



Community Memorial Hospital
UnityPoint Health



Community Health Needs Assessment

2016

2016 - 2019

Introduction

The Patient Protection and Affordable Care Act (ACA) of 2010 established 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.

In the fall of 2015 and spring 2016, 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 100 employees who address many aspects of healthcare needs within the community. In 2016 CMH offered the following services: Cardiac and Pulmonary Rehabilitation, Cardiopulmonary/Sleep Lab, CMH Medical Clinic, Emergency Services, Infusion Department, Inpatient – Swing Bed – Observation Beds, Laboratory, Nutrition, Outpatient Specialty Clinics, Pain Clinic, Radiology, Rehabilitation Services and Surgery.

2013 Community Health Needs Assessment

Key components of the CHNA include: identifying key issues affecting health in the community and health problems experienced by local residents, share the health needs of the community with residents and providers and lastly adopt an implementation strategy for meeting the identified community health needs.

As part of the assessment in 2013 CMH and the Board of Directors chose to address Mental Health, Access and Chronic Disease Management. These three needs were first, second and third respectively in the number of responses and weighted responses from the survey conducted in 2013. In addition each area fell within the scope of our mission and each covered a broad spectrum and offered ongoing support and opportunities for improvement. The Board of Directors remains committed to the success and sustainability of quality local healthcare and placing a focus on these three needs.

Mental Health was addressed in part through contracting with Integrated Telehealth Partners (ITP) to deliver Psychiatry care at CMH's Emergency Department via Telehealth. Access to Psychiatry care in rural Iowa would not otherwise be available without use of Telehealth services. A contract was signed between ITP and CMH in summer of 2015 and since then patients have benefited from an additional level of expertise related to mental health illnesses.

Access to quality healthcare is an important part of the health and well-being of individuals. Within this identified need, CMH has taken several important steps forward since 2013. In regards to primary care access appointments are now offered at CMH Medical Clinic at hours of 7 am and extended evening hours Monday – Thursday 5-8 pm. A fourth clinic provider has been hired to expand our access. With the addition of a fourth provider, early and evening

hours CMH Medical Clinic can accommodate approximately 30 additional appointments per day as compared to our availability in 2013.

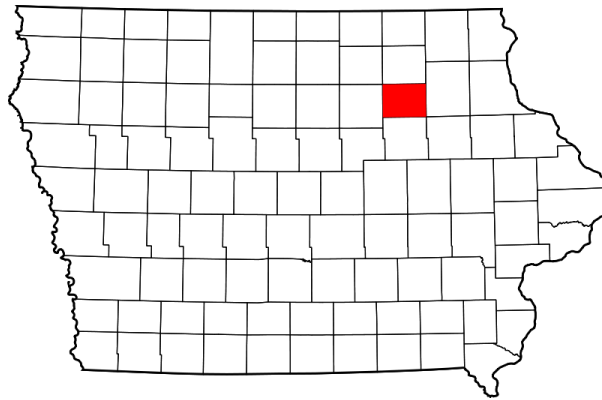
Access to specialty providers and clinics has also been addressed and continues to be a top priority for CMH. Bringing specialists to our patients is convenient for our patients in the fact that it saves them time and money, but most importantly, it provides patients access to care that they may not seek if not offered locally. A Nephrology Clinic was added in 2015 and Orthopedic Clinic was expanded in July 2016 to weekly access along with surgical access every Monday morning. CMH continues to recruit and work with local providers to ensure care can be delivered close to home.

Chronic Disease Management continues to be addressed through several fronts since the 2013 CHNA. CMH has addressed Chronic Disease Management through prevention, proper education and management. CMH Medical Clinic has now employed a full time Health Coach that specializes in Chronic Disease Management. Diabetic education appointments can be scheduled daily with our Health Coach where proper nutrition, wellness and medication management is discussed. In addition, CMH continues to play a lead role in the health and well-being of our community. CMH continues to offer several classes throughout the year, including smoking cessation, Matter of Balance, Tai Chi and BLS Certification. CMH creates and hosts several health highlights throughout the year that focus on various health and wellness topics. The past three years CMH conducted annual wellness testing for the communities in which over 600 screenings were completed. Starting fall of 2016 CMH will offer Walk in Wellness Testing to make it more convenient (24/7) as compared to only offering wellness testing annually.

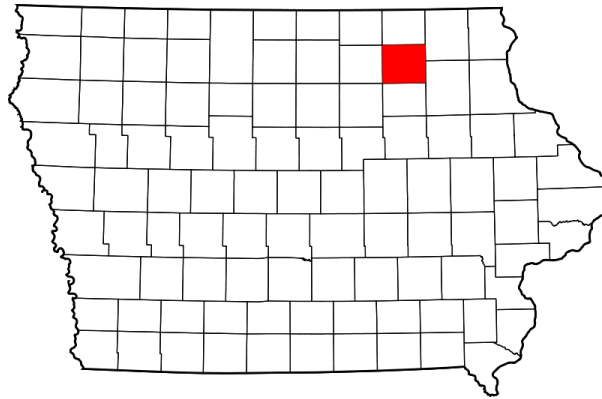
Service Area

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.

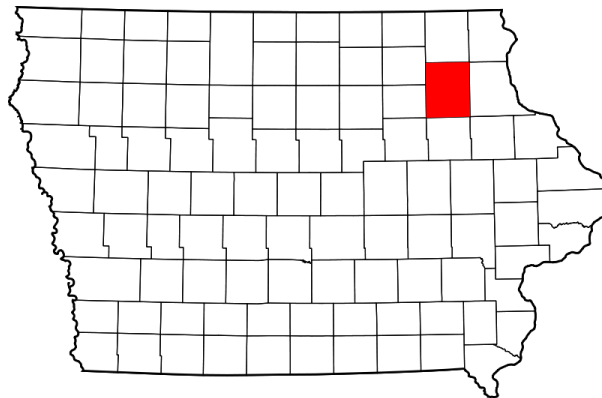
Bremer County is located in northeast Iowa with a population of 24,722 and borders Chickasaw, Fayette, Buchanan, Black Hawk, Butler, and Floyd counties. Bremer County covers 435.48 square miles and includes the following communities: Denver, Frederika, Janesville, Plainfield, Readlyn, Sumner, Tripoli, and Waverly.



Chickasaw County is located in northeast Iowa with a population of 12,097. 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 20,257. 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, July 1, 2015	24,722	12,097	20,257	3,123,899
Bremer County (1.8% increase); Chickasaw County (-2.7% decrease); Fayette County (-3.0% decrease); Iowa (2.5% increase)				
White alone, percent, 2015 (a)	97.0%	98.1%	96.3%	91.8%
Black or African American alone, percent, 2015 (a)	0.9%	0.7%	1.2%	2.9%
American Indian and Alaska Native alone, percent, 2012 (a)	0.1%	0.1%	0.1%	0.4%
Asian alone, percent, 2015 (a)	0.9%	0.3%	1.1%	2.4%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	Z	0.1%	0.1%
Two or More Races, percent, 2015	1.1%	0.7%	1.2%	1.8%
Hispanic or Latino, percent, 2015 (b)	1.5%	2.1%	2.3%	5.7%
White alone, not Hispanic or Latino, percent, 2012	96.2%	96.3%	95.7%	88.7%

<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://quickfacts.census.gov> – Used August 2016

Of importance since CMHs last CHNA (2013) population has dropped in two out of three counties we serve. Bremer County and Iowa as a state saw an increase in population.

Demographics of ethnicity saw little change from 2013 to 2016. CMH will continue to monitor population decreases and factors leading to lower population trends within our service markets specifically as it relates to any specific healthcare shortages and if that is a contributing factor towards individuals/families leaving our service markets.

Approach & Process

In August 2015 CMH began work on a comprehensive CHNA in partnership with Bremer County Public Health, Waverly Health Center and Waverly-Shell Rock Area United Way. The committee met on a monthly basis to identify key community partners to target, develop the CHNA survey and methodology, compile and interpret data accumulated through the survey and discuss top issues facing our communities. A 28 question survey was created and shared through several media outlets determined to garner best responses. The survey was open from the following timeframe of September 17 through November 5, 2015. The survey link was sent through email distribution, radio and publication in local newspapers. In addition CMH made concerted efforts to reach school officials within Sumner-Fredericksburg School District along with local business owners in Sumner.

Results

As aforementioned the survey ran from September 17 through November 5, 2015. A total of 715 responses were received. The highest response rate came from age range of 50-59 at 23.46%. Females accounted for 81% of all people completing the survey. 69% of the people resided from Bremer County with second highest response rate of Butler County at 10.07%. Chichasaw and Fayette each accounted 7.27 and 3.22% respectively. 76% of people responding work in Bremer County. In regards to race/ethnicity 97% reported as White or Caucasian. 37.83% are College Graduates, 20.11% Associates Degrees and 10.27% were High School Graduates. Respondents rated themselves as following for overall health: Unhealthy 3.15%; Somewhat Healthy 37.38%; Health 53.94% and Very Healthy 5.52%.

The following is a summary of the key results:

Question 10:

<i>What are the 3 most important factors for a "Healthy Community" (those factors which most improve the quality of life in a community)</i>						
Answer Options	Most Important	2nd Most Important	3rd Most Important	Response Count		
Access to health care (example: family doctor, hospital, other health services)	217	123	64	404		
Good jobs and healthy economy	96	85	72	253		
Health behaviors and lifestyles	93	72	81	246		
			Answered question	635		
			Skipped question	80		

Question 11:

<i>What do you think are the top 3 health problems in your community</i>				
Answer Options	1st	2nd	3rd	Response Count
Obesity	100	94	94	288
Aging (orthopedic, hearing/vision loss, demetia, etc.)	153	51	69	273
Cancer	108	70	59	237
Mental Health (depression, addiction, post-traumatic stress, etc.)	61	87	76	224
Heart Disease/Stroke	35	79	62	176
			Answered Question	629
			Skipped Question	86

Question 12:

What do you think are the 3 most "risky behaviors" in your community?				
Answer Options	1st	2nd	3rd	Response Count
Texting or using cell phone while driving	133	103	101	337
Alcohol abuse	164	77	80	321
Physical inactivity	107	96	86	289
			Answered Question	630
			Skipped Question	85

Question 13:

What do you think are the top 3 health concerns relative to children's health in your community?				
Answer Options	1st	2nd	3rd	Response Count
Too much screen time (TV, Computers, etc.)	130	94	133	337
Unhealthy diet	121	94	72	321
Limited physical activity	42	94	84	289
			Answered Question	625
			Skipped Question	90

Question 16:

What 2 healthy behaviors would you like to start or improve?				Response Count
Answer Options	1st	2nd		
Getting more physical activity	208	134		342
Decreasing stress	108	85		193
Better sleep	115	76		191
Drinking more water	91	89		180
Eating more fruits and vegetables	55	111		166
			Answered Question	616
			Skipped Question	99

Question 17:

What do you feel prevents you from being healthier?				
Answer Options	1st	2nd	3rd	Response Count
Lack of motivation	198	92	109	399
Not enough time	177	161	60	398
Other priorities	75	139	129	343
			Answered Question	594
			Skipped Question	121

Question 18:

What would help you start or maintain a healthier lifestyle?				
Answer Options	1st	2nd	3rd	Response Count
Lower priced fresh food and produce available	94	103	85	282
Affordable wellness and fitness facilities	126	87	56	269
Health incentive programs offered by my health insurance	80	71	63	214
Employee wellness programs	42	61	56	159
Access to a health coach	74	34	48	156
			Answered Question	539
			Skipped Question	176

Question 20:

What are the top 3 social issues facing people in your community?				
Answer Options	1st	2nd	3rd	Response Count
Poor parenting skills	113	107	68	288
Single parent families	89	93	76	258
Lack of affordable housing	112	59	60	231
			Answered Question	562
			Skipped Question	153

Open-Ended Response Themes

What additional health care services would you like to see available in your community?				
Open-Ended Response Themes	Response Count			
Mental Health Services	33			
Expanded Clinic Hours/Urgent Care	11			
Affordable Fitness Centers/Physical Activities	11			
Dermatology	9			
Various Additional Specialists	9			
Final Count	189			

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. The CMH Board of Directors met in August 2016 to review data from 2016 survey and accomplishments over the past 3 years in regards to 2013 CHNA. Given data reported in 2016 and opportunities to better serve our communities the following health issues will be addressed.

- 1.) Access to Healthcare
- 2.) Chronic Disease Management
- 3.) Wellness Initiatives
 - Obesity
 - Affordable Wellness and Fitness
 - Healthy Behavior Lifestyles
 - Employee Wellness
- 4.) Access to Mental Health Services

Of importance there are similar trends when comparing the 2013 to 2016 CHNA. In 2013 the following were addressed: access to healthcare, mental health and chronic disease management. Noticeable changes in 2016 included more social/economical dynamics in regards to wellness initiatives. 2016 initiatives have been chosen for a number of reasons. First, the above areas carried a large number of responses and weighted responses in our assessment. Secondly, CMH believes it has the capacity and capability to positively impact these areas for our communities. In addition they fall within the scope of our mission and each covers a broad spectrum and offer ongoing opportunities for improvements. The Board of Directors and CMH Administration is committed to the success of quality local healthcare and placing a focus on these four areas will help achieve this goal.

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.

Strategy & Implementation

CMH's 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.

Access to Healthcare

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. Most immediately telemedicine will soon be implemented for specialists such as orthopedists to round on patients post surgery via telemedicine consult visit. This will allow our patients to stay close to home and save time for specialty providers with reduced travel time.

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. August 1, 2016 marked the start of evening clinic hours (Monday – Thursday 5-8PM) for CMH Medical Clinic. This allows convenient access for our community members in the evening hours.

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.

CMH plans to increase awareness of our new 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. CMH has implemented a quarterly newsletter that is distributed to over 13,000 households in our service market encompassing many zip codes across NE IA.

CMH will be discussing the addition of weekend clinic hours over the next year as a means to better serve our communities.

Chronic Disease Management

In the wake of healthcare reform, chronic disease management has 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.

Diseases from lifestyle-induced conditions take the lives of more than seven in 10 Americans, such as Type 2 diabetes, dementia, cancer, osteoarthritis, heart disease and stroke. Research shows that achieving “six normal” ranges (for low-density lipoprotein cholesterol, blood pressure, blood sugar, waist to height ratio, stress management and tobacco toxins) with or without medication, reduces subsequent chronic disease by 80 percent to 90 percent over 10 to 30 year periods. If only 65 percent of individuals achieved the six normals, the nation would save well over \$600 billion in health care spending per year. Currently, only 3 to 4 percent of the U.S. population entering Medicare meets those levels.

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 has a dedicated Diabetic Educator in the CMH Medical Clinic to help treat

anticoagulation and diabetic patients five days a week in conjunction with a certified dietician. This program continues to expand. As the CMH Medical Clinic continues to grow part of our action plan will entail an assessment if additional employee resources will be needed to meet the growing demand of anticoagulation and diabetic referrals to our Health Coach. A study showed that providing patients with enhanced support regarding their treatment options via health coaches resulted in lower hospital admissions and fewer surgeries in preference-sensitive conditions. In addition, health system pharmacists who responded to the survey (82 percent) think that it is likely that 25 percent of hospital outpatients will forgo treatment with high-cost medication when weighing the benefits, risks and costs (Pharmacy Forecast 2016-2020; 2015)

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 and 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 has extended our meeting spaces to other community groups.

To better meet the needs of the community CMH started Walk In Wellness Testing available Monday – Friday (7AM – 5PM). This will create additional access points not previously offered for our communities.

Wellness Initiatives

As compared to 2013 Wellness Initiatives were identified by our survey respondents as a top priority. This was not the case in 2013. Specifically, obesity, affordable wellness and fitness, healthy behaviors and lifestyles and employee wellness were identified with most responses.

In regards to *obesity* it is hard to imagine CMH will alone be able to curtail this national epidemic. Obesity is a major contributor to the global burden of disease and disability. CMH will target key strategies to help with this epidemic. CMH will help with the availability for certain screenings such as body mass index (BMI), diabetes and cholesterol. CMH will then partner with local agencies such as Bremer County Department of Public Health to educate individuals identified as a risk. Obviously, obesity and physical activity are directly linked. CMH will look to create new partnerships to increase the availability of locations for adults and youth to engage in physical activity such as playgrounds, sports fields and fitness trails. A continued focus to build relationships with key partners such as Boy Scouts, Sumner-Fredericksburg School District and City of Sumner to develop and maintain these areas.

In regards to *affordable wellness and fitness* CMH will partner with local agencies such as grocery stores and farmers markets to expand offerings for community members. Data will be shared with key stakeholders to further develop wellness and fitness offerings. Local exercise classes are an option at affordable prices. These offerings need to be marketed and advertised so community members are aware. CMH will continue to offer exercise classes led by certified trainers such as Thai Chi which has now expanded to two sessions each block period.

Healthy Behavior Lifestyles was identified as a barrier to achieving better health in our communities. CMH will focus a health highlight with our Registered Dietician to talk about the advantages of living a healthier lifestyle such as proper nutrition, exercise regimen, decreasing

stress, better sleep, drinking more water and eating more fruits and vegetables as identified through our CHNA survey as top priorities.

Employee Wellness can be addressed through several avenues. CMH will focus efforts through our Occupational Health Department and education available through UnityPoint Health on how to establish an Employee Wellness Program. The survey results will also be shared through Community Care Transition Team which involves many local business owners. CMH can partner with local employers to develop an Employee Wellness program tailored to fit the needs of each employer. CMH can help sponsor health screenings at worksites and schools which could include fitness testing, health fairs at schools and worksites and host brown bag lunch programs on health education topics.

CMH needs to lead by example for our communities. CMH will continue to offer its employees insurance discounts through OnPoint For Health which requires employees to meet a number of health metrics to have lower insurance premiums and cash back incentives. CMH will also look to expand its healthy dining options for staff to make healthy eating decisions.

Access to Mental Health Services

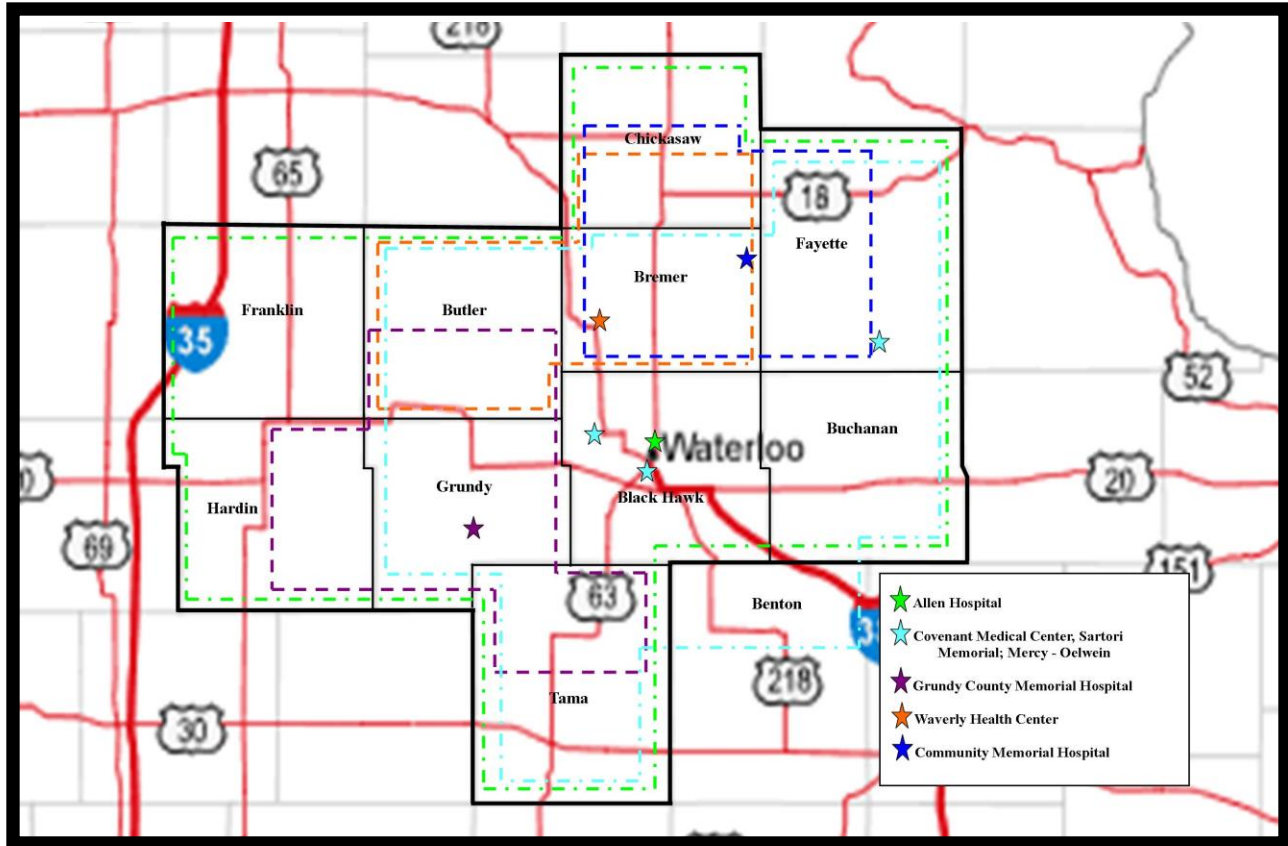
Mental Health was overwhelmingly identified as an area of improvement in our needs assessment. This is not isolated to our specific area and is a commonly held concern, state and nationwide. With a limited supply of providers and facilities and increased need for care, mental health is a major focus 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 has invested in Telemedicine, specifically contracting with Integrated Telehealth Partners (ITP) to deliver Tele-Psychiatry through our Emergency Department. This contract allows patients at CMH to have Telemedicine visits with Psychiatrists not otherwise available in a small rural healthcare facility. CMH is exploring an outpatient Psychiatry Clinic with ITP. This would significantly expand our capabilities to deliver mental health services to our region. A return on investment and feasibility study will be conducted to determine if this service can be offered at CMH in the future.

CMH is going to provide education and partner with Iowa Help Line. Iowa Help Line provides a number of resources including therapy, medication management, stabilization in a time of need, meeting other people (peers) who have been where you are now and learning how to access services right away to help in a period of crisis. Iowa Help Line is a free resource for CMH to utilize to help our access to mental health services. CMH will continue to partner with

Iowa Help Line and offer as many services as possible to help our patients and community members. <http://iowahelpline.org/>

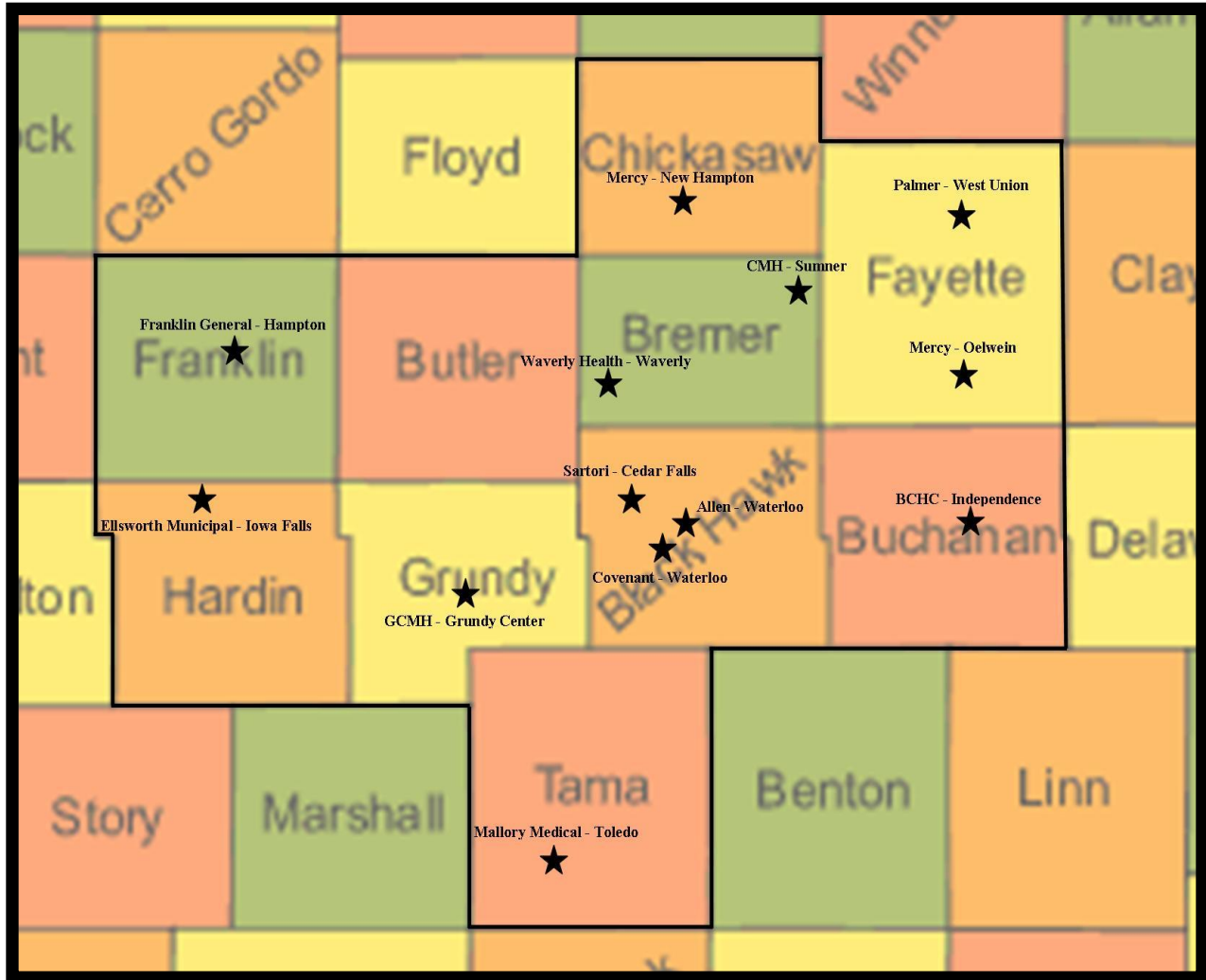
Appendix B – Individual Service Areas

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 2016 CHNA steering committee.



Appendix D – Further Questions

For further questions regarding the Community Memorial Hospital 2016-2019 Community Health Needs Assessment please contact Dustin Wright, CMH CEO

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