowa, and Pender Community Hospital in Pender Nebraska. Mercy operates a primary care clinic network, specialty care clinics, and home health services. Mercy also partners with other community healthcare providers to sponsor a regional cancer center, paramedic services, hospice services, a freestanding surgery center and a variety of other health services

Mercy's Mission is to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within its communities. Living the traditions, visions and values of the Sisters of Mercy, Mercy Medical Center-Sioux City is a regional medical center that meets the needs of residents in western Iowa, eastern Nebraska and southeastern South Dakota.

The Dunes Surgical Hospital (DSH) is located in Dakota Dunes, SD. The hospital’s focus is on offering a high quality, service oriented environment for patient’s surgical procedures. DSH is accredited by Accreditation Association for Hospitals/Health Systems, and specialize in Dental/Oral Surgery, ENT, General, GI, Gynecology, Neurosurgery, Ophthalmology, Orthopedic, Pain, Plastic, Podiatry, Spine, and Urology.

Sioux City, Iowa serves as the regional hub for business, employment, industry, retail trade, medical care, and educational opportunities. Six counties in the tri-state area of northwestern Iowa, northeastern Nebraska, and southwestern South Dakota are included in the Siouxland Community Health Needs Assessment. Individuals residing in these counties live within a 40-mile radius of Sioux City. The area includes the Iowa counties of Woodbury and Plymouth; the Nebraska counties of Dakota, Dixon, and Thurston; and the South Dakota county of Union. The total area for these counties is 3,354 square miles, with Woodbury and Plymouth representing 52% of the total area. The Siouxland region has a total current population of 177,740 with an estimated 1% increase by 2020.

Health Needs of the Community

The CHNA conducted in 2015 identified seven significant health needs within the Siouxland community. Those needs were then prioritized based on the ability of Mercy and DHS to influence an improvement in the health need and on the importance to the community health needs. The seven significant health needs identified, in order of priority include:

#1 – Access to Care	Lack of access to care presents barriers to good Clinical Care on a timely basis and in the appropriate setting. The supply and accessibility of facilities and physicians, the rate of un-insurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.
#2 – Mental Illness	The Siouxland Region continues to have a shortage of mental health providers and services, including housing and other social services.
#3 – Housing	The lack of affordable housing has led to a sharp increase in homeless men, women and children. It is difficult to find placement for patients in need of care for mental illness and detoxification.
#4 – Obesity	Obesity in children and adult populations increases their risk for chronic health conditions and poor health outcomes.
#5 – Tobacco & Substance Abuse	Both use of tobacco and excessive use of alcohol have proven to lead to poor health outcomes.
#6 – Cancer Screenings	Low participation in screenings can indicate a lack of access to preventative care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization.
#7 – Teen Births	Teen pregnancy increases the risk of repeat pregnancy and of contracting sexually transmitted diseases. Pregnant teens are more likely to receive late or no prenatal care.

Hospital Implementation Strategy

Mercy and DSH resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

Significant health needs to be addressed

Mercy and DSH will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

Access to Care – Detailed need specific Implementation Strategy on page 4

Focus on Emergency Department (ED) utilization, primary care and medical homes, chronic disease management, insurance and co-pay/deductible options, and minority barriers to access.

Mental Illness – Detailed need specific Implementation Strategy on page 6

Focus on additional psychiatrists, detox centers for dual diagnosis, ED utilization, and Child Advocacy Center.

Housing – Detailed need specific Implementation Strategy on page 8

Focus on homeless shelter, affordable housing development, and housing for individuals with mental illness.

Obesity – Detailed need specific Implementation Strategy on page 10

Focus on KidShape Program, Blue Zone projects, and weight, nutrition, and fitness education/programs.

Tobacco/Substance Abuse – Detailed need specific Implementation Strategy on page 12

Focus on new tobacco/smoke free environments, access to detox centers, and fetal alcohol syndrome.

Cancer Screening – Detailed need specific Implementation Strategy on page 14

Focus on benefits of prevention and participating in screenings, increase in optional screening sites, and elimination to participation / show-up barriers.

Significant health needs that will not be addressed

Mercy and DSH acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. Mercy and DSH will not take action on the following health need:

Teen Births – Mercy and DSH will continue to participate with community partners; such as, Crittenton Center, Lutheran Social Services, Siouxland Community Health Center, and Sioux City Community Schools, to support and provide services to patients in need. Therefore, no additional specific initiatives will be developed for the community needs related to prevention of teen pregnancy and sexually transmitted diseases.

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital 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 2019, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

CHNA IMPLEMENTATION STRATEGY/PLAN

FISCAL YEARS 2017 – 2019

Hospital Facility: Mercy Medical Center-Sioux City, IA (Dunes Surgical Hospital)

CHNA Significant Health Need: Access to Care

CHNA Reference Page: 16

Prioritization: #1

Brief Description of Need:

Lack of access to care presents barriers to good Clinical Care. The supply and accessibility of facilities and physicians, the rate of un-insurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. The Clinical Care ranking is also based on Preventable Hospital Stays and access to health screenings. Several counties in the Siouxland area are ranked among the worst counties in their State.

Clinical Care	County ranking within State (1 st represents the best county)			
Woodbury	2015 – 68 th	2012 – 73 rd	Iowa	99 Counties
Dakota	2015 – 74 th	2012 – 76 th	Nebraska	79 Counties
Thurston	2015 – 78 th	2012 – 79 th		

Uninsured Adults	% of adults under age 65 without health insurance				
Woodbury	2015 – 13%	2012 – 14%	Iowa	2015 – 10%	2012 – 10%
Dakota	2015 – 19%	2012 – 19%	Nebraska	2015 – 13%	2012 – 13%
Thurston	2015 – 20%	2012 – 18%			

Diabetic Monitoring	% of diabetic Medicare enrollees (ages 65-75) that receive HbA1c monitoring				
Thurston	2015 – 49%	2012 – 47%	Nebraska	2015 – 86%	2012 – 84%

Source: 2015 Community Commons, CHNA, Health Indicators

Goals:

- Increase position in county rankings for Clinical Care.
- Increase access to primary care physician through medical home model of care.
- Provide health care exchange enrollment insurance information to residents.
- Reduce percent of Uninsured Adults.
- Reduce Preventable Hospital Stays.
- Address health disparities for minority residents.

Objectives:

1. Identify a primary care physician for 100% of ED patients that reside in Siouxland area.
2. Establish medical homes for Medicare inpatients currently without a primary care physician.
3. Meet with five minority community agencies to identify barriers to medical care; for example, communication, transportation, or financial.
4. Establish at least two plans and programs to address barriers identified by meetings with agencies; collaborate with community Fire Departments and Paramedics.
5. Offer ten diabetic education programs to help with weight management and control of diabetes, a health condition that can be brought about by being overweight.
6. Conduct five screening events and use results to establish follow-up care for chronic disease management programs.

7. Identify health outcomes specific to minority residents (ethnicity/race) and develop a plan to address; such as, sponsoring ESL classes through Northeast Community College.
8. Educate patients about available insurance options. Conduct five events per year to increase contact with at least 750 residents per year.
9. Identify resources available to reduce financial burden of health care co-pays and deductibles.
10. Monitor and reduce hospital readmission rates.

Actions the hospital facility intends to take to address the health need:

1. Utilize data on emergency department's visits to work with primary care providers to establish medical homes for patients in need.
2. Provide insurance related educational events in community with sign-up opportunities.
3. Establish diabetic and health screening events at various community locations.
4. Mercy's diabetic educators will continue to offer multiple times and dates for diabetic education to control diabetes, which also helps with weight management.
5. Monitor ethnicity/race screening participation for health disparities related to chronic disease.
6. Meet with community Fire Departments and Paramedics and review needs of frequent callers.
7. Monitor and reduce hospital readmissions through interactions with health coaches.
8. Strengthen and continue to develop relationships with faith based and community organizations; such as, Catholic Charities and Lutheran Social Services.

Anticipated Impact of these actions:

- Patients, currently without a primary care physician, have identified providers.
- Residents and patients informed of available insurance options.
- Qualified Siouland residents signed up for insurance.
- Programs established for chronic disease management.
- Financial barriers and burdens to receiving health are removed or at least reduced.
- Health outcomes related to minorities' ethnicity/race are identified and plans in place to address.

Plan to evaluate the impact:

- Utilize data on emergency department's visits to ensure patients with no primary care providers are referred/assigned to providers.
- Increase position in county rankings for Clinical Care.
- Reduced percent of Uninsured Adults.
- Increased percent of diabetic Medicare enrollees (ages 65 – 75) that receive HbA1c monitoring.
- Reduced Preventable Hospital Stays/Rates.

Programs and Resources:

1. To establish medical homes, use community benefit funds and Mercy data to partner with local federally qualified health center (Siouland Community Health Center) and Mercy Clinics.
2. Multicultural Outreach Coordinator to continue partnerships with minority communities to address health disparities and conduct education and sign-up events.

Collaborative Partners:

Partners include the Siouland Community Health Center, local faith based organizations, Sanford center, Mary Treglia Community House, Mercy Medicals Services, South Sioux City Community School District, Sioux City Community School District, Northeast Community College, Community Action Agency, and the Anchorage Insurance Agency.

Hospital Facility: Mercy Medical Center-Sioux City, IA (Dunes Surgical Hospital)

CHNA Significant Health Need: Mental Illness

CHNA Reference Page: 17

Prioritization: #2

Brief Description of Need:

Local hospital discharge data for those admitted through Emergency Departments show that psychiatry discharge numbers have decreased over the last three years at both hospitals. Despite that decrease, the Siouxland Region continues to rate low in access to care and continues to be in need of more mental health providers and services including housing and other social services. It is difficult to find placement for patients in need of care for mental illness and detoxification.

Depression	% of Medicare fee-for-service population with depression				
Woodbury	2015 – 17.5%	2012 – n/a	Iowa	2015 – 14.9%	2012 – n/a

Source: 2015 Community Commons, CHNA, Health Indicators, Centers for Medicare and Medicaid Services, 2012

In 2015, there were 18 psychiatrists in the Siouxland area with an additional need of over 20 psychiatrists. Currently, advanced practice providers fill the gap as much as possible.

Goals:

- Improve access to and treatment at inpatient and outpatient mental health facilities.
- Increase the availability of services along the care continuum for residents with mental illness.
- Improve access to facilities that offer dual diagnosis (mental & substance abuse) programs.
- Decrease preventable detox related Emergency Department visits and inpatient hospitalizations.

Objectives:

1. Assist in the recruitment of five mental health providers to the area, including pediatric psychiatry providers.
2. Support two or more programs focused on the behavioral and mental health needs of children; such as, counselors and mental health 1st aid in community schools.
3. Contribute resources necessary to improve access to social services for residents with mental illness in need of outpatient services.
4. Advocate for funding and development of a plan that addresses/implements long term solutions to detoxification needs of individuals with mental illness and substance addictions.
5. Collaborate with local organizations to identify opportunities and solutions to housing needs for persons with mental illness.

Actions the hospital facility intends to take to address the health needs:

1. Continued partnership with Siouxland Mental Health Center to provide mental health care coordination in the emergency departments of Mercy and UnityPoint – St. Luke’s.
2. Continue to support the Child Advocacy Center services and its Light a Child's Life Program.
3. Initiate discussions with local organizations to address long term plans for stages of alcohol, substance abuse, and social detoxification.
4. Actively participate in community committee charged with addressing housing needs, including needs of those with mental illness.

Anticipated Impact of these Actions:

- ED patients with mental illness are referred to a health care provider and seen in a timely manner.
- Counseling interventions available to children in schools and specialized programs.
- Programs/facilities available to provide detoxification services for individuals with dual diagnoses.
- Housing options available for individuals with mental illness.

Plan to Evaluate the Impact:

- Increased number of psychiatrists in service area.
- Reduction in reoccurring ED visits by patients with mental illness.
- Increased number of services available to serve individuals with mental illness.

Programs and Resources the Hospital Plans to Commit:

1. Provide financial and staff support to the Light a Child's Life Program through Mercy's Child Advocacy Center. Light a Child's Life Program provides behavioral and mental health services to children who are victims of abuse or in need of mental health services.
2. Commit to fundraising and support of a new facility to enhance services for the Child Advocacy Center/Light a Child's Life Program.

Collaborative Partners:

Partners include the Siouxland Mental Health Center, Jackson Recovery, Siouxland Community Health Center, UnityPoint-St. Luke's Emergency Department, and Boys Town.

Hospital Facility: Mercy Medical Center-Sioux City, IA (Dunes Surgical Hospital)

CHNA Significant Health Need: Housing

CHNA Reference Page: 19

Prioritization: #3

Brief Description of Need: Sioux City has a housing crisis due to recent influx of workers for a large local project, coupled with an increase in homeless persons migrating to the area. There are currently nearly 350 homeless individuals based on the results of the 2016 Siouxland Coalition to End Homelessness Point-in-Time count conducted in January 2016. Sioux City is also experiencing a housing shortage and an associated escalating value of local real estate. The lack of affordable housing has led to a sharp increase in homeless men, women and children. Several counties in the Siouxland area have rates below their state averages for available housing, as measured by the vacancy rate.

Housing Environment Vacancy Rate	% of housing units that are vacant				
	2015	2012	State	2015	2012
Woodbury	6.74%	n/a	Iowa	8.53%	n/a
Plymouth	6.67%	n/a			
Dakota	4.78%	n/a	Nebraska	9.31%	n/a

Source: 2015 Community Commons, CHNA, Health Indicators

Goals:

- Reduce the number of individuals considered homeless.
- Increase the vacancy rate in the area and the availability of affordable housing for all.
- Improve access to facilities that offer housing for individuals with dual diagnosis (mental & substance abuse).

Objectives:

1. Increase participation in five new programs designed to prevent issues that increase homelessness; such as, mental illness, substance abuse, unemployment, poverty, lack of affordable housing, and lack of resources.
2. Collaborate with local organizations to provide shelter or housing for the homeless population.
3. Collaborate with investors and developers that can provide resources to support an increase in the availability of affordable housing; for example, Anawim – a faith based housing investment/management organization.

Actions the hospital facility intends to take to address the health needs:

1. Immediate short term action taken, to give the homeless community shelter by supporting the recently established Warming Shelter in Sioux City. The Warming Shelter is open overnight hours during the winter months.
2. Concentrate efforts to facilitate and bring focus groups together to collaborate and create solutions to homelessness. Recent community members have commenced to address the lack of adequate shelter, including the need for detox programs. (Detox sub-committee of Vagrancy Committee)
3. Continual meeting with agencies as Siouxland Coalition to End Homelessness, Salvation Army, Gospel Mission, Warming Shelter, Sioux City Housing Authority, will help to stay on top of barriers that cause homelessness.
4. Contribute to the planning and development of a "Super Shelter"- a centrally localized shelter that will ideally provide shelter to homeless individuals. The "Super Shelter" will ideally also be

a central location where homeless individuals will have access to numerous services necessary to move them forward in pursuit of more permanent housing.

Anticipated Impact of these Actions:

- Warming Shelter continues to be available in the winter months.
- Community groups create solutions to the homelessness and lack of affordable housing.
- Increase in availability of affordable housing.
- A "Super Shelter" – a centrally located facility that provides shelter to homeless individuals along with numerous services to aid these individuals.
- Adequate emergency shelter or other shelter beds available for the homeless population.

Plan to Evaluate the Impact:

- Utilize data trends from a yearly homeless count.
- Increase in Vacancy Rate.

Programs and Resources the Hospital Plans to Commit:

1. Financial support of the Warming Shelter through the Community Needs Benefit Fund.
2. Staff support through the Multicultural Outreach Coordinator, who actively assists patients in need of housing, sits on multiple community boards and committees to address the homeless situation in Sioux City.
3. Continue to work alongside agencies and with programs already established to improve the housing situation for the area's homeless population.
4. Leadership participation and support of development of affordable housing projects.

Collaborative Partners:

Partners include the Siouxland Mental Health, Warming Shelter, Mary Treglia Community House, Sioux City Police Department, Sanford Center, Crittenton Center, Women Aware, Jackson Recovery, Siouxland Community Health Center, Woodbury County Sheriff, Sioux City Community Schools, Boys Town, United Way of Siouxland, Heartland Counseling, City of Sioux City, City Attorney, City of Sioux City, Community Action Agency of Siouxland, Human Rights Commission, Siouxland Coalition to End Homelessness, Center for Siouxland, Ponca Tribe of Nebraska, American Indian Council, Siouxland Cares, Siouxland Habitat for Humanity, Siouxland Food Bank, Salvation Army, The Gospel Mission, Council on Sexual Assault and Domestic Violence, Disabilities Resource Center of Siouxland, and Siouxland Chamber of Commerce.

Several counties in the Siouxland area are ranked in the bottom percent of their State counties for Health Behaviors. The behaviors included in this ranking, and addressed by Mercy and Dunes Surgical Hospital, include adult smoking, obesity, physical exercise, and excessive drinking.

Health Behaviors	County ranking within State (1 st represents the best county ranking)			
Woodbury	2015 – 98 th	2012 – 97 th	Iowa	99 Counties
Dakota	2015 – 68 th	2012 – 78 th	Nebraska	79 Counties
Thurston	2015 – 78 th	2012 – 79 th		

Source: 2015 Community Commons, CHNA, Health Indicators

Hospital Facility: Mercy Medical Center-Sioux City, IA (Dunes Surgical Hospital)

CHNA significant health need: **Obesity**

CHNA Reference Page: 14

Prioritization: #4

Brief Description of Need:

Several counties in the Siouxland area have rates above their state averages in terms of adult obesity and physical inactivity. Obesity in children and adult populations increases their risk for chronic health conditions and poor health outcomes.

Adult Obesity	% of adults that report a Body Mass Index (BMI) > 30.0 (Obese)				
Woodbury	2015 – 32%	2012 – 31%	Iowa	2015 – 30%	2012 – 29%
Dakota	2015 – 34%	2012 – 35%	Nebraska	2015 – 29%	2012 – 29%
Thurston	2015 – 41%	2012 – 37%			

Physical Inactivity	% of adults aged 20 and over reporting no leisure-time physical activity				
Woodbury	2015 – 27%	2012 – 30%	Iowa	2015 – 24%	2012 – 25%
Dakota	2015 – 29%	2012 – 31%	Nebraska	2015 – 24%	2012 – 25%
Thurston	2015 – 31%	2012 – 35%			

Source: 2015 Community Commons, CHNA, Health Indicators

Goals:

- Increase position in county rankings for Health Behaviors.
- Reduce percent of adults and children considered to be obese (by providing programs designed to improve general health and reduce preventable health conditions).
- Reduce the percent of individuals considered to be physically inactive.
- Support programs focused on exercise and sports opportunities for youth, especially those who lack access to resources and physical activity.

Objectives:

1. Offer the KidShape 2.0 program (health lifestyle modification program for obese children, ages 6 – 12 years old, and their families) in Siouxland, with a goal of 55 families having completed the program by 2018.
2. Upon completing the KidShape program, transition 10% of the families to a maintenance program through a local health organization.
3. Partner with community groups to support at least five nutrition and fitness programs; such as culinary classes.
4. Offer a program focused on weight, nutrition and fitness to 10% of hospital inpatients.
5. Incorporate weight, nutrition, and fitness focus in to five services/events offered by Mercy/DSH that focus on life style changes.

Actions the hospital facility intends to take to address the health need:

1. Mercy will continue to offer KidShape 2.0, a program directed at pediatric weight management. (The program is an effective family based program based on research collected over 60 years of working with families with overweight obese youth. In addition, exercise and nutrition opportunities will be made available to youth from lower income families for extracurricular programs, youth sports and camps, and city programs.)
2. Partner with local health club, such as Siouxland Y, to establish maintenance program for families that have completed the KidShape 2.0 program.
3. Financial and personnel support of Sioux City Blue Zone committee.
4. The Community Health Education Department will focus on nutrition and health when developing programs and events that address life style changes.
5. Weight, nutrition and fitness focus in programs offered throughout the hospital as well as during patient care.
6. Call to Care Grant initiatives for nutrition, awareness and assessment of family education.
7. Identify options that address the cost of obtaining healthy food choices.

Anticipated impact of these actions:

- Increased awareness and knowledge about the importance of exercise and proper nutrition and the relationship to improvement in general health and preventable health conditions.
- Increased opportunities for physical activities for Siouxland residents.
- Increased number of families educated about healthy food choices and physical activity opportunities.

Plan to evaluate the Impact:

- Track Call to Care Grant metrics
- Monitor fitness (baseline & improvement) of youth in school districts.
- Increase in county Health Behaviors State rankings (influenced by Tobacco Use, Alcohol, & Obesity)
- Reduction in percent of adults considered to be Obese.
- Reduction in percent of individuals considered to be physically inactive.

Programs and resources the hospital plans to commit:

1. Commit hospital resources and provide staff to support the KidShape 2.0 program/grant.
2. Provide financial support for the funding of a Blue Zone community coordinator position. Mercy has committed \$35,000 per year for three years towards a city wide fund to support the hiring of support staff for the Blue Zone project.
3. Financial support for various community fitness opportunities for youth; such as, sports and camp opportunities through schools.
4. Community Health education programs will focus on health and nutrition when developing programs and events. Sponsorship to school districts for fitness assessments.
5. Health Coaches will provide motivational interviewing when discussing weight management with patients.

Collaborative Partners:

Partners include the Mary Treglia Community House, South Sioux City Schools, City of North Sioux City, South Sioux City Schools, Community Action Agency, Catholic Charities, Boys Club, Girls, Inc. Sanford Center, Convoy of Hope, Winnebago and Omaha Tribes, Camp Goodwill, Legends of Gold, Raise the Bar fitness, CrossFit BEO, Asian Soccer League, and Siouxland Soccer Club.

Hospital Facility: Mercy Medical Center-Sioux City, IA (DSH: Dunes Surgical Hospital)

CHNA Significant Health Need: **Tobacco/Substance Abuse**

CHNA Reference Page: 13

Prioritization: #5

Brief Description of Need:

Several counties in the Siouxland area have rates above their state averages in terms of tobacco use and excessive drinking. Both use of tobacco and excessive use of alcohol have proven to lead to poor health outcomes.

Adult Smoking	% of adults who are current smokers				
Woodbury	2015 – 23%	2012 – 25%	Iowa	2015 – 20%	2012 – 20%
Thurston	2015 – 34%	2012 – 35%	Nebraska	2015 – 18%	2012 – 25%

Excessive Drinking	% of adults reporting binge or heavy drinking				
Plymouth	2015 – 26%	2012 – 25%	Iowa	2015 – 18%	2012 – 19%
Thurston	2015 – 24%	2012 – 24%	Nebraska	2015 – 20%	2012 – 19%

Alcohol-impaired Driving Deaths	% of driving deaths with alcohol involvement				
Woodbury	2015 – 39%	2012 – n/a	Iowa	2015 – 23%	2012 – n/a
Thurston	2015 – 67%	2012 – n/a	Nebraska	2015 – 35%	2012 – n/a

Source: 2015 Community Commons, CHNA, Health Indicators

Goals:

- Increase position in county rankings for Health Behaviors.
- Reduce the percent of individuals using tobacco and exposed to second hand smoke.
- Reduce the percent of individuals using alcohol excessively.
- Reduce the percent of alcohol-impaired driving deaths.

Objectives:

1. Provide two additional smoking cessation programs for adolescents and adults, including e-cigarettes.
2. Increase the number of Tobacco Free Worksites at two locations by adopting a tobacco free/smoke free company policy.
3. Increase the current number of Quitline Iowa participants by 10.
4. Increase the number of Smoke Free Housing policies, by two. Have, at a minimum, “100% Smoke Free” posted on building/property – with no grandfathered smoking residents.
5. Partner with local community organizations to develop a detoxification services and connect patients with a network to maintain social and environmental life style changes.
6. Partner with local physicians to educate the community on the impact of alcohol use during pregnancy; the diagnosis of fetal alcohol syndrome and its long-term effects.

Actions the hospital facility intends to take to address the health need:

1. Mercy will continue to partner with multiple community agencies to promote smoking cessation.
 - Partner with Jackson Recovery to support the TEG/TAP (TAP-Helping Teens Stop Using Tobacco/TEG-Intervening with Teen Tobacco Users) program.
 - Partner with the Siouxland District Health Department Tobacco Free Siouxland

- Partner with Mayor's Youth Commission and Worksites to promote the Great American Smokeout.
- 2. Support State Legislation for Tobacco "21"
- 3. Maintain Mercy and DSH as smoke free campuses.
- 4. Provide cessation assistance to patients through the use of their health coaches.
- 5. Provide onsite tobacco cessation health coaching for local businesses.
- 6. Continue to support the R.E.A.P. (Reality Education Alcohol Prevention) Program, a justice program designed for any offender who operates a moto vehicle while under the influence of alcohol or another drug.
- 7. Initiate discussions with local organizations that work with patients in need of alcohol treatment and life style changes.
- 8. Contact obstetricians and primary care physicians to develop materials on the causes of fetal alcohol syndrome and its effects.

Anticipated impact of these actions:

- Increase in exposure to tobacco cessation programs and tobacco education for adolescents.
- Decreased use of and exposure to tobacco.
- Reduction in the initiation of tobacco use among adolescents.
- Decrease exposure to second hand smoke at work sites and in apartment buildings.
- Reduction in social economic indicators of excessive alcohol use; such as, driving accidents and babies born with fetal alcohol syndrome.

Plan to evaluate the impact:

- Increase in county Health Behaviors State rankings (influenced by Tobacco Use, Alcohol, & Obesity).
- Reduction in percent of Adults Smoking
- Reduction in percent of Excessive Drinking
- Reduction in newborns diagnosed with fetal alcohol syndrome.

Programs and resources the hospital plans to commit:

1. Financial support of three separate programs that will be delivered by the Siouxland District Health department to prevent initiation of tobacco use, eliminate nonsmokers' exposure to second hand smoke and promote quitting among young people and adults.
 - Project SUCCESS-Schools Using Coordinated Community Efforts to Strengthen Students
 - Prevention Connection-workplace health promotion program devised to reduce exposure to second hand smoke.
 - Tobacco Free Siouxland – promotion of smoking cessation programs to adolescents and adults.
2. Provide smoking cessation information and counseling to business through Mercy Business Health staff.
3. Mercy health coaches will administer motivational interviewing to encourage participation in smoking cessation programs.
4. Serve as a leader in the development of community detoxification services.

Collaborative Partners:

Partners include the Siouxland District Health Department, Mayor's Youth Commission, and the Sioux City Community Schools.

Hospital Facility: Mercy Medical Center-Sioux City, IA (Dunes Surgical Hospital)

CHNA Significant Health Need: Cancer Screening

CHNA Reference Page: 18

Prioritization: #6

Brief Description of Need:

Measurement of cancer screenings is important in engaging the population in preventative behaviors and allows for early detection and treatment of health problems. Low participation in screenings can indicate a lack of access to preventative care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization. The Siouxland region has a diverse population. Many residents have jobs (making it difficult to leave work), live in rural communities, speak a primary language other than English, or have poor understanding of the need for and reimbursement for preventative cancer screenings. Several counties in the Siouxland area have mammography screening utilization rates below their state averages.

Mammography Screening	% of female Medicare enrollees, age 67 – 69 or older, who received one or more mammograms in past two years				
Woodbury	2015 – 58.9%	2012 – 63.0%	Iowa	2015 – 66.4%	2012 – 71.0%
Plymouth	2015 – 62.5%	2012 – 60.0%			
Dakota	2015 – 47.6%	2012 – 54.0%	Nebraska	2015 – 61.8%	2012 – 66.0%
Thurston	2015 – 30.4%	2012 – 44.0%			

Source: 2015 Community Commons, CHNA, Health Indicators

Goals:

- Increase awareness of benefits to preventative health behaviors; such as, cancer screenings.
- Identify and eliminate barriers to participation in cancer screenings
- Increase utilization of mammography screenings.

Objectives:

1. Through participation in five community events, partner with local agencies to increase public awareness of cancer screenings.
2. Increase number of mammograms performed at Mercy Breast Care Center by promoting services at three public health events.
3. Collaborate with June E Nylen Cancer Center to promote three community screening events; such as, screenings for cancer of the colon, lung, mouth, head/brain, neck, lymph nodes, or of the skin.
4. Offer employees in the service area the option to utilize their wellness benefits by having cancer screenings performed at three employer work sites.
5. Identify and eliminate barriers to participating in screenings to improve the “show-up-rate” for scheduled screenings.
6. Increase screening rates for Native Americans by meeting with Indian Health Services and Thurston County Department of Health representatives.

Actions the hospital facility intends to take to address the health need:

1. With June E Nylen Cancer Center, jointly promote participation in community cancer screening events.
2. During insurance enrollment events, inform the public about preventative care benefits covered by their health insurance.
3. Provide financial assistance to patients in need of resources to cover costs of preventative screenings.
4. Follow up with individuals that did not show up to a scheduled screening event and determine a plan to address the barrier/reason for not participating.
5. Utilize various communication options to send reminders and communicate with screening participants.
6. Meet with community organizations and groups to determine solutions to lack of participation based on cultural barriers.

Anticipated impact of these actions:

- Increased participation in cancer screenings.
- Increase in the number of residents that are knowledgeable about financial resources available for preventative behaviors and the screenings available to detect cancer based on number of screening participants.
- Multiple convenient location options available for screening participation.
- Cultural barriers to participation in screenings identified and plans in place to resolve issues.

Plan to evaluate the impact:

- Increased number of screening events with enhanced focus on awareness of preventable health behaviors and resources available to residents.
- Increased percent of female Medicare enrollees, over 67, who received mammogram in past two years; specifically in Woodbury, Plymouth, Dakota, and Thurston Counties.
- Increased number of mammograms performed at the Mercy Breast Care Center.

Programs and resources the hospital plans to commit:

1. Financial assistance and staff to promote community screening events at June E. Nylen Cancer Center.
2. Continued membership in and support of the Cancer Care Committee.
3. Multicultural Outreach Coordinator actively involved with community organizations addressing education, access, and participation in preventative health behaviors.

Collaborative Partners:

Partners include the June E. Nylen Cancer Center, Mercy Breast Care Center, Siouxland Community Health Center, and the Siouxland District Health Department.

Hospital Facility: Mercy Medical Center-Sioux City, IA (Dunes Surgical Hospital)

CHNA Significant Health Need: Teen Births

CHNA Reference Page: 15

Prioritization: N/A

Brief Description of Need: Teen pregnancy increases the risk of repeat pregnancy and of contracting sexually transmitted diseases, both of which can result in adverse health outcomes for mothers, children, and families. Pregnant teens are more likely to receive late or no prenatal care which can result in gestational hypertension and anemia; in addition, teens are more likely to have a pre-term delivery and/or low birthweight baby.

Collaborative Partners:

Mercy will continue to participate with community partners; such as, Crittenton Center, Lutheran Social Services, Siouxland Community Health Center, and Sioux City Community Schools, to support and provide services to patients in need. No additional, specific initiatives will be developed for the community needs related to prevention of teen pregnancy and sexually transmitted diseases.

Adoption of Implementation Strategy

On March 16, 2016, the Board of Directors for Mercy Medical Center – Sioux City, met to discuss the FY2017 – FY2019 Implementation Strategy/Plan for addressing the community health needs identified in the 2016 – 2018 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy/Plan.



David Smetter, VP Communications & Community Development
Community Benefit Ministry Officer (CBMO)

3/16/2016



James G. Fitzpatrick, President & CEO
Mercy Medical Center – Sioux City, IA

3/16/2016



Greg Miner, CEO
Dunes Surgical Hospital – Dakota Dunes, SD

3/16/2016