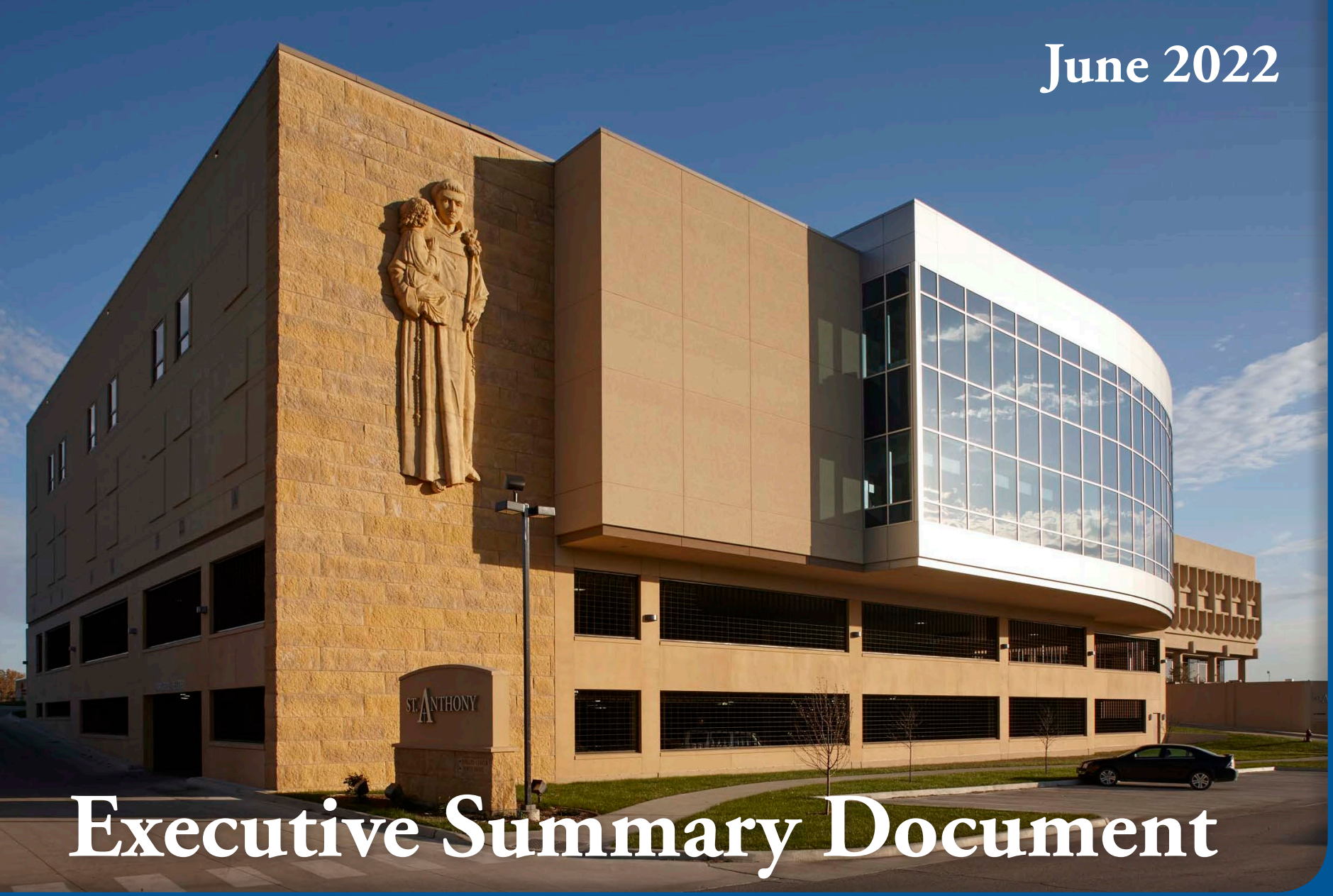
June 2022



Executive Summary Document

ST. ANTHONY
Regional Hospital

Prepared by
Tripp Umbach

ST. ANTHONY
Regional Hospital

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Our Message to the Community:
A Letter from the President & CEO

ST. ANTHONY Regional Hospital

St. Anthony Regional Hospital is inspired by faith and committed to excellence. We are dedicated to improving the health of the people we serve by leading in high-quality, high-value healthcare services responsive to the needs of our patients in the region.

With being a regional healthcare provider comes the precedence of staying current with the health needs of our community; therefore, St. Anthony completed the Community Health Needs Assessment (CHNA). This assessment is completed once every three years with the goal of identifying our region's health priorities from feedback received by community stakeholders, including but not limited to medical providers, residents, and education administration.

Our programs and services at St. Anthony reflect the findings of the CHNA by assisting in the planning, implementation, and evaluation of our strategies and community activities. From the CHNA findings, our health priorities include mental health, cancer, maternity care, obesity/live healthy, reducing the use of tobacco, and decreasing risky alcohol behavior.

I appreciate your support of the goals we are setting forth for the coming years. By working together, we will continue to provide excellent health care to the people of our region.

Edward H. Smith, Jr.
President & CEO

Frequently Asked Questions

What is a Community Health Needs Assessment (CHNA)?

A CHNA is an efficient method of identifying unmet health care needs of a population and making changes to meet these unmet needs.

Why Was a CHNA Performed?

Through the compilation of comprehensive data and analysis, a CHNA is a health assessment that identifies key needs and issues. Not-for-profit hospitals or charitable-status organizations under section 501(c)(3) of the Federal Internal Revenue Code are required to provide benefits to the community that they serve.

Not-for-profit hospitals must conduct a CHNA and adopt an implementation strategy at least once every three years to meet the identified community health needs. CHNAs identify areas of concern within the community related to the region's health status. The identification of the region's health needs provides St. Anthony Regional Hospital and its community organizations with a framework for improving the health of its residents.

How Was Data for the CHNA Collected?

A working group was formed in the winter of 2022 to complete the CHNA and its initiatives. The information collected is a snapshot of the health of residents in the service area of St. Anthony Regional Hospital, encompassing socioeconomic information, health statistics, demographics, and mental health issues, etc. The working group collaborated enthusiastically and tirelessly to be the voice of the residents served.

[1] Centers for Diseases Control and Prevention

Common Elements of Assessment and Planning Frameworks[1]

1. Organize and plan
2. Engage the community
3. Develop a goal or vision
4. Conduct community health assessment(s)
5. Prioritize health issues
6. Develop community health improvement plan
7. Implement and monitor community health improvement plan
8. Evaluate process and outcomes

The Community We Serve

ST. ANTHONY Regional Hospital

St. Anthony serves a predominantly rural population over a large geographic area comprising six counties in West Central Iowa. The data collection process focused on the primary areas of Audubon, Calhoun, Carroll, Crawford, Greene, and Sac counties.

However, the primary service area of St. Anthony is broadly defined as having 67 contiguous ZIP codes from which a majority of St. Anthony's inpatient population is derived. It is important to note that several of the contiguous ZIP codes/neighborhoods overlap in other counties that are not considered primary service counties but form a secondary service region. ZIP code-level data will help St. Anthony plan services and amenities in neighborhoods greatly impacted by limited access and barriers to care. For purposes of the report, information was presented at both levels.

The population in the St. Anthony service area is primarily White/Caucasian and comprises residents proficient in the English language. The majority of the six counties' 71,382 residents are white and non-Hispanic and are older than 55 as of 2019.

Roughly one-third of residents in the six counties have at least a high school degree, with more than 20% of residents having some college education. From 2010 until 2020 there was a 3.3% - 7.3% decrease in the five counties served by St. Anthony. Within the same years, population in Calhoun County (2.7%) and the state increased (4.7%).

Figure 1: St. Anthony Regional Hospital – Counties

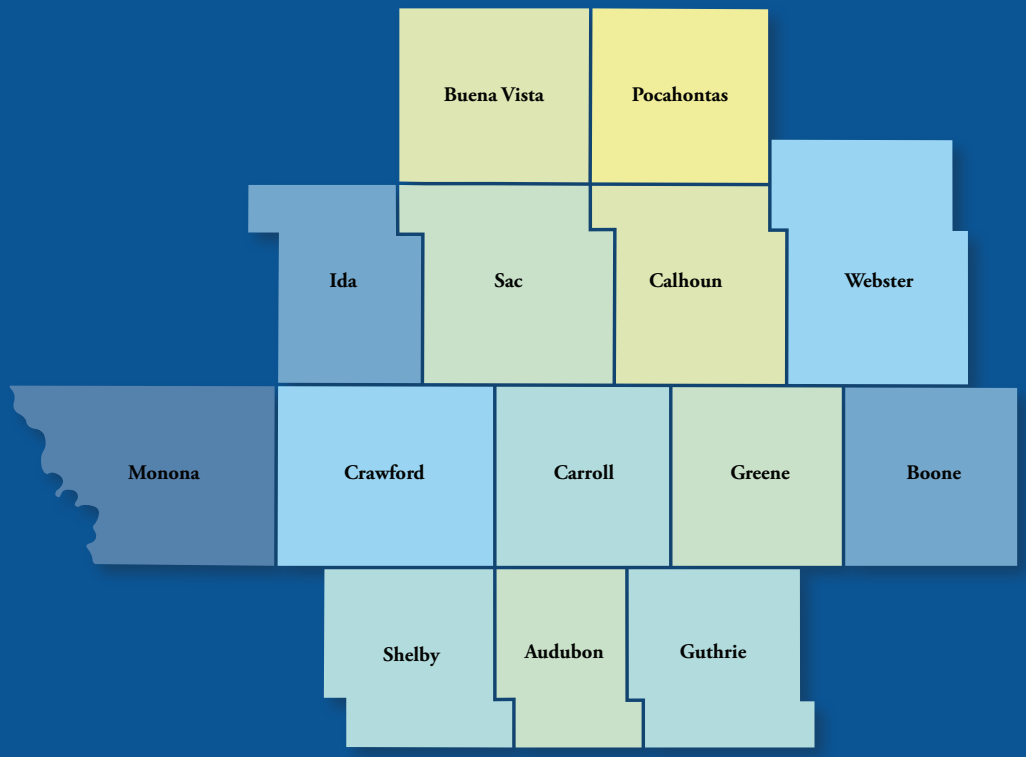


Table 2: St. Anthony Primary Service Area ZIP Codes

Zip Code	City	County
50076	Exira	Audubon
50025	Audubon	Audubon
50117	Hamlin	Audubon
50042	Brayton	Audubon
51543	Kimballton	Audubon
50223	Pilot Mound	Boone
50588	Storm Lake	Buena Vista
50575	Pomeroy	Calhoun
51449	Lake City	Calhoun
50538	Farnhamville	Calhoun
50551	Jolley	Calhoun
50579	Rockwell City	Calhoun

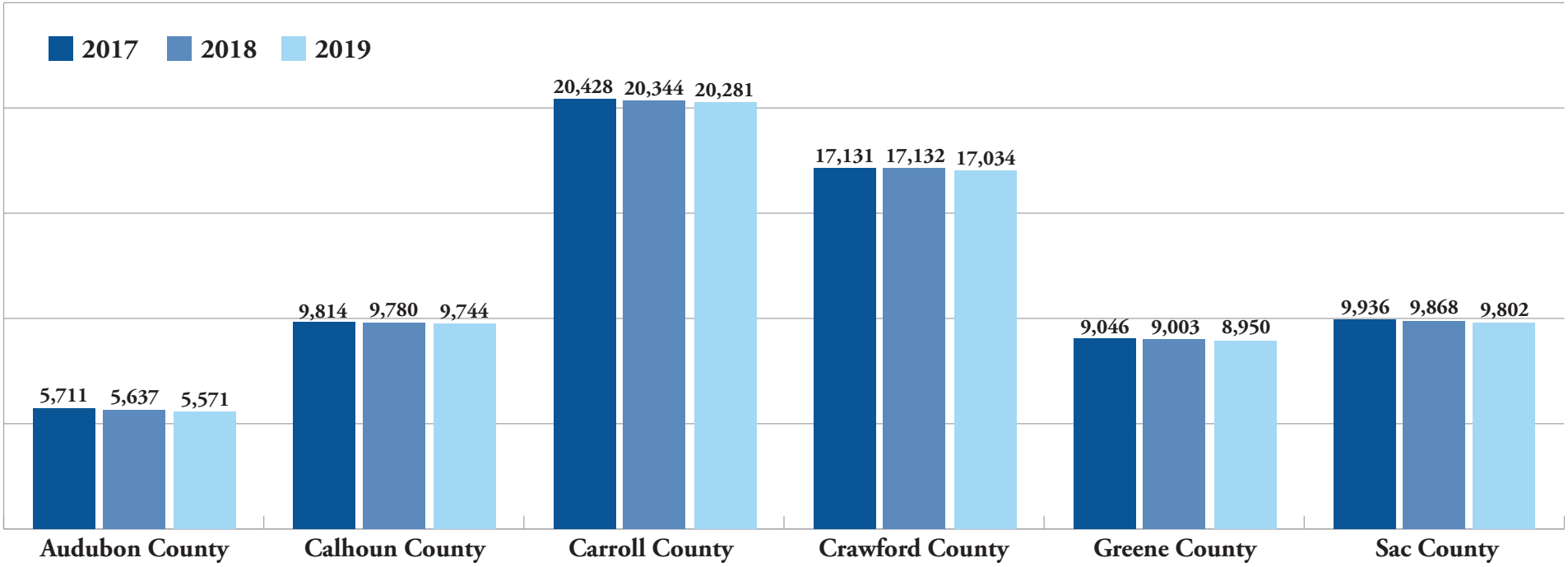
Zip Code	City	County
51453	Lohrville	Calhoun
50563	Manson	Calhoun
50586	Somers	Calhoun
50058	Coon Rapids	Carroll
51436	Breda	Carroll
51401	Carroll	Carroll
51455	Manning	Carroll
51443	Glidden	Carroll
51430	Arcadia	Carroll
51440	Dedham	Carroll
51444	Halbur	Carroll
51463	Templeton	Carroll

Zip Code	City	County
51451	Lanesboro	Carroll
51459	Ralston	Carroll
51442	Denison	Crawford
51441	Deloit	Crawford
51461	Schleswig	Crawford
51439	Charter Oak	Crawford
51448	Kiron	Crawford
51454	Manilla	Crawford
51528	Dow City	Crawford
51465	Vail	Crawford
51467	Westside	Crawford
51520	Arion	Crawford

ST. ANTHONY Regional Hospital

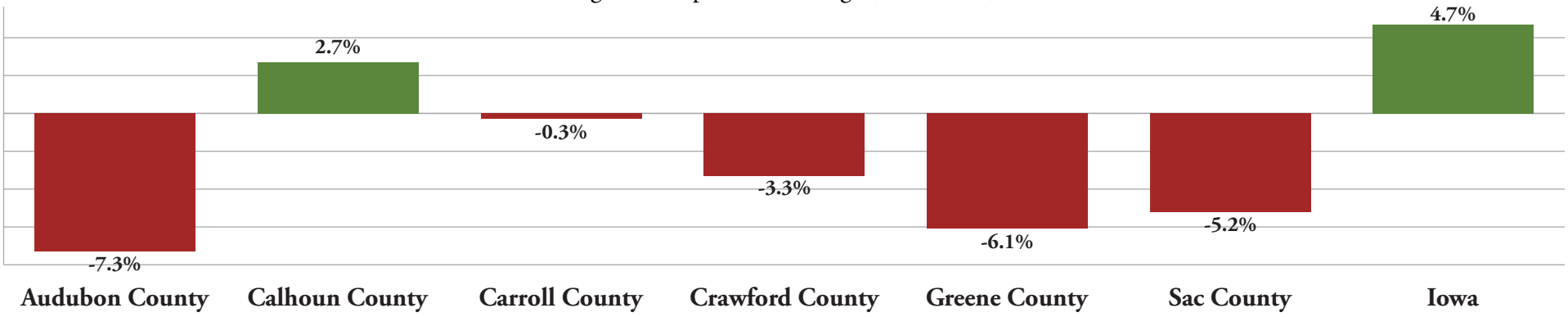
Zip Code	City	County
50107	Grand Junction	Greene
50050	Churdan	Greene
50235	Rippey	Greene
50064	Dana	Greene
50129	Jefferson	Greene
50217	Paton	Greene
51462	Scranton	Greene
50026	Bagley	Guthrie
50029	Bayard	Guthrie
50128	Jamaica	Guthrie
51020	Galva	Ida
51431	Arthur	Ida
51060	Ute	Monona
51034	Mapleton	Monona
51572	Soldier	Monona
51558	Moorhead	Monona
50540	Fonda	Pocahontas
50561	Lytton	Sac
50583	Sac City	Sac
51053	Schaller	Sac
50567	Nemaha	Sac
51433	Auburn	Sac
51450	Lake View	Sac
51466	Wall Lake	Sac
50535	Early	Sac
51458	Odebolt	Sac
51527	Defiance	Shelby
51531	Elk Horn	Shelby
50543	Gowrie	Webster
50544	Harcourt	Webster
50518	Barnum	Webster

Figure 3: Population (2017, 2018, 2019)



Source: U.S. Census Bureau

Figure 4: Population Change (2010-2020)

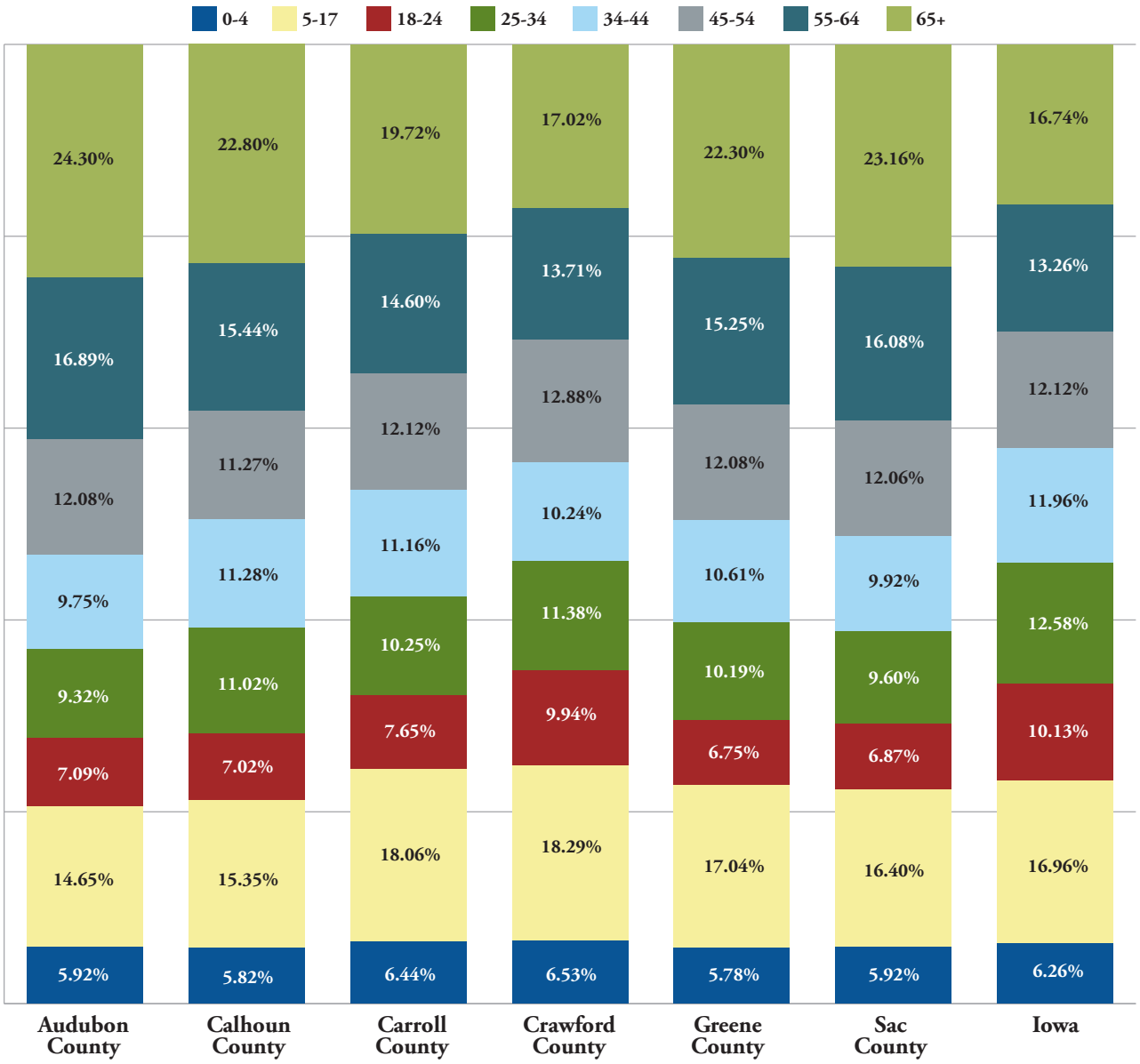


Source: U.S. Census Bureau

The Community We Serve

ST. ANTHONY Regional Hospital

Figure 5: Age Distribution (2015-2019)



Source: U.S. Census Bureau

The American Community Survey estimates, at least 20% of all occupied households in the service area are family households with one or more child(ren) under the age of 18. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

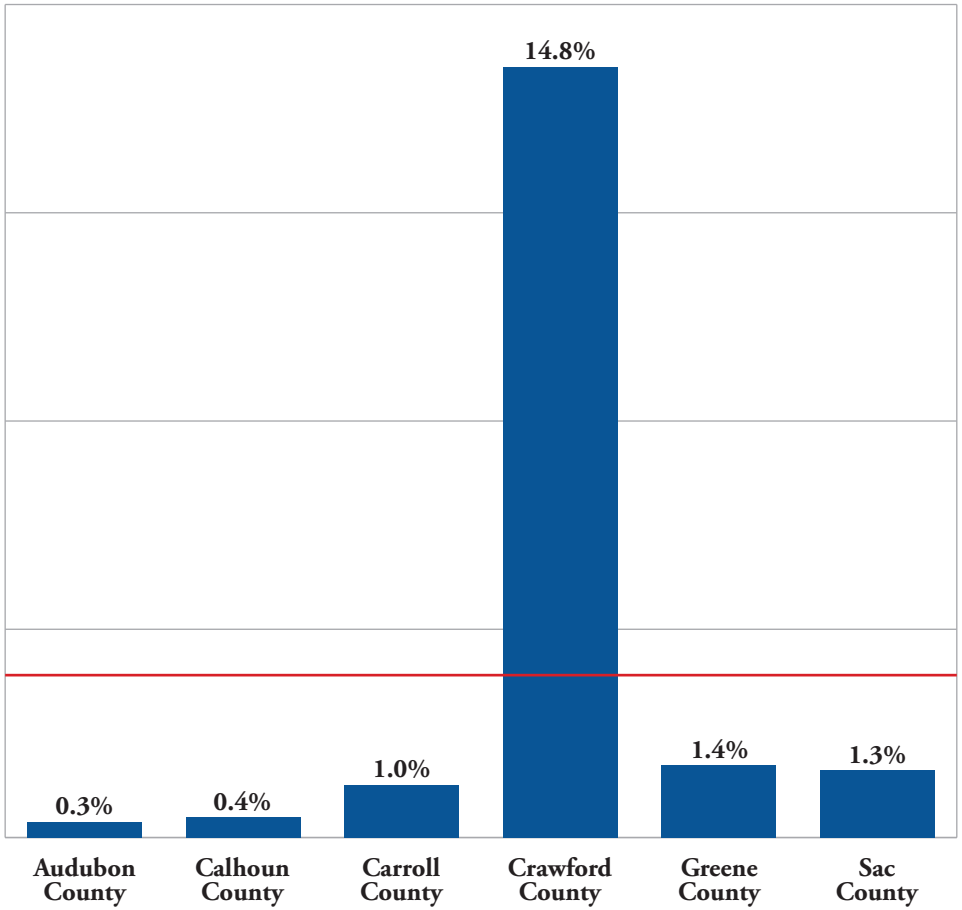
Figure 6: Families with Children under 18 years of age (2015-2019)

Audubon County	22.8%
Calhoun County	29.0%
Carroll County	26.4%
Crawford County	34.4%
Greene County	24.0%
Sac County	25.1%
Iowa	**29.5%**

Source: U.S. Census Bureau

This indicator reported the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well".

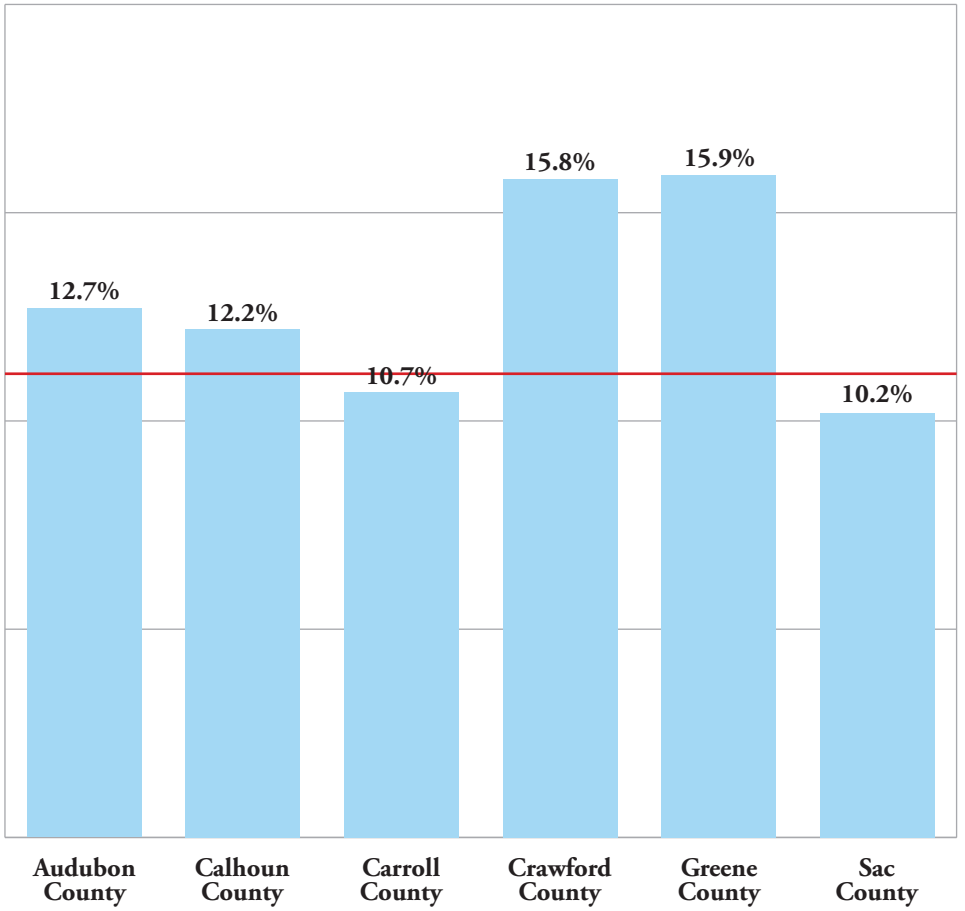
Figure 7: Population 5 and older with Limited English Proficiency



Note: The red line is a reference to where the counties lie when compared to the state of Iowa.

Source: U.S. Census Bureau

Figure 8: Population with Any Disability by Age (2015-2019)



Note: The red line is a reference to where the counties lie when compared to the state of Iowa.

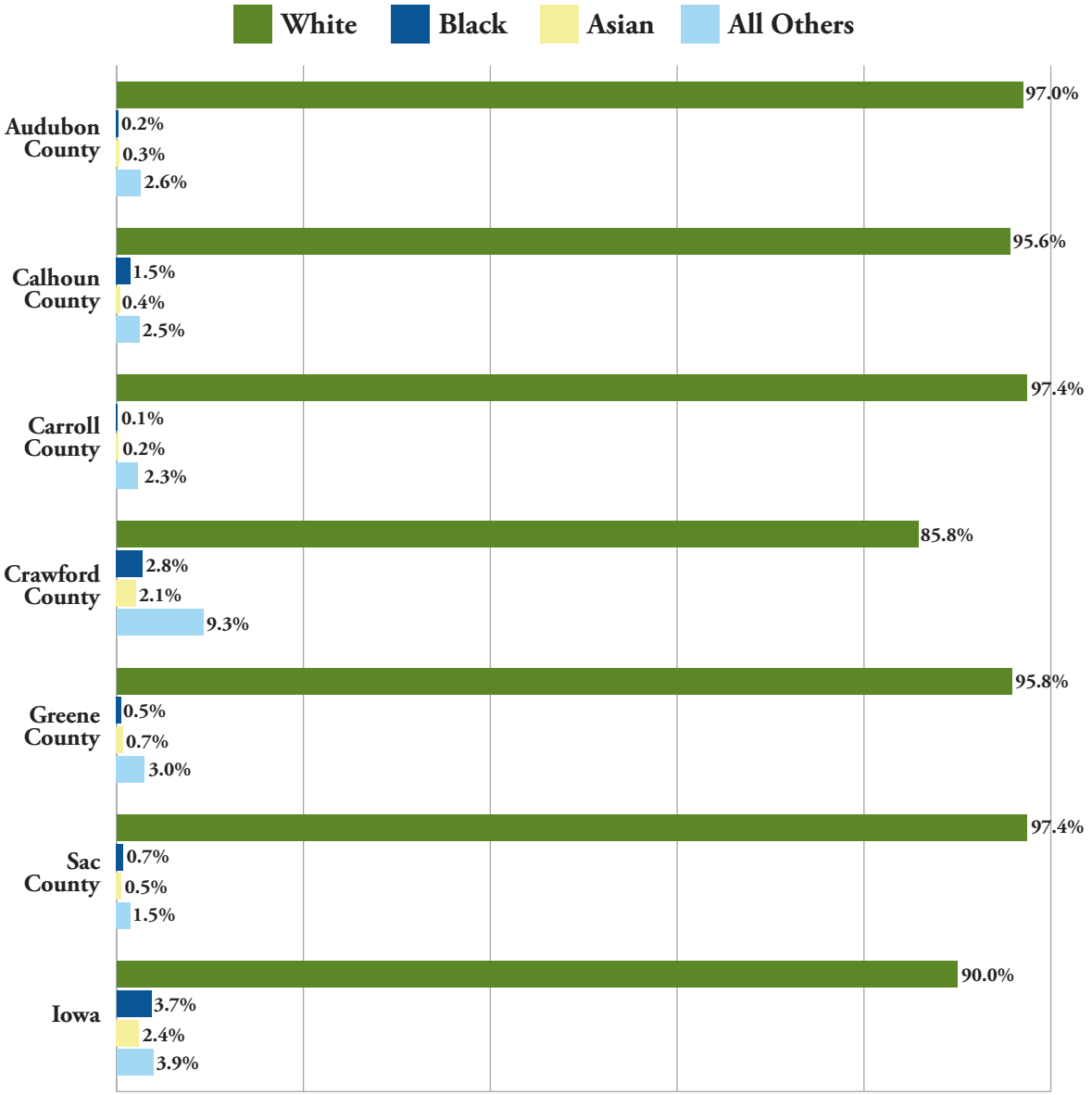
Source: U.S. Census Bureau

The data reports the percentage of the total civilian non-institutionalized population with a disability. The report area has a total population of 69,720 for whom disability status has been determined, of which 8,955 have any disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

The Community We Serve

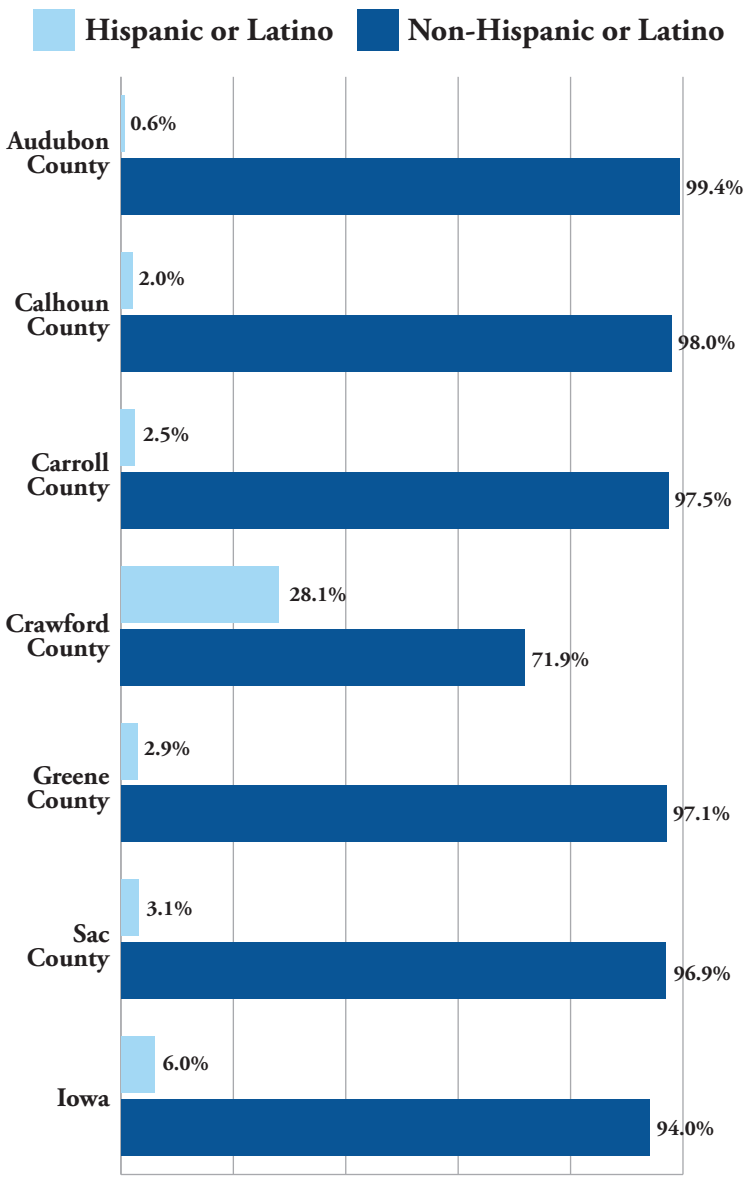
ST. ANTHONY Regional Hospital

Figure 9: Population by Race (2015-2019)



Source: U.S. Census Bureau

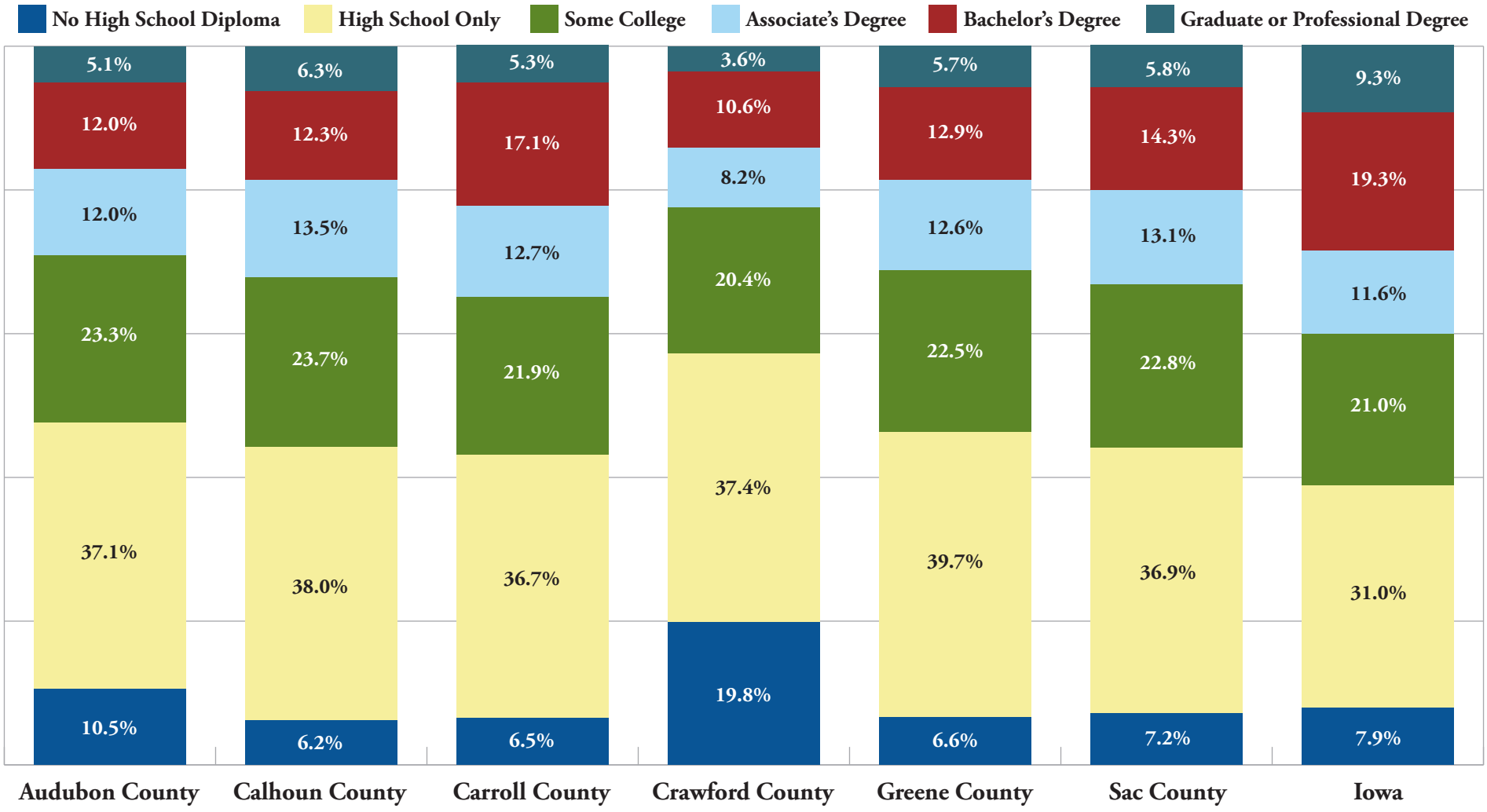
Figure 10: Population by Ethnicity Alone (2015-2019)



Source: U.S. Census Bureau

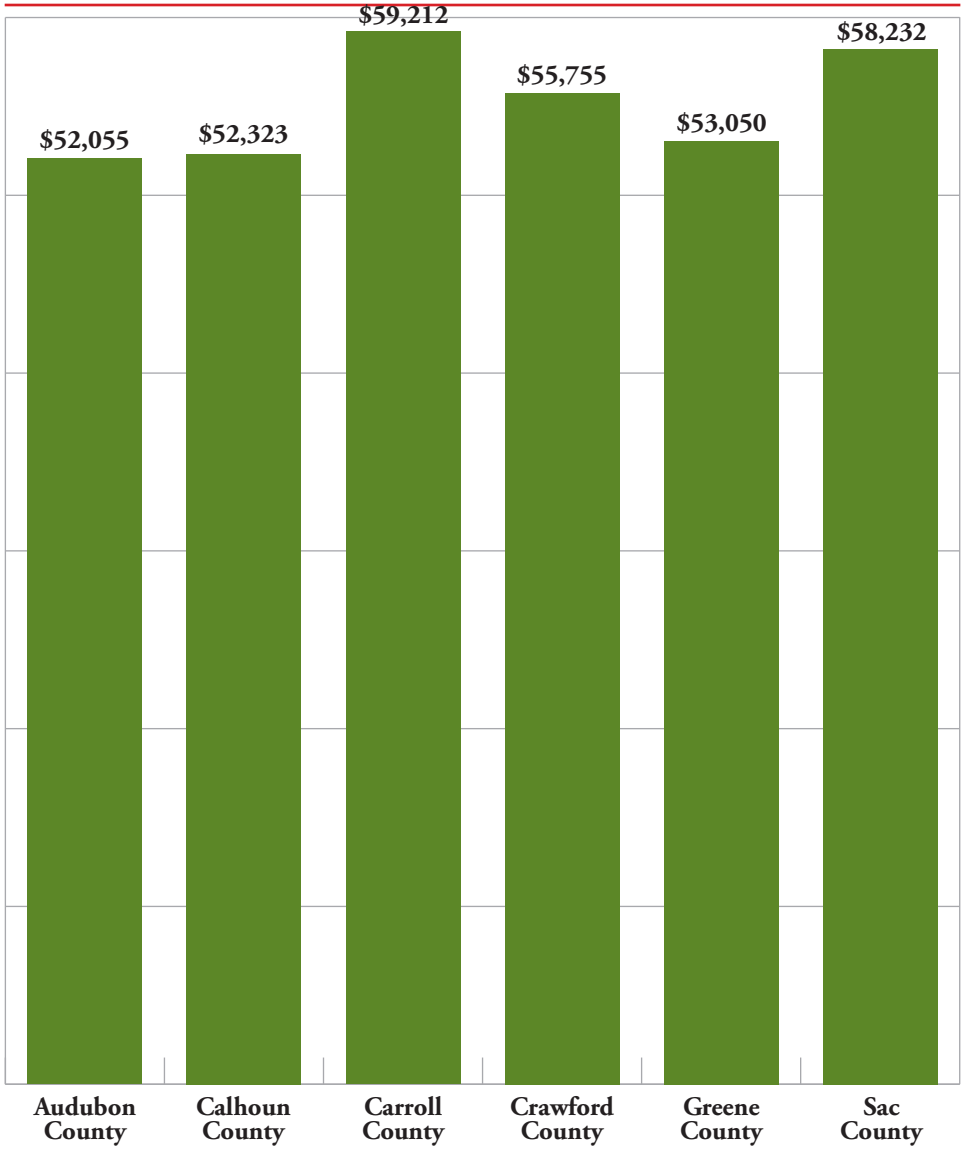
Educational Attainment shows the distribution of the highest level of education achieved in the report area and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Educational attainment is calculated for persons over 25 and is an estimated average for the period from 2015 to 2019.

Figure 11: Education Level (2015-2019)



Source: U.S. Census Bureau

Figure 12: Median Household Income (2019)

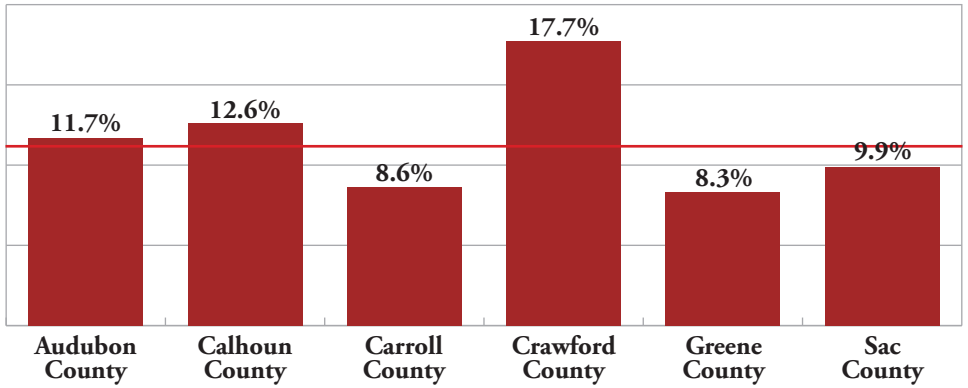


Note: The red line is a reference to where the counties lie when compared to the state of Iowa.

Source: U.S. Census Bureau

The indicator below is significant as poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. The 2021 Poverty Guidelines states that a family of four below 100% FPL has an average household income below $26,500.

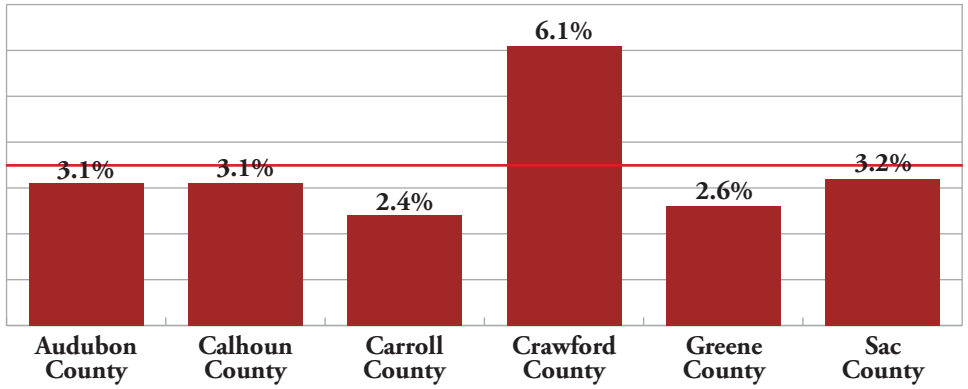
Figure 13: Population Below 100% Federal Poverty Level (2015-2019)



Note: The red line is a reference to where the counties lie when compared to the state of Iowa.

Source: U.S. Census Bureau

Figure 14: Unemployment Rate — February 2022



Note: The red line is a reference to where the counties lie when compared to the state of Iowa.

Source: U.S. Census Bureau

Introduction

St. Anthony Regional Hospital and Nursing Home is proud of its rich history, which dates to 1905 when Reverend Joseph Kuemper founded the hospital, with the help of the Franciscan Sisters of Perpetual Adoration from La Crosse, Wisconsin. Today, St. Anthony Regional Hospital, along with its medical staff, serves communities in West Central Iowa and is sponsored by St. Anthony Ministries.

Patients at St. Anthony Regional Hospital have access to physicians in many specialties, state-of-the-art equipment, and up-to-date treatment procedures. Cost-effective care is provided in an atmosphere that reflects the institution's Franciscan heritage and the values of the healing ministry of Christ, quality, patient/customer satisfaction, integrity, and high-performance standards. Emphasis is placed on patient services, rehabilitation, education, and wellness, recognizing an individual's physical, spiritual, and psychosocial needs.

St. Anthony Regional Hospital is a 99-bed facility with a connected 79-bed nursing home. The hospital is a member of the American Hospital Association and the Iowa Hospitals Association and has been designated as one of 16 regional hospitals in Iowa by the Iowa State Department of Health.

Mission

St. Anthony Regional Hospital is inspired by faith and committed to excellence. We are dedicated to improving the health of the people we serve. We will lead in providing high-quality, high-value health-care services responsive to the needs of our patients and the region. We are committed to the health ministry of our sponsors, St. Anthony Ministries.

Vision

As a faith-based regional provider, St. Anthony will continue to be the recognized leader in mission focus, quality care and fiscal strength in Iowa.

Introduction

The Patient Protection and Affordable Care Act (PPACA), which went into effect on March 23, 2010, requires tax-exempt hospitals to conduct community health needs assessments (CHNA) and implementation strategy plans to improve the health and well-being of residents within the communities served by the hospitals. These strategies created by hospitals and institutions consist of programs, activities, and plans that are specifically targeted toward populations within the community. The execution of the implementation strategy plan is designed to increase and track the impact of each hospital's efforts.

The requirements imposed by the IRS for tax-exempt hospitals and health systems must include the following:

- Conduct a CHNA every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how the strategy is addressing the needs identified in the CHNA and a description of needs that are not being addressed with the reasons why.

St. Anthony is committed to understanding, assessing, and addressing the health care needs of its communities. In the spring of 2022, a CHNA was implemented with assistance from Tripp Umbach,[2] an independent consulting firm selected to conduct the needs assessment. An internal working group was charged along with Tripp Umbach to help identify the needs of those living in the hospital's service area. The information presented in the community health needs assessment represents a comprehensive community-wide process where St. Anthony Regional Hospital continued to connect with public and private organizations, such as health-related professionals, human service organizations, non-profits, civic organizations, and childcare facilities to evaluate the community's health and social needs.

The CHNA is designed to build on the momentum of addressing needs and reinforcing strategies already in place. The needs assessment took a deep dive into existing resources integrating useful information to achieve health equality in the community. An independent review of existing data including in-depth interviews with local stakeholders resulted in the identification and confirmation of key community health needs. The final community needs will be addressed in the next several months in an implementation strategy phase that will further explore ways St. Anthony can assist in meeting the needs of the communities it serves.

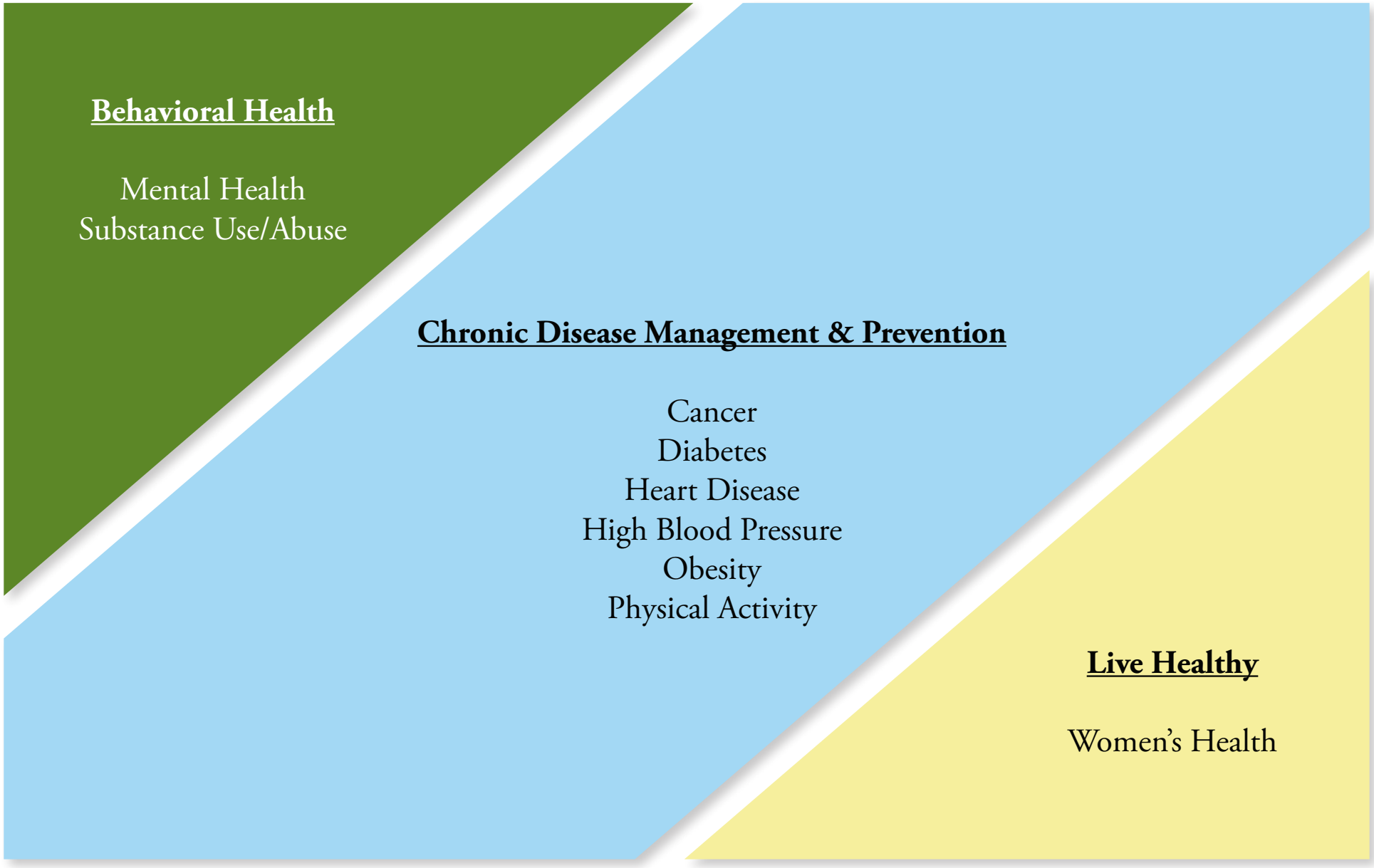
For the 2019 assessment, St. Anthony's prioritized needs were identified as Mental Health, Cancer, Obesity/Live Healthy, and Substance Use. St. Anthony agreed to use the 2022 assessment to dive deeper and to expand their focus on the current and persistent need areas. Primary and secondary data collected reinforced this approach. St. Anthony leveraged the expertise, resources, and community relationships that have been built to address these needs more effectively.

Specific details of the CHNA process are presented within the report. Based on the data gathered and analyzed and input obtained from community representatives the following three priority areas have been identified (in no particular order as each need were equally important):

This executive summary report documents how St. Anthony Regional Hospital conducted the CHNA.

[2] Tripp Umbach is a nationally recognized consulting firm that empowers clients to transform and grow in an ever-changing world. Tripp Umbach has completed thousands of assignments globally, providing the essential blueprint through market research, strategic planning, and economic impact for clients and their communities to generate billions of dollars through new initiatives.

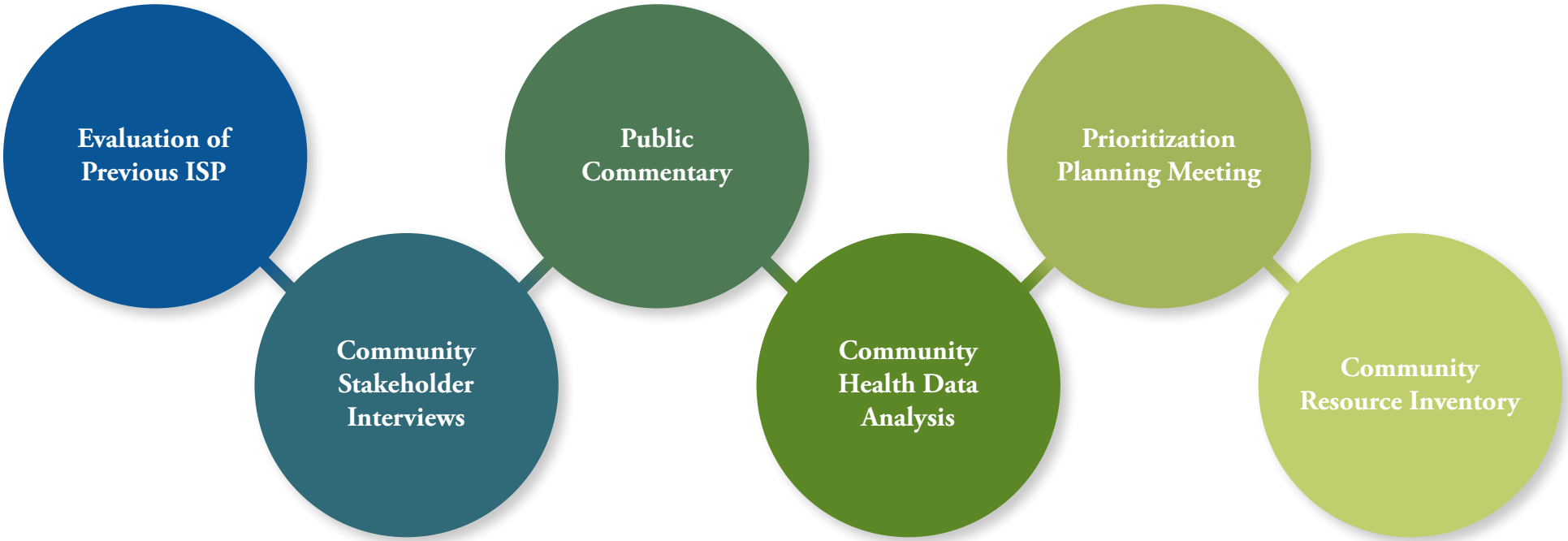
Figure 15: 2022 Final CHNA Needs



Summary of Community Health Needs Assessment Approach

A comprehensive community health needs assessment for St. Anthony Regional Hospital resulted in the identification and prioritization of community health needs at the regional level. The diagram below outlines the process and depicts each project component piece within the CHNA.

Figure 16: Process Chart 2022



Note: ISP refers to Implementation Strategy Plan

The CHNA began in the spring of 2022. Members of an internal working group met with the project team at Tripp Umbach to determine an overall project scope, which included a timeline for project completion, roles, and expectations of the working group. The working group formed to tackle and manage the work behind each project component piece. The internal team included members from St. Anthony Regional Hospital whose expertise helped guide the CHNA process.

Summary of Community Health Needs Assessment Approach

Evaluation of 2019 Implementation Strategy Plan

Representatives from St. Anthony have worked over the last three years to develop and implement strategies to address community health needs and issues and evaluate the effectiveness of the strategies created to meet goals and combat health problems in their region.

Tripp Umbach received the 2019 CHNA implementation plan status and outcome summary assessments from the working group. Tripp Umbach provided the St. Anthony working group with an implementation strategy planning evaluation matrix to assess the 2019 implementation strategy plan. The purpose of the evaluation process is to determine the effectiveness of the previous strategies, including each of the identified priorities: Mental Health, Cancer, Obesity/ Live Healthy, and Substance Use.

The working group tackled the goals for each past priority and strategy and developed ways to address effectiveness. The self-assessments on each of the strategies are internal markers to denote how to improve and track each of the strategy and action steps within the next three years. The following tables reflect highlights and accomplishments from St. Anthony Regional Hospital.

Health Priority: Mental Health

ST. ANTHONY Regional Hospital

Goal 1. Decrease depression among children, youth and adults

Strategies	2019	2020	2021
Strategy 1.1 Provided depression screening in primary care settings, with systems in place to ensure accurate diagnoses, effective treatment and appropriate follow-up.	☑	☑	☑
Strategy 1.2 Implemented Collaborative Care for the Management of Depressive Disorders.	☑	☑	☑
Strategy 1.3 Integrated behavioral health and primary care services.	☑	☑	☑

Goal 2. Reduce suicide risk

Strategies	2019	2020	2021
Strategy 2.1 Train healthcare providers, educators and community volunteers in Mental Health First Aid.	☐*	☐*	☐*
Strategy 2.2 Implemented the "Zero Suicide in Healthcare" framework (organizational assessment, training, consultation).	☑	☑	☑

Note: *Competing priorities related to COVID-19.

Goal 3. Promote mental health and social cohesion in community settings

Strategies	2019	2020	2021
Strategy 3.1 Iowa "Connections Matter" Initiative (Connections Matter in Health Care component).	☑	☑	☑
Strategy 3.2 Supported group-based parent education and support.	☑	☑	☑

Health Priority: Cancer

ST. ANTHONY Regional Hospital

Goal 1. Increase cancer screenings

Strategies	2019	2020	2021
Strategy 1.1 Implemented Prostate Specific Antigen (PSA) Screening Campaign.	☑	☑	☑
Strategy 1.2 Implemented Multicomponent Interventions to Increase Cancer Screening: Increased community demand (education, incentives, reminders, media): Increased community access (barriers addressed); Increased Provider Delivery (reminders, incentives, feedback).	☑	☑	☑

Goal 2: Reduce cancer mortalities

Strategies	2019	2020	2021
Strategy 2.1 Provided anticoagulation therapy (aspirin) to prostate cancer patients.	*	*	*
Strategy 2.2 Vaccinated cancer patients against infectious diseases, including influenza and pneumonia.	☑	☑	☑
Strategy 2.3 Implemented risk assessment for breast cancer in primary care settings and provide tailored recommendations based on individual risk (including use of chemoprevention).	☑	☑	☑
Strategy 2.4 Educated patients (and the families of adolescent patients) about the importance of the HPV vaccine.	☑	☑	☑

Note: * Not a therapeutic intervention at this time.

Goal 3: Increase patient access and retention through support services

Strategies	2019	2020	2021
Strategy 3.1 Incorporated Patient Navigators into Cancer Center care team.	☑	☑	☑
Strategy 3.2 Provided psychosocial care for patients with cancer and their families.	☑	☑	☑

Health Priority: Obesity/Live Healthy

ST. ANTHONY Regional Hospital

Goal 1. Increase daily physical activity among children, youth and adults

Strategies	2019	2020	2021
Strategy 1.1 Used Point of Decision Prompts for Physical Activity in healthcare and community settings.	☑	☑	☑
Strategy 1.2 Provided Exercise "Prescriptions" in primary care and other healthcare settings.	☑	☑	☑
Strategy 1.3 Promoted community-based Social Support for Physical Activity (walking groups, ...).	☑	☑	☑

Goal 2: Increase consumption of fruits and vegetables

Strategies	2019	2020	2021
Strategy 2.1 Developed school-based fruit and vegetable gardens and garden-based nutrition education.	*	*	*
Strategy 2.2 Provided fruit and vegetable incentives for low-income patients (vouchers, coupons, etc.).	☑	☑	☑

Note: * Competing priorities related to COVID-19.

Goal 3: Increase diabetes prevention and management

Strategies	2019	2020	2021
Strategy 3.1 Used Text Message-Based Health Interventions	*	*	*
Strategy 3.2 Promoted use Type-2 Diabetes Self-Management Mobile App.	☑	☑	☑

Note: * Communications are currently email based.

Health Priority: Substance Use

Goal 1. Reduce risky and under-age alcohol use

Strategies	2019	2020	2021
Strategy 1.1 Implemented CDC Risky Alcohol-Use Screening and Brief Interventions in Primary Care Settings (for youth and adults).	☑	☑	☑
Strategy 1.2 Supported universal school-based alcohol prevention programs (lesson plans, prevention education, alcohol-free fundraising policies, peer support, life skills training, etc.).	☑	☑	☑
Strategy 1.3 Promoted enhanced enforcement to prevent underage access to alcohol (responsible beverage sales training, decoys/shoulder taps, social host ordinances, etc.).	☑	☑	☑

Goal 2: Reduce Alcohol-Impaired Driving

Strategies	2019	2020	2021
Strategy 2.1 Implemented media campaign against alcohol-impaired driving.	☑	☑	☑
Strategy 2.2 Implemented "Every 15 Minutes" program in local high schools.	*	*	*

Goal 3: Reduce use of tobacco products

Strategies	2019	2020	2021
Strategy 3.1 Implemented cell phone-based tobacco cessation program.	☑	☑	☑
Strategy 3.2 Implemented social media and media campaigns against use of tobacco products.	☑	☑	☑
Strategy 3.3 Expanded promotion of Quit Line to reach at-risk populations.	☑	☑	☑
Strategy 3.4 Promoted smoke-free workplaces, shared public spaces and multi-unit housing.	☑	☑	☑
Strategy 3.5 Reduced or eliminated co-payments for tobacco cessation services.	☑	☑	☑

Community Stakeholder Interviews

Interviews with community stakeholders throughout the region provided an understanding of the community's health needs from organizations and agencies that have a deep understanding of the populations in the greatest need. St. Anthony provided Tripp Umbach with a list of community stakeholders to interview. Interviews were conducted with a public health expert; professionals with access to community health-related data, education, health and social service; and representatives of underserved populations. The information collected provided knowledge about the community's health status, risk factors, service utilization, and community resource needs, as well as gaps and service suggestions.

Listed to the right are the organizations from which community stakeholders were interviewed as part of the CHNA process.

Carroll Area Child Care Center	Mental Health Coalition
Carroll County Food Pantry at Community of Concern	New Hope Village
Carroll County School District	Partnerships 4 Families
Des Moines Area Community College	St. Anthony Regional Hospital
Iowa State Board of Health	St. Anthony Regional Hospital Board of Directors

Community Stakeholder Interviews

ST. ANTHONY Regional Hospital

An introductory email from Tripp Umbach announced the health assessment and the collaborative efforts at St. Anthony. Ten interviews were completed in May 2022. Within the interview and discussion process, overall health needs, themes, and concerns were presented. Within each of the overarching themes, additional topics fell under each category. Below are key themes community stakeholders communicated from the interviews.

Overall

- **80.0%** of community stakeholders reported that health/human services in the community is very good/good.
- **100.0%** of community stakeholders strongly agree/agree that St. Anthony offers high-quality health care for the community.
- **90.0%** of community stakeholders strongly agree/agree that St. Anthony addresses the needs of diverse and disparate populations.
- **100.0%** of community stakeholders strongly agree/agree that St. Anthony ensures access to care for everyone regardless of race, gender, education, and economic status.
- **100.0%** of community stakeholders strongly agree/agree that St. Anthony works to identify and address health inequities that impact its patients.

Top Contributors to Transportation Issues (Top Three)

1. Limited services
2. Cost of services is too high
3. Lack of community education on available resources

Would Improve Quality of Life for Residents (Top Six)

1. Access to behavioral health services
2. Housing
3. Substance abuse support
4. High-quality childcare
5. Community health education
6. Availability of bilingual providers

Top Persistent High-Risk Behaviors (Top Five)

1. Substance abuse
2. Poor eating habits/unhealthy eating habits
3. Tobacco use
4. Lack of exercise/inadequate physical activity
5. Dangerous driving

Top Vulnerable Populations (Top Five)

1. Low-income
2. Uninsured/underinsured
3. Mentally ill
4. Children/adolescents
5. Disabled

Top Health/Social Concerns in the Community (Top Six)

1. Behavioral health
2. Obesity
3. Aging problems
4. Tobacco abuse
5. Poor diet
6. Lack of exercise

Largest Barriers for People not Receiving Care/ Services (Top Five)

1. Mental Illness
2. Availability of services (i.e., lack of providers such as PCP, dentist, and therapists/services)
3. Lack of health-care coordination services
4. Health literacy
5. Affordability

Public Commentary

As part of the CHNA, Tripp Umbach solicited comments from community stakeholders related to the 2019 CHNA and Implementation Strategy Plan (ISP) on behalf of St. Anthony, offering the opportunity to react to the CHNA findings and actions taken. Feedback was collected from the community stakeholders through a public commentary survey. The public comments, collected in May 2022, summarize community stakeholders' feedback regarding the documents.

- **40.0%** of community stakeholders reported that the assessment include input from community members and organizations in the 2019 CHNA.
- **50.0%** of community stakeholders reported community health needs were not present in the 2019 CHNA.
- **40.0%** of community stakeholders reported that the implementation strategies were directly related to the needs identified in the CHNA.

According to respondents, the CHNA and the ISP benefited them and their community in the following manner (in no specific order):

- Able to see efforts and that the hospital is trying to address the region's issues.
- Provided a huge resource to the local landscape. The hospital took the lead in health-care change.
- Enhanced maternal and infant care.
- Better mental health coordination.
- Heightened cancer screenings.
- Provided more awareness of services.
- Better transparency. Need better publicity for the report as many were unaware of the document.

Community Health Data Profile

A comprehensive data profile was developed to show the health status and socioeconomic environmental factors related to the health and well-being of residents in the community. The data was collected from sources such as state and county public health agencies, America's Health Rankings, Centers for Disease Control and Prevention, Community Commons Data, County Health Rankings, America's Health Rankings, FBI Crime Report, Kaiser Family Foundation, National Center for Education Statistics, and the U.S. Census Bureau.

Data was benchmarked against state and national trends where applicable and allowed the working group to review and evaluate the region's needs. The data collected and reviewed served as indicators to health care access, barriers, and to preventive primary care services. The quantitative analysis revealed changes in residents' health behaviors and outcomes, residents' well-being, and additional preventive behaviors that are often associated with determinants of health.

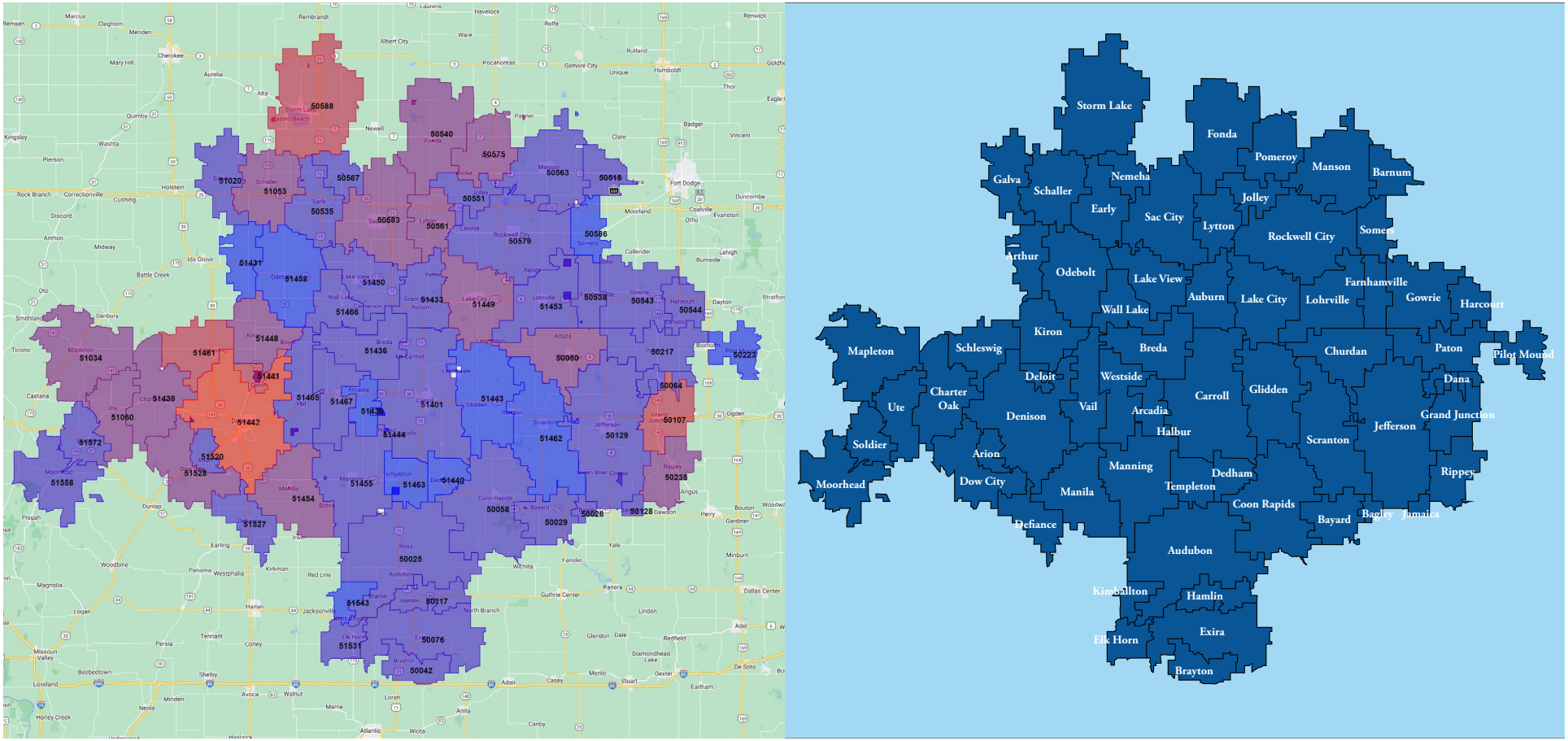
Tripp Umbach also obtained Community Need Index (CNI) data from Dignity Health and Truven Health Analytics to quantify the severity of health disparities at the ZIP code level. Truven Health Analytics provides data and analytics to hospitals, health systems, and health-supported agencies. CNI considers multiple factors that are known to limit health-care access; the tool is useful in identifying and addressing the disproportionate and unmet health-related needs of neighborhoods. The five prominent socioeconomic barriers to community health quantified in the CNI are income, cultural/language, educational, insurance, and housing.

The project study area comprises 67 populated ZIP codes/neighborhoods, considered St. Anthony Regional Hospital's primary service area. Based on data obtained from Truven Health Analytics, Tripp Umbach created a geographic representation of the ZIP codes that have barriers accessing health care. A score of 5.0 represents a ZIP code with the most socioeconomic barriers (high need), while a score of 1.0 indicates a ZIP code area with the lowest socioeconomic barriers (low need). A low score is the ultimate goal; however, neighborhoods with a low score should not be overlooked. Rather, communities should identify what specific entities are succeeding, which ensures a low score.

The data points provide important context and perspective and will guide St. Anthony on where to invest resources for the greatest community impact. Specifically, the CNI scores of the ZIP codes will assist with implementing programs as the planning strategies will require efforts in specific geographic locations.

The map below depicts the overall CNI score of St. Anthony's primary service area. Reviewing CNI information related to St. Anthony's primary service area, ZIP code 51442 (Denison; Crawford County) had a score of 4.2 (high socioeconomic barriers). However, on the polar end, ZIP codes 51444 (Halbur; Carroll County), 51463 (Templeton; Carroll County), and 51440 (Dedham; Carroll County) had CNI scores of 1.2 (fewer socioeconomic barriers). Six ZIP codes fall above the 3.0 median in the primary study area.

Map 17: Primary Service Area – CNI Data Map



The following CNI tables depict the top and the lowest ZIP codes for St. Anthony's service area. Neighborhoods that have low scores allow for further dialogue and analysis to discover specific entities that ensure a low score.

Table 18: Highest Ten CNI Scores

Zip Code	CNI Score	City
51442	4.2	Denison
50588	4.0	Storm Lake
50107	3.4	Grand Junction
51441	3.4	Deloit
51461	3.4	Schleswig
51439	3.2	Charter Oak
51060	3.0	Ute
51448	3.0	Kiron
51454	3.0	Manilla
50050	2.8	Churdan

Source: Community Needs Index

Table 19: Lowest Ten CNI Scores

Zip Code	CNI Score	City
51431	1.6	Arthur
51443	1.6	Glidden
51458	1.6	Odebolt
51462	1.6	Scranton
51543	1.6	Kimballton
50223	1.4	Pilot Mound
50586	1.4	Somers
51430	1.4	Arcadia
51440	1.2	Dedham
51444	1.2	Halbur
51463	1.2	Templeton

Source: Community Needs Index

County Health Rankings & Roadmaps

ST. ANTHONY Regional Hospital

County Health Rankings measure and compare the health of counties/cities within a state.

The County Health Rankings are based on a model of community health that emphasizes factors that influence how long and how well we live. The rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).

Iowa has 99 counties; a score of 1 indicates the "healthiest" county for the state in a specific measure. The table below highlights the significantly unhealthy rankings.

Table 20: County Health Rankings of St. Anthony Service Area

	Audubon County 2021	Calhoun County 2021	Carroll County 2021	Crawford County 2021	Greene County 2021	Sac County 2021
Health Outcomes	**90**	70	14	78	67	68
Health Factors	47	60	13	**97**	43	27
Length of Life	**99**	51	39	65	27	84
Quality of Life	31	86	6	**92**	**91**	28
Health Behaviors	39	71	38	76	79	43
Clinical Care	43	62	6	**99**	31	58
Social & Economic Factors	63	35	6	**98**	27	25
Physical Environment	11	**92**	77	44	38	21

Source: Community Needs Index

Data collected and reviewed provides St. Anthony with an understanding of why health outcomes exist; therefore, the information can assist current and future efforts toward addressing root causes of health-care problems and develop better interventions and policies.

Prioritization Planning Session

To identify the most significant health needs in St. Anthony's community, the working group met June 3, 2022. Participants identified health needs through a multi-prong review and discussion process. Working group members reviewed data and information collected from the prior assessment, stakeholder interviews, secondary data, and public comments.

Working group members engaged in a focused and robust discussion about the data. Working group members developed consensus on the overall health needs, which was a solidification of community concerns from the previous assessment cycle. As part of the prioritization session, the group streamlined the 2019 needs into broader categories.

In conclusion, the three health needs identified were:

Behavioral Health

- Mental Health
- Substance Use/Abuse

Chronic Disease Management & Prevention

- Cancer
- Diabetes
- Heart Disease
- High Blood Pressure
- Obesity
- Physical Activity

Live Healthy

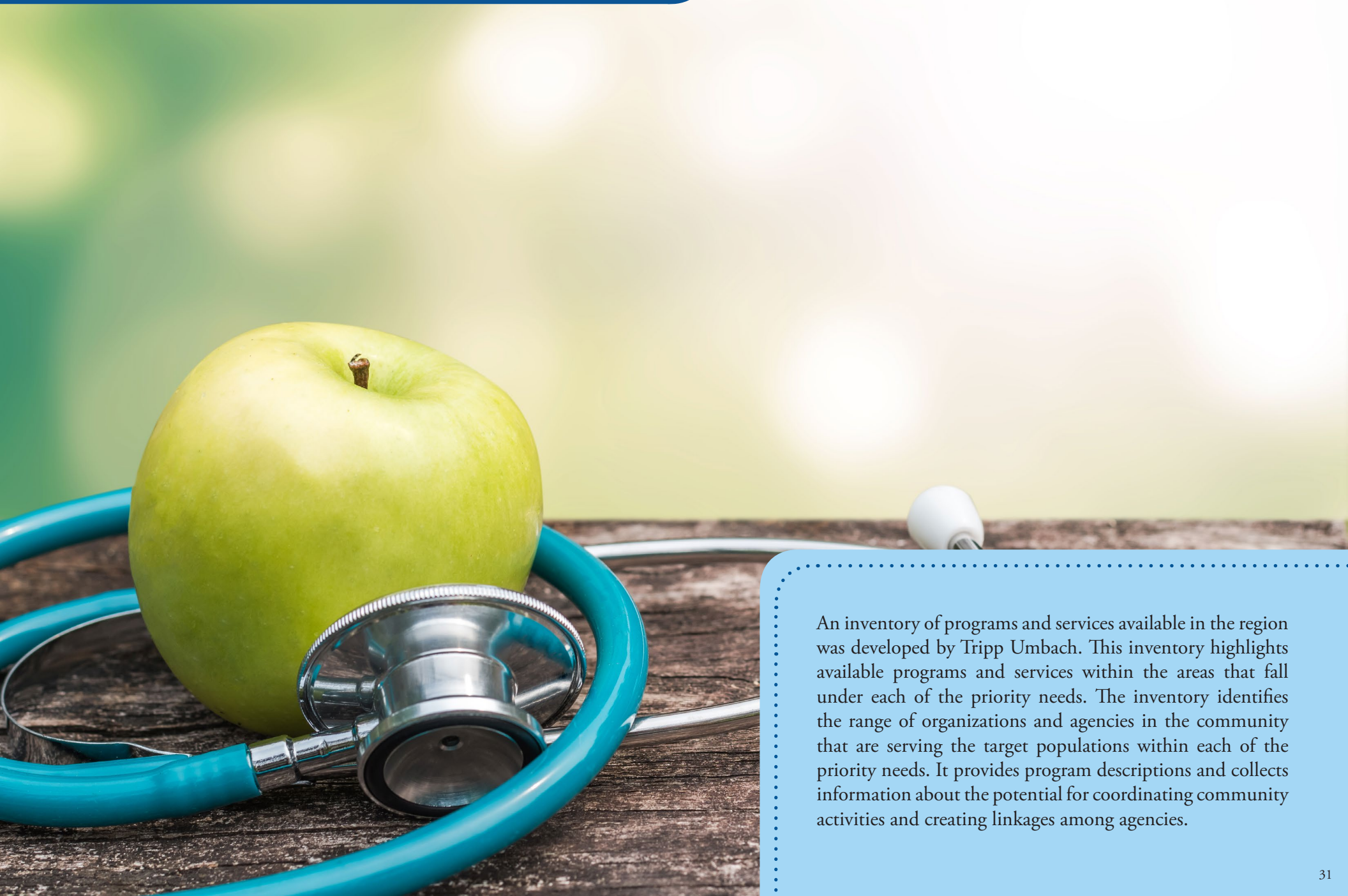
- Women's Health

Consensus Development Steps

1. Individual listing of top health needs.
2. Group discussions on the top health needs to identify similarities and differences.
3. Sharing the health needs identified by working group members.
4. Clustering similar health needs into themes.
5. Determining name for the theme (final health need).
6. Comparing and discussing new needs with those from the 2019 CHNA.

Community Resource Inventory

ST. ANTHONY Regional Hospital



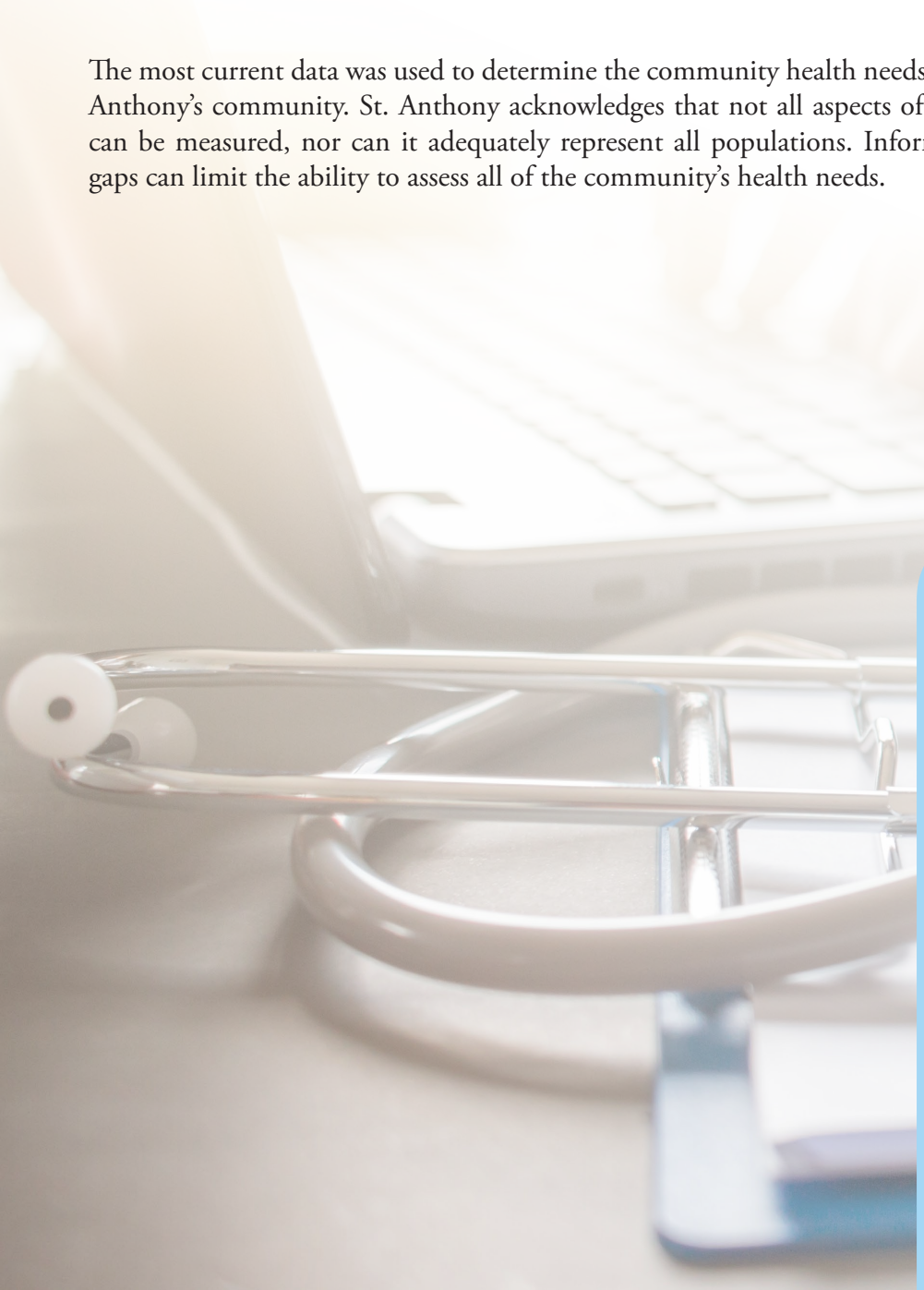
An inventory of programs and services available in the region was developed by Tripp Umbach. This inventory highlights available programs and services within the areas that fall under each of the priority needs. The inventory identifies the range of organizations and agencies in the community that are serving the target populations within each of the priority needs. It provides program descriptions and collects information about the potential for coordinating community activities and creating linkages among agencies.

Next Steps

With the completion of the CHNA, St. Anthony Regional Hospital will develop goals and strategies for the CHNA implementation strategy phase (ISP). In this phase, St. Anthony Regional Hospital will leverage its strengths, resources, and outreach to help community partners best identify ways to address their communities' health needs, thus improving overall health and addressing the critical health needs and well-being of residents in their communities. The CHNA and the accompanying ISP report will be an active document with objectives and plans for addressing the communities' needs. The report will use the action framework to guide development of strategies for policy and systems changes. The prioritization of the identified needs will guide the community health improvement efforts for residents served by St. Anthony Regional Hospital.

Data Gaps

The most current data was used to determine the community health needs for St. Anthony's community. St. Anthony acknowledges that not all aspects of health can be measured, nor can it adequately represent all populations. Information gaps can limit the ability to assess all of the community's health needs.



Fast Facts:

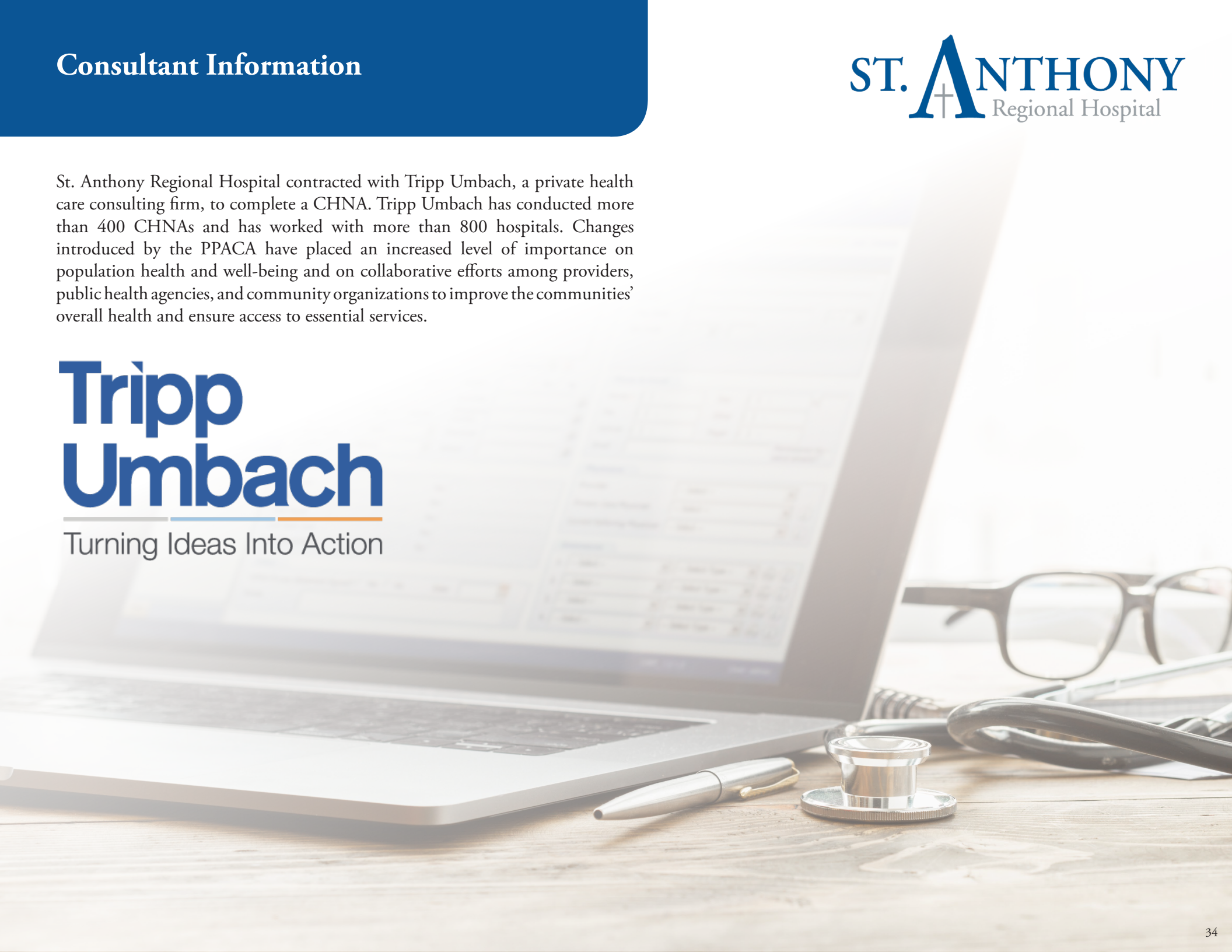
- A comprehensive community health needs assessment was conducted in the primary service area for St. Anthony Regional Hospital.
- The 2022 CHNA needs are Behavioral Health, Chronic Disease Management & Prevention, and Live Healthy.
- The 2022 full CHNA report will be available for review on St. Anthony Regional Hospital's website.
- The IRS requirement for non-profit hospitals to conduct a CHNA under the Patient Protection and Affordable Care Act was fulfilled for St. Anthony Regional Hospital.
- For more information on the assessment please call (712) 792-3581, St. Anthony Regional Hospital.

Consultant Information

St. Anthony Regional Hospital contracted with Tripp Umbach, a private health care consulting firm, to complete a CHNA. Tripp Umbach has conducted more than 400 CHNAs and has worked with more than 800 hospitals. Changes introduced by the PPACA have placed an increased level of importance on population health and well-being and on collaborative efforts among providers, public health agencies, and community organizations to improve the communities' overall health and ensure access to essential services.

Tripp Umbach

Turning Ideas Into Action



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