Implementation Strategy

The following community needs were identified based on analysis of secondary and primary data. Noted below, for needs identified through the secondary data, are the pages of the draft assessment where more information can be found. The Healthy People 2020 Benchmark is also included for the for the particular issues.

It is noted whether needs identified through primary data collection were identified through key stakeholder discussions and/or the community survey. The attached charts outline preliminary key findings from the community survey based on 175 survey responses.

Attachment A at the end of this document notes the method by which the need was identified.

CHNA Identified Health Needs Secondary Data
The following priorities were identified though the secondary data (within the parenthesis is the CHNA page where data are reported and the HP 2020 Benchmark for particular issue)

- Heart disease deaths (Page 26 - HP 2020 Benchmark 100.8 per 100,000)
- Cancer deaths (Page 26 - HP 2020 Benchmark 160.6 per 100,000)
- Adult Obesity and Inactivity (Page 30-31 – higher than comparable Iowa figure and the HP 202 Benchmarks of adult obesity – 30.6% and no leisure time-sedentary – 32.6%)
- Motor vehicle accident deaths (Page 27 – HP Benchmark 12.4 per 100,000)
- Cigarette smoking by adults (Page 33 – HP Benchmark 12%)
- Flu Vaccinations (Page 38 – HP Benchmark 80%)
- Preventive Screening (colorectal, pap and mammograms) (Page 38 HP Benchmarks – Colorectal for age 50+ 70.5%, Pap Smear – 93%, Mammogram - 81.1%)
- Mental Health- Youth Feeling Sad or Depressed (Page 36 – Carrol and Crawford counties significantly higher than the comparable Iowa figure)
- Alcohol Use among Youth (Page 34 – Audubon, Carrol, and Crawford counties significantly higher than the comparable Iowa figure)

The following priorities were identified though the AHRQ Prevention Quality Indicators (Page 40- these three conditions account for approximately 70% of your ambulatory care sensitive conditions)

- Bacterial Pneumonia
- Chronic Obstructive Pulmonary Disease (COPD)
- Hypertension

CHNA Identified Health Needs Primary Data
The following priorities were identified through direct interviews and community surveys

Interviews and community surveys
- Heart disease
- Cancer
- Access to Primary Care
- Diabetes
- Chronic Disease Management
- Wellness Programs:
- Mental Health
- Specialty Care
- Alcohol Use
- Obesity
- Exercise

Other issues which came up less frequently, mostly thru interviews
- Access for Culturally Diverse Populations
- Dental Health:
- Medication management.
- Aging Population:
- Teen Pregnancy:
- Transportation Barriers:

For the following two charts, the number of people responding for each service was as follows –
Primary Care - 174, Mental Health – 53, Specialty 118, Hospitalization – 136, Rx – 170, Dental 171, Vision 169 (the remainder selected NA as a response). This information indicates that primary care is quite easy to access in the area but that mental health and certain specialty care may present more of a challenge.

Percentage Reporting Easy or Moderately Easy to Access

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage Reporting Easy or Moderately Easy to Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>95.42%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>14.12%</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>43.10%</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>74.10%</td>
</tr>
<tr>
<td>Prescription Meds</td>
<td>94.32%</td>
</tr>
<tr>
<td>Dental</td>
<td>94.88%</td>
</tr>
<tr>
<td>Vision</td>
<td>91.38%</td>
</tr>
</tbody>
</table>

Percentage Reporting Difficult or Somewhat Difficult to Access

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage Reporting Difficult or Somewhat Difficult to Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>1.72%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>37.74%</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>18.64%</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>0.74%</td>
</tr>
<tr>
<td>Prescription Meds</td>
<td>1.76%</td>
</tr>
<tr>
<td>Dental</td>
<td>0.58%</td>
</tr>
<tr>
<td>Vision</td>
<td>2.96%</td>
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</tbody>
</table>

Regarding specialty care, the following services were mentioned: mental health services, pediatric mental health services, dermatology, cardiology, urology, pulmonology, and oncology. Though some of these specialties are available on a part-time basis at St Anthony, several people suggested there may be a need for greater capacity.
Recommended Implementation Strategies
for Board Consideration

Access to Health Care – Maintain and improve access to care in region, especially for those without adequate insurance coverage.

- **Objective:** Address financial barriers to care for uninsured and insured area residents in need of services provided by St Anthony Regional Hospital
  - **Action Steps:**
    - Design and distribute public outreach and education materials for the St Anthony Cares financial assistance program.
    - Increase number of returned applications for patients sent packets on St Anthony Cares program
    - Serve as a community resource informing residents of the area of new coverage options under the Affordable Care Act.
    - Strengthen collaborative partnerships with Carroll County General Assistance, Carroll County Public Health, Surrounding Public Health Departments, New Opportunities, and others in order to assist uninsured residents in screening and enrollment for available public programs
    - Develop Spanish language materials to assist non-English speaking population in accessing regular, routine care in region

Alcohol and Tobacco Use – Reduce alcohol and tobacco use among area residents.

- **Objective:** Reduce tobacco use among area residents.
  - **Action Steps:**
    - Increase number of area residents in smoking cessation classes.
  - **Objective:** Reduce alcohol use among area residents.
  - **WILL NOT be addressed though Implementation Strategy at this time.**

Cancer – Reduce the death rate from cancer for area residents.

- **Objective:** Improve cancer screening and treatment for area residents.
  - **Action Step:**
    - Design public awareness campaign on the importance of cancer screening tests.
    - Encourage primary care providers to encourage and remind patients on importance of screening
    - Reduce financial barriers to screening through public health initiatives in order to increase percentage of area residents receiving colorectal screening, pap smears, and mammograms
    - Expand capacity and update facilities to treat disease

Chronic Disease Management Programs – Expand access to chronic disease management programs in region, especially for those with chronic obstructive pulmonary disease, diabetes, and heart disease.
• **Objective:** Increase number of area residents maintaining control over chronic diseases.
  o **Action Steps:** Improve access to disease management programs
    ▪ Design and distribute public education materials on the St Anthony chronic care clinic
    ▪ Distribute public education materials (in English and Spanish) on chronic disease management to area residents
    ▪ Develop health coach program to assist those with chronic disease in accessing appropriate care and counseling
  
• **Objective:** Increase the number of residents in the area that are managing their heart disease.
  o **Action Steps:** Improve access to cardiac care services
    ▪ Work in partnership with Iowa Heart Center to expand cardiology capacity in area
    ▪ Distribute public education materials (in English and Spanish) on proper cardiac care to area residents

**Mental Health** – Improve access to quality, mental health services in most appropriate setting.

• **Objective:** Improve access to mental health services for area adult residents.
  o **Action Step**
    ▪ Design public awareness and education campaign to better inform residents of services available in region.
    ▪ Partner with other mental health providers to increase access to mental health services in area.

• **Objective:** Improve access to mental health services for area pediatric residents.
  o **Action Step**
    ▪ Design public awareness and education campaign to better inform residents of services available in region.
    ▪ Support Carroll County Supervisors and areas schools’ efforts to increase access to mental health services in area.

**Obesity** - Promote activities to reduce the rate of obesity and increase physical activity for area residents.

• **Objective:** Reduce the percentage of area adult residents considered to be obese.
  o **Action Step:**
    ▪ Design public awareness campaign to increase exercise and fitness activity of area residents.
    ▪ Work with Carroll (and other?) County Public Health Departments on efforts to promote physical activity among county residents.
    ▪ **Work with area employers** to promote worksite wellness plans

**Prevention Services** – Reduce flu and pneumonia among area residents.

• **Objective:** Reduce hospitalization of area residents due to flu and pneumonia through increased rates of vaccination.
  o **Action Step:**
    ▪ Collaborate with public health departments in service area to promote and administer vaccinations.
    ▪ Design a public education message on the importance of receiving flu and pneumonia vaccines to be published in *Health View* insert in area newspaper.
Unintentional Injury and motor vehicle accident deaths – Reduce number of deaths among area residents due to injury or accident.

- **Objective:** Reduce number of accidental injuries among residents of area.
  - **Action Step**
    - Analyze data to better understand the cause of accidental injuries.
    - Design public awareness campaign to address farm-related accidental injuries.

- **Objective:** Reduce number of motor vehicle death among area residents.
  - **WILL NOT be addressed though Implementation Strategy at this time.**
<table>
<thead>
<tr>
<th>Top Youth Issues (in order of community survey rank)</th>
<th>Secondary Data</th>
<th>Interviews</th>
<th>Community Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use among Youth</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Bullying</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Proper Nutrition</td>
<td></td>
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<td>X</td>
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<tr>
<td>Sexual Activity</td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td>Reckless Driving</td>
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<td>X</td>
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<tr>
<td>Drug Use</td>
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<td></td>
<td>X</td>
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<tr>
<td>Tobacco</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Mental Health (Youth Feeling Sad or Depressed)</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
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