Implementation Plan 2019

CHI Health Missouri Valley – Missouri Valley, IA



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Introduction

This document outlines CHI Health Missouri Valley's Implementation Strategy Plan (ISP) to address the community's health needs, as determined by the 2019 Community Health Needs Assessment (CHNA), adopted by the Board on May 10, 2019.

Details regarding CHI Health Missouri Valley, including the history and services, can be found in the CHNA report posted online at www.chihealth.com/chna.

Purpose and Goals of ISP

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:

- 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.

Organization Mission

"The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities."

CHI Health carries on the faith traditions of our founders: The Sisters of St. Francis of Perpetual Adoration, The Sisters of Mercy, the Immanuel Lutheran communities, the Jesuits of Creighton University, and the men and women who formed the Nebraska Heart Hospital. Each brought a distinct way of incorporating faith and spirituality with clinical care and all shared a calling and passion for serving those most in need in our community through compassionate care and excellence in medicine.

In 2012, Catholic Health Initiatives accepted full sponsorship of CHI Health. In 2019, Catholic Health Initiatives merged with Dignity Health to become Common Spirit health. CHI Health currently operates 14 hospitals, two stand-alone behavioral health facilities, a free standing emergency department, 179 employed physician practice locations and more than 11,000 employees in Nebraska and Western Iowa. We live out our mission through our core values:

Reverence

Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.

Integrity

Moral wholeness, soundness, fidelity, trust, truthfulness in all we do.

Compassion

Solidarity with one another, capacity to enter into another's joy and sorrow.

Excellence

Preeminent performance, becoming the benchmark, putting forth our personal and professional best.

This mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our wall. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The following implementation plan outlines our commitment to this mission and to our communities.

Community Served by the Hospital

CHI Health Missouri Valley is a Critical Access Hospital located in Missouri Valley, IA and largely serves the Harrison County area. Harrison County was identified as the community for this Implementation Strategy Plan, as it is the primary service area for CHI Health Missouri Valley.

Harrison County Plain

Monona

Crawford

Burt

Burt

Nebraska

Douglas

Saunders

Omalia

Map Legend

Community Commons, \$10/2016

Figure 1. CHI Health Missouri Valley Service Area - Harrison County, Iowa

Implementation Strategy Process

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, root causes of poor health outcomes, and the community's interest in the hospital engaging in that health area. In addition, Missouri Valley considered potential other areas of need as defined by the IRS. As described in the IRS instructions for the Form 990, Schedule H for Hospitals, community need may be demonstrated through the following:

- A community needs assessment developed or accessed by the organization
- Documentation that demonstrated community need or a request from a public agency or community group was the basis for initiating or continuing the activity or program
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or programs

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.

Prioritized Health Needs

Prioritization Process

On December 18, 2018, CHNA findings were presented to community stakeholders at the Healthy Harrison Coalition. Individuals from organizations representing public health, aging, disability, mental health, low income and education were in attendance. Participants and their sponsoring organization are listed in Table 1. The objectives of the meeting were to review community health indicators, validate top health needs, and brainstorm potential strategies for inclusion on the CHI Health Missouri Valley Implementation Strategy Plan (ISP).

Table 1. Stakeholders that participated in CHNA data presentation/ top health needs community voting hosted by Healthy Harrison Coalition- December 2018

Participant Name	Representing Organization
Darla Peterson	Iowa Department of Public Health
Jeannie Wortman	Missouri Valley Chamber of Commerce
Linda Grimm	Valley Drug Store
Molly Brown	Southwest Iowa Mental Health and Disability Services Region
Shelby Evans	Parent
Mandy Pitt	Harrison County Home and Public Health Department
Lonnie Maguire	Southwest Iowa Mental Health and Disability Services Region
Clint Sergeant	Crossroads of Western Iowa
Tracy Kelley	Woodbine and Boyer Valley Schools
Robert Valentin	CHI Health Missouri Valley

On April 4, 2019, CHI Health obtained additional community input through the Patient and Family Advisory Council (PFAC) hosted at CHI Health Missouri Valley. There were nine community members and eight CHI Health Missouri Valley staff present. The group affirmed the two top health needs for Harrison County as being behavioral health and nutrition, physical activity. The group suggested broadening the definition of nutrition/ physical activity to encompass food access, which will be adopted in CHI Health Missouri Valley's Implementation Strategy Plan (ISP). The PFAC brainstormed strategies related to increasing access to summer meals for school-age students and implementing a supplemental meal program for students at risk of food insecurity during the school year, such as the Backpack Program managed by Foodbank for the Heartland.

Prioritization Criteria

During the CHNA process, CHI Health Missouri Valley's Community Benefit Action Team (CBAT) 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; root cause analysis 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.

Table 2. Harrison County Health Needs Identified in the CHNA

HEALTH NEED	SUPPORTING DATA/ RATIONALE	DATA SOURCES	HOSPITAL ISP PRIORITY
Aging Problems	Alzheimer's is the third leading cause of death in Harrison County, observed at a rate of 5.0 deaths per 10,000 population. For the State of Iowa, the age-adjusted death rate due to Alzheimer's is 3.8, making it the fifth leading cause of death. It is important to note that Harrison County has a slightly older population than the state and national average; 18.8% of Harrison County residents are 65 years or older, compared to 16.07% for the State of Iowa and 14.87% for the US. 13.47 of Harrison County residents have a disability, compared to 11.6% in the State of Iowa and 12.59% of all individuals in the US. 38.39% of Harrison County residents with a disability are 65 years or older The rate of preventable hospital events (defined as the discharge rate per 1,000 Medicare enrollees for conditions that are ambulatory care sensitive- i.e. pneumonia, dehydration, asthma, diabetes, etc.) is 71.9 in Harrison County compared to 48.9 for the State of Iowa and 49.4 for the US.	 lowa Department of Public Health, 2017 US Census Bureau, American Community Survey 2013- 2017 CARES Engagement Network CHNA Indicator Report, 2019 	No
Cancer	Cancer is the second leading cause of death in Harrison County. According to the Iowa Cancer Registry, the age adjusted cancer mortality rate in Harrison County is 175.0 deaths per 100,000	 2019 Cancer in Iowa Report, University 	No

	population, compared to 167.8 for the State of Iowa (2011- 2014). • Breast cancer incidence rate in Harrison County is 142.2 cases per 100,000 population per year, compared to 123.4 for the State of Iowa and 124.7 for the US • Lung cancer incidence rate in Harrison County is 73.1 cases per 100,000 population per year, compared to 63.6 for the State of Iowa and 60.2 for the US	•	of lowa College of Public Health 2017 Vital Statistics of Iowa, Iowa Department of Public Health Bureau of Health Statistics State Cancer Profiles, NIH (CARES Engagement Network CHNA Indicator Report, 2019)	
Cardiovascular Disease	Heart disease is the leading cause of death in Harrison County and the State of Iowa, occurring at a rate 13.0 and 17.7 deaths per 10,000 population, respectively.	•	2017 Vital Statistics of Iowa (IA Public Health Tracking Portal)	No
Child Abuse & Neglect	Since 2010, the rate of child abuse and neglect in Harrison County has improved; from 18.6 confirmed cases per 1,000 children ages 0-17 in 2010, to 6.2 and 9.8, in 2014 and 2017, respectively. The rate in Harrison County is better (lower) than the State of lowa rate of 12.9 confirmed cases per 1,000 children ages 0-17 (2017). Due to the relatively small number of confirmed cases of child abuse and neglect per year in Harrison County, it is difficult to interpret trends in the data.	•	IA Department of Human Services, Child Family & Policy Center, 2017	No
Chronic Lower Respiratory Disease	Chronic lower respiratory disease is the fourth leading cause of death in Harrison County. The age-adjusted death rate due to chronic lower respiratory disease in Harrison County is 67.1 deaths per 100,000 population; 48.01 and 41.3 for the State of Iowa and the US, respectively	•	2017 Vital Statistics of Iowa (IA Public Health Tracking Portal) CARES Engagement Network	No

Mental Health	Ratio of mental health providers to population is 4,710:1 compared to lowa overall at 700:1. Suicide rates in Harrison County are at 14.23 (per 100,000 population) and have declined slightly since 2013 however are still above lowa rate at 13.20. • 33% of 8 th graders in Harrison County report feeling "worthless", "some of the time", "most of the time", or "all of the time" in past 30 days. 8% of 8 th graders in Harrison County have attempted suicide, double the rate of attempted suicide for the State of lowa.	•	CHNA Indicator Report, 2019 County Health Rankings, 2018 Iowa Youth Survey, 2016	Yes
Obesity & Lifestyle Factors for Chronic Disease	 The percent of adults who are obese: Harrison County 34.2%, Iowa 32.1% and Healthy People 2020 goal 30.5%. Lack of recreation facilities for physical activity and low fruits and vegetable consumption may be contributing factors. 23% of Harrison County adults report no leisure time physical activity, compared to 22% in the State of Iowa and 21.3% in the US. 33.1% of Harrison County adults have been told by a doctor that they have high blood pressure or hypertension Only 24% of 6th graders and 34% of 11th graders report being active for 60 min or more, 7 days/week Less than 6% report consuming 5 fruits/vegetables daily. 	•	CARES Engagement Network CHNA Indicator Report, 2019 Iowa Youth Survey, 2016	Yes
Sexually Transmitted Infections	 The rate of sexually transmitted infections in Harrison County is worsening. The incidence rate of chlamydia in Harrison County is 273.4 cases per 100,000 population (based on 2016 data), compared to 121 cases in 2007. 	•	County Health Rankings, 2019	No
Substance Abuse	 Harrison County is considered in the "moderate" range for adult binge drinking with 19% of adults reporting excessive or binge drinking. The percent of adults who smoke cigarettes in the county is 14%, which is higher than the Healthy People 2020 goal of 12%. 9% of 8th grade students and 21% of 11th grade students admit ever using tobacco products. 3% of 11th graders report smoking 2-5 cigarettes per day in past 30 days. 	•	CARES Engagement Network CHNA Indicator Report, 2019 Iowa Youth Survey, 2016	Yes

Unintentional	Death due to unintentional injuries is the fifth	•	2017 Vital	No
Injuries	leading cause of death in Harrison County.		Statistics of	
	The rate of death due to unintentional injury		Iowa (IA	
	(accident) is 45.4 deaths per 100,000 population		Public	
	in Harrison County, compared to 41.96 for the		Health	
	State of Iowa.		Tracking	
			Portal)	
		•	CARES	
			Engagement	
			Network	
			CHNA	
			Indicator	
			Report,	
			2019	

Prioritized Health Needs

Table 3 below shows the top health needs identified by community stakeholders through the Healthy Harrison Coalition on December 18, 2018, with supporting discussion points relative to each identified health need. The group prioritized:

- 1. behavioral health (including mental health and substance abuse)
- 2. nutrition/ physical activity

Table 3. Top Health Needs Identified by Healthy Harrison Coalition

CHNA Data Discussion	
Top Health Needs	
Behavioral Health	Nutrition and Physical Activity
 Context: a lot changing within behavioral health due to IA law Mobile crisis unit implementation (in development) Nursing home support needed? Health care budget for incarcerated population a concern Missouri Valley drug coalition- enhanced partnership STD data? Vaping data? (emerging issue) Caregiver support needed- social networks? Access to behavioral health services Good progress with programs and services currently being offered in schools Transportation is important After hours services necessary to increase access School-based services available (previous integrated school- based mental health work in Woodbine) 	 Opportunity= healthy eating and physical activity Obesity rate concerning The intersection of mental health and healthy eating Lack of local healthy options (food desert/low food access data) No recreational facilities in Harrison County IA has 4th highest adult obesity rate in U.S.

- Council Bluffs school health clinic model
- Is primary care and behavioral health integration feasible?
- Consider needs of elderly population (Alzheimer's is the 3rd leading cause of death in Harrison County)

Significant Health Needs to be Addressed

Strategy & Scope Timeframe	Improve healthy eating and physical activity behaviors in Harrison County residents Align with and help steer community efforts to increase healthy food access and consumption, and promote educational campaigns to encourage physical activity in Harrison County. FY2020-FY2022 CHNA 2016
Scope Timeframe Community	consumption, and promote educational campaigns to encourage physical activity in Harrison County. FY2020-FY2022 CHNA 2016
Community	CHNA 2016
-	
	 33% of adults in Harrison County are obese 35% of youth ages 8-13 who attended one of four CHI Health Clinics in 2015 were considered overweight or obese for their age Only 24% of 6th graders and 36% of 11th graders report being active for 60 min or more for 7 days of past week Less than 8% report consuming 5 fruits/vegetables daily (2014 lowa Youth Survey – Harrison County Results)
	 CHNA 2019 34% of adults in Harrison County are obese (County Health Rankings, 2018) 24% of 6th graders and 34% of 11th graders report being active for 60 mins or more for 7 days of past week (2016 lowa Youth Survey- Harrison County results) 5% and 6% of students in grades 5, 8 and 11 report consuming 5 vegetables/ fruits daily (respectively) (2016 lowa Youth Survey- Harrison County results)
Background	 * Nutrition, physical activity and weight status' was previously prioritized as a top health need in the 2016 CHNA. Membership of the Healthy Harrison Coalition, including Harrison County Home and Public Health Department and CHI Health Missouri Valley, re-affirmed this was a continued need in December 2018. * Healthy eating and physical activity are critical behaviors implicated in the prevention and management of chronic disease. By focusing on these foundational behaviors we can indirectly impact other top health needs in the community, such as cancer, cardiovascular disease, diabetes, heart disease and stroke.
	Contributing Factors:
	 Low consumption of fruits and vegetables, low physical activity levels, food desert, availability of fresh affordable produce, education on preparation of healthy foods, socioeconomic status National Alignment:

	Healthy People 2020 objectives:
	(NSW-14 and NSW-15.1): Increase the total contribution of fruits and vegetables
	to the diets of the population aged 2 years and older (respectively)
	(NSW-9): Reduce the proportion of adults who are obese
	(NSW-10): Reduce the proportion of children and adolescents who are obese
	(NSW-8): Increase in proportion of adults at a healthy weight
	(NSW- 12): Eliminate very low food security among children
	(NSW- 13): reduce household food insecurity and in doing so reduce hunger
Anticipated	Increase in consumption of fresh fruits and vegetables
Impact	Increase in food security among Harrison County adults
	Increase in physical activity levels among Harrison County adults and youth
Partners	Healthy Harrison Coalition
rarticis	Harrison County Home and Public Health Department
	Welcome Center Farmer's Market/ Mid-Week Market
	SWITA
Key	In collaboration with community partners, the following represent activities CHI Health
Activities	Missouri Valley will either lead as a hospital, support through dedicated funding and staff
71011711105	time or a combination thereof, as appropriate.
	Support Harrison County Farmer's Market Fresh Fruit & Vegetable Voucher
	Program
	 Transportation, Education, Vouchers
	Explore the feasibility of a community garden in Missouri Valley and support
	community efforts to implement
	 Align with and promote 5-2-1-0 messaging which encourages healthy eating
	habits and appropriate levels of physical activity
Related	The following activities represent complementary efforts in which CHI Health system or
Activities	CHI Health Missouri Valley is addressing the identified health need through financial
	support, in-kind staff contribution or a combination thereof.
	CHI Health Missouri Valley sponsors community events and provides staff
	volunteers throughout the year (e.g. PokeRmon Bicycle Run hosted in June at
	Woodbine Community School and an annual wellness screening for Boyer Valley
	School teachers)
	CHI Health Missouri Valley provides bicycle helmets and sponsors bicycle safety
	education for all 3 rd graders in Harrison County
	CHI Health provides financial support for the Healthy Harrison Coalition, including
	meeting space, meals and executive leadership
	Certified diabetes educators provide counseling and education on nutrition and
	physical activity through CHI Health Clinics
Results	
(pending)	

Priority He	alth Need #2: Behavioral Health
Goal	Ensure access to clinic and community- based behavioral health services in Harrison
	County

Strategy &	Support internal and external efforts to promote mental health services and reduce		
Scope	substance abuse through early intervention and education by partnering with CHI		
	Health clinics and community partners through the Healthy Harrison Coalition.		
Timeframe	FY2020-FY2022		
Community	CHNA 2016		
Indicators	21% of Harrison County respondents reported heavy drinking (Community Health		
	Status Indicators (2011)		
	The average number of mentally unhealthy days reported in past 30 days for		
	Harrison County was 2.9 in 2014 (County Health Rankings)		
	• 26% of 8th graders report feeling "worthless", "some of the time" or "most of the		
	time" in past 30 days. (Iowa Youth Survey 2014)		
	CHNA 2019		
	 19% of Harrison County respondents reported excessive drinking (binge or heavy) (2016) (County Health Rankings) 		
	The average number of mentally unhealthy days reported in past 30 days for		
	Harrison County was 3.3 in 2016 (County Health Rankings)		
	• 19% of 8 th graders report feeling "worthless," "most of the time" or "all of the		
	time" in past 30 days. (Iowa Youth Survey, 2016)		
Background	Rationale:		
	Behavioral health was identified as a top health need in the 2019 CHNA. Health		
	behaviors account for 30% of causal factors impacting an individual's health		
	outcomes.		
	Contributing Factors:		
	Relatively high rate of suicide in Harrison County; awareness and access to		
	appropriate mental health or substance abuse resources; coordination of services		
	among service providers; mental health stigma		
	National Alignment: (Healthy People 2030 TBD)		
	Healthy People 2020 objectives:		
	MHMD-2: Reduce suicide attempts by adolescents		
	 SA-14: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (target for % of adults 18 years and older= 24.2%) 		
	MHMD-11: Increase depression screening by primary care providers		
	Additional Information:		
	 Harrison County Behavioral Health Coalition will transition leadership and backbone support to the Healthy Harrison Coalition in 2019. 		
Anticipated	Increase awareness of existing and potential resources among community		
Impact	stakeholders		
	 Increase capacity of internal staff and external partners to recognize and respond 		
	to mental health crises		
	Reduction in mentally unhealthy days among Harrison County adults (County)		
	Health Rankings)		
	Reduction in youth reporting feeling 'worthless' 'some' or 'most of the time' in		
	the past 30 days (Iowa Youth Survey)		
Partners	Healthy Harrison Coalition/ Harrison County Behavioral Health Coalition		
	Harrison County Home and Public Health Department		
	 Southwest Iowa Mental Health and Disability Services Region 		

Key	In collaboration with community partners, the following represent activities CHI Health		
Activities	Missouri Valley will either lead as a hospital, support through dedicated funding and staff		
	time or a combination thereof, as appropriate.		
	 Support and promote school- based mental health programming focused on 		
	prevention of suicide, substance abuse and building positive parenting skills		
	 Coping through the teen years (suicide prevention) 		
	 Me360 (substance abuse prevention) 		
	 Common Sense Parenting (improving parent-child interactions through skill development) 		
	Partner with CHI Health clinics to improve continuum of care for patients with		
	positive depression screening		
	Partner with the Region and CHI Health Psychiatric Associates to deliver Mental		
	Health First Aid Training (MHFA)		
Related	The following activities represent complementary efforts in which CHI Health system or		
Activities	CHI Health Missouri Valley is addressing the identified health need through financial		
	support, in-kind staff contribution or a combination thereof.		
	CHI Health Missouri Valley provides telehealth services to expand access to		
	mental health services for consultation and medication management.		
	 Leadership from CHI Health Missouri Valley participate in the Missouri Valley 		
	Coalition for Change, which focuses on the prevention of substance abuse and		
	awareness about mental health among teens.		
Results (pending)			

Significant Health Needs Not Addressed

In acknowledging the range of priority health issues that emerged from the CHNA process, CHI Health Missouri Valley prioritized the health issues above 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. The following identified needs will not be prioritized in this implementation plan for the following reasons.

Aging. CHI Health Missouri Valley recognizes the growing aging population in Harrison County presents challenges for health services infrastructure, however Harrison County has several resources that exist to offer relevant support to elderly populations and better address the challenges that aging present. The Community Benefit Action Team (CBAT) has employed a lifecourse approach to the priority health needs of mental health and nutrition, physical activity and weight status, so consideration of the aging population will be addressed within the activities and strategies selected. Additionally, CHI Health Missouri Valley leadership will continue to participate in nursing home provider meetings to better inform challenges and uncover solutions to improving health and service delivery for the aging population.

Cancer. Cancer was not selected for work in an effort to maximize existing resources and staff time to address needs or root causes which have the potential to impact other identified health needs. However, CHI Health will continue to host a cancer support group and smoking cessation services.

Nutrition and Physical Activity was an identified health need which was prioritized and will indirectly address cancer.

Cardiovascular Disease. This health needs was not selected for work in an effort to maximize existing resources and staff time to address needs or root causes which have the potential to impact other identified health needs. Nutrition and Physical Activity was an identified health need which was prioritized in an effort to indirectly address cardiovascular disease.

Child Abuse & Neglect. While this health need was not prioritized, acknowledgment was made by the CBAT that this need is being addressed by the Child Abuse Prevention Council, of which Harrison County Home and Public Health Department is the convener. HCHPH will continue to lead these efforts and seek additional funding. In addition, CHI Health Missouri Valley sponsors the annual Race to Resiliency. The issue of child abuse and neglect may be considered through the focus on behavioral health.

Chronic Lower Respiratory Disease. In an effort to maximize staff time and resources, and be mindful of the hospital's capacity to do this work, chronic lower respiratory disease was not prioritized for work. As noted above, CHI Health Missouri Valley offers smoking cessation services.

Sexually Transmitted Infections. CHI Health Missouri Valley did not select this health need as it was not prioritized by the Healthy Harrison Coalition or hospital leadership. This health need is being addressed through the Harrison County Home and Public Health Department.

Unintentional Injury. In an effort to maximize staff time and resources, and be mindful of the hospital's capacity to do this work, unintentional injury was not prioritized for work.

Authorization

The CHI Health Board of Directors approved and adopted this Implementation Plan on
In addition, this plan was presented and reviewed by the CHI Health
Missouri Valley Community Board on July 18, 2019.

Appendix

CHI Health Missouri Valley Community Health Needs Assessment Report can be found at www.chihealth.com/chna and a free copy may be obtained by contacting kelly.nielsen@alegent.org or 402-343-4548.

