

Community Health Improvement

Strategic Action Plan Fiscal Year 2026 - 2028

CHI Health Mercy – Corning, IA

Board Approved October 2025



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At-a-Glance Summary

Community Served 	For the purposes of the CHI Health Mercy Corning Community Health Needs Assessment (CHNA) and Implementation Strategy Plan (ISP), the primary service area was defined as Adams and Taylor Counties, Iowa based on hospital admissions data and overlapping service areas with CHNA collaborators.
Significant Community Health Needs Being Addressed 	The significant community health needs the hospital intends to address and that form the basis of this document were identified in the hospital's most recent CHNA. Needs the hospitals intends to address with strategies and programs are: • Behavioral Health • Maternal and Child Health • Social Drivers of Health (SDOH)
Strategies and Programs to Address Needs 	The hospital intends to take actions and to dedicate resources to address these needs, including: • Behavioral Health ◦ Increase behavioral health preventative resources and intervention services by supporting community organizations and groups working to address behavioral health ◦ Increase access to behavioral health services by expanding modes of delivery • Maternal and Child Health ◦ Convene Community Care Meetings to discuss community-clinical linkages such as care coordination and referrals to resources • Social Drivers of Health (SDOH) ◦ Create, distribute, and maintain a community resource guide to provide to patients upon discharge

This document outlines CHI Health Mercy Corning's ISP to address community health needs, as determined by the 2025 CHNA, adopted by the Board in April 2025. Planned resources and collaborators to help address these needs, as well as anticipated impacts of the strategies and programs, are described in the "Strategies and Program Activities by Health Need" section of the document.

This document is publicly available online at the hospital's website. Written comments on this strategy and plan can be submitted via mail to CHI Health - The McAuley Fogelstrom Center (12809 W Dodge Red, Omaha, NE 68154 attn. Healthy Communities); electronically <https://forms.gle/KGRq62swNdQyAehX8> or by calling Ashley Carroll, Market Director, Healthy Communities & Population Health, at: (402) 343-4548.

Our Hospital and the Community Served

About the Hospital

CHI Health Mercy Corning is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 2,200 care sites in 24 states coast to coast, serving patients in big cities and small towns across America.

CHI Health Mercy Corning, located in Corning, Iowa, is a nonprofit, faith-based healthcare provider. It 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 received the following certifications and distinctions:

- Pathway to Excellence® designation by the American Nurses Credentialing Center (ANCC)
- Top 20 Critical Access Hospital for Best Practice in Patient Satisfaction by the National Rural Health Association (2021, 2025)

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

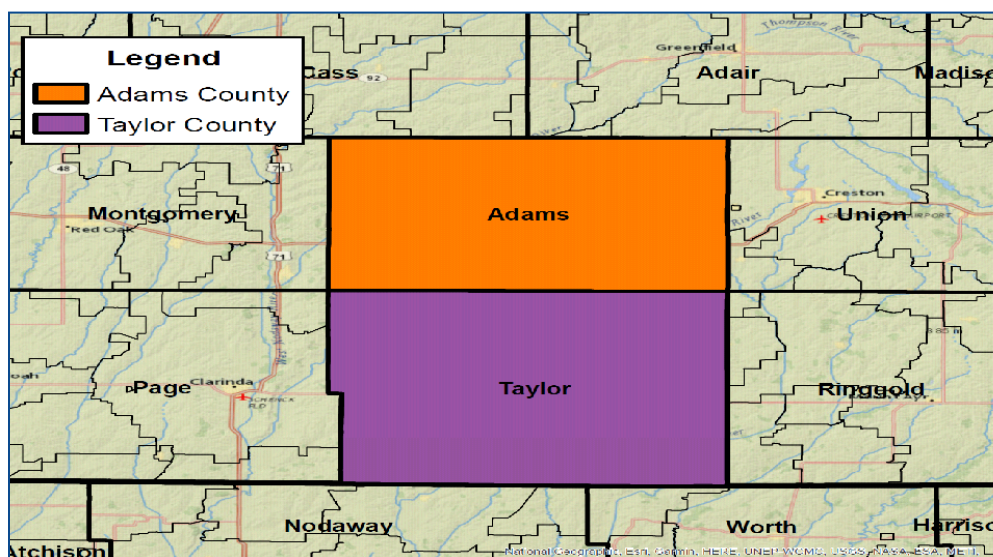
For the purposes of the CHI Health Mercy Corning Community Health Needs Assessment (CHNA) and Implementation Strategy Plan (ISP), the primary



service area was defined as Adams and Taylor Counties, Iowa based on hospital admissions data and overlapping service areas with CHNA collaborators.

Adams and Taylor Counties were home to 9,542 people in 2025 (3,641 in Adams County and 5,901 in Taylor County).¹ According to the United States Census Bureau, urban areas consist of densely developed territories, including residential, commercial, and other non-residential urban land uses. To obtain urban status, territories must have at least 2,000 housing units or have a population of at least 5,000 people. Rural areas consist of population, housing, and other territories that do not meet urban criteria.²

Figure 1: CHI Health Mercy Corning Market Primary Service Area and CHNA Community (Adams and Taylor Counties)



Adams and Taylor Counties have a primarily Non-Hispanic White population and a higher percentage of residents over 65 years of age compared to the state (Adams - 24%, Taylor - 23%, Iowa - 19%). Both counties have a lower percentage of residents with Bachelor's degrees compared to the state (Adams - 25%, Taylor - 15%, Iowa - 31%) and a comparable/lower median household income compared to the state (Adams - \$71,433, Taylor - \$67,279, Iowa - \$71,433).³ Adams and Taylor Counties have 17 Health Professional Shortage Areas across primary care, dental health, and mental health disciplines.⁴

Community Assessment and Significant Needs

The health issues that form the basis of the hospital's community health implementation strategy and plan were identified in the most recent CHNA report, which was adopted in April 2025. The CHNA report includes:

¹ U.S. Census Bureau. American Community Survey 5-year estimates.

² U.S. Census Bureau. Urban and Rural. The United States Census Bureau. Published September 26, 2023. Accessed November 26, 2024. <https://www.census.gov/programssurveys/geography/guidance/geo-areas/urban-rural.html>.

³ U.S. Census Bureau. Census Reporter. Accessed September 2025. <https://censusreporter.org/>.

⁴ Health Resources and Services Administration. HPSA Find. Accessed September 2025. <https://data.hrsa.gov/topics/health-workforce/shortage-areas/hpsa-find>.

- description of the community assessed consistent with the hospital's service area;
- description of the assessment process and methods;
- data, information and findings, including significant community health needs;
- community resources potentially available to help address identified needs; and
- impacts of actions taken by the hospital since the preceding CHNA.

Additional details about the needs assessment 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 or health care services, and also health-related social and community needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Access to Health Care Services	Existing data revealed needs relative to the availability of primary care physicians (especially in Taylor County).	•
Behavioral Health	Key informants identified mental health and substance use as top health concerns in the community. Existing data revealed needs relative to the availability of mental health providers.	•
Cancer	Key informants identified cancer as a top concern in the community. Cancer is a leading cause of death, and data revealed a relatively high rate of prostate cancer incidence.	
Heart Disease & Stroke	Cardiovascular disease is a leading cause of death in the community and local heart disease and stroke mortality rates are relatively high.	
Infant Health & Family Planning	The local rate of births to teenagers is relatively high (especially in Adams County).	•
Injury & Violence	The local death rate associated with unintentional injury is relatively high (especially in Taylor County).	
Respiratory Disease	Lung disease mortality is relatively high, as is the prevalence of chronic obstructive pulmonary disease.	
Tobacco Use	Key informants identified this as a top concern in the community. Existing data revealed needs relative to the prevalence of cigarette smoking.	•

Significant Needs the Hospital Does Not Intend to Address

In acknowledging the range of priority health needs that emerged from the CHNA process, CHI Health Mercy Corning has prioritized the health need areas above in order to most effectively focus resources and produce a positive impact. 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. CHI Health Mercy Corning, recognizing that Tobacco Use is an addiction, will be addressing this health need through Behavioral Health activities. Infant Health & Family Planning will be addressed through Maternal and Child Health activities. The hospital recognizes that Access to Care is a cross-cutting significant health need, therefore, activities to address Access to Care will be included throughout the three priorities: Behavioral Health, Maternal and Child Health, and SDOH.

The following identified needs were not explicitly prioritized in this ISP, but are being addressed through cross-cutting strategies within other priorities as described below.

Cancer. CHI Health continues to perform cancer outreach throughout the community and to 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 uptake of the HPV vaccine.

Heart Disease & Stroke. CHI Health Mercy Corning has existing programming around educating and supporting patients diagnosed with chronic diseases. This programming includes heart healthy cooking classes and operating the community's only Wellness Center.

Injury & Violence. CHI Health maintains and continues to expand a strong Forensic Nurse Examiner program. Additionally, CHI Health is dedicated to improving internal capacity for identifying and supporting victims of human trafficking. All staff complete annual human trafficking training.

Respiratory Disease. Respiratory Disease will be indirectly addressed through Behavioral Health strategies that address tobacco use. Tobacco use is a top risk factor for lung disease.

2025 Implementation Strategy and Plan

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others 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 staff, clinicians and board, and in collaboration with community partners.

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 Implementation Strategy Plan (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.

During the CHNA process, the community identified its 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.

In order to select priority areas and design meaningful, measurable strategies, hospital leadership (which included the Behavioral Health Nurse Practitioner, Clinic Administrator, Community Benefit/Healthy Communities Staff, Foundation Development Coordinator, President, Quality-Patient Safety Program Manager, and Vice President of Patient Care Services) reviewed data and top health needs from the 2025 CHNA. They considered:

- Severity and impact on other health need areas
- Hospitals' expertise and ability to make impact
- Community's interest in the hospital engaging in this work
- Existing work engaging various community partners
- Political will to address systemic barriers

Throughout development of the ISP, internal and community partners were consulted to ensure the most appropriate strategies were selected, the right partners were engaged, and resources were best leveraged.

Community Health Core Strategies

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources. CommonSpirit Health has established three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

- **Core Strategy 1:** Extend the care continuum by aligning and integrating clinical and community-based interventions.
- **Core Strategy 2:** Implement and sustain evidence-informed health improvement strategies and programs.
- **Core Strategy 3:** Strengthen community capacity to achieve equitable health and well-being.

Vital Conditions and the Well-Being Portfolio

Community health initiatives at CommonSpirit Health use the Vital Conditions framework and the Well-Being Portfolio⁵ to help plan and communicate about strategies and programs.

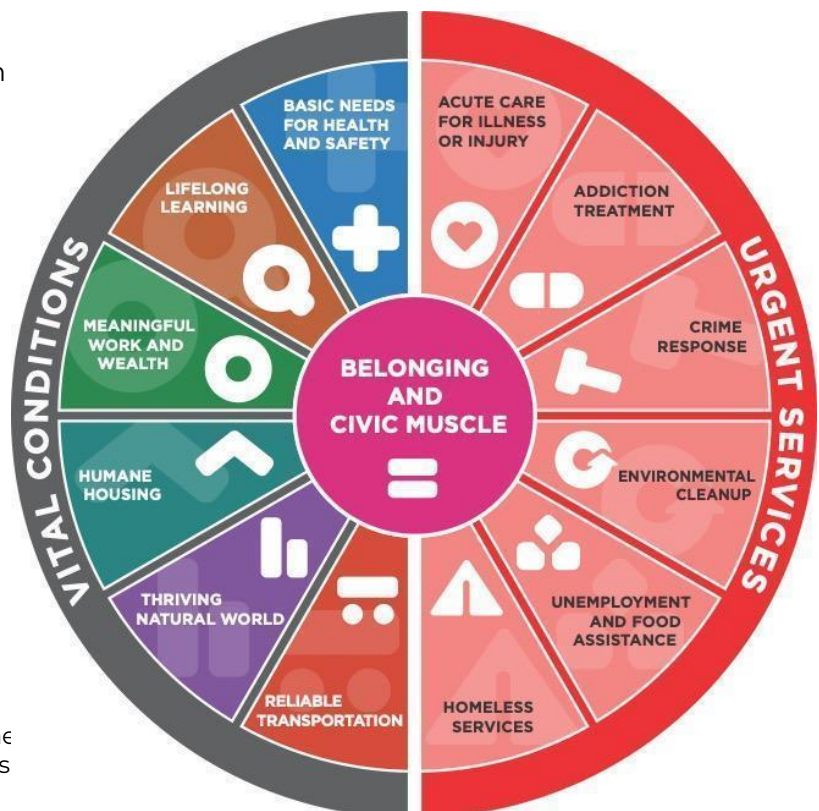
Investments of time, resources, expertise and collaboration to improve health and well-being can take different approaches. And usually, no single approach can fully improve or resolve a given need on its own.

One way to think about any approach is that it may strengthen “vital conditions” or provide “urgent services,” both of which are valuable to support thriving people and communities. A set of program activities may seek to do one or both. Taken together, vital conditions and urgent services compose a well-being portfolio.

What are Vital Conditions?

These are characteristics of places and institutions that all people need all the time to be healthy and well. The vital conditions are related to social determinants or drivers of health, and they are inclusive of health care, multi-sector partnerships and the conditions of communities. They help create a community environment that supports health.

⁵ The Vital Conditions framework and the Well-Being Portfolio are being used with permission. Vis



What are Urgent Services?

These are services that anyone under adversity may need temporarily to regain or restore health and well-being. Urgent services address the immediate needs of individuals and communities, say, during illness.

What is Belonging and Civic Muscle?

This is a sense of belonging and power to help shape the world. Belonging is feeling part of a community and valued for what you bring. Civic muscle is the power of people in a society to work across differences for a thriving future.

Well-Being Portfolio in this Strategy and Plan

The hospital's planned strategies and program activities that follow are each identified as aligning with one of the vital conditions or urgent services in this figure.

This helps to identify the range of approaches taken to address community needs, and also acknowledges that the hospital is one community resource and stakeholder among many that are dedicated to and equipped for helping to address these needs and improve health.

Strategies and Program Activities by Health Need

Health Need:	Behavioral Health				
Population(s) of Focus:	Adams and Taylor Counties				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: Extend care continuum	Strategy 2: Evidence- informed	Strategy 3: Community capacity	Vital Condition (VC) or Urgent Service (US)
Increase behavioral health preventative resources and intervention services by supporting community organizations and groups working to address behavioral health	Participate in the Behavioral Health Coalition of Adams & Taylor County and support it in implementing community-based programs such as Coaching Boys into Men, Athletes as Leaders, and Second Step Child Protection Unit	•	•	•	VC
	Participate in Taylor County Public Health's coalition group that is working to conduct a mental health needs assessment to understand the landscape, identify gaps in services, and develop partnerships with current and new providers	•	•	•	VC + US
Increase access to behavioral health services by expanding modes of delivery	Recruit and hire providers to deliver telehealth behavioral health services	•	•	•	VC + US
Planned Resources:	The hospital will provide staff time, grants, outreach communications, and program management support for these activities.				

Health Need:	Behavioral Health
Planned Collaborators:	Behavioral Health Coalition of Adams & Taylor County, Taylor County Public Health, Zion Integrated Behavioral Health Services

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Improved mental health status	Average number of poor mental health days in the past 30 days	Behavioral Risk Factor Surveillance System (BRFSS)
Increased number of mental health providers	Mental health providers per 100,000 people	Centers for Medicare and Medicaid Services National Plan and Provider Enumeration System (NPPES)/CHNA

Health Need:	Maternal and Child Health				
Population(s) of Focus:	Adams and Taylor Counties				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: Extend care continuum	Strategy 2: Evidence- informed	Strategy 3: Community capacity	Vital Condition (VC) or Urgent Service (US)
Increase access to prenatal care by expanding obstetric services	Expand obstetric services by partnering with visiting obstetricians	•	•	•	VC + US
Increase access to care by supporting maternal and child health literacy	Create and distribute Well Child Check educational resources	•	•	•	VC + US
Planned Resources:	The hospital will provide staff time, grants, outreach communications, and program management support for these activities.				
Planned Collaborators:	Behavioral Health Coalition of Adams & Taylor County, Parents as Teachers, Taylor County Public Health				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Decreased infant mortality	Infant mortality (per 1,000 live births)	Iowa Vital Statistics

Health Need:	Social Drivers of Health (SDOH)				
Population(s) of Focus:	Adams and Taylor Counties				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: Extend care continuum	Strategy 2: Evidence- informed	Strategy 3: Community capacity	Vital Condition (VC) or Urgent Service (US)
Improve capacity to address SDOH disparities by strengthening referral resources	Convene Community Care Meetings to discuss community-clinical linkages such as care coordination and referrals to resources	•	•	•	VC
	Create, distribute, and maintain a community resource guide to provide to patients upon discharge	•	•	•	VC
Planned Resources:	The hospital will provide staff time, grants, outreach communications, and program management support for these activities.				
Planned Collaborators:	Behavioral Health Coalition of Adams & Taylor County, Connections Area Agency on Aging, Matura, Taylor County Public Health, Veterans Association				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Decrease food insecurity	Number of individuals experiencing food insecurity	Adams County and Taylor County Iowa Health and Human Services System Snapshots