



# Implementation Strategy

**Fiscal Year 2023-2025 Plan**

CHI Health Mercy – Corning, IA




Board approved  
7.21.22



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## At-a-Glance Summary

<p><b>Community Served</b></p> 	<p>CHI Health Mercy Corning identified Adams and Taylor Counties, including the zip codes that demonstrated 75-90% of served in calendar year 2019 (50841, 50833, 50851), as the primary service area. As a Critical Access Hospital, CHI Health Mercy Corning’s primary service area is considered the county in which it is located (Adams County). While CHI Health Mercy Corning is the only hospital located in Adams County, it also serve residents from Taylor County where there are no local hospitals. Therefore, both counties (Adams, Taylor) were included in the community definition.</p>
<p><b>Significant Community Health Needs Being Addressed</b></p> 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital’s most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p> <ul style="list-style-type: none"> <li>● <b>Behavioral Health</b></li> <li>● <b>Healthy Lifestyles</b></li> </ul>
<p><b>Strategies and Programs to Address Needs</b></p> 	<p>The hospital intends to take actions and to dedicate resources to address these needs, including:</p> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>● Support the Behavioral Health Coalition in implementing community-based programs to promote self- efficacy and prevent drivers of violence and suicide, such as: Youth Mental Health Consultation, Parents as Teachers, Coaching Boys into Men and Athletes as Leaders.</li> <li>● Support and expand Senior Life Solutions Program, an intensive outpatient group-counseling program.</li> <li>● Expand behavioral health services at Mercy Corning.</li> </ul> <p><b>Healthy Lifestyles</b></p> <ul style="list-style-type: none"> <li>● Partner with Wellmark to implement eat better, move more and feel better strategies (i.e. farmer’s market enhancements, community supported agriculture program, community gleaning and trail wayfinding, etc.)</li> </ul>
<p><b>Anticipated Impact</b></p>	<p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>● Decrease in youth bullying within participating schools.</li> <li>● Decrease in child abuse/ neglect and suicide in Adams and Taylor Counties.</li> <li>● Increase in social support and proportion of older adults reporting their mental health status is good, very good or excellent.</li> </ul>



- Increase in tele-behavioral health visits and increase in unique patients served.

#### **Healthy Lifestyles**

- Increase in youth and adult fresh fruit and vegetable consumption.
- Increase in access to healthy foods, increase in nutrition and healthy lifestyle promotion in the community.

#### **Planned Collaboration**



- Adams & Taylor County Schools
- Early Childhood Iowa
- Crisis Intervention & Advocacy Center
- Southern Hills Regional Mental Health
- Physicians/Clinic (referral)
- Local churches
- Matura (Adams and Taylor County food banks)
- Iowa State University Extension
- Wellmark Healthy Hometowns Initiative

A complete list of resources and partners can be found in the Resource Inventory at <https://www.chihealth.com/chna>.

This document is publicly available online at the hospital's website. Written comments on this report can be submitted to CHI Health, by completing this [google form](https://forms.gle/V34LCQnhvYYdJUr36) : <https://forms.gle/V34LCQnhvYYdJUr36>

## Our Hospital and the Community Served

### About the Hospital

CHI Health Mercy Corning (Mercy Corning) is located in Corning, Iowa. CHI Health Mercy Corning is a critical access hospital with 22 licensed beds and is certified as a Community (Level IV) Trauma Care Facility with 24-hour emergency care and ancillary services support. CHI Health Mercy Corning has achieved Pathway to Excellence® designation by the American Nurses Credentialing Center (ANCC). In 2021, the National Rural Health Association recognized CHI Health Mercy Corning as a Top 20 Critical Access Hospital for Best Practice in Patient Satisfaction. The community-based hospital offers many forms of care including technologically advanced medical services, quality health education, health screenings, and more. Beyond the hospital walls, CHI Health Mercy Corning works closely with local health agencies, businesses and community groups to build a healthier community.

### Our Mission

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

### Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary, and related materials are available in multiple languages on the hospital's website.



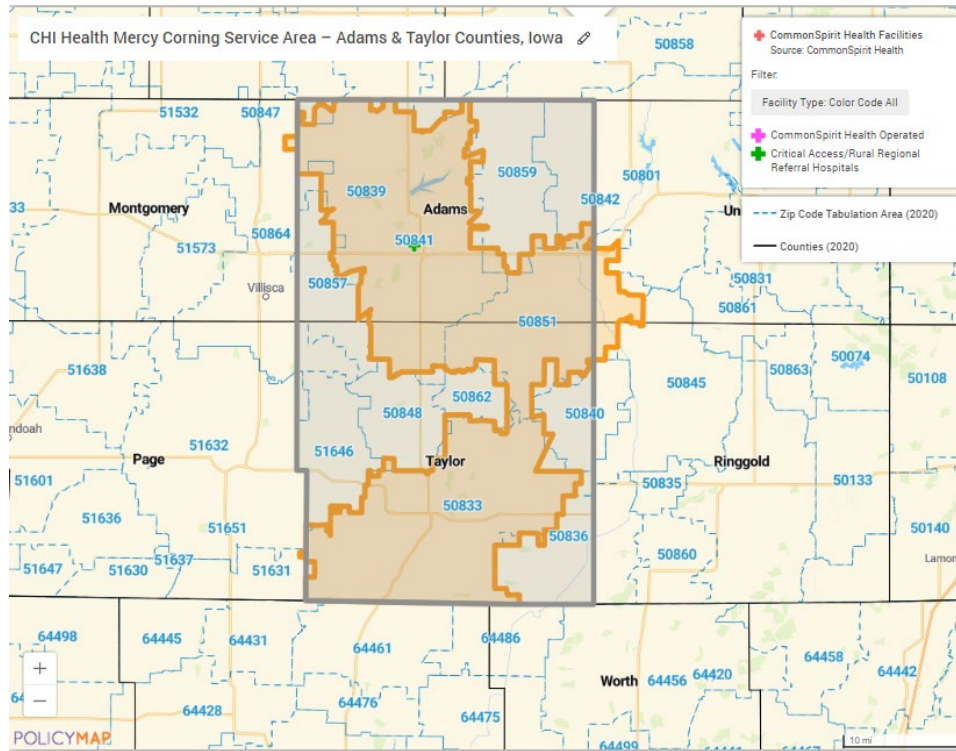
### Description of the Community Served

#### **Community Definition**

CHI Health Mercy Corning identified Adams and Taylor Counties including the zip codes that demonstrated 75-90% of served in calendar year 2019 (50841, 50833, 50851) as the primary service area. As a Critical Access Hospital, CHI Health Mercy Corning's primary service area is considered the county in which they are located (Adams County). While CHI Health Mercy Corning is the only hospital located in Adams County, they also serve residents from Taylor County where there are no local hospitals. Therefore, both counties were included in the community definition.



**Figure 1. CHI Health Mercy Corning CHNA Service Area – Adams & Taylor Counties, Iowa**



**Community Description**

CHI Health Mercy Corning is located in Corning, Iowa, which is situated near the center of Adams County, approximately 80 miles from the metropolitan area of Omaha, Nebraska and Council Bluffs, Iowa and 95 miles from the metropolitan area of Des Moines, Iowa. Adams County is immediately north of and adjacent to Taylor County, which is at the southernmost border of Iowa to Missouri. Both Adams and Taylor Counties, as well as the surrounding counties are non-metropolitan and located near the western border of Iowa. Adams County has one school district and four incorporated towns: Carbon, Corning, Nodaway and Prescott where Corning is the County Seat<sup>1</sup>. Bedford is the County Seat for Taylor County, which has three public school districts and eight incorporated cities and seventeen townships. Adams County covers approximately 423 square miles and Taylor County covers 532 square miles.<sup>23</sup>

The population of Adams and Taylor Counties, as well as Iowa and the United States. The data shows a primarily Non-Hispanic White population, and a higher percentage of residents over 65 years of age in Adams (23.7%) and Taylor (22.7%) compared to the State (17.5%). Although the changes were small, there was a reduction in the percent of the population under 18 years of age across all three areas, and a slight increase in the percentage of the population aged 65 and over. Both counties have a very low

<sup>1</sup>Adams County, Iowa. 2022. Accessed March 2022. <https://adamscounty.iowa.gov/>

<sup>2</sup> School Districts in Taylor County, Iowa. Accessed March 2022. <https://www.k12academics.com/national-directories/school-district/iowa/Taylor>

<sup>3</sup> Welcome to Taylor County, Iowa. Accessed March 2022. <https://taylorcounty.iowa.gov/about-us.html#:~:text=Taylor%20County%20is%20made%20up%20of%20seventeen%20townships%20and%20eight%20incorporated%20citie>

population density compared to the State overall, which highlights the rural nature of the area. Data for both counties reveal a lower median household income and higher rates of uninsured children compared to Iowa. While poverty rates have decreased in both counties, Adams County has a higher percentage of children living in poverty than Taylor County and the State (Adams County - 16.73%, Taylor County - 10.79%, Iowa – 13.79%.<sup>4</sup> Adams and Taylor Counties have 13 designated Health Professional Shortage Areas (HPSA) including primary care, dental health and mental health disciplines.<sup>5,6</sup>

## Community Assessment and Significant Needs

The health issues that form the basis of the hospital’s community health implementation strategy and programs were identified in the most recent CHNA report, which was adopted in April 2022. The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available on the hospital’s website or upon request from the hospital, using the contact information in the At-a-Glance Summary.

## Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Access to Healthcare services	<ul style="list-style-type: none"> <li>• Individuals uninsured under 65 years of age is 6% in Adams County, 8.3% in Taylor County and 6% in Iowa.</li> <li>• Ratio of population to primary care physician is 3,650:1 for Adams (an improvement), 3,100:1 for Taylor (an improvement) and 1,360:1 for IA (no change).</li> </ul>	
Aging Problems	<ul style="list-style-type: none"> <li>• Iowa’s population over 65 is 17%, with a predicted growth to 20% by 2040.</li> </ul>	

<sup>4</sup> US Census Bureau QuickFacts accessed March 2022 <http://www.census.gov/quickfacts>

<sup>5</sup> HPSA Find. Accessed on March 2022. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

<sup>6</sup> MUA Find. Accessed on March 2022. <https://data.hrsa.gov/tools/shortage-area/mua-find>

Significant Health Need	Description	Intend to Address?
	<ul style="list-style-type: none"> <li>• Among adults 65+, 7.1% are living in poverty, compared to 11.2% for all Iowans during the same period.</li> <li>• Risk of social isolation is in the 58th to 77th percentile for Adams County and 39th to 27th for Taylor County (where the percentile of the mean z-scores for the following risk factors in adults ages 65 and older are poverty, living alone, divorced, separated or widowed, never married, disability, and independent living difficulty relative to all U.S. counties).</li> </ul>	
Cancer	<ul style="list-style-type: none"> <li>• Cancer is the leading cause of death in Adams County and the second leading cause of death in Taylor County, as well as the state of Iowa.</li> <li>• Lung cancer incidence slowly decreased over a five-year period, despite a significant increase in 2014 (63.7 in 2013, 58.8 in 2018), while mortality decreased in IA over a five-year period.</li> <li>• Breast cancer (female) incidence increased in IA (119.1 in 2013, 135.8 in 2018), while mortality steadily decreased.</li> <li>• Colon and rectum cancer incidence decreased (43.6 in 2014 and 39.9 in 2019 per 100,000 population).</li> <li>• Melanoma incidence significantly increased (26.8 in 2013, 29.7 in 2018 per 100,000).</li> </ul>	
Chronic Disease (Obesity, Diabetes, Cardiovascular Disease)	<ul style="list-style-type: none"> <li>• Obesity prevalence increased from 32% (2018) to 37% (2021) in Adams County and from 31% (2018) to 34% (2021) in Taylor County. The percentage of adults who are obese in Adams County is at 37%, which is slightly higher than Taylor (34%), Iowa (34%) and HP2030 goal (36%).</li> <li>• Heart disease is the leading cause of death in Taylor County and Iowa, and the second leading cause of death in Adams County. Age-adjusted heart disease death rate (reported per 10,000 population) is 13.2 in Adams, 22.4 in Taylor and 18.0 in IA.</li> <li>• In Taylor County, 12% of adults are diagnosed with diabetes compared to 10% in Adams County, 10% in Iowa and 10.5% nationally.</li> </ul>	



Significant Health Need	Description	Intend to Address?
Maternal & Child Health	<ul style="list-style-type: none"> <li>Adams and Taylor County have slightly lower rates of low birthweight (6%) than Iowa (7%).</li> <li>Adams County teen birth rate is 26, which is slightly higher than Taylor County (24) and Iowa (18) (per 1,000 female population aged 15-19).</li> <li>Despite improvement in the rate of first trimester prenatal care initiation, Adams County (77.5%) and Taylor County (82.1%) still trail Iowa (83.8%) slightly.</li> </ul>	
Mental Health	<ul style="list-style-type: none"> <li>The ratio of mental health providers to population is 1:6,120 for Taylor County and 1:6,120 for Adams County, which are both higher than Iowa (1:610).</li> <li>Poor mental health days have slightly increased in both counties and State (3.7 Adams, 3.9 Taylor, 3.5 Iowa).</li> </ul>	✓
Social Determinants of Health ( <i>Poverty, Food, and Housing</i> )	<ul style="list-style-type: none"> <li>Individuals living in households with income below the Federal Poverty Level in Adams is 14%, compared to 10% in Taylor and 11.45% in Iowa.</li> <li>Children living in poverty in Adams County is 20%, compared to 17% in Taylor and 13% in Iowa.</li> <li>Supplemental Nutrition Assistance Program (SNAP): 9.7% of individuals in Adams and 10% in Taylor receive financial assistance for food.</li> <li>Children eligible for free or reduced priced lunches are 49.4% in Adams (slight increase), 49.8% in Taylor (slight decrease), and 42.5% in Iowa.</li> <li>Cost burdened households impact 16.71% of people in Adams and 17.28% of people in Taylor are disproportionately burdened by higher housing costs (greater than 30% of household income).</li> </ul>	✓

\*Small population sizes for certain health indicators make identification of discernible trends difficult. In those cases, caution should be used in interpreting data.

**Significant Needs the Hospital Does Not Intend to Address**

In acknowledging the range of priority health issues that emerged from the CHNA process, CHI Mercy Corning prioritized **Behavioral Health** and **Healthy Lifestyles**, in order to most effectively focus resources and meaningfully impact the selected health issues. As described in the process above, the hospital took into consideration existing partnerships, available resources, the hospital’s level of

expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that area in order to select the priorities.

**Access.** In addition to the rationale stated above, the hospital provides ambulance staffing to cover both Adams and Taylor County through an existing agreement with both counties' boards of health.

**Aging Problems.** In addition to the rationale stated above, the hospital's work to address behavioral health is at least in part focused on increasing social support for older adults in mental health crises and recovery through the support and expansion of Senior Life Solutions.

**Cancer.** CHI Health will continue to perform existing cancer outreach throughout the community and financially support community partners such as the American Cancer Society, the Nebraska Cancer Coalition and Project Pink'd. Additionally, CHI Health Clinics are working to increase utilization of HPV vaccination to prevent cervical cancer.

**Chronic Disease.** In addition to the rationale stated above, the hospital has existing programming around educating and supporting those diagnosed with pre-diabetes, providing heart healthy cooking classes, and operating the community's only Wellness Center to provide a state of the art gym and recreational facility for community members.

**Maternal & Child Health.** In addition to the rationale stated above, the hospital's work to address behavioral health is at least in part focused on home visiting programs that support families during the birth to five years to address parenting challenges for those parents at risk for substance abuse and/or other poor health outcomes.

## 2022 Implementation Strategy

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others on to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

### Creating the Implementation Strategy

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

#### ***Purpose and Goals***

CHI Health and our local hospitals make significant investments each year in our local community to ensure we meet our Mission of creating healthier communities. The ISP is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

The goals of this ISP are to:

1. Identify strategies that will meaningfully impact the areas of high need identified in the CHNA that affect the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that appropriate partnerships exist or are developed and that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Identify core measures to monitor the work and assure positive impact for residents of our communities.
4. Ensure compliance with section 501(r) of the Internal Revenue Code for not-for-profit hospitals under the requirements of the Affordable Care Act.

### ***Community Benefit Action Team (CBAT)***

In order to select priority areas and design meaningful, measurable strategies, the CHI Mercy Corning CBAT, an interdisciplinary team of hospital leaders and staff, reviewed the data and top health needs from the 2022 CHNA. For each top health need, the hospital took into consideration existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that health area.

Throughout development of the plan, internal and community partners were consulted to ensure the appropriate strategies were selected, the right partners were engaged, and resources were leveraged. To further assure alignment and integration with the organization, Nursing, Care Management, Foundation, Healthy Communities team members have ongoing participation in hospital planning efforts which includes information from the CHNAs and implementation plans.

### **Prioritization Process**

Through the CHNA process top health needs were identified through consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the magnitude of the issue in terms of the number of persons affected; and the perceptions of top health issues among key informants giving input to the process. This process can be reviewed in more detail in the CHNA posted at [www.chihealth.com/chna](http://www.chihealth.com/chna).

Upon completion of the CHNA, and the internal CBAT meeting, Mercy Corning's leadership consulted the Behavioral Health Coalition of Adams and Taylor County (BHCATC) to validate the priority health need selected. During internal and external meetings, the team took into consideration the severity of each health issue, the population impacted (making special consideration to disparities and vulnerable populations), the trends in the data as well as existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that health area.

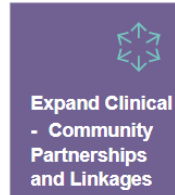
## **Community Health Strategic Objectives**

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.




Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.



Partner, invest in, and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.


## Strategies and Program Activities by Health Need

 <b>Health Need #1: Behavioral Health</b>	
<b>Goals &amp; Anticipated Impact</b>	<p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>● Prevent trauma and promote healthy youth development</li> <li>● Promote mental health in older adults</li> <li>● Provide access to behavioral health services</li> </ul> <p><b>Anticipated Impact</b></p> <ul style="list-style-type: none"> <li>● Decrease youth bullying within participating schools</li> <li>● Decrease child abuse, neglect and suicide in Adams and Taylor Counties</li> <li>● Increase in social support and proportion of older adults reporting their mental health status is good, very good or excellent</li> <li>● Increase in tele-behavioral health visits and increase in unique patients served</li> </ul>
<b>Community Indicators</b>	<p><b>CHNA 2016</b></p> <ul style="list-style-type: none"> <li>● 12.3% of persons in poverty in Adams County, 11.6% in Taylor County, 10.7% across Iowa</li> <li>● 18.9% of children under 18 in poverty in Adams County, compared to 17.4% in Taylor, and 15.5% across Iowa</li> <li>● Average number of mentally unhealthy days in past 30 in Adams County was 2.9, 3.1 in Taylor, and 3.1 across Iowa</li> <li>● Ratio of mental health (MH) providers to population is 6,140:1 for Taylor County and there is no data for Adams County.</li> <li>● Poor mental health days in past 30 3.2 Adams, 3.3 Taylor, 3.3 Iowa</li> </ul> <p><b>CHNA 2019</b></p>



	<ul style="list-style-type: none"> <li>● 12.2% of persons in poverty in Adams County, 13.1% in Taylor County, 12.2% across Iowa</li> <li>● 19% of children under 18 in poverty in Adams County, compared to 16% in Taylor, and 13% across Iowa</li> <li>● Average number of mentally unhealthy days in past 30 in Adams County was 3.2, 3.3 in Taylor, and 3.3 across Iowa</li> <li>● Ratio of MH providers to population is 6,220:1 for Taylor (no data for Adams)</li> </ul> <p><b>CHNA 2022</b></p> <ul style="list-style-type: none"> <li>● 10.8% of persons in poverty in Adams County, 10.5% in Taylor County, 10.2% across Iowa</li> <li>● 16.3% of children under 18 in poverty in Adams County, 10.79% in Taylor County, 13.79% across Iowa</li> <li>● Average number of mentally unhealthy days reported in past 30 days in Adams County 3.7, 3.9 in Taylor County, and 3.5 in Iowa (2021 County Health Rankings)</li> </ul>				
Strategy	Key Activities	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
1.1 Expand community-based programming to prevent bullying, child abuse/ neglect and suicide	1.1.1 Support the Behavioral Health Coalition in implementing community-based programs to promote self- efficacy and prevent drivers of violence and suicide, such as: Youth Mental Health Consultation, Parents as Teachers, Coaching Boys into Men and Athletes as Leaders.	✓		✓	✓
1.2 Increase social supports for older adults in mental health crisis and recovery	1.2.1 Support and expand Senior Life Solutions Program, an intensive outpatient group counseling program.	✓			✓
1.3 Expand access to Behavioral Health services for youth and adults	1.3.1 Expand behavioral health services at Mercy Corning through telehealth and the recruitment of an onsite provider.	✓			✓

<b>Related Activities</b>	CHI Mercy Corning will leverage the CHI Health Behavioral Health Evaluation & Transfer Service to expand capacity for psychiatric assessment, consultation and therapy using telehealth in the Emergency Department and clinic. Hospital will explore potential collaboration with county mental health services and requirements (Southwest Iowa Mental Health and Disability Services Region).
<b>Planned Resources</b>	The hospital will provide financial and in kind support as well as serve as grant manager.
<b>Planned Collaborators</b>	<ul style="list-style-type: none"> <li>● Adams &amp; Taylor County Schools</li> <li>● Early Childhood Iowa</li> <li>● Crisis Intervention &amp; Advocacy</li> <li>● Southern Hills Regional Mental Health</li> <li>● Physicians/clinic (referral)</li> <li>● Local churches</li> <li>● Matura (food bank)</li> <li>● Iowa State University Extension</li> </ul>

 <b>Health Need #2: Healthy Lifestyles</b>	
<b>Goals &amp; Anticipated Impact</b>	<p>Goal: Prevent chronic disease</p> <p>Anticipated Impact:</p> <ul style="list-style-type: none"> <li>● Increase in youth and adult fresh fruit and vegetable consumption and access to healthy foods</li> <li>● Increase in youth and adult physical activity</li> <li>● Increase in nutrition/ healthy lifestyle promotion in the community</li> </ul>
<b>Community Indicators</b>	<p><b>CHNA 2016</b></p> <ul style="list-style-type: none"> <li>● Unemployment – 3.4% (Adams), 4.2% (Taylor), 4.2% (Iowa)</li> <li>● 12.3% of persons in poverty in Adams County, 11.6% in Taylor County, 10.7% across Iowa</li> <li>● 18.9% of children under 18 in poverty in Adams County, compared to 17.4% in Taylor, and 15.5%</li> </ul>

	<p>across Iowa</p> <ul style="list-style-type: none"> <li>● Average number of mentally unhealthy days in past 30 in Adams County was 2.9, 3.1 in Taylor, and 3.1 across Iowa</li> </ul> <p><b>CHNA 2019</b></p> <ul style="list-style-type: none"> <li>● Unemployment – 2.4% (Adams), 2.3% (Taylor), 3.1% (Iowa)</li> <li>● 12.2% of persons in poverty in Adams County, 13.1% in Taylor County, 12.2% across Iowa</li> <li>● 19% of children under 18 in poverty in Adams County, compared to 16% in Taylor, and 13% across Iowa</li> <li>● Average number of mentally unhealthy days in past 30 in Adams County was 3.2, 3.3 in Taylor, and 3.3 across Iowa</li> </ul> <p><b>CHNA 2022</b></p> <ul style="list-style-type: none"> <li>● Unemployment - 2% (Adams), 2.3% (Taylor), 2.9% (Iowa)</li> <li>● 10.8% of persons in poverty in Adams County, 10.5% in Taylor County, 10.2% across Iowa</li> <li>● 16.3% of children under 18 in poverty in Adams County, 10.79% in Taylor County, 13.79% across Iowa</li> <li>● Average number of mentally unhealthy days reported in past 30 days (age-adjusted) in Adams County 3.7, 3.9 in Taylor County, and 3.5 in Iowa (2021 County Health Rankings)</li> </ul>				
Strategy	Key Activities	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
2.1 Expand access to and consumption of healthy foods	2.1.1 Partner with Wellmark to implement eat better, move more and feel better strategies (i.e. farmer's market enhancements, community supported agriculture program, community gleaning and trail wayfinding, etc.).			✓	
Related Activities	In addition to the specific strategies and key activities outlined above to address Healthy Lifestyles, CHI Health Mercy Corning operates the CHI Health Mercy Corning Wellness Center, which offers personal training, outpatient rehabilitation services and group wellness classes.				

<b>Planned Resources</b>	The hospital will provide financial and in kind support.
<b>Planned Collaborators</b>	<ul style="list-style-type: none"><li>● Wellmark Healthy Hometowns</li><li>● Iowa State University Extension</li></ul>