



## 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLAN

### Abstract

The 2019 Community Health Needs Assessment for Great River Medical Center was developed to better understand the community's health concerns and to develop a hospital-based health improvement plan to address these concerns. The needs assessment also meets IRS requirements for Great River Medical Center's nonprofit hospital status. The needs assessment is focused on Des Moines County as the target area of interest. Great River Medical Center is based in Des Moines County, and the county represents its largest service area.

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## Executive Summary

Great River Medical Center, part of Great River Health System, conducted a Community Health Needs Assessment to distinguish the unmet medical and public health needs in Des Moines County.

The study has three objectives:

1. To conduct an assessment that provides a foundation for Great River Medical Center and its partners to build a consensus about the area's most critical health care needs
2. To meet state and federal requirements for hospitals that must conduct a Community Health Needs Assessment every 3 years
3. To develop action plans for interventions to address concerns highlighted by the community and health data

Information was collected through live community-wide meetings, paper and online surveys, face-to-face interviews, focus groups, and a review and analysis of publicly collected health and demographic statistics. The survey was made available at several locations in the study area. Locations were chosen based on ease of access and traffic. The survey was designed to elicit public responses about health needs in Des Moines County. The survey included multiple choice, open-ended and scaled questions that asked people what they perceived to be the greatest areas of community need. A total of 1,062 surveys were returned and analyzed, an increase of more than 250 percent from the 2016 Community Health Needs Assessment survey.

Interviews were conducted with nine local professionals and key informants, including professionals in education, law enforcement, public health and social services, and other professionals representing underserved populations in the service area. In addition, two focus groups were conducted to bolster the data provided by key informants. Participants were asked to identify the largest health concerns in the community and to suggest ways to improve unmet health needs.

The health and demographic data available for Des Moines County was investigated by focusing on the problems indicated from the interviews and community survey. Utilizing a statistical ranking method to incorporate information from collaborative meetings, surveys, and the interviews, the following four unmet health needs were chosen:

- Mental Health and Substance Use
- Access to Health Care
- Poverty
- Obesity and Diabetes

These four areas will be the focus of Great River Medical Center's efforts to improve the health of Des Moines County.

## Introduction

### Community Health Needs Assessment Background

In 2010, Congress enacted the Patient Protection and Affordable Care Act, which put in place comprehensive health insurance reforms that will enhance the quality of care for all Americans. To enhance the quality of care delivered, the act also requires all nonprofit hospitals to complete a Community Health Needs Assessment every three years.

Great River Medical Center continually works with partners and stakeholders outside the hospital to meet the health needs of the community. In 2015, Great River Medical Center collaborated with Des Moines County Department of Public Health on a joint Community Health Needs Assessment. With this collaboration in mind, the 2019 Community Health Needs Assessment builds on the 2013 and 2016 Des Moines County Health Needs Assessments. Great River Medical Center used a variety of approaches and methods to identify the community's greatest unmet health needs. Although Des Moines County Public Health was not required to complete a Community Health Needs Assessment for 2019, the health department provided support during the development process of Great River Medical Center's needs assessment.

The goal of Great River Medical Center's health improvement plan is to respond to identified community health needs, increase access, and improve the health status for people living in Des Moines County and its entire service area. It aligns

with the health system's mission to empower its employees to provide compassionate, high-quality care while being good stewards of resources.

## About Great River Medical Center and Great River Health System

Great River Medical Center is a community-based, not-for-profit regional referral hospital in West Burlington, Iowa. It is part of Great River Health System, an integrated health care system that offers acute care, skilled care, long-term care, outpatient services, retail pharmacies, retail medical equipment and supplies services, an outpatient renal dialysis center, and a network of specialty and primary care clinics. It has served the region for 124 years.

Great River Medical Center's medical staff consists of more than 130 providers including over 90 physicians and around 40 nurse practitioners and physician assistants. The total workforce has over 1,400 full-time-equivalent positions.

The 780,000 square-foot hospital is licensed for around 200 adult and pediatric beds. Besides the hospital, the following facilities are on Great River Health System's campus:

- Freestanding primary-care clinic
- Great River Hospice House
- Great River Klein Center, a skilled and long-term care facility
- Kid Zone, a child care center for employees' children
- Outpatient rehabilitation and Wellness Plaza
- Renal dialysis center
- Two medical office plazas with primary-care and specialty clinics

Beyond West Burlington, Great River Health System's Des Moines County-based services include a quick-care clinic in Burlington and a primary-care clinic in Mediapolis, Iowa. In addition, Family Planning Clinic of Southeast Iowa was added to the range of services provided by Great River Health System to help fill the void for family planning services and to take advantage of federal Title X funding for the region.

## About Des Moines County

Great River Health System's service area is a five-county region consisting of southeast Iowa, northeast Missouri and west-central Illinois. Des Moines County continues to represent the main service area that Great River Medical Center serves. About 65 percent of the total discharges from Day Surgery, Emergency Department, inpatient units, and observation, and 66 percent of the total outpatient discharges are from Des Moines County. The U.S. Census Bureau defines this area as the Burlington IA-IL Micropolitan Statistical Area.

Des Moines County is in the southeast region of Iowa along the Mississippi River, on the Illinois border. The following cities are in the county:

- Burlington
- Danville
- Mediapolis
- Middletown
- Sperry
- West Burlington
- Yarmouth

## Age

Almost half (46.3 percent) of Des Moines County residents are over age 45, compared to the state average of 41.9 percent, and the median age of Des Moines County residents was 42.2, compared to the state average of 38.0. Best available estimates suggest that 18.8 percent of Des Moines County residents were 65 or older, compared to 15.8 percent in Iowa and 14.5 percent in the U.S (U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates).

## Employment

Manufacturing, wholesale and retail businesses, health care, and social services sustain the local economy. The major employers, listed alphabetically, are:

- American Ordinance LLC
- Catfish Bend Casino Corp/Pzazz
- CNH American (Case New Holland)
- Federal Mogul Corporation
- GE Company (General Electric)
- Great River Health System
- Hy-Vee Food Stores
- Shearer's Snacks
- Southeastern Community College
- Wal-Mart

Between 2008 and 2013, the county's labor force decreased by 3.4 percent. Similar declines can be highlighted between 2013 and 2018, where the county's labor force decreased again by at least 1,000 or around 5 percent. Des Moines County's unemployment rate has been as high as 7.5 percent in years past (2011), but it dropped to 4.3 percent in September 2015 and now is reported to be at 2.7 percent in October 2018. (Iowa Workforce Development, 2018)

A trend highlighted in 2016 that continued in 2019 was the difference in those who work in manufacturing between Des Moines County and the State of Iowa. Recent statistics suggest that 19.6 percent of Des Moines County workers are employed in an industry classified as "manufacturing," while 15.1 percent of Iowa workers are in this category. Des Moines County continues to rely on the manufacturing industry to provide employment options.

### **Health Insurance**

Based on U.S. Census Bureau statistics, 6.8 percent of Des Moines County residents are uninsured. This is a decrease from the approximately 9 percent uninsured highlighted in the last Community Health Needs Assessment. A November 2018 report from the Iowa Department of Human Services states there were 11,501 Medicaid recipients served in Des Moines County. Based on 2017 population estimates, this represents 29 percent of the county, which is an increase from the 25 percent (10,320) highlighted in 2016. Based on enrollment data from CMS, there are 9,418 (24 percent) individuals who are enrolled in Medicare, Medicare Advantage, or other plans. This is an increase from the 23 percent (9,081) of the total population who were highlighted as Medicare beneficiaries in 2016. Without specific data on dual eligible beneficiaries, it is likely nearly half of the Des Moines County population is covered by either Medicare or Medicaid.

### **Population**

The county's total population is estimated at 39,417, with 25,022 people living in Burlington (Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017, U.S. Census Bureau). From 2010 to 2017, U.S. Census estimates suggest the population of Des Moines County has decreased 2.3 percent, from 40,325 to 39,417.

### **Race and Ethnicity**

U.S. Census Bureau statistics indicate most Des Moines County residents (90.9 percent) identify as white, but the county's racial diversity has continued to increase incrementally between 2010 and 2016, with the growth of some minority populations. Black or African-American residents grew from 4.6 (2010) to 5.6 (2016) percent, Latino or Hispanic residents grew from 2.7 (2010) to 2.9 (2016) percent, and people who identify as two or more races increased from 1.7 (2010) to 2.7 (2016) percent.

### **Social Determinants of Health**

Social determinants of health affecting Des Moines County residents are significant. For example, Des Moines County is one of the lowest ranked among the state's 99 counties in Health Outcomes (92) and Health Factors (97), as indicated by 2018 County Health Rankings and Roadmaps, an initiative funded by the Robert Wood Johnson Foundation. For Health Outcomes, it is the third lowest-ranked county with a population of more than 25,000, and for Health Factors, it ranks better than just one other county is above the population threshold.

These poor measures are related to social, economic, behavioral and environmental factors including:

- Adult obesity
- Adult smoking
- Children in poverty
- High school graduation
- Inadequate housing
- Sexually transmitted infections

- Single-parent households
- Teen births
- Violent crimes

All of these social, economic, behavioral, and environmental factors were highlighted in the 2016 Community Health Needs Assessment as areas in need of improvement. In the Clinical Care subcategory under Health Factors, Des Moines County ranks 27. But in the other three subcategories – Health Behaviors (98), Social and Economic Factors (97), and Physical Environment (84), Des Moines County ranks poorly in each area and only showed slight improvement in Physical Environment from rankings highlighted in 2016.

Sexual health has been an area of concern for Des Moines County after the closure of a local Planned Parenthood that provided services for over 2,000 unique patients from throughout the region. County Health Ranking statistics are corroborated by the Iowa Health Fact Book (2015), which reports Des Moines county has the 12th highest adolescent birth rates and 10th highest sexually transmitted infection rates statewide. In fact, chlamydia, gonorrhea and syphilis infection rates have spiked in Des Moines County since 2014. For example, while Iowa has seen an overall rate increase of gonorrhea statewide (131 percent since 2013), the rate of gonorrhea cases in Des Moines County has increased disproportionately – up by at least 350 percent in 2017, compared to 2016.

### **Community Needs Index Scores**

An additional source of information is the Community Needs Index (CNI), published by Dignity Health, a not-for-profit public benefit corporation. Des Moines County’s CNI scores vary by city, but they echo the county’s struggle with social determinants. CNI scores – 1 indicating lowest need and 5 indicating highest need – are based on socio-economic indicators including cultural, education, housing, income and insurance barriers. The scores are:

- Lowest need – Danville and Sperry, 1.2; Mediapolis, Middletown, and Yarmouth, 1.6 each
- Middle need – West Burlington, 3
- Second highest need – Burlington, 3.6

When compared to the last Community Health Needs Assessment (2016), the following changes occurred: Danville improved from 1.6 to 1.2, Sperry improved from 1.4 to 1.2, Mediapolis improved from 2.0 to 1.6, Middletown worsened from 1.4 to 1.6, Yarmouth stayed the same at 1.6, West Burlington stayed the same at 3, and Burlington worsened from 3.4 to 3.6. It is difficult to utilize this data to highlight improvement strategies, but it could be used to evaluate overall progress made in addressing income, cultural, education, insurance, and housing barriers. With a majority of the Des Moines County population living in Burlington, it is worrisome that the CNI value worsened since the last Community Health Needs Assessment.

### **Access to Food**

Data related to and explaining a variety of socioeconomic indicators are reported in the 2018 Iowa State University Extension and Outreach’s Poverty and Food Needs: Des Moines County, Iowa report. This report highlights that 16.7 percent of Des Moines County residents live in poverty, and many struggle to access food because of low income, lack of transportation and/or locations of grocery stores. Latest three-year averages show that more than half (51.5 percent) of children in Des Moines County schools are eligible for free or reduced lunch, compared to the state value of 41.2 percent. Also, for every 1,000 residents, 184 participate in food assistance programs. The statewide ratio is 120 for every 1,000 residents.

### **Education**

2017 Census Bureau estimates indicate 92.0 percent of Des Moines County residents 25 and older have high school diplomas or higher education, which is consistent with the State of Iowa (91.8 percent). But only 19.8 percent of Des Moines County residents 25 and older have bachelor’s degrees or higher, compared to 27.7 percent for the entire state. This disparity was highlighted in 2016, and it is a trend worth considering for educators, employers, and the general community. For Des Moines County, there are significant racial disparities in education, both high school and college attainment. Black



(84.7 percent), American Indian (70.5 percent), some other race (70.4 percent), and Hispanic or Latino (75.9 percent) individuals who graduated high school (or higher) all had lower rates than their White peers (92.6 percent). There are also significant disparities in attaining a bachelor's degree (or higher) for individuals who are Black (6.5 percent) and Hispanic or Latino (12.4 percent), when compared to White, non-Hispanic individuals (20.4 percent).

**Income**

In 2017, the median household income in Des Moines County was \$44,516, compared to \$56,570 for the State of Iowa. The gap in median family income has continued to widen since the 2016 Community Health Needs Assessment as well (\$56,129 for Des Moines County; \$72,270 for the entire state). Finally, 72 percent of Des Moines County residents live in owner-occupied housing units that have a median value of \$101,400, compared to \$137,200 for the state. The remaining 28 percent of residents live in rental housing units, paying a median monthly rent of \$743, slightly higher than the statewide median of \$740. Since the last needs assessment, rent has increased in Des Moines County and in the State of Iowa by 16.5 percent and 7.4 percent, respectively. There are several possible reasons for the large increase in rental costs for Des Moines County, but the most widely agreed upon is the construction of a fertilizer plant in Wever, Iowa, where large numbers of temporary workers were needed to complete the plant. This influx of individuals, in a relatively short time, increased rental costs throughout the area and reported data likely reflect this phenomenon.

In Des Moines County, poverty is a significant issue in terms of overall prevalence and disparities within age, gender, and race. The data in the table below is from 2017 U.S. Census estimates and helps to show the disparities between Des Moines County and the State of Iowa as well as the disparities within Des Moines County.

<b>Poverty in Des County and the State of Iowa</b>					
	<b>Des Moines County</b>		<b>State of Iowa</b>		
<b>Population for whom poverty status is determined</b>	<b>%</b>	<b>Margin of Error</b>	<b>%</b>	<b>Margin of Error</b>	
<b>AGE</b>					
Under 18 years	23.8%	+/-4.7	14.8%	+/-0.5	
Under 5 years	31.0%	+/-6.3	16.6%	+/-0.6	
18 to 64 years	14.7%	+/-2.5	12.1%	+/-0.2	
65 years and over	6.7%	+/-1.5	7.3%	+/-0.2	
<b>SEX</b>					
Male	12.6%	+/-2.1	10.8%	+/-0.2	
Female	17.9%	+/-2.8	13.2%	+/-0.2	
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>					
White alone	12.4%	+/-2.3	10.5%	+/-0.2	
Black or African American alone	52.0%	+/-12.0	34.1%	+/-1.6	
American Indian and Alaska Native alone	20.0%	+/-36.8	28.1%	+/-4.4	
Asian alone	15.9%	+/-27.2	18.4%	+/-1.7	
Some other race alone	35.1%	+/-29.0	22.4%	+/-2.9	
Two or more races	30.0%	+/-15.1	23.1%	+/-1.4	
Hispanic or Latino origin (of any race)	34.3%	+/-15.8	22.7%	+/-1.4	
White alone, not Hispanic or Latino	11.7%	+/-2.1	10.0%	+/-0.2	

Adapted from data available through American Fact Finder, U.S. Census (2017)

Important issues to note are there are significant racial disparities within Des Moines County. Over half of the Black or African American population (52 percent) live in poverty compared to around one-eighth of White individuals (12.4 percent). Data from the U.S. Census' Small Area Income and Poverty Estimates (SAIPE) also highlights in 2016, 59 percent of Black children and 44 percent of Hispanic children live in poverty compared to 19 percent of White children. In addition to racial disparities, there are significant gender and age gaps as well. In Des Moines County, more women than men live in poverty (17.9 percent vs. 12.6 percent, respectively) and children, both younger than 18 (23.8 percent) and younger than 5 (31

percent), are more disproportionately affected by poverty than older adults (18 to 64: 14.7 percent and 65+: 6.7 percent). Though similar trends can be highlighted in the State of Iowa, all of these trends are exacerbated in Des Moines County.

## Data Sources

- **2018 Des Moines County Unemployment Statistics – Iowa Workforce Development**
  - <https://www.iowaworkforcedevelopment.gov/local-area-unemployment-statistics>
- **2017 Des Moines County and State of Iowa Income Data – American Fact Finder, U.S. Census Bureau**
  - [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)
- **Des Moines County Demographic Data – U.S. Census Bureau**
  - <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>
- **Des Moines County Insurance Data – Quick Facts, U.S. Census Bureau**
  - <https://www.census.gov/quickfacts/fact/table/desmoinescountyiowa/PST045217>
- **2018 Medicaid Enrollment – Iowa Department of Human Services**
  - [http://publications.iowa.gov/28480/4/201811\\_IAMM1800-R002.pdf](http://publications.iowa.gov/28480/4/201811_IAMM1800-R002.pdf)
- **2018 Medicare Enrollment – Centers for Medicare & Medicaid Services (CMS)**
  - <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html>
- **2018 Poverty and Food Needs – Iowa State Extension Data Profile**
  - [https://www.icip.iastate.edu/sites/default/files/poverty/poverty\\_19057.pdf](https://www.icip.iastate.edu/sites/default/files/poverty/poverty_19057.pdf)

## Approach and Methods

Great River Medical Center continued a collaborative approach to completing the 2019 Community Health Needs Assessment (CHNA)-Health Improvement Plan (HIP) while partnering with Des Moines County Public Health (DMCPH), an agency experienced in planning and implementing community health initiatives. This partnership began in March 2015 and continued with a State Innovation Model (SIM) grant that ends in April 2019. Using best-practice recommendations from the Centers for Disease Control and Prevention and other sources, Great River Medical Center and DMCPH gathered information and community input for Des Moines County's CHNA-HIP using four main data sources:

- Live community-wide meetings
- Face-to-face interviews with key informants and focus groups
- Paper and electronic surveys for professionals and community members
- Secondary research

## Data Collection

### Live Meetings

Two live community-wide meetings were planned and facilitated by Jake Tanumihardjo, Community Coordinator at Great River Medical Center. They were conducted in August 2018 and November 2018, to identify and prioritize Des Moines County's health priorities and develop potential plans and activities.

### First meeting – Prioritizing needs, August 23, 2018

Great River Medical Center, with support from the Des Moines County Board of Health and Public Health Department, invited approximately eighty organizations and leaders from different sectors in the community. Thirty-six professionals representing twenty-eight organizations attended the inaugural meeting. Some of the agencies and populations represented were:

- Alcohol Drug and Dependency Services of Southeast Iowa
- Burlington Community School District
- Burlington Police Department
- Community Action of Southeast Iowa
- Community Health Centers of Southeastern Iowa



- Des Moines County Community Services
- Des Moines County Public Health
- Early Childhood Board
- Optima LifeServices
- HazChem of Southeast Iowa
- Hope Haven
- Iowa State Extension and Outreach
- Iowa Department of Public Health
- Great River Health System
- Lee County Health Department
- The Nest of Des Moines County
- Young House Family Services

The method for assessing community needs at this meeting was based on the Nominal Group Technique. Attendees were divided into seven groups of five to six people. The multistep process for determining and ranking needs included:

- Each participant wrote his or her need perceptions on Post-It notes – one idea per note
- All notes were posted on the wall and then categorized by topic
- Each group determined its top five topics
- Each group presented its top three topics to the group at large
- At this point the group at large had narrowed the topic list to twenty-one, excluding duplications
- All participants placed five more anonymous votes for their perception of the most significant community needs.

### Second meeting – Gaining additional comments, November 1, 2018

The August meeting participants were invited to another meeting in November, and thirty attended. The group was given the option to develop action plans based on the topic areas they chose in August or focus areas accounted for the interviews, the survey data, and information gathered from Great River Medical Center’s steering committee. The group chose to align with the focuses highlighted by the Community Health Needs Assessment survey, the previous stakeholder meeting, and the advice from the Great River Medical Center steering committee. Meeting attendees highlighted additional opportunities or initiatives Great River Medical Center should consider improving the following focus areas:

- Mental Health and Substance Use
- Access to Health Care
- Poverty
- Obesity and Diabetes

### Paper and Electronic Surveys

Paper surveys [Appendix 1] were distributed to Community Health Needs Assessment meeting attendees and made available at:

- Community Health Centers of Southeastern Iowa (West Burlington)
- Great River Quick Care
- Heritage Park Pharmacy
- Physician offices – Family Medicine-Great River Medical Center and Family Medicine, Mercy-Great River Medical Center
- Social service organizations
- Community Action of Southeast Iowa
- Southeastern Community College
- Department of Human Services (Des Moines County)
- Burlington Public Library

Electronic surveys were distributed by email. Surveys asked respondents to assess the community’s health, rate their individual health and quality of life, and report demographic information, such as age, race and income level. A total of 1,062 surveys were returned and tabulated. Over 80 percent of the respondents said they live in Des Moines County.

### Face-to-Face Interviews and Focus Groups

Great River Medical Center conducted face-to-face interviews with local key informants using an open-ended question format. Questions [Appendix 2] focused on the key informants’ perceptions of Des Moines County’s significant health issues, organizational challenges, and available and lacking community resources. The key informants represented:

- Art Center of Burlington
- Burlington Community School District
- Burlington Police Department
- Burlington Fire Department
- Community Action of Southeast Iowa
- Des Moines County Community Services

- Iowa Department of Public Health
- Iowa State Extension and Outreach
- Maple Leaf Center/Harmony Bible Church

In addition to the nine face-to-face interviews, Great River Medical Center also conducted two focus groups with two local groups – Southeast Iowa Regional Planning Commission and graduates from the Bridges Out of Poverty initiative.

### Priority Area Selection

After information was categorized and ranked from the live meetings, surveys, and face-to-face interviews, four community needs were prioritized. A statistical ranking test, called a priority index and based off the Wilcoxon ranking method, was developed to best incorporate each source of information and weighted each source evenly. The top four priority areas and the calculated index score each priority area received were:

- Mental Health (64) and Substance Use (56)
- Access to Health Care (60)
- Poverty (56)
- Obesity and Diabetes (47)

Twenty-two unique priority areas were highlighted by the survey, the interviews, and the community meetings. Each information source (e.g. community survey, face-to-face interviews, community meetings) was included in the ranking process. Based on voting or number of mentions from each source, a ranking was given to each priority area. For example, mental health received the most votes in the community meeting, the most in the interviews, and the third most votes in the community survey. It thus earned index scores of 22, 22, and 20, respectively, for a total of 64. The highest possible priority index score was 66.

Due to the close relationship between mental health and substance use, these topic areas were combined and will be a stand-alone focus for the 2019 Community Health Needs Assessment. The same can be said for obesity and diabetes, which will also be a stand-alone focus. In addition, though some initiatives will be highlighted to address poverty, the Great River Medical Center steering committee discussed understanding how poverty affects each of the other focus areas, especially access to health care. The discussion posited that understanding each issue through the lens of poverty could have a more meaningful effect on addressing poverty for patients at Great River Medical Center.

## Survey and Interview Analysis

Separate reports on the analysis of the community-wide Community Health Needs Assessment survey and the interviews were completed with key informants and focus groups. For detailed data and analysis, please visit the Great River Health System website at [www.GreatRiverHealthSystem.org/CHNA](http://www.GreatRiverHealthSystem.org/CHNA).

## Conclusions

### Summary of actions in response to 2016 Community Health Needs Assessment

Des Moines County Public Health and Great River Medical Center collaborated on a joint Community Health Needs Assessment in 2016 to distinguish the unmet medical and public-health needs in Des Moines County. The top four focus areas identified were:

- Obesity and Diabetes
- Poverty
- Mental Health and Substance Use
- Violent Crimes

Great River Medical Center recognized the importance of collaborating with its community to help address the concerns highlighted. In partnership with Southeast Iowa Regional Planning Commission and Des Moines County Public Health, Great River Medical Center applied for a State Innovation Model (SIM) grant that was aimed toward building community care coalitions and developing public health initiatives to address the “Triple Aim.” The “Triple Aim” refers to a nationwide trend of improving three areas: a patient’s care experience, improving the health of populations, and reducing the per capita cost of health care.

The SIM grant in Des Moines County aimed toward integrating community-based services within the health care system, addressing systemic conditions within the community, and understanding the long-term impact of chronic disease. Great River Medical Center and its partners were selected as one of seven communities in Iowa to develop “multi-sector groups of stakeholders that include clinical-based health care providers, other community-based providers, and public health organizations implementing innovative strategies and referral processes to meet the clinical and social needs of a defined population.” (Iowa Department of Public Health, 2018)

As part of the SIM grant, Great River Medical Center hired a Community Coordinator to help guide and support the efforts highlighted in the 2016 Community Health Needs Assessment and Health Improvement Plan. The Community Coordinator, with support from Great River Health System, Des Moines County Public Health, Southeast Iowa Regional Planning Commission, and organizations throughout the county, worked together through a local health initiative called Des Moines County Living Well. Des Moines County Living Well focused on the priority areas in the 2016 Community Health Needs Assessment as well as new initiatives and opportunities that surfaced. During the 2016 Community Health Needs Assessment process, subcommittees were developed in each focus area and the Community Coordinator supported each group in achieving goals outlined in the Health Improvement Plan. The actions highlighted below will include work supported by the SIM grant and Des Moines County Living Well as well as Great River Medical Center initiatives to support these focus areas.

## **Obesity and Diabetes**

Obesity continues to be an area of concern for Des Moines County. Estimates suggest one-third of Des Moines County residents are obese, but this is likely a conservative estimate as it has not changed since the 2016 Community Health Needs Assessment. Diabetes, which is linked to obesity, is also a major issue in Des Moines County. The CDC estimates 11.1 percent, or around 3000 people, have diabetes in Des Moines County. Even more people could likely be diagnosed with prediabetes.

The CDC defines prediabetes as “a serious health condition where blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes.” The CDC estimates approximately 84 million American adults, or more than one out of three, have prediabetes. The CDC also postulates that of those who have prediabetes, 90 percent don't know they have it. Following CDC estimations, it is possible around 10,000 adults in Des Moines County may have significant risk factors that could lead to diabetes. Similar trends can be found in the neighboring counties that Great River Medical Center serves. Great River Medical Center set out a multi-faceted plan to address obesity and diabetes by supporting Des Moines County Living Well initiatives and through several departments within its system.

### ***Des Moines County Living Well***

The main objectives for Des Moines County Living Well's obesity and diabetes subcommittee were to improve facilities for bicyclists and pedestrians in Des Moines County, increase awareness of and access to healthy eating options, and increase awareness of prediabetes and support Des Moines County Public Health with the National Diabetes Prevention Program.

### ***Wellmark Foundation Grant – Putting Obesity in Park***

A group of stakeholders, many who are affiliated with Des Moines County Living Well, successfully applied for a Wellmark Foundation Grant to help improve local bicycle infrastructure in Des Moines County. With support from Great River Health System, the City of Burlington, and Bickel's Cycling and Fitness, the group was able to receive a \$25,000 grant with an additional \$12,500 in local match and in-kind support to install over 100 bicycle racks, four bicycle aid stations, and a welcome kiosk fitted with a water fountain at the North Gorge Hiking and Mountain Bike Trail.

### ***Active Transportation for Healthier Communities Conference***

In April 2018, Des Moines County Living Well partnered with Southeast Iowa Regional Planning Commission to coordinate a local conference aimed toward educating local professionals on the latest active transportation strategies, complete streets, and initiatives aimed at improving pedestrian and biking infrastructure. The CDC defines active transportation as any self-propelled, human-powered mode of transportation, such as walking or bicycling. The Active Transportation for Healthier

Communities conference invited local government, conservation organizations, public health professionals, and city planners to attend and learn about strategies to enhance active transportation. 33 attendees from throughout the southeast Iowa region attended the conference.

***Eat Fresh Southeast Iowa***

The Local Foods Coordinator from Iowa State Extension in Des Moines County received a USDA grant to improve local food infrastructure, improve access to healthy foods, and improve awareness of local, fresh foods. As part of this grant, the Local Foods Coordinator developed a regional group aimed toward improving access to local foods and produce called Eat Fresh Southeast Iowa. The Community Coordinator has worked with Eat Fresh Southeast Iowa to engage different communities in how to eat healthy while eating local foods. The average produce option travels over 1,500 miles before it makes it to the table. By eating local foods, individuals support the local economy, reduce food transportation costs, and have access to healthier, fresher foods. In 2017, Great River Medical Center collaborated with Eat Fresh Southeast Iowa and seven local food producers to offer a local foods lunch where over 100 individuals were served. All proceeds went to the local food producers and to help fund Eat Fresh Southeast Iowa’s initiatives.

***National Diabetes Prevention Program***

In 2016, Des Moines County Living Well coordinated a local obesity and diabetes subcommittee meeting to review opportunities in developing a National Diabetes Prevention Program (NDPP) in the area. At this meeting, Des Moines County Public Health offered to take on the leadership role and to develop the program in the area. With support from Great River Medical Center employees and other stakeholders, a local NDPP program was developed in Des Moines County. In late 2018, Des Moines County Public Health’s program received full recognition by the CDC – an important step in receiving reimbursement for this service from insurance providers and Medicare.

***Great River Medical Center***

Great River Medical Center has highlighted obesity and diabetes as important factors in each of their Community Health Needs Assessments (2013, 2016, and 2019). Staff throughout Great River Medical Center have developed a variety of initiatives and programs to address these concerns. Below are a list of departments and their actions to help address these concerns in the community.

***Education Department***

From 2016 to 2018, Great River Medical Center provided an educational display on nutrition information and activities at thirteen health fairs for children, families, and employers. It is estimated over 1,500 individuals attended these thirteen educational outreach opportunities. As an employee of Great River Medical Center, the Community Coordinator was a member of the Southeast Iowa Regional Coalition for Lifestyle Enhancement to help align regional healthy lifestyle initiatives and to learn best practices in addressing concerns highlighted by each community. In addition, Great River Medical Center’s Education Department provided professional support for three annual Healthy Lifestyle Conferences in 2016, 2017, and 2018.

***Great River Health Fitness***

In August 2013, Great River Health System opened its greatly expanded exercise facility, Great River Health Fitness. It is still the largest and most advanced workout facility in Des Moines County. Unique features include dynamic fitness equipment, a full exercise track, warm- and cool-water therapy pools, and a three-story rock-climbing tower. Fitness-center use is gauged by membership card scans. The table below reflects increasing use of Great River Health Fitness since 2015:

<b>Great River Health Fitness Use (2015-2018)</b>		
<b>Year</b>	<b>Total Visits (No. of card scans per year)</b>	<b>Visits in Sept. (No. of card scans)</b>
2015	-	9,875
2016	115,815	9,925
2017	124,840	9,208
2018	125,237*	10,177

\*January – November

Special programs and services offered by Great River Health Fitness include:

- A Matter of Balance – A program that helps older adults reduce their fear of falling and increase activity levels
- ABLE (A Better Life Every day) – A program for people who have difficulty obtaining or maintaining a healthy weight
- Arthritis Aquatics – A program that helps reduce pain and muscle tension, restore flexibility, and maintain joint movement
- Cardiac and Pulmonary Rehabilitation – Programs that help improve strength, endurance, and wellness for people who have cardiac and pulmonary conditions.
- Delay the Disease – An exercise program for People with Parkinson’s disease
- FAME (Fitness and Mobility Exercise) – A program for people who have had a stroke
- WellFITT – An employee who has a master’s degree in health promotion and emphasis on wellness coaching works with Great River Health System employees who didn’t pass metabolic panel testing and are choosing to be improve their health. More than 100 people have participated.

### ***Healthy Living Clinic***

In 2015, Healthy Living Clinic-Great River Medical Center moved into the new Family Medicine, Mercy-Great River Family Medicine clinic. The clinic has a demonstration kitchen for healthy cooking programs, which fill quickly. The clinic provides services that promote healthy lifestyle choices, which are conducive to long-term success in weight loss and preventing metabolic syndrome.

Its signature program, Operation Transformation, addresses a group of risk factors associated with coronary artery disease, stroke and type 2 diabetes. The physician-supervised weight-loss program focuses on changing lifestyle behaviors coupled with nutrition guidance and exercise regimens to achieve lasting weight-loss goals. Its success rate is greater than 90 percent. Area businesses, including Great River Medical Center, utilize Operation Transformation as a wellness benefit for their employees.

### ***Diabetes Education***

Great River Medical Center’s Diabetes Education program holds two classes per week for people who are newly diagnosed with diabetes, making a change in treatment, or having complications or concerns. Class topics include proper eating for diabetes, managing blood sugars, medicines, diabetes-related health problems, and exercise. Diabetes educators assess needs for specific information and skills, teach self-care, and provide continuing help. The American Diabetes Association has awarded Great River Diabetes Education with its Education Recognition Certificate for providing a high-quality diabetes self-management program. Recognition assures that education programs meet the National Standards for Diabetes Self-Management Education and are an essential component of effective diabetes treatment. The Iowa Department of Public Health also has accredited the program.

### ***Nutrition Services Department***

Great River Medical Center recognizes the importance of healthy food access and the environmental health of the community it serves. Great River Medical Center’s Nutrition Services Department has a collaborative relationship with a local farming group, Homestead 1839, to collect food waste. The program has deviated approximately 50 metric tons of organic waste from local landfills. This food waste is utilized to create compost for Homestead 1839’s daily operations. Depending on availability, Great River Medical Center also purchases produce from Homestead 1839 to bolster its salad bar with fresh, local food.

### ***Business Health-Great River Medical Center***

Business Health-Great River Medical Center works with employers to identify and address employee health risks before they lead to costly health care claims. Because every employer’s needs, culture and strategies are different, Business Health works with companies to customize their wellness programs. Business Health works with these employers to create a culture of awareness that includes providing prevention support, screening and education services, developing an incentive structure and reporting results.



In addition to working with local employers on their wellness initiatives, Business Health has offered a variety of services and support for the community. Though these services may not directly impact obesity and diabetes, they highlight the range of support Business Health has provided the community. The list below highlights these services:

- Disease Management Programming – For employees with prehypertension and metabolic syndrome, Business Health offers Heart Strong and Operation Transformation. Both are six month interventions delivered by a team of medical staff. After completing a wellness screening, employees are invited to participate for health improvement.
- Health Fairs – Business Health has participated in corporate health fairs throughout the region including General Electric/ABB, Case New Holland, Pinnacle Foods, and Hearth and Home.
- Community Events – Business Health actively engages in Small and Large Business and Industry, Wellmark's Healthy Hometown 2017-2018 and Iowa's Healthiest State programming. Healthy Hometown, under the leadership of Wellmark, Greater Burlington Partnership and Great River Health System, collaborated with 30 employers and their leaders from around the area. The collaboration was a sharing of ideas, best practices and outcomes of Eat Well, Move More and Feel Better focuses.
- Ergonomics – A trained clinician conducts an ergonomic assessment of the individual's workstation. Evaluations vary in duration depending on the complexity of the job. Upon completion, a detailed report is generated which identifies hazards and workstation modifications.
- Job-specific or Corporate-Wide Stretch-Flex Programs – A stretching program for neck-arm and low back injury prevention takes only 5-7 minutes total and are performed throughout the work shift.
- Influenza Vaccinations – Business Health nurses go onsite to companies to vaccinate employees in our service region.

## Poverty

Poverty is a multi-faceted issue that can affect every aspect of one's life. As highlighted earlier, there are significant race, age, and gender disparities that exist in Des Moines County. Des Moines County Living Well and Great River Medical Center each developed their own initiatives to address poverty in ways that might improve several aspects of poverty including improving the accessibility of support resources and providing charity health care support.

### *Des Moines County Living Well*

The poverty subcommittee for Des Moines County Living Well had an overall goal to increase awareness, access and obtainability of community services and resources for lower-income individuals and families in Des Moines County. The group outlined several opportunities to help achieve this goal.

### *Awareness and Access to Community Resources*

The poverty subcommittee met and discussed an action plan to address two specific concerns highlighted during other committees – awareness and access to community resources. The group completed or researched the following projects to help address these concerns:

- Updated Community Resource Directory – With support from the Community Coordinator and the SIM grant, the group updated the local Burlington Public Library's community resource directory and developed a stand-alone, digital directory that could be implemented by state-led groups like Iowa 2-1-1, Area Agency on Aging's LifeLongLinks, or other platforms.
- Explored the use of a local listserv for community resources – After the Community Coordinator reviewed several potential options in coordinating a local listserv, he highlighted that existing interagency communications were sufficient in achieving the overall goal of the listserv at this time.
- Educated Des Moines County providers and agencies about community resources, programs and impact of social determinants on health – The Community Coordinator was kept informed by the poverty subcommittee of local programs/services available to support the health system and the community in addressing barriers patients or clients may face. The Community Coordinator, in partnership with Great River Medical Center, worked with the



University of Iowa's College of Public Health to present to staff on the social determinants of health and ways to incorporate assessments/follow-up into their everyday work. The Community Coordinator also presented several times throughout the community on social determinants of health research and how socioeconomic barriers can affect one's health.

### ***Volunteer Income Tax Assistance (VITA)***

Members of the poverty subcommittee discussed several opportunities to help support families who may be in need of financial support. One opportunity highlighted was outreaching for the Earned Income Tax Credit – a tax credit that was developed to support families with children and individuals who earn under a certain income threshold. After discussion and outreach to local groups, the opportunity to bring back local tax assistance was highlighted. AARP had offered the service in years past but due to cuts, regionalization, and loss of volunteers, Burlington had lost its tax assistance site.

The Community Coordinator and a financial specialist from Iowa State Extension worked together to develop a Volunteer Income Tax Assistance (VITA) site in Burlington. Members of Des Moines County Living Well helped volunteer for the site and the group provided tax assistance for 38 individuals in its first year. The Burlington-based group worked with the Iowa Center for Economic Development and the United Way of the Great River Region to get the site set-up; both groups have been appreciative of the Poverty subcommittee's efforts to help improve access to VITA services in Southeast Iowa. A VITA site is being coordinated for 2019 as well.

### ***Great River Medical Center***

Great River Medical Center has recognized that financial assistance for its patients can have extraordinary impacts. Great River Medical Center serves its patients in a variety of ways to help address financial concerns they might have in their lives or with their medical bills. For years, Great River Medical Center's Patient Financial Services staff have worked tirelessly to support patients and to address concerns they may have even if they are not directly medical-related.

### ***Charity Care Program and Great River Medical Center's Patient Billing Department***

Between 2014 and 2017, Great River Medical Center provided over \$20 million in billing adjustments or fee waivers to its patients. A majority of this support has come from patients who received services at Great River Medical Center. Great River Medical Center recognized the difficulty some patients have in paying their medical bills and thus increased the financial limits on receiving charity care. Through Patient Billing department and its patient financial counselors, Great River Medical Center provides direct support in assisting patients with the necessary paperwork to receive charity care. In addition to direct financial assistance, these financial counselors investigate local support programs (such as the Medication Assistance Program at Community Action), support services provided by the Managed Care Organizations, medical loans, payment plans, and enrollment into health insurance through the health insurance market or through Iowa's Medicaid program.

### ***Mental Health and Substance Use***

Mental health and substance use have been areas of need for Des Moines County and the State of Iowa for many years. The need for additional mental health services, difficulty in placing patients in appropriate care, and the opioid epidemic have been difficult issues that face communities throughout Iowa including Des Moines County. In 2015, a regional Mental Health Institute in Mount Pleasant, Iowa, was closed in favor of more community-based treatment and support found in local communities. As the only southeast Iowa hospital that offers inpatient mental health services, Great River Medical Center has a unique role to play in improving and address barriers related to receiving mental health and substance use services. Through the support of the SIM grant, Great River Medical Center has supported Des Moines County Living Well initiatives while also developing their own initiatives to help support the community.

### ***Des Moines County Living Well***

The mental health and substance use subcommittee focused on increasing education about mental health and substance use services to the citizens of Des Moines County. The group highlighted several events that members of the subcommittee

should attend to improve outreach on mental health and substance use topics. In addition, the group discussed the development of a local conference to improve professional education access in the region.

### ***Behavioral Health Summit***

The mental health and substance use subcommittee worked with the local mental health and disability region service group, Southeast Iowa Link (SEIL), to offer the area a professional education opportunity that could fit work requirements and bring to light emerging topics that affect the community. The group coordinated two conferences in 2017 and 2018. The topics for the conferences were: Human Trafficking Education, Adverse Childhood Experiences (ACEs), Trauma-Informed Care, LGBTQ Health and Barriers to Care, LGBTQ Competency Training, Emerging Issues with Opioid Use in Southeast Iowa, Utilization of Naloxone, and Medication-Assisted Treatment. Between the two conferences, over 170 individuals attended from a six-county area (southeastern Iowa and western Illinois). Several of the topics were highlighted by the U.S. Surgeon General and aligned with other national initiatives.

### ***Wellness Fair Outreach***

In 2017 and 2018, members of the mental health and substance use subcommittee supported four local wellness fairs with educational booths to help educate the population on local mental health and substance use issues. At these wellness fairs, members of subcommittee offered a variety of screening tools including Screening, Brief Intervention, and Referral to Treatment (SBIRT) for alcohol and drug use. They also offered information on local support groups and other resources. Members of the subcommittee also supported a local stakeholder in the development of a local National Alliance on Mental Illness (NAMI) affiliate and the group is focused on getting accredited.

### ***Tobacco Prevention Initiatives***

The local Alcohol Drug and Dependency Services of Southeast Iowa (ADDS) received a Community Partnership grant from the Iowa Department of Public Health through their Division of Tobacco Use Prevention and Control. The main focuses of the grant in Des Moines County are to increase the number of tobacco-free/nicotine-free park areas, coordinate with providers in the area on how to utilize Ask, Advise, and Refer in their practice and provide training when necessary, and increase the number of tobacco-free/nicotine-free policies at local businesses. The Community Coordinator at Great River Medical Center, in collaboration with Des Moines County Living Well representatives, supported ADDS' grant focuses including supporting presentations to the Burlington City Council, Des Moines County Board of Supervisors, and other entities throughout the community. ADDS has been a leader in addressing new tobacco issues such as vaping and e-cigarette use.

### ***Great River Medical Center***

Great River Medical Center is the only hospital that offers adult inpatient mental health services in the southeast Iowa region. Great River Medical Center has an eight-bed Behavioral Health Unit and an outpatient mental health clinic. As identified through the community survey and stakeholder interviews during the 2016 Community Health Needs Assessment, the hospital determined the greatest mental health needs are maintaining or increasing the mental health services it provides and improving education and outreach on mental health and substance use. Due to a set of complex issues including funding constraints, geographic barriers, and a difficult balance of professional supply and local demand, Great River Medical Center has maintained three psychiatrists instead of the five previously reported in the last Community Health Needs Assessment. Several programs that operated during the last Health Improvement Plan have also been difficult to maintain but there are several initiatives that have continued:

- In 2013, a physician began seeing patients only in the inpatient Behavioral Health Unit. The physician continues to conduct patient rounds in the unit several times throughout the day, assesses patient statuses, medicines and progress, which has led to increased patient stability, shorter lengths of stay and a higher turnover of inpatient beds.
- In 2014, a psychiatrist began providing outpatient services at Community Health Centers of Southeastern Iowa through a contract agreement and continues to provide this support. This has made behavioral health services more accessible to the community's underinsured populations and reduces the patient load of the psychiatrists at

the hospital. As a result, more office appointment times have been available. This is an area that needs continuous monitoring as supplementary funding streams become more difficult to maintain.

### ***Behavioral Health Assessment Team***

In 2014, Great River Medical Center developed a Behavioral Health Assessment Team to help meet the increasing need for mental health services with support from SEIL, the regional mental health and disability service organization. The team consists of a Social Work supervisor, a psychiatrist, and six registered nurses and social workers. They continue to work with patients, providers and community agencies to ensure existing services are provided effectively and efficiently. Services are provided for patients in the Acute Care Center, Emergency Department and Intensive Care Unit and were also expanded to support Great River Health System clinics when requested.

#### **Acute Care Center:**

- Follows patients who have mental health or substance-abuse issues
- Provides complete assessments on patients who have psychiatric consultations

#### **Emergency Department:**

- Provides complete assessments on patients with mental health or substance-abuse issues
- Helps patients who return frequently in search of other resources
- Helps patients who need social work services

#### **Intensive Care Unit:**

- Follows patients who have substance-abuse or mental health issues
- Helps patients who need social work services for mental health or substance abuse
- Completes assessments on patients with mental health or substance-abuse issues

### ***Crisis Stabilization Services at Hope Haven and Local Autism Services***

Great River Medical Center's Director of Behavioral Health worked with Hope Haven Area Development Center, a private non-profit organization that provides vocational, residential, community employment and living services, to develop criteria for its Crisis Stabilization Services. The five-bed crisis service is available to adults with a mental illness or developmental disability who temporarily cannot live independently and need immediate intervention. Hope Haven's Executive Director was also able to collaborate with another non-profit organization, Balance Autism, to provide clinic-based applied behavior analysis, consultation and training, family training and coaching, social skills development, and supported community living for children on the autism spectrum and their families.

### ***Intake coordinator***

An intake coordinator position was piloted at Mental Health-Great River Medical Center with funding support from SEIL. In face-to-face appointments, the coordinator had screened new patients and made appointments with appropriate providers to improve timeliness of care. Due to funding changes, the position was no longer able to be sustained.

### ***Integrated care clinic***

In 2015, Great River Medical Center implemented an integrated care clinic offering population-based health services that address the comprehensive physical and mental health needs of patients. The clinic functioned for nine months but was not sustainable due to the underestimated number of non-program related staff required to operate the clinic. Staff attempted to make the program more viable but a final decision to close the clinic was inevitably made.

### ***Jail diversion program***

Due to barriers with coordinating with local human services and turnover at internal Great River Medical Center positions, the program was unable to be started.

## ***Substance abuse group***

Mental Health-Great River Medical Center was able to develop a pre-treatment group with one of its substance abuse counselors, but the three-to-six-week treatment program was unable to be developed due to the regulation requirements not being sustainable.

## **Violent Crimes**

Even though it was highlighted in the Community Health Needs Assessment, the Des Moines County Living Well subcommittee was unable to meet consistently and did not execute the action plan it highlighted in the Health Improvement Plan. Members of the Violent Crime subcommittee refocused their efforts on a local crisis intervention team initiative to support police officers in Burlington and Des Moines County. Great River Medical Center's Social Work Manager and BHAT Supervisor worked closely with a Major at the Burlington Police Department to develop these crisis intervention teams in the area.

Burlington Police Department has dedicated staff and sent officers to trainings to provide them a background on crisis intervention teams and to ready them for engaging individuals who are suffering from a mental health crisis while in the community. Crisis intervention teams will provide law enforcement the support it needs in handling mental health crises and will reduce the number of officers necessary to respond to the incident. This will hopefully allow law enforcement to address and prevent other concerns including violent crimes.

## **2019 Great River Medical Center Health Implementation Plan**

Great River Medical Center developed an internal steering committee to review the data and information gathered by the Community Health Needs Assessment process. After reviewing the data from the survey, stakeholder meetings, and comments from the key informant interviews, the group highlighted the following areas to help support the community's health:

- Mental Health and Substance Use
- Access to Health Care
- Poverty
- Obesity and Diabetes

Leaders at Great River Medical Center highlighted the following implementation strategies, potential impacts, and resources needed for each focus area.

### **Mental Health and Substance Use**

Mental health and substance use has been highlighted in each of the Community Health Needs Assessments Great River Medical Center has coordinated. Mental health and substance use also continue to be top priority issues for local law enforcement and several different health care and service agencies throughout the county. Significant gaps in services, long wait lists for mental health beds, and need for additional crisis intervention services have been highlighted by stakeholders as key issues Des Moines County faces. Specifically, the lack of a local child psychiatrist and a community mental health clinic were highlighted as possible opportunities to address in the future. Great River Medical Center has dealt with significant funding and reimbursement cuts but continues to maintain as many services as possible. A group of mental health and substance use professionals at Great River Medical Center highlighted the following opportunities to address some of the concerns.

### ***Maintain Existing Programs***

Several programs and initiatives Great River Medical Center staff have implemented, or coordinated, have been difficult to maintain due to shifting priorities or losses of funding. Great River Medical Center works closely with the regional mental health and disability service organization, SEIL, to ensure programs and services are available to the general population and for individuals who live with a mental health diagnosis. A major priority moving forward for Great River Mental Health and the Behavioral Health Assessment Team will be to maintain as many of the current programs it offers and to expand them when funding allows.

**Expected Impact:** Mental Health-Great River Medical Center services will provide a vital resource to Des Moines County in addressing mental health and crisis stabilization events in the area. Des Moines County residents will continue to have access to high-quality mental health care and needed services when a mental health crisis occurs.

**Committed Resources:** Mental Health-Great River Medical Center and the Behavioral Health Assessment Team will provide staff time for necessary advisory, coordination, and development support to ensure mental health programs and services are available.

**Planned Collaborations:** Mental Health-Great River Medical Center will work closely with SEIL to ensure regional programmatic and service goals are met and funding to provide these resources is utilized to address the concerns highlighted. Crisis stabilization education and services is a priority for the region.

### **Partial Hospital Program**

Great River Medical Center developed the Partial Hospital Program to help provide an intensive support program for individuals who have mental, behavioral, or substance-related needs. Due to fiscal constraints, the program was temporarily stopped to ensure the viability of the program in the long term. A new priority for Mental Health-Great River Medical Center is to redevelop the program that provides intensive non-residential, non-inpatient care.

**Expected Impact:** Mental Health-Great River Medical Center will provide an innovative service to Des Moines County in addressing mental, behavioral, or substance-related health concerns.

**Committed Resources:** Mental Health-Great River Medical Center will provide staff time to ensure the program is available to the community and will either hire additional staff or utilize existing staff to provide the program.

**Planned Collaborations:** Great River Medical Center will work closely with SEIL and other community partners to help outreach for the program and to help support barriers and gaps that exist in the community.

### **Recruitment**

Great River Medical Center recognizes the important services Mental Health-Great River Medical Center professionals provide in the community and will continue to recruit additional professionals. Specifically, Great River Medical Center will evaluate the possibility of recruiting a child psychiatrist as well as other mental health and substance use professionals.

**Expected Impact:** The primary impact of this activity is to ensure mental health and substance use services are available in the community and to prevent long-term issues that may surface from undiagnosed or untreated mental illness.

**Committed Resources:** Great River Medical Center will utilize internal staff time to recruit professionals to the community and to post job opportunities that help to fill vacancies and opportunities in Mental Health-Great River Medical Center.

**Planned Collaborations:** Mental Health-Great River Medical Center will work with SEIL to highlight which positions or opportunities they may be willing to support and what needs there are in the community.

### **Opioid Management Changes**

According to CMS, "Opioid abuse and overdose deaths are at crisis levels in the United States, with more than 33,000 Americans dying from opioids in 2015. These issues are of particular concern for Medicaid beneficiaries because they are more likely to have chronic conditions and comorbidities that require pain relief." In response to the opioid epidemic, the state of Iowa recently passed HF 2377 which includes but is not limited to:

1. All prescribing practitioners need to register in the Prescription Monitoring Program (PMP)
2. Review of PMP before prescribing opioids
3. All opioid prescribing must be transmitted electronically by January 1, 2020

To maintain compliance with Iowa code and in response to upcoming regulation and the increasing concern of opioid addiction in the community, Great River Medical Center determined it is critical to establish set guidelines for prescribing opioids within the health system. To comply with current mandates, Great River Medical Center established Chronic



Opioid/Controlled Substance Guidelines for providers. The purpose of the guidelines is to define a policy for management of chronic pain and identified controlled substances. Chronic is defined by an Rx lasting greater than three months and involves opioid analgesics and other controlled substances.

**Expected Impact:** Great River Medical Center physicians and patients will be good stewards in regard to the use of opioids and become more knowledgeable of the potential community impact of the opioids that are prescribed.

**Committed Resources:** Great River Medical Center staff will utilize staff time to explore non-pharmacologic therapy and non-opioid therapy options, review the PMP before prescribing opioids, and promote the use of Chronic Opioid/Controlled Substance Agreements and care planning.

**Planned Collaborations:** Mental Health-Great River Medical Center will work closely with other hospital sites to learn best practices and with the Alcohol Drug and Dependency Services of Southeast Iowa for referral into its Medication Assisted Treatment program and the other addiction services they provide.

## Obesity and Diabetes

Des Moines County has not been immune to the nationwide trend of increases in obesity and diabetes rates. Obesity has been highlighted in each of Great River Medical Center's health improvement plan, and diabetes was also highlighted in 2016. Great River Medical Center understands obesity-related concerns affect many aspects of one's health and that addressing obesity and diabetes will be an important focus to improve the local community's health.

### 5-2-1-0 Outreach and Education

As part of a statewide initiative, Great River Medical Center's family medicine clinics will educate staff and patients on "5-2-1-0" messaging. The initiative was developed to help educate children and their parents on a set of simple goals each day to help prevent childhood obesity. "5-2-1-0" stands for at least 5 servings of fruits and vegetables each day, 2 hours or less of recreational screen time, 1 hour of daily physical activity, and 0 sugar-sweetened beverages. Family Medicine, Mercy-Great River Medical Center will act as a pilot recognition site to get the initiative started.

**Expected Impact:** The community will be better educated on important obesity prevention strategies, ideally leading to decreased rates of childhood obesity and long-term consequences that can arise.

**Committed Resources:** Great River Medical Center will utilize a small portion of existing grant funding and will dedicate time from one staff member at Family Medicine, Mercy-Great River Medical Center to lead ongoing community and staff education. In addition, Great River Medical Center will provide support funding to facilitate physician and staff education.

**Planned Collaborations:** Great River Medical Center will collaborate with a variety of stakeholders for the overall initiative including the Iowa Healthiest State, Iowa Medical Society, the local YMCA, the Burlington Community School District, and local radio stations owned by Titan Broadcasting.

### Identifying Patients with Prediabetes

The National Diabetes Prevention Program has had success throughout the nation in preventing type 2 diabetes for its participants. In 2017, Great River Medical Center received an Iowa Department of Public Health grant to develop an electronic medical record-based system to identify patients with prediabetes and refer patients to local diabetes prevention programs. The system has been operational but is in need of additional testing and education to improve outreach on prediabetes and to increase referrals to the local prevention program at Des Moines County Public Health.

**Expected Impact:** Individuals with clinical signs of prediabetes will be educated on what prediabetes is and will be referred to a local prevention program or other services. This support could reduce newly diagnosed diabetes in Des Moines County and improve outreach and education around the topic of prediabetes.

**Committed Resources:** Great River Medical Center will utilize internal staff members to provide direct education to staff on how to refer to the local diabetes prevention program. In addition, Great River Medical Center will utilize Information Systems staff to amend and improve upon the referral platform in the EMR if issues arise.



**Planned Collaborations:** Great River Medical Center will work closely with Des Moines County Public Health to ensure it is receiving referrals and has access to necessary information needed for clinical documentation and/or physician referrals. Great River Medical Center will also investigate other services and programs that could assist with prediabetes.

### **Small Business Wellness Initiative**

Business Health-Great River Medical Center will be developing a wellness program product for the many small business in southeast Iowa. Many small businesses in southeast Iowa lack the internal resources to develop a wellness program for their employees. Business Health is seeking to develop a wellness program product that could be customized for each small business to help employees achieve their wellness goals and to support long-term prevention of chronic disease. The product will include access to wellness tracking values, online educational materials, and a customizable community platform that contains information on local resources to assist the user in addressing a variety of barriers.

**Expected Impact:** Small businesses and their employees will have access to wellness program resources that could support individuals throughout Des Moines County in achieving their goals and prevent long-term chronic conditions.

**Committed Resources:** Business Health-Great River Medical Center will utilize their Coordinator and a small support staff to outreach to businesses throughout Des Moines County and the region.

**Planned Collaborations:** Business Health-Great River Medical Center will work with a group of businesses involved in the Greater Burlington Worksite Well-Being Collaborative, which was an initiative supported by Wellmark to help businesses introduce three important areas of health improvement to their employees: Move More, Eat Well, and Feel Better.

### **Chronic Care Management (CCM) Program**

In 2017, Great River Medical Center's Population Health Department developed the Chronic Care Management (CCM) program. CCM is a billable service under Medicare Part B that is essential to the success of caring for our patient population. Evidence shows care coordination is an important component of providing patient-centered care, improving outcomes, and increasing patient satisfaction. CCM is a partnership between patients and their care teams to coordinate their health care goals, learn how to manage chronic conditions and live their best lives. A personalized care plan is developed with every CCM patient to address the patient's short-term and long-term goals, barriers to care, and coordination of services. Support between visits is available through follow up with a designated care coordinator who can help the patient remove barriers to success and navigate the health care system.

**Expected Impact:** Patients with Medicare Part B coverage and have difficulty with two or more chronic conditions, including diabetes, will have access to a support program that provides ongoing support and helps improve their health.

**Committed Resources:** Great River Medical Center has devoted three staff members to implement the program – a supervisor and two care coordinators. Clinics and physicians will work closely with CCM staff to ensure patients are referred to the program.

**Planned Collaborations:** The supervisor and care coordinators for the CCM program will work closely with local community organizations to ensure patients are knowledgeable of local community resources that might help support them and address barriers they may face.

### **Access to Health Care**

Great River Medical Center serves a vital role in providing health care for the patients and families who live in Des Moines County. Understanding the barriers and issues patients face when accessing health care is an important mechanism in improving the services and availability of medical resources. There are a few specific strategies Great River Medical Center is coordinating to ensure continuity in care and that patients get the right care at the right place.

### **Telemedicine**

Telemedicine, or telehealth, is an innovative approach to providing remote care to patients. Great River Medical Center recognizes the importance of this type of service and has explored how to implement telemedicine to provide urgent care

services, primary care visits, post-operation check-ins, and specialty visits. The focus is on getting patients in quickly and providing the lowest cost of care for the patient's need. In addition, the possibility of incorporating telepsychiatry within this overall project will be evaluated.

**Expected Impact:** Telemedicine initiatives will provide patients another resource that could improve their access to health care so they can avoid leaving their homes or reduce/eliminate the time needed away from work. Telemedicine could also reduce costs of care for certain services provided to patients.

**Committed Resources:** Great River Medical Center has begun discussions with third-party entities that provide unique services and will utilize internal resources to make these services available, including staff time and initial investment costs.

**Planned Collaborations:** Great River Medical Center is working on a partnership with Burlington Community School District that would provide telemedicine visits for students while they are at school. This technology would be able to teleconference students, parents, a school nurse, and a physician together to discuss the issue, and if it warrants, in person health care or if the student needs to be sent home. Both Great River Medical Center and Burlington Community School District hope that by providing this type of service would improve absenteeism, reduce burden on school nursing staff, and support parents so they don't have to leave work to take a child to the doctor.

#### **Partnerships with Fort Madison Community Hospital (FMCH) and Henry County Health Center (HCHC)**

In mid-2018, Great River Health System reached an agreement with Fort Madison Community Hospital to become part of the health system. Fort Madison Community Hospital would keep its identity, but both groups would seek to realign and support one another. Henry County Health Center already has a management agreement in place with Great River Health System and resources are shared between the two groups. Future collaborations are being planned for each of these entities. This collaboration will support patients so, in the future, a complete and fluid medical record will be available to each provider at each hospital or clinic within the communities these organizations serve.

**Expected Impact:** Improves continuity of care in the region with the goal to regionalize health care. In addition, patients will have one health care record for all three groups.

**Committed Resources:** Great River Health System, Fort Madison Community Hospital, and Henry County Health Center have already committed staff and resources to make the partnerships successful. In the future, there will be a strong focus on continued resource sharing and support.

**Planned Collaborations:** In addition to the Fort Madison Community Hospital and Henry County Health Center, Great River Health System has worked closely with the Community Health Centers of Southeastern Iowa to improve continuity between the two systems. The Community Health Centers has been granted access to the electronic medical record at Great River Health System, and there are several existing and planned projects between the two groups.

#### **Promoting Team-Based Care**

Great River Medical Center understands that cost matters, not only for the patient but for the health system as well. By understanding the costs of certain levels of care, Great River Medical Center can stay sustainable and independent. The health system recognizes that advanced practitioners can be a cost-effective way to provide high-quality care, and that providing an option to patients is important. Great River Medical Center seeks to promote a team-based approach to health care where advanced practitioners will work together with physicians to provide care for patients.

**Expected Impact:** Reduce costs of care for patients and their families while still providing high-quality care.

**Committed Resources:** Great River Medical Center will utilize internal resources to recruit advanced practitioners to the region and develop team-based approaches with physicians, providers and staff. In addition, Great River Medical Center will continue to focus on recruiting high-quality physicians to the region to ensure services are available for patients.

### **Expanding Family Planning Services to the Region**

In mid-2017, the local Planned Parenthood in Burlington closed, and over 2,000 of its patients lost an important family planning and sexual health care provider in the area. Recent statistics from the Iowa Department of Public Health suggest Des Moines County faces one of the highest sexual transmitted disease rates (e.g. gonorrhea and chlamydia) in the state. A grant associated with developing a stand-alone family planning clinic was being offered in Iowa, and Great River Medical Center helped coordinate a local group and provided staff support for the development of a grant application. Great River Medical Center was awarded the grant to develop a Title X clinic and the health system provided the necessary seed funding to ensure it could open in mid-2018.

**Expected Impact:** Southeast Iowa will have access to sliding-fee scale family planning and sexual health services which will help to address the growing sexual transmitted disease rates in the area.

**Committed Resources:** Great River Health System provided an initial \$75,000 investment and other in-kind support to get the clinic started. It also has provided significant internal support from billing, accounting, and clinic departments in developing a new clinic.

**Planned Collaborations:** The Family Planning Clinic of Southeast Iowa clinic manager will work with organizations that serve individuals aged 20 to 59, including Community Action of Southeast Iowa and the Nest of Des Moines County, which are support agencies for new parents that provide items and education.

### **Poverty**

Families and patients who face financial hardships is a deep concern for Great River Medical Center especially as it related to receiving health care services. There are a few specific strategies the health system has highlighted to assist in this area, but an opportunity highlighted by leadership is for Great River Medical Center and its staff to better understand how poverty affects the patients and community they serve in each project, department, or service they provide.

### **Patient Financial Support**

In 2018, Great River Health System adopted a new financial assistance policy that expands the financial guidelines for patients who visit its clinics. In addition to expanded support, Patient Financial Coordinators work directly with clinic offices and hospital departments to ensure all self-pay patients are referred to them to assist with acquiring Medicaid or financial assistance at the time of or prior to their visits. Great River Health System will continue to evaluate these supports to gauge if additional staff or patient education is needed to improve this service.

**Expected Impact:** This change should have an immediate impact on both patients and the health system. Patients who fit the new guidelines will have less or even no out-of-pocket costs. This could also lead to fewer individuals being turned to an outside collection agency for their inability to pay, which will remove the possibility of negative credit reporting.

**Committed Resources:** In addition to two staff members being devoted to patient financial support, Patient Billing will also work with each clinic within Great River Health System to assure patients are being properly referred to their group.

**Planned Collaborations:** Great River Medical Center's Patient Billing Department will work with current and future managed care organizations (MCOs) to ensure patients understand and utilize the resources available to them or assist patients with enrolling in Medicaid if necessary. The Patient Billing Department also works closely with local agencies that may provide additional support services if the need arises such as Community Action's Medication Assistance Program, rental and utilities assistance program, and its food pantry.

### **Senior Health Insurance Information Program (SHIIP)**

Great River Medical Center hosts and facilitates State of Iowa volunteer-based support program that educates older adults on their health insurance options. In addition to educating patients on the many facets of Medicare, SHIIP volunteers work with patients to ensure they have the correct coverage when they sign up for Medicare. Though not directly supportive of people in poverty, the program helps individuals avoid potential coverage errors that could lead to financial hardships.

**Expected Impact:** The growing population of older adults in southeast Iowa has a support program available to answer difficult questions about their potential health care coverage. These individuals receive information on how to be properly covered for any medications or other medical services and to better understand the differences between Medicare Parts A, B, C, and D.

**Committed Resources:** Great River Medical Center employs a volunteer coordinator who assists the SHIIP office volunteers and recruits new volunteers for the whole organization. In addition, the SHIIP office is provided office space, supplies, and other assistance.

**Planned Collaborations:** The Volunteer Coordinator at Great River Medical Center will work with organizations and other volunteer agencies to improve outreach, recruitment, and placement of volunteers throughout the Burlington, Iowa community.

### **Employee Community Engagement**

Poverty is a community-wide issue, and it takes a community to help address the many concerns that relate to poverty. Great River Health System supports its staff in getting engaged with the community to support a variety of organizations and opportunities that help serve those in need. In 2018, Great River Health System employees, medical staff and volunteers donated over \$114,000 to help the communities it serves. Employees and medical staff pledged to donate \$83,000 to the Burlington/West Burlington Area United Way. Contributions help fund 13 local health care and human service agencies that provide programs for people in a 40-mile radius of Burlington. In addition to the United Way campaign, Great River Health System conducts an annual food drive, which raised \$18,000 in 2018. With support from a local supermarket, 376 \$50 food vouchers were given to food pantries in Des Moines, Lee and Louisa counties in Iowa, and Henderson County, Illinois. Great River Health System also coordinates a community-focused casual day where employees donated more than \$12,000 to charitable organizations by paying \$2 to wear jeans to work on designated Fridays. Lastly, Great River Health System's employees and volunteers donated nearly \$1,100 plus hats, mittens, coats and other winter gear to the Burlington and West Burlington school districts for student needs.

**Expected Impact:** Great River Health System and its employees, medical staff and volunteers will provide important fundraising support to the organizations and community members that ease the burdens of those in need. Several programs and organizations rely on external support to serve the people in need of their services.

**Committed Resources:** In addition to supporting staff in coordinating fundraising events and the casual day initiative, Great River Health System will provide yearly funds to both the United Way Campaign and the Employee Food Drive.

**Planned Collaborations:** Great River Health System and its employees will work closely with numerous organizations in Des Moines County to help support their missions. Some of the organizations that serve Des Moines County include: The Burlington/West Burlington Area United Way, The Salvation Army, Community Action of Southeast Iowa, Kayla's Cupboard, RSVP, Burlington Community School District, and the West Burlington Independent School District.

## Appendix 1: Des Moines County – Community Health Needs Assessment Survey

Great River Health System is conducting a Community Health Needs Assessment survey to better understand the health concerns and needs in the community. The information gathered from this survey will be used to develop an action plan to help improve the health of our community.

All responses are anonymous. You can skip any question you do not want to answer. Thank you for your time!

### Part I: Demographics

Please answer questions 1 through 12 so we can see how people feel about local health issues.

1. Age:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="radio"/> Less than 18 | <input type="radio"/> 45 to 64    |
| <input type="radio"/> 18 to 26     | <input type="radio"/> 65 to 84    |
| <input type="radio"/> 27 to 45     | <input type="radio"/> 85 or older |

2. Sex:

- |   |  |
|---|--|
| <input type="radio"/> Identify as male        | <input type="radio"/> Identify as female |
| <input type="radio"/> Preferred answer: _____ |  |

3. Race/Ethnicity:

- |  |   |
|--|---|
| <input type="radio"/> African-American/Black | <input type="radio"/> White/Caucasian           |
| <input type="radio"/> Asian/Pacific Islander | <input type="radio"/> Multicultural/Multiracial |
| <input type="radio"/> Hispanic/Latino        | <input type="radio"/> Other _____               |
| <input type="radio"/> Native American        |   |

4. Marital status:

- |                               |  |
|-------------------------------|--|
| <input type="radio"/> Married | <input type="radio"/> Unmarried couple |
| <input type="radio"/> Single  | <input type="radio"/> Divorced         |
| <input type="radio"/> Widowed | <input type="radio"/> Separated        |

5. Education:

- |  |   |
|--|---|
| <input type="radio"/> Less than high school      | <input type="radio"/> Some college or vocational training |
| <input type="radio"/> High school diploma or GED | <input type="radio"/> College degree or higher            |

6. Do you have permanent housing?

- |                           |                          |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

7. ZIP code where you live \_\_\_\_\_

8. Household income:

- |  |  |
|--|--|
| <input type="radio"/> Less than \$20,000   | <input type="radio"/> \$40,000 to \$59,999 |
| <input type="radio"/> \$20,000 to \$29,999 | <input type="radio"/> \$60,000 to \$99,999 |
| <input type="radio"/> \$30,000 to \$39,999 | <input type="radio"/> \$100,000 or more    |

9. How many people currently live in your household? \_\_\_\_\_

10. Employment:

- |  |                                  |
|--|----------------------------------|
| <input type="radio"/> Full                 | <input type="radio"/> Unemployed |
| <input type="radio"/> Part                 | <input type="radio"/> Retired    |
| <input type="radio"/> Self-employed        | <input type="radio"/> Student    |
| <input type="radio"/> Supported employment |                                  |

11. How do you pay for your health care? (check all that apply)

- Self-pay/no insurance
- Private insurance
- Medicaid
- Medicare

- Tri Care / VA
- Indian Health Service
- Hawk-i
- Other \_\_\_\_\_

12. Where or how did you get this survey? (check one)

- Healthcare provider
- Church
- Community meeting
- Grocery store
- Workplace

- Local business or organization
- Email/social media
- Personal contact
- Newspaper/Newsletter
- Other \_\_\_\_\_

## Part II: Community health

13. How would you rate the health of our community?

- Very unhealthy
- Unhealthy
- Somewhat unhealthy

- Somewhat healthy
- Healthy
- Very healthy

14. How would you rate your health?

- Very unhealthy
- Unhealthy
- Somewhat unhealthy

- Somewhat healthy
- Healthy
- Very healthy

15. About how many hours per month do you volunteer your time?

- None
- 1 to 5 hours

- 6 to 10 hours
- More than 10 hours

16. Do you have one person you think of as your personal doctor or nurse?

- Yes
- No

17. In the last year, how many times have you visited the doctor? \_\_\_\_ QuickCare? \_\_\_\_ Emergency room? \_\_\_\_  
And/or been admitted to the hospital? \_\_\_\_

18. What prevents you from getting medical care? \_\_\_\_\_  
\_\_\_\_\_

19. What do you think are the three most-important factors for a healthy community and good quality of life?

*Check only three:*

- Access to health care (family doctors, hospital services, public health services)
- Access to health insurance
- Access to day care/after-school programs
- Affordable housing
- Arts and cultural events
- Availability of positive teen activities
- Clean environment
- Emergency preparedness

- Good jobs and healthy economy
- Good place to raise children
- Good race and ethnic relations
- Good schools
- Healthy behaviors or lifestyles
- Low crime rate and safe neighborhoods
- Parks and recreation
- Religious and spiritual values
- Other \_\_\_\_\_



20. What do you think are the three most-important health problems in our community?

*Check only three:*

- Aging problems (such as arthritis, hearing/vision loss)
- Cancers
- Child abuse and neglect
- Dental problems
- Diabetes/Prediabetes
- Domestic violence
- Firearm-related injuries
- Heart disease and stroke
- High blood pressure
- Homicide
- Motor vehicle crash injuries
- Obesity
- Rape/Sexual assault
- Respiratory/Lung disease
- Poverty
- Sexually transmitted diseases (such as gonorrhea, herpes, HIV)
- Substance use
- Suicide
- Supporting individuals with mental health disorders/access to mental health services
- Teenage pregnancy
- Other \_\_\_\_\_

21. What do you think are the three most-important unhealthy behaviors/barriers in our community?

*Check only three:*

- Alcohol abuse
- Being overweight/Obese
- Dropping out of school/unable to finish school
- Drug use
- Lack of exercise
- Poor eating habits
- Not getting vaccines to prevent disease
- Discrimination based on sexual orientation or identity
- Racism
- Tobacco use
- Not using birth control
- Not using seat belts and child safety seats
- Unsafe sex
- Unsecured firearms
- Violent behavior
- Other \_\_\_\_\_

22. What do you think are the three things that our community does well?

*Check only three:*

- Affordable housing
- Affordable day care
- Variety of health services
- Civic responsibility, engagement and pride in shared accomplishments
- Jobs with career growth
- Job-training/higher-education opportunities
- Locally owned and operated businesses
- People have the opportunity to contribute to and participate in the community
- Residents believe that they can make the community a better place to live
- Reasonable commute
- Quality of schools
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

23. List three ideas you would like to see that would improve the health of Des Moines County residents:

- a.
- b.
- c.

**Part III: Quality of life**

*On a scale of 1 to 5, with 1 being the most negative and 5 being most positive, please select the answer that best fits each question. If the question does not apply to you, please select N/A.*

24. Are you satisfied with the quality of life in the community? Consider your sense of safety, well-being, and participation in community life and associations.

(Not at all)				(Very much)	
1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Are you satisfied with the health care system in the community? Consider access, cost, availability, quality and options in health care.

1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Is this community a good place to grow old? Consider elder-friendly housing, transportation to medical services, churches, shopping, social support for elderly living alone and home-delivered meals.

1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Is this community a safe place to live? Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks and the mall.

1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Are there networks of support for people and families (neighbors, support groups, faith community outreach, agencies and organizations) during times of stress and need?

1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Are there sufficient health and social services in the community?

1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Are levels of mutual trust and respect increasing among community partners as they participate in shared activities to achieve community goals?

1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments:

*Thank you for taking the time to complete this survey. Results from Great River Health System's Community Health Needs Assessment and health improvement plan process will be made available to the public when complete.*

## Appendix 2: Key Informant Interview Questions

Interviewee name:

Organization(s) represented:

Population(s) represented:

Job title(s):

Education:

Licenses and certifications:

Associations/affiliations:

Date:

1. Describe the purpose of your organization. What types of programs and services do you provide?
2. What are some of the biggest challenges your organization faces in providing these programs and services?
3. What are the most-significant health issues in our community? Please give reasons/details.
4. What resources does the community have to address these issues or other factors that may impact the community?
5. What resources for addressing these issues are lacking in our community?
6. Are any of these things lacking in our community: health care providers, services (primary care and specialties), locations to get care (hospital and clinics) and resources (prescriptions, equipment, etc.). If so, please explain.
7. What causes problems for community residents when accessing health care?
8. What are the best health services offered by Great River Medical Center and other providers in the region?
9. If funds were unlimited, what would you recommend Great River Medical Center and other community organizations do to respond to these health needs?
10. Are there any other questions we haven't asked or you would like add to our analysis?