



Implementation Strategy

Fiscal Year 2023-2025 Plan

CHI Health Mercy – Council Bluffs, IA




Board approved
7.21.22



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At-a-Glance Summary

<p>Community Served</p> 	<p>CHI Health Mercy Council Bluffs’ primary service area is considered Pottawattamie and Mills Counties. The Omaha and Council Bluffs Metro Area is made up of four counties: Pottawattamie in Iowa, and Cass, Douglas, and Sarpy in Nebraska. The hospital’s primary and secondary service area includes portions of Pottawattamie, Harrison and Mills Counties. These three counties cover between 75% - 90% of patients served by CHI Health Mercy Council Bluffs. Another CHI Health entity, CHI Health Missouri Valley, is located in Harrison County, IA, and is concurrently completing a CHNA and related implementation strategy, therefore CHI Health Mercy Council Bluffs has selected Pottawattamie and Mills Counties as the focus for this CHNA, which includes the following zip codes: 51501, 51503, 51534, 51510, 51560 and 51555.</p>
<p>Significant Community Health Needs Being Addressed</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"> ● Behavioral Health ● Health Related Social Needs (e.g. childcare, food, housing, transportation, etc.)
<p>Strategies and Programs to Address Needs</p> 	<p>The hospital intends to take actions and to dedicate resources to address these needs, including:</p> <p>Behavioral Health</p> <ul style="list-style-type: none"> ● Explore opportunities to support Council Bluffs Community Schools in meeting the mental health needs of students and provide training and/or resources. ● Promote Southwest Iowa Mental Health and Disability Services Region (SWIA MHDS) Mental Health First Aid community trainings and deliver mental health training as staffing capacity allows. ● Operate an Integrated Behavioral Health primary care model and Psychiatric Immediate Care Clinic on the Mercy Council Bluffs campus ● Support Family Matters Substance Abuse peer support program administered through Mills County Public Health. <p>Health Related Social Needs</p> <ul style="list-style-type: none"> ● Partner with Mills County Public Health to provide support for the Mobile Integrated Health Services program. ● Implement social needs screening and referral protocol using Unite Us. ● Provide financial and in-kind support for the Bridges out of Poverty’ Getting Ahead financial literacy program.

Anticipated Impact



Behavioral Health

- Decrease in youth feeling sad or hopeless.
- Increase the number of individuals who feel confident they can identify signs of mental health crisis and respond appropriately with resources.
- Increase the number of individuals receiving behavioral health services in Pottawattamie County.
- Reduce behavioral health acuity observed in Emergency Department through earlier clinical intervention.
- Increase resilience and support recovery of families affected by substance abuse.

Health Related Social Needs

- Reduce strain on volunteer Emergency Medical Services (EMS) and increase connection to community resources for individuals with unmet health and social care needs.
- Improve patients' health outcomes through remediation of unmet health-related social needs.
- Reduce poverty (increase participants' net income/decrease debt) and improve quality of life.

Planned Collaboration



- Council Bluffs Community Schools
- All Care Health Center
- Southwest Iowa Mental Health and Disability Services Region
- Mills County Public Health
- Mills County Emergency Medical Services (EMS)
- Methodist- Caring for Our Communities program
- Bridges out of Poverty

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 Council Bluffs is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 1,000 care sites in 21 states coast to coast, serving 20 million patients in big cities and small towns across America.

CHI Health Mercy Council Bluffs, located in Council Bluffs, Iowa, was founded in 1887 by the Sisters of Mercy and became part of the Alegen Health healthcare system in 1996. In 2014 the Alegen Health system merged with one other legacy health system to create the market-based organization CHI Health under the Catholic Health Initiatives umbrella.

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

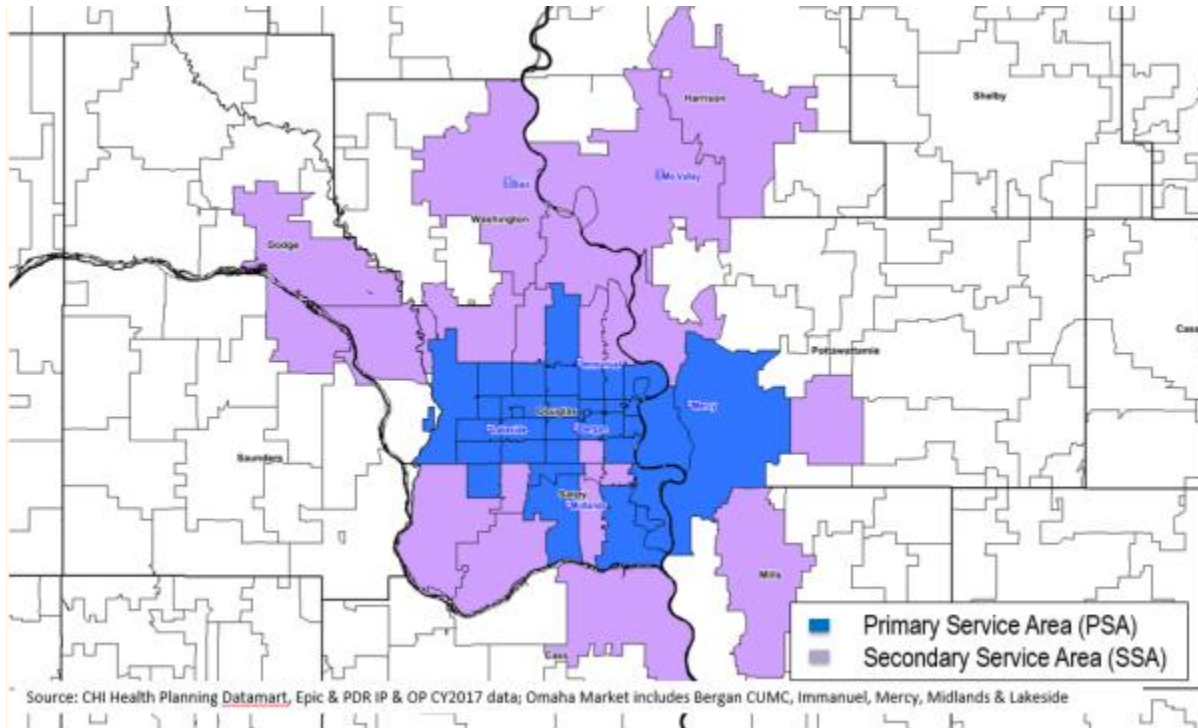
It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the 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 Council Bluffs' primary service area is considered Pottawattamie and Mills Counties. The Omaha and Council Bluffs Metro Area is made up of four counties: Pottawattamie in Iowa, and Cass, Douglas, and Sarpy in Nebraska. The hospital's primary and secondary service area includes portions of Pottawattamie, Harrison and Mills Counties. These three counties cover between 75% - 90% of patients served by CHI Health Mercy Council Bluffs. Another CHI Health entity, CHI Health Missouri Valley, is located in Harrison County, IA, and is concurrently completing a CHNA and related implementation strategy, therefore CHI Health Mercy Council Bluffs has selected Pottawattamie and Mills Counties as the focus for this CHNA, which includes the following zip codes: 51501, 51503, 51534, 51510, 51560 and 51555. Service area seen below in Figure 1.

Figure 1. CHI Health Mercy-Council Bluffs CHNA Service Area Map



Community Description

CHI Health Mercy Council Bluffs is located in Council Bluffs, Iowa, on the western edge of Pottawattamie County, IA bordering the major metropolitan area of Omaha, NE to the west. Pottawattamie County covers approximately 950 square miles including 16 communities with 93,667 residents. Council Bluffs is primarily a metropolitan area and makes up 67% of the Pottawattamie County population while the remaining communities are more rural in nature. There are 14 towns in Pottawattamie County, outside of Council Bluffs: Avoca, Carson, Carter Lake, Crescent, Hancock, Macedonia, McClelland, Minden, Neola, Oakland, Shelby, Treynor, Underwood and Walnut. Mills County covers approximately 440 square miles including eight rural communities with a total population of 15,068 residents.^{1,2} There are seven incorporated towns in Mills County: Emerson, Glenwood, Hastings, Henderson, Malvern, Pacific Junction, Silver City and a portion of Tabor lies within the county border.

The data show a primarily Non-Hispanic White population, however Pottawattamie County also has a slightly higher Hispanic population than Mills County and the State of Iowa. The estimated Hispanic population in Pottawattamie County has remained since 2018 at 7.9%.³ Pottawattamie County has a lower graduation rate (high school and bachelor’s degree or higher) than both Mills County and the State of Iowa. While poverty rates in both counties are lower than the state of Iowa, child poverty rates in Pottawattamie County are comparable to the state.^{4,5} Pottawattamie County has four designated

¹Pottawattamie County, Iowa. Accessed March 2022. <https://www.pottcounty-ia.gov/cities/>
²Mills County, Iowa. Accessed March 2022 <https://www.millscountyiowa.gov/272/Communities>
³ US Census Bureau QuickFacts accessed March 2022 <http://www.census.gov/quickfacts>
⁴ US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
⁵ US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Health Professional Shortage Areas (HPSA) including primary care, dental health, mental health disciplines. The four designated HPSA in Pottawattamie County have scores that range from nine to 23 (the higher the score indicates a greater priority). Mills County has no HPSA designations. Pottawattamie County has one designated Medically Underserved Areas with a score of 50.9, where the lowest score (highest need) is 0; the highest score (lowest need) is 100.^{6,7}

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?
<p>MENTAL HEALTH</p> <p>85% of Key Informants ranked mental health as a “major health problem.”</p>	<ul style="list-style-type: none"> • The Metro Area has a worse than national percentage of adults that identify their overall mental health is “fair” or “poor” (17%). • The Metro Area has a worse than state and US percentages of adults that have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression) (25%). In Douglas County, the highest percentage is in the Northeast Omaha area. When viewed by county, the prevalence is unfavorably high in Pottawattamie County. 	<p>✓</p>

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

⁷ 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"> • The prevalence of Symptoms of Chronic Depression (2+ years) decreases with age and income and is reported more often among women and communities of color. In the Omaha Metro Area 32.8% of adults experience Symptoms of Chronic Depression (2+ years). • Most Metro Area adults (81.8%) report having someone to turn to “all” or “most” of the time, if they needed or wanted help. • <i>Poor mental health days in Mills County was 3.0 in 2018 (mentally unhealthy days in the past month).</i> • <i>The ratio of mental health providers increased to 2,160:1 from 2,140:1 (2018) in Mills County.</i> 	
<p>NUTRITION, PHYSICAL ACTIVITY & WEIGHT</p> <p>58% of Key Informants ranked Nutrition, physical activity, and weight as a Major Problem and another 28% ranked it as a Moderate Problem.</p>	<ul style="list-style-type: none"> • One in four adults (25.7%) report eating five or more servings of fruits and/or vegetables per day. • Nearly one in three Metro adults (32.1%) and one quarter Mills County adults (23%) report no leisure-time physical activity in the past month. • Seven in ten Metro Area adults (71.9%) are overweight, which is higher than the state and national percentages. • More than one in three Metro Area adults (38.8%) and 31% of Mills County adults are obese, which is well above the state and national percentages and fails to satisfy the Healthy People (HP) 2030 objective. <i>The Mills County adult obesity rate has improved from 2018 when the rate was 39%.</i> 	
<p>SUBSTANCE ABUSE</p> <p>50% of Key Informants ranked Substance Abuse as a Major Problem and another 42% ranked it as a Moderate Problem.</p>	<ul style="list-style-type: none"> • Between 2017 and 2019, the Metro Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 11.5 deaths per 100,000 population, worse than the Iowa mortality rate. • One quarter of Metro Area and Mills County adults (25%) are excessive drinkers (heavy and/or binge drinkers), worse than both state percentages. The rate of excessive drinking in Mills County has improved slightly since 2018 (23%). • Between 2017 and 2019, there was an annual average age-adjusted unintentional drug-related mortality rate of 7.8 deaths per 100,000 population in the Metro Area, which is higher than the Nebraska mortality rate, but well below the US rate. 	✓

Significant Health Need	Description	Intend to Address?
<p>DIABETES</p> <p>42% of Key Informants ranked Diabetes as a Major Problem and another 44% ranked it a Moderate Problem.</p>	<ul style="list-style-type: none"> Between 2017 and 2019, there was an annual average age-adjusted diabetes mortality rate of 26.0 deaths per 100,000 population in the Metro Area. The diabetes mortality rate in the Metro Area disproportionately impacts the Metro Area’s Black (66.3) and Hispanic (22.6) communities per 100,000 population. 	
<p>SEXUAL HEALTH</p> <p>41% of Key Informants ranked Sexual Health as a Major Problem and another 37% ranked it a Moderate Problem.</p>	<ul style="list-style-type: none"> The Metro Area gonorrhea incidence rate in 2018 was 245.4 cases per 100,000 population, unfavorably high in Douglas (291.3) and Pottawattamie (336.2) counties. In 2018, the chlamydia incidence rate in the Metro Area was 562.8 cases per 100,000 population, notably higher in Douglas County (666.6). Among Metro Area adults aged 18-44, 11.6% report that they have been tested for HIV in the past year, lower than the U.S. prevalence (22.0%). 	
<p>INJURY & VIOLENCE</p> <p>40% of Key Informants ranked Injury & Violence as a Major Problem and another 45% ranked it a Moderate Problem.</p>	<ul style="list-style-type: none"> Between 2017 and 2019, there was an annual average age-adjusted unintentional injury mortality rate of 35.8 deaths per 100,000 population in the Metro Area. There were <i>63 injury deaths in Mills County, an increase from 2018 (39.4)</i>. Motor vehicle accidents make up the largest percentage of accidental deaths in the Omaha Metro (27.9%), followed by falls (26.9%) and poisoning/noxious substances (25.1%). Among respondents aged 45 and older, 36.7% have experienced a fall at least once in the past year, well above the state and U.S. percentages. In the Metro Area, there were 4.0 homicides per 100,000 population (2017-2019 annual average age-adjusted rate). 3.4% of surveyed Metro Area adults acknowledge being the victim of a violent crime in the area in the past five years, worse than the Iowa and Nebraska crime rates. 15.5% of Metro Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner. Increasing significantly from previous survey findings. 	

Significant Health Need	Description	Intend to Address?
<p>HEART DISEASE & STROKE</p> <p>50% of Key Informants ranked Heart Disease and Stroke as a Moderate Problem and another 30% ranked it as a Major Problem.</p>	<ul style="list-style-type: none"> Heart disease is the second leading cause of death accounting for 19.3% of deaths in Metro Area. Between 2017 and 2019, there was an annual average age-adjusted heart disease mortality rate of 139.8 deaths per 100,000 population in the Metro Area, well below the Iowa and U.S. death rates. The annual average age-adjusted heart disease mortality rate is 179.8 among Non-Hispanic Blacks in the Omaha Metro, compared to Non-Hispanic Whites (141.4) and Metro Area Hispanic residents (49.4). Between 2017 and 2019, there was an annual average age-adjusted stroke mortality rate of 32.3 deaths per 100,000 population in the Metro Area, decreasing over time and echoing the Nebraska and Iowa trends. The rate is much higher in the Metro Area's Black community (50.5). 	
<p>TOBACCO USE</p> <p>58% of Key Informants ranked Tobacco Use a Moderate Problem and another 24% ranked it as a Major Problem.</p>	<ul style="list-style-type: none"> The prevalence of adults who currently smoke cigarettes, either regularly (every day) or occasionally (on some days) (14.2%) in the Metro Area is well below the Iowa and U.S. percentages, but fails to satisfy the HP 2030 objective. Of those who smoke, 56.4% have been advised to quit by a Health Professional. <i>In Mills County, 18% of adults smoke, an increase from 2018 (15%) and higher than the state average (Iowa: 17%).</i> 	
<p>INFANT HEALTH & FAMILY PLANNING</p> <p>23% of Key Informants ranked Infant Health & Family Planning as a Major Problem and another 49% ranked it as a Moderate Problem.</p>	<ul style="list-style-type: none"> Between 2017 and 2019, 24.4% of all Metro Area births (Douglas and Sarpy counties only) did not receive prenatal care in the first trimester of pregnancy.* Between 2017 and 2019, there was an annual average of 5.8 infant deaths per 1,000 live births. Infant mortality is unfavorably high in Pottawattamie County (7.9) and more than twice as high among births to Black women (12.1). <i>7% low birth weight in Mills County, an improvement from 2018 (8%).</i> <p>*Note that county data for Cass and Pottawatomie counties are suppressed or otherwise not available and thus not included in the Metro Area rate.</p>	

Significant Health Need	Description	Intend to Address?
<p>POTENTIALLY DISABLING CONDITIONS</p> <p>19.7% of Key Informants ranked Disability and Chronic Pain as a Major Problem and another 56.2% ranked it as a Moderate Problem.</p> <p>21.6% of Key Informants ranked Alzheimer’s and Other Dementias as a Major Problem, while another 53.2% ranked it as a Moderate Problem.</p>	<ul style="list-style-type: none"> • In the Metro Area 24.8% of adults are limited in some way in some activities due to a physical, mental, or emotional problem. • During the past six months, 17.6% of Metro Area adults experienced high-impact chronic pain (meaning physical pain that has limited their life or work activities “every day” or “most days”). Worse than the US prevalence and more than twice the HP2030 objective. • Between 2017 and 2019, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 36.0 deaths per 100,000 population in the Metro Area. Worse than Nebraska and U.S. mortality rates. Higher among Metro Area Blacks (42.8) than Whites (36.5). • Of Metro Area adults, 30.0% currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability, much higher than the national figure. 	
<p>ORAL HEALTH</p> <p>53% of Key Informants ranked Oral Health a Moderate Problem and another 20% ranked it as a Major Problem.</p>	<ul style="list-style-type: none"> • A total of 64.6% of Metro Area adults have visited a dentist or dental clinic (for any reason) in the past year, lower than both state percentages, but satisfying the HP 2030 objective. 	
<p>ACCESS TO HEALTH CARE SERVICES</p> <p>59% of Key Informants ranked Access to Health Care Services a Moderate Problem and another 19% ranked it a Major Problem.</p>	<ul style="list-style-type: none"> • Of Omaha Metro residents (aged 18-64), 9% had no insurance coverage for healthcare expenses. • Over a third (36.0%) of Metro Area adults report some type of difficulty or delay in obtaining health care services in the past year. • Top five barriers that prevented access to healthcare services in the past year include difficulty getting an appointment (13.8%), cost of doctor visit (11.2%), inconvenient office hours (11.1%), cost of prescriptions (10.8%), and lack of transportation (8%). • Over half (66.3%) of Omaha Metro residents have had a routine checkup in the past year 	

Significant Health Need	Description	Intend to Address?
	<ul style="list-style-type: none"> 6.9% of Metro Area adults have gone to a hospital emergency room more than once in the past year about their own health. <i>In Mills County, 5% of adults are uninsured.</i> 	
<p>RESPIRATORY DISEASE</p> <p>59% of Key Informants ranked Respiratory Diseases as a Moderate Problem.</p>	<ul style="list-style-type: none"> Between 2017 and 2019, there was an annual average age-adjusted CLRD mortality rate of 48.7 deaths per 100,000 population in the Metro Area, worse than the national mortality rate. 7.5% of Metro Area adults suffer from Chronic Obstructive Pulmonary Disease (COPD, including emphysema and bronchitis). Between 2017 and 2019, the Metro Area reported an annual average age-adjusted pneumonia influenza mortality rate of 14.8 deaths per 100,000 population. Although the mortality rate has decreased in recent years after a period of increase, Blacks (17.5) are disproportionately impacted. In the Metro Area, 11.6% adults currently suffer from asthma, worse than both state percentages and a significant increase from previous survey findings. 	
<p>CANCER</p> <p>12% of Key Informants ranked Cancer as a Major Problem in the community, compared to 64% who ranked it a Moderate Problem.</p>	<ul style="list-style-type: none"> Cancer is the leading cause of death, accounting for 21.8% of deaths in the Metro Area. Age-adjusted cancer mortality rate is 155.5 deaths/ 100,000 population between 2017 and 2019 for the Omaha Metro, failing to satisfy the Healthy People 2030 objective. Rate steadily decreased over the past decade, disproportionately impacting the Black Community. Among Metro Area women aged 21 to 65, 72.4% have had cervical cancer screening, lower than the Nebraska and Iowa percentages and failing to satisfy the HP2030 objective. Trend has decreased significantly from previous survey results. 	

Significant Needs the Hospital Does Not Intend to Address

In acknowledging the range of priority health issues that emerged from the CHNA process, CHI Health Mercy Council Bluffs prioritized Behavioral Health and Health Related Social Needs, in order to most effectively focus resources and meaningfully impact the selected health issues. As described in the

process below, 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 to Healthcare Services - Access to care is a fundamental component of CHI Health's mission and strategy. This issue was not elevated to a priority for this particular plan because the intent was to identify additional strategies and initiatives that reach above and beyond CHI Health's typical business. For example, CHI Health continues to offer a wide array of primary care access points including: extended clinic hours, Priority Care services (walk-in care), Quick Care and Virtual Care. Additional programs like MD Save, which allows patients to pre-purchase certain services at a discounted price, and the Medication Access Program (a prescription medication financial assistance program), are working to lower the cost of care to the consumer. In addition to providing the majority of care to the uninsured and underinsured in the Omaha Metro Area, CHI Health Mercy Council Bluffs will be working to align with All Care Health Center and Pottawattamie County Public Health department as work develops to address specific access-related strategies.

Diabetes - CHI Health did not prioritize diabetes based on the considerations above and in order to focus and meaningfully impact other areas of need. CHI Health will continue performing diabetes outreach and education, including through the integration of Certified Diabetes Educators into primary care clinics. See also Health Related Social Needs for related activities.

Cancer - CHI Health did not prioritize cancer as a top health need based on the considerations above and in order to focus and meaningfully impact other areas of need. CHI Health will continue to perform existing cancer outreach throughout the community and financially support community partners such as the American Cancer Society. CHI Health participates in the Every Woman Matters program to provide testing and diagnostic services for the medically underserved in Iowa.

Heart Disease & Stroke - While this need was not prioritized specifically, the focus on substance abuse through the behavioral health priority will have an impact on behavioral risk factors for heart disease and stroke, such as alcohol and substance abuse. Additionally, CHI Health offers programming designed to mitigate risk factors for heart disease and stroke through CHI Health Heart Care classes including healthy cooking classes. CHI Mercy Council Bluffs received \$500,000 from the Pottawattamie County Board of Supervisors to renovate and expand the Cardiac and Pulmonary Rehabilitation Center to care for patients suffering from long COVID. Upgraded telemetry monitoring equipment will allow Mercy Council Bluffs to meet increased demand for cardiopulmonary rehabilitation.

Infant Health & Family Planning - While this need was not prioritized specifically, it is anticipated that the priority focus areas will have an impact on infant health & family planning, such as the perinatal depression screening program. In addition, CHI Mercy Council Bluffs participates in and provides in-kind support to the Southwest Iowa Breastfeeding Coalition.

Injury - In order to meaningfully address the select priority health needs above and maximize impact, Mercy CB did not prioritize this health need area for work on this ISP. However, Mercy CB Trauma Team offers the evidence-based Stop the Bleed training to schools and community agencies to prevent loss of life during catastrophic events. Mercy CB will continue to invest in this work as community need and hospital capacity continue.

Nutrition, Physical Activity and Weight - This need will be addressed in part through the food access strategies under the Health Related Social Needs priority, including providing financial support to Council Bluffs Farmer's Market and 712 Initiative.

Oral Health - CHI Health did not prioritize respiratory diseases based on the considerations above and in order to focus and meaningfully impact other areas of need. Other community partners are addressing this need such as All Care Health Center and Family Inc.

Potentially Disabling Conditions - This need will be met in part through the behavioral health priority, which identifies, "providing support for individuals with Alzheimer's/ dementia and their caregivers" as a key activity.

Respiratory Disease - CHI Health did not prioritize respiratory diseases based on the considerations above and in order to focus and meaningfully impact other areas of need. CHI Health will continue to provide fiscal sponsorship, provide in-kind support of Tobacco Education and Advocacy of the Midlands (TEAM).

Sexual Health - There is existing work taking place around sexually transmitted diseases led by community partners, such as the Pottawattamie Department of Public Health and the federally qualified health centers. Therefore, this is not an area that CHI Health prioritized.

Tobacco Use - This need will be addressed in part through the tobacco prevention strategy under the Behavioral Health priority.

Violence - In order to meaningfully address the select priority health needs above and maximize impact, Mercy Council Bluffs did not prioritize this health need area for work on this Implementation Strategy. Importantly, Forensic Nurse Examiners (FNEs) are available 24/7 at Mercy Council Bluffs to improve

trauma-informed care among emergency care, women’s health, case managers, and clinic providers, while also seeking system-level strategies to address human trafficking.

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, CHI Mercy Council Bluffs Community Benefit Action Team (CBAT), an interdisciplinary team of hospital leaders and staff, considered 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 incorporating information from the CHNAs and planning, implementing and evaluating implementation plans.

Prioritization Process

During the CHNA process, Mercy CB's CBAT Team identified the top health needs 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, however Table 1 below shows the results of the 2021 CHNA and the top six identified health needs across Pottawattamie and Mills Counties in Iowa.

Upon completion of the CHNA, CHI Mercy Council Bluffs CBAT held a meeting and gained input from community partners to further prioritize the top health needs as well as sought additional community validation from the hospital's community board and local health department. During these internal and external meetings the team took into consideration the severity of each health issue, factors driving the health needs, the populations 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. Through this process Behavioral Health and Health Related Social Needs were identified as drivers of these health needs.

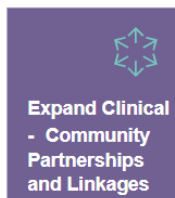
Community Health Strategic Objectives

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


 Health Need #1: Behavioral Health	
Goals & Anticipated Impact	<p>Goals:</p> <ul style="list-style-type: none"> ● Expand access to behavioral health services for youth and adults ● Expand capacity to identify individuals in mental health crisis and respond appropriately ● Provide access to behavioral health services in Pottawattamie County and encourage greater collaboration between primary care and behavioral health providers ● Support substance abuse recovery and reduce relapse through peer support and coaching <p>Anticipated Impact:</p> <ul style="list-style-type: none"> ● Decrease in youth feeling sad or hopeless ● Increase in number of individuals who feel confident they can identify signs of mental health crisis and respond appropriately with resources ● Increase number of individuals receiving behavioral health services in Pottawattamie County ● Reduce behavioral health acuity observed in emergency department through earlier clinical intervention ● Increase resilience and support recovery of families affected by substance abuse
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> ● Age-adjusted suicide rate per 100,000: 16.5 (Pottawattamie), 11.5 (Mills), 13.20 (Iowa) ● Average number of mentally unhealthy days in last 30: 3.1 (Pott.), 2.8 (Mills), 3.1 (Iowa) <p>CHNA 2019</p> <ul style="list-style-type: none"> ● Age-adjusted suicide rate per 100,000: 17.9 (Pottawattamie), N/A (Mills), 13.20 (Iowa) ● Ratio of population to mental health provider: 580:1 (Pott.), 2,150:1 (Mills), 700:1 (Iowa) ● Percentage of adults reporting binge drinking: 20% (Pott.), 23% (Mills), 22% (Iowa) ● Average age-adjusted number of mentally unhealthy days reported in past 30 days <ul style="list-style-type: none"> ○ Pottawattamie County 3.4 ○ Mills County 3.0



Health Need #1: Behavioral Health

		<p>CHNA 2022</p> <ul style="list-style-type: none"> • 3.6 poor mental health days in Mills County, an increase from 2018 (3.0) • 2,160:1 ratio of population to mental health providers in Mills County, an increase from 2018 (2,140:1) • 25% of Mills County and Metro Area adults reported excessive drinking, an increase from 2018 (23%) 			
Strategy	Key Activities	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
1.1 Expand access to mental health services for youth	1.1.1 Explore opportunities to support Council Bluffs Community Schools in meeting the mental health needs of students and provide training and/or resources.		✓		
1.2 Partner with the Region to promote adult/youth Mental Health First Aid training	1.2.1 Promote Southwest Iowa Mental Health and Disability Services Region (SWIA MHDS) Mental Health First Aid community trainings and deliver mental health training as staffing capacity allows.			✓	✓
1.3 Expand access to and capacity to deliver behavioral health services	1.3.1 Operate an Integrated Behavioral Health primary care model and Psychiatric Immediate Care Clinic on the Mercy Council Bluffs campus.	✓			
1.4 Partner with Mills County Public Health to administer	1.4.1 Support Family Matters Substance Abuse peer support program administered through Mills County Public Health.			✓	

 Health Need #1: Behavioral Health					
community-based programming for justice involved families affected by substance abuse					
Related Activities	CHI Health Mercy Council Bluffs continues to participate in the SWIA MHDS Crisis Center Access Network. CHI Health's Behavioral Health Service Line continues to work with educational partners to increase the behavioral health workforce, while implementing and testing novel approaches to retain the existing workforce and meet increased demand for services. In addition, the hospital will explore partnership with additional community organizations.				
Planned Resources	The hospital will provide financial and in kind support as well as implement system strategies.				
Planned Collaborators	<ul style="list-style-type: none"> ● Council Bluffs Community Schools ● All Care Health Center ● Southwest Iowa Mental Health and Disability Services Region ● Mills County Public Health 				

 Health Need #2: Health-Related Social Needs	
Goals & Anticipated Impact	Goal: <ul style="list-style-type: none"> ● Reduce unnecessary emergency medical services (EMS) use related to unmet chronic health and social care needs ● Support community efforts to address health-related social needs through effective service referrals and resource navigation ● Support evidence-based programming to support financial literacy and goal setting among individuals



Health Need #2: Health-Related Social Needs

	<p>living in poverty in Pottawattamie County</p> <p>Anticipated Impact:</p> <ul style="list-style-type: none"> ● Reduce strain on volunteer EMS and increase connection to community resources for individuals with unmet health and social care needs ● Improve patients' health outcomes through remediation of unmet health-related social needs ● Reduce poverty (increase participants' net income/decrease debt) and improve quality of life 				
<p>Community Indicators</p>	<p>CHNA 2016</p> <ul style="list-style-type: none"> ● Percent of population in poverty: 12.3% (Pottawattamie), 9.7% (Mills), 12.2% (Iowa) ● Percent of children under 18 in poverty: 17.5% (Pottawattamie), 12.7% (Mills), 15.5% (Iowa) <p>CHNA 2019</p> <ul style="list-style-type: none"> ● Percent of population in poverty: 11.8% (Pottawattamie), 8.2% (Mills), 12.3% (Iowa) ● Percent of children under 18 in poverty: 14% (Pottawattamie), 11% (Mills), 13% (Iowa) ● Food Environment Index (0-worst, 10-best): 7.7 (Pott.), 8.7 (Mills), 8.2 (Iowa) ● Rate of food insecurity 11.6% (2015 United Way of the Midlands Food Mapping Paper) <p>CHNA 2022</p> <ul style="list-style-type: none"> ● Percent of population in poverty: 9.2% (Pottawattamie), 8.3% (Mills), 10.2% (Iowa) ● Percent of children under 18 in poverty: 13.77% (Pottawattamie), 8.46% (Mills), 13.79% (Iowa) ● Children Eligible for Free & Reduced Price Lunch: 41% (Pottawattamie), 38% (Mills), 43% (Iowa) ● Housing Cost Burden (% of households where housing costs > 30% of total household income): 24% (Pottawattamie), 22% (Mills), 23% (Iowa) 				
<p>Strategy</p>	<p>Key Activities</p>	<p>Strategic Objectives</p>			
		<p>Alignment & Integration</p>	<p>Clinical - Community Linkages</p>	<p>Capacity for Equitable Communities</p>	<p>Innovation & Impact</p>



Health Need #2: Health-Related Social Needs

2.1 Leverage public health nurses to conduct home-based risk assessments of frequent EMS utilizers and coordinate referrals to community- based services	2.1.1 Partner with Mills County Public Health to provide support for the Mobile Integrated Health Services program		✓	✓	
2.2 Connection to community-based services for unmet health needs	2.2.1 Implement social needs screening and referral protocol using Unite Us		✓	✓	
2.3 Promote financial literacy	2.3.1 Provide financial and in-kind support for the Bridges out of Poverty' Getting Ahead financial literacy program			✓	
Related Activities	In addition, the hospital will explore partnership with additional community organizations.				
Planned Resources	The hospital will provide financial and in kind support as well as implement system strategies.				
Planned Collaborators	<ul style="list-style-type: none"> ● Mills County Public Health ● Mills County EMS ● Methodist- Caring for Our Communities program ● Bridges out of Poverty ● All Care Health Center 				