

COMMUNITY HEALTH NEEDS ASSESSMENT

Key issues affecting the health of the Siouxland Community - 2013

Table of Contents

COMMUNITY NEEDS HEALTH ASSESSMENT	2
Definition.....	2
Scope of the Assessment	2
Information Gathered	2
Community Description.....	3
Analysis	4
Consolidated Results	15
Hospital Focus: (Enter Hospital Name)	17

Note: Gaps in the information included in the assessment exist as result of the available data varying in age and some measures not drilling down to the local county level. In addition, specific data may be lacking due to limitation with public data collection processes.

COMMUNITY NEEDS HEALTH ASSESSMENT

Definition

The Community Health Needs Assessment (CHNA) is a process that identifies key issues affecting health in the community, as well as health problems people in the community experience. The CHNA is the hospital's foundation for planning and allocating resources for the community's health and is a baseline for assessing the progress of hospital and community health objectives.

Scope of the Assessment

Mercy Medical Center - Sioux City and St. Luke's Regional Medical Center, both community hospitals, serve a tri-state area. To develop the CHNA, Mercy Medical Center - Sioux City and St. Luke's Regional Medical Center combined resources to obtain information to assist them in addressing the needs of their service area.

Information Gathered

Information in the CHNA includes quantitative and qualitative data from:

- State area health districts in Iowa and Nebraska that identify county health needs through a communitywide discussion with stakeholders and residents. (2011)
- The Mobilizing Action Toward Community Health project, or MATCH, a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The project publishes *County Health Rankings* that ranks the health of nearly every county in the United States. (2012)
- Catholic Healthcare West in partnership with Thomson Reuters (Truven). The group's standardized Community Need Index (CNI) identifies the severity of health disparity for every ZIP code in the country and shows the link between community need, access to care and preventable hospitalizations. (2012)
- Gallup-Healthways, a partnership that tracks national measures of well-being. (2011)
- Hospital specific inpatient volumes and emergency department use.

Community Description

Siouxland is a tri-state area made up of northwest Iowa, northeast Nebraska and southeast South Dakota. Siouxland has two community hospitals in Sioux City, Woodbury County, Iowa, and one specialty surgery center in Dakota Dunes, Union County, South Dakota.

With a population of 82,600, Sioux City is Siouxland's largest city and accounts for most of Woodbury County's 102,000 residents. About 40% of Siouxland's population lives in Woodbury County. The following counties make up the tri-state area:

Iowa:

- Buena Vista
- Cherokee
- Ida
- Monona
- Plymouth
- Sac
- Sioux
- Woodbury

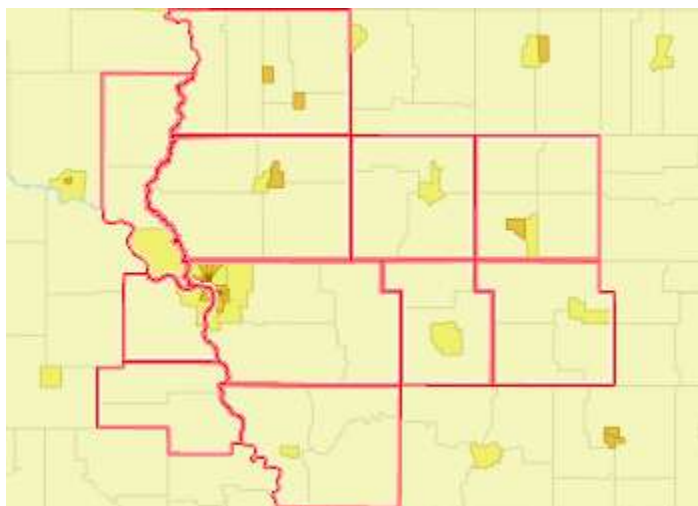
Nebraska:

- Dakota
- Thurston

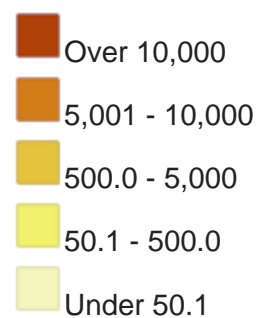
South Dakota:

- Union

The population of the above counties is predominantly non-Hispanic white. Dakota County is 35.3% Hispanic. The populations of Buena Vista and Woodbury counties, respectively, are 22.7% and 13.7% Hispanic. Other counties in the tri-state area have Hispanic populations of less than 3%. Sioux City's population is 16.4% Hispanic.



Population Density (Per Sq. Mi.), By Tract, U.S. Census 2010



The largest segment of Siouxland's population (52.4%) falls into two age categories: under 18, at 26.3%, and 44 to 64 years, at 26.1%. (See Table A)

TABLE A

Age Demographics for the Tri-State Region

Census: 2010; Fact Finder												
State	County	Under 18		18 to 24		25 to 44		44 to 64		64 and over		Total Population
		Population	% of total county population	Population	% of total county population	Population	% of total county population	Population	% of total county population	Population	% of total county population	
IA	Buena Vista	5,056	25.0%	2,367	11.7%	4,444	21.9%	5,338	26.3%	3,055	15.1%	20,260
	Cherokee	2,555	21.2%	776	6.4%	2,385	19.8%	3,752	31.1%	2,604	21.6%	12,072
	Ida	1,698	24.0%	418	5.9%	1,451	20.5%	2,057	29.0%	1,465	20.7%	7,089
	Monona	2,048	22.2%	531	5.7%	1,745	18.9%	2,729	29.5%	2,190	23.7%	9,243
	Plymouth	6,484	26.0%	1,565	6.3%	5,639	22.6%	7,149	28.6%	4,149	16.6%	24,986
	Sac	2,325	22.5%	571	5.5%	2,062	19.9%	3,101	30.0%	2,291	22.1%	10,350
	Sioux	9,047	26.8%	4,607	13.7%	7,474	22.2%	7,768	23.0%	4,808	14.3%	33,704
Woodbury	27,214	26.6%	10,692	10.5%	25,466	24.9%	25,675	25.1%	13,125	12.8%	102,172	
NE	Dakota	6,318	30.1%	1,983	9.4%	5,302	25.2%	5,012	23.9%	2,391	11.4%	21,006
	Thurston	2,467	35.5%	672	9.7%	1,448	20.9%	1,528	22.0%	825	11.9%	6,940
SD	Union - SD	3,767	26.2%	843	5.9%	3,551	24.7%	4,216	29.3%	2,022	14.0%	14,399

The most recent census data (2010) includes medical information for Woodbury County, but not for other Siouxland counties. Of Woodbury County residents, 86.4% have insurance. Of those with insurance, 9.3% (8,067) are on Medicare, and 10.8 % (9,404) are on Medicaid. Thus, 17.3 % of Woodbury County residents have Medicare or Medicaid insurance. As expected, 88 % of the Medicare population is 65 or older, while 46% of the Medicaid population is under 18.

Analysis

To obtain information for this CHNA, Mercy Medical Center – Sioux City and St. Luke's Regional Medical Center combined resources, relying on recent Iowa Health Department CHNAs. They also supplemented information from agreed-to secondary resources, including County Health Rankings, Community Needs Index, etc. Each hospital reviewed its own data. With the volume of information, certain themes begin to emerge. These are summarized at the end of the analysis.

County Health Needs Assessments (CHNA)

Public health districts across the country conduct their own CHNAs. How often they conduct them varies by state.

In February 2011, Iowa counties submitted a brief report on its needs assessment and health improvement plans to the Iowa Department of Public Health (IDHP). Thousands of Iowans participated in this process in their communities. Community engagement included contact with residents and health stakeholders through surveys and focus groups. At the state level, CHNA results are grouped in these categories:

- Healthy Behaviors
- Environmental Health
- Prevent Injuries
- Prevent Epidemics
- Emergency Response
- Health Infrastructure

According to the IDHP, the highest needs within the above categories for the state are:

- *Nutrition and Weight Status*: This includes needs related to nutrition, obesity and the overweight population.
- *Mental Health*: This includes needs related to mental illnesses, emotional and mental well-being and specific disorders. Mental Health intersects with Health Infrastructure and includes needs such as a lack of mental health providers, limited availability of services and the ability to meet mental health needs.

The Siouxland District Health Department covers Woodbury County, where the two community hospitals are located. Once Siouxland District Health completed its CHNA, it moved to creating priorities and a health improvement plan called the Healthy Siouxland Initiative. Table B shows those priorities.

TABLE B

**Healthy Siouxland Initiative
Health Needs Assessment Notes/Methodology
December 2, 2010**

Top five priority needs identified by three groups representing community agencies

Group 1	Group 2	Group 3
<ul style="list-style-type: none"> • Obesity • Alcohol/Tobacco/Other Drugs (additions/multiple additions) • Mental Health issues (lack of providers and lack of social support) • Economics 	<ul style="list-style-type: none"> • Nutrition for all ages • Physical activity for all ages • Socioeconomic (employment/education) • Access to mental health services 	<ul style="list-style-type: none"> • Socio/economic issues • Health behaviors and outcomes (smoking cessation is available, smoking is still prevalent) • Affordable housing • Dental/oral health (difficult to access for adults without private insurance; pediatric providers accept T-19; treatment plans uncompleted; undocumented patient needs) • Parenting skills needed everywhere

Below is a summary of needs as agreed upon by the three groups

1. Economics	
2. Health Behaviors/Outcomes	Nutrition Physical activity Mental health
3. Dental/Oral Health	Access Affordability
4. Family Support and Development	Parenting - stigma attached to taking classes Family/older adult - social supports/well-being - growing aging population -family cohesiveness -interpersonal relationships

Nebraska requires the Community Health Needs Assessment every seven years. The most recent was done in 2010 for northeast Nebraska that includes Thurston and Dakota County.

In reviewing the service area Community Health Needs Assessments, the most common areas for health improvement were:

- Obesity, including overall population, children or diabetics (7 of 11 counties)
- Mental Health (5 of 11 counties)
- Substance Abuse/Drug & Alcohol Use (4 of 11 counties)

County Health Rankings

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g., 1 or 2, are considered the “healthiest” counties relative to the health of other counties in the same state. Measures include:

- *Health Outcomes:* Overall rankings are based on an equal weighting of one length-of-life (mortality) measure and four quality-of-life (morbidity) measures.
- *Health Factors:* Rankings are based on weighted scores of four types of factors:
 - Health Behavior (6 measures)
 - Clinical Care (5 measures)
 - Socio/ Economic (7 measures)
 - Physical Environment (4 measures)

Table C shows a summary of the service area.

TABLE C

County Health Rankings: 2012 Summary						
State	County	Overall	Health Factor Ratings			
			<i>Health Behavior</i>	<i>Clinic Care</i>	<i>Socio/Economic</i>	<i>Physical Environment</i>
IA	Buena Vista	#6 of 99 counties;	18	79	77	36
	Cherokee	#49 of 99 counties	9	41	13	79
	IDA	#88 of 99 counties	34	95	21	53
	Monona	#83 of 99 counties	49	67	89	61
	Plymouth	#16 of 99 counties	39	44	6	42
	Sac	#60 of 99 counties	56	89	14	17
	Sioux	#2 of 99 counties	4	18	5	45
	Woodbury	#74 of 99 counties	97	73	92	90
NE	Dakota	#64 of 79 counties	78	76	78	62
	Thurston	#78 of 79 counties	79	79	79	79
SD	Union	#8 of 59 counties	14	3	3	42

When reviewing the Health Factors in detail, the factors that lead to less healthy adults, when compared to state and national benchmarks for the service area, are:

- Health Behavior
 - Adult smoking for Woodbury County
 - Physical Inactivity for Woodbury County
 - Sexually transmitted infections and teen birth rates in Woodbury, Dakota and Thurston counties
- Clinic Care
 - Need for primary care providers in Buena Vista, Cherokee, Ida, Plymouth and Dakota counties
 - High number of preventable hospital stays in Monona and Thurston counties
 - Low mammography screenings for Ida, Dakota and Thurston counties
 - A low number of diabetic screenings in Thurston County
- Social and Economic Factors
 - Children living in single-parent households and children in poverty for Monona and Woodbury counties
- Environment
 - Limited access to healthy food is low for Woodbury County
 - High percentage of fast food restaurants in Woodbury County

Details on the 2012 County Health Rankings follow.

Iowa, Part 1; 2012 County Health Rankings						
(Blank values reflect unreliable or missing data; Rankings in Red are in the bottom 25% of the state; Rankings in Green are in the top 25% of the State)						
	Woodbury	Monona	Plymouth	Cherokee	IOWA	National
Health Outcomes (Rank/99)	74	83	16	49		
Mortality (Rank/99)	68	94	20	71		
Premature death	6646	8069	5166	5466	6012	5466
Morbidity (Rank/99)	79	30	18	15		
Poor or fair health	13%		8%	11%	12%	10%
Poor physical health days	3.2	2.1	2.4	2.5	2.8	2.6
Poor mental health days	2.6	0.8	1.8	1.2	2.7	2.3
Low birth weight	7.5%	7.3%	6.4%	5.9%	6.8%	6%
Health Factors (Rank/99)	96	80	12	8		
Health Behaviors (Rank/99)	97	49	39	9		
Adult smoking	25%	19%	16%	13%	19%	14%
Adult obesity	31%	27%	31%	26%	29%	25%
Physical Inactivity	30%	32%	30%	24%	25%	21%
Excessive drinking	20%	18%	25%	24%	20%	8%
Motor vehicle crash death rate	13	27	22	28	15	12
Sexually transmitted infections	426	245	193	61	313	84
Teen birth rate	53	35	21	30	33	22
Clinical Care (Rank/99)	73	67	44	41		
Uninsured adults	14%	12%	9%	11%	10%	11%
Primary care physicians	1593:1	2255:1	2426:1	2875:1	1492:1	631:1
Preventable hospital stays	60	92	68	67	63	49
Diabetic screening	87%	94%	89%	90%	88%	89%
Mammography screening	63%	73%	60%	75%	71%	74%
Social & Economic Factors (Rank/99)	92	89	6	13		
High school graduation	84%	90%	95%	95%	89%	
Some college	56%	56%	64%	73%	67%	68%
Unemployment	6.6%	7.9%	4.6%	4.7%	6.1%	5.4%
Children in poverty	22%	20%	10%	14%	16%	13%
Inadequate social support	18%	17%	13%	19%	16%	14%
Children in single-parent households	33%	37%	17%	10%	27%	20%
Violent Crime Rate	373		117	120	291	73
Physical Environment (Rank/99)	90	61	42	79		
Air pollution-particulate matter days	1	2	1	0	1	0
Air pollution-ozone days	0	0	0	0	0	0
Limited Access to healthy foods	11%	5%	2%	4%	6%	0
Access to recreational facilities	11	23	17	0	11	16
Fast Food restaurants	53%	46%	44%	42%	44%	25%

Iowa, Part 2; 2012 County Health Rankings

(Blank values reflect unreliable or missing data; Rankings in Red are in the bottom 25% of the state; Rankings in Green are in the top 25% of the State)

	Buena Vista	Ida	Sac	Sioux	IOWA	National
Health Outcomes (Rank/99)	6	88	60	2		
Mortality (Rank/99)	2	85	88	6		
Premature death	4369	7245	7389	4511	6012	5466
Morbidity (Rank/99)	16	81	13	6		
Poor or fair health	11%	8%	9%	9%	12%	10%
Poor physical health days	2.1	2.4	2.5	2.1	2.8	2.6
Poor mental health days	1.7	3.6	2.6	1.9	2.7	2.3
Low birth weight	6.2%	8.7%	5.1%	5.1%	6.8%	6%
Health Factors (Rank/99)	59	44	37	4		
Health Behaviors (Rank/99)	18	34	56	4		
Adult smoking	15%	19%	21%	13%	19%	14%
Adult obesity	29%	27%	29%	26%	29%	25%
Physically inactive	28%	26%	27%	24%	25%	21%
Excessive drinking	20%	24%	23%	13%	20%	8%
Motor vehicle crash death rate	12	31	27	16	15	12
Sexually transmitted infections	249	160	107	75	313	84
Teen birth rate	41	29	21	18	33	22
Clinical Care (Rank/99)	79	95	89	18		
Uninsured adults	15%	11%	11%	10%	10%	11%
Primary care physicians	2166:1	3461:1	2550:1	1688:1	1492:1	631:1
Preventable hospital stays	56	92	114	63	63	49
Diabetic screening	88%	85%	91%	89%	88%	89%
Mammography screening	66%	62%	70%	73%	71%	74%
Social & Economic Factors (Rank/99)	77	21	14	5		
High school graduation	76%	98%	98%	91%	89%	
Some college	49%	72%	60%	59%	67%	68%
Unemployment	5%	5.10%	4.7%	3.9%	6.1%	5.4%
Children in poverty	19%	17%	15%	9%	16%	13%
Inadequate social support	17%			12%	16%	14%
Children in single-parent households	27%	28%	22%	12%	27%	20%
Violent crime rate	229	121	39		291	73
Physical Environment (Rank/99)	36	53	17	45		
Air pollution-particulate matter days	0	0	0	0	1	0
Air pollution-ozone days	0	0	0	0	0	0
Limited Access to healthy foods	2%	9%	6%	0	6%	0
Access to recreational facilities	5	0	10	6	11	16
Fast Food restaurants	37%	23%	18%	49%	44%	25%

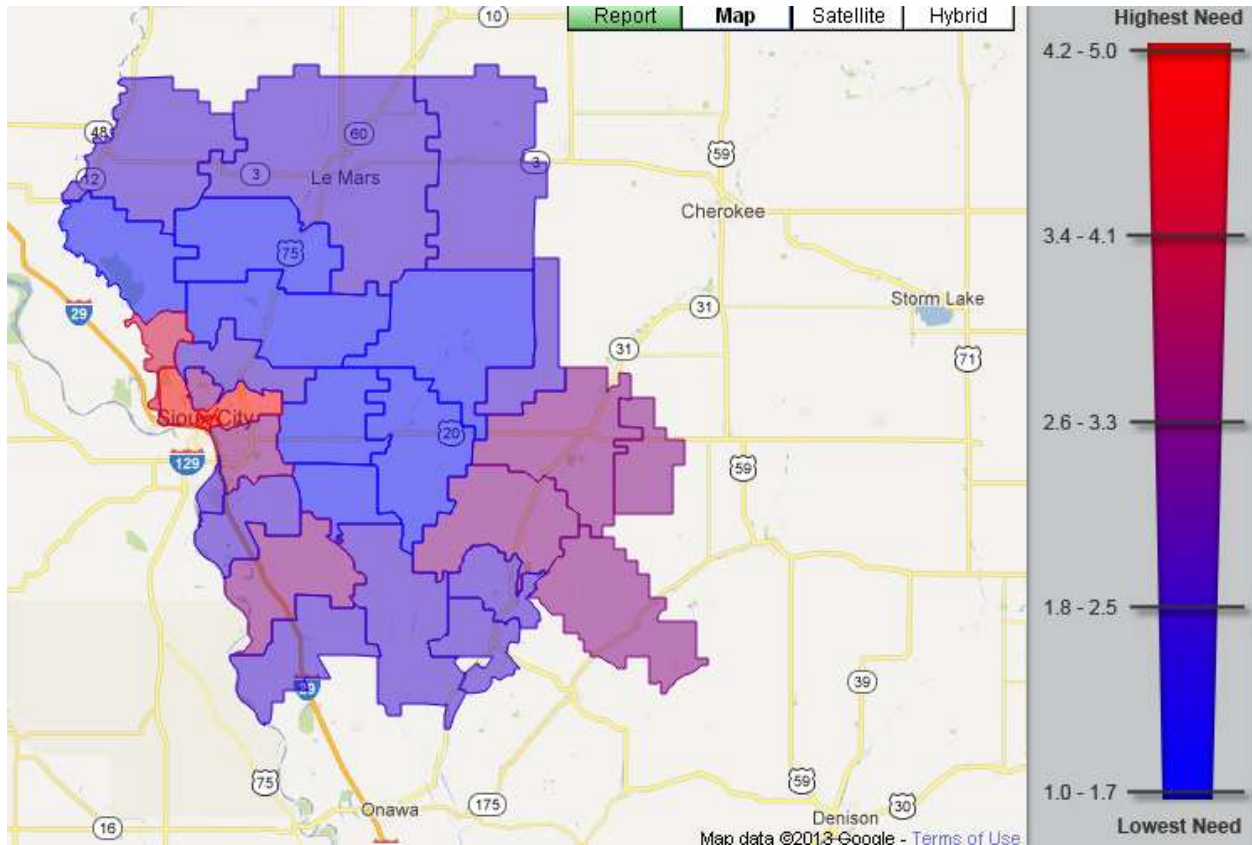
Nebraska				
(Blank values reflect unreliable or missing data; Rankings in Red are in the bottom 25% of the state; Rankings in Green are in the top 25% of the State)				
	Dakota	Thurston	Nebraska	National
Health Outcomes (Rank/79)	64	78		
Mortality (Rank/79)	64	79		
Premature death	6944	15765	6193	5466
Morbidity (Rank/79)	67	36		
Poor or fair health	17%	17%	12%	10%
Poor physical health days ***	3.1	3.1	2.9	2.6
Poor mental health days ****	2.8	2.3	2.6	2.3
Low birth weight	7.1%	5.2%	7%	6%
Health Factors (Rank/79)	78	79		
Health Behaviors (Rank/79)	78	79		
Adult smoking	22%	35%	19%	14%
Adult obesity	35%	37%	29%	25%
Physically inactive	31%	35%	25%	21%
Excessive drinking	19%	24%	19%	8%
Motor vehicle crash death rate	12	38	16	12
Sexually transmitted infections	253	437	305	84
Teen birth rate	56	106	36	22
Clinical Care (Rank/79)	76	79		
Uninsured adults	19%	18%	13%	11%
Primary care physicians	10170:1	1442:1	1057:1	631:1
Preventable hospital stays	74	121	66	49
Diabetic screening	87%	47%	84%	89%
Mammography screening	54%	44%	66%	74%
Social & Economic Factors (Rank/79)	78	79		
High school graduation	86%	63%	86%	
Some college	38%	52%	69%	68%
Unemployment	8%	9.2%	4.7%	5.4%
Children in poverty	20%	37%	17%	13%
Inadequate social support	24%	24%	17%	14%
Children in single-parent households	31%	54%	26%	20%
Homicide rate	83		307	73
Physical Environment (Rank/79)	62	79		
Air pollution-particulate matter days	1	2	0	0
Air pollution-ozone days	0	0	0	0
Limited Access to healthy foods	15%	10%	7%	0
Access to recreational facilities	10	0	12	16
Fast Food Restaurants	56%	75%	48%	25%

South Dakota			
(Blank values reflect unreliable or missing data; Rankings in Red are in the bottom 25% of the state; Rankings in Green are in the top 25% of the State)			
	Union	South Dakota	National
Health Outcomes (Rank/59)	8		
Mortality (Rank/59)	8		
Premature death	5003	6655	5466
Morbidity (Rank/59)	18		
Poor or fair health	11%	11%	10%
Poor physical health days	2.3	2.8	2.6
Poor mental health days	1.8	2.5	2.3
Low birth weight	7%	6.8%	6%
Health Factors (Rank/59)	4		
Health Behaviors (Rank/59)	14		
Adult smoking	17%	19%	14%
Adult obesity	30%	30%	25%
Physically inactive	24%	26%	21%
Excessive drinking	19%	19%	8%
Motor vehicle crash death rate		23	12
Sexually transmitted infections	113	375	84
Teen birth rate	21	39	22
Clinical Care (Rank/59)	3		
Uninsured adults	10%	15%	11%
Primary care physicians	1419:1	1156:1	631:1
Preventable hospital stays	57	67	49
Diabetic screening	85%	82%	89%
Mammography screening	77%	71%	74%
Social & Economic Factors (Rank/59)	3		
High school graduation	87%	82%	
Some college	75%	65%	68%
Unemployment	5.3%	4.8%	5.4%
Children in poverty	9%	19%	13%
Inadequate social support	14%	17%	14%
Children in single-parent households	18%	30%	20%
Homicide rate	68	230	73
Physical Environment (Rank/59)	42		
Air pollution-particulate matter days	1	0	0
Air pollution-ozone days	0	0	0
Access to healthy foods	14%	14%	0
Access to recreational facilities	14	12	16
Fast Food restaurants	33%	42%	25%

Community Needs Index

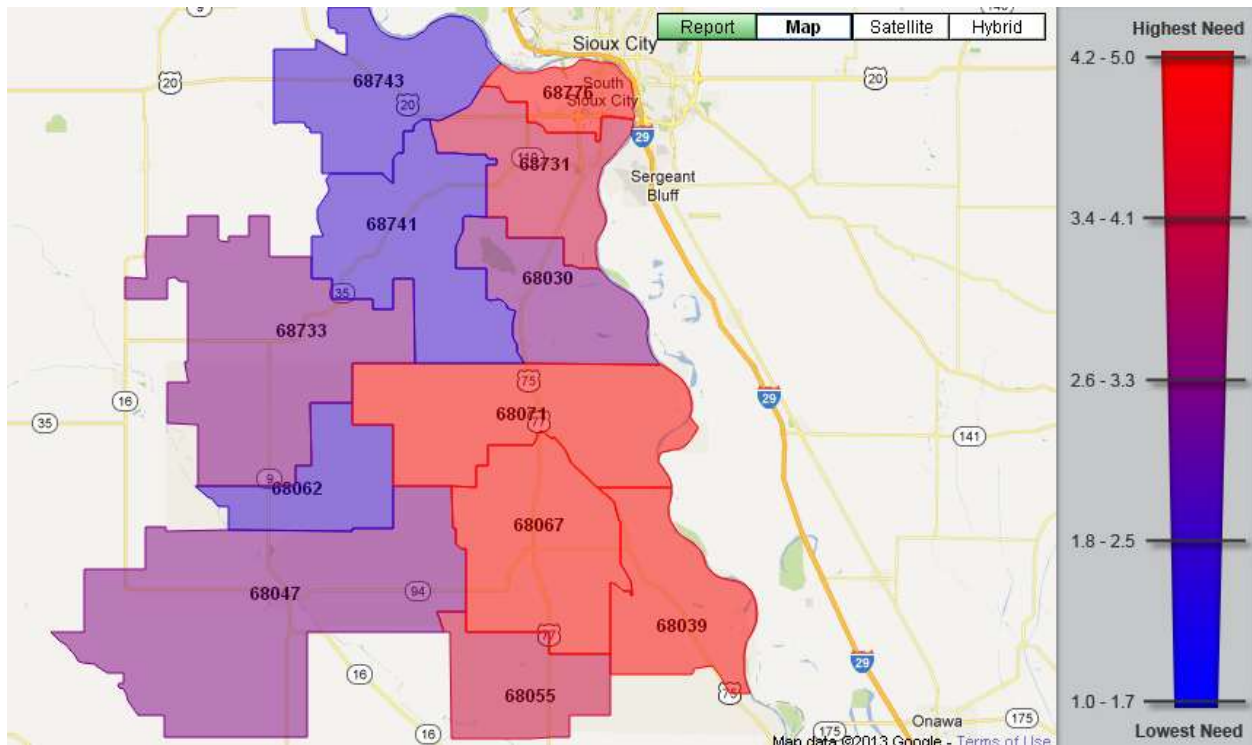
The Community Needs Index (CNI) indicates the severity of barriers to healthcare access in a community. A score of 1.0 indicates a ZIP code has the fewest socio/economic barriers, while a score of 5.0 is a ZIP code with the most socio/economic barriers. Socio/economic barriers include those related to income, culture/language, education, insurance, and housing.

Below is the report for Iowa Counties of Plymouth and Woodbury.



ZIP code areas with the highest barriers to healthcare are located in Sioux City ZIP codes 51101; 51103; 51105; and 51109

The following report is for Nebraska Counties of Dakota and Thurston.



In the Nebraska counties reviewed, specific areas (ZIP codes) of need include:

- Dakota County: 68776 (South Sioux); 68731 (Dakota City)
- Thurston County: 68039 (Macy); 68067 (Walthill), 68071 (Winnebago)

The Well-Being Index

The Gallup-Healthways Well-Being Index (WBI) is a source for health and well-being information in the United States. The WBI uses clinical research and development expertise, health leadership and behavioral economics research to track and understand the factors that drive well-being.

The WBI of the service area is analyzed at the congressional district level.

IOWA

The service area in Iowa falls into the same congressional district, which ranks 203rd of 436 districts. Physical Health almost mirrors the ranking at 171. Between 2010 and 2011, the Health Behavior factor has fallen from 287 to 335.

NEBRASKA

For the service area, two congressional districts are covered in Nebraska; Northeast Nebraska and Dakota County. Northeast Nebraska is ranked 47th of

436 districts, which places it in the top 20%. The Physical Health factor is ranked 82nd, while the Health Behavior factor ranked 335 out of 436.

Dakota County is ranked 58th of 436 districts with the Physical Health factor being 37 out of 436, and the Health Behavior factor is 288.

SOUTH DAKOTA

South Dakota has only one congressional district. It is ranked 104th of 436 congressional. The Physical Health factor was ranked 139, and the Healthy Behavior factor was ranked 196 out of 436 of congressional districts.

Overall, the WBI identifies Health Behavior issues as a factor that needs improvement to increase the well-being of the service area. Health Behavior measurements are affected by healthy eating, physical activity, and smoking.

Consolidated Results

Iowa Gov. Terry Branstad has stated that his goal is to make Iowa the healthiest state in the nation. In Iowa:

- 66.6% of Iowans are overweight or obese.
- Iowa dropped in Gallup-Healthways Well-Being Index from 7th nationwide in overall well-being in 2009 to 19th in overall well-being in 2010. In 2011, this measure has moved up to 16th nationwide.

Other reasons for health concerns include:

- 50% of premature deaths in the U.S. are related to modifiable lifestyle factors.
- About 75% of healthcare costs stem from preventable chronic conditions.

The findings for this assessment are grouped using the Healthy People 2020 topic areas. Healthy People 2020 includes 26 Leading Health Indicators (LHIs) organized under 12 topics that address determinants of health that promote quality of life, healthy behaviors and healthy development across all life stages. Table D shows the overall results.

In addition, as identified earlier, focus may be needed in specific areas (ZIP codes). These include:

- Dakota County: 68776 (South Sioux); 68731 (Dakota City)
- Thurston County: 68039 (Macy); 68067 (Walthill), 68071 (Winnebago)
- Woodbury County; Sioux City: 51101; 51103; 51105; 51109

TABLE D

Community Health Needs Assessment Summary of Findings	
<i>Access to Health Services</i>	
	<ul style="list-style-type: none"> • Need for primary care providers in Buena Vista, Cherokee, Ida, and Plymouth counties in Iowa and Dakota County in Nebraska • Preventable hospital stays in Monona and Thurston counties • High number of uninsured adults in Dakota County
<i>Clinical Preventive Services</i>	
	<ul style="list-style-type: none"> • Low adult colorectal cancer screenings • Adults with hypertension • Adult diabetic population • Children immunizations aged 19 to 35 months. (<i>Who receive the recommended doses of diphtheria, tetanus, and pertussis (DTaP); polio; measles, mumps, and rubella (MMR); Haemophilus influenzae type b (Hib); hepatitis B; varicella; and pneumococcal conjugate (PCV) vaccines</i>) • Low mammography screenings for Ida, Dakota and Thurston counties • Low number of diabetic screenings in Thurston County • Dental need
<i>Nutrition, Physical Activity and Obesity</i>	
	<ul style="list-style-type: none"> • Overall Health Behaviors including a lack of physical activity with focus in Woodbury County • Limited access to healthy food and high access to fast food • Concern about nutrition, obesity, overweight populations (adults and children)
<i>Maternal, Infant and Child Health</i>	
	<ul style="list-style-type: none"> • Prenatal care and preterm births
<i>Mental Health</i>	
	<ul style="list-style-type: none"> • Needs relating to mental illnesses, emotional and mental well-being, and needs relating to specific disorders. This intersects with Health Infrastructure since it includes needs such as a lack of mental health providers, limited availability of services and the ability to meet mental health needs.
<i>Reproductive and Sexual Health</i>	
	<ul style="list-style-type: none"> • Sexually active females between 15 and 44 years who received reproductive health services in the past 12 months • Sexually transmitted infections • Teen birth rates in Woodbury, Dakota and Thurston counties
<i>Substance Abuse</i>	
	<ul style="list-style-type: none"> • Substance Abuse/Drug and Alcohol Use
<i>Social Determinants</i>	
	<ul style="list-style-type: none"> • Children living in single-parent households • Children in poverty for Monona and Woodbury counties • Inadequate social support in Dakota County • Parenting skills in Plymouth County
<i>Tobacco</i>	
	<ul style="list-style-type: none"> • Adult smoking for Woodbury County

Hospital Focus: (Mercy Medical Center – Sioux City)

Mercy Medical Center – Sioux City will address health behaviors and preventative service through greater access to primary care. Through the Mercy Network of Primary Care Offices and in partnership with the Siouxland Community Health Center Mercy will work to establish/offer Medical Homes to all patients visiting Mercy's Emergency department.

In addition, Mercy will partner with Unity Point – St Luke's and the Siouxland Mental Health Center to reduce barriers and improve access to Mental Health Services. Through this partnership a Mental Health Care Coordinator Position was established. The person in this position works with emergency departments and inpatient behavioral health units at both hospitals to address unmet needs (both medical and socioeconomic).

Mercy Medical Center has established partnerships with local schools and after school programs to encourage healthy behaviors related to exercise and nutrition. Mercy has partnered with the Boy Scouts of America, the Girl Scouts of America, Girls, Inc., Sioux City Boys Club, South Sioux City YMCA, St Michael's Parish Scholl (before and after school programs), North Middle School, West Middle and High School, East Middle and High School, South Sioux City Schools, Dakota Valley Schools, Bishop Heelan Schools, CrossFit BEO, and Raise the Bar Fitness. Partnerships will focus on exercise and nutrition and the 54321Go (ScoutFit), Blue Zone, or other agency specific, or State metrics.

As poverty impacts health outcomes Mercy chose to partner with social agencies and faith communities to address socioeconomic conditions in the Siouxland Area. Collaboration through Project Micah, an affiliation of social agencies and faith based communities serves to address basic necessities such as food, shelter, and clothing. Education and skills development are also provided in collaboration with Mary Treglia, Midtown Community Center.

Mercy continues to serve the dental needs of the Tri-State area through its partnership and sponsorship of dental services at the Siouxland Community Health Center and Iowa Dental Foundation.