Social Determinants of Health:

A social impact report on the efforts of Montgomery County Memorial Hospital + Clinics 2019-2024

What's Inside?

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Montgomery County Memorial
Hospital + Clinics

Addressing Social Determinants of Health

At Montgomery County Memorial Hospital (MCMH), our mission—improving health with dignity, compassion, and respect, every person, every time—drives our commitment to addressing Social Determinants of Health (SDoH) as key to achieving health equity. We recognize that factors like food security, housing, transportation, and access to care disproportionately impact certain populations and influence health outcomes.

Addressing these challenges requires long-term, sustainable solutions, recognizing that meaningful change takes time. MCMH remains committed to addressing the root causes of health disparities, focusing on efforts that will lead to lasting improvements in health outcomes.

In 2019, MCMH launched a strategic initiative to assess and address these social determinants, with two main objectives: connecting patients to community resources and developing programs to fill service gaps. Central to this effort has been reducing stigma and fostering a supportive environment, particularly for marginalized communities.

A cornerstone of MCMH's work is collaboration with community-based organizations (CBOs) to better align patient needs with available resources. Partnerships with key stakeholders, including Live Well Montgomery County (LWMC)—a nonprofit affiliate chaired by MCMH employees—have been essential in expanding access to care and building sustainable community health programs.

This report highlights MCMH's journey, key programs, and measurable outcomes in addressing health-related social needs. Guided by evidence-based practices and regulatory alignment with CMS, MCMH is working to ensure that every patient, regardless of circumstance, has access to the resources necessary for optimal health.

Key Milestones 2019-2024

Montgomery County

13.5%
of residents of Montgomery County live below the poverty rate. Iowa average is 11%

3,381*
are enrolled in Medicaid

20.3%
Food Insecure Population (child) in Montgomery County, Iowa.**

2019: Laying the Foundation

- **SDoH Exploration and Gap Analysis**: MCMH's Population Health Department in collaboration with Live Well Montgomery County (LWMC), began investigating the impact of SDoH on our patient population to identify service gaps. We spent the year meeting with a variety of community based organizations to understand what services were currently available.
- **Focus on Food Insecurity:** LWMC adopted food insecurity as a primary focus after identifying it as a significant challenge for our community. Community garden programming and kids garden education supported this goal and helped to focus the groups efforts.
- **SDoH Committee was formed at MCMH:** To begin the process of a current program analysis and data exploration, a committee made up of Clinic Staff, Population Health Staff, Social Workers & Nutrition Services was formed.

2020: Building Resources Amidst a Pandemic

- **COVID-19 Impact:** Despite disruptions, MCMH and LWMC remained focused on building a comprehensive community resource guide and maintaining partnerships.
- **Mobile Food Pantries:** LWMC became an approved partner with Food Bank for the Heartland, launching bi-monthly mobile food pantry events.

2021: Initiating SDoH Screening and Expanding Services

- **SDoH Screening:** Discussions began around implementing screenings in the clinics to systematically assess patient needs related to food, housing, and transportation.
- **Clinics Navigator Program:** The role of a Clinics Navigator was created to focus on SDoH efforts and implement patient screening.

2022: Implementing SDoH Screening

- **Expanded Screening:** SDoH screenings were launched across clinics, including Red Oak Internal Medicine, Villisca Medical Clinic, and Women's Health Clinic, connecting patients with community resources.
- **SDoH Committee:** Additional members from inside MCMH were added to SDoH committee.
- **CHAMP Housing Funding:** Partnered with Amerigroup to create a fund for nontraditional housing assistance.
- **Hygiene products become available** throughout MCMH.

***Iowa HHS**
****Feeding America**

2023: Developing Comprehensive Programs

- **Adopt a County Program:** Partnered with Wellpoint to develop a comprehensive food access proposal for grant funding from the organization. Programming would include services available directly for patients as well as community-based resources.
- **Mobile Food Pantry:** Continued hosting bi-monthly food pantries, with an expanding reach.
- **Expansion of Free Immunization Clinics:** Expansion of free immunization clinics in partnership with Montgomery County Public Health from a more traditional "in clinic" model to offering free flu shots at food pantries, local libraries, and mobile food pantries.

2024: Launching New Initiatives

- **Electronic SDoH Screening with Phreesia:** Implemented Phreesia software to automate and integrate SDoH screening with electronic medical records (EMR) systems, increasing efficiency.
- **Inpatient SDoH Screening:** Added SDoH Screening for inpatients at admissions.
- **New Programs:** Launched the **Food Farmacy,** Mobile Meals at Discharge, and Community Fridge programs in collaboration with LWMC & Wellpoint.
- **Care Calling Program** starts, connecting MCMH staff with patients who have expressed loneliness.
- **Crisis Food Bags** become available throughout organization.

"We took our low health outcomes ranking seriously, understanding that to make a real impact, we needed to approach our patients holistically.

Recognizing that chronic poverty and systemic health inequities develop over generations, we focused on sustainable, evidence-based practices."

Laura Kloewer, SDoH Project Lead & LWMC Chair

Programs & Impact

Mobile Food Pantry

Program Description: In partnership with the Food Bank for the Heartland, the bi-monthly Mobile Food Pantry provides fresh groceries to individuals and families facing food insecurity.

Impact: In 2024, the Mobile Food Pantry served nearly 4,000 individuals, ensuring consistent access to fresh food for vulnerable members of the community.

Over 10,000 families served since 2020 when the mobile pantry started in Montgomery County.

Food Farmacy

Program Description: The Food Farmacy offers monthly food boxes containing essential items such as fresh produce, dairy, and protein. food is sourced from local growers, farmers or grocery stores. Current funding allows for 30 families to be enrolled. The program is full and there is currently a waiting list. Participants are required to have an annual exam with their primary care provider & fill out a monthly survey.

Impact: Between June and August 2024, the program served 143 households. 100% of participants have expressed that the boxes were a benefit to their family.

FOOD FARMACY
Live Well Montgomery County

"I hope this continues! There were things we can't afford, such a pleasant surprise. The protein is so amazing! Milk, cheese, eggs, potatoes, bacon, turnips, beets, carrots!! You have no idea how appreciative we are!! The quality was great! Never thought we would be in this predicament, but so blessed and thankful for your program. Just thank you so much for thinking of us!"

— Food Farmacy Participant

MCMH Branded SWITA Bus

Community Fridge:

Program Description: A public refrigerator in Red Oak stocked with free food items for community members, aimed at increasing food access and reducing food waste.

Impact: Launching in late 2024, we anticipate the Community Fridge to become a vital resource, for our local Red Oak Community. The program not only fosters community support but also aims to reduce food waste. We anticipate expanding this program to other area communities as well.

Transportation Pilot Program

Program Description: Developed in partnership with SWIPCO, the Transportation Pilot Program provides patients with reliable transportation to medical appointments, addressing a critical barrier to healthcare access in rural communities.

Impact: Although still in its early stages, the program is expected to significantly reduce missed appointments and improve access to essential healthcare services for under-served populations.

Electronic SDoH Screening with Phreesia

Program Description: Implemented in 2024, Phreesia automates the SDoH screening process during patient registration, allowing for more efficient data collection and integration with electronic medical records (EMR).

Impact: In the first year of implementation, screenings increased from 303 in July 2023 to 2,236 in July 2024, with 22% of patients reporting unmet social needs. The system has improved tracking and referral capabilities, ensuring timely interventions.

303
Patients screened
July 2023

2236
Patients screened
July 2024

Mobile Meals at Discharge

Program Description: This program provides five days of nutritious meals to patients living in the Red Oak city limits upon discharge from the hospital, supporting their recovery at home.

Impact: The program is in its early stages, however the anticipated impact for the Mobile Meals at Discharge program is to support 3-5 patients per month, addressing critical nutritional needs during recovery and helping to prevent readmissions. It is our goal to expand to other communities beyond Red Oak.

Crisis Food Bags

Program Description: Crisis Food Bags are available for patients in need, providing emergency food supplies to those experiencing sudden food insecurity. This resource is available on-site at MCMH and Public Health.

Impact: This initiative has provided immediate assistance to patients in crisis, ensuring they have access to basic nutritional needs while being connected to longer-term resources. From April 2024-September 2024, 26 bags have been given out.

Emergency Crisis Food Bags

Housing Assistance through CHAMP Funding

Program Description: The CHAMP funding program, in partnership with Wellpoint, offers financial assistance to patients facing housing instability. This nontraditional housing fund provides critical support to those at risk of homelessness.

Impact: This program has been instrumental in stabilizing housing for vulnerable patients, reducing stress and enabling them to focus on their health. A total of $5,547.83 has been given in assistance. This support has covered essential needs such as rent and deposit payments, LP tank fills, propane tank rentals, a whole-home bed bug extermination, and the purchase of a new refrigerator.

Hygiene Product Availability

Program Description: MCMH offers hygiene products to patients in need, ensuring access to basic personal care items during medical visits.

Impact: This simple yet effective initiative addresses the dignity and well-being of patients, improving their overall health and experience.

Community Gardens & Kids Garden Program

Program Description: The Community Gardens and Kids Garden Program promote local food production and provide fresh produce to individuals in need. The Kids Garden offers educational programs focused on growing and preparing food, particularly for younger community members.

Impact: These gardens contribute to sustainable food access while fostering community engagement and providing valuable educational experiences for children. Thousands of pounds each year are donated around the community.

MCMH Farmers Market

Program Description: The on-site Farmers Market offers fresh, locally grown produce to the community, including patients and staff at MCMH. This market promotes local agriculture and provides easy access to healthy food options. Food Farmacy participants are also provided coupons to shop the farmers market and cooking education is offered.

Impact: The Farmers Market has increased access to fresh, locally sourced produce while supporting local farmers and educating participants about healthy eating.

Care Calling

Program Description:
The Care Calling program, launching in late 2024, is a new initiative aimed at addressing social isolation and loneliness among patients. Through this program, any employee can volunteer to make weekly phone calls to patients who have expressed feelings of loneliness. These 15-30 minute conversations focus on building social connections and offering companionship, helping to meet patients' emotional and social needs. The program is designed to be flexible, with employees receiving work time to complete their calls, coordinated with their manager.

Impact:
Although the program is in its early stages, Care Calling is expected to make a significant difference in the lives of patients who are struggling with loneliness. By providing meaningful social interaction, the program aims to reduce feelings of isolation, improve emotional well-being, and foster a sense of community for both patients and participating employees. As the program grows, it will be monitored closely for feedback to ensure its positive impact and adaptability to patient needs.

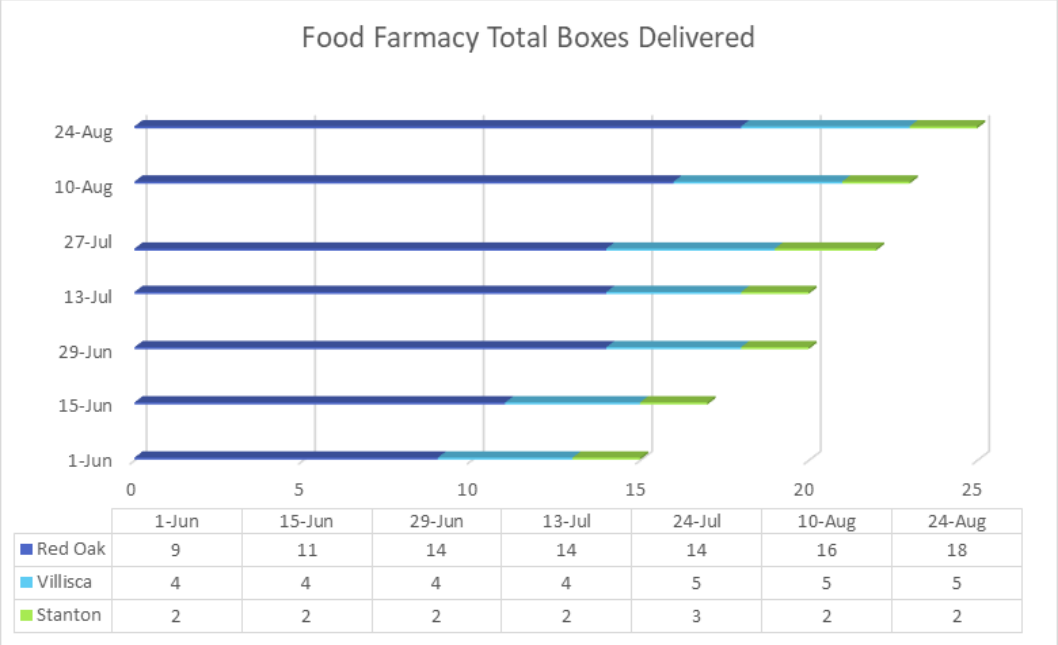
Immunization Clinics

Program Description: Starting in summer of 2024, MCMH is transitioning its **Immunization Clinics** to a quarterly schedule, now conveniently held at the

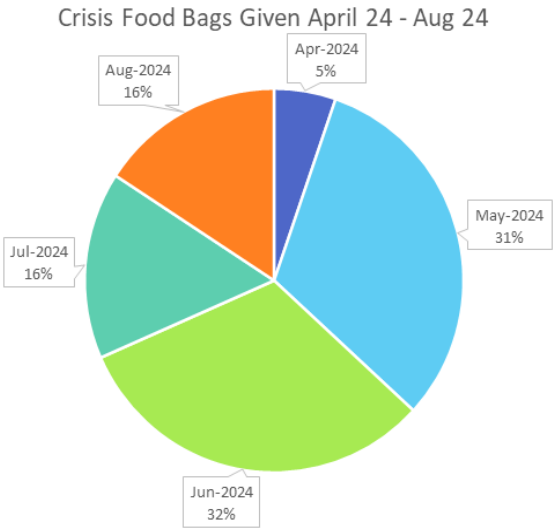
MCMH Pharmacy. These clinics will provide essential vaccinations, including flu, pneumonia, and other routine immunizations, ensuring greater access to preventive care for the community. Additionally, financial assistance will be available to patients who struggle to cover the cost of their immunizations, helping to remove financial barriers and promote public health. Montgomery County Public Health will take over holding free flu shot clinics and MCMH will participate with them.

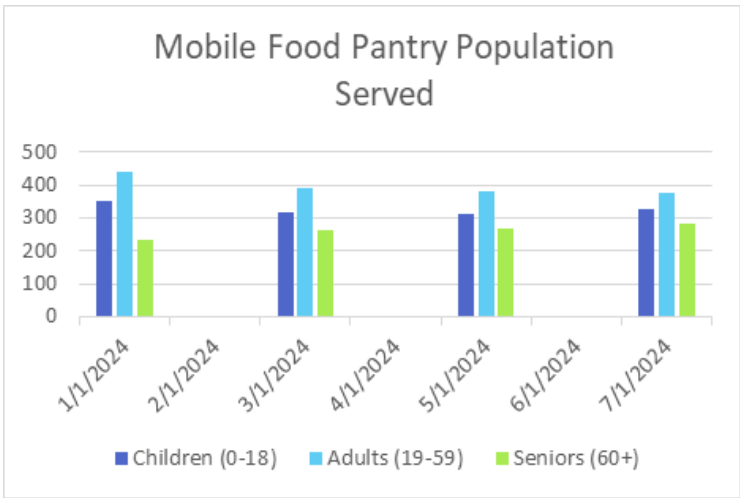
Impact:
The quarterly Immunization Clinics aim to improve vaccine accessibility, particularly for individuals facing financial hardship. By offering financial assistance, the program will ensure that more patients are able to receive necessary immunizations, reducing the risk of vaccine-preventable diseases in the community. The increased frequency of clinics will make it easier for patients to stay up to date on their vaccinations, contributing to overall community health and well-being.

Program Data 2024



	1-Jun	15-Jun	29-Jun	13-Jul	24-Jul	10-Aug	24-Aug
Red Oak	9	11	14	14	14	16	18
Villisca	4	4	4	4	5	5	5
Stanton	2	2	2	2	3	2	2





Partner Organizations

Montgomery County Family YMCA

SWIPCO

Live Well Montgomery County

Food Bank for the Heartland

Christs Cupboard Food Pantry

Elliott Community Food Pantry

Cync Health

Unite Iowa

Life5B

Pack the Sack, Red Oak

Feed the Pack, Villisca

Elks, Red Oak

City of Red Oak

City of Elliott

Malvern Methodist Church

Faith Community Church

Acorn Acres

West Central Community Action, Red Oak

Montgomery County Public Health

Altrusa

Montgomery County & Mills County Citizens at Large

Farmers Mutual Telephone Company

Farm Credit Services, Inc.

Hy-Vee, Red Oak

Fareway, Red Oak

Red Oak Fire & Rescue

Red Oak Police Department

Squadron of Heroes

Zion Recovery

ISU Extension Office, Montgomery County

Montgomery County Fair Board

Orme Outdoor

Healthy Turf

Red Oak Community School District

Red Oak Public Library

MCMH Foundation

SW Valley School District

City of Stanton, IA

We are only at the beginning.

MCMH, in collaboration with local partners, has made substantial progress in addressing SDOH's in our communities. By leveraging partnerships, screening tools, and targeted programs, patients are connected with essential resources in real time, resulting in what we hope will be measurable improvements in food security, transportation, and housing.

Looking ahead, MCMH remains committed to expanding these programs and refining strategies based on data and feedback. Continued success will depend on sustained funding and strong partnerships, which are crucial for maintaining and growing services.

New CMS guidelines will further shape future efforts, emphasizing deeper integration of SDoH into care models and requiring more comprehensive data collection. MCMH is prepared for these changes, enhancing workflows and staying aligned with evolving regulatory standards.

By incorporating the latest evidence-based practices and adopting new technologies, MCMH is committed to leading the way in SDoH efforts across the community.

Health equity remains central to the mission, with ongoing advocacy for systemic changes to ensure that all individuals, especially those in under-served communities, have access to the care and resources they need.

"As a social worker, we've always been able to offer resources for our patients to call on for assistance. But being able to offer them something tangible, like a bag of food, is so impactful, not only for the patient but for me as well. These programs allow me to truly make an impact in our patient's lives." Christie Welter, MCMH Social Worker