2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLAN

Abstract

The 2022 Community Health Needs Assessment for Southeast Iowa Regional 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 Southeast Iowa Regional Medical Center's nonprofit hospital status. The needs assessment is focused on Des Moines County and Lee County as the target areas of interest. Southeast Iowa Regional Medical Center has campuses based in both counties, which represent its largest service area.

Revised by Vanessa Watson 2019 Version by Jake Tanumihardjo

Data, Action Plans and Feedback provided by Southeast Iowa Regional Medical Center, Community Health Center of Southeastern Iowa, Blessing Health Keokuk, Des Moines County Public Health and Lee County Health Department

Table of Contents

Executive Summary	2
Introduction	3
Community Health Needs Assessment Background	3
About Southeast Iowa Regional Medical Center and Great River Health	3
About Des Moines County	4
Age	4
Employment	4
Health Insurance	5
Population	5
Race and Ethnicity	5
Social Determinants of Health	5
Access to Food	6
Education	6
Income	6
About Lee County	7
Age	7
Employment	7
Health Insurance	8
Population	8
Race and Ethnicity	8
Social Determinants of Health	8
Access to Food	8
Education	8
Income	9
Approach and Methods	9
Data Collection	9
Paper and Electronic Surveys	9
Virtual Meetings	9
Priority Area Selection	10
Conclusions	12
Summary of actions in response to 2019 Community Health Needs Assessment	12
2022 Southeast Iowa Regional Medical Center Health Implementation Plan	15
Getting Back to Basics	16
Rebuilding Community Connections	16
Mental Health	16

Geriatric Inpatient Unit	16
Expand Existing Programs	17
Recruitment	17
Substance Misuse	17
Opioid Management Improvements	17
Peer Recovery Group	18
Support and Participation in Community-Based Initiatives	18
Fitness Voucher Pilot Program	18
Obesity/Overweight	19
Population Health Platform	19
Live Healthy Lee County	19
Healthy Living Community Education	19
Poverty and Equity	20
Rural Public Health Workforce Training Network (RPHWTN) Program	20
Social Determinants of Health (SDOH) Assessment Workflow	20
Good Faith Estimates	20
Great River Health Foundation Partnership with Southeastern Community College (SCC)	21
Data Sources	21
Appendix 1: Des Moines County – Community Health Needs Assessment Survey	23
Appendix 2: Lee County – Community Health Needs Assessment Survey	27
Annendix 3: Key Informant Interview Questions	27

Executive Summary

Southeast Iowa Regional Medical Center, part of Great River Health, conducted a Community Health Needs Assessment to distinguish the unmet medical and public health needs in Des Moines and Lee counties in collaboration with Community Health Centers of Southeastern Iowa, Des Moines County Public Health, Blessing Health Keokuk and Lee County Health Department.

The study had three objectives:

- 1. To conduct an assessment that provides a foundation for Southeast Iowa Regional 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 virtual meetings, paper and online surveys, key informant questionnaires, and a review 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, but were restricted by COVID-19 pandemic influences. The survey was designed to elicit public responses about health needs in Des Moines and Lee counties. The survey included multiple choice and open-ended questions that asked people what they perceived to be the greatest areas of personal and

community need. In Des Moines County, 570 surveys were returned and analyzed, a decline of 46% from the 2019 Community Health Needs Assessment survey. In Lee County, 634 surveys were returned and analyzed. Decreases in responses were to be expected due to a shortened survey window and reduced opportunities for disbursement.

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 were invited to participate in a virtual town hall community meeting and complete a key informant questionnaire. Participants were asked to identify the largest health concerns in the community, suggest ways to improve unmet health needs and identify resources addressing these needs.

The health and demographic data available for Des Moines and Lee counties, community surveys, key informant questionnaire responses and information obtained from the virtual town hall community meeting were reviewed and compared to previous years data. Considering the clear similarities across sources of information, the following four unmet health needs were chosen:

- Mental Health
- Substance Misuse

- Poverty and Equity
- Obesity/Overweight

These four areas will be the focus of Southeast Iowa Regional Medical Center's efforts to improve the health of Des Moines and Lee counties.

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.

In July 2021, Great River Medical Center and Fort Madison Community Hospital restructured and became Southeast Iowa Regional Medical Center with campuses in West Burlington and Fort Madison. The decision was made to consolidate the outcomes and strategies of the Community Health Needs Assessment and Health Implementation Plan into one overarching report to address needs at a health system level. Southeast Iowa Regional Medical Center continues to maintain relationships with local partners and stakeholders outside the hospital to meet the health needs of the community and collaborate on the assessment and strategy process to build on previous years surveys.

The goal of Southeast Iowa Regional 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 and Lee counties 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 Southeast Iowa Regional Medical Center and Great River Health

Southeast Iowa Regional Medical Center is a community-based, not-for-profit regional referral hospital with campuses in West Burlington and Fort Madison, Iowa. It is part of Great River Health, 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 125 years.

Southeast Iowa Regional Medical Center's medical staff consists of 165 employed providers including over 99 physicians and around 66 nurse practitioners and physician assistants. The total workforce has over 2,020 employees and 1773 full-time-equivalent positions.

The West Burlington campus has a 780,000 square-foot hospital licensed for about 200 adult and pediatric beds. The Fort Madison campus has an additional 50 beds. Besides the hospital, there are more than 30 clinics providing primary, specialty, and urgent care. The following facilities are on the West Burlington campus:

- Freestanding primary-care clinic
- Southeast Iowa Regional Home Health & Hospice
- Klein Center, a skilled and long-term care facility
- Kid Zone, a child care center for employees' children
- Outpatient rehabilitation
- Renal dialysis center
- Medical office plazas with primary-care and specialty clinics
- Urgent Care and Diagnostic Imaging Center
- Walk-In Clinic

These services are available on the Fort Madison campus

- Physicians and clinic building with primary-care, specialty and walk-in clinics
- Outpatient rehabilitation
- Southeast Iowa Regional Home Health & Hospice

Beyond West Burlington and Fort Madison, Great River Health's Des Moines County and Lee County-based services include a rural health clinic in Mediapolis, Iowa and a primary-care and specialty clinic in Keokuk, Iowa. In addition, Family Planning of Southeast Iowa was added to the range of services provided by Great River Health 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's service area is a five-county region consisting of southeast lowa, northeast Missouri and west-central Illinois. Des Moines County continues to represent the main service area that Southeast lowa Regional Medical Center, West Burlington, serves. The U.S. Census Bureau defines this area as the Burlington IA-IL Micropolitan Statistical Area. The county has one hospital, Southeast Iowa Regional Medical Center, West Burlington, and one federally qualified health center –Community Health Centers of Southeast Iowa (CHC-SEIA) also in West Burlington. Des Moines County Public Health is the local public health agency providing many community/public health programs, plus home care.

There are four public school districts: the Burlington School District, Danville School District, Mediapolis School District and West Burlington Independent School District. There are three private parochial schools: Notre Dame Catholic Elementary School, Burlington Notre Dame High school, and Great River Christian School.

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

About one-fifth (20.26%) of Des Moines County residents are over age 65, compared to the state average of 16.74%, and the median age of Des Moines County residents is 42.9, compared to the state average of 38.2. (Des Moines County, IA Standard Report- Quickfacts SparkMap10/20/21).

Employment

According to the Greater Burlington Partnership 2020 list of largest employers, manufacturing, wholesale and retail businesses, health care, and social services sustain the local economy. The major employers, listed alphabetically, are:

- Afinitas
- Alfagomma America, Inc.
- American Ordinance LLC
- Big River Resources, LLC
- Borghu USA, Inc.
- Case New Holland
- COBO USA
- Doran and Ward Printing & Packaging
- Flint Cliffs Manufacturing

- Great River Entertainment
- Federal Mogul Corporation
- Great River Health
- Hope Haven Area Development Center
- KPI Concepts, LLC
- Shearer's Snacks
- Silgan Containers
- U.S. Gypsum
- Winegard Company

From 2013 through 2019, Des Moines County's unemployment rate had been trending downward but in April 2020 it peaked at 14.5% during the beginning of the COVID-19 pandemic. As of February 2022, the unemployment rate was 5.5% for Des Moines County compared to 3.5% at the state level. The county's labor force continues to decrease as it has in previous years with another reduction of 1,260, or around 6% between January 2019 and January 2022. (lowa Workforce Development, 2022)

Labor force participation of 63.69% compared with the state average of 67.25%. (Des Moines County, IA Standard Report-Quickfacts SparkMap10/20/21) Des Moines County also has a higher rate of poor quality of life indicators than the state average. (County Health Rankings and Roadmaps) These factors could have ramifications on workforce participation and should be considered as possible contributors to lost work days and employer health initiatives.

Health Insurance

Based on County Health Ranking statistics, 5% of Des Moines County residents are uninsured. This is a decrease from the approximately 6.8% uninsured highlighted in the last Community Health Needs Assessment. A December 2021 report from the lowa Department of Human Services states there were 13,097 Medicaid recipients served in Des Moines County, a 14% increase from the previously reported statistics provided on the last needs assessment report.

Population

Des Moines County's population continues to decrease with the most recent July 1, 2021 estimate of total population at 38,491 (U.S. Census Bureau). Since April 2020 estimate base, U.S. Census calculates the population of Des Moines County has decreased 1.1 percent.

Race and Ethnicity

U.S. Census Bureau statistics indicate most Des Moines County residents (89.5 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 5.6% (2016) to 6.2% (2021), Latino or Hispanic residents grew from 2.9% (2016) to 3.4% (2021).

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 (82) and Health Factors (99), as indicated by 2021 County Health Rankings and Roadmaps, an initiative funded by the Robert Wood Johnson Foundation. For Health Factors, Des Moines County has fallen to the last ranked spot among all lowa Counties. It improved its Health Outcomes ranking from 92 to 82.

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

- Adult obesity
- Adult smoking
- Children in poverty

- High school graduation rate
- 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 and 2019 Community Health Needs Assessment as areas in need of improvement. In the Clinical Care subcategory under Health Factors, Des Moines County ranks 56, a loss of almost 30 spots. It has dropped 15 spots in Physical Environment rankings. In the other two subcategories – Health Behaviors (98) and Social and Economic Factors (97) Des Moines County ranks poorly in each area but has had no change in ranking compared to the 2019 report.

Sexual health has been an area of concern for Des Moines County since the previous report. The county continually ranks high in rates of Sexually Transmitted Infections (664.70) and Teen Pregnancy (34) compared to the state and top U.S. performers. County Health Ranking statistics are corroborated by the Iowa Health Fact Book (2019), which reports Des Moines County has the 8th highest adolescent birth rates and within the top 10 for chlamydia, gonorrhea and syphilis infection rates statewide. Chlamydia, gonorrhea and syphilis infection rates have spiked in Des Moines County since 2014. For example, although Iowa has seen an overall rate increase of gonorrhea statewide (131% since 2013), the rate of gonorrhea cases in Des Moines County has increased disproportionately – up by at least 350% in 2017, compared to 2016.

Access to Food

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

Education

According to 2021 County Health Rankings & Roadmaps, 92% of Des Moines County residents have completed high school, which is consistent with the State of Iowa. But only 65% of Des Moines County residents have at least some college education, and only 19.8% of 25 years+ have a bachelor's degree or higher (U.S. Census). This disparity was highlighted in 2016 and 2019, 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 (77.7%) and Hispanic or Latino (70.6%) individuals who graduated high school (or higher) all had lower rates than their White peers (92.7%). There are also significant disparities in attaining a bachelor's degree (or higher) for individuals who are Black (3 percent) and Hispanic or Latino (15.9%), when compared to White, non-Hispanic individuals (20.7%).

Income

In 2017, the median household income in Des Moines County was \$51,784 compared to \$61,836 for the State of Iowa. The gap in median family income has continued to widen since the 2016 Community Health Needs Assessment as well (\$67,693 for Des Moines County; \$79,186 for the entire state).

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 Figure 1 and Figure 2 is from 2021 Des Moines County Public Health GIS (Geographic Information System) and helps to show the disparities within Des Moines County.

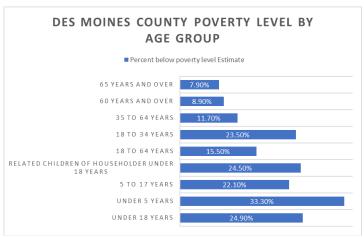


Figure 1- Adapted from data available through Des Moines County Public Health GIS (2021)

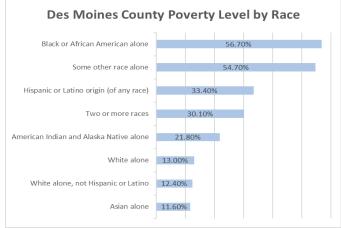


Figure 2- Adapted from data available through Des Moines County Public Health GIS (2021)

Prominent issues to note are significant racial disparities and childhood poverty within Des Moines County. Over half of the Black or African American population (56.7%) live in poverty compared to around one-eighth of White individuals (12.4%). Data from the 2021 County Health Rankings and Roadmaps, 21% of children live in poverty compared to 13% at the state level and 32% of children are in single-parent households compared to 21% at the state level.

About Lee County

Lee County is located in the southeast portion of Iowa, with Missouri and Illinois at its borders. Lee County continues to represent the main service area of Southeast Iowa Regional Medical Center, Fort Madison serves. The U.S. Census Bureau defines this area as the Fort Madison-Keokuk IA-IL-MO Micropolitan Statistical Area. The county has two hospitals, Blessing Health Keokuk and Southeast Iowa Regional Medical Center, Fort Madison, and one federally qualified health center – Community Health Centers of Southeast Iowa (CHC-SEIA) in Keokuk. The Lee County Health Department (LCHD) is the local public health agency that is governed by the Lee County Board of Health and provides many community/public health programs, plus home care and hospice services. The Board of Health is a five-member volunteer board appointed by five county elected supervisors.

There are two county seats- one in Keokuk and the other in Fort Madison. There are three public school districts: the Keokuk Community School District, Fort Madison Community School District, and Central Lee School District. There are three private parochial school districts: Holy Trinity Schools, Keokuk Catholic Schools, and the Keokuk Christian Academy.

The following cities are in the county:

- Argyle, IA
- Houghton, IA
- Denmark, IA
- Montrose, IA
- Donnellson, IA
- Pilot Grove, IA

- Fort Madison, IA
- Saint Paul, IA
- West Point, IA
- Wever, IA
- Keokuk, IA

Age

In 2021, the median age of Lee County residents is 43.3, compared to the state average of 38.2 (SparkMap).

Employment

Manufacturing, health care and a penitentiary are among the largest employers in the area. According to Fort Madison Partners' Economic Development Corporation the major employers, listed alphabetically, are:

- Climax Molybdenum Company
- ConAgra Foods
- Cryotech Deicing Technology

- Du Pont Corporation
- Gregory Manufacturing
- Iowa Fertilizer Company

- Iowa State Penitentiary
- Novelex
- Paper Pak

- Scott's Miracle Gro
- SIEMENS Gamesa Energy, Inc.
- Southeast Iowa Regional Medical Center

The county's labor force decreased 5% from 2019 to 2022, and the current Lee County unemployment rate is 3.5%. (lowa Workforce Development, May 2022)

Health Insurance

Based on SparkMap statistics, 3.7% of Lee County residents are uninsured compared to 4.67% at the state level. A December 2021 report from the lowa Department of Human Services shows there were 10,954 Medicaid recipients served in Lee County. From 2013 to 2019, those covered by Medicaid and Medicare increased and the rate of uninsured declined. In 2019, Employer coverage (45.8%) was the largest financial class followed by Medicaid (19.5%) and Medicare (14.8%). (Data USA: Lee County, IA)

Population

The county's total population was estimated to be 33,215 in a July 1, 2021 estimate (U.S. Census Bureau). Since April 2020, estimate base, U.S. Census calculates the population of Lee County has decreased 1%.

Race and Ethnicity

U.S. Census Bureau statistics indicate most Lee County residents (93.8%) identify as white. Black or African-American residents account for 3.1%, Latino or Hispanic residents 3.7%, and people who identify as two or more races at 2.1%.

Social Determinants of Health

Social determinants of health affecting Lee County residents are similar to those facing its neighbor, Des Moines County. For example, like Des Moines County, Lee County is one of the lowest ranked among the state's 99 counties in Health Outcomes (97) and Health Factors (95), according to the 2021 County Health Rankings and Roadmaps. Lee County also ranks among the bottom for Quality of Life (95), Health Behaviors (96), Social and Economic Factors (96) and Physical Environment (98) although it performs midrange in Clinical Care (42).

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

- Adult obesity
- Adult smoking
- Children in poverty
- Injury deaths

- Physical inactivity
- Single-parent households
- Teen births
- Violent crimes

Access to Food

Data related to and explaining a variety of socioeconomic indicators are reported in the 2018 lowa State University Extension and Outreach's Poverty and Food Needs: Lee County, lowa report. This report highlights that 16.4% of Lee County residents live in poverty and 14.1% of the county's individuals and 20.6% of children are food insecure. According to three-year average data, food assistance program participants were 171.2 per 1,000 population compared to 120.5 statewide.

Education

According to 2021 SparkMap report, there was 44.82% preschool enrollment and 18.46% of 25+ had obtained a bachelor's degree or higher compared to 29.32% at the state level. Lee County also has 89.9% total high school completion rate. Variation can be seen when the data are broken down by race and ethnicity with 90.3% non-Hispanic whites attaining high school graduation versus 83.3% of Black or African-American and Hispanic or Latinos.

Income

Poverty is a significant issue in terms of overall prevalence and disparities within age, gender, and race in Lee County, and it is similar to trends in Des Moines County. The median household income for Lee County is \$52,072 compared to \$61,836 for the State of Iowa. If broken down by race, data show that Native American or Alaska Native (\$7,852.00), Black or African American (\$13,294.00), and Multiple Race (\$14,689.00) have the lowest per capita income in the county. By gender, women (14.53%) compared to men (10.19%) have a higher rate of poverty. In addition, 19.33% of children 18 and under in Lee County are considered to be living in poverty compared to 13.31% for the state. (2021 SparkMap)

Approach and Methods

Southeast Iowa Regional Medical Center continued a collaborative approach to completing the 2022 Community Health Needs Assessment- Health Improvement Plan (CHNA-HIP) and participated in separate processes for Des Moines County and Lee County. Des Moines County Public Health and Lee County Health Department are both agencies experienced in planning and implementing community health initiatives with ongoing partnerships. Coordination also included Community Health Centers of Southeastern Iowa (Des Moines County) and Blessing Health Keokuk (Lee County). The goal is to complete the CHNA-HIP process as a unified team and avoid duplicating processes.

Using a modified approach to best-practice recommendations from the Centers for Disease Control and Prevention and other sources, Southeast Iowa Regional Medical Center and partners gathered information and community input for the CHNA-HIP using four main data sources:

- Live communitywide meetings (virtual)
- Paper and electronic surveys for professionals and community members
- Secondary research

Data Collection

Paper and Electronic Surveys

Electronic Surveys [Appendix 1 and 2] were distributed via social media, press release and internal communications. Paper copies were made available at:

- Burlington Public Library
- Community Health Centers of Southeastern Iowa (West Burlington)
- Des Moines County Public Health COVID Vaccine Drive-Thru

- Blessing Health Keokuk
- Lee County Health Department
- Physician offices and patient registration-Southeast Iowa Regional Medical Center West Burlington and Fort Madison campuses

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. In Des Moines County, a total of 570 surveys were returned and analyzed, a decline of 46% from the 2019 Community Health Needs Assessment survey. In Lee County, a total of 634 surveys were returned and analyzed. Decreases in responses were to be expected due to a shortened survey window and reduced opportunities for disbursement.

Modifications to the Des Moines County survey included category updates, reorganized sections and ranking to better identify meaningful data.

Virtual Meetings

Two live communitywide meetings were planned and facilitated in our service area, one in Des Moines County and the other in Lee County through virtual meeting platforms. This virtual approach was selected to avoid the gathering of large groups during the pandemic. As previously mentioned in this report, Southeast Iowa Regional Medical Center partnered with Des

Moines County Public Health and the Lee County Health Department, Blessing Health Keokuk and Community Health Centers of Southeastern Iowa for virtual meetings. They were conducted in October 2021 (Lee County) and November 2021 (Des Moines County), to identify and prioritize health priorities and develop potential plans and activities.

Southeast Iowa Regional Medical Center, with support from our partners, released a community invitation to the public to participate in this event and sent additional invitations to key stakeholders identified from different sectors in the community. In total 37 professionals representing 24 organizations attended at least one of the county meetings. Some of the agencies and populations represented were:

- Burlington Public Library
- Iowa Department of Public Health
- Community Action of Southeast Iowa
- Hope Haven Area Development Center
- City Hope Foundation
- Community Action of Southeast Iowa
- Iowa State University Extension and Outreach
- Community Health Centers of Southeastern Iowa
- Southeast Iowa Regional Medical Center- West Burlington
- Des Moines County Emergency Management Agency
- Alcohol & Drug Dependency Services of Southeast Iowa (ADDS)

- Burlington Community School District
- Southeast Iowa Regional Planning Commission
- Diabetes Education- Southeast Iowa Regional Medical Center
- Family Planning of Southeast Iowa
- United Way of the Great River Region
- Blessing Health Keokuk
- Lee & Van Buren Children First
- Epiphany Community Services
- Lee County Board of Health
- Des Moines County Board of Health
- Lee County Department of Public Health
- Live Healthy Lee County

The method for assessing community needs at this meeting was based on polling of meeting attendees. Questions included the ranking of priorities and requesting feedback of activities and resources. Additionally, key informant questionnaires [Appendix 3] were included as part of registration.

Priority Area Selection

After information from virtual meetings, surveys, and key informant questionnaires were counted, four community needs were prioritized. The top four priority areas were:

- Mental Health
- Substance Misuse

- Poverty and Equity
- Obesity/Overweight

Since the county surveys were not the same, we decided to compare similar questions from each survey and combine like items to create an overall count of the top 4 areas.

Results of the Des Moines County survey (counts) for questions 22 and 23:

Health Problem – Mental health services and support (371), Substance abuse (prescription or illegal) (333), Obesity/overweight (287), Poverty (265), Child abuse and neglect (219)

Barriers – Alcohol and other drug use (450), Poor eating habits (265), Violent behavior (254), Lack of exercise (225), Dropping out of school/unable to finish school (222)

Results of the Lee County survey (counts) questions 32 and 33:

Health Concern – Mental Health (317), Alcohol/drug abuse (304), Obesity/overweight (259), Cancer (125), Abuse (child) (119)

Health Impact – Alcohol/drug use (286), Being obese/overweight (236), Living in poverty (182), Being unemployed (143), Crimes/acts of violence (116)

Combined:

- 1373 Substance Misuse
- 1272 Obesity/Overweight
- 688 Mental Health
- 590 Poverty and Equity

In addition to the above survey question count, we tagged and categorized comments to questions 26 (Des Moines County survey) and 34 (Lee County survey): "List three ideas you would like to see that would improve the health of (insert respective county) residents." We added like items into the final total:

- 1482 Substance Misuse
- 1462 Obesity/Overweight
- 899 Mental Health
- 726 Poverty and Equity

Des Moines County Top 10 Tagged Categories

Categories	Total Times Mentioned	Ideas
mental health care and support	139	more professionals and facilities, stigma reduction
health care access and affordability	91	more providers and specialties, lower cost
physical health and activity	77	walking/biking trails, low- or no-cost gyms, safety, healthy events
jobs and economy	61	better wages, vocational training, education
education	53	health education curriculum schools, healthier food, more physical activities
health education	45	health promotion and educational offerings for a range of topics including harm reduction, substance misuse, nutrition and healthy lifestyle for weight reduction
policy	44	mandates, financial support of programs, drug, crime
financial assistance	39	assistance, cost reductions or free services- health care, dental, mental health, childcare, and housing.
community	38	more community events focused on healthy lifestyle and togetherness
alcohol and other drug services	36	services, health promotion, drug free

Lee County Top 10 Tagged Categories

Category Tag	Total Times Mentioned	Ideas
health care access and affordability	152	availability, locations, more providers including specialists

physical health and activity	82	events, programs outdoor areas, gyms, low- or no- cost, community
alcohol and other drug services	73	physical locations and services, health education, get drugs out of the community and provide rehab services
mental health care and support	72	more mental health providers, locations and low- or no- cost
health education	65	reduction in tobacco and alcohol use, sex ed, healthy living including healthy eating
built environment	42	walking and biking trails, safe places to be active, parks and rec
child	38	education improvements, family supports, mental health services, childcare, healthy foods and behaviors
jobs and economy	36	more mental health and health care providers, better pay and benefits, job fairs
community resources	32	knowledge of and access to, low cost or assistance for families
nutrition	31	health education and access to dietitian services

Response and tag counts aligned with key informant responses, outcomes from virtual town hall polling and past needs assessments. Commentary was used to distinguish and flush out the wording used to identify the top priorities and it was also decided to keep mental health and substance misuse as distinct categories rather than combining them like in previous years.

Note: The Des Moines County survey asked participants to rank their top five selections from 1 to 5, 1 being the highest priority for questions 21 through 23. A large number of paper surveys had issues with the ranking selection, or the number of items selected. Due to this problem, it was decided that overall count rather than survey ranking would be used to identify the areas of focus.

Conclusions

Summary of actions in response to 2019 Community Health Needs Assessment

Des Moines County Public Health and Great River Medical Center collaborated on a joint Community Health Needs Assessment in 2019 to distinguish the unmet medical and public-health needs in Des Moines County. The top four focus areas identified were:

- Mental Health and Substance Use
- Obesity and Diabetes

- Access to Health Care
- Poverty

Lee County Health Department and Fort Madison Community Hospital collaborated on a joint Community Health Needs Assessment in 2020 to distinguish the unmet medical and public-health needs in Lee County. The top focus areas and strategies identified were:

- Promote Healthy Behaviors and Improve Health Outcomes
 - Reduce obesity rates; preventable hospital stays due to chronic disease
 - Prevent or reduce teen births and STD's among youth/young adults.
 - Prevent/reduce alcohol, tobacco and other drug abuse (ATOD) among our youth and adults (includes prescription drug abuse).
 - o Improve the population's mental health and well-being.
- Promote Elderly Wellness
 - Improve the health, function and quality of life of older adults.

There have been many changes since the 2019/2020 Community Health Needs Assessment. Mid 2019 saw the end of the State Innovation Model (SIM) grant in Des Moines County, an initiative aimed toward building community care coalitions and developing public health initiatives to address the "Triple Aim." Functioning under the name Des Moines County Living Well, community subcommittees and a community coordinator worked together to address previous years' focus areas. Then early 2020 brought a pandemic with unique problems. Throughout these challenges, Southeast Iowa Regional Medical Center has worked to maintain its efforts to address high-priority health needs in the community.

The following is a highlight of actions taken since the previous assessments:

Health System Pledge to Outdoor Recreation

In August 2019, the GRHS-FMCH Community Health Foundation pledged \$1.5 million to Promoting Outdoor Recreational Trails (P.O.R.T.) of Fort Madison for the construction of a trail connecting to Rodeo Park in Fort Madison. The foundations' endowment supports the health system's goal to make southeast lowa a better place to live and work while improving health outcomes. In late 2021, the Rodeo Connector Trail was finished, completing another phase of the more than five-mile long walk/run/bike trail.

Area of impact: Obesity and Diabetes, Promote Healthy Behaviors and Improve Health Outcomes

Southeast Iowa Regional Medical Center Services

Southeast Iowa Regional Medical Center has highlighted obesity and diabetes as key factors in each of its Community Health Needs Assessments (2013, 2016, and 2019). Staff throughout Southeast Iowa Regional Medical Center have developed a variety of initiatives and programs to address these concerns and continue to maintain and expand these programs across the region. Below are a list of departments and their actions to help address these concerns in the community:

Health Fitness-Southeast Iowa Regional Medical Center, West Burlington, and Universal Fitness

In August 2013, Southeast Iowa Regional Medical Center opened its greatly expanded exercise facility, Health Fitness. In 2019 Universal Fitness joined the health system, expanding access to active living in Des Moines County and the surrounding area. Unique features include dynamic fitness equipment, a full exercise track, warmand cool-water therapy pools, and personal training. Since the last survey, two new programs were added and nutritious smoothies are now available at the Universal Fitness' Energy Bar.

Special programs and services offered include:

- A Matter of Balance Helps older adults reduce their fear of falling and increase activity levels
- ABLE (A Better Life Every day) For people who have difficulty obtaining or maintaining a healthy weight
- Arthritis Aquatics Helps reduce pain and muscle tension, restore flexibility, and maintain joint movement
- Cardiac and Pulmonary Rehabilitation –Helps improve strength, endurance, and wellness for people who have cardiac and pulmonary conditions

- Delay the Disease Exercise for people with Parkinson's disease
- FAME (Fitness and Mobility Exercise) For people who have had a stroke
- Moving Through Survivorship Focused on range of motion, cardiovascular and strength training during or after cancer treatment
- Walk with Ease For people with arthritis or other related conditions reduce pain, increase balance, strength and walking pace, and improve overall health

Healthy Eating and Weight-Loss Program

In 2015, Family Medicine, Mercy-Southeast Iowa Regional Medical Center opened. The clinic has a demonstration kitchen for healthy cooking programs. 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%. Area businesses, including Southeast lowa Regional Medical Center, use Operation Transformation as a wellness benefit for their employees.

Diabetes Education

Diabetes Education-Southeast Iowa Regional Medical Center offers groups and individual visits 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 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 lowa Department of Public Health also has accredited the program. The program recently increased clinical support at the hospital's Fort Madison campus, growing capacity and types of services provided.

Care Coordination

Evidence shows that care coordination is an important component of providing patient-centered care, improving outcomes, and increasing patient satisfaction. Population Health-Southeast Iowa Regional Medical Center works with primary care to provide care coordination services such as Chronic Care Management Program and Transitional Care Management for our Medicare beneficiaries. Chronic Care Management is a partnership between patients and their care teams to coordinate their health and goals, learn how to manage chronic conditions and live their best lives. Support between visits is available through follow-up with the care coordinator who can help the patient remove barriers to success and navigate the health care system. Care coordination also assists in optimal transitions of care for patients from the inpatient to community setting.

Area of impact: Obesity and Diabetes, Access to Health Care, Promote Healthy Behaviors and Improve Health Outcomes, Promote Elderly Wellness

Southeast Iowa Regional Medical Center Charity Care Program

Southeast Iowa Regional Medical Center has recognized that financial assistance for its patients can have extraordinary impacts. Southeast Iowa Regional 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, Southeast Iowa Regional 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.

Between 2019 and 2021, Southeast Iowa Regional Medical Center provided over \$56 million in billing adjustments or fee waivers to its patients. Through the Patient Billing department and its patient financial counselors, Southeast Iowa Regional 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, support services provided by the managed care organizations, medical loans, payment plans, and enrollment into health insurance through the health insurance market or through lowa's Medicaid program.

Area of impact: Poverty

Southeast Iowa Regional Medical Center Mental Health Services

Southeast Iowa Regional Medical Center is the only hospital that offers adult inpatient mental health services in the southeast Iowa region. Southeast Iowa Regional 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 and 2019 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. Several programs that operated during the last Health Improvement Plan have been difficult to maintain but the hospital has continued to explore access improvements including telemedicine.

Area of impact: Mental Health and Substance Abuse, Promote Healthy Behaviors and Improve Health Outcomes

Behavioral Health Assessment Team

In 2014, Southeast lowa Regional Medical Center developed a Behavioral Health Assessment Team to help meet the increasing need for mental health services with support from Southeast lowa Link (SEIL), the regional mental health and disability service organization. Although funding through SEIL has ended, the health system has maintained the team as an important service. They continue to work with patients, providers and community agencies to ensure existing services are provided effectively and efficiently.

Area of impact: Mental Health and Substance Abuse

COVID Response

Southeast Iowa Regional Medical Center served as one of the region's only drive-thru testing options during the first year of the pandemic. In addition to providing testing, the health system coordinated with local health departments to address community needs including vaccination and education efforts.

Area of impact: Access to Health Care

Hospitalist Program Expansion

In 2021, Southeast Iowa Regional Medical Center expanded its hospitalist program to the Fort Madison campus. Hospitalists specialize in providing inpatient care and excel at addressing acute disease processes in a timely manner therefore reducing length of stay and lowering costs. The shift helps ease the strain on primary-care providers, opening up more outpatient access for routine and preventive services and increasing patient and provider satisfaction.

Area of impact: Access to Health Care

2022 Southeast Iowa Regional Medical Center Health Implementation Plan

Southeast Iowa Regional Medical Center worked with Des Moines County and Lee County respective partners to review the data and information gathered by the Community Health Needs Assessment process. After reviewing the data from the survey, virtual town hall meetings, and comments from the key informant questionnaire, the following high priority health concerns were selected:

- Mental Health
- Substance Misuse

- Obesity/Overweight
- Poverty and Equity

Getting Back to Basics

In the last three years, many programs and collaborations became causalities to the loss of funding, staffing and difficulties from the pandemic. With the amount of ground to recover and the changes that are naturally found after the passing of time, a new formal partnership will be helpful to make an impact on high-priority health concerns, build on strengths, and prevent duplication of efforts.

Rebuilding Community Connections

Southeast Iowa Regional Medical Center is committed to building a new coalition in Des Moines County to replace previous efforts with the Community Health Needs Assessment at the core of its focus. Using the Collective Impact framework, we aim to:

- 1. Build a common agenda
- 2. Define performance metrics
- 3. Use data to guide strategies
- 4. Improve communication amongst partners, resources, and community

Expected Impact: Joint effort and shared resources for a proactive and efficient approach to programming, outreach, health education, grant funding, and data capture capabilities.

Committed Resources: Southeast lowa Regional Medical Center will coordinate with established community groups and grants and participate in community strategic planning while filling the role of backbone support organization in these efforts when applicable. The hospital's Population Health manager will coordinate efforts on behalf of the health system with additional ad hoc subject matter expert participation.

Planned Collaborations: Area health care providers including but not limited to Community Health Centers of Southeastern Iowa and Des Moines County Public Health. Establish ongoing open communication with stakeholders via established inter-agency meetings e.g. Community Actions Inter-Agency monthly meeting including but not limited to police, fire, EMT, behavioral health providers (Young House, Hope Haven, Optimae, Counseling Associates, Hillcrest, etc.), ADDS (Alcohol Drug and Dependency Services), Burlington Public Library, and Burlington Community School District

Mental Health

Mental health access and services have been highlighted in each of the Community Health Needs Assessments Southeast lowa Regional Medical Center has coordinated. Mental health also continues to be a top priority issue for local law enforcement and several different health care and service agencies throughout the county. Significant gaps in services for adults and children and the need for additional services and facilities have been highlighted by stakeholders as key issues Des Moines and Lee counties face. Specifically, the lack of a local child psychiatrist and a community mental health clinic were highlighted as opportunities to address in the future.

Geriatric Inpatient Unit

In July 2021, Southeast Iowa Regional Medical Center's Fort Madison Campus opened the 12-bed Geriatric Behavioral Health Unit. The inpatient unit provides acute inpatient psychiatric care to adults age 55 and older. Its No. 1 priority is restoring emotional wellness to older adults. A dedicated team of psychiatric health care professionals works together to renew social, physical, and mental well-being.

Expected Impact: Ensures safe, high-quality patient care while meeting requirements of the Centers for Medicare & Medicaid Services and other regulatory agencies. Provides additional mental health capacity in the region allowing more patients to receive care in their community without the need to be transported to open beds miles away. This fills the need for more services for the growing senior population in the community.

Committed Resources: The Geriatric Behavioral Health Unit is adequately staffed for census and oversight provided by an interdisciplinary team including medical director, program director, nurse practitioner, nurse manager and community education coordinator.

Planned Collaborations: Ongoing relationship development with community partners and referral sources and community education and outreach regarding strategies to maintain mental health wellness

Expand Existing Programs

Several programs and initiatives Southeast Iowa Regional Medical Center staff have implemented, or coordinated, have been difficult to maintain due to shifting priorities or losses of funding. Changes to the Southeast Iowa Link (SEIL) program and loss of the Partial Hospitalization Program have created additional difficulties to providing care in the service area. A major priority for Mental Health-Southeast Iowa Regional Medical Center and the Behavioral Health Assessment Team will be to maintain as many of its existing programs and expand them when funding allows. The health system will continue to identify opportunities to collaborate with other organizations to improve access to care.

Expected Impact: Mental Health-Southeast lowa Regional 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-Southeast Iowa Regional 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-Southeast Iowa Regional Medical Center will explore new opportunities for collaborations with community service providers as they address access needs including payer-supplied acute visit scheduling and crisis mobilization.

Recruitment

Southeast Iowa Regional Medical Center recognizes the important services its mental health professionals provide in the community, and it will continue recruiting additional professionals. Recently, there has been success recruiting a neuropsychologist to join the health system and provide needed services that are not currently available.

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

Committed Resources: Southeast Iowa Regional Medical Center will use internal staff time to recruit professionals to the community and to post job opportunities that help to fill vacancies and opportunities in Mental Health-Southeast Iowa Regional Medical Center.

Planned Collaborations: Mental Health-Southeast Iowa Regional Medical Center will work with community partners to highlight which positions or opportunities they may be willing to support and what needs there are in the community.

Substance Misuse

Lee County ranks first and Des Moines County second on the 2019 Opioid Overdose Vulnerability Ranking of Iowa Counties (IDPH). This assessment considers socioeconomic, crime, prescribing and mortality rates to calculate its ranking with hopes to help policy and community stakeholders to address prevention and response. Unhealthy behaviors related to alcohol and other drugs continues to be a large concern of the community and key stakeholders as well as the need for more recovery services and supports.

Opioid Management Improvements

In addition to changes made to comply with previous mandates, Southeast Iowa Regional Medical Center has continued efforts to monitor and revise processes. We continue to refine data capture through opioid prescribing dashboards and have

added electronic screenings for opioid misuse. The health system has also partnered with Alison Lynch, MD, director of addictions medicine in University of Iowa Hospitals & Clinics- Department of Psychiatry, to provide additional education and training to staff and consultation on practices.

Expected Impact: Southeast Iowa Regional Medical Center physicians, advanced practice providers 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 while offering timely referrals for treatment.

Committed Resources: Southeast Iowa Regional Medical Center will use staff time to explore non-pharmacologic therapy and non-opioid therapy options, review the PMP (Prescription Monitoring Program) before prescribing opioids, complete the PEG (Pain, Enjoyment of Life and General Activity) and ORT (Opioid Risk Tool) screenings as applicable and promote the use of Chronic Opioid/Controlled Substance Agreements and care planning, and Informatics build and testing of external referral orders and processes.

Planned Collaborations: ADDS MAT (Medication Assisted Treatment) Program, River Cross Dual Diagnosis Residential Treatment Program, and University of Iowa Hospitals & Clinics- Department of Psychiatry

Peer Recovery Group

Southeast Iowa Regional Medical Center has partnered with ADDS to provide a Peer Recovery group program. Twice a week a member of the ADDS team provides support services within the Inpatient Behavioral Health Unit on the West Burlington campus. Peer Recovery Coaches use the life experience of recovery and training to empower others in their journey to take back their life. Help includes but is not limited to resume writing and job search assistance, life skills and support network, and finding resources and services.

Expected Impact: Improved resource coordination for patients on the path to recovery.

Committed Resources: Southeast Iowa Regional Medical Center will provide staff and provider time to maintain collaboration and ongoing relationship with program providers as well as provide legal and compliance guidance to meet regulatory requirements.

Planned Collaborations: ADDS Peer Recovery Coaching

Support and Participation in Community-Based Initiatives

Southeast Iowa Regional Medical Center will continue efforts to work with local organizations to reduce opioid misuse and promote healthy lifestyles in the service area by engaging with active coalitions in their grant activities and strategic planning to address substance misuse.

Expected Impact: Improved communication among the health system and community initiatives to promote consistent messaging, patient education, knowledge sharing, referral management and data sharing capabilities.

Committed Resources: Southeast Iowa Regional Medical Center staff will use staff time to participate in action plan items for the state opioid grant, SAFE Coalition and The Best of You Coalition.

Planned Collaborations: ADDS, SAFE Coalition, and The Best of You Coalition

Fitness Voucher Pilot Program

Those struggling with mental health and/or substance addiction are at elevated risk for comorbidities. Integrating physical activity into recovery promotes holistic well-being and helps to prevent the onset of costly chronic conditions.

Expected Impact: Improvement in recovery outcomes and disease prevention.

Committed Resources: Health Fitness-Southeast Iowa Regional Medical Center and Universal Therapy will provide a specific number of vouchers for a pilot program.

Planned Collaborations: River Cross Dual Diagnosis Residential Treatment Program

Obesity/Overweight

Des Moines County has not been immune to the nationwide trend of increases in obesity and lower than average rates of physical activity. Obesity has been highlighted in each of Southeast Iowa Regional Medical Center's Health Improvement Plans. The hospital understands that obesity-related concerns affect many aspects of one's health and that addressing healthy eating and active living will be an important focus to improve the local community's health and reduce health care costs.

Population Health Platform

In late 2021, Southeast Iowa Regional Medical Center implemented a new population health platform that simplifies tracking patient outcomes, preventive services and outreach through scorecards and registries developed to assist quality improvement and payer agnostic tracking of metrics.

Expected Impact: Improved data capture allows us to view achievement at the health system, clinic and provider levels, leveraging our EHR (Electronic Health Record) data rather than wait for payer claims reports creating a timelier, actionable list of patients for outreach. Integration with the EHR workflow provides robust patient detail at the point of care.

Committed Resources: Southeast Iowa Regional Medical Center staff and providers maintain patient health maintenance during scheduled office visits, perform outreach as necessary and promote health literacy for informed patient decision making.

Planned Collaborations: Southeast lowa Regional Medical Center will coordinate with Community Health Centers of Southeastern lowa, Des Moines County Public Health, and Lee County Health Department on health promotion outreach to aid gap closures and improve health literacy.

Live Healthy Lee County

In 2019, partners created Live Healthy Lee County, a small coalition of organizations and individuals working on various health improvement aspects within Lee County that promote healthy living in the county. The coalition's goal is to address various health issues and strategies to support community health including, promoting outdoor activities and infrastructure.

Expected Impact: Improvements in physical activity and healthy behaviors

Committed Resources: Southeast Iowa Regional Medical Center will partner with coalition members to promote healthy living and attend committee meetings.

Planned Collaborations: Lee County Health Department, Southeast Iowa Regional Planning Commission

Healthy Living Community Education

As mentioned in the Rebuilding Community Connections section of this document, one of the many activities a new coalition would partner on includes community education focused on the high-priority needs identified in the Community Health Needs Assessment. Upcoming opportunities include a Jefferson Street Farmers Market Health Series and partnership with the Burlington Public Library to provide health information to the community.

Expected Impact: Improvements in health literacy and resource navigation

Committed Resources: Southeast lowa Regional Medical Center will partner with coalition members to provide education, handouts and other materials in support of health promotion messaging.

Planned Collaborations: Community Health Centers of Southeastern Iowa, Des Moines County Public Health, ADDS, Burlington Public Library, Downtown Partners, Iowa Department of Public Health and internal departments and programs

including Diabetes Education, Operation Transformation, Care Coordination, Family Planning of Southeast Iowa, Occupational Health, Universal Fitness and Health Fitness.

Poverty and Equity

Families and patients who face financial hardships is a deep concern for Southeast Iowa Regional Medical Center, especially as it relates to receiving health care services. Southeast Iowa Regional Medical Center and its staff are committed to economic stability in the region and understanding the complex processes underlying social needs in the communities we serve while finding strategies that embody the health system vision of empowering people, transforming lives, and fulfilling dreams.

Rural Public Health Workforce Training Network (RPHWTN) Program

The RPHWTN Program provides funding to support rural communities in developing training programs for the advancement of the local workforce in four health tracks. Southeast lowa Regional Medical Center will provide a Letter of Commitment to Lee County Health Department during the grant application process and support efforts to obtain funding. If funding is granted, Southeast lowa Regional Medical Center is a committed partner in the development and implementation of programming.

Expected Impact: Development of certificate program or additional coursework at Southeastern Community College (SCC) to advance the public health and resource navigation knowledge of the local health care workforce. It can be used to cross-train existing employees or to provide education to those just entering the workforce.

Committed Resources: If awarded funds, Southeast Iowa Regional Medical Center will be an active participant in the planning, curriculum building and promotion of educational opportunities that derive from grant work.

Planned Collaborations: Lee County Health Department, Blessing Health Keokuk, Community Health Centers of Southeastern Iowa, and SCC.

Social Determinants of Health (SDOH) Assessment Workflow

According to Healthy People 2030, "Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." The first step to understanding our patient needs outside the walls of the health system is to ask them through a standard SDOH assessment. With the information we can navigate patients to the correct programs and resources while determining gaps in services.

Expected Impact: Collection of new data points to assess programming and resources while connecting patients to needed services in the community.

Committed Resources: Southeast Iowa Regional Medical Center will use staff time to explore various workflow options to gather annual SDOH assessment data, resource identification, referrals, and electronic solutions.

Planned Collaborations: Community resource providers, Community Health Centers of Southeastern Iowa, and Des Moines County Public Health.

Good Faith Estimates

Effective Jan. 1, 2022, the No Surprises Act was written with the intent to protect patients from receiving surprise bills when they seek emergency care, unknowingly receive care from out-of-network providers within an in-network facility and are emergently transported by out-of-network air ambulance services. Southeast Iowa Regional Medical Center has implemented processes to ensure we will meet the criteria of the new regulation.

Expected Impact: Inform patients of the expected cost of care

Committed Resources: Southeast Iowa Regional Medical Center will use staff time to track self-pay and uninsured patients ensuring they receive good faith estimate when applicable.

Planned Collaborations: Patient Financial Services will work with the patient to identify insurance and community resources as applicable.

Great River Health Foundation Partnership with Southeastern Community College (SCC)

The Great River Health Foundation is partnering with the SCC nursing program to meet the critical need for nurses in the region through a grant up to \$10 million. The funding will create a stronger future for nursing and higher education in the region and enhance the health care workforce through improved facilities, programming, and financial support.

Expected Impact: The investment will increase opportunities of advancement in our community through high-quality education and job placement.

Committed Resources: Great River Health Foundation financial support of SCC and staff collaboration as needed

Planned Collaborations: SCC- Nursing Program

Data Sources

- February 2022 Lee County Unemployment Statistics Iowa Workforce Development
 - https://www.iowaworkforcedevelopment.gov/local-area-unemployment-statistics
- December 2021 MCO Counts Iowa Department of Human Services
 - o https://dhs.iowa.gov/sites/default/files/MCO_counts_2021-12.pdf?032820222129
- SAIPE (census.gov)
 - https://data.census.gov/cedsci/table?g=0500000US19057&y=2020
- Iowa Health Fact Book
 - https://iowahealthfactbook.org/factbook/#/aspects/data/Prenatal%20and%20Infant%20Health/Mothers%20 Under%20Age%2020/0
- Health Outcomes in Iowa | County Health Rankings & Roadmaps
 - https://www.countyhealthrankings.org/app/iowa/2021/rankings/outcomes/overall
- Des Moines County Data- U.S. Census Bureau QuickFacts: United States
 - https://www.census.gov/quickfacts/fact/table/US/PST045221
- Des Moines County Data- Census Bureau Tables
 - https://data.census.gov/cedsci/table?g=0500000US19057&y=2020
- 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
- Des Moines County/Lee County Demographic Data U.S. Census Bureau
 - https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF
- Des Moines County/Lee County Insurance Data Quick Facts, U.S. Census Bureau
 - o 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
- 2018 Medicare Enrollment Centers for Medicare & Medicaid Services (CMS)
 - o 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
 - o PFN 2018 (iastate.edu)
- TOP FORT MADISON EMPLOYERS
 - o http://www.fortmadisonchamber.curehost.com/economic-development/industry/top-fort-madison-employers/
- Data USA: Lee County
 - https://datausa.io/profile/geo/lee-countyia#:~:text=In%202019%2C%20the%20median%20age,County%2C%20IA%20residents%20was%2043.

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







Des Moines County – Community Health Needs Assessment

Southeast Iowa Regional Medical Center, Des Moines County Public Health and Community Health Centers of Southeastern Iowa are 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!

art.	I: Demographics	
1.	Age:	○ 65 to 74 ○ 75 or older
2.	Sex: Oldentify as male Oldentify as female	Preferred answer:
3.	Race/Ethnicity: African-American/Black Asian/Pacific Islander Hispanic/Latino Native American/Native Alaskan	 White/Caucasian Multicultural/Multiracial Other
4.	Marital status: Married/domestic partnership Single, never married Widowed	Unmarried coupleDivorcedSeparated
5.	Education: Less than high school High school diploma or GED	 Some college or vocational training College degree or higher
6.	Do you have permanent housing? Yes	○ No
7.	ZIP code where you live	
8.	Household income:	\$40,000 to \$59,999\$60,000 to \$99,999\$100,000 or more

9.	How many people currently live in your household?	
10	Employment: Full Part Self-employed Supported employment/disabled	○ Unemployed○ Retired○ Student
11	. How do you pay for your health care? (check all that app 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) O Health care provider Church O Workplace Cocal business or organization	Email/social media Personal contact Newspaper/newsletter Other
	II: Access and Personal Health	
15	. How would you rate your health? Very unhealthy Unhealthy Somewhat unhealthy	Somewhat healthyHealthyVery healthy
14	. Do you have one person you think of as your personal do	octor or nurse? No
15	. In the last year, how many times have you visited the do Emergency room? And/or been admitted to the ho	
16	. What prevents you from getting medical care?	
17	. Have you or a family member had issues accessing any o Check all that apply	
	Primary care Specialty care Emergency care Urgent care	 Dental care Mental health services Medication Immunizations
18	In the last year, have you received any of the following so Check all that apply Blood pressure Blood sugar or A1c Cancer screening (breast, colorectal, prostate, cervical) Cholesterol screening	ervices or screenings? Eye exam Flu shot Stroke screening Wellness exam or physical

Are you satisfied with the health care system i	n the commun	ity? Consider access, cost, availability, quality and
options in health care.		
○ Yes	O No	○ N/A
ŭ .		
20. Have you or a family member had issues access	sing any of the	following resources in the last year?
Check all that apply		
Affordable health care		○ In-home assistance
○ Childcare		Rent assistance
Healthy food		Transportation
Health Insurance		Utility assistance
O Home repair		Education/vocational training
O		Ç,
Part III: Community Health	_	
21. What do you think are the five most-importan		-
Check only five and rank them from 1-5, 1 bein	g highest prioi	_
 Access to health care 		 Good jobs and healthy economy
 Access to health insurance 		 Good place to raise children
 Access to day care/after-school 		 Good race and ethnic relations
programs/good schools		 Healthy behaviors or lifestyles
 Affordable housing 		 Low crime rate and safe neighborhoods
 Arts and cultural events 		 Parks and recreation
 Availability of positive teen activities 		 Religious and spiritual values
 Clean environment 		Other
22. What do you think are the five most-importan	t health proble	ems in our community?
Check only five and rank them from 1-5, 1 bein		
Accidents and injuries	g mgnest prior	Obesity/overweight
Aging problems (such as arthritis,		O Poverty
hearing/vision loss)		Rape/sexual assault
Child abuse and neglect		Sexually transmitted infection (such as
Chronic and catastrophic illness (strok		gonorrhea, herpes, HIV)
	Ε,	
heart disease, cancer, respiratory)		Substance abuse (prescription or illegal)
Dental problems Domestic violence		Suicide
		Teenage pregnancy
Diabetes/prediabetes		Other
Mental health services and support		
23. What do you think are the five most-important	t unhealthy be	haviors/barriers in our community?
Check only five and rank them from 1-5, 1 bein	g highest prior	rity:
 Alcohol and other drug use 		Racism
 Dropping out of school/unable to finis 	h	Tobacco use
school		 Not using birth control
 Lack of health education/health literac 	r y	 Not using seat belts and child safety seats
Lack of exercise		O Unsafe sex
O Poor eating habits		 Unsecured firearms
 Not getting vaccines to prevent diseas 	e	O Violent behavior
Discrimination based on sexual orienta		Other
or identity		

24. What do	you think are the three things that our community does we	ell?	
Check or	nly three:		
0	Affordable housing	0	People have the opportunity to
0	Affordable day care		contribute to and participate in the
0 '	Variety of health services		community
0	Civic responsibility, engagement and	0	Residents believe that they can make
	pride in shared accomplishments		the community a better place to live
0	Jobs with career growth	0	Reasonable commute
0	Job-training/higher-education	0	Quality of schools
	opportunities	0	Other
0	Locally owned and operated businesses		
25. How wo	uld you rate the health of our community?		
0 '	Very unhealthy	0	Somewhat healthy
0	Unhealthy	0	Healthy
0	Somewhat unhealthy	0	Very healthy
26 List thre	e ideas you would like to see that would improve the health	of	Dec Moines County residents:
a.	e racas you would like to see that would improve the health		bes womes county residents.
u.			
b.			
C.			
dditional Comm	nents:		

Thank you for taking the time to complete this survey. Results from Southeast Iowa Regional Medical Center, Des Moines
County Public Health and Community Health Centers of Southeastern Iowa Community Health Needs Assessment and
health improvement plan process will be made available to the public when complete.

Appendix 2: Lee County – Community Health Needs Assessment Survey







Community Health Needs Assessment Survey

Please take a few minutes to complete this survey. The purpose of this survey is to get your viewpoint on the health needs of our county. Lee County Health Department, Blessing Health Keokuk and Southeast Iowa Regional Medical Center are interested in your opinions to help identify priority health issues that can be addressed in the county health improvement plan over the next 3-5 years. Remember, your opinion can help your community! Thank you.

1. Your Healthcare							
In general, how would you best describe your health?							
☐ Very good	□ GQ	od.	□ Fair	□ Poor	☐ Very poor		
Compared to a	year ago, how	would you rate yo	our overall health now?				
☐ Much better	r than a year ag	o	☐ About the same		☐ Much worse than a year ago		
Do you have a	personal health	care provider you	use for primary care?				
☐ Yes	□No	Option	al: Provider name				
Have you had a	physical in the	past 12 months?					
☐ Yes	□No	□ N/A					
Have you had y	our blood chec	ked for diabetes?					
☐ Yes	□No	□ N/A					
In the past yea	r, did you receiv	e a flu shot?					
□ Yes	□No	□ N/A					
If over 50, have	you had a colo	noscopy?					
☐ Yes	□No	□ N/A					
If male over 40	, do you have a	nnual prostate ex	ams?				
□ Yes	□No	□ N/A					

It temale over	40, do you have	annual mami	mograms?			
□ Yes	□No	□ N/A				
If female, do you have a pap smear every other year?						
☐ Yes	□No	□ N/A				
Do you get 2.5	hours a week of	moderately i	ntense physical activity?			
☐ Yes	□No	□ N/A				
What sort of ph	ysical activity d	o you do (mar	rk all that apply)?			
Run	□ Walk	☐ Bike	☐ Exercise Class/Video	s 🗆 Swimming	☐ Gardening/Yard Work	
☐ Other						
How many daily	y servings of fru	it/vegetables	do you get in a week?			
□0	☐ 1-3 servings	□ 4	-6 servings □ 7	'+ servings		
How long is you	ır commute to v	vork?				
□ 0-15 minutes	s 🗆 15-3	0 minutes	☐ 30-60 minutes	☐ 60+ minutes		
Do you smoke o	igarettes, chew	tobacco, or u	se electronic cigarettes	?		
☐ Yes	□No					
Have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor in the past 30 days?						
uays:						
□ Yes	□No					
☐ Yes	□ No marijuana or ca		past 30 days?			
☐ Yes			past 30 days?			
☐ Yes Have you used ☐ Yes	marijuana or ca □ No	nnabis in the	past 30 days? ibed to you in the past 3	0 days?		
☐ Yes Have you used ☐ Yes	marijuana or ca □ No	nnabis in the		0 days?		
☐ Yes Have you used ☐ Yes Have you used ☐ Yes	marijuana or ca □ No prescription dru	nnabis in the		0 days?		
☐ Yes Have you used ☐ Yes Have you used ☐ Yes	marijuana or ca No prescription dru	nnabis in the		i0 days?		
☐ Yes Have you used ☐ Yes Have you used ☐ Yes Do you visit you ☐ Yes	marijuana or ca No prescription dru No ur dentist annua	nnabis in the gs not prescri		0 days?		

Based on your experiences in the past 12 months please answer the following: How easy is it for you to access local services from a doctor?						
How easy is it fo	or you to access	local services fro				
☐ Very easy	□ Easy	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How easy is it f	or you to access	local services fro	om a dentist?			
☐ Very easy	□ Eas v	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How easy is it f	or you to access	local mental he	alth or other beh	navioral support services	s?	
☐ Very easy	□ Eas v	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How easy is it f	or you to access	local services fro	om a specialty d	octor?		
☐ Very easy	□ Eas v	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How easy is it f	or you to access	local family or p	arent support se	ervices?		
☐ Very easy	□ Eas v	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How easy is it f	or you to access	local <u>child.care</u>	services?			
☐ Very easy	□ Eas v	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How easy is it f	or you to access	other needed lo	ocal community a	assistance services?		
☐ Very easy	□ Eas v	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How easy is it f	or you to access	local emergency	/ care services?			
☐ Very easy	□ Eas v	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How many times in the past year have you used the hospital ER?						
□ None	☐ 1-2 times	☐ 3-5 times	☐ 6 or more ti	mes		
How would you rate the quality of the local community services you have received?						
□ Very good □ Good □ Fair □ Poor □ Very poor						
Please comment on any difficulties you experienced while accessing health care or other services in Lee County:						

2. Please check up to FIVE HEALTH CONCERNS in Lee		st that you t	hink are the most important overall
□ Abuse (adult/elderly) □ Abuse (child) □ Alcohol/drug use □ Built Environment (trails, bike lanes, etc) □ Cancer □ Communicable disease □ Dental Health □ Diabetes □ Elderly wellness	☐ Emergency preparedness/planning ☐ Environmental health ☐(air, water, food safety, hazards) ☐ Heart disease & stroke ☐ High blood pressure ☐ Insufficient Sleep/Shift Work ☐ Lead poisoning ☐ Lung problems ☐ Mental health ☐ Nutrition		☐ Obesity/overweight ☐ Physical Activity ☐ Prescription Drug Abuse ☐ Sexually transmitted diseases (STDs) ☐ Suicide ☐ Teen Births ☐ Tobacco use ☐ Unintentional injuries ☐ (accidents, falls, drowning, etc.) ☐ Veteran's Affairs (health, benefits) ☐ Violence
3. Please check up to five health in Lee County.	items from the list below th	nat you thinl	k have the greatest IMPACT on our overall
☐ Tobacco use ☐ Crimes/acts of violence ☐ Dropping out of school ☐ Being obese/overweight ☐ Unprotected sex ☐ Food insecurity ☐ Being unemployed ☐ Abuse/neglect ☐ Other: ☐ List three ideas you would li 1. 2. 3.	□ Lack of transportation □ Living in poverty □ Poor eating habits □ Living in isolation □ Lack of family support □ Alcohol/drug use □ Lack of physical activity □ Unsafe home environmen	□ No acces □ Lack of c □ Lack of e □ Lack of a □ Not getti □ Falls or in	ring seat belts/using helmets or protective gear is to medical, dental or other health services community involvement/neighborhood support ducation/knowledge of available resources coess to healthy foods in immunizations/screenings to prevent disease njury hazards Lee County residents:
4. Personal Information	1		
Residential Zip Code			
Sex Male Female			

Age					
□ Under 18 □ 18-4	4 🗆 45-64	□ 65-74	☐ 75 and up		
Race/Ethnicity					
☐ African American/Bla	ick American	☐ Caucasian,	/White American 🔲 l	atino/Hispanic An	nerican
☐ American Indian/Nat	ive Alaskan	☐ Asian Ame	rican/Pacific Islander [☐ Multicultural/M	ultiracial
□ Other					
Marital Status and Child	Iren				
☐ Single, never married	☐ Married	d/domestic par	tnership 🗆 Widowe	d 🗆 Divorced	☐ Separated
Number of Children age	18 and under I	residing in your	home		
Education					
☐ Less than high schoo	I □ High schoo	ol diploma/GEE	O ☐ Some college/voca	tional training	College degree or higher
Household Income					
☐ Less than \$20,000	□ \$20,000 to \$3	39,999 □ \$40),000 to \$59,999 □ \$6	60,000 to \$79,999	□ \$80,000 and over
Employment					
☐ Full time ☐ Part	time 🗆 <u>Self</u>	f employed	☐ Unemployed	☐ Retired	☐ Student
Healthcare Coverage					
□ No insurance □ Medicaid □ Other	☐ Private insu ☐ Medicare		☐ Health savings ac ☐ Veterans' Admin		☐ Hawk-i <u>Active Duty</u> Military
How did you get this	survey?				
□ Church □ E-mail/social media □ Other	☐ Community ☐ Newspaper	_	☐ Grocery store ☐ Newsletter		althcare provider orkplace
Additional Comment B	ox:				

Thank you for your time in completing this survey. Results of our survey and the newly developed County Health Improvement plan will be made available to the public when completed.

Appendix 3: Key Informant Interview Questions

Demographic capture varied between Des Moines County and Lee County versions-

aprile supraire varied services see montes search, and see search, versions
Full Name:
Email:
Job title(s):
Organization:

- 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. Hospitals provide four things: individuals (health care providers), services (primary care and specialties), locations (hospital and clinics) and objects (prescriptions, equipment, etc.). Are any of these things lacking in our community? If so, please explain.
- 7. What causes problems for community residents when accessing health care?
- 8. What are the best health services offered by health care providers in the region?
- 9. If funds were unlimited, what would you recommend health care providers 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 community needs assessment?
- 11. Do you have any comments or suggestions regarding the last Community Health Needs Assessment (CHNA) or Health Implantation Plans (HIP) implemented in the county?