

2018 Central Iowa Community Health Needs Assessment

PRIORITY #1

Ensure
access to
health for all

PRIORITY #2

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

COMMUNITY VISION:

Promote access to all levels of health.
Zero barriers. Zero disparities.

Improve the
social/emotional
well-being of
the community

PRIORITY #3

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

PRIORITY #4

Leading Hospitals



Jody Jenner

President & CEO
Broadlawns Medical Center

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



Connect with us

broadlawns.org
[@broadlawnsmedicalcenter](https://twitter.com/broadlawnsmedicalcenter)



Karl Keeler

President
Mercy Medical Center - Des Moines

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



Connect with us

mercydesmoines.org
[@mercydesmoines](https://twitter.com/mercydesmoines)



David Stark

President & CEO
UnityPoint Health - Des Moines

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

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

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



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Why a Community Health Need Assessment?

The requirement

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

What is required?

As part of conducting the community health needs assessment hospitals are required to:

1. Define the community it serves and assess the health needs of that community.
2. Identify and prioritize the significant health needs of the community served.
3. Take into account input from persons who represent the interests of the community served, including those with special knowledge or expertise in public health.

Local Community Health Needs Assessment: Our History

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

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

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

Round Three: 2019 CHNA

Where did we start?

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

DOCUMENT what has been accomplished on the previously identified priorities.

ASSESS the level of progress towards meeting these priorities.

DETERMINE whether these remain community priorities.

ASK whether new issues emerged that should be considered priorities.

What key steps did we take?

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

What did we learn?

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

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

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

Where do we want to go?

Community Vision:

Promote access to all levels of health.

Zero barriers. Zero disparities.

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

2019 Process

Hospital Leadership

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

1

Key Decision Makers

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

2

Survey

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

3

Priority Discussions

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

4

Targeted Discussions

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

5

Data Team Discussion

- Drafted performance measures
- Identified sources for measures

6

Report Produced

7

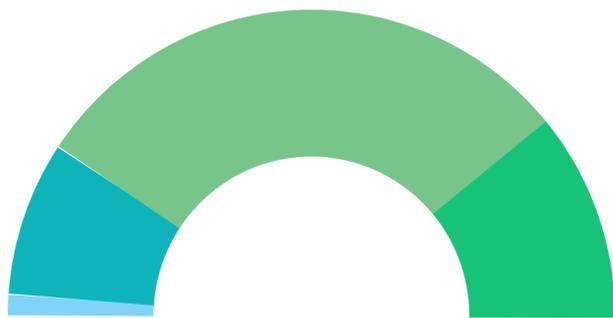


Progress Assessment

2016 Priority A: Access to Care

Increase opportunities for expanded and alternative means of healthcare delivery to address issues limiting access to care.

Since 2016 how much progress has been made on Priority A?

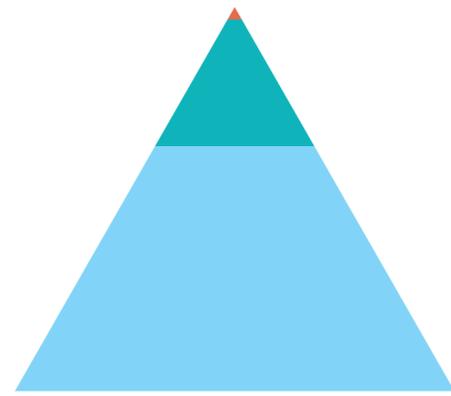


Significant progress (2.13%)

Quite a bit of progress (16.31%)

Incremental progress (59.57%) No progress at all (21.99%)

Compared to how much attention is currently given to Priority A how do you think we should proceed in the future?



Needs much more attention (63.57%)

Needs the same level of.. (32.86%)

Does not need as much a.. (2.86%)

No longer needs to be c.. (0.71%)

HIGHLIGHTS

Mercy Medical Center – Des Moines was selected as one of three health systems operated by Catholic Health Initiatives (CHI) to implement a new, innovative model for addressing the social determinants of health. The program will focus on rural and urban primary care settings and includes adding community health workers who will help patients access local health and social services.

Medicaid expansion increased access to oral health care services.

Iowa Legislature adopted legislation to make it easier for businesses to form “association” health insurance plans.

New specialty clinics and mental health sites have opened in Warren County. There is also increased pediatric capacity in Warren County: two pediatricians now versus none for 20 years (Norwalk – Indianola).

Two or three sites with mental health telesites (Indianola and at jail too when open).

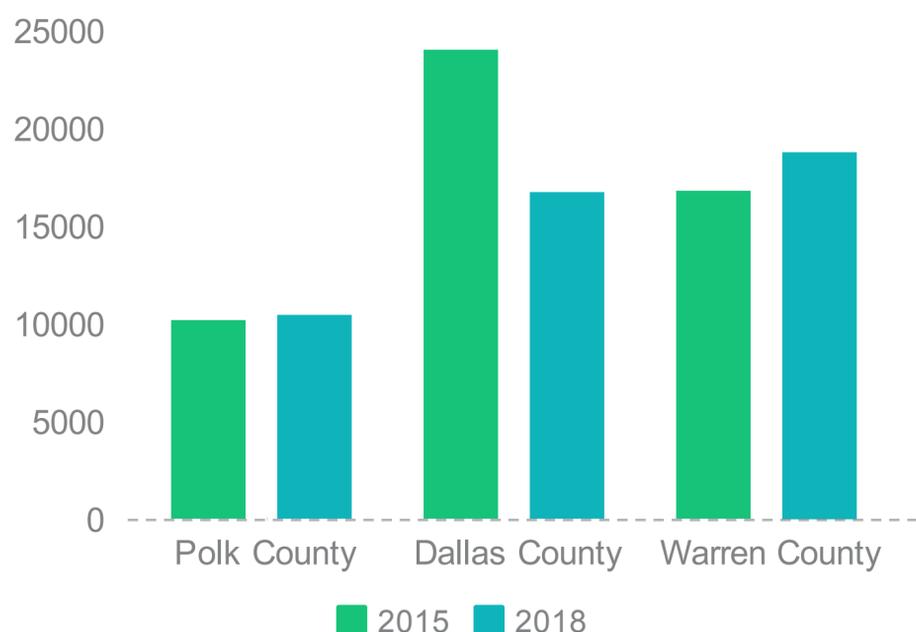
Broadlawns Medical Center opened a new urgent care clinic on the east side of Des Moines. Broadlawns Medical Center also increased the number of providers in their pain clinic from one provider to ten.

Broadlawns Medical Center also provides a health navigator at Create Visions.

Primary Health Care (PHC) on site at two Des Moines Public School locations. PHC has it's mobile unit. PHC has been on site at Central Iowa Shelter & Services daily since 2016.

UnityPoint Health - Des Moines expanded urgent care locations and hours.

Increase Ratio of Primary Care Providers



"As in most things, our community is stronger and better served when we bring people together to discuss what is important to them and those they love. In joining forces to listen to diverse points of view, the resulting assessment will expand the opportunities for a healthy life to all of our residents."

-Laura Wenman, Chief Mission Officer
Mercy Medical Center - Des Moines

Thoughts Shared

Acknowledge cultural barriers.

Need for greater coordination.

What do we mean by "care".

Impact of transition to Medicaid managed care organizations on access to healthcare access.

State of Affordable Care Act healthcare exchanges and effects on access to healthcare.

Polk County Medical Society Volunteer Physician Network priority needs two specialties (urology and pulmonology). Increase in asthma and breathing problems in children and allergies. Psychiatry is a big gap.

Educating our community about a health home. Education in our community about it. Access to the right care. Patient centered.

As we think about strategies – talking with one message. See it with marketing . School, ministers. Health education at the schools.

Newcomers need navigation assistance.

Acknowledge the brain is part of the body. Reduce the stigma.

Increasing/expanding access points and hours and developing alternate delivery strategies is important but not enough. Need to build a culture of health and increase investment/support for prevention.

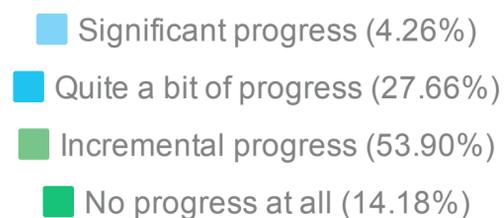
There were many survey responses indicating there were still access barriers (including cost and insurance) particularly for people of color, low income families and newcomers.

Progress Assessment

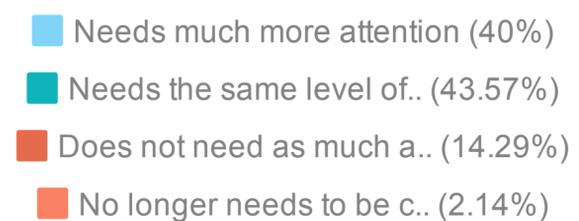
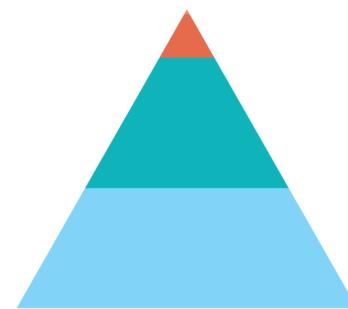
2016 Priority B: Built Environment

Establish more vibrant communities and neighborhoods characterized by mixed and joint-use spaces and facilities that are accessible to everyone, including public gathering places for diverse and integrated engagement, and designs that promote healthy lifestyles

Since 2016 how much progress has been made on Priority B?



Compared to how much attention is currently given to Priority B how do you think we should proceed in the future?



HIGHLIGHTS

Sidewalks in Windsor Heights created community discussion.

City of Des Moines Transportation Planner.

Redesign of University Avenue in Windsor Heights.

Integration of health objectives into Plan DSM, which is the City of Des Moines Comprehensive Plan.

City of Johnston seeking public input for increasing walkability.

Urbandale is working on their first complete street policy.

United Way funding and support for corporate community gardens.

Increase in farmers' markets.

Mobile food pantries.

Growth of bike trail system, protected bike lanes, B-cycle expansion into the neighborhoods.

Des Moines Waterworks to connect with Grays Lake.

Conservation boards are working with hospitals. Lots of collaboration and an increase in the variety of partners.

Connect Downtown is exploring how to make downtown Des Moines safer, more comfortable and more convenient by improving access to and within downtown for people walking, bicycling, driving and using public transportation.

"Collaboration is the key to success. Having the opportunity to collectively prioritize our community's health needs and affirm we'll work together is the way we will create true change in Central Iowa."

-Nikki Syverson, Director
Capital Crossroads

Thoughts Shared

Discussion is becoming part of culture. So where is it on the scale? All people talking about it. City planners, housing people, health folks – when do we take it for granted.

One economy report – how much money can be made by many in certain neighborhoods? Versus whole community – EQUITY is the issue.

Needs more attention to affordable housing.

Needs more emphasis on equity.

Rural accessibility needs to be addressed.

Age friendly has really only looked at Des Moines and contiguous suburbs.

Add emphasis on the increasing the quantity and quality of low-income housing.

Lack of coordination across planning processes. Conversations have elevated the issue but it is not consistently changed policy.

Need for better coordination of messaging for advocacy to elected officials.

More focus on connectivity among people

Not enough to just increase physical activity. Need to increase engagement and connectivity to strengthen networks and build resilience.

Encouraged all to be more intentional and focused on site design of buildings, land and facilities.

Progress Assessment

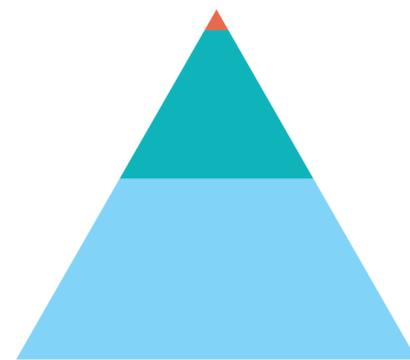
2016 Priority C: Mental Health
Expand statewide training efforts for all professionals working with children across the various health and child serving systems in Trauma Informed Care, cultural competency, and mental health first aid.

Since 2016 how much progress has been made on Priority C?



- Significant progress (7.91%)
- Quite a bit of progress (28.78%)
- Incremental progress (50.36%)
- No progress at all (12.95%)

Compared to how much attention is currently given to Priority C how do you think we should proceed in the future?



- Needs much more attention (51.43%)
- Needs the same level of.. (42.14%)
- Does not need as much a.. (6.43%)
- No longer needs to be c.. (0%)

HIGHLIGHTS

Warren County Crisis Response has been established.

There is an increase in the number of school-based therapists at Des Moines Public Schools and there is a new Behavioral Services Coordinator at Des Moines Public Schools. Handle with Care partnership - when a police officer is called to a home in the evening they will contact the school so they know the next day.

School based therapists are also provided by Child Guidance, Stepping Stone, UnityPoint Health - Des Moines, Life Works.

More opportunities for Mental Health First Aid are available.

Orchard Place conducted an assessment of the children's mental health crisis system in Polk County and developed priority areas for action. Orchard Place continues to provide leadership on increasing awareness regarding Trauma Informed Care.

Youth Policy Institute developed an "End Youth Homelessness" Plan and is providing leadership on an implementation plan.

Dr. Shriver is providing Adverse Childhood Experiences education to primary care providers.

Prevent Child Abuse Iowa has developed the Connections Matter curriculum to build community resiliency. It has been modified for education settings.

Broadlawns Medical Center offers internships for psychologists. Trauma Informed Care is included in Broadlawns Medical Center's residency curriculum.

Trauma Informed Care and the Juvenile Detention Center/Juvenile Court

Primary Health Care at Scavo High School.

Iowa School Board Association legislative priority is children's mental health; AMOS (A Mid-Iowa Organizing Strategy) priority is children's mental health. It is a priority for Community Youth Concepts Advisory Board.

School Work Group of the Suicide Prevention Coalition

“Coming together with our community partners for frank conversations was exciting and fulfilling. Together, we celebrated our accomplishments and identified the places where we need to lean in and do more together. A strong local public health system works when the community comes together to take stock in just this way.”

-Helen Eddy, Director
Polk County Health Department

Thoughts Shared

Ideas/discussions have not lead to increased funding.

Distinction between adults and children is often lost.

No child “system”. Create in law the need for a children’s mental health system that identifies: core services, dedicated funding and places it in Iowa Department of Public Health.

Expand therapeutic care settings for children with mental illness.

Provide training for school staff in the academic setting and as part of their teaching credential.

Increased attention on behavioral health (in emergency departments) will increase staff burnout. They are not trained for this level of intensive care. Increases time with patients and increases staff anxiety.

Some mental health patients could have been seen in primary care or been managed as outpatients. There is no capacity to “treat” them in the emergency department.

People are seeing increases in toxic stress and rage, particularly among students.

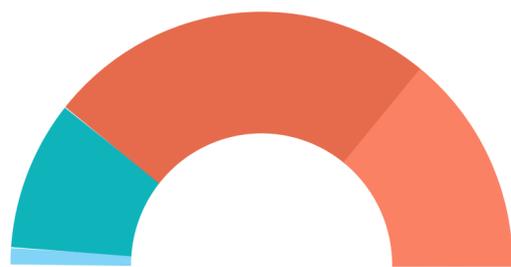
Are workplaces contributing to increased stress and anxiety among employees (24/7 work demands, uncertainty for jobs, stagnant wages, etc.)? Does this contribute to increased stress and Adverse Childhood Experiences in the home?

What our school nurses are seeing: Mental health; behavior issues- not taking their medications- no access to treatment/services- wait for the medications to kick in. Rage. No fear. No respect for authority. Willingness to fight and be violent. Substance use (beyond alcohol or pot).

Progress Assessment

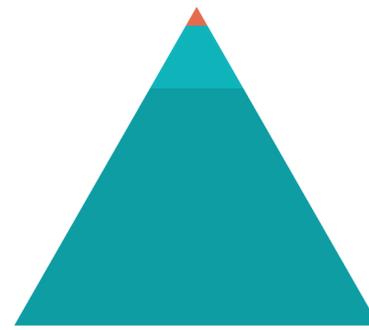
2016 Priority D: Mental Health
Identify additional sources of funding to create new and existing training programs in Psychiatry and Psychology and improve mental health and disabilities training of primary care doctors and other primary care providers.

Since 2016 how much progress has been made on Priority D?



- Significant progress (2.13%)
- Quite a bit of progress (19.15%)
- Incremental progress (50.35%)
- No progress at all (28.37%)

Compared to how much attention is currently given to Priority D how do you think we should proceed in the future?



- Needs much more attention (74.10%)
- Needs the same level of.. (19.42%)
- Does not need as much a.. (6.47%)
- No longer needs to be c.. (0%)

HIGHLIGHTS

There are an additional 14 in-patient psych beds at Broadlawns Medical Center. There are additional psychiatrists at Broadlawns Medical Center as well.

Des Moines University has initiated a pilot provider education project with National Alliance on Mental Illness Iowa to increase provider understanding of mental health issues.

Psychiatric residency programs have been established at all three hospitals.

Eyerly-Ball has established Mobile Crisis response programs in Dallas and Warren counties.

Expanded tele-psychiatry services are available in Dallas County.

Polk County Health Services set up 24/7 information phone line and ran public service announcements to promote it.

Mercy Medical Center - Des Moines plans to open a new 100 bed psychiatric hospital. Mercy Medical Center - Des Moines will start providing psychiatric outpatient services in the summer of 2018.

UnityPoint Health - Des Moines is trying to place mental health professionals in all clinic settings. Their biggest challenge is finding enough people.

Drake University has established a Licensed Behavior Analyst program. People who are licensed, versus certified, can bill insurance.

The 24/7 crisis center at Broadlawns Medical Center was expanded and relocated to another part of their campus. They are also now providing walk-in Psychiatric Urgent Care capacity. Broadlawns Medical Center provides internships for psychologists.

“The process brought together a diversity of voices from across the region, which led to a robust, comprehensive plan that is now actionable because it was developed by many of the organizations that will need to collaborate to achieve the goals.”

-Erin Drinnin, Health Officer
United Way of Central Iowa

Thoughts Shared

Providers need to do more to help people navigate their own services.

Need more of all professionals .

Need a tertiary hospital to take everyone and anyone.

Focus cannot be just on the hospitals. Need to continue to invest community based hospitals.

Need opioid-specific training (at community colleges like substance abuse training).

Need a lead agency or bureau to lead building the mental health workforce in Iowa.

Enforce mental health parity with private insurance.

More legislative support of movement. Six access centers in the government budget - the money is not there. Hoping to identify what money is needed.

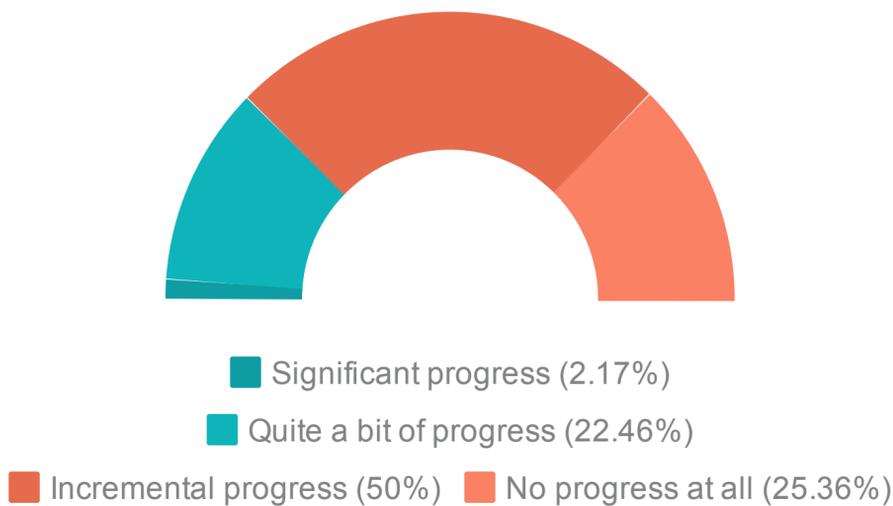
Degree of community support and willingness.

Survey respondents identified mental health (often in connection with substance abuse) more than any other issue.

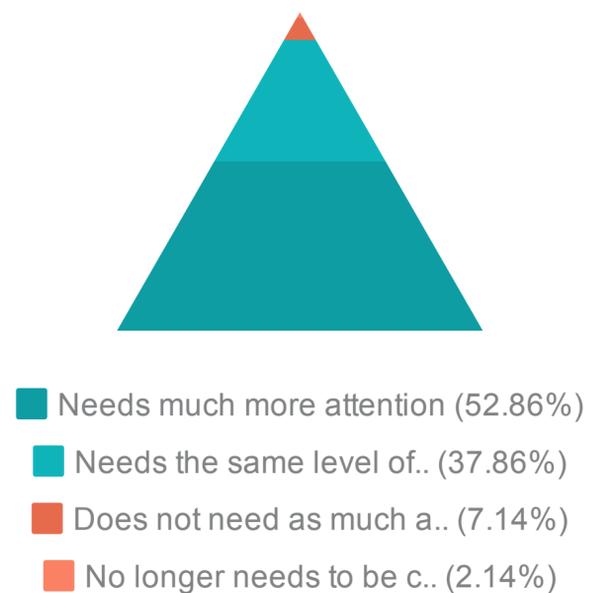
Progress Assessment

2016 Priority E: Workforce
Ensure access to high quality pre K and K-12 education for Central Iowa children.

Since 2016 how much progress has been made on Priority E?



Compared to how much attention is currently given to Priority E how do you think we should proceed in the future?



HIGHLIGHTS

UnityPoint Health is setting up apprenticeship programs for a number of positions (e.g., Certified Medical Assistants, Engineers). They are also conducting a workforce training academy with Des Moines Area Community College (DMACC) – advanced nurses aid, medical billing, patient registration.

Wesley Life has their first registered apprenticeship for Certified Nursing Assistants. English Language Learners and Direct Care worker needs some work.

UnityPoint Health, Lutheran Service in Iowa and Iowa Chronic Care Consortium partnership: Central IA works (LSI provides on-site work-based literacy class at UnityPoint Health. UnityPoint Health in 2nd year of offering onsite literacy courses. Served 18 in the first year; only have spots for 12.

Broadlawns Local, a multifaceted effort to address social determinants of health for Des Moines residents in neighborhoods that surround the medical campus. The initiative, which incorporates training in health-care careers for students and adults, also offers community programs to address concerns related to physical activity, diabetes, nutrition and smoking.

Training and Education for a Career in Healthcare (T.E.C.H.) – A pilot program with ten high school students was launched in November 2016. The T.E.C.H. program is a six-month paid internship that will provide students with mentoring and professional development opportunities within a healthcare setting. As part of the program, students will earn a Certified Nursing Assistant certificate. The pilot T.E.C.H. program is comprised of students from North High School and Hoover High School and is being administered in collaboration with the Des Moines Public Schools, Signature Healthcare and Iowa Jobs for America's Graduates (IJAG).

T.E.A.C.H. – A pilot program focusing on adults, Training and Educating Adults for a Career in Healthcare will be initiated this spring. The paid fellowship program for adults will provide a foundation of training and education for a career in healthcare. Fellowship participants will earn a Certified Nursing Assistant certificate and will learn about career opportunities that exist as healthcare technicians, phlebotomists, pharmacy technicians, surgical technicians and patient access representatives.

"As the leader of a human services organization that focuses on healthy food as a first step toward overall health for low-income people, I especially value the notion that the community's most encompassing vision is that all people should have access to all levels of health with zero barriers and zero disparities."
- The Rev. Sarai Schnucker Rice
Executive Director, Des Moines Area Religious Council

Thoughts Shared

Conversation was more about workforce than K-12.

Need someone/someplace to be the credential registry.

Expand Nurse Aide Registry.

Which promising programs can truly be taken to scale?

What will the future workforce look like? Who should be the focus of the recruitment effort (K-12?, family care givers?)

Future ready is employer driven (existing jobs that are not being filled) vs. jobs that need to be created before they can be filled. Focus on jobs paying a living wage (nurses vs. Certified Nurses Assistants). But, working with high schools/community colleges to create a "pipeline" for these jobs (e.g. Broadlawns Medical Center's T.E.CH. and T.E.A.C.H programs).

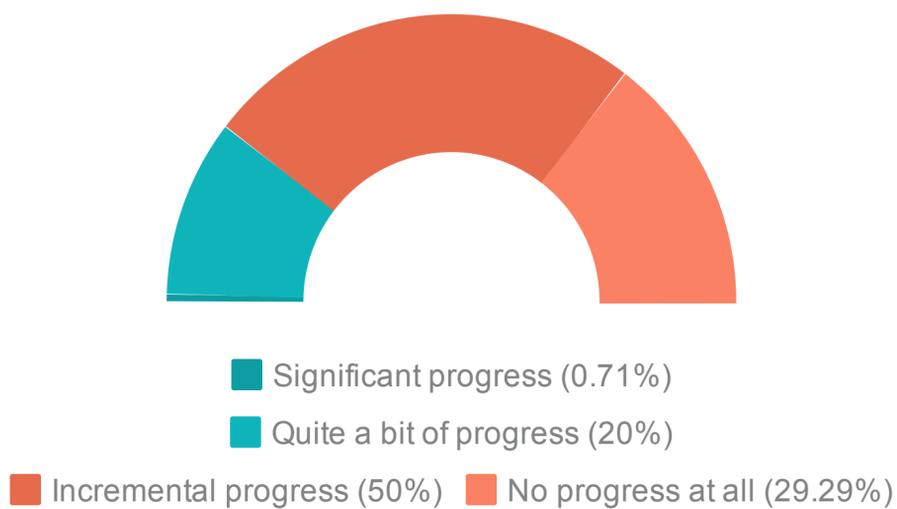
Mental health does not seem to be a priority.

Two categories: number of annual openings; percentage growth in opportunities.

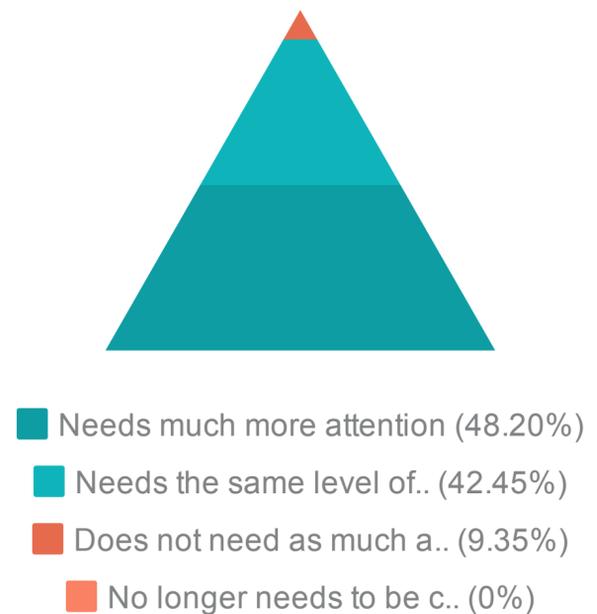
Progress Assessment

2016 Priority F: Workforce
Ensure access to health care services and education for Central Iowa's newcomer population

Since 2016 how much progress has been made on Priority F?



Compared to how much attention is currently given to Priority F how do you think we should proceed in the future?



HIGHLIGHTS

Increased access to career pathways have been established at Lutheran Services in Iowa. There is increased behavioral health capacity at Lutheran Services in Iowa. Lutheran Services in Iowa's Global Greens program has 250 garden plots for home consumption, and 25 for farming families. They have established a childcare business development with savings match. Lutheran Services in Iowa provides case management services for older adults to access citizenship so they can continue their benefits.

Staff training/education programs at Broadlawns Medical Center for the refugee population.

Des Moines Public Schools has a Center for New Americans.

Health Navigators are employed at Ethnic Minorities of Burma Advocacy and Resource Center (EMBARC).

More pharmacies provide delivery service (which reduces transportation barriers to getting medication).

Community Health Worker program has been established at Iowa Chronic Care Consortium.

There is an increased reliance on community based programs like Monsoon and NISAA African Family Services instead of sole reliance on government programs.

Americans in Iowa for Engagement has expanded its focus beyond Ebola. The group was originally established to assist with the local response to Ebola outbreak.

“The Community Health Needs Assessment provided a unique venue for collaborating across county borders to leverage partnerships and develop shared strategies for achieving a greater health impact across the region.”

-Abigail Chihak

Community Health Coordinator
Dallas County Public Health

Thoughts Shared

Changes in federal immigration policy has created a rush for “green card” appointments at Polk County Health Department.

Increased scrutiny on providers doing the assessments for citizenship exam waivers.

Lack of standards and consistent quality among interpreters.

No support/services for foreign visits to refugees and immigrants.

Population has more severe diseases, more chronic diseases and higher acuity.

No cultural history for holistic health or prevention.

Seeing a rise in domestic abuse situations earlier in the resettlement process. NISAA African Family Services and Monsoon have been great partners in this process but it seems like community-based education may be needed to help individuals understand their rights and resources.

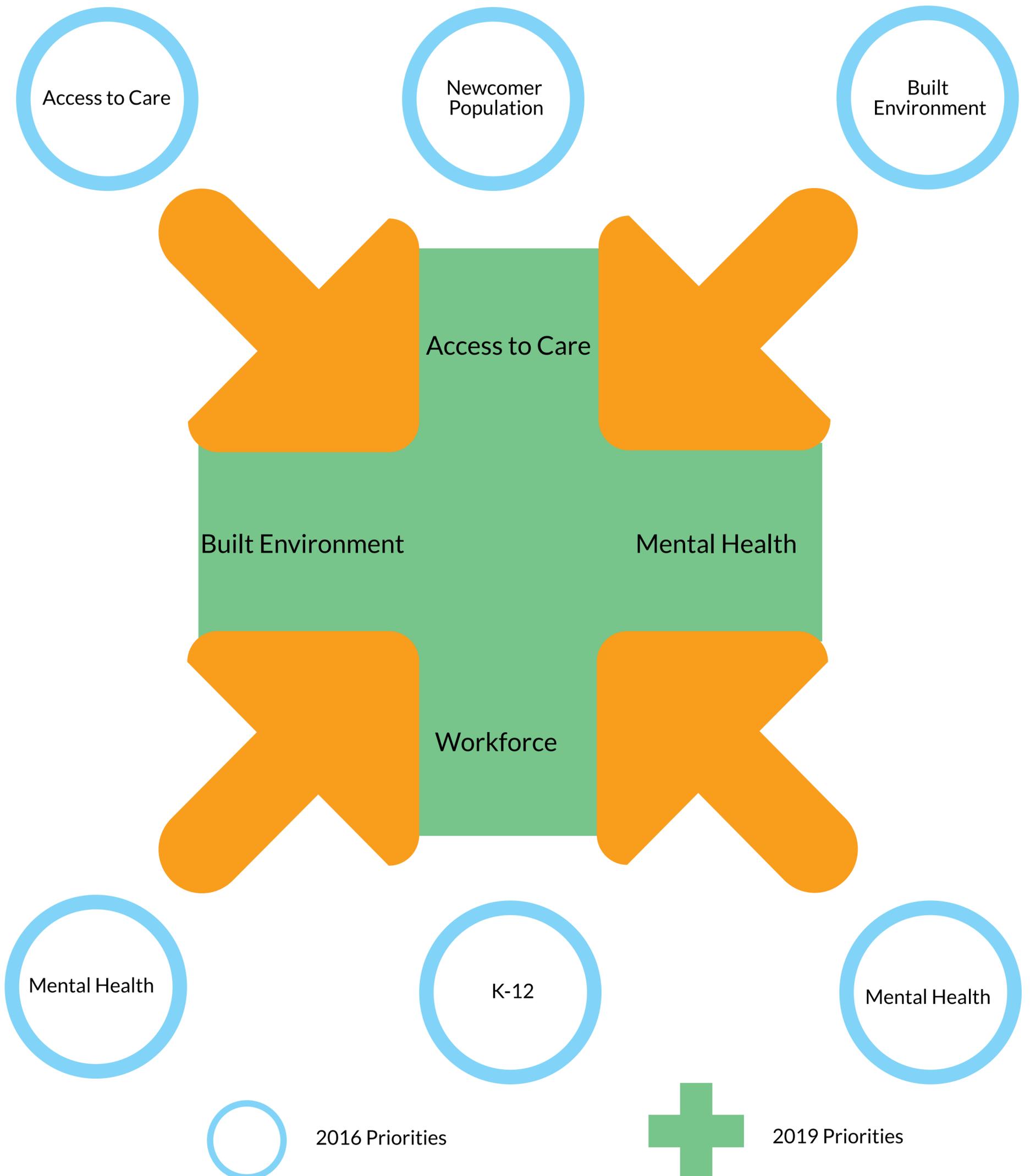
Lack of standardized screening for refugee mental health – even though the Centers for Disease Control and Prevention recommends this, it is not consistently done by initial refugee health screening providers (Des Moines University, Primary Health Care, Broadlawns Medical Center). Currently about 80 percent of youth in juvenile detention are former refugees/immigrants. This is a certainly a major community concern. Rising use of drugs and gang violence among refugee youth populations. Increasing visibility of serious substance abuse issues among refugee populations but total lack of refugee-oriented resources in this area. Recent Bhutanese suicide was related to substance abuse issues.

Struggle with managed care organizations and particularly with transportation in the refugee population. It is door to door. There is no one at the hospital to help them. The non-profit organizations that used to provide it like a Visiting Nurse Services of Iowa do not do this anymore as they used to have staff there.

Dental was tough before. Dental Connections has improved access to them.

Moving Forward

Community Vision: Promote access to all levels of health. Zero barriers. Zero disparities. To live healthy lives people need access to services, resources and a supportive political, economic and social environment.



PRIORITY #1

Ensure access to health for all

PRIORITY #2

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

COMMUNITY VISION:

Promote access to all levels of health.
Zero barriers. Zero disparities.

Improve the social/emotional well-being of the community

PRIORITY #3

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

PRIORITY #4

PRIORITY #1

Ensure access to health for all

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

COMMUNITY VISION:

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

PRIORITY #1

Ensure access to health for all

Goal #1: Increase investments/reimbursement for prevention

Measure of Success: More work site wellness programs

Measure of Success: More complete streets

Measure of Success: More prevention focused grants

Measure of Success: Increased investments in early childhood and youth mental health prevention services

Data point: Unity Way Investments

Data point: Hospital charitable giving

Goal #2: Reform Medicaid Managed Care to reduce barriers to accessing necessary services

Measure of Success: Fewer Denials

Measure of Success: Increase in utilizations

Measure of Success: Increase spending by MCOs

Data point: MCO reports

Data point: Call center reports

Goal #3: Increase community understanding and support of mental health, reducing stigma and encouraging parity between mental health and physical health

Measure of Success: Increase comfort in calling in sick for a behavioral health issue

Measure of success: Increase co-location of mental health services with “traditional” health services

Data point: Survey of Human Resource Departments (to be developed)

Goal #4: Reduce transportation barriers, particularly for people with low incomes and rural families

Measure of Success: More non traditional options available (e.g, Uber)

Measure of Success- Fewer missed appointments

Data point: Survey of providers (to be developed)

Goal #5: Ensure individuals with mental health needs are connected to appropriate services -avoiding unnecessary jail and emergency room referrals

Measure of Success: Increased use of crisis observation center

Measure of Success: Fewer unnecessary jail referrals

Data point: Jail census

Goal #6: Increase avenues of understanding and cultural humility, reducing barriers for individuals seeking services

Measure of Success: More providers willing to ask patients about their culture/beliefs

Measure of Success: Improved customer satisfaction

Measure of Success: More conversations about these issues

Measure of Success: Increased training opportunities across health services sector

Data point: Utilizations among non-majority communities

PRIORITY #2

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

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

COMMUNITY VISION:

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

PRIORITY #2

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



Goal #1: Increase and utilize physical community spaces to foster social connectivity, civility and build trusting relationships

Measure of Success: More public art with benches
Measure of Success: Number of park comprehensive plans with a connectivity strategy
Measure of Success: More parks with lighting
Data point: Well-being index



Goal #2: Reform Medicaid Managed Care to allow for more flexible reimbursement strategies

Measure of Success: Allowable reimbursement for asthma, radon mitigation and other environmental health hazards
Data point: Establishment of appropriate billing codes



Goal #3: Ensure everyone has a place to be safe and active

Measure of Success: More people out on more streets (e.g. Ingersoll, 6th Avenue)
Measure of Success: Empty B-Cycle docking stations
Measure of Success: Reduced crime rates
Data point: Well-being index



Goal #4: Increase the availability of safe affordable and stable housing

Measure of Success: More units (mixed uses/different uses)
Data point: Polk County Housing Trust Fund

Improve the social/emotional well-being of the community

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

COMMUNITY VISION:

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

PRIORITY #3

PRIORITY #3

Improve the social/emotional well-being of the community

▶ Goal #1: Identify and implement work-site strategies to reduce stress/trauma

Measure of Success: Number of employers assessing for work site stress and mental health resources
Measure of Success: Number of employees with predictable schedules
Data point: Wellness program(s) participation

▶ Goal #2: Advocate for the establishment and implementation of a children's mental health system

Measure of Success: Meaningful progress
Data point: Survey of Advocates (to be developed)

▶ Goal #3: Increase early identification, detection and intervention programs for children

Measure of Success: Number of children identified and properly referred
Data point: Survey of providers (to be developed)

▶ Goal #4: Increase psychiatric residency slots and efforts to increase practitioner retention

Measure of Success: Number of new slots established
Measure of Success: Retention percentage
Data point: Hospital reports

▶ Goal #5: Reform Medicaid Managed Care to improve reimbursement rates, and the timeliness of payments, to prevent the disruption or elimination of necessary services and valuable providers

Measure of Success: Improved finances of providers
Data point: Provider feedback

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

COMMUNITY VISION:

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

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

PRIORITY #4

PRIORITY #4

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

▶ Goal #1: Increase training opportunities for trauma informed care, mental health first aid and other evidence based mental health services

Measure of Success: New training providers
Measure: New training locations
Data point: Trainers data

▶ Goal #2: Expand efforts to develop a more diverse workforce that better reflects the patient population

Measure of Success: New mentor and apprenticeship programs
Data point: Iowa Chronic Care Consortium community health worker data

▶ Goal #3: Increase the number of people and organizations who receive cultural humility and implicit bias training

Measure of Success: Number of people trained
Measure of Success: Number of organizations offering the training to their employees
Data point: Survey of organizations (to be developed)

▶ Goal# 4: Reform Medicaid Managed Care to improve reimbursement rates to minimize staff turnover

Measure of Success: Higher (market appropriate) reimbursement rates
Data point: Provider feedback

▶ Goal #5: Improve recruitment and retention rates to address the unique challenges of rural Polk, Dallas and Warren counties

Measure of Success: Fewer turnovers
Measure of Success: Increase in average longevity
Data point: Survey of organizations (to be developed)

What we heard

In each and every conversation we held, and on the survey we sent out, we asked people “are there other issues (besides these priorities) that concern you”. The list below captures what we heard. Just because they were not specifically included in one of the Priorities listed should not be interpreted as saying these are not important. By definition the process of conducting a community health needs assessment requires we “identify and prioritize” the community’s needs. It means making hard choices. It means making decisions not all may agree with.

From Conversations

1. Healthy food (mentioned very often on the survey)
2. Food insecurity
3. Sexually transmitted disease epidemic- epidemic rates of sexually transmitted infection calls for a comprehensive intervention that includes testing, treatment, education and a better understanding of what is driving risky behaviors
4. Wellness/prevention
5. Community conversations (small groups) regarding health
6. Data Driven Justice
7. Oral health (and managed care)
8. Culture of health (access is more than service delivery and education)
9. Medicaid Managed Care/Services being cut. Providers not being paid. Get rid of the managed care organizations (MCO). Abandon failed privatization of Medicaid. Work more with MCOs on preauthorization and reimbursement issues. Get rid of disastrous managed care.
10. Healthy births (African American women)
11. Opioids - 266 DMFD patient encounters where Narcan was administered,
12. Adverse Childhood Experiences- stand alone issue?
13. Violent crime
14. Fear of immigration enforcement: less access to services and more acuity
15. Instability
16. Housing environment: insecurity and poor physical structures. Quality housing. Healthy affordable housing near services. Quality low income housing. Planned housing for all levels of income and in places that people can reach places of employment by walking or easy access to public transportation. Affordable housing in SES communities. Address homelessness. Housing- safe and affordable
17. Older adults caring/supporting adult children with inadequate insurance
18. Social Determinants of Health
19. Socio-economic determinants of health. Gentrification. Structural racism. Poverty. Education jobs. Lack of economic opportunities. Low wages. Economic stability. Accessibility to productive work

Additions from the survey

21. Substance abuse. More dual treatment centers. Lack of ongoing treatment. Training for families dealing with addiction. Substance abuse services. Preventing substance abuse among teens.
22. Trauma Informed Care
23. Suicide prevention/awareness- especially in youth
24. Victim services funding and support
25. Obesity
26. Walkability. Upkeep of our parks and walking trails. Making all neighborhoods and communities more walkable. Less emphasis on car related transportation in all areas of the community. Increased accessibility-more trails.
27. Importance of vaccinations and education regarding them
28. Better and more affordable public transportation. Increase services in Dallas County
29. Workforce issues. Inadequate number of health care professionals for the aging population particularly nurses. Health and long term care workforce recruitment and retention. Community health workers.
30. Social isolation/Social connectedness. Relationships for at risk youth and families (community connectedness) Social integration across diverse sectors
31. Coordination/Shared resources and services among the three hospitals. Better collaboration between advocates for aging lowans, children and people with disabilities. Care coordination and better sharing of data between current health care providers/systems. Improved use of IHINA better system for mapping out resources in communities as a whole.
32. Medicaid needs to give a high reimbursement for medical and dental visits
33. Availability and access to childcare. Recognition from business of the need for childcare among workforce. Need for higher education among the childcare workforce.
34. Access to quality early childhood education. Parent support-education on normal child development including brain development, teaching skills with opportunity for practice followed by guidance, building a network structure that urges parents to connect with each other
35. Long term care
36. Services for the aging
37. Dangers and consequences of digital media (sexting, snap chat, human trafficking) Increased emphasis on managing the burden of chronic conditions and end of life issues
38. Working on prescription drug pricing and insurance for all Iowans

Strategy considerations

Community-based, community-wide preventative care investment
Prevention programs need funding- not reimbursed by insurers
Systemic change that truly embraces diversity and inclusion in organizations, administrators, boards and service providers
We cannot make transformational change until we move the work beyond Des Moines/Polk County
Equity lens needs to be used more
Recognizing cultural diversity



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Todd Ashby
Jeri Babb
Nicole Beaman
Cynthia Steidl Bishop
Teresa Bomhoff
Emily Brown
Eric Burmeister
Juan Cadenillas
Jodene Devault
Erin Drinnin
Scott Draper
Jacquie Easley
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Becky Wampler
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Teri Taylor-Wolf
Andrea Woodard
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Des Moines Public
Schools Nurses (40+)

2019 Community
Health Needs
Assessment led by:

