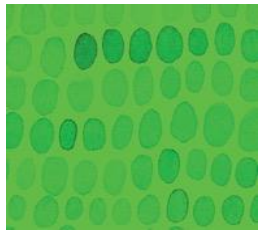

2024

COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP)

UnityPoint Health – Finley Hospital 2024-2026 Implementation Strategy in response to the 2023 Community Health Needs Assessment

UnityPoint Health

Introduction/Executive Summary

This document describes the work that is planned and will be executed in 2024 through 2026 to serve and address the needs of residents identified in the Dubuque County Iowa 2023 Community Health Needs Assessment. UnityPoint Health – Finley Hospital serves the Tri-state area, which includes eastern Iowa, southwest Wisconsin, and northwest Illinois.

Finley Hospital has provided exceptional healthcare services to the Tri-State area since inception in 1890. A primary function of serving as a community hospital is the participation in the process of assessing the health needs of the entire community and then using that assessment to drive strategic planning. The foundation of the Finley Strategic Plan is the premise that Finley, through collaboration with regional agencies, organizations and healthcare providers, will contribute to community partnerships to meet targeted community needs and to formulate improvement plans to enhance healthcare in the community.

A Community Health Needs Assessment and Community Health Improvement Plan (CHNA & CHIP) is required of local hospitals to obtain reimbursement under Medicare and Community Health Centers. The hospitals performed the CHNA in adherence with federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. This report is intended to inform the Tri-State community about the current status of healthcare and the services provided.

The health needs were determined in 2023 by surveys and comparisons of local health indicators with national benchmarks. The CHNA was created in collaboration with all of the community's hospitals, public health departments and several other interested organizations. It is up to each of the collaborators to develop their own implementation strategy; there is a singular CHNA that belongs to the community. This implementation strategy is UnityPoint Health – Finley Hospital's in Dubuque.

About UnityPoint Health – Finley Hospital

Our Mission, Our Vision, Our Values

At Finley Hospital, our top priority is you — it's putting you in the center of everything we do. We understand who you turn to for health care is a choice. That's why we want to thank you for choosing Finley Hospital. Through our shared mission, vision and values, we show our people and communities of the Tri-State Area how much they matter.

Our Mission

As health care evolves, our core purpose stays the same. Improving the health of the people and communities we serve is our mission today – and always.

Our Vision

Our vision, “best outcome, every patient, every time,” is our approach to providing exceptional care for each person who walks through our doors – no matter if they live in one of our small communities or large metro locations.

Our FOCUS Values

- **F**oster Unity.
- **O**wn the Moment.
- **C**hampion Excellence.
- **S**eize Opportunities.

The “U” stands for UnityPoint Health, a reminder that regardless of what town, hospital, clinic or department someone is at, our team is united — through and through. Our values are more than just words on a wall. You can see and feel them every single day by how our team members show up for each other and the patients we care for.

Community Health Needs Assessment (CHNA) Priorities

After aggregating all data sources, the following nine needs emerged in the CHNA and were determined by the Dubuque Community to be the most pertinent:

Community Health Needs	
1. Brain/Mental Health (including alcohol and drug misuse)	6. Food Insecurity
2. Obesity (including physical activity and nutrition)	7. Lyme Disease
3. Access to dental care	8. Alzheimer's Disease
4. Access to Care	9. Asthma
5. STIs & Sexual Health/Behavior	

Source: Community Health Needs Assessment (CHNA) conducted by hospitals, public health departments and other organizations serving Dubuque County, Iowa, 2023.

Community Health Improvement Plan (CHIP) Priorities

The nine identified community health needs were consolidated by the CHNA/CHIP workgroup into three priorities. Allowing us to sharpen our focus, we channeled areas that are squarely addressed by plans already in place into those existing plans. We then combined related categories (access to care).

This produced the following list of priorities:

UPH – Dubuque, Finley Hospital's Priority
1. Brain Health – Mental Health (Substance Use)
2. Health Outcomes and Access to Healthcare Services
3. Obesity, Physical Activity & Nutrition

UPH – Dubuque, Finley Hospital will continue to support community health needs and champion work in areas not included in the top three priorities.

Community Health Implementation Plan (CHIP) Background

The Patient Protection and Affordable Care Act, signed into law in March 2010, requires that nonprofit hospitals conduct a Community Health Needs Assessment at least once every three years beginning in March 2012. The Iowa Department of Public Health requires local public health agencies to conduct a CHNA at least every five years.

These requirements present the opportunity for local community health leaders to join forces and identify priorities that can serve as a guide for programs, policies, and investments. Working together often creates efficiencies, new partnerships, and increased collaboration. Ultimately, Central Iowans benefit when data, resources and expertise are shared to attain the common goal of a healthier community. This CHNA was conducted in full partnership with the local health departments, hospitals, and many other community health organizations.

Conducting this comprehensive CHNA involved surveying community members and leaders as well as gathering relevant health data. The choice of our priorities reflects the idea that a high quality medical/clinic system is essential to treat people who are sick, and critical to help restore people's health; but it is not where health is created. Health is created in people's homes, workplaces, neighborhoods, and communities where people make healthy or unhealthy choices and establish healthy or unhealthy habits. The framework for those choices is the social, economic, and built environments we create. These are the Social Drivers of Health (SDoH).

The ACA also requires nonprofit hospitals to complete an **implementation plan** in response to each CHNA. A hospital's implementation strategy must be a written plan that, for each significant health need identified, describes how the hospital facility plans to address the health need. In describing how a hospital plans to address a significant health need identified through the CHNA, the implementation strategy must:

- Describe the actions the hospital facility intends to take to address the health needs and the anticipated impact of these actions.
- Identify the resources the hospital plans to commit to address the health need.
- Describe any planned collaboration between the hospital and other facilities or organizations in addressing the health need.
- Be adopted by an authorized body of the hospital facility.

Implementation Strategy

To facilitate the implementation strategy, the attached work plan will be used as a guide to identify the initiatives, actions, anticipated impact, partners, and resources for each priority. These templates will serve as a working document as we carry out this plan over the next three years. The initial development of these templates started with identifying existing tactics that UPH-Finley has in place to address each priority. Capitalizing on existing work provided a solid point to start as we continue the work.

The team responsible for advancing this work is the:

- **Community Health Implementation Plan (CHIP) Steering Committee**, which consists of hospital and System Services leaders from administration, business development, various service lines, outreach, human resources, wellness, process improvement, community impact, and communications.

The CHIP Steering Committee will convene quarterly to:

1. Identify new tactics that may have been implemented that align with the work.
2. Identify progress and measures that align with the identified initiatives.
3. Consider changes or additions that may need to be made within the initiatives.
4. Consider opportunities for identifying new partners and resources.

Coordination and follow-up will be the responsibility of the CHIP Steering Committee. The implementation of many of these tactics will require its own strategic plan. In many cases various partners will be needed to move the work forward including foundations, healthcare systems, public health, and government agencies. It will also at times require closer local and regional UnityPoint Health partners. Some of the tactics identified will require collaboration with UnityPoint Health System Services and UnityPoint Clinic to be successful.

To carry out some of these tactics will require a dynamic approach as some of them respond to issues that can be fluid within the changing environment of healthcare and communities. Some of the tactics are also bold and large in scale. This will require leveraging significant resources and partners.

UPH – Finley CHIP Steering Committee

Steering Committee Members

- **Jennifer Havens** – UnityPoint Health Finley President, Executive Sponsor
- **Karil Walther, DNP –** Market Chief Nursing Officer
- **Stacey Killian** – Director, Visiting Nurse Association
- **Jeff Baker** – Director, Emergency and Cardiopulmonary/Emergency Preparedness
- **Dave Gushulak** – Human Resources Business Partner
- **Juli Harris** – Director, Hospital Medicine and Utilization Management
- **Shelley McDanel** – Administrator, UnityPoint at Home
- **Pat Lehmkuhl** – RN-Infection Prevention Practitioner
- **Mike Kane** – Manager Safety and Security
- **Jenni Scott** – Manager RN-Family Birthing Suites
- **Daniel Joiner** – Chief Diversity and Community Impact Officer, System Services
- **Courtney Greene** – Director, External Partnerships and Community Engagement, System Services

CHIP Overview Focus Areas - 2024-2026 Initiatives to Address Community Health Needs

	INITIATIVE	1st PRIORITY SUPPORTED		
		Brain Health	Access & Health Outcomes	Obesity, Physical Activity, & Nutrition
1	Coordinate mental health services	X	X	
2	Increase tobacco prevention initiatives	X	X	
3	Provide postpartum depression and mental health screening through Title V programs	X		
4	Provide ASQ Social Emotional Developmental and Caregiver Depression Screenings	X		
5	Provide connections to early intervention services and community resources	X	X	X
6	Enhance Meals for Meds program	X	X	
7	Telehealth for behavioral health	X	X	
8	Dental screenings for children and adolescents		X	
9	Oral Health education through community events		X	
10	Support programs to improve health of children and pregnant individuals		X	X
11	Increase awareness of Together We Care resources	X	X	X
12	Workplace and school wellness strategies		X	X
13	Provide community building through financial and in-kind contributions	X	X	X

CHIP Overview Focus Areas

Initiatives:

Priority 1: Brain Health (Mental Health and Substance Use)

Initiative	Focused Tactics	Anticipated Impact	Existing or Planned Collaborations	Resources
Increase Access to and Align Existing Behavioral Health Resources and Referral Coordination	• NAMI Agency participation in walk-in clinics • Aligns strategies with Dubuque County Wellness Coalition, ASAC, and Mental Health America • Connect patients to Foundation 2 Mobile Crisis services • Mental Health First-Aid Training	Patients referred to appropriate mental health services, based on need. Increase number of professionals trained in Mental Health First-Aid.	NAMI Board, Mental Health America, Hillcrest Family Services (New Day Program), Dubuque County Board of Health, Dubuque County Wellness Coalition, Area Substance Abuse Services Center	• Financial and staff support • Education and Outreach Materials • Protocol for referrals • Substance Abuse and Mental Health Services Administration (SAMHSA)Grant Funding • 211 (essential community services) • 988 (suicide and crisis lifeline)
Substance Use Prevention Control	• Outreach and education for community and schools	Reduce tobacco and alcohol use, increase the number of outreach events held and attended.	Iowa HHS, Dubuque County Board of Health, Dubuque Community School District, Dubuque County Public Health	• Financial and staff support • Education and Outreach Information • Promotional Materials

Priority 1: Brain Health (Mental Health and Substance Use)

Initiative	Focused Tactics	Anticipated Impact	Existing or Planned Collaborations	Resources
Postpartum Depression and Substance Use Screenings	Grow partnerships to increase screenings, including: • Expand Title V Doula Project • Count the Kicks Healthy Birth Project • Increase number of VNA Maternal Health clinics that offer screenings	Increase number of screenings provided annually. Improved mental health/substance use outcomes for postpartum individuals and their babies.	Dubuque County Public Health, Iowa HHS, Healthy BirthDay, Inc., Dubuque County Wellness Coalition, Dubuque OB/GYN.	• Financial support • Iowa HHS approved screening tools • Edinburgh/Postpartum depression screening
Children's Mental Health Community Participation	Expand screening opportunities throughout VNA programming utilizing: • ASQ®:SE-2 (Ages & Stages Questionnaire) • 1st Five Healthy Mental Development increased medical provider engagement	Improve access to youth mental health resources, increase number of screenings provided annually, increase number of medical provider contacts, early intervention	Iowa HHS, DCSD, Dubuque County Title V, Dubuque County Public Health, UPH Behavioral Health Service Line, UPH Child & Adolescent Psychiatry Task Force	• Financial and staff support • Iowa HHS approved screening tools • Child and Adolescent providers • UIHC Iowa BEST Summit
Meals for Meds	Increasing: • Medication monitoring • Case Management • Food provisions	Minimize reincarceration of food-insecure individuals with brain health disorders	Dubuque County Sheriff, Dubuque County Jail, East Center Region of Mental Health and Disability Services, Hartig Pharmacy	• Financial and staff support • Program-approved tracking forms • Meals provided by Dubuque County Jail

Priority 2: Health Outcomes and Access to Healthcare

Initiative	Focused Tactics	Anticipated Impact	Existing or Planned Collaborations	Resources
Increase Access to Education and Community Oral Health Services	Increase number of oral health screenings and increase number of outreach events held leveraging opportunities like: • VNA I-Smile program • Leverage library reading hours • Health fairs • County fairs • Title V maternal and child health services	• Improve oral health of children and adults including expectant individuals	HHS, Delta Dental, Dubuque County Board of Health, Dubuque County Schools, Dubuque County Public Health, WIC, Dubuque County Early Childhood, Dental Hygienists, local child-care centers, local Headstart, preschools and schools, Crescent Community Health, Dental Health Advisory Board	• Iowa HHS approved screening tools • Educational Information • Promotional Materials • Local Resource Information • Veterans Affairs Administration • University of Iowa School of Dentistry
Reduce Unnecessary Emergency Department Visits	• Educate on where to go for care • Post information in colleges and businesses	• Improve health of community, provide timely care in an appropriate HC setting	CHW, Case Managers, Social Workers, United Way, Northeast Iowa Area Agency on Aging, MCOs, AARP, Temporary Housing/ Homeless Shelters, Senior Living Communities	• EDCCP

Priority 2: Health Outcomes and Access to Healthcare

Initiative	Focused Tactics	Anticipated Impact	Existing or Planned Collaborations	Resources
Reduce Unnecessary Emergency Department Visits	• Educate on where to go for care • Post information in colleges and businesses	• Improve health of community, provide timely care in an appropriate HC setting	CHW, Case Managers, Social Workers, United Way, Northeast Iowa Area Agency on Aging, MCOs, AARP, Temporary Housing/ Homeless Shelters, Senior Living Communities	• EDCCP
Increase access to preventative care for uninsured and underinsured individuals	• Expand and align Community Health Worker programs • Increase vaccinations • Increase VNA Presumptive Medicaid Enrollment.	• Reduce health care costs, improve outcomes with early interventions	Crescent Community Health, Care Initiatives, Refugee Services, MCOs	• UPC • NEMT (Transportation)
Grow Together We Care/***findhelp*** utilization	• Create materials to take to key-stakeholder meetings to broaden awareness of Together We Care Resources	• Increased referrals to community resources • Additional community resources are added to the platform	CHW, UPC staff, Nursing staff, Crescent Community Health	• UPH Website • ***findhelp*** resources • 211 (essential community services)

Priority 3: Obesity, Physical Activity and Nutrition

Initiative	Focused Tactics	Anticipated Impact	Existing or Planned Collaborations	Resources
Provide support and resources for women, infants and children (WIC) who experience food insecurity or are at nutritional risk.	Enrollment in programs that provide food security: • WIC/SNAP • MCOs • Double-up Food Bucks Increase number of maternal health and oral health nutritional counseling.	Community programs implemented with partner organizations will be developed to promote heathy eating, physical movement, and mental health promotions. These will contribute to decreased chronic conditions and improved health outcomes.	Dubuque Food Pantry, River Bend Food Bank, Tri-State Food Resources, Iowa Healthiest State Initiative, Iowa HHS, Catholic Charities, Dubuque Community School District, Maternal Advisory Council, Child Advisory Council	• Iowa HHS • Catholic Charities • Financial and staff support

Communication Plan

Review final CHIP Plan – Finley CHIP Steering Committee

- Nov. 1, 2024

Approval by UPH – Finley Board of Directors

- Nov. 7, 2024

Email final CHIP to cha-chip@hhs.gov

Other tactics:

- Draft press release for distribution to local media
- Post final CHIP to the Unitypoint.org website
- Inclusion in The Bridge Newsletter and the Diversity and Community Impact Newsletter

Glossary of Focused Tactics Addressing CHNA Priorities and Initiatives

Descriptions (Page 1 of 2)

AARP: Formerly the American Association of Retired Persons, is an interest group in the United States focusing on issues affecting those over 50.

ASQ:SE-2: Set of questionnaires about children's social-emotional development from 6 to 60 months which can be self-administered by parents/caregivers. With questionnaire results, professionals can quickly recognize young children at risk for social or emotional difficulties, identify behaviors of concern to caregivers, and identify any need for further assessment.

CHW: A Community Health Workers is a public health professional who connects people in their community with healthcare and social services. CHWs are trusted members of the community they serve, and their work helps to improve health outcomes and reduce health disparities.

Crescent Community Health Center: Provides high-quality, respectful, affordable and comprehensive care to improve the health and well-being of our communities. Services include medical, dental and brain health.

Double Up Food Bucks: A program of the Iowa Healthiest State Initiative, DUFB allows clients to earn, spend, and save on one reloadable card that can be used to purchase fruits and vegetables at participating grocery stores, farmers markets, Community Supported Agriculture (CSAs) and farm stands.

Dubuque County Title V: The Iowa Department of Public Health (IDPH) has recognized disparities in Maternal Health outcomes among African American/Black-identifying individuals in Iowa. IDPH seeks to reduce these disparities by modifying, expanding and enhancing Iowa's Maternal Child Health Title V Service Delivery System to include a community-based, culturally congruent doula program as a service offering.

EDCCP: Emergency Department Consistent Care Program

Edinburgh/Postpartum Depression Screening: A preliminary screening test for depressive symptoms. It is designed to give a preliminary idea about the presence of mild to moderate depressive symptoms in postpartum individuals that indicate the need for an evaluation by a psychiatrist.

Foundation 2 Mobile Crisis/Crisis Services: Mobile Crisis provides 24/7 in-person support for people in crisis. With MCO, trained counselors will come to you at home, work, school, or other location. Counselors will respond within one hour of receiving a request (adverse weather conditions may delay response time).

Iowa HHS: State of Iowa Department of Health and Human Services provides high quality programs and services that protect and improve the health and resiliency of individuals, families, and communities.

Healthy Birth Day: The nation's leading stillbirth prevention organization, committed to improving health equity and birth outcomes through programming, advocacy, and research.

Glossary of Focused Tactics Addressing CHNA Priorities and Initiatives

Descriptions (Page 2 of 2)

Hillcrest: Hillcrest Community Mental Health offers adolescent residential facilities, counseling, substance use evaluations and drug/alcohol treatment. Hillcrest is the designated CMHC for Dubuque, Henry, Jackson, Louisa, and Washington Counties.

MCOs: Managed Care Organizations are health plans that ensure care from their network of providers serving the Medicaid population. The three MCOs in Iowa are Wellpoint (formerly known as Amerigroup Iowa), Iowa Total Care and Molina Healthcare of Iowa.

Meals for Meds: Partnership with the Dubuque County Sheriff's Office and East Central Region of Mental Health and Disability Services for Meals for Meds. The goal is to minimize reincarceration of food-insecure individuals who also have brain health disorders.

NAMI: National Alliance on Mental Illness is the nation's largest grassroots mental health organization.

NEMT: The Non-Emergency Medical Transportation (NEMT) services are for members with full Medicaid benefits, who need travel reimbursement or a ride to get to their medical appointments. An NEMT broker is a contracted provider with the Iowa Department of Human Services (DHS), the Iowa Medicaid Enterprise (IME), and the IA Health Link Managed Care Organizations (MCOs).

SAMHSA: The Substance Abuse and Mental Health Services Administration is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.

SNAP: Supplemental Nutrition Assistance Program provides nutrition benefits to supplement the food budget for Iowa families in need.

Together We Care and *findhelp*: Online platform that connects individuals to area organizations offering free and reduced-cost social services and programs. The resource is completely free and can be accessed by visiting TogetherWeCare.UnityPoint.org.

UPH: UnityPoint Health is an integrated health system, providing care throughout Iowa, western Illinois and southern Wisconsin in not-for-profit hospitals, clinics and home health settings. Each year, we serve nearly 8 million patient visits of all different types, including around 100,000 surgeries and deliver more than 20,000 babies.

VNA: Visiting Nurse Association has worked collaboratively with Dubuque's private and public sectors, to reduce the spread of infectious disease, see that infants and children are properly immunized, educate people regarding healthy lifestyles, promote oral health, provide supportive services to elderly in their homes, offer parenting support, and so much more. Since 1997, the VNA has provided Public Health in Clayton County through the Elkader VNA office.

1st Five: Iowa Department of Health and Human Services (Iowa HHS) program to support primary care providers in the early detection of social-emotional delays, developmental delays, and family risk-related factors in Iowa children 0-5 years old. 1st Five is a public-private partnership bridging primary care and public health.

Thank you

Appendix – Priority 1: Brain Health Baseline and Targets

Priority 1:	Initiative	Tactics	Baseline	Anticipated Impact
1.1	**Resource and Referral Coordination** Actively engage as a referring partner to NAMI (National Alliance on Mental Illness), Mental Health America, ASAC (Area Substance Abuse Council), and Dubuque County Wellness		Baseline=36 clinics	Target=40 clinics
		Agency participation with Mental Health America Board	Baseline=12 meetings	Target=12 meetings
		Coordination of Dubuque County Wellness Coalition	Baseline=10 meetings	Target=10 meetings
1.2	Referring Partner to Hillcrest New Day Clinic	Provide referrals to 100% individuals in need	New	100% of individuals presenting in need receives referral
1.3	Tobacco Prevention Control provider for Dubuque County offering both outreach and education in the community and in schools	Increase the number of outreach events attended	Baseline=118 outreach events	Target=3% annual increase
		Increase the number of patients receiving education	Baseline=12,236 patients	Target=3% annual increase
1.4	Provide postpartum depression screening and substance abuse screenings as Dubuque County Title V Maternal Health.	Increase the number of screenings provided annually	Baseline=242 screenings	Target=3% annual increase
1.5	Provide ASQ Social Emotional Developmental Screenings and Caregiver Depression Screenings as Dubuque County Title V Child and Adolescent provider	Increase the number of screenings provided annually	Baseline=350 screenings	Target=3% annual increase
1.6	1st Five Healthy Mental Development provider with a goal of improving rates of developmental screening in primary healthcare and to provide connections to early intervention services and community resources for referred children.	Increase the number of medical provider contacts	Baseline=2,108 contacts	Target=3% annual increase
		Increase the number of Developmental Screening trainings with medical providers	Baseline=8 trainings	Target=3% annual increase
		Increase the number of Peer to Peer Consultations	New	Target=6 consultations
1.7	Partner with Dubuque County Sheriff and East Central Region of Mental Health and Disability Services for Meals for Meds with a goal to minimize reincarceration of food-insecure individuals who also have brain health disorders.	Increase the number of individuals receiving meal voucher for compliance	New	Target=5 participants

Appendix – Priority 2: Health Outcomes and Access to Healthcare

Priority 2:	Initiative	Tactics	Baseline	Anticipated Impact
2.2	Through VNA I-Smile program dental hygienists provide dental screenings, apply fluoride, and provide education for children at WIC clinics, Head Start centers, preschools, childcare sites, and in schools.	Increase the number of oral health screenings provided	Baseline=1,113 screenings	Target=3% annual increase
		Increase the number of oral health school screenings	Baseline=1,307 screenings	Target=3% annual increase
2.3	I-Smile Coordinators promote the importance of oral health by participating in community events, such as library reading hours, health fairs, and county fairs.	Increase the number of outreach events attended	Baseline=118 outreach events	Target=3% annual increase
2.4	Provide Title V Maternal and Child Health services to promote the health or children and pregnant women including; Hawk-I Outreach and Presumptive Eligibility for Medicaid.	Increase the number of maternal health oral health screenings	Baseline=594 screenings	Target=3% annual increase
		Increase the number of hawk-I outreach contacts	Baseline=5,339 contacts	Target=3% annual increase
		Increase the number of Presumptive Eligibility applications	Baseline=161 applications	Target=3% annual increase
		Increase the informing % of families newly enrolled in Medicaid	Baseline=53%	Target=60%
2.5	I-Smile champions Dubuque County Oral Health Advisory Committee.	Leverage relationships of advisory committee stakeholders to advance completion of goals	New	Target=100%

Appendix – Priority 3: Obesity, Physical Activity and Nutrition

Priority 3:	Initiative	Tactics	Baseline	Anticipated Impact
3.1	HHS WIC (Women, Infants, and Children) provider for Dubuque County to provide supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women and to infants and children up to age five who are found to be at nutritional risk.	Increase the number of WIC enrolled participants to meet the state participation goal	Baseline=2,767 participants	State Target=3,410
3.2	Partner with Catholic Charities to coordinate local enrollment opportunities to enroll individuals and families in HHS SNAP benefits.	Increase the number of enrollment events	Baseline=3 enrollment events	Target=12