



Community Memorial Hospital
UnityPoint Health



Community Health Needs Assessment

2013

Introduction

The Patient Protection and Affordable Care Act (ACA) of 2010 establishes new requirements for nonprofit hospitals recognized as 501(c)(3) organizations. In this provision, non-profit hospitals and health systems are required to conduct a community health needs assessment every three years in order to maintain their tax-exempt status. The assessment requires broad community input and public health expertise. Hospitals must address each of the needs identified in the community health needs assessment and develop an implementation strategy for those they plan to address and focus on. This is an effort to ensure hospital services are in line and consistent with the needs of its community. The needs assessment must be reported on the organization's Form 990 and the report must be made widely available to the public.

During 2012 and 2013, Community Memorial Hospital (CMH) conducted a community health needs assessment (CHNA) to fulfill the requirement set forth in the ACA and to identify and address health needs of our area residents and communities.

Summary of ACA

The Patient Protection and Affordable Care Act (ACA), enacted by Congress in 2010, is legislation that aims to reform the U.S. health care system. The key provisions of the ACA focus on many issues revolving around cost, access, and quality. These key provisions will affect and impact all individuals and entities in the health care system. The ACA directly impacts providers and public health agencies and attempts to dramatically improve the nation's health through newly created processes and centers. The ACA establishes new rules, ideas, models, and centers aimed at increasing coverage and access, while, at the same time, lowering costs and improving quality. The changes and impact will be felt throughout the industry and across the nation.

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Community Memorial Hospital's mission is to provide quality healthcare to the people of Sumner and to the surrounding areas, while coordinating other needed services.

CMH History

Community Memorial Hospital (CMH) is located in Sumner, IA. CMH opened its doors on January 1, 1950 and continues to serve patients from several rural communities located in Bremer, Fayette, and Chickasaw counties. Originally, CMH was a 29-bed acute care facility originating from dreams of the community leaders who had a vision of a health center built solely on private contributions. In 1942, the citizens of Sumner began to feel the need for some kind of health care center. During this time, a local maternity nurse was still going into homes and caring for new mothers and babies when she was needed. In 1944, her home was turned into a maternity care center, which she operated. The community began fund raising to build a hospital and by May of 1947 enough money had been collected to formalize the plans. Work began in May of 1948 and the governing board was formed under the by-laws of the Community Club Charter. Since the opening, there were many expansions and building projects to continually improve and modernize the facility to provide quality care and meet the needs of the people of Sumner and surrounding areas.

In 2008, the CMH Board of Directors began investigating significant remodeling options. A Master Facility Plan was conducted the same year. In 2009, after reviewing and contemplating the plan, the Board of Directors voted unanimously to move forward with plans to build a new, replacement facility. A feasibility study was conducted that same year and a financial forecast followed in 2010. With positive results from both, "The Heart of Your Community: Help Build the NEW CMH" capital campaign with a minimum goal of \$1.5 million began in July 2010. The \$1.5 million mark was hit in February 2011 and the final design

and planning was underway. A groundbreaking ceremony was held September 26, 2011. Construction began and continued through all of 2012. On January 13, 2013, the new building was open for services. The demolition of the old facility and the parking and grounds were completed during the first half of 2013. CMH hosted a Ribbon Cutting Ceremony on September 8, 2013 to dedicate the new facility and mark the beginning a new chapter in healthcare for CMH and the patients we serve.

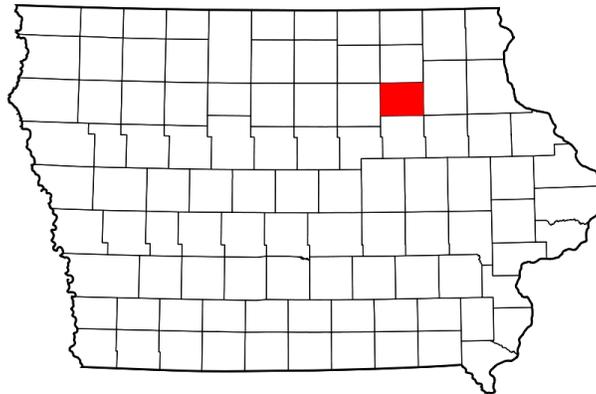
On January 1, 2000, CMH became proud partners with Allen Memorial Hospital and a member of the Iowa Health System Community Network. In April 2013, Iowa Health System was renamed to UnityPoint Health and CMH continues to be a member. We are a participating hospital in Blue Cross Blue Shield and are certified for participation in the Federal Insurance Act of 1965 (Medicare). CMH is licensed annually by the Iowa State Department of Health. As of May 1, 2001, Community Memorial Hospital became a 25-bed Critical Access Hospital. This designation improves governmental reimbursement while maintaining all hospital operations.

CMH has a professional and supportive staff of more than 90 employees who address many aspects of healthcare needs within the community.

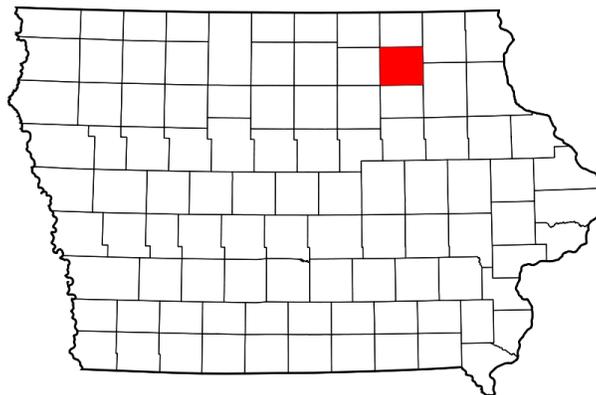
Service Area

Community Memorial Hospital is located in Sumner, IA. Sumner is a rural community located in Bremer County, Iowa with a population of 2,028. CMH's primary service area includes portions of Bremer, Chickasaw, and Fayette counties. The population is primarily white/caucasian; the area is primarily rural; and the major industry is agriculture.

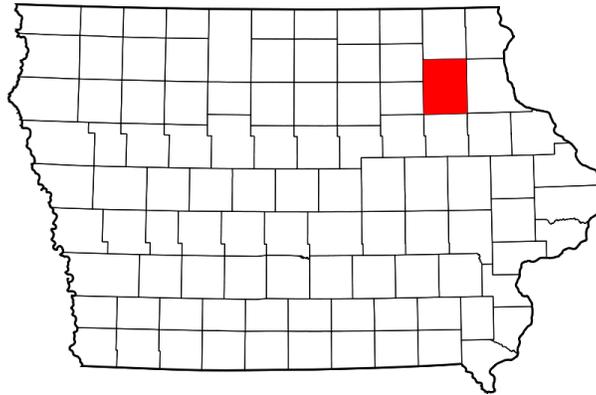
Bremer County is located in northeast Iowa with a population of 24,276 and borders Chickasaw, Fayette, Buchanan, Black Hawk, Butler, and Floyd counties. Bremer County covers 435.48 square miles and includes the following communities: Denver, Frederika, Janesville, Plainfield, Readlyn, Sumner, Tripoli, and Waverly.



Chickasaw County is located in northeast Iowa with a population of 12,439. Chickasaw County covers 504.38 square miles and includes the following communities: Alta Vista, Bassett, Fredericksburg, Ionia, Lawler, Nashua, New Hampton, North Washington, and Protivin.



Fayette County is located in northeast Iowa with a population of 20,880. Fayette County covers 730.81 square miles and includes the following communities: Arlington, Clermont, Elgin, Fayette, Fairbank, Hawkeye, Maynard, Oelwein, Randalia, St. Lucas, Stanley, Wadena, Waucoma, West Union, and Westgate.



<u>People QuickFacts</u>	<u>Bremer County</u>	<u>Chickasaw County</u>	<u>Fayette County</u>	<u>Iowa</u>
Population, 2010	24,276	12,439	20,880	3,046,355
White alone, percent, 2012 (a)	97.2%	98.5%	96.9%	92.8%
Black or African American alone, percent, 2012 (a)	0.9%	0.5%	1.2%	3.2%
American Indian and Alaska Native alone, percent, 2012 (a)	0.1%	0.1%	0.1%	0.5%
Asian alone, percent, 2012 (a)	0.8%	0.4%	0.7%	2.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	Z	0.1%	0.1%
Two or More Races, percent, 2012	0.9%	0.5%	1.0%	1.6%
Hispanic or Latino, percent, 2012 (b)	1.2%	2.4%	2.1%	5.3%
White alone, not Hispanic or Latino, percent, 2012	96.2%	96.3%	95.0%	88.0%

<u>Geography QuickFacts</u>	<u>Bremer County</u>	<u>Chickasaw County</u>	<u>Fayette County</u>	<u>Iowa</u>
Land area in square miles, 2010	435.48	504.38	730.81	55,857.13
Persons per square mile, 2010	55.7	24.7	28.6	54.5

(a) Includes persons reporting only one race; (b) Hispanics may be of any race, so also are included in applicable race categories;
 Z: Value greater than zero but less than half unit of measure shown
 Sources: <http://en.wikipedia.org>; <http://quickfacts.census.gov>

Approach & Process

CMH started the CHNA in 2012 in partnership and collaboration with other area hospitals – Grundy County Memorial Hospital, Grundy Center; UnityPoint – Allen Hospital, Waterloo; Waverly Health Center, Waverly; and Wheaton Fransiscan Healthcare (Covenant Medical Center, Waterloo; Sartori Memorial Hospital, Cedar Falls; Mercy Hospital, Oelwein). The group developed a CHNA steering committee for the Cedar Valley. The alliance was formed in an effort to collect and share data from area stakeholders. The service area of the participating entities include: Bremer, Black Hawk, Buchanan, Butler, Chickasaw, Fayette, Franklin, Grundy, Hardin, and Tama counties. Appendix A shows the entire service area; Appendix B shows the respective service area for each entity represented on the CHNA steering committee; and Appendix C shows all hospitals within the entire service area.

In the beginning stages, the group devised a list of potential interview candidates, created an interview tool to be used, and developed a database to collect, store, and share results among the group. Each member of the committee was charged with conducting interviews, recording the interviewees' ideas, concerns, and input, and reporting this back to the group through the database. This process continued through 2012. In the end, the group had 51 responding agencies that represent and/or serve the general population of our service areas. The agencies consist of schools, businesses, churches, community organizations, and others (Appendix E). After the data was collected, the individual entities of the CHNA steering committee would assess and analyze the information to develop their CHNA for their specific area and organization.

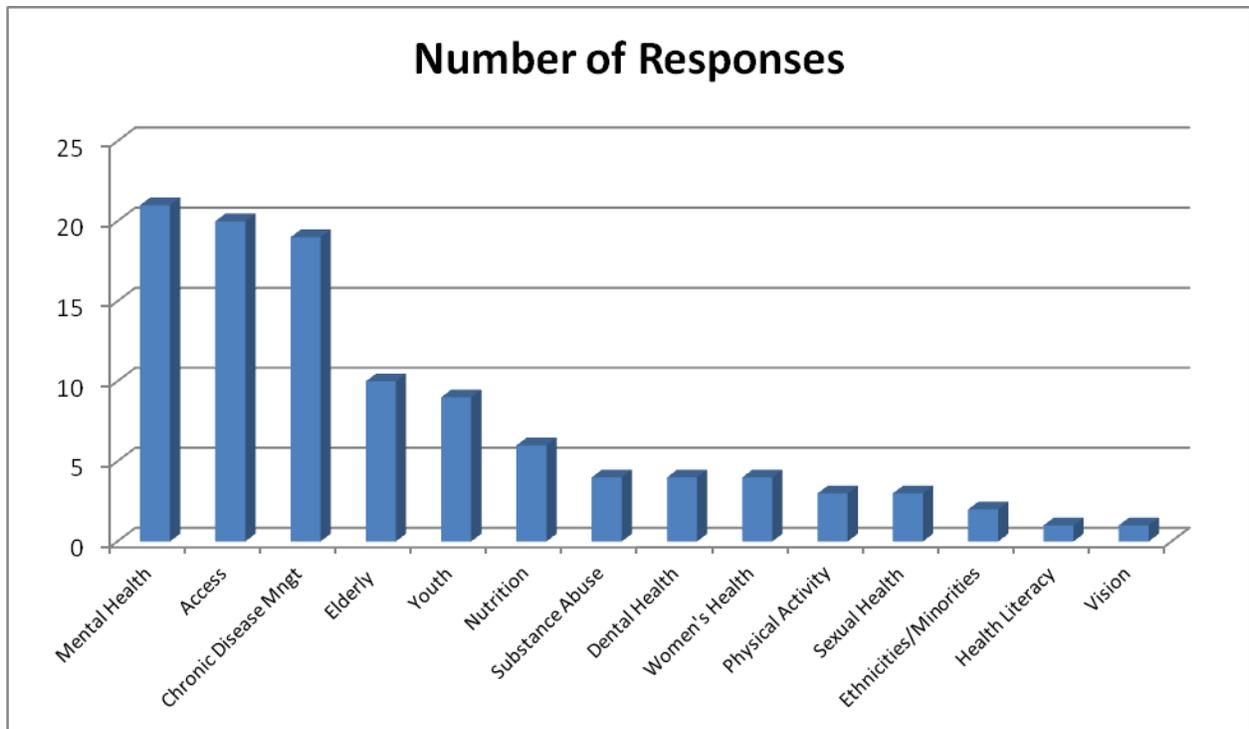
Results

The results of all the interviews conducted and information gathered were loaded into a database for all members to view. Each member could focus on information according to their specific service area. The CHNA steering committee created 15 need categories and assigned each individual identified need to one of these categories:

1. Access
2. Chronic Disease Management
3. Dental Health
4. Elderly Population
5. Ethnicities/Minorities
6. Health Literacy
7. Mental Health
8. Nutrition
9. Physical Activity
10. Sexual Health
11. Substance Abuse
12. Veterans
13. Vision Health
14. Women's Health
15. Youth

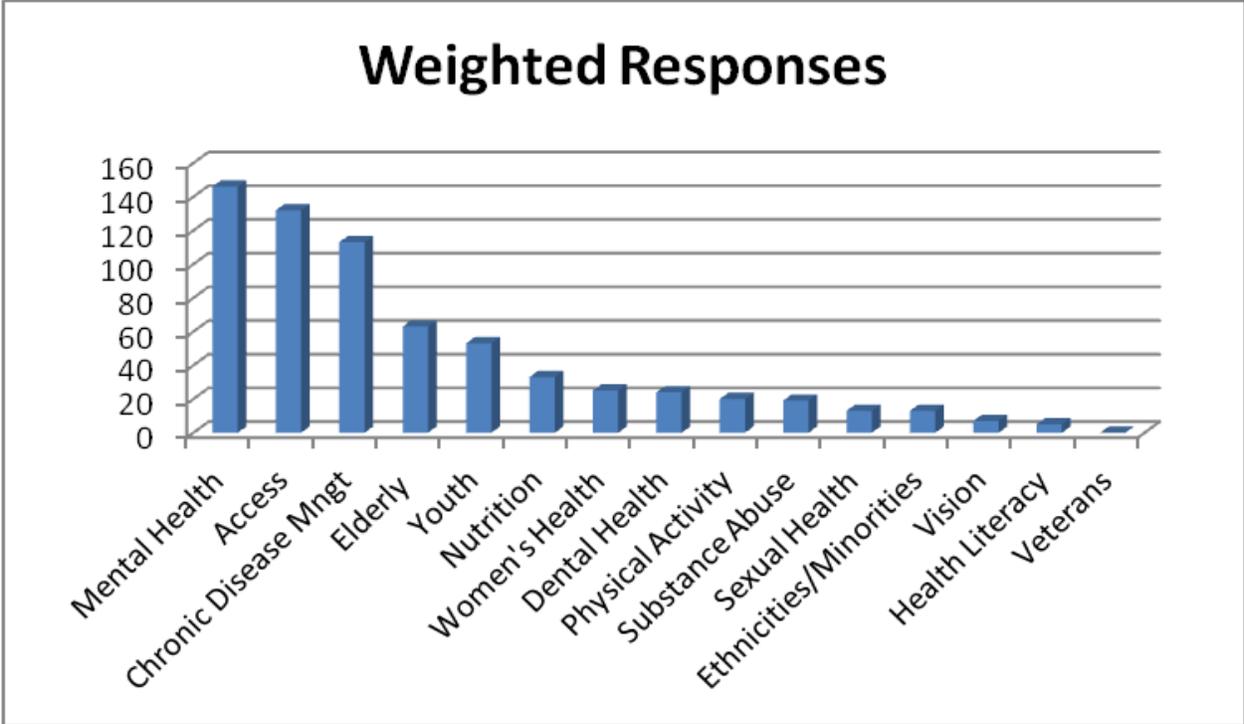
CMH used data from responding agencies that are located within or provide services in CMH's service area. This allowed us to focus in on results received from those we serve and develop strategies to benefit our local area and residents.

The following graph represents the total number of responses for each category. Each responding agency was asked to identify health needs of the community. Some provided as few as three and other provided as many as eight.



The number of reponses are as follows: Mental Health (21); Access (20); Chronic Disease Management (19); Elderly (10); Youth (9); Nutrition (6); Substance Abuse (4); Dental Health (4); Women’s Health (4); Physical Activity (3); Sexual Health (3); Ethnicities/Minorities (2); Health Literacy (1); Vision (1); Veterans (0).

In addition to stating a health need, each responding agency was asked to prioritize their responses. The following graph shows weighted results, which accounts for the prioritization given to the need identified. This was calculated by assigning a point value for level of priority assigned. This takes into account and places importance on the number of times a category was identified and the priority given by the responding agency.



The weighted response results are as follows: Mental Health (146); Access (132); Chronic Disease Management (113); Elderly (63); Youth (53); Nutrition (33); Women's Health (25); Dental Health (24); Physical Activity (20); Substance Abuse (19); Sexual Health (13); Ethnicities/Minorities (13); Vision (7); Health Literacy (5); Veterans (0).

Priorities

As part of the assessment process, CMH is charged with adopting some of the needs identified, developing a strategy, and creating an implementation plan for each need chosen. CMH and the Board of Directors have chosen to address Mental Health, Access, and Chronic Disease Management. CMH has chosen these three identified needs for a number of reasons. These three needs were first, second, and third respectively in the number of responses and weighted responses in our assessment. They fall within the scope of our mission and each covers a broad spectrum and offer ongoing opportunities for improvement. The Board of Directors is committed to the success and sustainability of quality local healthcare and placing a focus on these three needs helps achieve this.

The other needs identified in this process will not formally be included in our strategy and implementation plan. It's not to say these needs are not important because they are. As we move forward with this process and conduct future assessments, we will monitor our progress and re-assess the overall needs of the community we serve. Additionally, there are services, organizations, and businesses within the area that focus on these needs. Since conducting the interviews and gathering the information, there have been some programs and changes at CMH and within the community that have addressed some of these other concerns.

Strategy & Implementation

The CMH mission is to provide quality healthcare to the people of Sumner and to the surrounding areas, while coordinating other needed services. This is a driving factor in many of the decisions made in an effort to benefit the area residents we serve. In addition, the CMH Board of Directors focused on strategic planning at the 2013 board retreat. The Board of Directors determined four strategic priorities, three of which play an integral part in the strategy and implementation of the needs (Mental Health, Access, and Chronic Disease Management) identified above. The three strategic priorities are:

1. Enhance CMH's connection to a broader community
2. Increase utilization of all services
3. Expand specialty healthcare offerings delivered locally

Mental Health

Mental Health was overwhelmingly identified as an area of improvement in our needs assessment. This is not isolated to our specific area and is a commonly held concern state and nationwide. With a limited supply of providers and facilities and increased need for care, mental health is a major focus for all. With the current regulatory requirements and without major changes to the system, CMH is somewhat limited as to the impact we can have in this particular area. Mental health providers are in great demand and limited supply. CMH will continue to assess and care for mental health patients to the best of our ability and work with those facilities and providers that can provide the appropriate level of care. In an effort to care for these patients and extend our mental health assessment capabilities, CMH is investigating telemedicine. This

may provide an avenue to access and use the limited mental health providers as efficiently as possible for our patients' needs.

Access

Access to quality healthcare is an important part of the health and well-being of individuals. Within this identified need, CMH will strive to maintain the current services we do offer and recruit needed and new beneficial services.

We recently built and moved into a new facility. It is a state-of-the-art facility with expanded space in many areas. Our technological infrastructure allows for many improvements and options. As stated above, CMH is investigating telemedicine. This will serve as a means to offer additional access and connect our patients to providers and services that would normally be limited because of number or geography.

Another area with enhanced technology and capabilities is the surgery department. This is evidenced by the addition of cataract surgery now being offered at CMH. This creates access to another needed and beneficial service for our area residents.

One area with expanded space is our clinic. We built additional space for our medical clinic and specialty clinics. During this assessment, CMH successfully recruited a fourth family practice provider in our medical clinic. This increases our ability and capacity to serve our patients' requests and needs for clinical appointments. In addition, it also provides stability and consistency in the coverage of the emergency department.

Additionally, we hope to recruit new visiting specialty clinics to provide services onsite. Bringing specialists to our patients is convenient for our patients in the fact that it saves them time and money, but most importantly, it provides patients access to care that they may not seek if not offered locally.

In addition to expanding our providers and services to increase access to care, we also plan to increase awareness of our facility. We feel that some people are not accessing and utilizing some of the services they need because they don't know we offer them. By increasing the awareness of our area residents, it will in turn increase their knowledge and ability to access the care they need.

Chronic Disease Management

In the wake of healthcare reform, chronic disease management and preventative health have received much attention. According to the Centers for Disease Control and Prevention, 75% of healthcare spending goes towards the treatment of chronic diseases. This includes heart disease, cancer, diabetes, and many others.

CMH plans to combat chronic disease through prevention, proper education, and management. Routine and preventative measures and screenings allows disease to be caught sooner. Once diagnosed, education and management become important factors in helping the patient understand the disease and how to live with it. Physical activity, proper nutrition, eliminating tobacco use, and obtaining proper preventative screenings are common areas of focus.

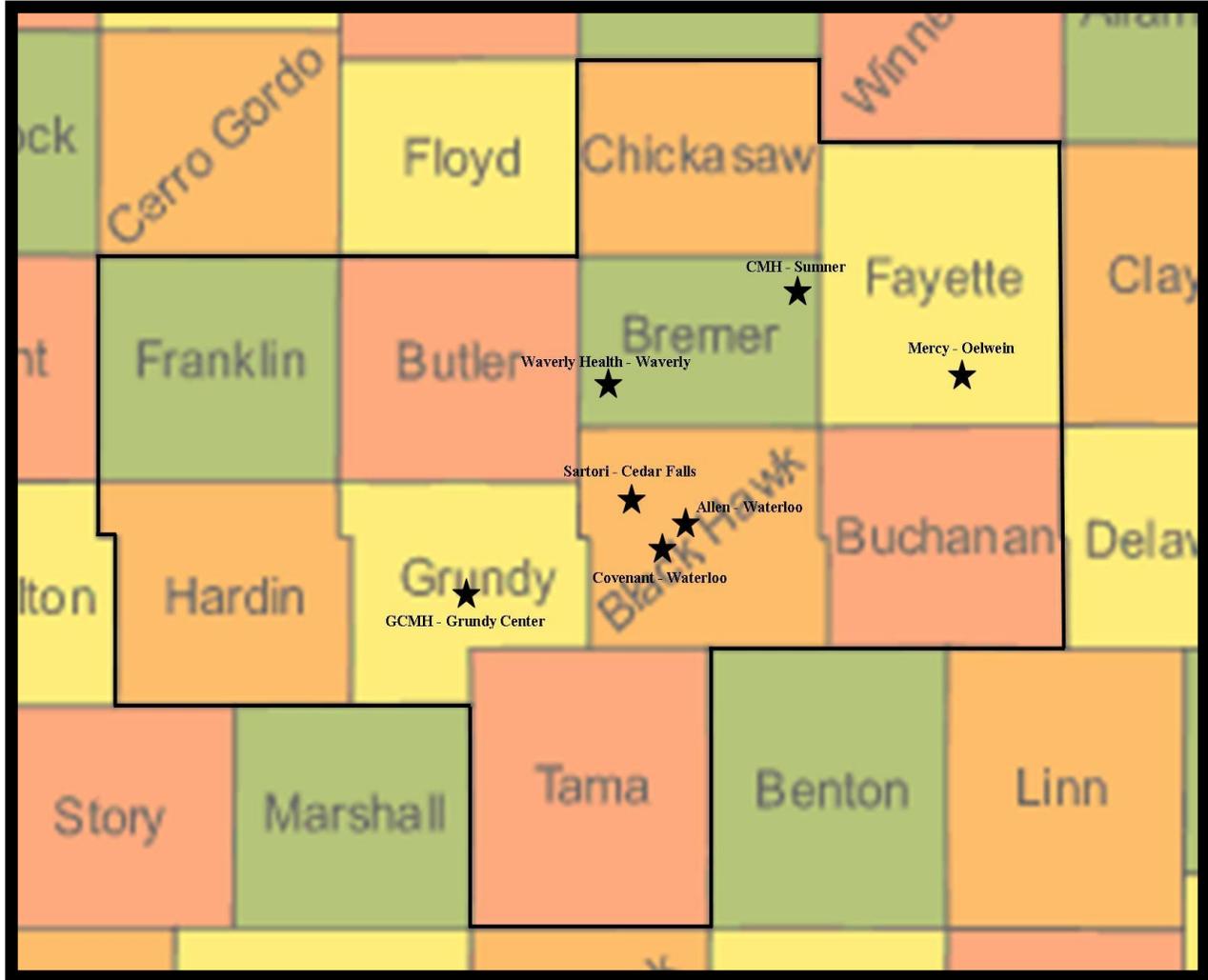
CMH will continue offering and promoting the services that offer preventative screenings, such as digital mammography and colonoscopies, and those that focus on the management of chronic diseases, such as cardiac and pulmonary rehab and anticoagulation clinic. CMH is also looking to expand its chronic disease management programs by training staff and adding a diabetes management program.

In addition, CMH will continue to play a lead role in the health and well-being of our community. CMH offers several classes throughout the year, including smoking cessation,

Matter of Balance, Better Choices Better Health, BLS certification. CMH creates and hosts several health highlights throughout the year that focus on various health and wellness topics, such as heart and eye care and proper nutrition. CMH conducts annual wellness testing for the community, which averages between 550 – 600 screenings per year. Most recently with the additional space of the new building, CMH has begun hosting Weight Watchers and have extended our meeting spaces to other community groups.

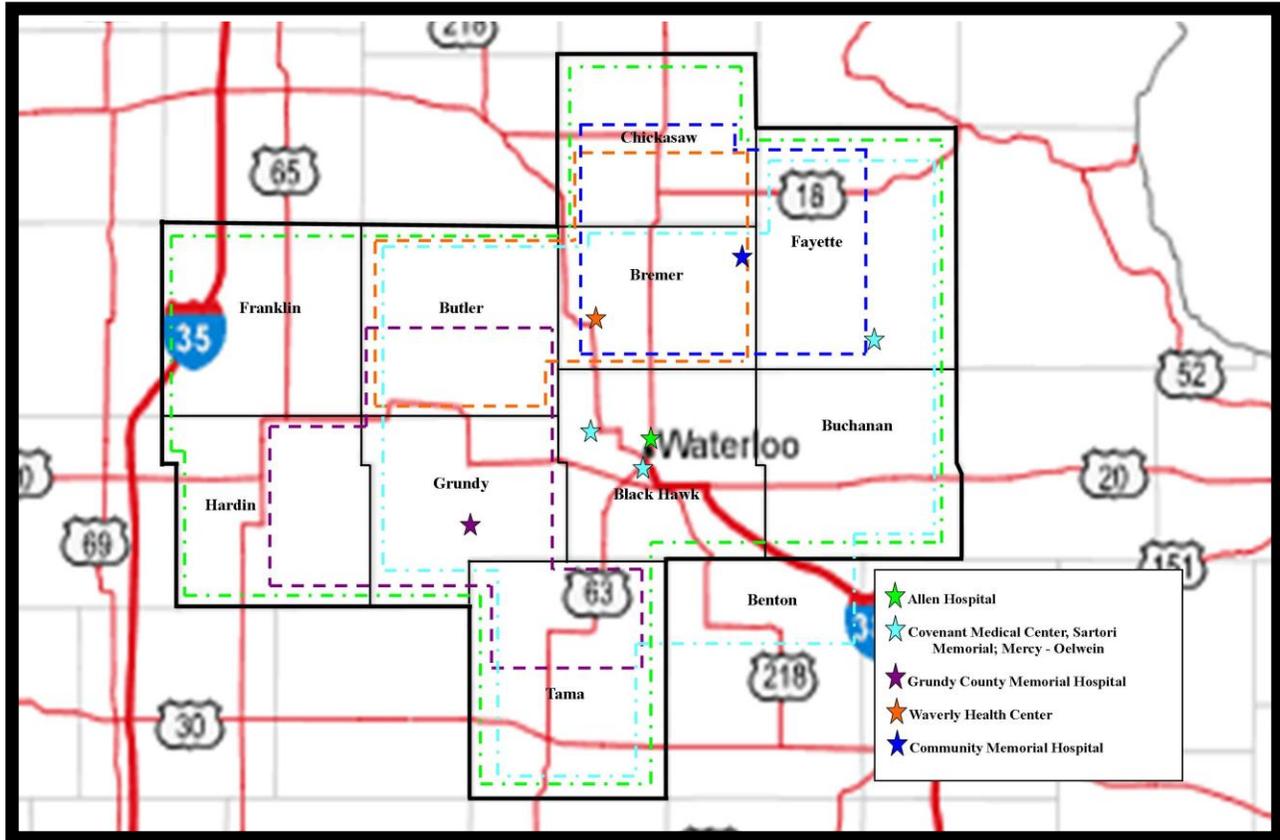
Appendix A – Entire Service Area

This map shows the 10 county service area and locations for each of the seven healthcare entities that partnered to research and conduct interviews in an effort to the information and input needed to conduct our CHNA.



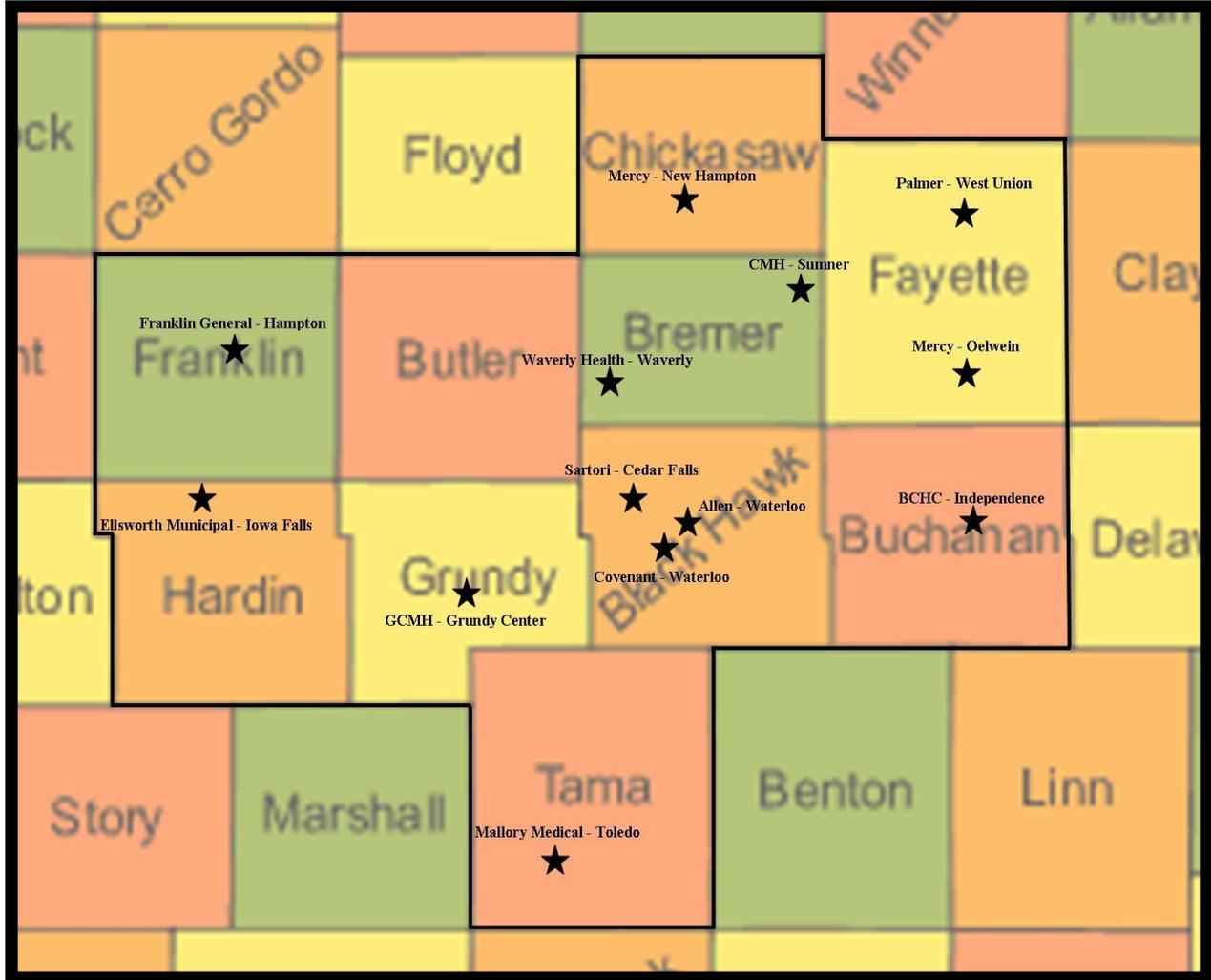
Appendix B – Individual Service Areas

This map highlights the entire 10 county service area, but also shows individual boundaries of each entities service area by color.



Appendix C – Healthcare Access in Entire Service Area

This map highlights the entire 10 county service area and includes all hospitals in the service area, not just those participating in the Cedar Valley CHNA steering committee.



Appendix D - Responding Agencies

This is a list of agencies, organizations, and businesses that provided input and information gathered and used by the Cedar Valley CHNA steering committee.

1. Allen Women's Health
2. Area Catholic Preists
3. Bartels Retirement Lutheran Community
4. Big Brothers Big Sisters of NE Iowa
5. Black Hawk County Health Department - Burmese Population
6. Black Hawk County Mental Health
7. Cedar Falls Community School District
8. Cedar Valley Friends of the Family
9. Cedar Valley Medical Specialists
10. Cedar Valley Promise
11. EMA Free Clinic
12. Family & Children's Council
13. First Baptist Church, Waverly
14. Gladbrook Reinbeck School District
15. Grundy Center Community School District
16. Grundy Center Ministerial Association
17. Grundy County Public Health Department
18. Grundy County Veterans Affairs
19. Hawkeye Community College
20. Hawkeye Valley Area Agency on Aging
21. Healthy Cedar Valley Coalition
22. Hillcrest Home
23. Jesse Cosby Center
24. Lutheran Pastors

25. Ministerial Association - Sumner area
26. New Aldaya
27. Northeast Iowa Food Bank
28. Palmer Homecare Services
29. Prairie Lakes Church
30. Redeemer Lutheran Church of Waverly
31. Salvation Army
32. St. Mary's Catholic Church, Waverly
33. Sumner-Fredericksburg Schools
34. The W - Waverly Sports and Wellness Center (Wartburg)
35. Together 4 Families
36. Trinity United Methodist Church, Waverly
37. Tripoli Community Schools
38. Tyson Fresh Meats Inc.
39. University of Northern Iowa - PR Department
40. University of Northern Iowa Student Survey
41. Upper Iowa University
42. Waterloo Community Schools
43. Waterloo Visiting Nursing Association/Bremer County Public Health
44. Waverly Exchange Club
45. Waverly Health Center
46. Waverly-Shell Rock Area United Way
47. Waverly-Shell Rock Elementary Schools
48. Waverly-Shell Rock Schools
49. West Central Community Schools
50. YMCA
51. YWCA