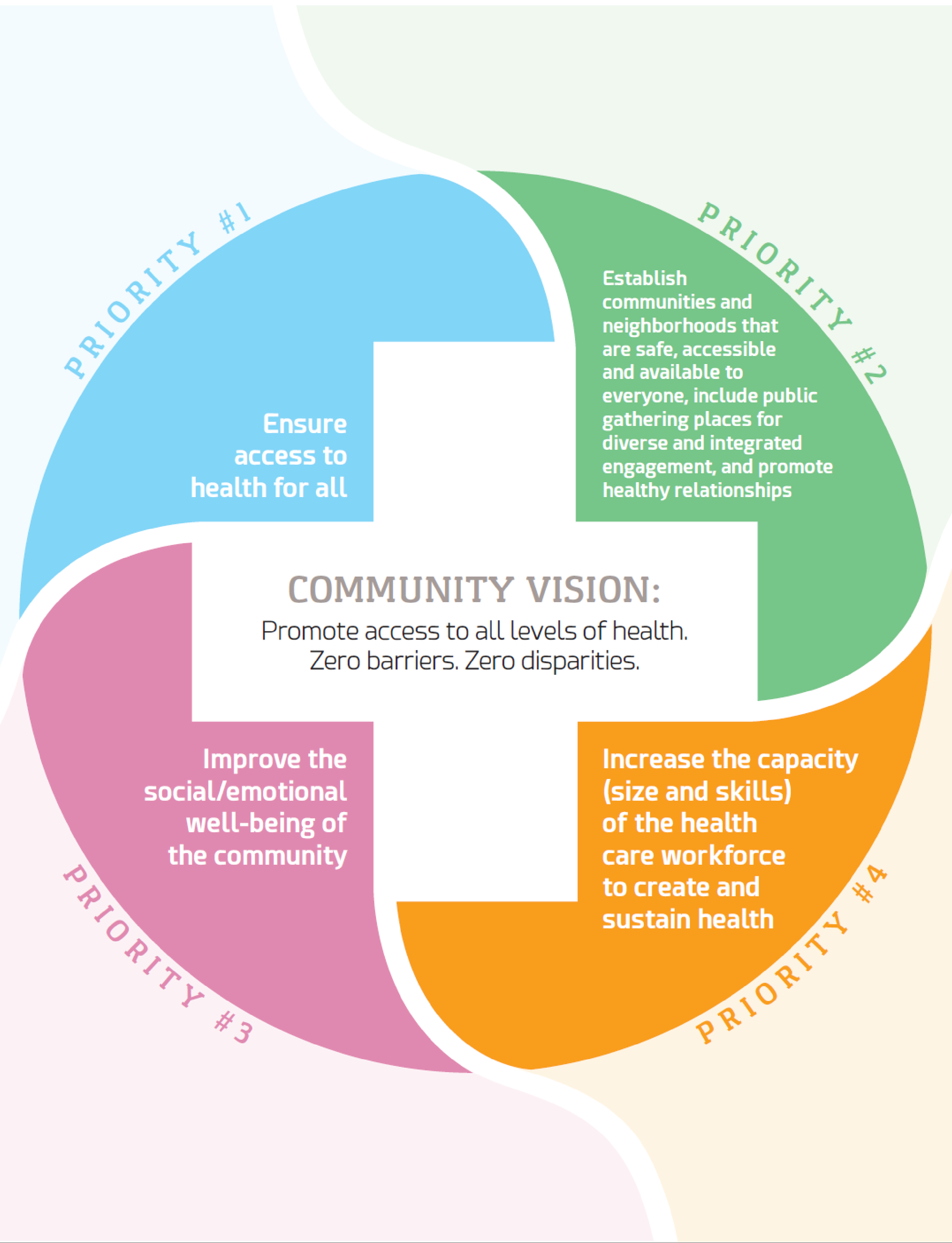


2018 Central Iowa Community Health Needs Assessment



Leading Hospitals



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Broadlawns is grateful for the many partners who came together to make this Community Health Needs Assessment possible. Many voices are now part of this collective roadmap for a healthier community. By working in partnership we are confident we will be better able to serve the needs of all of our neighbors.

For 125 years, Mercy Medical Center has a sacred legacy of meeting the evolving health care needs of our region. The Community Health Needs Assessment is an excellent resource as we work collaboratively to strategically address the future needs of those we serve.

UnityPoint Health is proud to collaborate with our community partners to conduct this community health needs assessment. Great things happen when you align mission, dialog, passion and good planning.

This body of work reflects the collective effort of our community leaders as we assess improvements in health over the past few years and discern current factors affecting the health of people in Polk, Dallas and Warren Counties.

At UnityPoint Health, we look forward to delivering results from this report and advancing our work in the community to improve the health and well-being of its residents.

Executive Summary

Community Needs Assessment

In 2010, “The Patient Protection and Affordable Care Act (ACA) added section 501 (r) to the Internal Revenue Code. Section 501 (r) imposes new requirements on 501 (c)(3) organizations that operate one or more hospital facilities. “One of those requirements is “conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years”.

Our History

In 2012, Mercy Medical Center - Des Moines and UnityPoint Health - Des Moines agreed to conduct their first community health needs assessment for Dallas, Polk and Warren Counties as a joint effort. Although Broadlawns Medical Center is not operated by a 501(c)(3) organization, and as such not covered by the new regulation, they agreed to participate as well. This community health needs assessment planning process was facilitated by United Way of Central Iowa. The local public health departments in Dallas, Polk and Warren Counties had already completed their respective community health needs assessments in 2010. (The Iowa Department of Public Health expects local public health departments to do so once every 5 years.) The hospitals tried to align their priorities with those that had been identified by the local health departments. They identified two focus areas: Access to Care and Obesity.

The Greater Des Moines Partnership provided the leadership for the 2016-2018 Community Health Needs Assessment. This one was conducted as full partnership with the local health departments and many other community health organizations. Five priority areas and six specific priorities were identified in this process. Conducting this comprehensive community health needs assessment, which started from ground zero, took almost a full year to complete.

Where did we start?

For this 2019-2021 needs assessment we chose a different path. We have used the 2016-2018 as our starting point to:

DOCUMENT what has been accomplished on the previously identified priorities.

ASSESS the level of progress towards meeting these priorities.

DETERMINE whether these remain community priorities.

ASK whether new issues emerged that should be considered priorities.

What key steps did we take?

- Convened a group of 17 community leaders to conduct an overall assessment of the progress made on the priorities identified in the 2016 Community Health Needs Assessment. This group was re-convened to review the proposed priorities for 2019-2022.
- Convened five priority-specific discussions to document in greater detail the progress that had taken place on each priority. Twenty-six people participated in one of these conversations.
- Held five constituency-specific discussions to get the unique perspectives of the business community including human resource professionals, school nurses and emergency department staff.
- Held four 1:1 interviews and received written comments from one person who was not available for one of the above discussions.
- Collected 143 responses to an online survey.
- Organized a five member Data Team to develop performance measures for the 2019-2022 priorities.

What did we learn?

The priority areas identified in 2016 (Access to Care, Built Environment, Mental Health, and Workforce) remain priorities today.

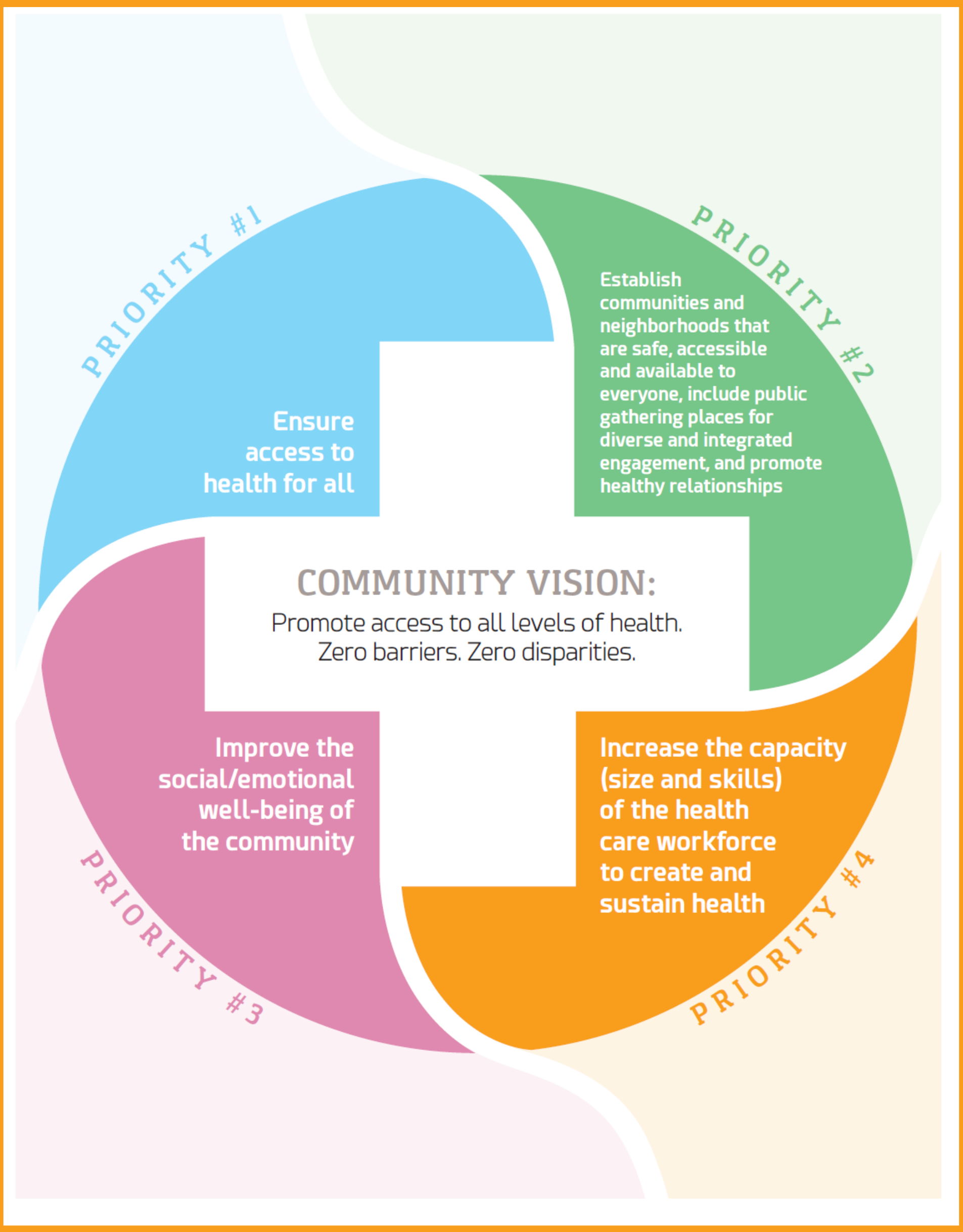
Much has been accomplished in each of these areas but more needs to be done. More importantly, we need to stop thinking of these as separate and distinct issues and better understand how they are inter-connected. The most dramatic new development that must be addressed was the introduction of Medicaid Managed Care.

Assessment conversations focused on the four broad categories vs. specific priority language. As a result we created four broad vision statements for these categories. We also added specific shorter-term goals (3-5 years) for each with overlap to facilitate intersections. There is also now an overriding community vision statement to help connect them together vs. stand-alone goals.

The choice of these priorities reflects the idea that a high quality medical/clinical system is essential to treat people who are sick. It is critical to help restore people's health. But, it is not where health is created. Health is created in people's homes, workplaces, neighborhoods and communities. That is where people make healthy, or unhealthy choices. It is where they establish healthy, or unhealthy habits. And the framework for those choices is the social, economic and built environment we create. These are the social determinants of health.

Where do we want to go?

To live healthy lives people need access to services, knowledge of available resources and a supportive economic and social environment.



2019 Process

Hospital Leadership

- Participated in planning discussions
- Determined 2019 Process
- Convened leaders
- Collaborate

1

Key Decision Makers

- Convened twice
- Assessed progress
- Identified needs
- Consensus on goals

2

Survey

- Eight question survey developed
- 143 responses received
- Analyzed results

3

Priority Discussions

- Five priority meetings held
- Assessed progress
- Reviewed priority language
- Identified additional issues/needs

4

Targeted Discussions

- Children's Mental Health Crisis Coalition
- Des Moines Public School Nurses
- Emergency Department Directors
- Greater Des Moines Partnership
- Human Resource Professionals
- 1:1 discussions

5

Data Team Discussion

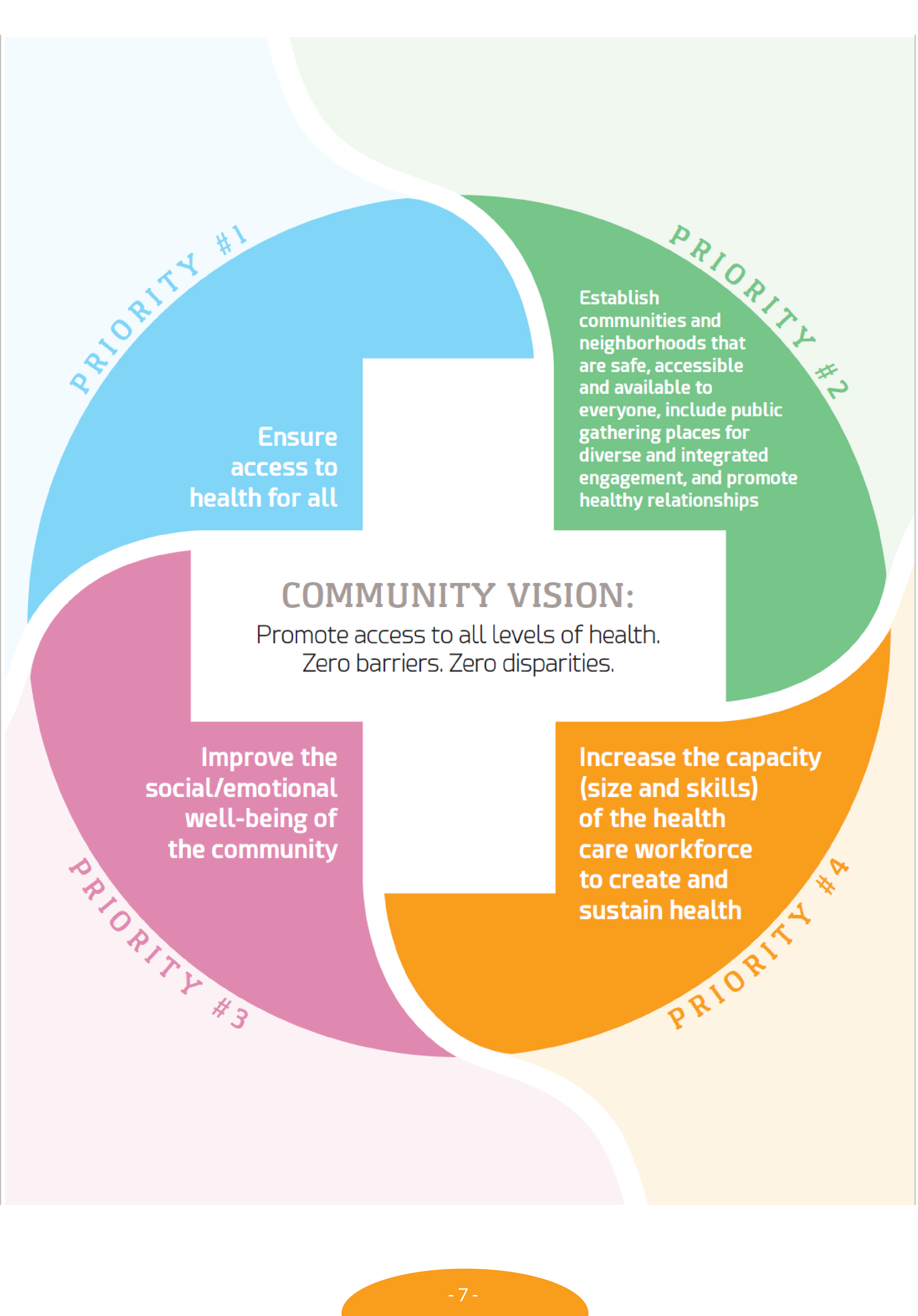
- Drafted performance measures
- Identified sources for measures

6

Report Produced

7





PRIORITY #1

Ensure access to health for all

- ▶ **Goal #1:** Increase investments/reimbursements for prevention
- ▶ **Goal #2:** Reform Medicaid Managed Care to reduce barriers to accessing necessary services
- ▶ **Goal #3:** Increase community understanding and support of mental health, reducing stigma and encouraging parity between mental health and physical health
- ▶ **Goal #4:** Reduce transportation barriers, particularly for people with low incomes and rural families
- ▶ **Goal #5:** Ensure individuals with mental health needs are connected to appropriate services – avoiding unnecessary jail and emergency room referrals
- ▶ **Goal #6:** Increase avenues of understanding and cultural humility, reducing barriers for individuals seeking services

COMMUNITY VISION:

To live healthy lives people need access to services, knowledge of available resources and a supportive economic and social environment.

PRIORITY #2

Establish communities and neighborhoods that are safe, accessible and available to everyone, include public gathering places for diverse and integrated engagement, and promote healthy relationships

- ▶ **Goal #1:** Increase and utilize physical community spaces to foster social connectivity, civility and build trusting relationships
- ▶ **Goal #2:** Reform Medicaid Managed Care to allow for more flexible reimbursement strategies
- ▶ **Goal #3:** Ensure everyone has a place to be safe and active
- ▶ **Goal #4:** Increase the availability of safe affordable and stable housing

COMMUNITY VISION:

To live healthy lives people need access to services, knowledge of available resources and a supportive economic and social environment.

Improve the social/emotional well-being of the community

- ▶ **Goal #1:** Identify and implement work-site strategies to reduce stress/trauma
- ▶ **Goal #2:** Advocate for the establishment and implementation of a children’s mental health system
- ▶ **Goal #3:** Increase early identification, detection and intervention programs for children
- ▶ **Goal #4:** Increase psychiatric residency slots and efforts to increase practitioner retention
- ▶ **Goal #5:** Reform Medicaid Managed Care to improve reimbursement rates and the timeliness of payments, to prevent the disruption or elimination of necessary services and valuable providers

COMMUNITY VISION:

To live healthy lives people need access to services, knowledge of available resources and a supportive economic and social environment.

PRIORITY #3

- ▶ **Goal #1:** Increase training opportunities for trauma informed care/mental health first aid
- ▶ **Goal #2:** Expand efforts to develop a more diverse workforce that better reflects the patient population
- ▶ **Goal #3:** Increase the number of people and organizations who receive cultural humility and implicit bias training
- ▶ **Goal# 4:** Reform Medicaid Managed Care to improve reimbursement rates to minimize staff turnover
- ▶ **Goal #5:** Improve recruitment and retention rates to address the unique challenges of rural Polk, Dallas and Warren counties

COMMUNITY VISION:

To live healthy lives people need access to services, knowledge of available resources and a supportive economic and social environment.

Increase the capacity (size and skills) of the health care workforce to create and sustain health

PRIORITY #4

2019 Community
Health Needs
Assessment led by:

