August 2025

Community Health Needs Assessment

ST. ANTHONY Regional Hospital

Sara Gonnerman, MSN, RN
Vice President of Patient Services

ST. ANTHONY Regional Hospital

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

ST. ANTHONY Regional Hospital

To Our Community,

At St. Anthony Regional Hospital, we are inspired by faith and committed to excellence. Our mission is to improve the health of the people we serve by providing high-quality, high-value health care that is responsive to the needs of our patients and the region.

Part of that commitment is understanding the current health needs of our community. Every three years, St. Anthony completes a **Community Health Needs Assessment (CHNA)** to gather valuable input from medical providers, residents, public health officials, educators, and other local stakeholders. This collaborative process allows us to identify the most pressing health concerns in Carroll County and the surrounding region.

The findings from our most recent CHNA will guide our efforts over the next three years. We will focus on: Behavioral Health (Mental Health, Substance Use/Abuse) Chronic Disease Management & Prevention (Cancer, Diabetes, Heart Disease, High Blood Pressure, Obesity, Physical Activity), Living Healthy (Women's Health).

These priorities will shape the programs and services we offer, ensuring that we meet the evolving needs of our patients and communities.

Thank you for your partnership and support as we work together toward a healthier future. By uniting our efforts, we will continue to provide excellent care and strengthen the health and well-being of all who call this region home.

Sincerely,

Allen Anderson
President & CEO

Frequently Asked Questions

What is a Community Health Needs Assessment (CHNA)?

A CHNA is an efficient method of identifying the 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 benefit 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.

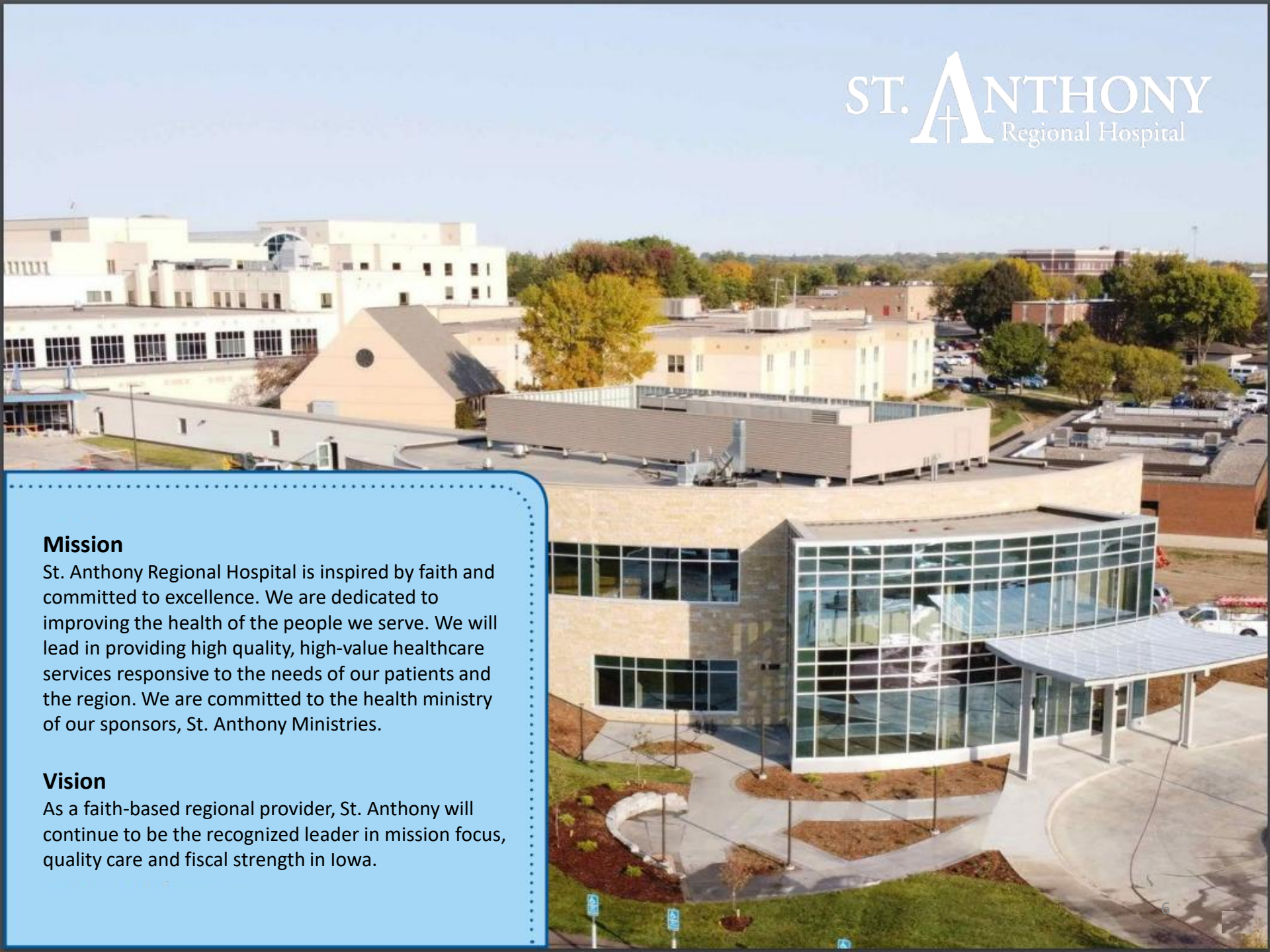
How Was Data for the CHNA Collected?

A working group was formed in the spring of 2025 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.

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 a community health improvement plan
7. Implement and monitor community health improvement plan
8. Evaluate process and outcomes

[1] Centers for Diseases Control and Prevention



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 healthcare 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.

St. Anthony Regional Hospital

Who Are We?

St. Anthony Regional Hospital & Nursing Home is proud of its rich history, which dates back 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.

Building additions in 1918, 1922, and 1930 brought the hospital's capacity to 110. A 78-bed nursing home connected to the facility was completed in 1963.

The original hospital structure built in 1905 was replaced in 1971 with a more modern, four-story structure built primarily for inpatient hospital healthcare. That new building remained virtually unchanged for more than two decades until 1994, when St. Anthony dedicated a 78,000-square-foot major renovation and expansion project which focused on the delivery of outpatient services. The community joined in support of these development projects by partnering with the St. Anthony Foundation in a successful capital campaign that resulted in a positive sense of pride and ensured that St. Anthony Regional Hospital & Nursing Home would continue to be strong for future generations.

At the end of 2000, St. Anthony announced its "Campaign for Dignity," a capital campaign designed to add an 18-unit Alzheimer's facility and update the existing nursing home. In January 2005, the year-long 100th-anniversary celebration culminated with the ribbon cutting of a new three-story facility built to address both current and future healthcare challenges of the community.

On August 22, 2006, St. Anthony Regional Hospital held a groundbreaking ceremony for its new 120,000-square-foot inpatient and outpatient surgery center. The $25 million surgery center celebrated its opening at a community event on June 1, 2008. The surgery center replaces the 35-year-old surgery facilities and existing technology to accommodate the growth from two surgeons in 1971 to nine active surgeons who live in Carroll today.

In March 2024, St. Anthony Regional Hospital transitioned to a Critical Access Hospital with a connected 79-bed nursing home. The hospital is a member of the American Hospital Association and the Iowa Hospital Association.

How Do We Rate?

St. Anthony's mission is inspired by faith and commitment to excellence. St. Anthony is dedicated to improving the health of the people they serve. Community stakeholders considerably agree that the care and service patients and residents receive is reflected in the St. Anthony mission and vision.

Table 1: Community Stakeholder Responses

Community Stakeholders	
St. Anthony Offers High-Quality Care for the Community	**82%** Very Satisfied/Satisfied
Recommend St. Anthony Services to Others	**75%** Very Likely/Likely
Communication from St. Anthony Healthcare Providers	**82%** Very Satisfied/Satisfied
Enough healthcare education opportunities	**42%** Yes
Aware of community health programs and services	**61%** Yes

The Community We Serve

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 the St. Anthony 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 significantly 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' 69,653 residents are white and non-Hispanic and are older than 55 as of 2024.

The Community We Serve

Figure 2: St. Anthony Regional Hospital – Study Area

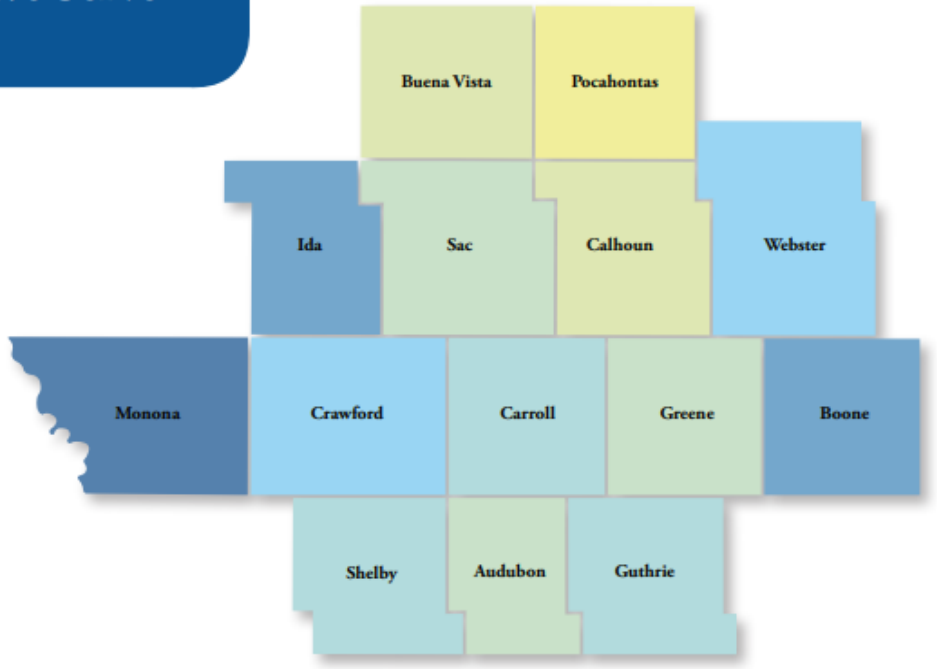


Table 3: St. Anthony Regional Hospital Primary Service Area ZIP Codes

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

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

Community At-A-Glance

St. Anthony Regional Hospital 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. Located in Carroll County, Iowa, St. Anthony Regional Hospital has a tradition of caring, celebrating more than 100 years of service.

Figure 4: Population (2022-2024)

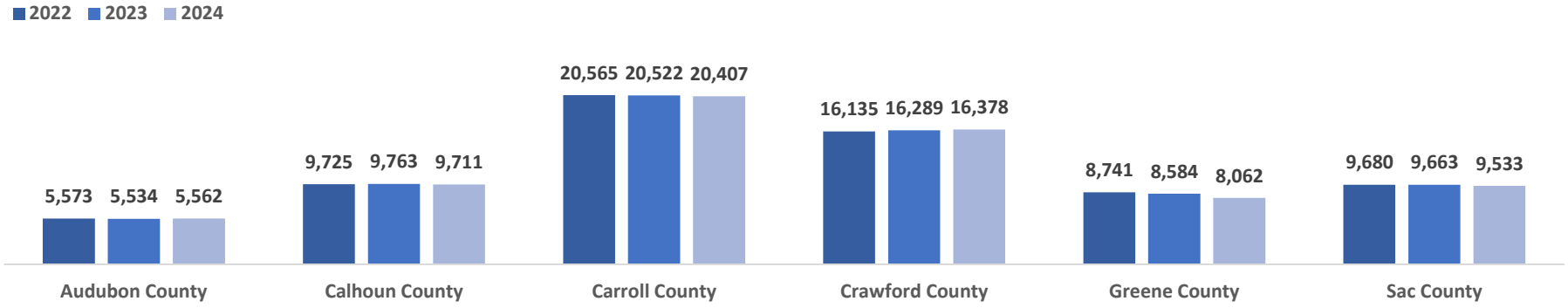
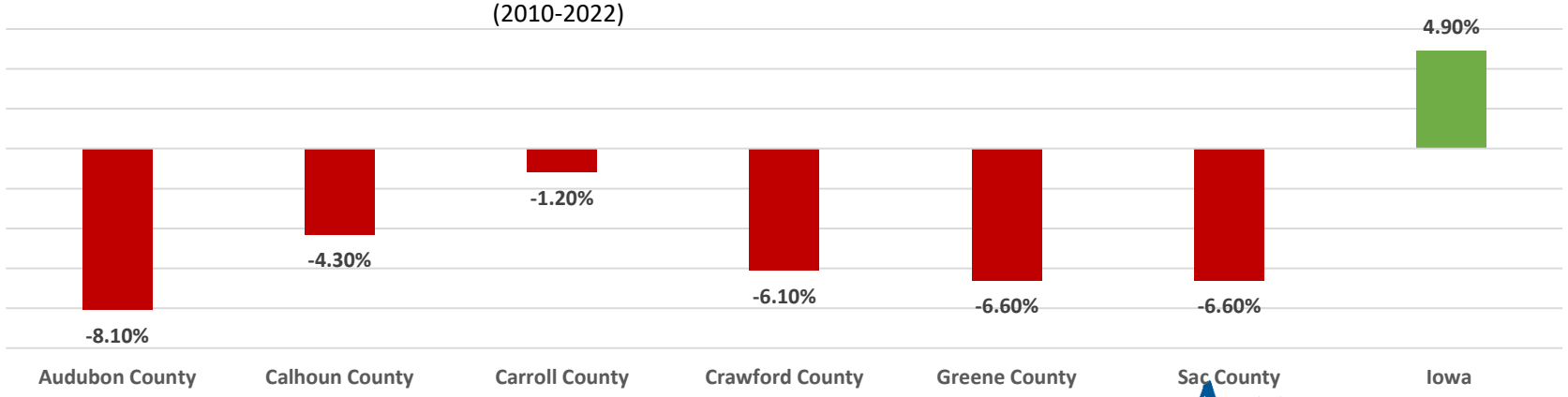


Figure 4: Population Change (2010-2022)

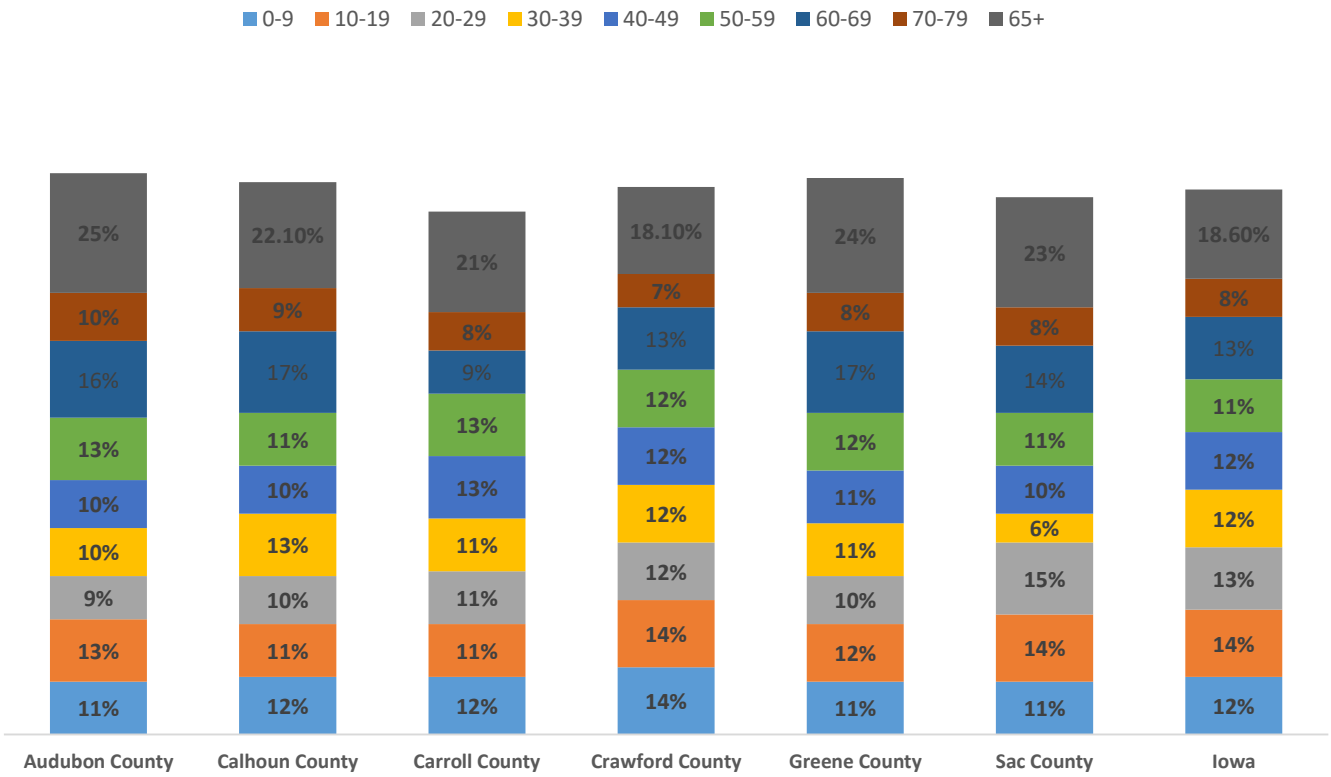


Community At-A-Glance

Figure 6: Families with Children under 18 years of age (2023)

Audubon County	30.1%
Calhoun County	27.8%
Carroll County	32.9%
Crawford County	34.4%
Greene County	30.7%
Sac County	27.3%
Iowa	33.3%

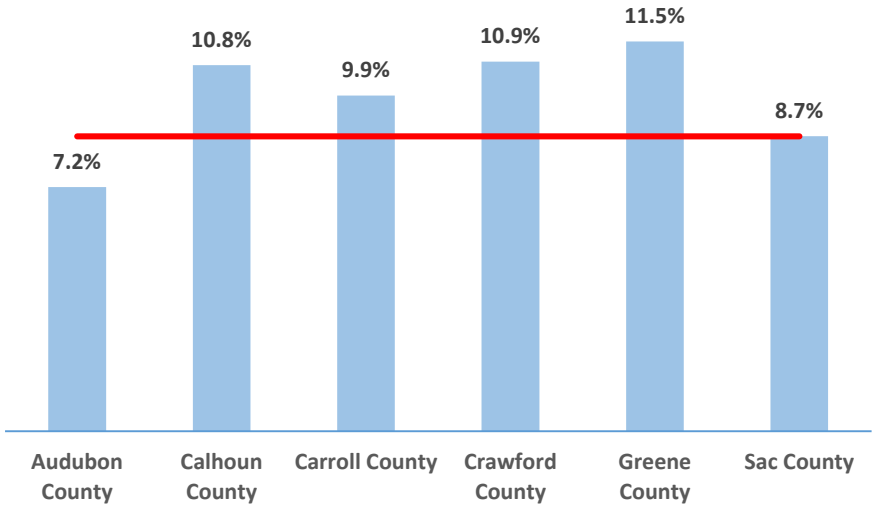
Figure 7: Age Distribution (2023)



Source: U.S. Census Bureau

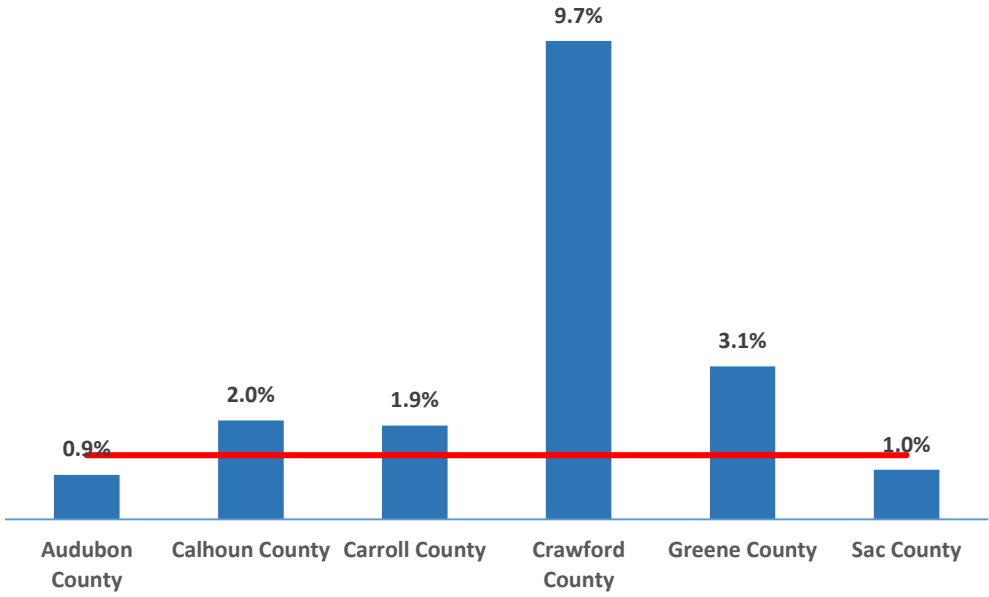
Community At-A-Glance

Figure 8: Population with Any Disability under the age of 65 (2019-2023)



Note: The red line is a reference to where the counties lie when compared to the state of Iowa at 8.7%
Source: U.S. Census Bureau

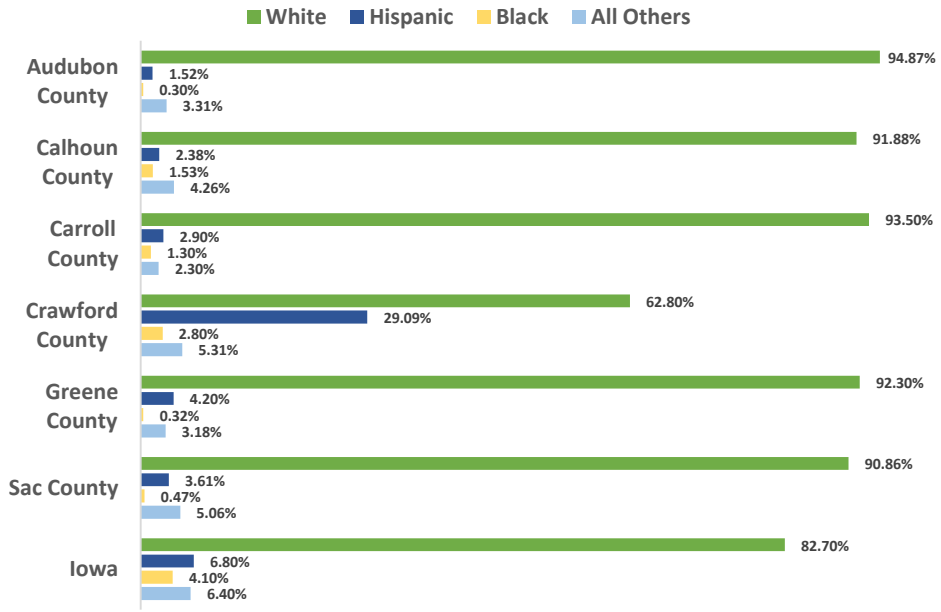
Figure 9: Population 5 and older with Limited English Proficiency (2019-2023)



Note: The red line is a reference to where the counties lie when compared to the state of Iowa at 1.3%
Source: U.S. Census Bureau

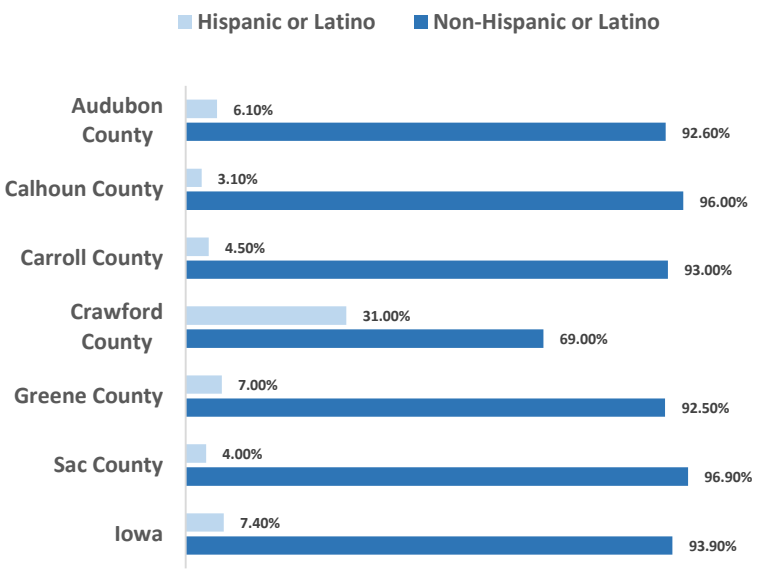
Community At-A-Glance

Figure 10: Population By Race (2020)



Source: U.S. Census Bureau

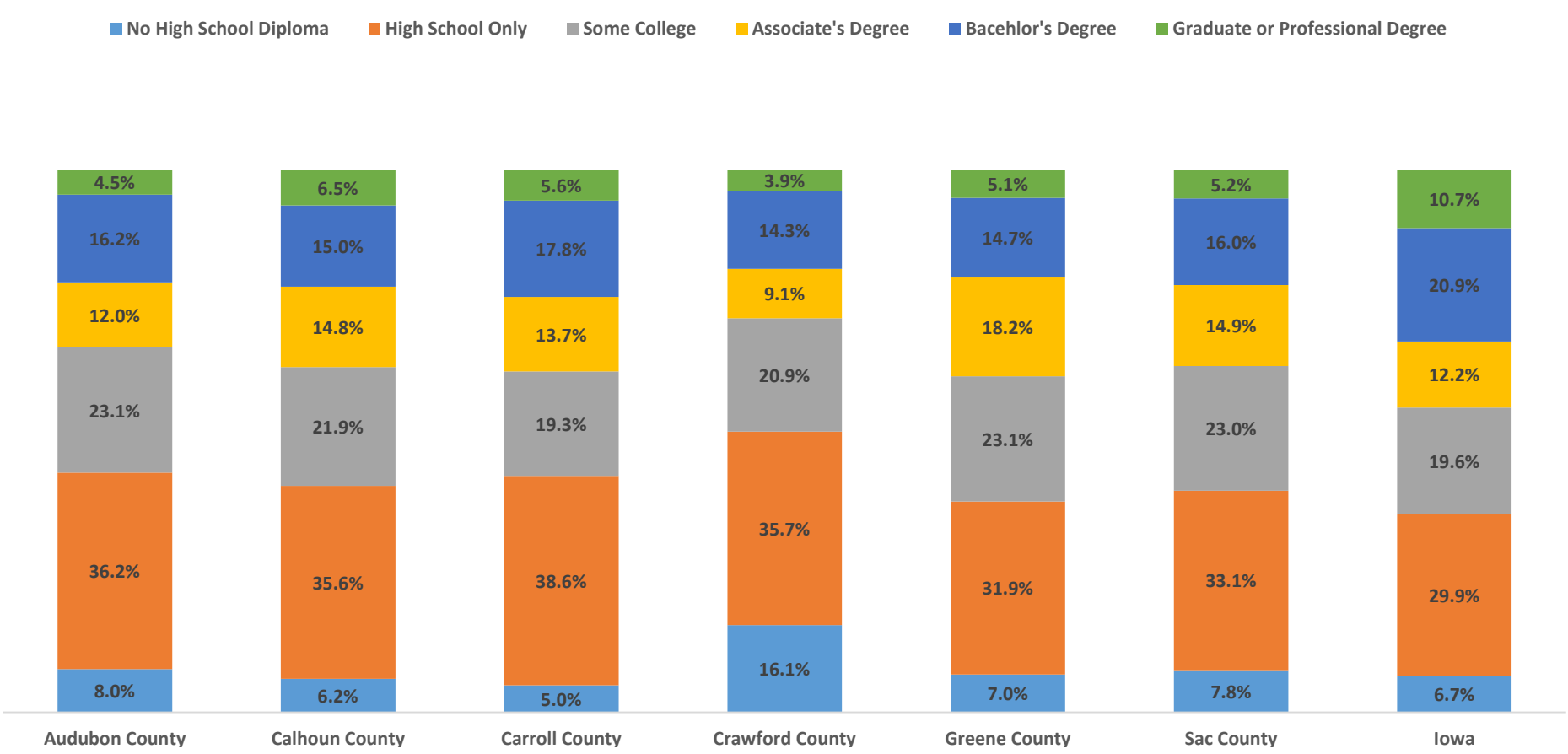
Figure 11: Population by Ethnicity Alone (2023)



Source: U.S. Census Bureau

Community At-A-Glance

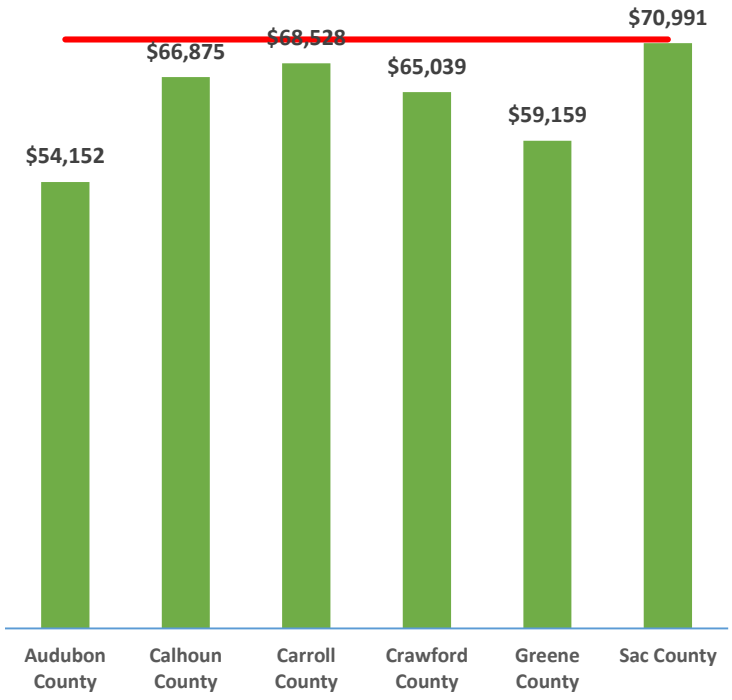
Figure 12: Education Level (2019-2023)



Source: U.S. Census Bureau

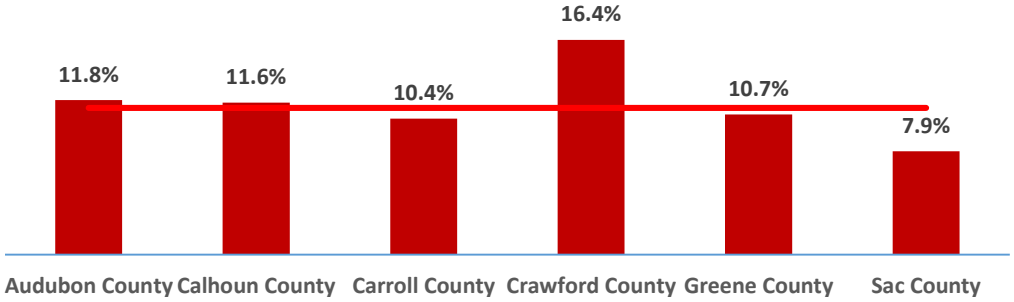
Community At-A-Glance

Figure 13: Median Household Income (2023)



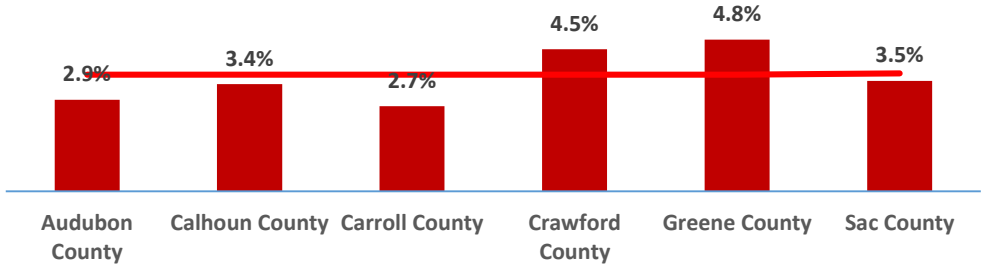
Note: The red line is a reference to where the counties like when compared to the state of Iowa at $71,433
Source: U.S. Census Bureau

Figure 14: Population Below 100% Poverty Level (2023)



Note: The red line is a reference to where the counties like when compared to the state of Iowa at 11.2%
Source: U.S. Census Bureau

Figure 15: Unemployment Rate – July 2025



Note: The red line is a reference to where the counties like when compared to the state of Iowa at 3.7%
Source: U.S. Department of Labor

Community At-A-Glance

Summary

Overall, the state of Iowa grew between 2010-2020. Of the primary counties St. Anthony serves, Audubon, Calhoun, Carroll, Crawford, Greene, and Sac counties' populations decreased. There are higher percentages of Crawford County families with children under 18 years of age compared to the remaining counties and the state.

The age distribution indicates more seniors ages 65 and older in Audubon, Calhoun, Carroll, Crawford, Greene, and Sac counties when compared to the state between 2015-2019. Audubon County reported the most significant senior population (24.3%), while Crawford County reports the lowest (17.0%). Based on five-year estimates, Crawford and Greene counties have a higher population of residents who have any disability when compared to the rest of the counties and the state.

Crawford County reports the highest percentage of residents five years and older with limited English proficiency, roughly four times higher than the state of Iowa. The data indicates the portion of the population who speak a language other than English at home and speak English less than "very well." There are no significant racial/ethnic differences in population when comparing the primary area counties to the state. Crawford County has a higher Black, Asian, and All Others race representation when compared to the remaining counties. There are higher percentages of non-Hispanic persons living in all of the counties and the state, except for Crawford County.

Roughly more than one-third of residents in all of the counties as well as the state only have a high school degree. Residents in Crawford County reported the highest percentage of residents without a high school diploma.

Additionally, the median household income level of Audubon, Calhoun, Carroll, Crawford, Greene, and Sac counties in 2019 is lower than the state. 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.

Crawford and Calhoun counties reported higher percentages of residents who are below the federal poverty level. Poverty creates barriers to access, including health services, healthy food, and other necessities that contribute to poor health status. The 2021 Poverty Guidelines state that a family of four below 100% FPL has an average household income below $26,500.

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 welcomes questions and comments about this CHNA. Please contact St. Anthony at (712) 7923-3581.

This CHNA can be accessed online by visiting www.stanthonyhospital.org

Introduction

The Patient Protection and Affordable Care Act (PPACA), which went into effect on March 23, 2010, requires tax-exempt hospitals to conduct a 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.

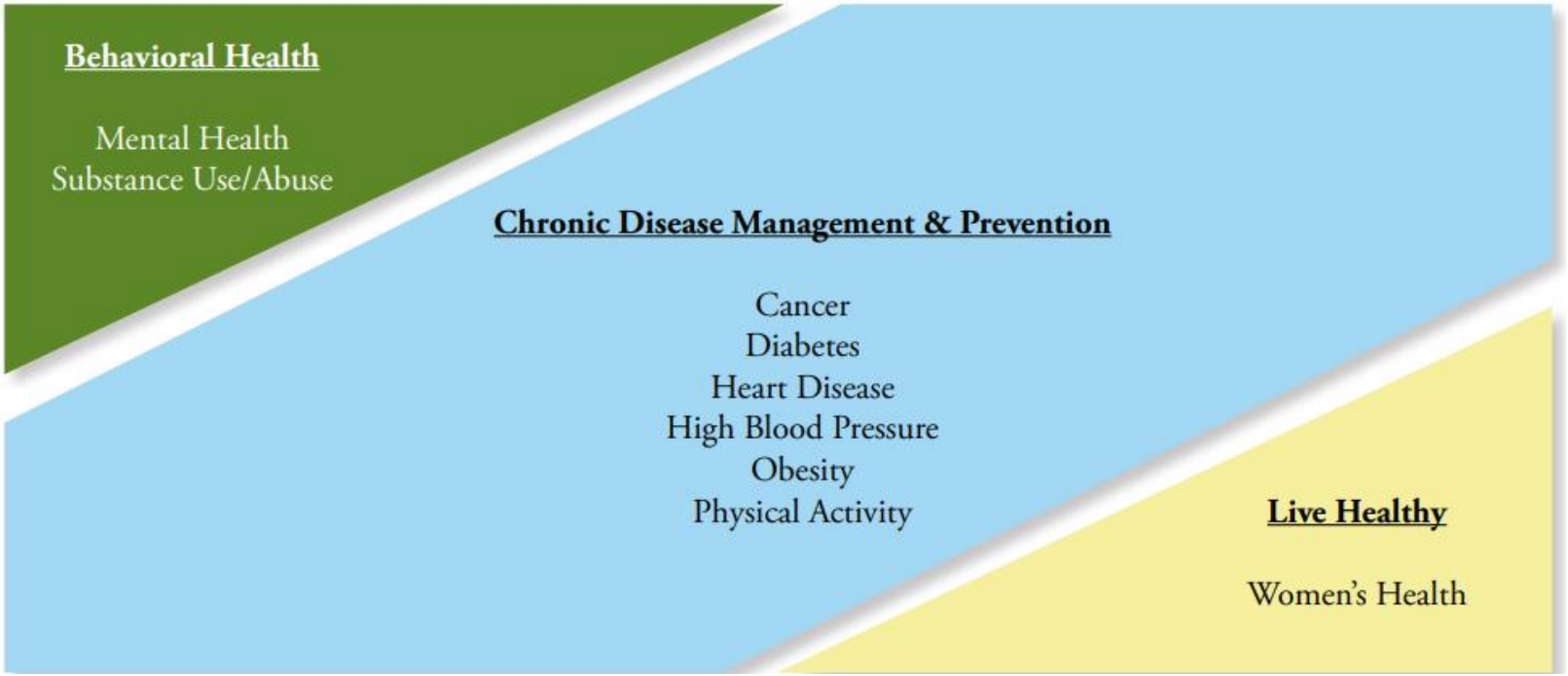
The requirements imposed by the IRS for tax-exempt hospitals and health systems must include the following:

- 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 2025, a CHNA was implemented with assistance from hospital and community members to conduct the needs assessment. An internal working group was charged 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.

Introduction

Figure 16: 2025 Final CHNA Needs



The Community Health Needs Assessment Approach

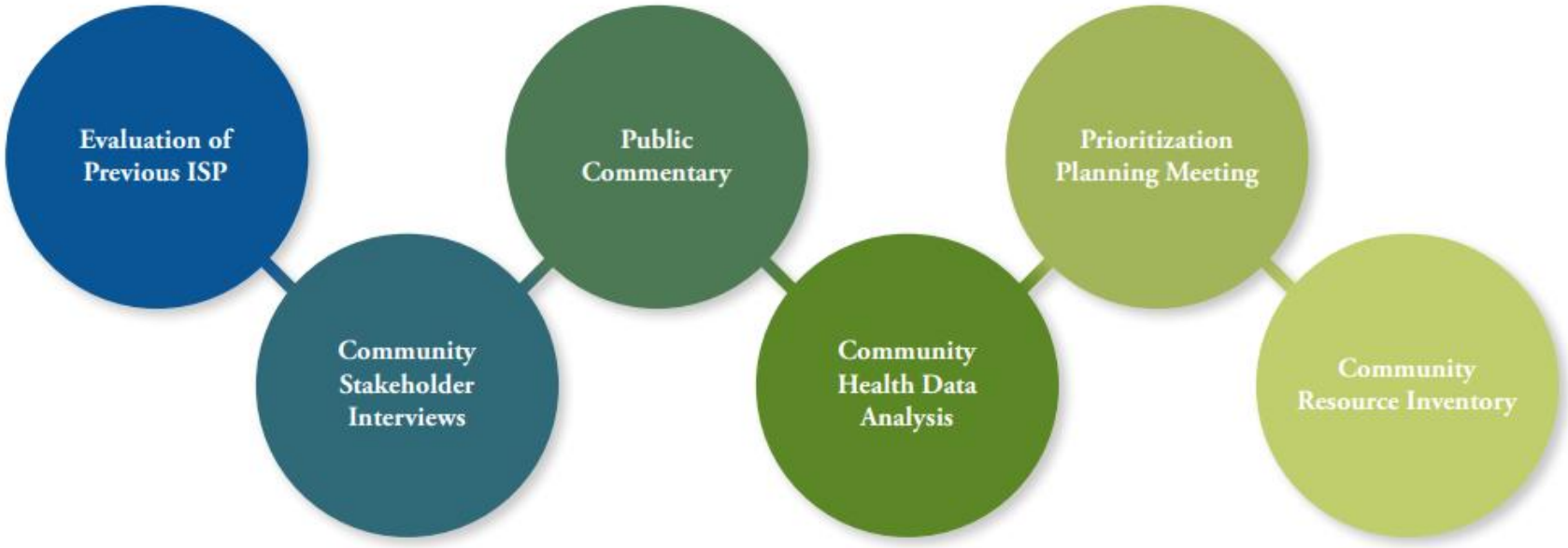
The CHNA process began in the Spring of 2025 with the collection of quantitative and qualitative data. A significant number of community leaders representing educators, health care professionals, and health and human services leaders in the St. Anthony service area participated in the study. Data was collected from a variety of sources as part of the assessment. Demographics, health outcomes, and chronic disease prevalence were gathered from local, state, and Federal databases and were analyzed as part of a robust secondary data compilation. High-risk behaviors, behavioral outcomes, and societal matters were key themes that resonated within the collection process. The comprehensive community health needs assessment resulted in the identification of the St. Anthony community health needs for 2025.

The Community Health Needs Assessment Approach

CHNA Roadmap

The CHNA roadmap engaged identified the health care and social issues of the region. Qualitative and quantitative data were gathered to create a snapshot of the current health status of the community. Primary data in the form of community stakeholder interviews was implored to collect information from leaders who have a deep understanding of the region's health and social factors impacting residents' health and well-being. The data provided a deep understanding of community matters and community needs. 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 17: Process Chart 2025



Note: ISP refers to Implementation Strategy Plan

The Community Health Needs Assessment Approach

Evaluation of 2022 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.

The St. Anthony working group reviewed the 2022 CHNA implementation plan status and outcome summary assessments. St. Anthony working group provided an implementation strategy planning evaluation matrix to assess the 2022 implementation strategy plan. The purpose of the evaluation process is to determine the effectiveness of the previous strategies, including each of the identified priorities: Behavioral Health, Chronic Disease Management and Prevention, and Live Healthy. 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

Goal 1. Decrease Depression among children, youth, and adults

Strategies	2022	2023	2024
Strategy 1.1 Provide depression screening in primary care settings, with systems in place to ensure accurate diagnoses, effective treatment and appropriate follow-up	✓	✓	✓
Strategy 1.2 Promote Collaborative Care for the Management of Depressive Disorders	✓	✓	✓
Strategy 1.3 Integrate behavioral health and primary care services	✓	✓	✓

Goal 2. Reduce suicide risk

Strategies	2022	2023	2024
Strategy 2.1 Train healthcare providers, educators and community volunteers in Mental Health First Aid	✓	✓	✓
Strategy 2.2 Implement the "Zero Suicide in Healthcare" framework (organizational assessment, training, consultation)			

Health Priority: Cancer

Goal 1. Increase cancer screenings

Strategies	2022	2023	2024
Strategy 1.1 Promote 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	2022	2023	2024
Strategy 2.1 Provide anticoagulation therapy (aspirin) to prostate cancer patients	✓	✓	✓
Strategy 2.2 Vaccinate cancer patients against infectious diseases, including influenza and pneumonia	✓	✓	✓
Strategy 2.3 Implement risk assessment for breast cancer in primary care settings and provide tailored recommendations based on individual risk (including use of chemoprevention)	✓	✓	✓
Strategy 2.4 Educate patients (and the families of adolescent patients) about the importance of the HPV vaccine	✓	✓	✓

Goal 3. Increase patient access and retention through support services

Strategies	2022	2023	2024
Strategy 3.1 Incorporate Patient Navigators into Cancer Center care team	✓	✓	✓
Strategy 3.2 Provide psychosocial care for patients with cancer and their families	✓	✓	✓

Health Priority: Obesity/Live Healthy

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

Strategies	2022	2023	2024
Strategy 1.1 Use Point of Decision Prompts for Physical Activity in healthcare and community settings	✓	✓	✓
Strategy 1.2 Provide Exercise "prescriptions" in primary care and other healthcare settings	✓	✓	✓
Strategy 1.3 Promote community-based social support for physical activity (walking group, …)	✓	✓	✓

Goal 2. Increase diabetes prevention and management

Strategies	2022	2023	2024
Strategy 2.1 Promote enrollment in community based Diabetes Intervention Programs	✓	✓	✓
Strategy 2.2 Engage community in Management of Type 2 Diabetes through virtual Touchpoint connections	✓	✓	✓
Strategy 2.3 Implement Text Message-Based Health Interventions			

Health Priority: Substance Use

Goal 1. Reduce risk and under-age alcohol use

Strategies	2022	2023	2024
Strategy 1.1 Promote CDC Risky Alcohol-Use Screening and Brief Interventions in Primary Care Settings (for youth and adults)	✓	✓	✓
Strategy 1.2 Support universal school-based alcohol prevention programs (lesson plans, prevention education, alcohol-free fundraising policies, peer support, life skills training, etc.)	✓	✓	✓

Goal 2. Reduce Alcohol-Impaired Driving

Strategies	2022	2023	2024
Strategy 2.1 Promote media campaign against alcohol-impaired driving	✓	✓	✓
Strategy 2.2 Promote "Every 15 Minutes" program in local high schools	✓	✓	✓

Goal 3. Reduce use of tobacco products

Strategies	2022	2023	2024
Strategy 3.1 Expand promotion of Quit Line to reach at-risk populations	✓	✓	✓
Strategy 3.2 Implement social media and media campaigns against use of tobacco products	✓	✓	✓
Strategy 3.3 Promote smoke-free workplaces, shared public spaced, and multi-unit housing	✓	✓	✓

Health Priority: Substance Use

Goal 4. Reduce misuse and abuse of opioids

Strategies	2022	2023	2024
Strategy 1.1 Participate in the Billion Pill Pledge program	✓	✓	✓
Strategy 1.2 Promote appropriate opioid prescribing practices among St. Anthony providers	✓	✓	✓

Health Priority: Women's Health

Goal 1. Improve access to quality health services that enhance the overall maternal health for child bearing families in the service region

Strategies	2022	2023	2024
Strategy 1.1 Increase knowledge of services available to child bearing families within the service area	✓	✓	✓
Strategy 1.2 Increase facilitation of child bearing families into support services within the St. Anthony service area	✓	✓	✓

Goal 2. Facilitate return to health services with local providers following medical care within St. Anthony for child bearing family

Strategies	2022	2023	2024
Strategy 2.1 Identify point of contact with local hospital, providers, and public health entities within the local community of child bearing families	✓	✓	✓
Strategy 2.2 Develop formal process of care coordination activities to facilitate communication between Birth Place medical staff and local providers	✓	✓	✓

Health Priority: Women's Health

Goal 3. Decrease the number of child abuse and unintentional injury rates within the St. Anthony service area

Strategies	2022	2023	2024
Strategy 3.1 Maintain efforts aimed at child abuse prevention	✓	✓	✓
Strategy 3.2 Increase access to services for women experiencing post-partum depression	✓	✓	✓

Goal 4. Provide access to high quality obstetrical care to child bearing families

Strategies	2022	2023	2024
Strategy 4.1 Reduce primary c-section rates	✓	✓	✓
Strategy 4.2 Increase additional physician providers to provide obstetrical and gynecological care with the St. Anthony service area	✓	✓	✓
Strategy 4.3 Increase training and advanced certifications for nursing staff providing care to mothers and babies within the St. Anthony Service Area	✓	✓	✓
Strategy 4.4 Complete infrastructure improvement to the Birth Place at St. Anthony	✓	✓	✓

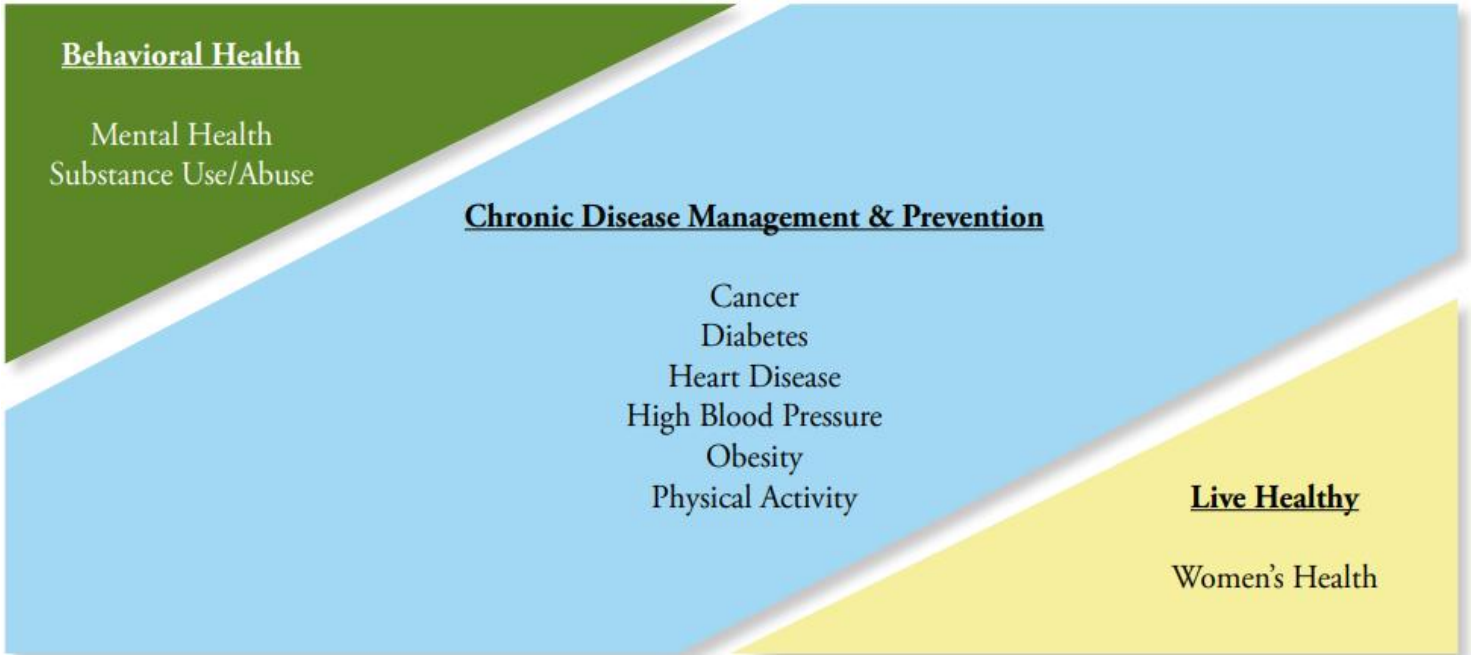
Health Needs Prioritization Process

An internal prioritization session was held with hospital administrators and leaders. The purpose of the internal prioritization session was to present previous and existing data and in-depth community stakeholder interview results and to obtain input regarding the needs and concerns of the community overall. The prioritization session discussed the results of the data compilation, shared visions and plans for community health improvement in the community, and identified the top community health needs in the region. As the needs were identified, many of the same needs from the previous assessment were re-established and enhanced. The prioritization session streamlined the FY25 needs and FY22 needs into more defined categories allowing for the vital work of St. Anthony to continue. With input received from the meeting, the prioritization session again reinforced existing needs and identified additional community needs that St. Anthony will address.

St. Anthony Regional Hospital 2025 Focus

An objective of the Patient Protection and Affordable Care Act is to provide overall health care access and identify better care coordination allowing for greater accessibility, with the intent to reduce health care costs for patients and caregivers. Health care institutions, community agencies, and organizations are transforming ways services can be better provided. Streamlining and partnering with other health care entities allows resources to be shared and offers affordable health care coverage to uninsured populations who otherwise would not have had access. St. Anthony will continue to address the needs of its community with outreach efforts and effective programs, working closely to reach underserved residents and populations, ultimately impacting the health and social needs across the region. Through the assessment process, the CHNA identified key need areas, and the identified community needs are depicted in the graph below (See Figure 18).

Figure 18: St. Anthony Regional Hospital 2025 Community Health Needs



Key Community Needs

Throughout the community health needs assessment process, primary and secondary data from local, state, and Federal resources, community stakeholder interviews, a prioritization session, and a resource provider inventory identified the health needs of residents in the St. Anthony service area. The data collected provided information essential to the identification of the key community health needs in the region's community.

Behavioral Health

Access to behavioral health services, which includes mental health and substance abuse, is a growing concern not only regionally but also nationally. Age, genetics, income level, education, employment, and environmental conditions are factors that can lead to poor behavioral health outcomes. Access to behavioral health is essential to good overall health; with prevention and effective treatment measures, behavioral health services allow individuals to recover from a mental health crisis. Direct access to health professionals and health services for behavioral health issues enables residents to obtain proper care and treatment, leading to healthier, productive lives.

Environmental stress such as poor housing conditions, employment limitations or loss, and an overwhelming sense of depression or anxiety can impact the mental and spiritual well-being of an individual. The use and abuse of drugs and alcohol are attractive pathways when dealing with a mental health issue, and, in some cases, residents who have mental health issues also are substance abusers. People with mental illnesses are more likely to experience a substance use disorder than those not affected by a mental illness. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) 2022 National Survey on Drug Use and Health, approximately 21.5 million adults in the United States have a co-occurring disorder. Co-occurring disorders may include two or more substance use disorders and mental disorders.

Mental illness is a significant challenge for individuals and families. The Centers for Disease Control and Prevention (CDC) reports that mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. Mental health determines how we handle stress, relate to others, and make healthy choices. Mental health is essential at every stage of life, from childhood and adolescence through adulthood.

Unfortunately, mental illnesses are the most common health condition in the U.S., as more than 50% will be diagnosed with a mental illness or disorder at some point in their lifetime.[3]

[3] Centers for Diseases Control and Prevention

Behavioral Health

ST. ANTHONY Regional Hospital

National Fast Facts on Mental Illness

1 in 5 Americans will experience a mental illness in a given year.

1 in 5 children, either currently or at some point during their life, have had a seriously debilitating mental illness.

1 in 25 Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

473,000 adults in Iowa have a mental health condition. That is more than 3x the population of Cedar Rapids.

In Iowa, **128,000** adults have a serious mental illness.

37,000 Iowans aged 12–17 have depression.

Source: Centers for Disease Control and Prevention
Source: National Alliance on Mental Illness

National Fast Facts on Excessive Alcohol Use

Alcohol abuse is responsible for **178,000** deaths per year shortening lives by an average of **24 years**

Alcohol abuse is responsible for **1 in 10** deaths among working-age adults.

Source: Centers for Disease Control and Prevention

National Fast Facts on Substance Abuse

Opioids were involved in **54,743** overdose deaths in 2024 (**68.1%** of all drug overdose deaths).

Opioids are the main driver of drug overdose deaths. **60%** of opioid-involved overdose deaths involved synthetic opioids, primarily fentanyl.

Source: Centers for Disease Control and Prevention

Behavioral Health

Americans struggle to secure mental health services. Unfortunately, millions of American adults and children diagnosed with a mental health condition cannot secure mental health services or treatment. The inability to adequately navigate the complex health care system, in addition to the lack of health care coverage and lack of available providers, results in people not accessing mental health care when they need it most. For some, many are forced to seek care out of network if providers are not available, therefore, leading to higher out-of-pocket costs or, for some, foregoing care and services altogether. The National Alliance on Mental Illness reported that of 154,000 adults in Iowa who did not receive needed mental health care, 29.3% did not go because of cost.

The Mental Health Parity and Addictions Equity Act of 2008 was passed to require insurance coverage for mental health conditions and substance use disorders, to be no more restrictive than insurance coverage for other medical conditions. Even with the onset of the passage, significant barriers remain. Data revealed a significant deficit of mental health providers in the St. Anthony service area.

Table 19: Mental Health Providers

Mental Health Providers	Ratio
Audubon County	5,530:1
Calhoun County	2,240:1
Carroll County	640:1
Crawford County	1,780:1
Greene County	950:1
Sac County	1,380:1
Iowa	470:1
United States	300:1

Source: County Health Rankings & Roadmaps 2024

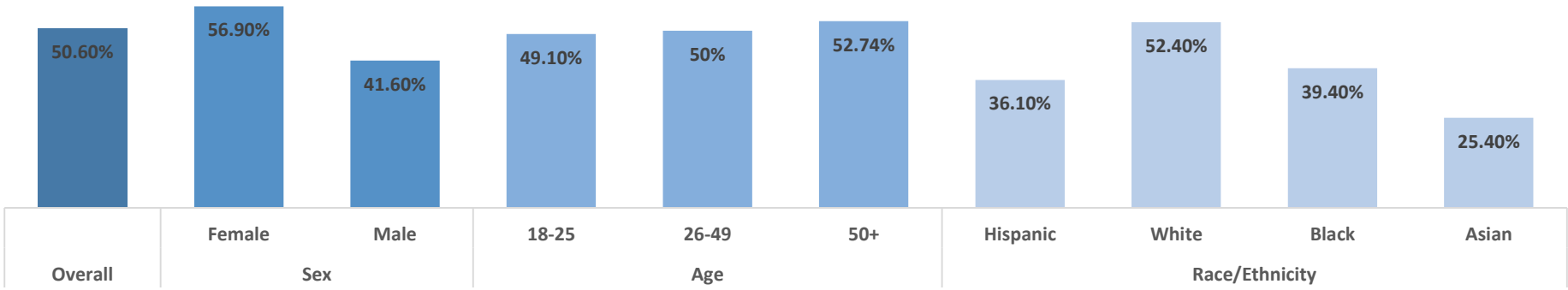
Behavioral Health

In 2021, the National Institute of Mental Health data shows that among the 57.8 million adults with any mental illness (AMI), 30.0 million (50.6%) received mental health services in 2022. The data also revealed:

- More females with AMI (56.9%) received mental health services than males with AMI (45.6%). This means that roughly 15.3% more females received mental health services than males.
- The percentage of young adults aged 18-25 years with AMI who received mental health services (42.1%) was lower than adults with AMI aged 26-49 years (49.1%) and aged 50 and older (52.7%).

The percentage of people receiving care for AMI has improved but could be higher; however, the rates reflect the shortage of mental health providers across the country. An estimated 160 million Americans, or 48% of the population, lived in mental health professional shortage areas as of March 2023. It was reported that the nation needs an additional 8,000 mental health providers to fill these shortage gaps.[4]

Figure 20: Mental Health Services Received in Past Year Among U.S. Adults with Any Mental Illness (AMI) 2022

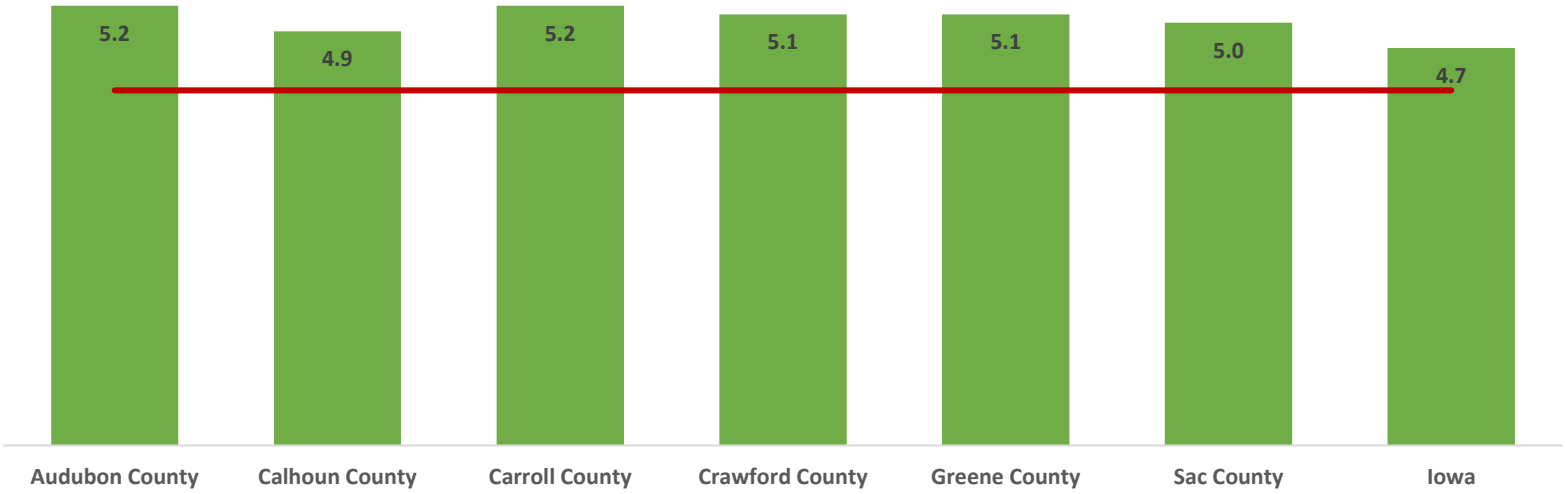


Source: The National Alliance on Mental Illness

Behavioral Health

Looking at a regional perspective, County Health Rankings reported that Audubon residents had the highest average number of poor mental health days in the past 30 days when compared to the remaining counties in the study area. The top performers averaged 4.0 mentally unhealthy days. Top performers are counties that perform in the 10% of the nation's counties in a particular measure.

Figure 21: Poor Mental Health Days

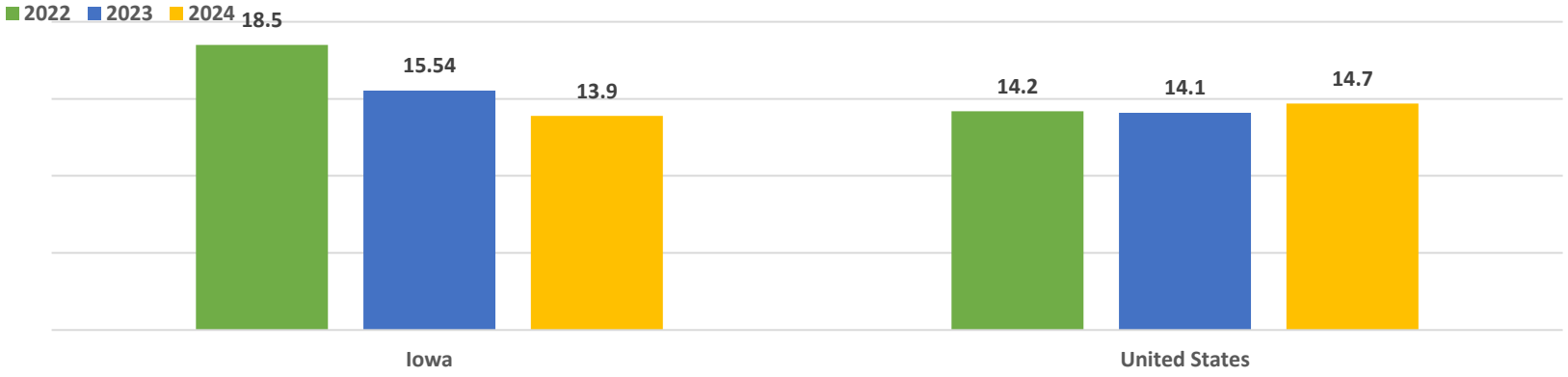


Note: The red line is a reference to where the counties lie when compared to Top Performers.
Source: County Rankings & Roadmaps 2024

Behavioral Health

Residents who attempt suicide are typically depressed and face another significant mental health challenge. Residents who attempt suicide are generally depressed and face mental health problems, and they believe there are limited solutions to their problems. Suicide is a serious public health problem tied to poor mental health; suicide is a preventable cause of death. There is a correlation between mental health disorders and substance abuse among those who have committed suicide.

Figure 22: Suicide Mortality (Age-Adjusted Death Rate Per 100,000 Population)



Source: Centers for Disease Control & Prevention

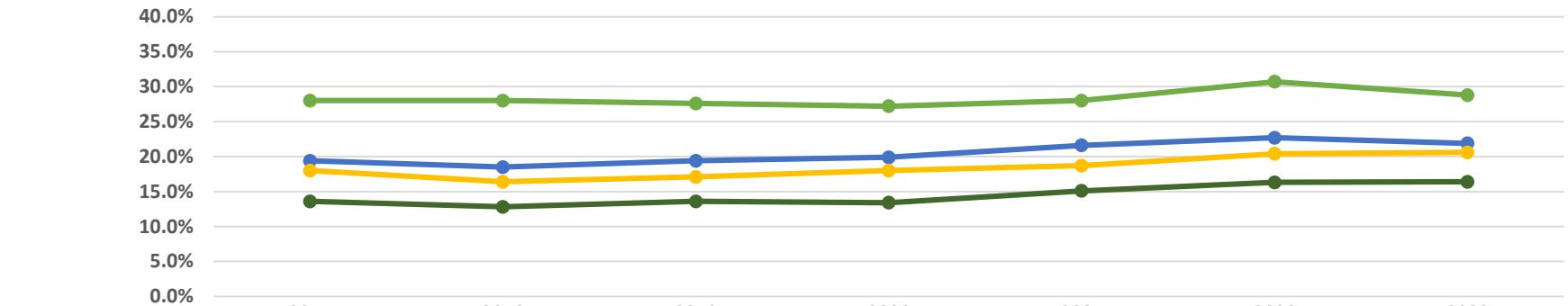
Community stakeholders reported behavioral health as the most prominent health/social concern in the community. In addition, community stakeholders also perceived mental health to be the most significant barrier for people not receiving care or services. Lack of access and hurdles associated with the inability to seek and obtain mental health services can interfere with individuals seeking the care they need.

Socioeconomic conditions and factors are often tied to poor mental health conditions. These conditions can consist of being low-income, lack of housing, having low education, and living in a poor environment, etc.

Behavioral Health

Figure 23 and 24 depict the percent of depressed residents by education and income. The figures reveal residents who have low levels of education have more depressed residents. The secondary Figure unveils higher percentages of depressed people who report low-income levels. Household income and education are factors that are intertwined. Research indicates that high levels of education are strong predictors of income and wealth. Households with higher levels of education tend to have more assets to withstand financial waves, cash savings/investments, and low levels of debt.

Figure 23: Percent of Depressed Population by Education

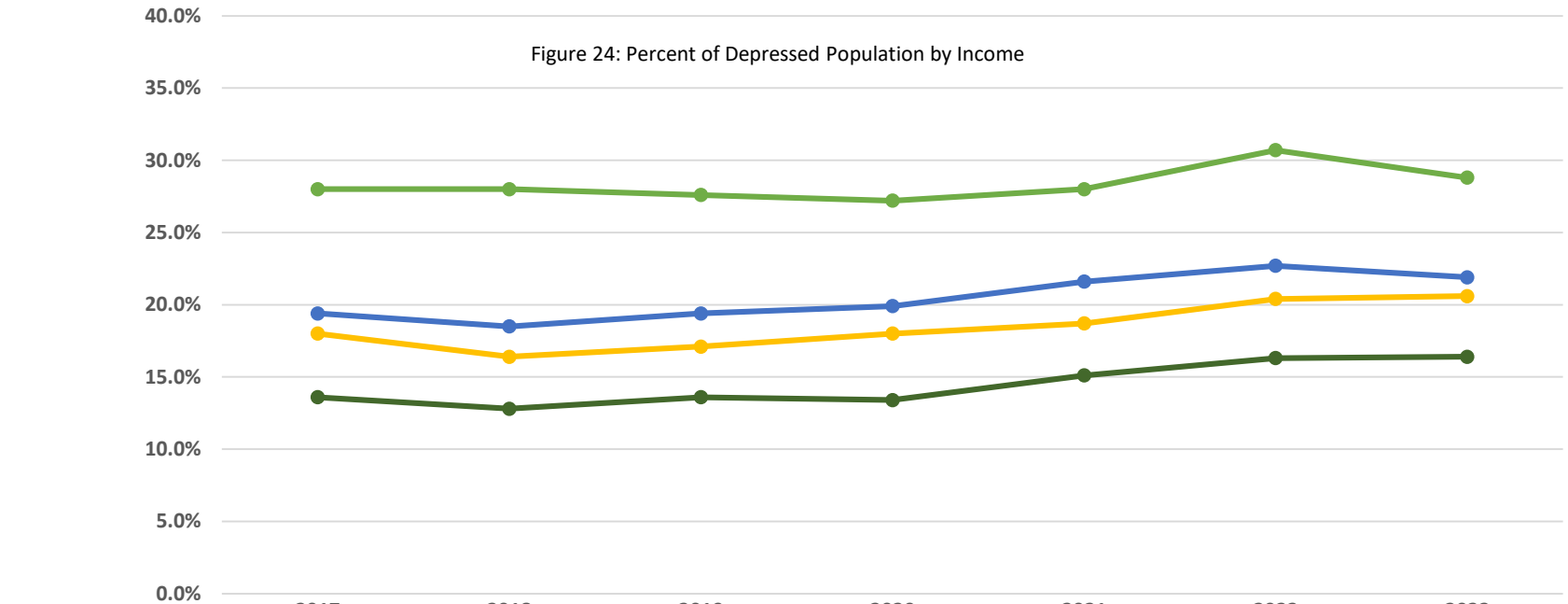


	2017	2018	2019	2020	2021	2022	2023
< $25,000	28.0%	28.0%	27.6%	27.2%	28.0%	30.7%	28.8%
$25,000-$49,999	19.4%	18.5%	19.4%	19.9%	21.6%	22.7%	21.9%
$50,000-$74,999	18.0%	16.4%	17.1%	18.0%	18.7%	20.4%	20.6%
≥ $75000	13.6%	12.8%	13.6%	13.4%	15.1%	16.3%	16.4%

Source: America's Health Rankings

Behavioral Health

Figure 24: Percent of Depressed Population by Income



	2017	2018	2019	2020	2021	2022	2023
< $25,000	28.0%	28.0%	27.6%	27.2%	28.0%	30.7%	28.8%
$25,000-$49,999	19.4%	18.5%	19.4%	19.9%	21.6%	22.7%	21.9%
$50,000-$74,999	18.0%	16.4%	17.1%	18.0%	18.7%	20.4%	20.6%
≥ $75000	13.6%	12.8%	13.6%	13.4%	15.1%	16.3%	16.4%

Source: America's Health Rankings

Behavioral Health

According to the 2021 Iowa Youth Survey State Report, between 27% and 36% of students, depending on the grade, reported they had felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. The percentage was highest for 11th graders at 36%, followed by 29% for 8th graders and 27% for 6th graders. Specifically, 6th graders in Crawford County, 8th graders in Sac, and 11th graders in Crawford County reported that they felt the saddest or hopeless that they stopped doing some usual activities when compared to other students in the counties.

Table 25: General Mental Health Status measured by feeling sad or hopeless, by Grade

In the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?			
	6th Grade	8th Grade	11th Grade
Audubon County	25%	29%	38%
Calhoun County	--	--	23%
Carroll County	33%	32%	42%
Crawford County	40%	35%	46%
Greene County	21%	31%	36%
Sac County	29%	39%	36%
Iowa	27%	29%	36%

Table 26: Suicidal Ideation, by Grade

In the past 12 months, have you thought about killing yourself?			
	6th Grade	8th Grade	11th Grade
Audubon County	9%	14%	21%
Calhoun County	--	--	13%
Carroll County	26%	26%	29%
Crawford County	27%	22%	27%
Greene County	9%	25%	17%
Sac County	21%	30%	31%
Iowa	17%	21%	24%

Source: Iowa Department of Heath: 2021 Iowa Youth Survey Report

Eleventh-grade students also reported the highest rates of suicidal ideation, where almost one in four (24%) indicated they had thought about killing themselves in the past twelve months compared to 21% for participating 8th graders and 17% for participating 6th graders. Crawford County 6th graders, Sac county 8th graders, and Sac county 11th graders had suicidal thoughts when compared to other students in the counties.

Behavioral Health

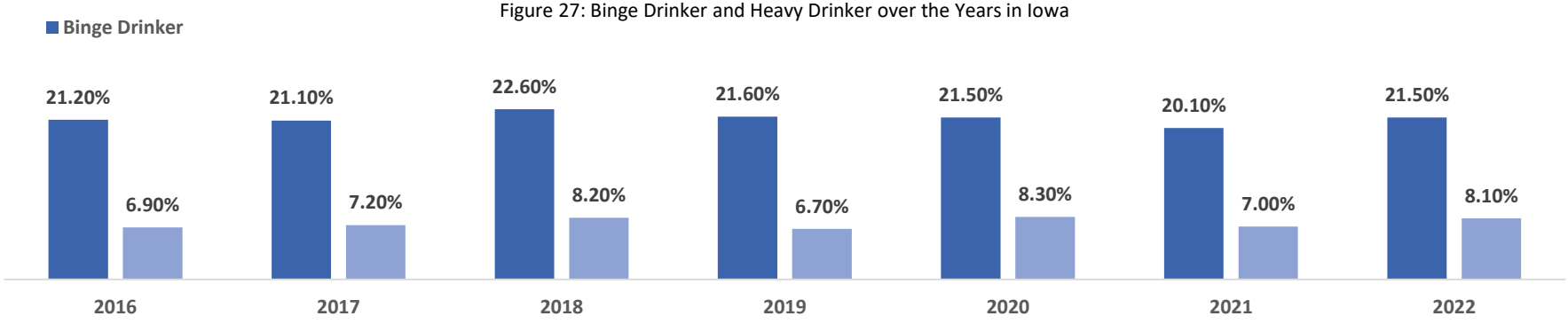
Data from the St. Anthony CHNA in FY22 reinforces behavioral health as a community need. Previous reports indicated that over 40% of community survey respondents state that they either disagree or strongly disagree with the statement that people in the area are generally supportive and sympathetic to people with mental health problems. The survey reflects concern about the social or familiar consequences of reaching out for or providing help that can negatively impact the utilization of available services. Nearly two-fifths of respondents to the St. Anthony community survey reported that they do not know how to access resources to address mental health concerns for themselves, their children, or other immediate family members.

Substance use/abuse was cited as an additional area of concern. Substance use disorders represent clinically significant impairment caused by recurrent alcohol and drug use. In Iowa, the most commonly used substances are tobacco, alcohol, marijuana, methamphetamines, opioids, and prescription drugs. In 2022, there were 827 alcohol-related deaths in Iowa, a record high. Substance abuse is used to alter the mood of the individual. Substance abuse includes the overuse of alcohol, tobacco, and other drugs that are legal or illegal. Abuse occurs when the substance is overused and used in a way that is not intended or recommended.

Data shows binge drinking remained relatively consistent. Binge drinkers are adult males having five or more drinks on one occasion and females having four or more drinks on one occasion.

There were more Iowans drinking heavily in 2022 when compared to the other years. Heavy drinking is defined as adult men having more than 14 drinks per week and adult women having more than seven drinks per week in the past 30 days.

Figure 27: Binge Drinker and Heavy Drinker over the Years in Iowa



Source: Centers for Disease Control and Prevention; Iowa Public Health Tracking Portal

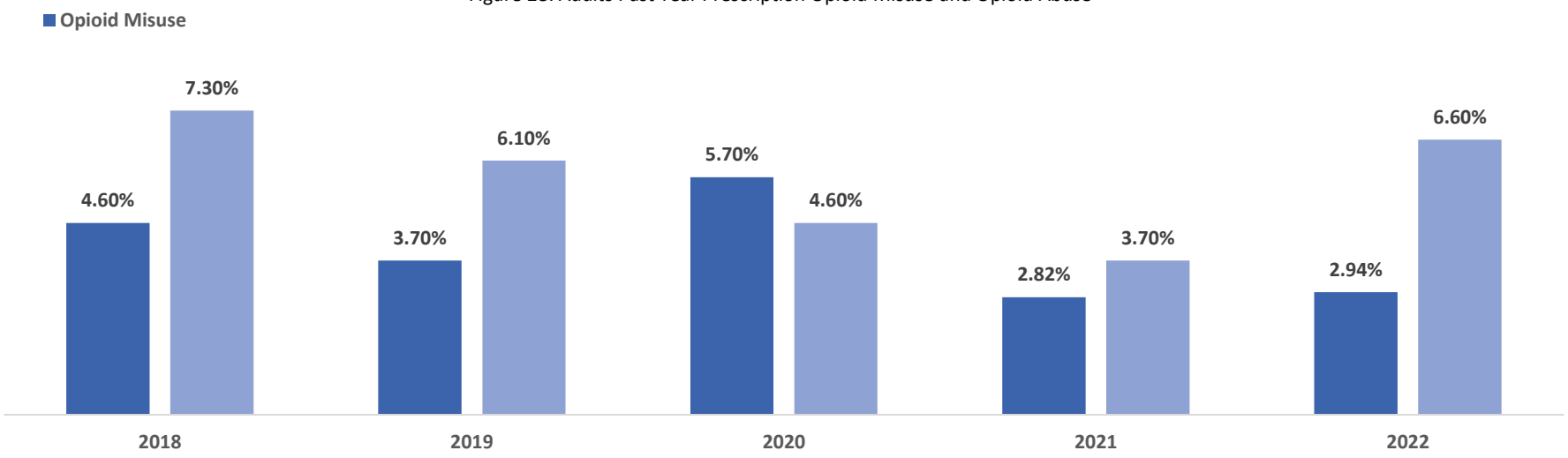
Behavioral Health

The data for opioid misuse represents the percent of respondents who took any prescription opioid pain relievers in the past year and that they took the medication at a higher frequency or dose than what was prescribed by a doctor.

Information on respondents who reported opioid abuse are those individuals who took any prescription opioid pain relievers in the past year when it was not prescribed to them by a doctor, dentist, nurse practitioner, or other healthcare providers.

On March 29, 2009, the Iowa Prescription Monitoring Program (PMP) provided prescribers and pharmacists with information regarding patients' use of controlled substances. The program was designed to help prescribers evaluate and monitor controlled substance medication use and treatment outcomes of their patients. The intent of the PMP is to lead to more appropriate prescribing, a decrease in patient abuse of controlled substances, a decrease in controlled substance dependence, and a decrease in the diversion of these substances for illicit use.

Figure 28: Adults Past Year Prescription Opioid Misuse and Opioid Abuse

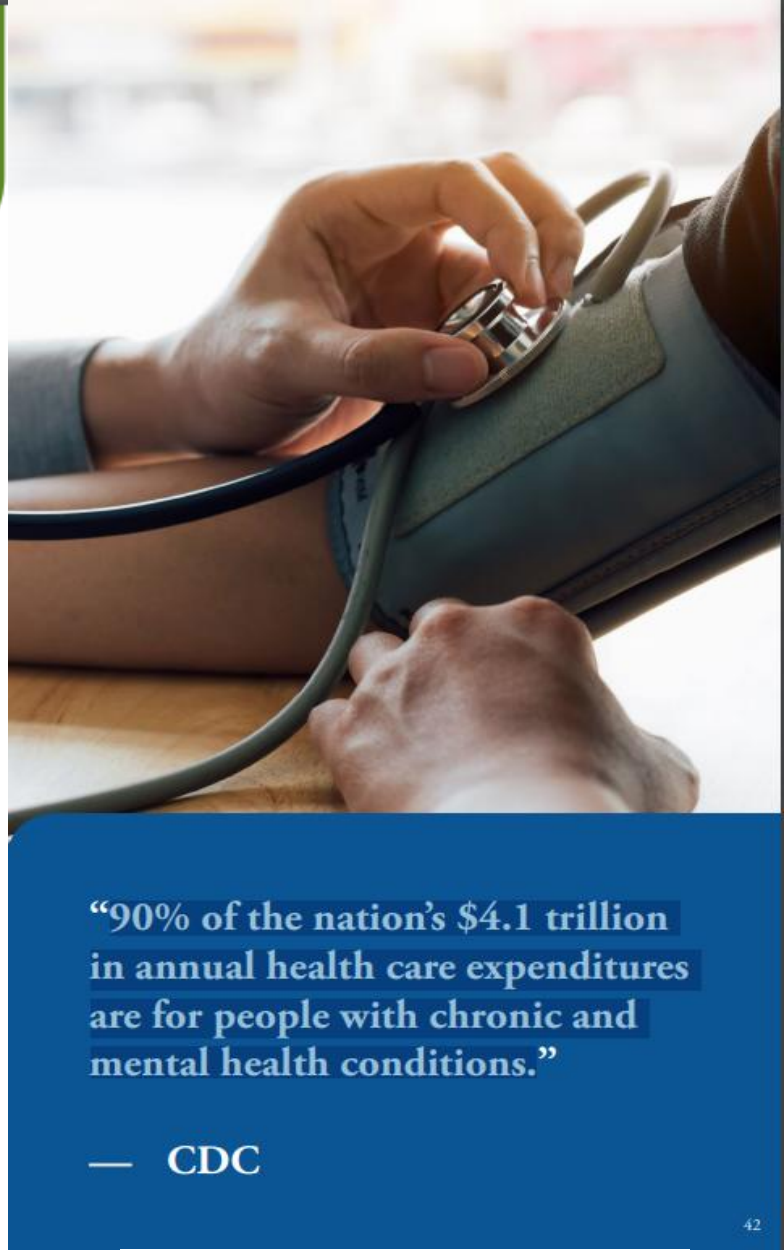


Source: Centers for Disease Control and Prevention; Iowa Public Health Tracking Portal

Chronic Disease Management & Prevention

Cancer, heart disease, diabetes, high blood pressure, and asthma are chronic diseases; they are also leading causes of death and disability in the U.S. These chronic diseases are a significant health problem regionally, statewide, and nationally, significantly affecting all populations but in particular low-income residents. The CDC reports that 6 in 10 young, 8 in 10 midlife, and 9 in 10 older U.S. adults report one or more chronic conditions, like heart disease and stroke, cancer, or diabetes. The condition is broad, as being conditions that last one year or more and require ongoing medical attention or limit activities of daily living, or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. These and other chronic diseases are the leading causes of death and disability in America, and they are also a leading driver of health care costs. Some chronic diseases are caused by excessive alcohol use, physical inactivity, poor diet/nutrition, tobacco use, etc. Some chronic diseases are preventable, and many are manageable, which enable residents to live a full, healthy, and productive life.

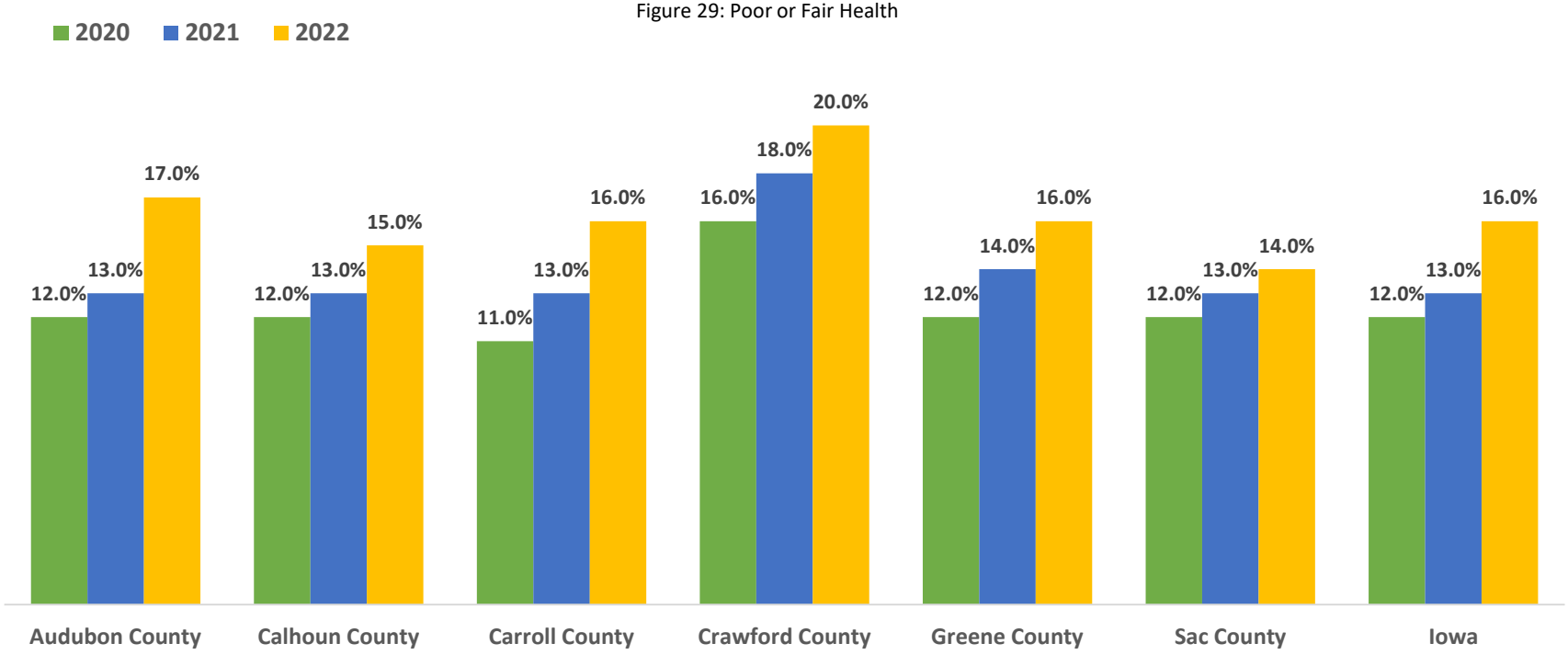
High-risk behaviors or poor health behaviors/factors are determinants of many chronic diseases. Common high-risk behaviors include alcoholism, tobacco use, violence, engaging in risky sexual behaviors, not being proactive in getting health screenings, and poor physical activity/diet and exercise. The elimination or use of tobacco products, physical activity, eating healthy foods, and limiting alcohol are tips for preventing and leading to conditions such as obesity and high blood pressure, thereby reducing the risk for more severe and complicated chronic diseases. Developing a chronic disease is highly associated with various social determinants of health, including an individual's income, education, mental health, lifestyle (health behaviors), family history, etc. By engaging in positive health behaviors and making beneficial choices, residents can vastly reduce one's likelihood of getting or being diagnosed with a chronic disease.



Chronic Disease Management & Prevention

The self-assessment of poor or fair health is presented below. Crawford County recorded higher percentages of poor or fair health from 2020 (16%) to 2022 (20%) compared to the state from 2020 (12%) to 2022 (16%). This indicator represents those who are 18 and older who self-report to primary care. These data points are relevant as it indicates a lack of access to general care and social barriers to utilization of general health services.

Figure 29: Poor or Fair Health



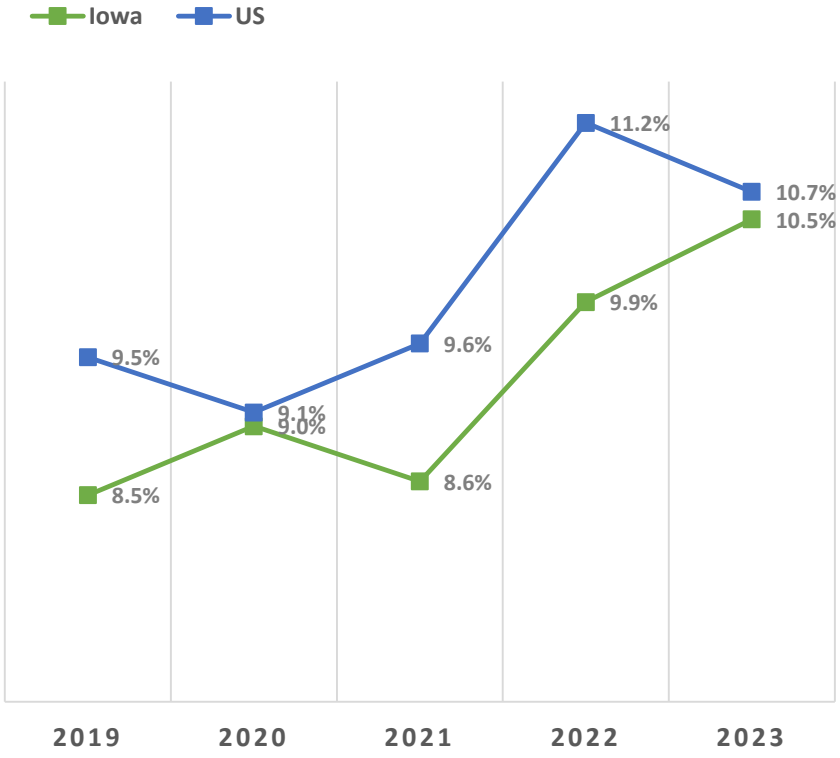
Source: County Health Rankings 2025

Chronic Disease Management & Prevention

According to the Iowa Department of Health, heart disease is the leading cause of death in Iowa and stroke is the 5th leading cause. In 2022, heart disease and stroke accounted for 28.1% of all deaths in Iowa. African Americans in Iowa also have the highest heart disease and stroke mortality, according to the report.

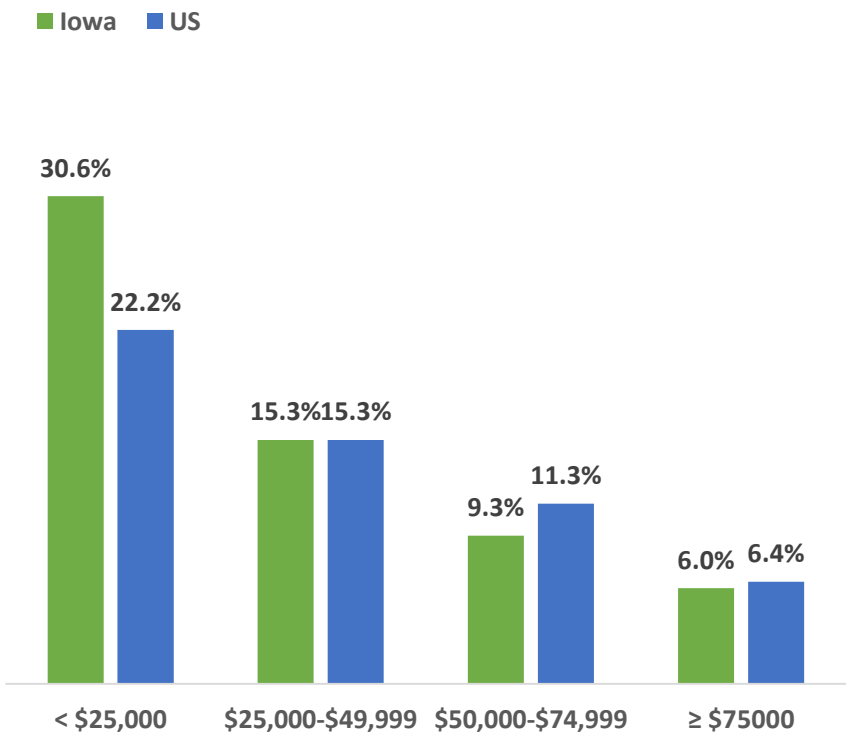
Figure 30 reported the percentage of the population ages 45-64 who had three or more of the following chronic health conditions: arthritis, asthma, chronic kidney disease, chronic obstructive pulmonary disease, cardiovascular disease (heart disease, heart attack, or stroke), cancer (excluding skin), depression and diabetes. Data also revealed that residents with an income brackets (see Figure **31**).

Figure 30: Multiple Chronic Conditions – Adults



Source: America's Health Rankings 2022

Figure 31: Multiple Chronic Conditions by Income



Source: America's Health Rankings 2022

Chronic Disease Management & Prevention

Chronic diseases are responsible for 7 of 10 deaths each year, and treating people with chronic diseases accounts for 90% of our nation's health care costs.[5]

Smoking is a significant cause of heart disease and stroke and causes one in every four deaths from heart disease and stroke nationally. People who do not smoke but breathe secondhand smoke have a 25% to 30% higher risk of heart disease and a 20% to 30% higher risk of stroke, according to the CDC. Heart disease death in Sac County is higher than the state and national rates; in addition, Carroll County has higher heart disease death rates when compared to the nation.

Stroke mortality in Crawford County is higher when compared to Iowa and the nation.

Table 32: Chronic Conditions Death Rates 2019-2023

	Heart Disease Death Rates (Per 100,000 population)	Stroke Death Rates (Per 100,000 population
Audubon County	161.8	No Data Available
Calhoun County	161.2	22.6
Carroll County	170.6	23.2
Crawford County	148.4	41.2
Greene County	162.7	31.4
Sac County	225.2	31.0
Iowa	176.5	32.5
US	168.9	39.8

Note: **Red boxes are higher than the state rates.**
Source: National Institute of Minority Health and Health Disparities

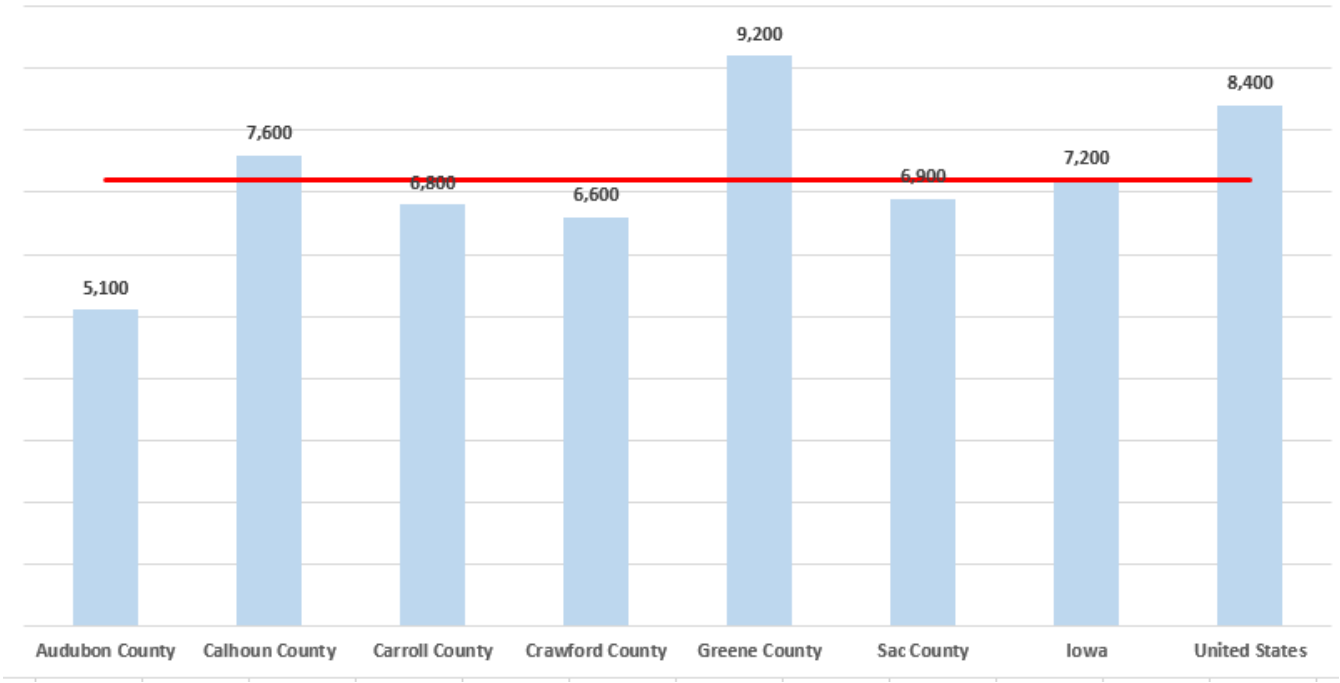
[5]Centers for Disease Control & Prevention

Chronic Disease Management & Prevention

The concept of years of potential life lost (YPLL) involves estimating the average time a person would have lived had they not died prematurely. YPLL before age 75 for all causes of death is presented below. Reviewing data on premature death can provide a unique and comprehensive look at the overall health status of an individual. The data measure is used to help quantify social and economic loss due to premature death, and it has been promoted to emphasize specific causes of death affecting younger age groups.

Greene County (9,200) reported the highest rates of years of potential life lost compared to the state (7,200) and nation (8,400). Calhoun County (7,600) reported the highest rates of years of potential when compared to the state (7,200). Audubon County (5,100), reported the lowest rate of years of potential life lost in the study area.

Figure 33: Premature Death Mortality (YPLL) Rate per 100,000 Population



Note: The red line is a reference to where the counties lie when compared to the state.
Source: County Health Rankings 2020-2022

Chronic Disease Management & Prevention

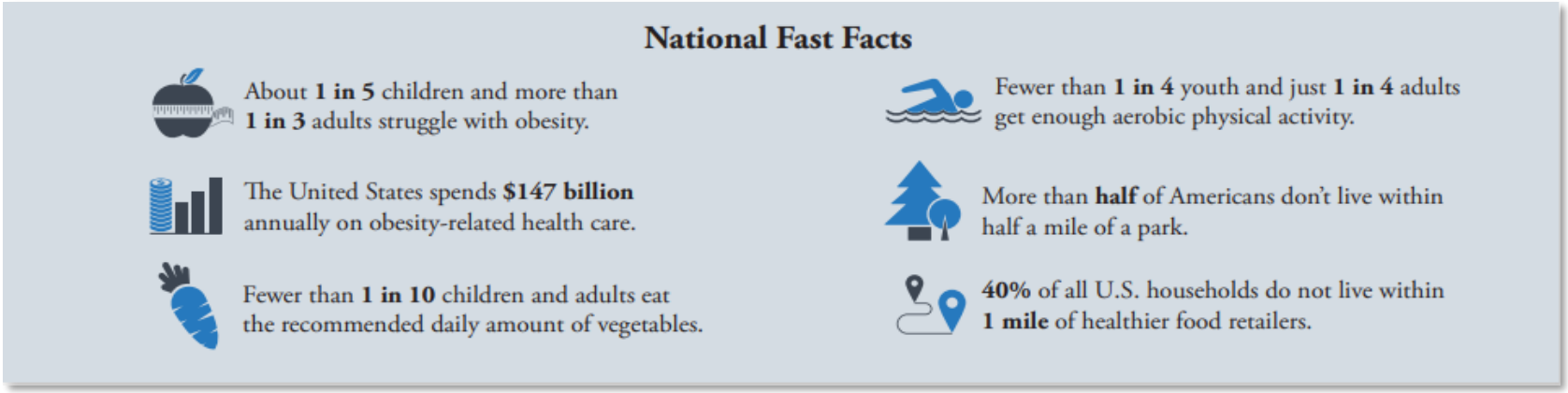
Obesity

Obesity is a chronic disease leading to additional health conditions such as diabetes, heart disease, and cancers. This costly and serious disease is prevalent and touches all social and economic classes. Factors that contribute to obesity can include genetics and certain medications; however, social determinants of health also play a significant role, ultimately affecting how residents make healthy choices.

Following a healthy diet and engaging in regular physical activity can help residents maintain a healthy weight. Reinforcing healthy behaviors at an early age can lead to longer life practices and better health outcomes.

Iowa currently ranks seventh in the nation for adult obesity, up from 13th place. Being overweight or obese indicates that an individual has excessive body fat, which may affect their overall health. A tool to determine being overweight/obese is the calculation of one's body mass index (BMI) to determine the levels of overweight/obese. A person's BMI score can be interpreted as follows:

- A BMI of less than 18.5 indicates a person is underweight.
- A BMI between 18.5 and 24.9 indicates a person is a normal or healthy weight.
- A BMI between 25 and 29.9 indicates a person is overweight.
- A BMI of 30 or higher indicates a person is obese.



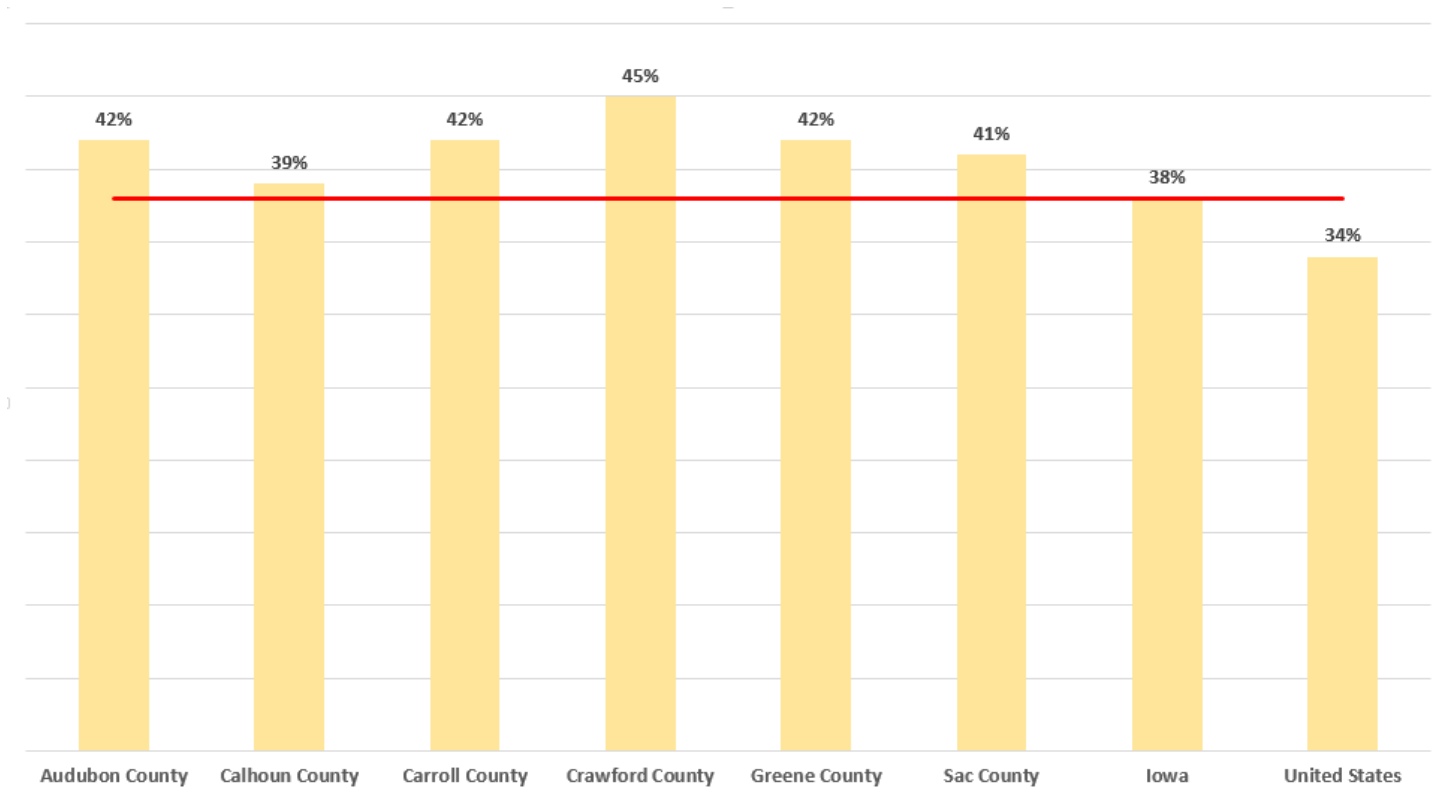
Source: Centers for Disease Control and Prevention

Chronic Disease Management & Prevention

Audubon County (42%), Calhoun County (39%), Carroll County (42%), Crawford County (45%), Greene County (42%), and Sac County (41%) reported a higher percentage of obese residents, exceeding both the state (38%) and the nation (34%). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

A BMI below 18.5 is underweight; 18.5-24.9 is normal or healthy weight; 25.0-29.9 is overweight; 30.0 and above is obese.

Figure 34: Obesity – Adults 18 & Older

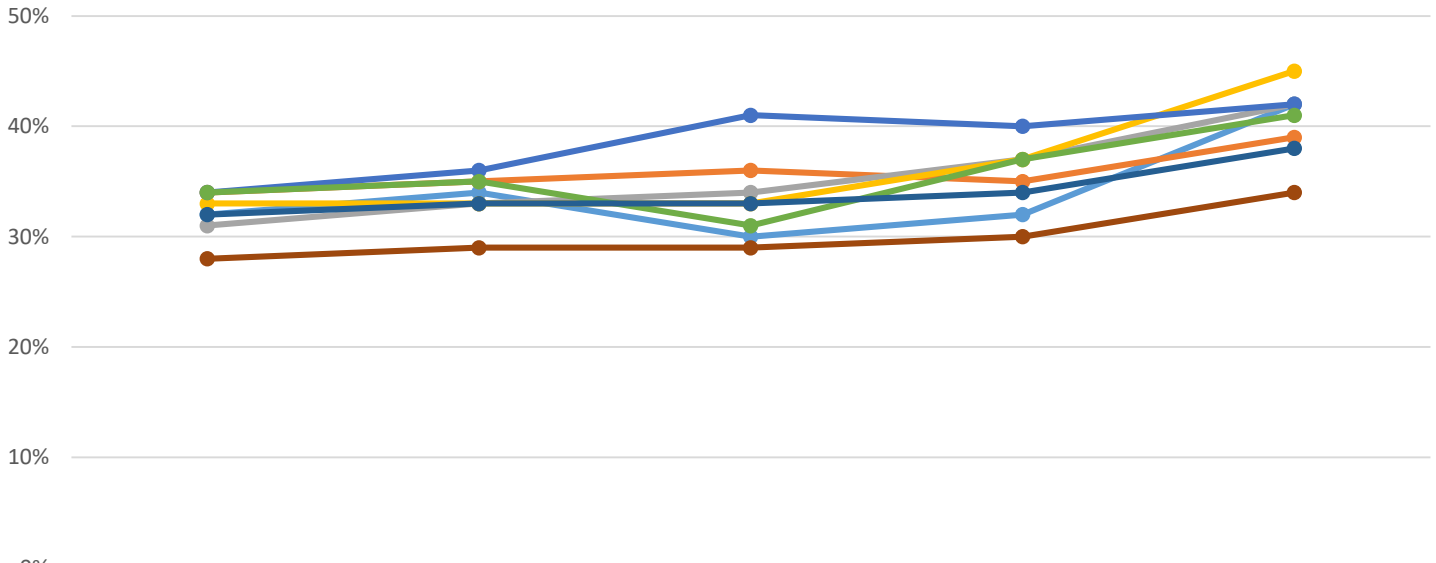


Note: The red line is a reference to where the counties lie when compared to the state.
Source: County Health Rankings 2022

Chronic Disease Management & Prevention

Obesity throughout the years is presented below. Audubon, Calhoun, Carroll, Crawford, Greene, and Sac counties increased in obesity from 2018 to 2022.

Figure 35: Obesity (BMI > 30.0 – 2018 through 2022)



	2018	2019	2020	2021	2022
Audubon County	32%	34%	30%	32%	42%
Calhoun County	34%	35%	36%	35%	39%
Carroll County	31%	33%	34%	37%	42%
Crawford County	33%	33%	33%	37%	45%
Greene County	34%	36%	41%	40%	42%
Sac County	34%	35%	31%	37%	41%
Iowa	32%	33%	33%	34%	38%
United States	28%	29%	29%	30%	34%

Source: County Health Rankings 2022

Chronic Disease Management & Prevention

Diabetes

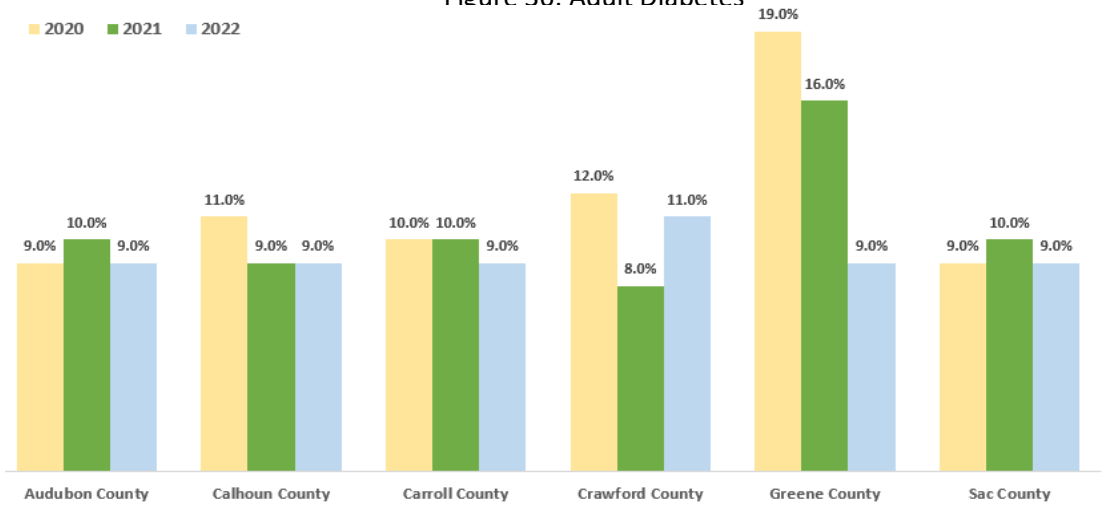
According to the CDC, 38.4 million people have diabetes (11.6% of the U.S. population), with 8.7 million people (22.8%) of adults being undiagnosed. Nationally, the disease is the seventh leading cause of death in the U.S. and is the main cause of kidney failure, lower-limb amputations, and adult blindness. The number of adults diagnosed with diabetes has more than doubled in the last 20 years. The medical cost associated with people diagnosed with diabetes totals $412.9 billion yearly.

The American Diabetes Association data reported that approximately 287,500 people in Iowa, or 10.2% of the adult population, have been diagnosed with diabetes, in addition to 70,000 people in Iowa being undiagnosed with the disease diabetes. Every year an estimated 19,000-20,000 people in Iowa are diagnosed with diabetes. The total direct medical cost for patients diagnosed in Iowa was estimated at $2.6 billion in 2022.

Chronic Disease Management & Prevention

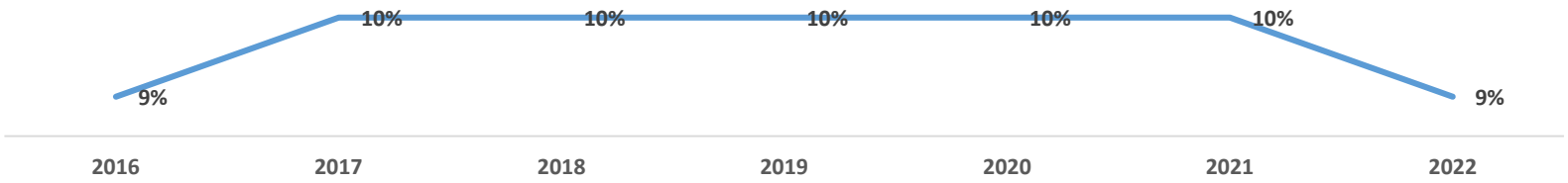
Left untreated, diabetes can cause complications such as vision loss, heart disease, kidney failure, foot problems, nerve damage, etc. In severe cases, it could lead to death. Figure 36 depicts the percentage of those who have ever been told by a doctor that they have diabetes. The data is vital as diabetes is prevalent as it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Residents in Calhoun, Carroll, Crawford, and Greene counties in the years 2020-2022 revealed data to indicate a decrease in those who have diabetes.

Figure 36: Adult Diabetes



Source: County Health Rankings 2022

Figure 37: Diabetes Prevalence over the Years in Iowa

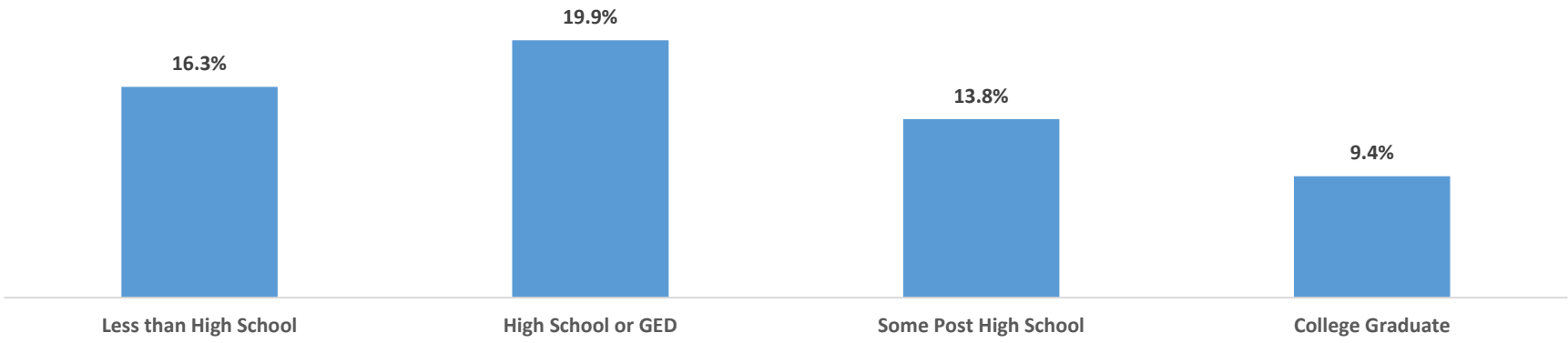


Source: County Health Rankings 2022

Chronic Disease Management & Prevention

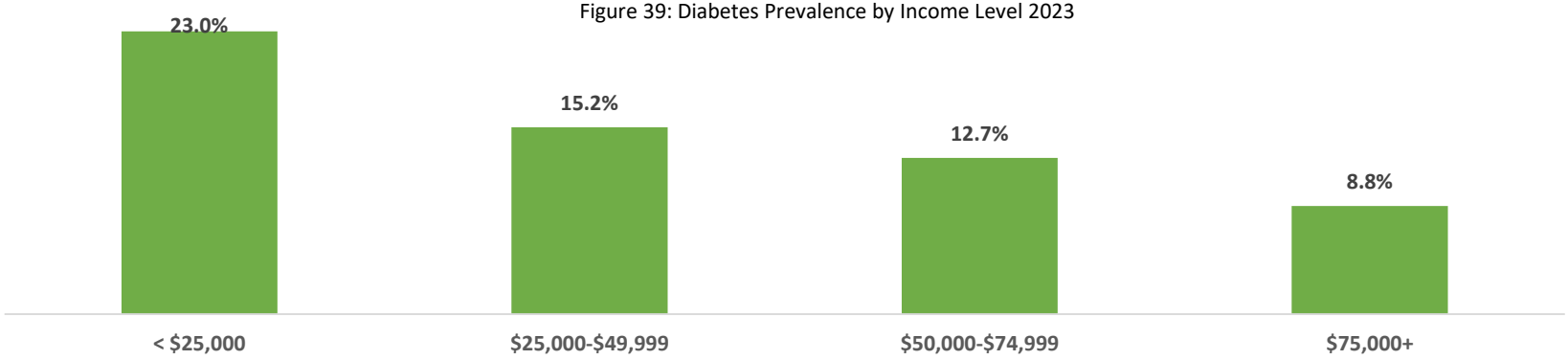
The percentages for adults who have diabetes are higher for those with lower household income and lower educational attainment. Getting diagnosed and seeking treatment for the disease is the best prevention strategy to reduce life-threatening complications. Recognizing early signs of diabetes can potentially slow down the disease or reverse the damage it has caused.

Figure 38: Diabetes Prevalence by Education Level 2019-2022



Source: County Health Rankings 2022

Figure 39: Diabetes Prevalence by Income Level 2023



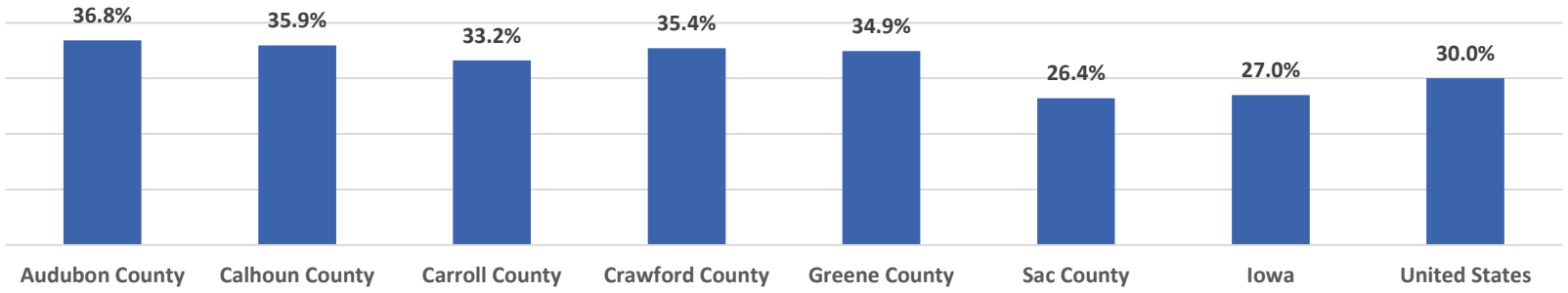
Source: America Health Rankings 2023

Chronic Disease Management & Prevention

High Blood Pressure

Audubon County (36.8%) has the highest percentage of adults with high blood pressure among the studied counties; however Calhoun, Carroll, Crawford, and Greene are exceeding both the state (27.0%) and the nation (30.0%).

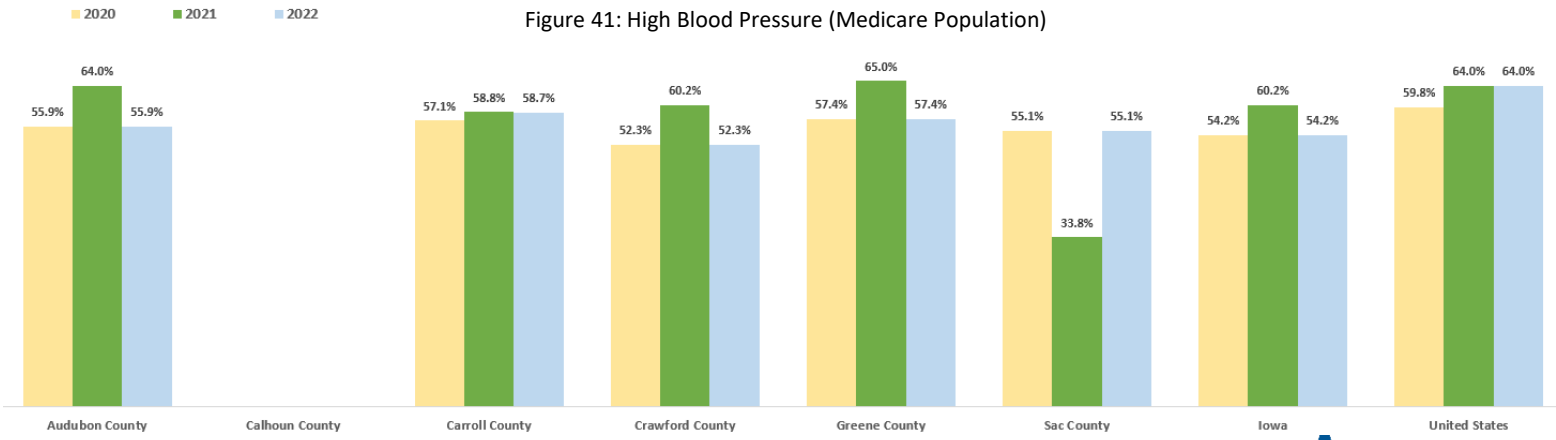
Figure 40: Adults with High Blood Pressure 2021



Source: Centers for Disease Control and Prevention 2021

Within the report area, Greene County (59.9%) reports the highest average percentage of the Medicare population with High Blood Pressure compared to the state average (56.2%). There was no data reported for Calhoun County.

Figure 41: High Blood Pressure (Medicare Population)



Source: Centers for Disease Control and Prevention 2025

Chronic Disease Management & Prevention

Physical Activity

Exercise and being physically active has a multitude of positive outcomes. Exercise improves mental health, reduces anxiety, and depression, builds strong bones and muscles, manages weight, reduces the risk of disease, and allows one to improve upon daily activities.

National Fast Facts

About **1 in 2** adults don't get enough aerobic physical activity

77% of high school students don't get enough aerobic physical activity

$117 billion in annual health care costs are related to low physical activity

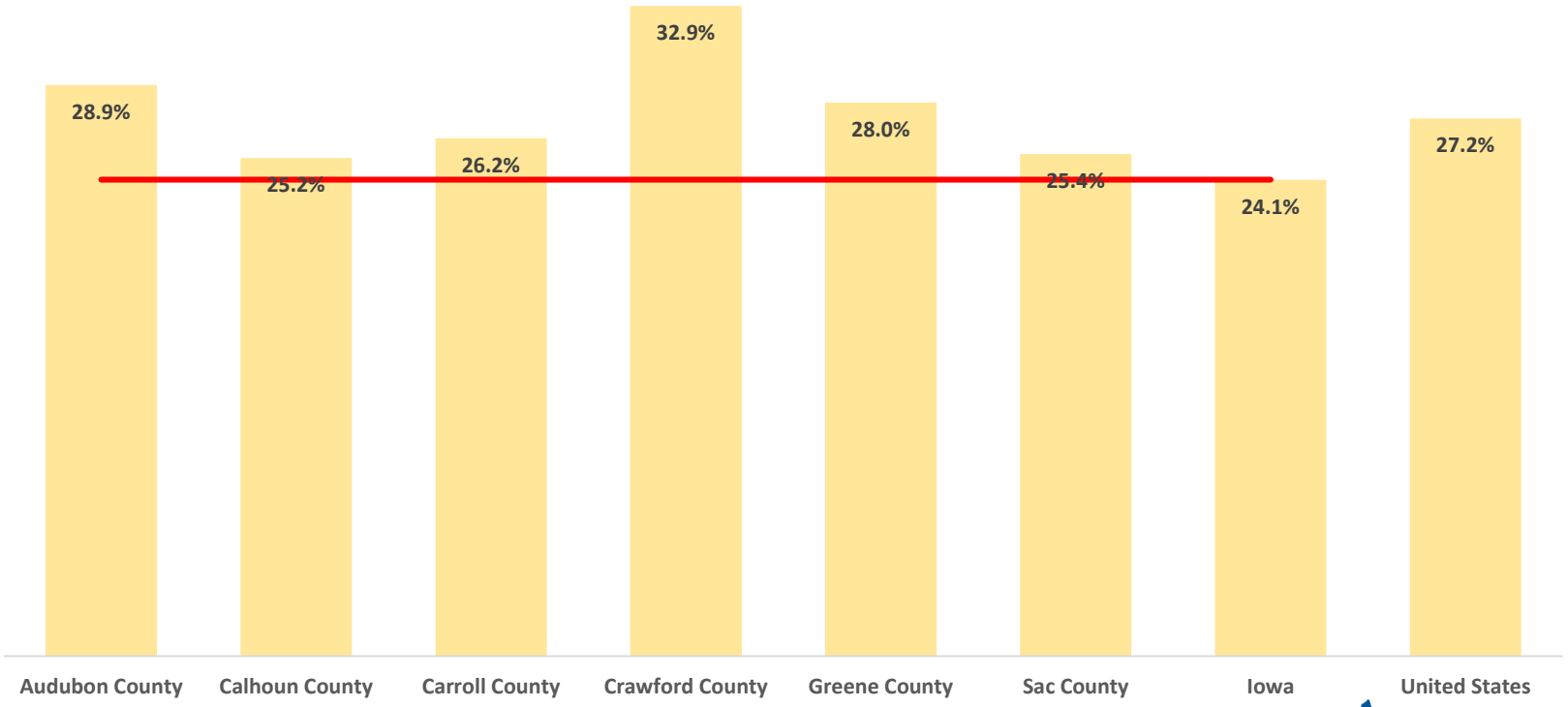
Source: Centers for Disease Control and Prevention

Chronic Disease Management & Prevention

Audubon County (28.9%) and Crawford County (32.9%) data reported a higher percentage of physical inactivity. Audubon, Calhoun, Carroll, Crawford, Greene, and Sac County reported higher rates of physical inactivity when compared to the state.

This indicator is relevant because current behaviors are determinants of future health and may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. Physical activity is important to prevent heart disease and stroke, two of the leading causes of death in the United States. In order to improve overall cardiovascular health, The American Heart Association suggests at least 150 minutes per week of moderate exercise or 75 minutes per week of vigorous exercise.

Figure 42: Physical Inactivity (Adults with No Leisure Time Physical Activity)



Note: The red line is a reference to where the counties like when compared to the state.
Source: Centers for Disease Control & Prevention 2022

Chronic Disease Management & Prevention

Cancers

In 2025, an estimated 21,200 new, invasive cancers will be diagnosed among Iowans, and an estimated 6,300 Iowans will die from cancer. Iowa continues to have the second highest age-adjusted rate of new cancers in the U.S. and is one of only two states with a rising rate. Iowa is also highly ranked in incidence among U.S. states for many specific cancers, including oral cavity and pharynx (tied 1st), non-Hodgkin lymphoma (3rd), leukemia (4th), esophagus (4th), and melanoma (4th).

While the Iowa Cancer Registry and its partners are working together to address Iowa's high cancer rates, survivorship is now the focus because as more people are being diagnosed, and surviving longer with their cancer diagnosis, the number of cancer survivors is increasing. Thus, cancer survivorship care is expected to become even more critically important in Iowa in the coming decades. More than 1 in 20 people in Iowa have had a diagnosis of cancer at some point in their lives. The most common cancers that survivors in Iowa are living with are breast, prostate, and colorectal cancers, and skin melanoma. Cancer survivors have unique needs that must be considered by all healthcare providers. Needs may include: screening for cancer recurrence and new cancers; addressing late effects and delayed symptoms of cancer treatment; and, improving quality of life for cancer survivors through nutrition, physical activity/movement, tobacco use cessation, and other mental health and social support services.

Table 43: Cancer Death/New Case Estimates and Population Living with Cancer 2025

	Death Estimates	New Cancer Case Estimates	Living with Cancer
Audubon County	15	45	395
Calhoun County	25	75	680
Carroll County	45	150	1,230
Crawford County	30	115	890
Greene County	30	75	635
Sac County	25	85	675

Source: Iowa Cancer Registry 2025

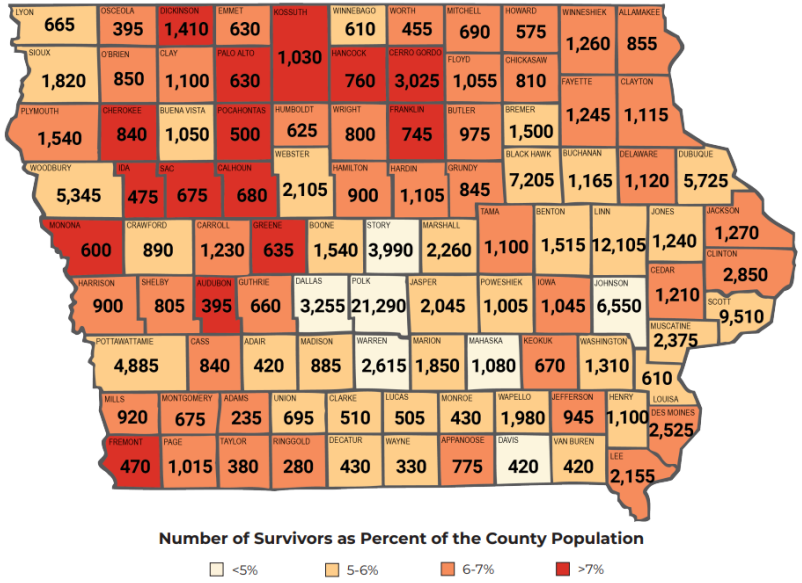
Chronic Disease Management & Prevention

The number of cancer survivors is growing in Iowa, and nationwide. The Iowa Cancer Registry has tracked the vital status of more than 98 percent of cancer survivors diagnosed since 1973. According to Iowa Cancer Registry incidence and survival data for 1973-2020, there are an estimated 171,535 cancer survivors among Iowans (defined as people who are currently living with or having had cancer).

Survivorship resources are underdeveloped across the U.S. While many healthcare and community partners are invested in supporting Iowa's cancer survivors, there is an opportunity to increase these services.

Providing and improving survivorship care works to increase length and quality of life among Iowa's cancer survivors.

Figure 44: Iowans Living with Cancer 2025



Source: Iowa Cancer Registry 2025

Figure 45: Survivors Among Iowa Residents 2025

SURVIVORS AMONG IOWA RESIDENTS DIAGNOSED WITH CANCER					
TYPE	COUNT	% OF TOTAL	TYPE	COUNT	% OF TOTAL
Breast	37,490	21.8	Kidney and renal pelvis	7,200	4.2
Prostate	31,720	18.5	Lung	7,180	4.2
Colon and rectum	15,570	9.1	Leukemia	5,680	3.3
Skin melanoma	14,020	8.2	Oral cavity and pharynx	4,925	2.9
Uterus	9,110	5.3	Testis	2,950	1.7
Thyroid	8,670	5.0	Cervix	2,540	1.5
Non-Hodgkin lymphoma	8,230	4.8	Hodgkin lymphoma	2,260	1.3
Bladder	8,165	4.8	All others	5,825	3.4
TOTAL COUNT: 171,535					

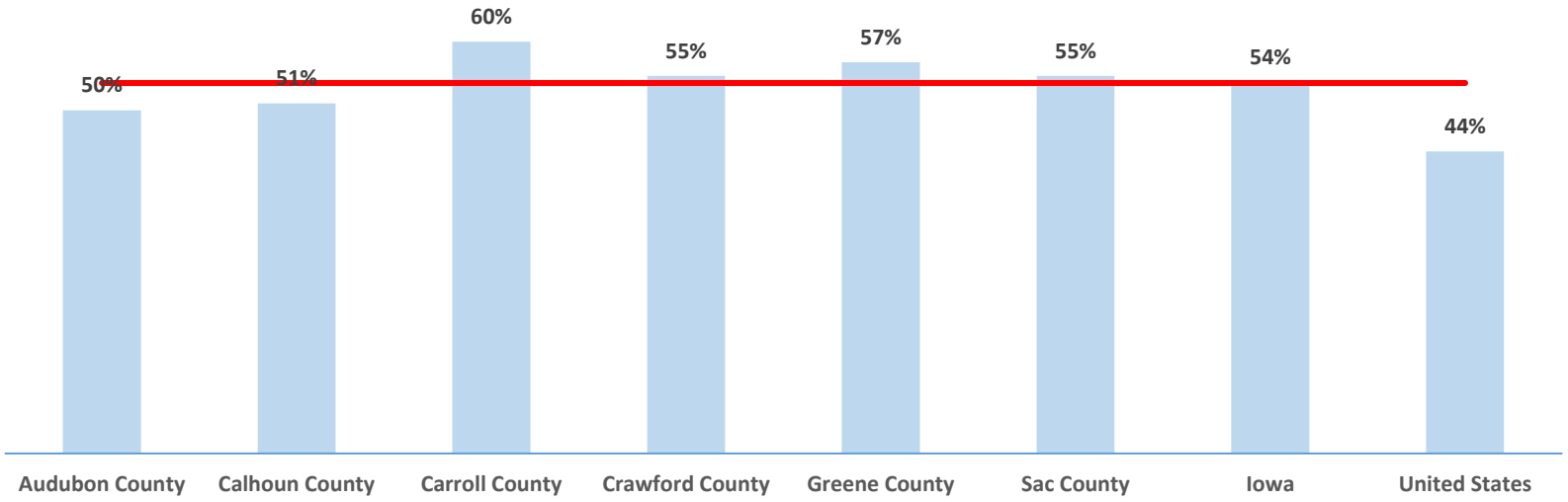
Source: Iowa Cancer Registry 2025

Chronic Disease Management & Prevention

The American Cancer Society recommends that women ages 45 to 54 undergo yearly mammograms and women 55 and older switching to every two years, or continuing yearly if they prefer, as long as they are in good health. Audubon County (50%), followed by Calhoun County (51%), reported a lower percentage of females (Medicare enrollees) that had a mammogram when compared to the state (54%).

Data shows residents in Carroll (60%), Crawford (55%), Greene (57%), and Sac (55%) counties are more likely to obtain a mammogram when compared to the state (54%) and nation (44%).

Figure 46: Mammogram Screening (Medicare Enrollees) 2022



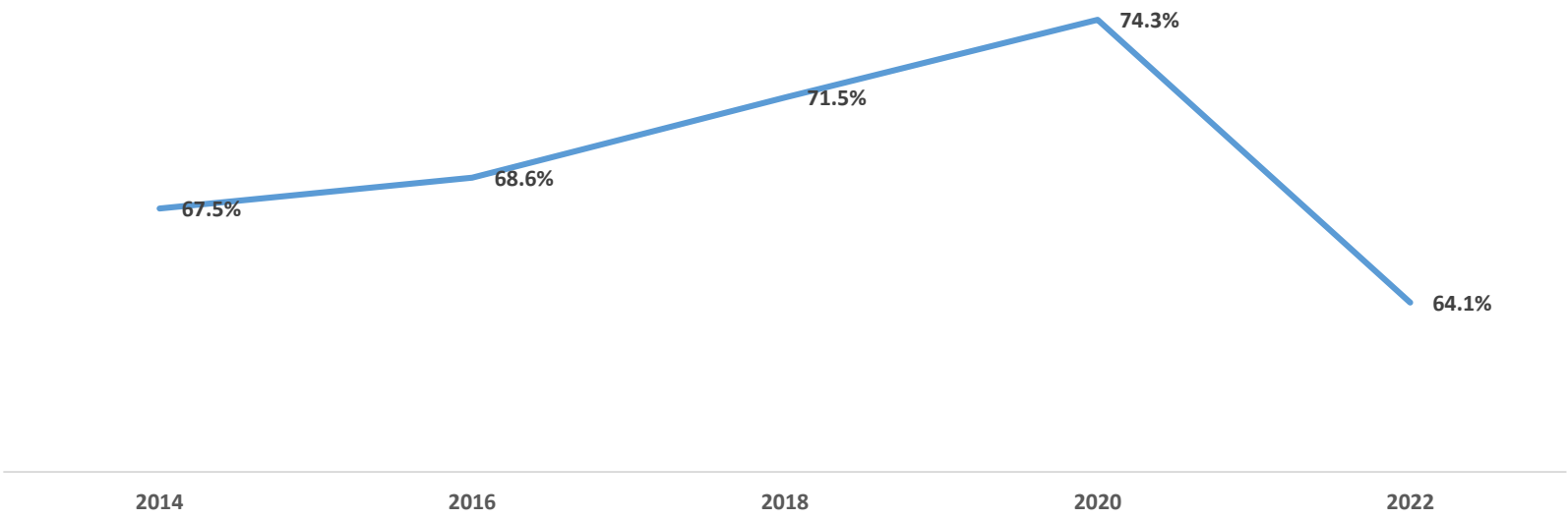
Note: The red line is a reference to where the counties lie when compared to the state.
Source: County Health Rankings 2022

Chronic Disease Management & Prevention

Cervical cancer screenings should start at age 25, according to the American Cancer Society. Residents between the ages of 25 and 65 should get a primary human papillomavirus (HPV) test done every five years.

A decline in Iowa's cervical cancer screenings is linked to factors like COVID-19, which caused closures and fear of infection, and the complexity of evolving screening guidelines, leading to lower physician recommendations and decreased public awareness. Other contributing factors include transportation, cost barriers, lack of knowledge about the necessity of screening, and potential mistrust of the medical system.[1]

Figure 47: Cervical Cancer Screening in Iowa



Source: America's Health Rankings

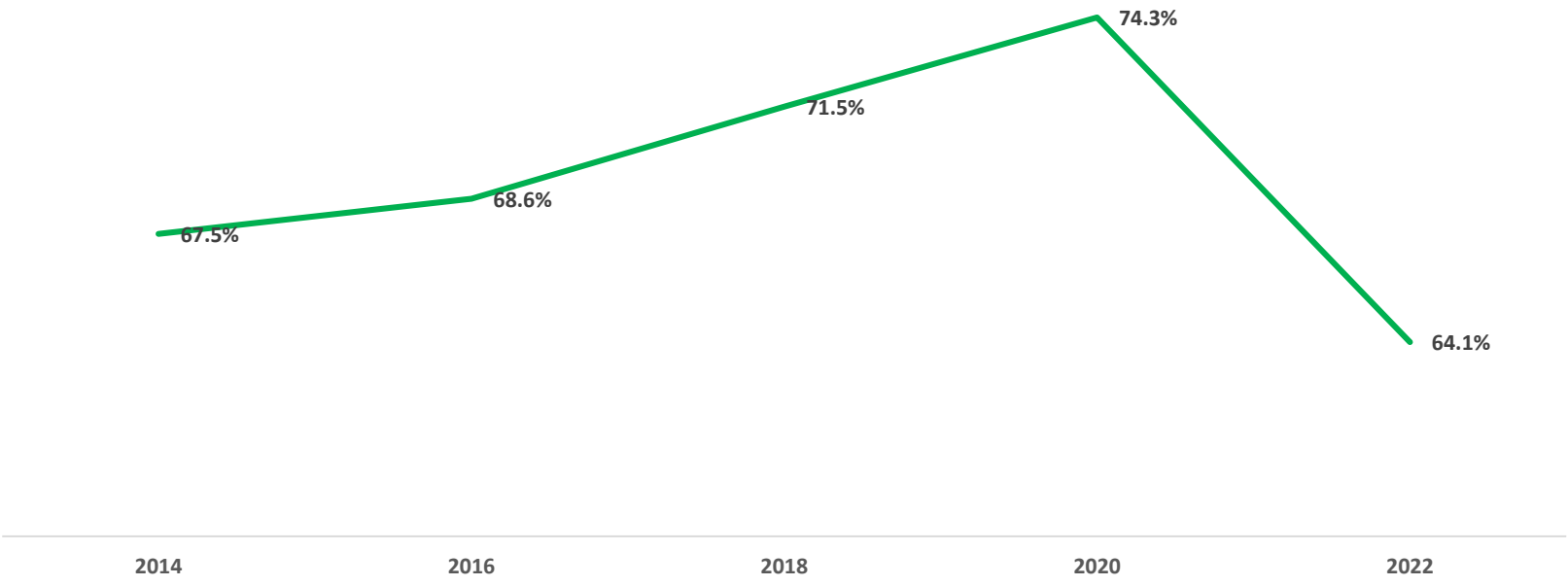
[1] Iowa Cancer Consortium

Chronic Disease Management & Prevention

For residents who are at average risk for colorectal cancer, regular screenings should begin at age 45. Continued regular screenings should continue through age 75 if residents are in good health.

Colorectal cancer screening rates in Iowa declined, notably during the COVID-19 pandemic, due to barriers such as lack of insurance and transportation, fear of the procedure, lack of awareness, inconvenient clinic hours, and mistrust of the medical system. Although screening rates have increased since 2020, they have not fully recovered to pre-pandemic levels, and efforts are ongoing to address these barriers and encourage Iowans to return to screening routines.

Figure 48: Colorectal Screening in Iowa



Source: America's Health Rankings 2022

Live Healthy

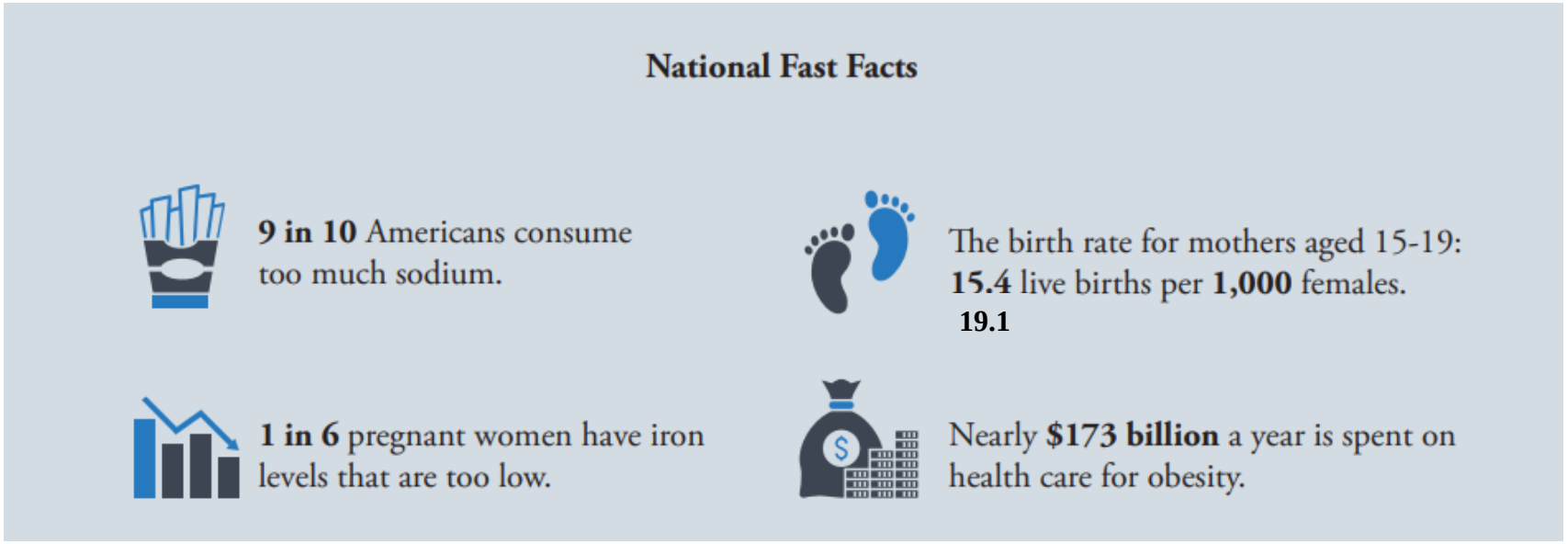
Live healthy means maintaining a lifestyle that introduces positive habits and improves one's overall health and quality of life. Following an unhealthy lifestyle is very common. Unfortunately, it also leads to disabilities, illnesses, and even death. Cardiovascular disease, hypertension, diabetes, being overweight/obese, joint and skeletal problems, violence, etc., are some results of following an unhealthy lifestyle.

Individual behaviors and personal lifestyle choices directly impact one's health. Poor health behaviors, such as smoking or lack of physical activity, an unhealthy diet, and alcohol abuse are some risky health behaviors that can lead to chronic diseases. In addition to the factors listed above, living healthy also means taking time for regular doctor visits and regular checkups. This includes primary care as well as dental and eye care. Preventive care and health screenings support the early detection and prevention of disease and disability.

Individuals have the opportunity to control their lifestyles; however, in some cases, socioeconomic factors and lack of education are reasons why people do not lead or cannot engage in a healthy lifestyle. Engaging in physical activities such as yoga, sports, walking, dancing, or running as well as eating a well-balanced, low-fat diet with fruits, vegetables, and whole grains, can vastly improve one's health outcomes. A diet that is low in saturated fat, cholesterol, sugar, and salt is also part of living a healthy lifestyle. A large proportion of deaths are preventable if a healthy lifestyle is followed, particularly those from coronary heart disease and lung cancer.

Living and following a healthy lifestyle is not just about avoiding diseases; it is also about the mental and social well-being of the individual, as well. Incorporating and adopting a healthy lifestyle provides a healthy landscape for others in the family to implement.

Live Healthy



Source: Centers for Disease Control & Prevention

Women play a leading role in the majority of families' health care decisions. Most caregivers are women and are the primary health care decision-makers in particular for their children. Thus, it is imperative that women have sufficient information, knowledge, and tools to fulfill the multiple hats they often wear as consumers of health care. Women are often more interested in discussing preventive health topics and using the information to help improve their family's health. Moreover, women are often put off taking care of themselves or getting their health appointments because they are too busy taking care of other family members' health.

Women, overall, have distinctive sets of health care challenges and are at higher risk of developing certain conditions and diseases than men. The leading causes of death for women nationally include heart disease, cancer, and stroke, all of which could potentially be treated or prevented if identified early enough.[9] The leading causes of death for women in Iowa include heart disease, cancer, and chronic lower respiratory diseases.[10]

[9] Centers for Disease Control & Prevention
[10] Centers for Disease Control & Prevention

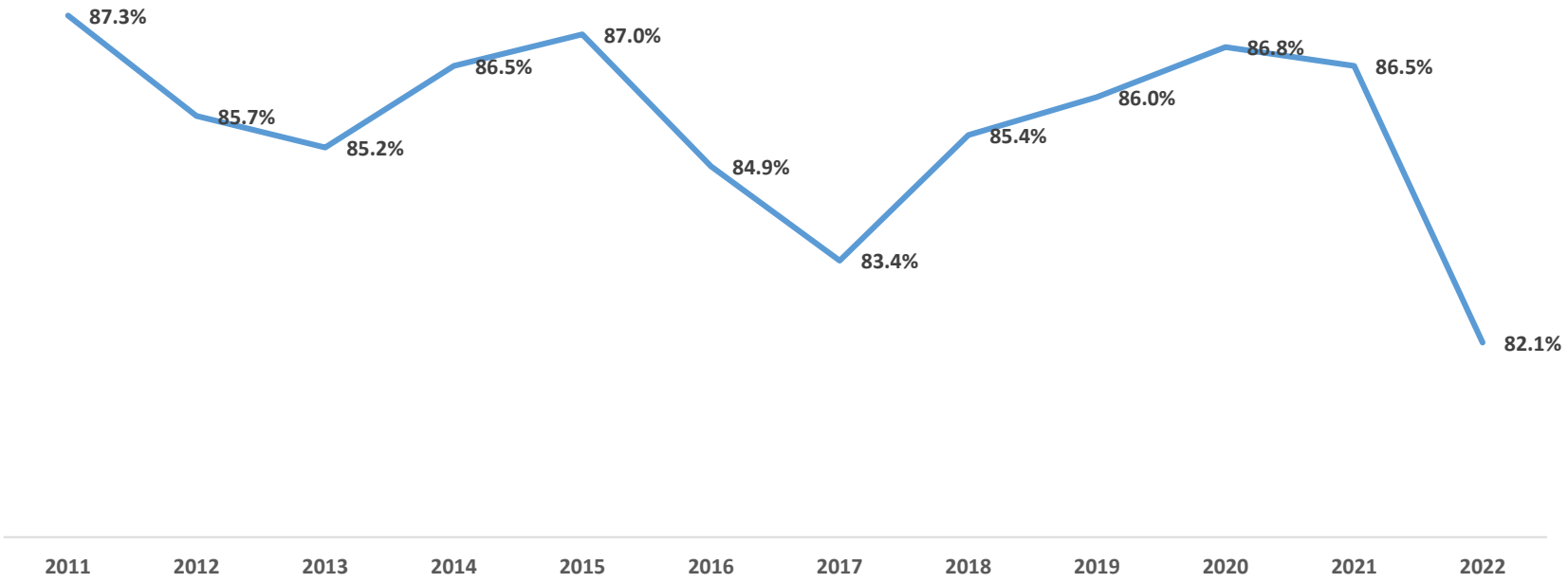
Live Healthy

Self-reported health status is a reliable indicator of a person's perceived health and is a good global assessment of a person's well-being. Self-reported health status may worsen if the health system and other domains are not working to improve quality of life.

Measures of general health status provide information on the health of a population. They allow for broad comparisons across different conditions and populations. Differences in general health status among segments of the general population indicate disparities in resources for good health.

Poor general health impacts all aspects of life, including work, school, education, social networks, and financial status. Good health is important for thriving communities, and everyone should be afforded the opportunity to achieve healthy lives. Understanding how health status varies within a population can help guide policies or interventions to improve the health of those experiencing disparities.

Figure 49: Female Self-Reported General Health over the Years in Iowa



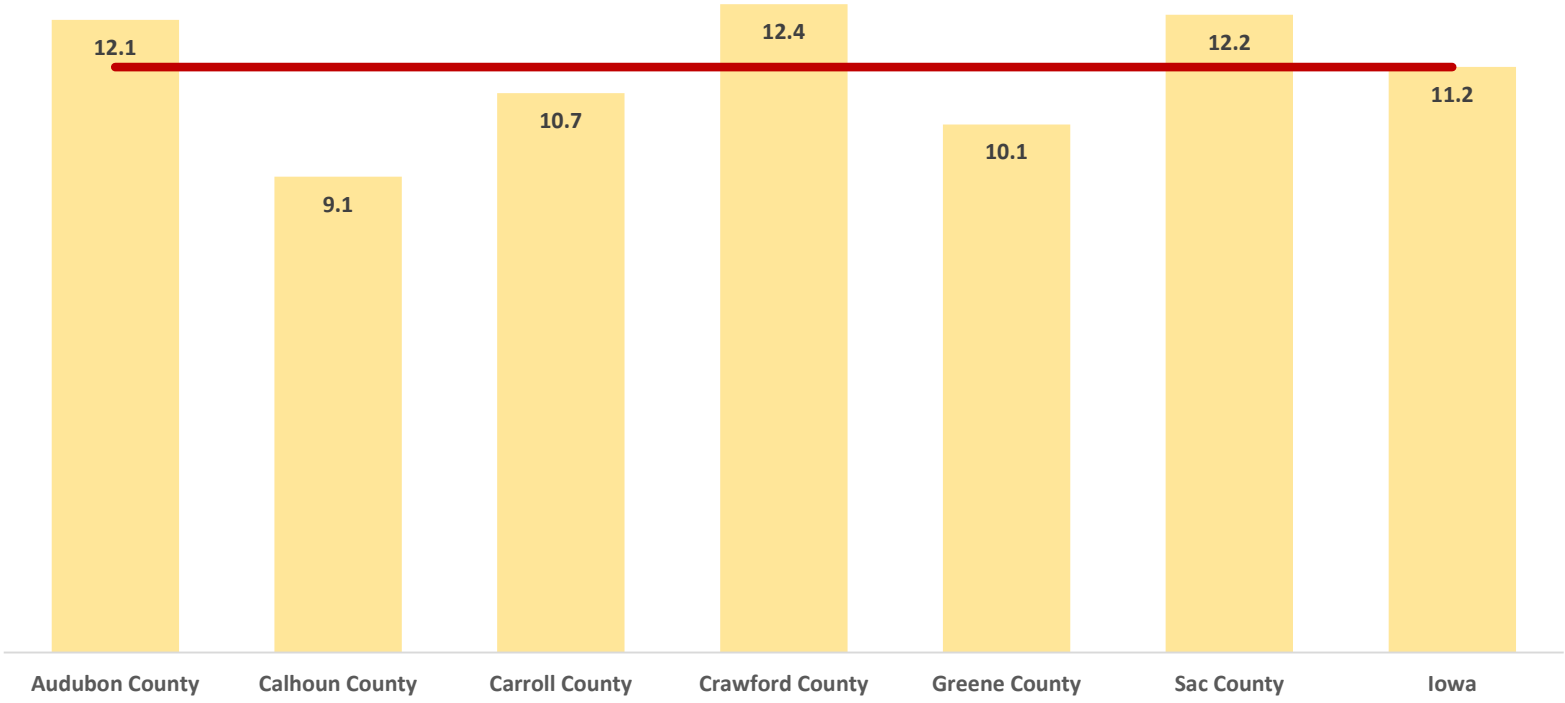
Source: Iowa Public Health Tracking Portal 2025

Live Healthy

St. Anthony recognizes the importance of providing high-quality women's health care from pregnancy to medical and surgical treatment to addressing complex women's conditions. Noted in the previous assessment as a vulnerable population, maternal and child health issues continue to be an area of concern for rural patients in the St. Anthony service area.

In 2023, Crawford (12.4), Sac (12.2), and Audubon (12.1) counties had the most live births, higher than the remaining counties and higher than the state (11.2).

Figure 50: Live Births per 1,000 Births 2023



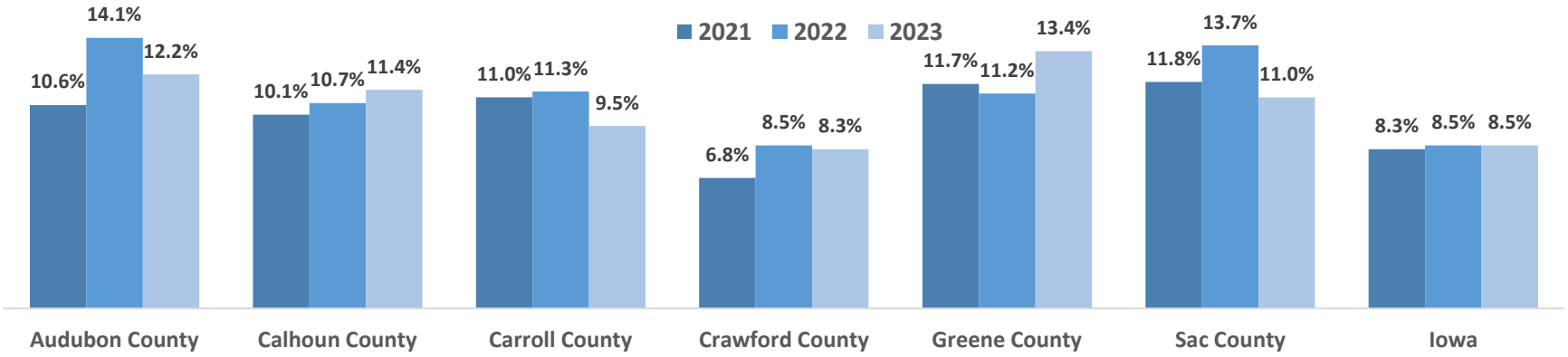
Note: The red line is a reference to where the counties lie when compared to the state.
Source: Iowa Public Health Tracking Portal 2025

Live Healthy

In 2023, there were 1,285 live births in the state for mothers aged 15-19. Specifically, Crawford County had 11 live births. Data was suppressed for Audubon, Calhoun, Carroll, Greene, and Sac counties.

The graph below denotes the county death rates for the years 2021, 2022, and 2023. Carroll and Sac counties reported a decline in death rates between the years 2021 and 2023; however, Audubon, Calhoun, Crawford, and Greene saw the reverse, respectively. In 2023, Audubon (12.2), Calhoun (11.4), Carroll (9.5), Greene (13.4), and Sac (11.0) counties saw higher rates of death when compared to the state (8.5).

Figure 51: County Death Rates per 1,000



Source: Iowa Public Health Tracking Portal 2025

The percentage of birth weighing less than 5.5 pounds in 2023 ranged from 1.41% - 5.18% across the counties in the state. Seven out of every 100 babies are born each year prematurely in Iowa. Prematurity is a leading cause of infant mortality and morbidity. Across the state in 2023, premature births ranged from 3.64% - 20.00%. For the St. Anthony primary service area, premature births ranged from 4.69% - 9.28%. Data was suppressed for Sac County.[1]

For the 2025 assessment, data was suppressed for low-birth-weight babies in the St. Anthony service area. Regarding the availability of easily accessible, high quality, and affordable parent support services, a question was included in the hospital's community survey in 2019. The previous CHNA reported that 64% reported that services were moderate to easily accessible, and 13% reported that services were somewhat difficult or difficult to access.

St. Anthony Regional Hospital recognizes the important role women's health plays in living healthy. St. Anthony acknowledges that women's health focuses on medicine, treatment, and diagnosis of diseases and conditions that affect a woman's physical and emotional well-being. As such, St. Anthony will continue to address this vital community need. Making prenatal and postnatal care available is essential as women who wish to become mothers must consider the risks and challenges that may arise to themselves and their unborn should services not be accessible.

[1]Iowa Department of Public Health: Iowa Public Health Tracking Portal 2025

Conclusions and Recommendations

St. Anthony Regional Hospital has completed its 2025 CHNA and will now focus on developing goals and strategies for the CHNA implementation strategy phase. In this phase, St. Anthony Regional Hospital will utilize its resources and outreach efforts to identify the best ways to tackle their communities' health needs, thereby improving their region's health issues and the overall well-being of residents in their area. The CHNA and ISP will build on the 2022 CHNA assessment and planning reports. The CHNA identified who was involved, what, where, and why, while the implementation phase will address how St. Anthony will address the identified community health needs. Partnering and collaborating with community-based organizations and partners, the CHNA document is the first step in an ongoing evaluation process for St. Anthony.

A vital step throughout the next phase of the CHNA is communication and continuous planning efforts. The dissemination of information regarding the CHNA findings will be essential to community groups and organizations, local community leaders, and community residents who seek to understand better the health needs of St. Anthony and how to serve their needs best. Within the CHNA, common themes rose after each completed project component. The information collected provides St. Anthony with an outline to evaluate and continue to identify and focus on gaps in services and care, which will give better access to and eliminate challenges for residents.

Reinforcing and strengthening current relationships and building new relationships are essential in addressing the needs of community residents. Partnerships with multiple organizations can develop strategies to tackle the region's critical community health needs.

The CHNA identified (the following as the top identified needs): Behavioral Health, Chronic Disease Management & Prevention, and Live Healthy. The primary and secondary data provided St. Anthony with an abundance of information. Collaborating with local, regional, statewide, and national partners and understanding the overall needs of the CHNA is one component of creating strategies to improve the well-being of community residents.

1. Communicate and promote the CHNA to the community as a whole.
2. Explore further partnerships and collaborations using the inventory of available resources in the community.
3. Implement a grassroots community engagement strategy to build upon the resources that already exist and involve community stakeholders who have been engaged in the CHNA process.
4. Focus on specific strategies to address the top identified needs of the communities in which St. Anthony can develop a comprehensive implementation plan.

Data Gaps

The most current and up-to-date data was used to determine the community needs of the St. Anthony Regional Hospital community.
St. Anthony acknowledges that not all aspects of health can be measured, nor can it adequately represent all populations. For example, certain population groups (such as residents who are institutionalized, etc.) are not represented in the primary data collection. St. Anthony collected data from community stakeholders who have regular interfaces with underserved populations. Community stakeholders identified new health priorities as well as previous health and social issues and placed a strong focus on collaborative efforts to find solutions.

While data was extensively collected, reviewed, and analyzed, data gaps may exist. Overall, the assessment was designed to provide an all-inclusive and broad picture of the health of the community. It must be recognized that information gaps can limit the ability to assess all of the community's health needs.

IRS Mandate

The CHNA report is a complete review of primary and secondary data analyzing demographic, health, and socioeconomic data at the local, state, and national levels. This report fulfills the requirements of the Internal Revenue Code 501(r)(3), established within the Patient Protection and Affordable Care Act (PPACA), requiring non-profit hospitals to conduct CHNAs every three years. The St. Anthony Regional Hospital CHNA report aligns with the parameters and guidelines established by the Affordable Care Act and complies with IRS requirements.

Fast Facts:

- A comprehensive community health needs assessment was conducted in the primary service area for St. Anthony Regional Hospital.
- The 2025 CHNA needs are Behavioral Health, Chronic Disease Management & Prevention, and Live Healthy.
- The 2025 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.

Appendix

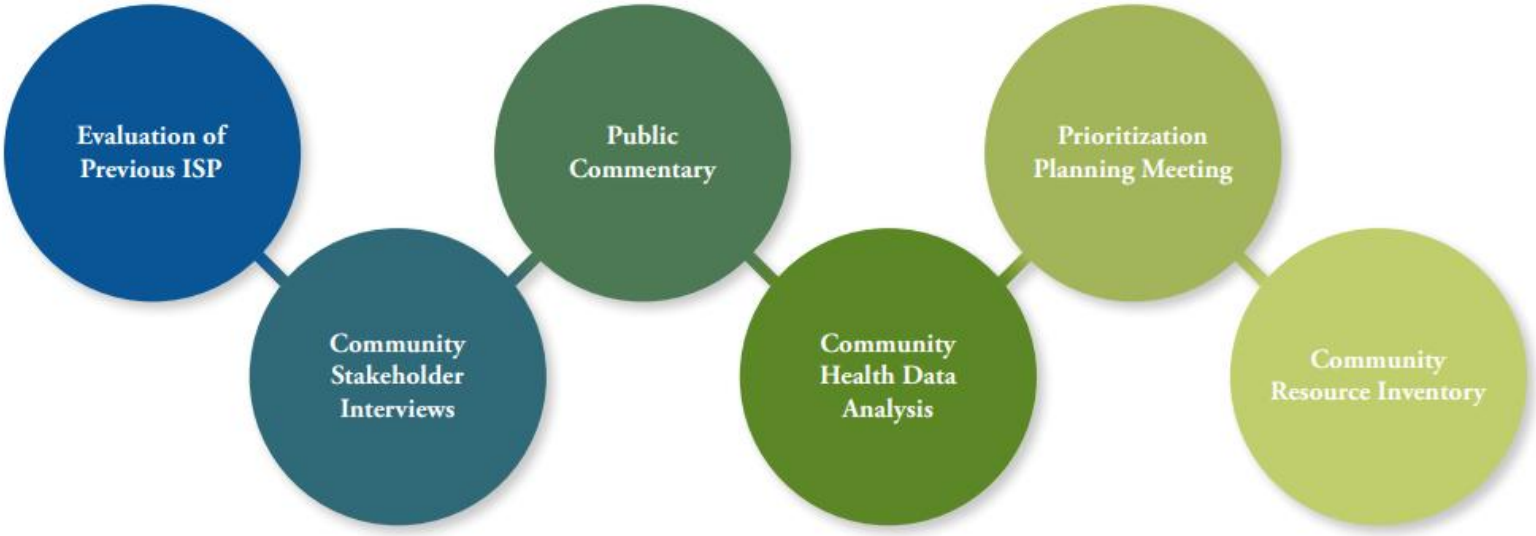
A) Community Health Needs Assessment Process

A wide-ranging community-wide CHNA process was completed for St. Anthony Regional Hospital, connecting private and public organizations such as health and human service facilities, faith-based organizations, educational institutions, and local government to evaluate the needs of the community. The 2025 assessment included primary and secondary data collection incorporating public commentary surveys, community stakeholder interviews, a robust secondary data compilation, and an internal hospital prioritization session.

St. Anthony Regional Hospital will develop an implementation strategy that will highlight, discuss, and identify ways the hospital will meet the needs of the communities they serve. Critical community health needs in the region were identified by compiling primary and secondary data. Community survey data from FY22 was also expanded as part of the assessment process. The survey data allowed for identifying key issues and essential factors aligning with data collected for FY25.

St. Anthony Regional Hospital collected, analyzed, reviewed, and discussed the results of the CHNA, concluding with the identification of the community's needs at the local level. The CHNA process is depicted in the flow chart below

Figure 52: Community Health Needs Assessment Process Flow Chart



B) Evaluation of Previous FY2022 Plan

A wide-ranging community-wide CHNA process was completed for St. Anthony Regional Hospital, connecting private and public organizations such as health and human service facilities, faith-based organizations, educational institutions, and local government to evaluate the needs of the community. The 2025 assessment included primary and secondary data collection incorporating public commentary surveys, community stakeholder interviews, a robust secondary data compilation, and an internal hospital prioritization session.

St. Anthony Regional Hospital will develop an implementation strategy that will highlight, discuss, and identify ways the hospital will meet the needs of the communities they serve. Critical community health needs in the region were identified by compiling primary and secondary data. Community survey data from FY22 was also expanded as part of the assessment process. The survey data allowed for identifying key issues and essential factors aligning with data collected for FY25.

St. Anthony Regional Hospital collected, analyzed, reviewed, and discussed the results of the CHNA, concluding with the identification of the community's needs at the local level.

C) Community Stakeholder Interviews

To grasp the true meaning and understanding of community health needs, community stakeholder interviews were conducted throughout the region with organizations, agencies, and government officials who have deep knowledge due to their interactions with populations in greatest need. Interviews provided information about the community's health status, risk factors, service utilization, community resource needs, gaps, and service suggestions. The community stakeholder interviews also offered community leaders an opportunity to provide feedback on the needs of the community, suggestions on secondary data resources to review and examine, and other information relevant to the study. Community stakeholders encompassed a wide variety of professional backgrounds, including:

1. Education
2. Government leaders
3. Professionals with access to community health-related data
4. Public health expert
5. Representatives of underserved populations
6. Social service representatives

The qualitative data collected are the opinions, perceptions, and insights of those interviewed as part of the CHNA process. The interview and discussion process presented overall health needs, themes, and concerns. Within each of the overarching themes, additional topics fell under each category.

C) Community Stakeholder Interviews

Overall Community Feedback

- 77% rates the healthcare services in the community as Very Easy/Easy to access.

Health/Social Concerns in the Community (Top Six)

1. Behavioral Health
2. Chronic Diseases
3. Cancer Prevention & Screening
4. Women's Health
5. Obesity
6. Elderly Care

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 (i.e., not being able to navigate the health care system)
4. Health Literacy (i.e., inability to comprehend the information provided)
5. Affordability (i.e., out-of-pocket costs/high deductibles/co-pays)

Contributors to Transportation Issues (Top Three)

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

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

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 & elderly care
5. Community health education and awareness of services
6. Availability of bilingual providers

Vulnerable Populations (Top Three)

1. Low-income
2. Uninsured/Underinsured
3. Mentally ill

C) Community Stakeholder Interviews

Community stakeholders reported reasons why populations are the most vulnerable (Overall Themes):

- The vulnerable populations need assistance with support or supportive people in their lives to help.
- Inexperience with the availability of services.
- Not understanding of services.
- Stereotypes and stigmas.
- Uneducated on access.
- They need to know how to navigate the system, and many are unaware of the help they need and can use.
- Lack of insurance. Lack of available services, cost of services, and transportation issues, many are chronically ill and require a specialist who is typically unavailable.
- Lack of access and services and little knowledge to get help.
- Lack of understanding, discrimination, and lack of acceptance of the population.
- The population has more barriers to overcome.
- More difficulties accessing or seeking help, it is difficult to do things on their own.
- Limited access to mental health services – inpatient and outpatient services.
- Social media and child bullying issues play a role.
- Understanding health care expenses and navigating insurance.
- Access to resources for the disabled and low-income populations

C) Community Stakeholder Interviews

Addressing Health Disparities/Overall Themes

- It takes time to understand health care. Disabled patients need more focused/better care. Need more rural mental health availability.
- Lack of mental health availability is a huge issue—advocate for more local systems to support. Provide less formal care (support groups). More advertisement and communication to the community. Better network for community support.
- We need more mental health services, transportation access, and affordable care. Improve the waiting period for health care services.
- Provide more behavioral health services.
- Address homelessness in the city/county.
- People who make decisions need to be aware of health care issues.
- Access to specialists
- More outreach programs, get more awareness to the community, and provide connections.
- The hospital did a good job with the community forums, but need more proactive communication and health education. We need to provide information to vulnerable populations.
- St. Anthony works hard to address issues, their process gives good information, and they addressed it.
- The need for maternal child services.
- Some hospitals do not deliver babies, so patients travel for this care.
- Cancer issues in Iowa and service area.
- The need for more elderly care services.

D) Public Commentary

Comments related to the 2022 CHNA and Implementation Strategy Plan on behalf of St. Anthony Regional Hospital were solicited. The feedback was obtained from community stakeholders. Observations allowed community representatives to react to the methods, findings, and subsequent actions taken because of the previous 2022 CHNA and implementation planning process. The public comments are a summary of stakeholders' feedback regarding the former documents.

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

- The organization saw efforts and that the hospital is trying to address the region's issues.
- It provides a huge resource to the local landscape.
- The hospital takes the lead in health care changes.
- Enhanced maternal and infant care.
- Better mental health coordination.
- It heightened cancer screenings.
- It provided more awareness of services.
- Better transparency. Need better publicity for the report; many were unaware of the document.

D) Public Commentary

Table 52 lists the organizations represented by the community stakeholders who participated in the community health needs assessment for St. Anthony Regional Hospital.

Table 53: Organizations of Community Stakeholders

Organizations
Carroll Area Child Care Center
Carroll Community School District
Carroll County Food Pantry at Community of Concern
Des Moines Area Community College (DMACC)
Iowa State Board of Health
Mental Health Coalition; The United Methodist Church
New Hope Village
Partnerships 4 Families
St. Anthony Regional Hospital
St. Anthony Regional Hospital Board of Directors

E) Community Health Data Analysis

A comprehensive analysis of the health status and socioeconomic factors related to the health and well-being of residents was compiled from existing data sources, such as state and county public health agencies, America's Health Rankings, Centers for Disease Control and Prevention, Community Commons Data, Community Needs Index (CNI), County Health Rankings, FBI Crime Report, Feeding America, Iowa Department of Public Health, National Center for Education Statistics, The Substance Abuse and Mental Health Services Administration (SAMHSA), Healthy People 2030, U.S. Census Bureau and other additional data sources. Data was benchmarked against state and national trends where applicable.

The secondary data profile was compiled from multiple health, social, and demographic resources. Secondary data sources were used to gather information related to disease prevalence, socioeconomic factors, and behavioral habits. The information is an overview of the secondary figures collected from the CHNA. A robust secondary data report was provided to the steering group of St. Anthony to review and evaluate the region's needs.

A full comprehensive secondary data document was generated for St. Anthony Regional Hospital. The data provided does not replace existing local, regional, and national information but provides a complete (not all-inclusive) overview that complements and highlights community residents' existing and changing health and social behaviors. Below are some highlights from the report.

- Behavioral Health
- Children's Health
- Clinical Care
- COVID-19 Data
- Crime and Safety
- Demographic Information
- Education
- Environment and Housing
- General Health
- Health Behaviors
- Health Outcomes
- Income and Economics
- Length of Life
- Maternal Health
- Nutrition
- Physical Activity
- Physical Environment
- Quality of Life
- Sexually Transmitted Infections (STIs)
- Socioeconomic Factors
- ZIP Code Level Data

E) Community Health Data Analysis

Community Needs Index (CNI)

The Community Need Index (CNI) data source was used in the health assessment. CNI considers multiple factors that are known to limit health care access; the tool is helpful 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.

A ZIP code with the most socioeconomic barriers will be represented with a 5.0 score (high need), while a score of 1.0 indicates a ZIP code area with the lowest socioeconomic barriers (low need). A low score is an ultimate goal; however, ZIP codes with a low score should not be overlooked. Rather, communities should identify what specific entities are succeeding, which ensures a low score.

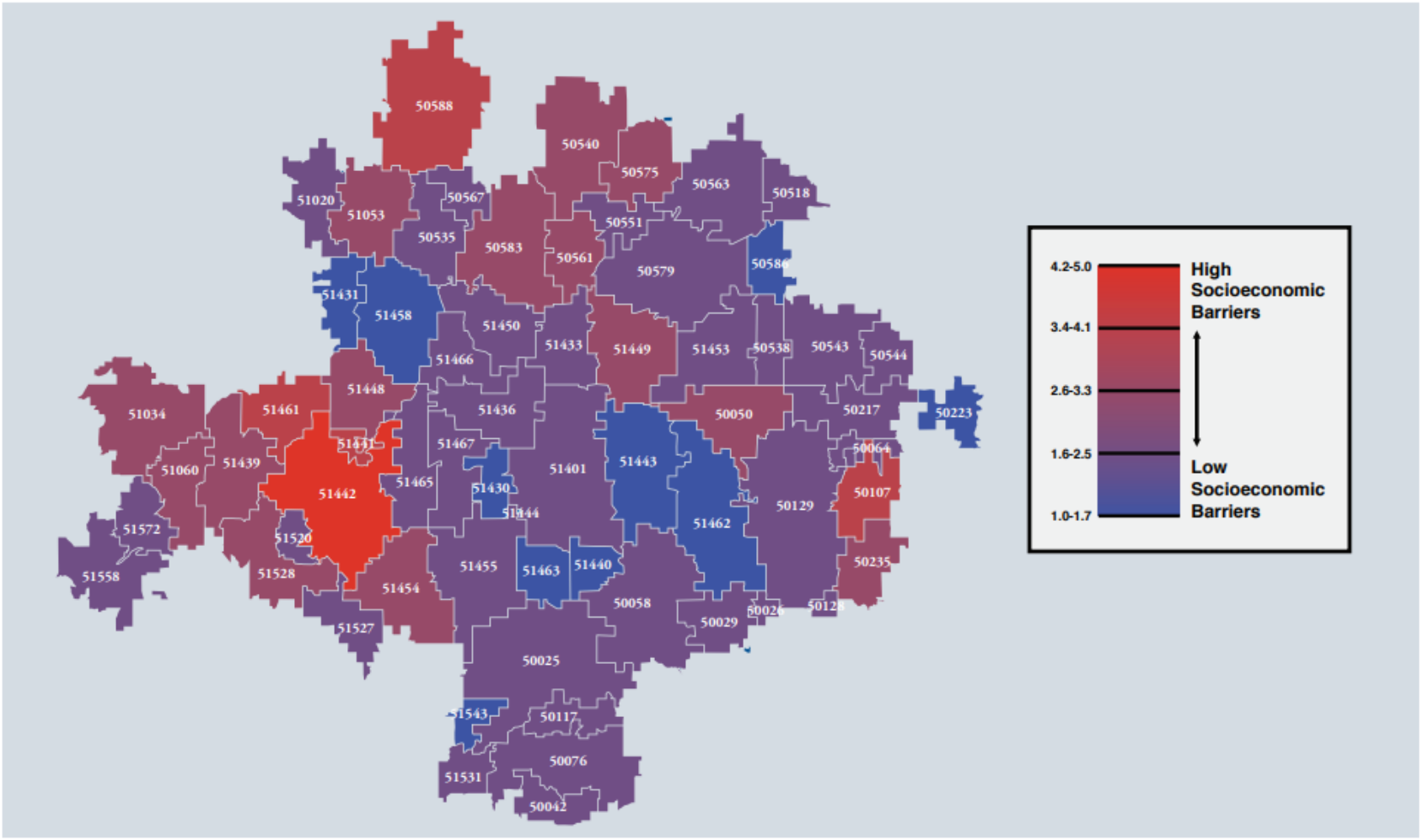
The ZIP codes reflect the primary service area of St. Anthony Regional Hospital. The CNI scores within each of the ZIP codes will be able to assist the hospital as the implementation planning strategies will require efforts in specific geographic locations.

Data on missing ZIP codes can occur. ZIP codes with no data occur for several reasons.

- CNI scores are not calculated for non-populated ZIP codes. These include national parks, public spaces, post office boxes, and large unoccupied buildings.
- CNI scores for ZIP codes with small populations (significantly less than 100 people) may be less accurate. This is due to the fact that the sample of respondents to the census is too small to provide accurate statistics for such ZIP codes. This issue is mitigated by eliminating such ZIP codes from your analysis or by making sure that low population ZIP codes are combined with other surrounding high population ZIP codes using the weighted average technique.

E) Community Health Data Analysis

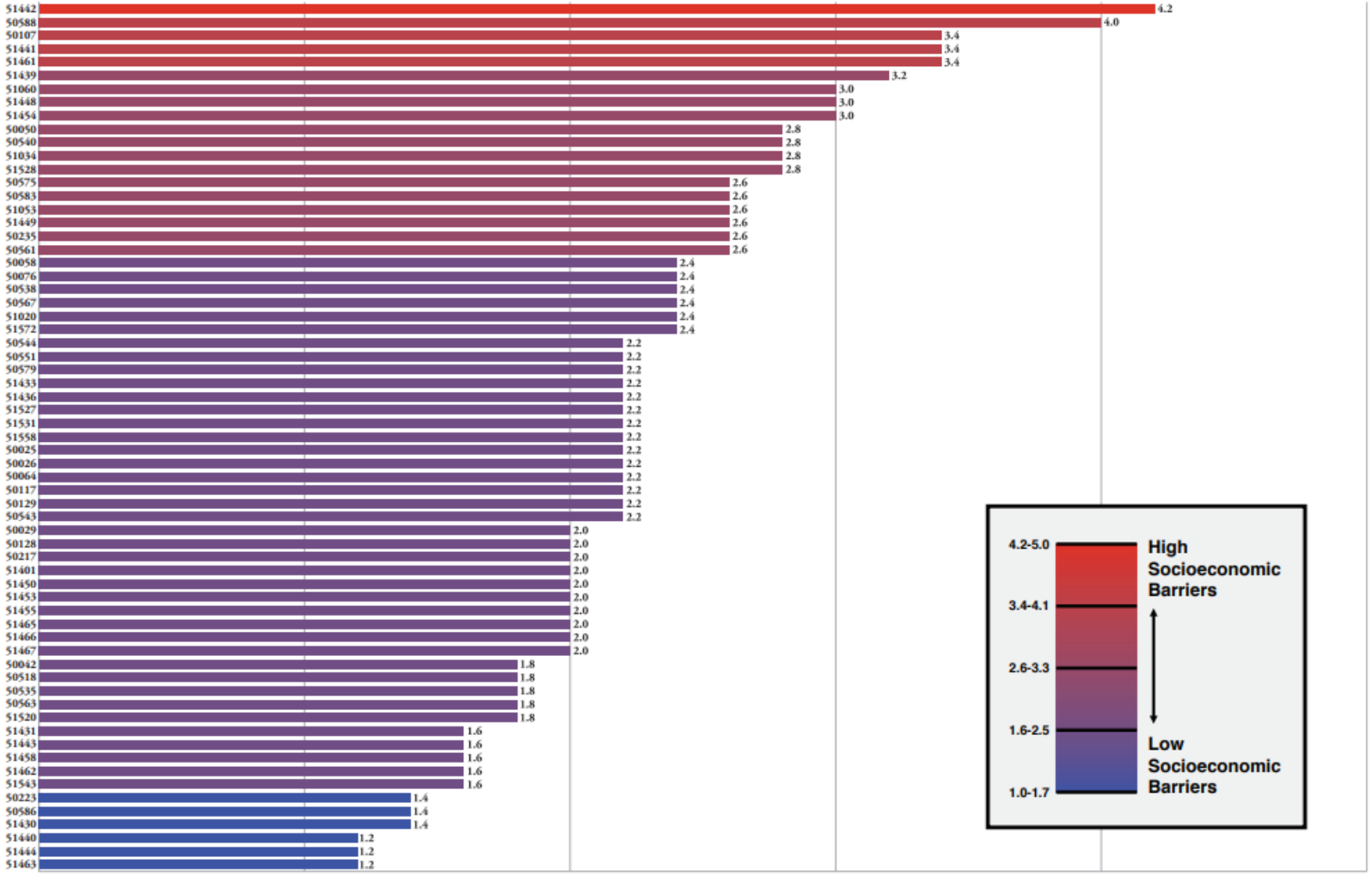
Map 53: Summary of St. Anthony Regional Hospital Zip Codes



Note: CNI data was not available for ZIP codes 51451 and 51459

E) Community Health Data Analysis

Figure 54: CNI Summary of ZIP Codes



E) Community Health Data Analysis

Table 55: Ten Highest CNI ZIP Codes

ZIP Code	CNI Score	Population	City
51442	4.2	9,794	Denison
50588	4.0	12,292	Storm Lake
50107	3.4	1,038	Grand Junction
51441	3.4	348	Deloit
51461	3.4	1,130	Schleswig
51439	3.2	931	Charter Oak
51060	3.0	590	Ute
51448	3.0	517	Kiron
51454	3.0	1,214	Manilla
50050	2.8	685	Churdan

Table 56: Eleven Lowest CNI ZIP Codes

ZIP Code	CNI Score	Population	City
51431	1.6	340	Arthur
51443	1.6	2,062	Glidden
51458	1.6	1,384	Odebolt
51462	1.6	939	Scranton
51543	1.6	334	Kimballton
50223	1.4	301	Pilot Mound
50586	1.4	334	Somers
51430	1.4	724	Arcadia
51440	1.2	344	Dedham
51444	1.2	158	Halbur
51463	1.2	529	Templeton

E) Community Health Data Analysis

County Health Rankings

The County Health Rankings were completed as a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

- Each county receives a rank for its health factors, health outcomes, and the four health factors: health behaviors, clinical care, social and economic factors, and the physical environment. Analyses can also drill down to see specific county-level data (as well as state benchmarks) for the measures upon which the rankings are based. Counties in each 50 states are ranked according to summaries of more than 30 health measures. Those with high ranks, e.g., 1 or 2, are considered the "healthiest."
- Iowa has 99 counties. A score of 1 indicates the "healthiest" county for the state in a specific measure. A score of 99 indicates the "unhealthiest" county for the condition in a specific measure.

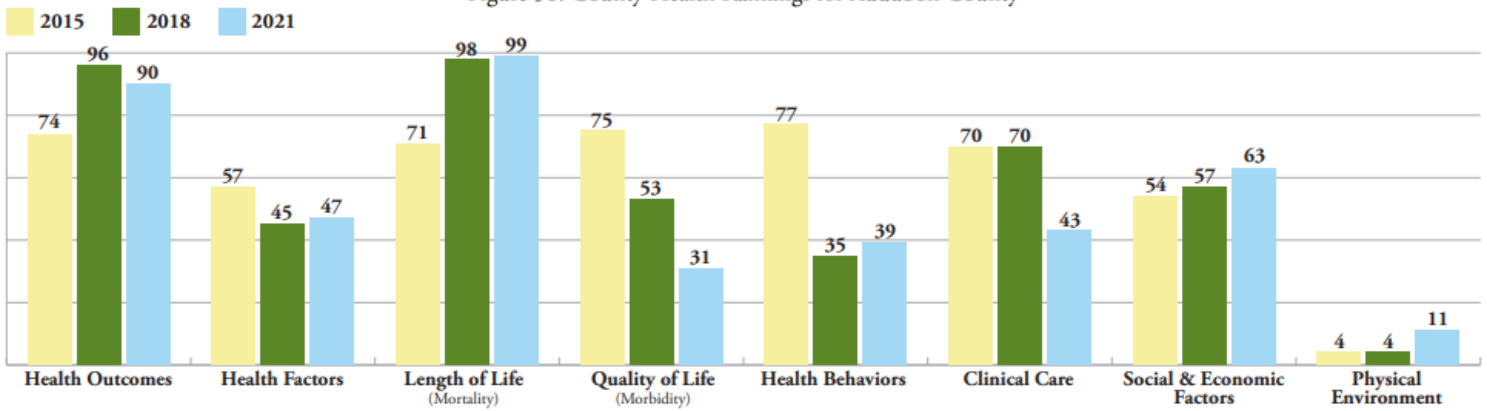
Table 57: 2021 County Health Rankings

	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: County Health Rankings & Roadmaps

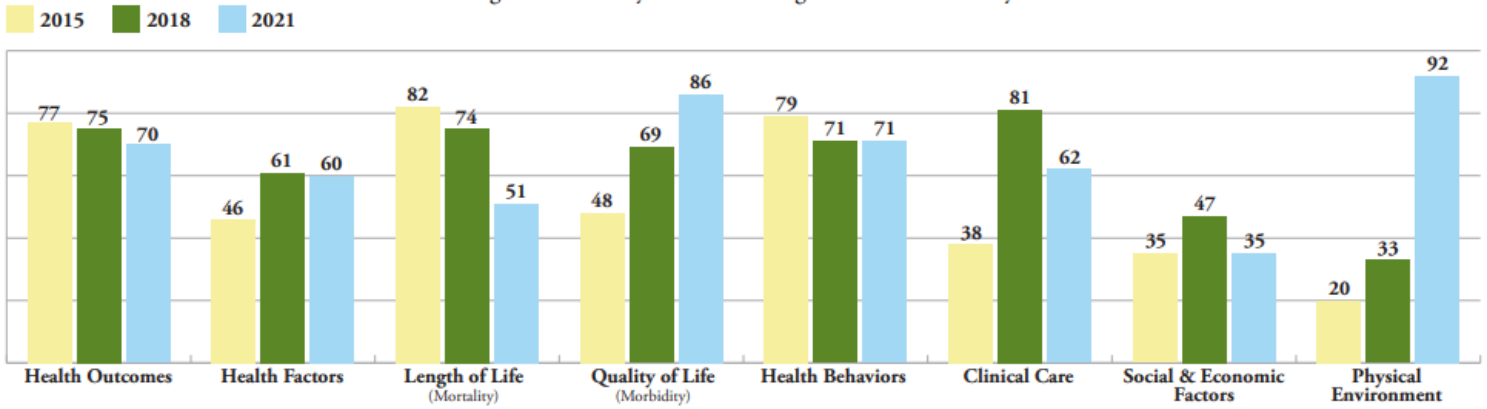
E) Community Health Data Analysis

Figure 58: County Health Rankings for Audubon County



Source: County Health Rankings & Roadmaps

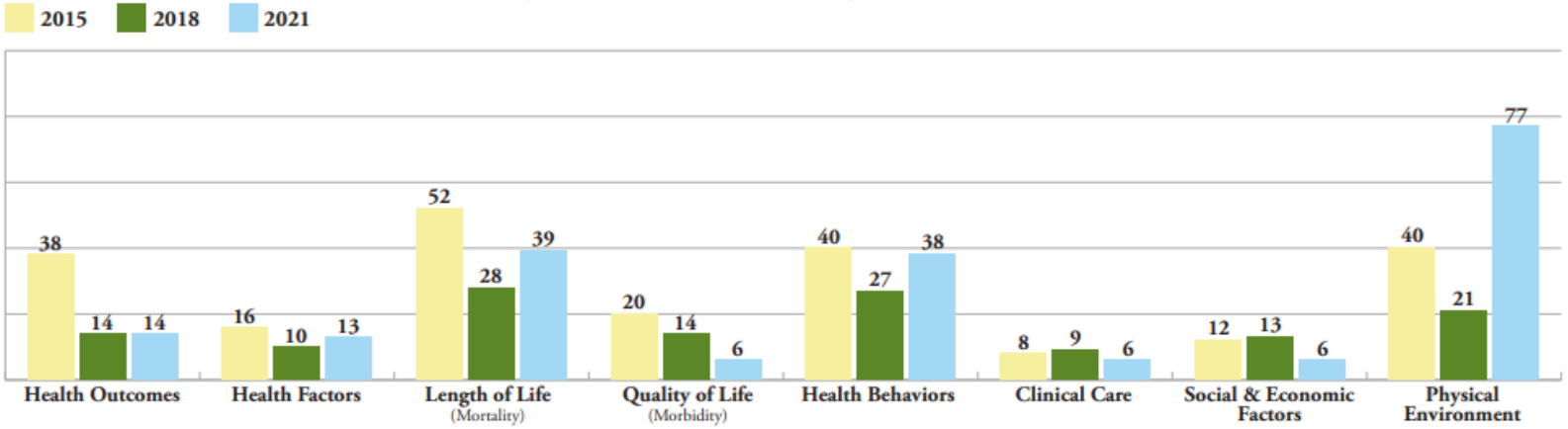
Figure 59: County Health Rankings for Calhoun County



Source: County Health Rankings & Roadmaps

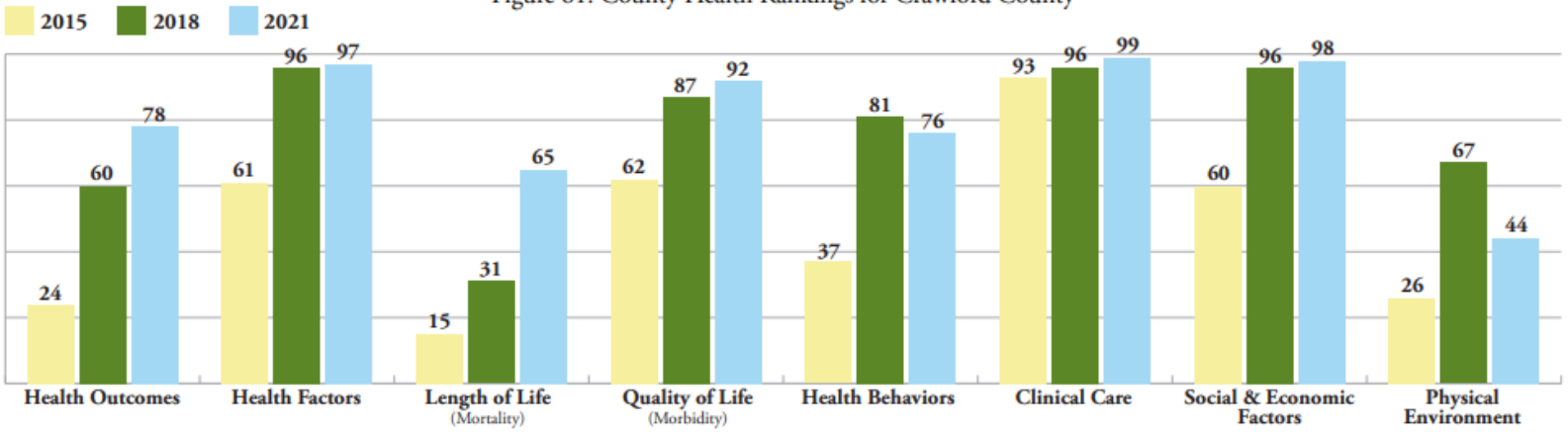
E) Community Health Data Analysis

Figure 60: County Health Rankings for Carroll County



Source: County Health Rankings & Roadmaps

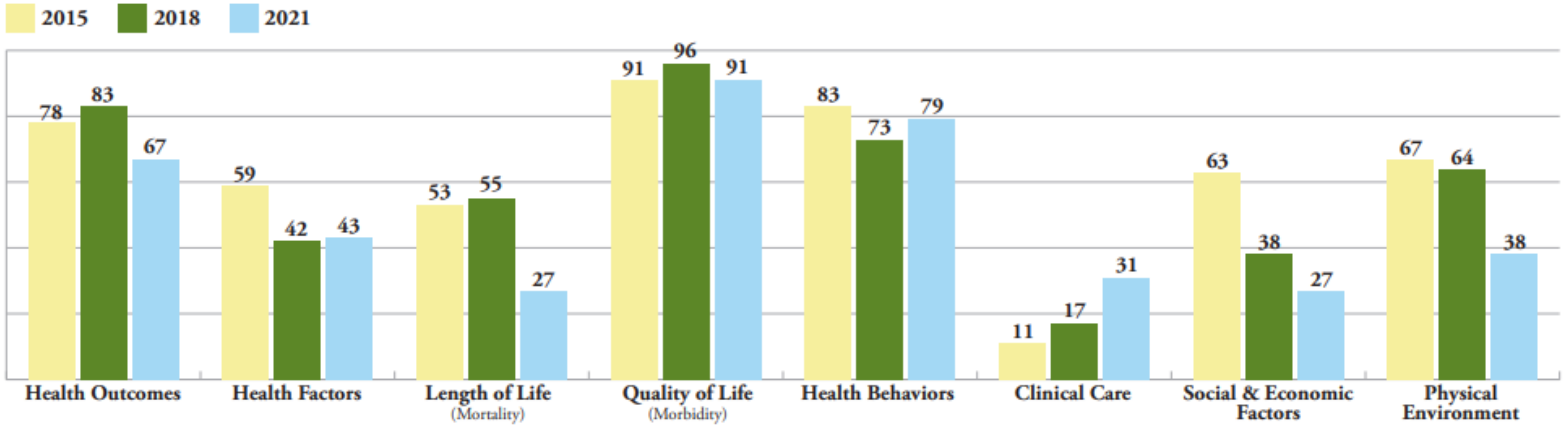
Figure 61: County Health Rankings for Crawford County



Source: County Health Rankings & Roadmaps

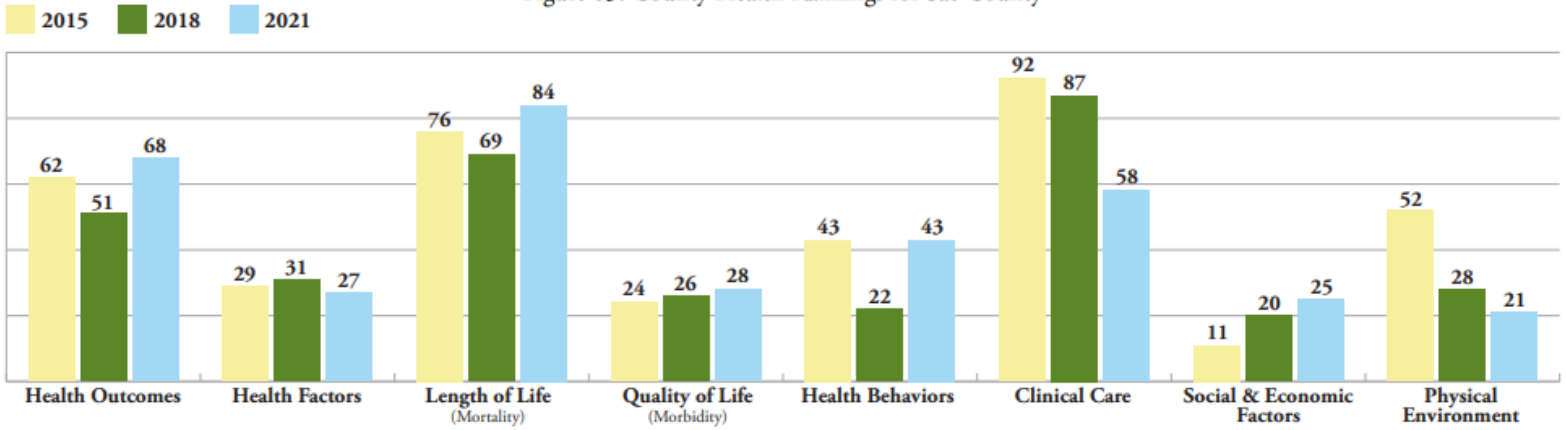
E) Community Health Data Analysis

Figure 62: County Health Rankings for Greene County



Source: County Health Rankings & Roadmaps

Figure 63: County Health Rankings for Sac County



Source: County Health Rankings & Roadmaps

E) Community Health Data Analysis

America's Health Rankings®

America's Health Rankings® is the longest-running annual assessment of the nation's health state-by-state. For the past 25 years, America's Health Rankings® has provided a holistic view of the nation's health. America's Health Rankings® is the result of a partnership between the United Health Foundation, American Public Health Association, and Partnership for Prevention™.

Iowa's key findings/rankings, based on America's Health Rankings in 2024:

Iowa Ranks:

- 12th for Social Economic Factors
- 20th Physical Environment
- 14th for Clinical Care
- 29th for Behaviors (e.g., nutrition and physical activity, sexual health, sleep health, and smoking and tobacco use)
- 20th Health Outcomes

Iowa Strengths:

- Low percentage of households with food insecurity
- High rate of high school graduation
- Low percentage of adults who avoided care due to cost

Iowa Challenges:

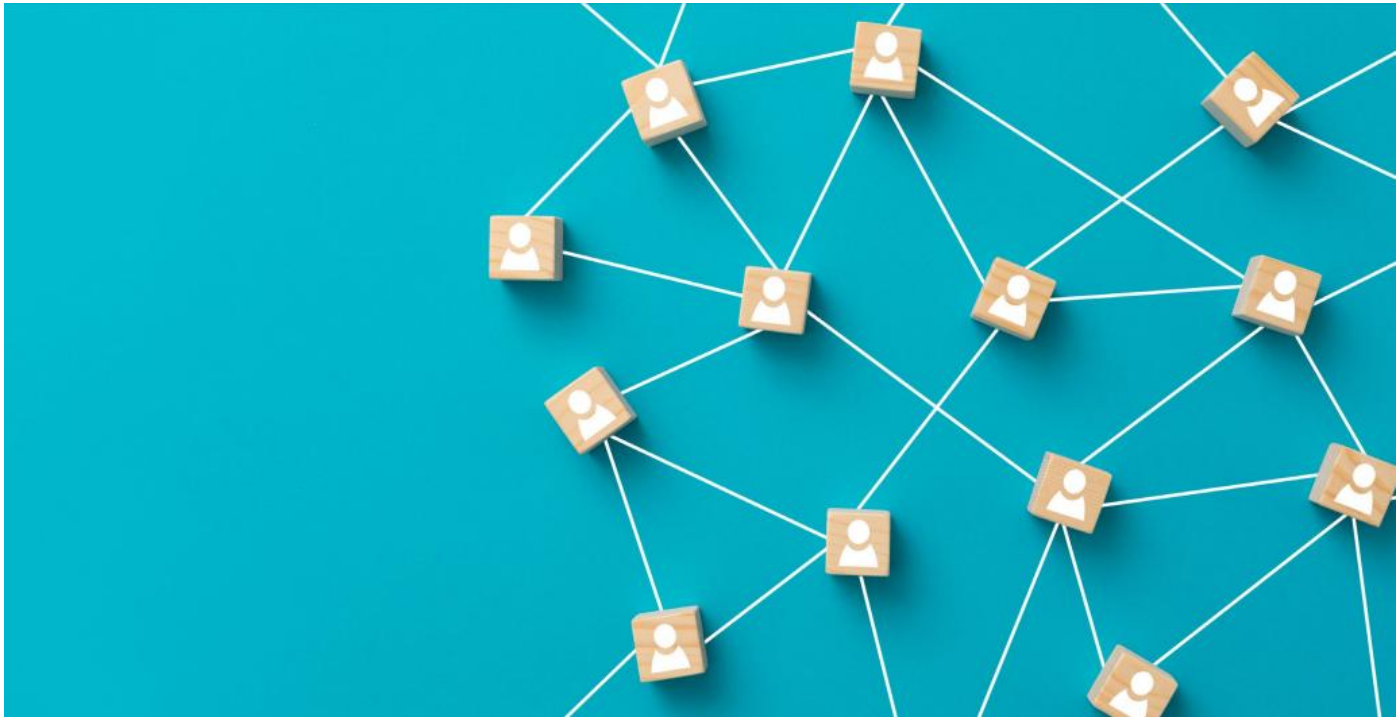
- High prevalence of excessive drinking
- High prevalence of obesity
- A high percentage of housing with lead risk

Iowa Highlights:

- The 2024 report indicates a rank of 35th for public health funding at $105 per person.
- The 2024 report shows Iowa's current ranking at 10th for low food insecurity.
- The 2024 report shows a continuing upward trend for suicide, with an increase of 26% between 2013 and 2022.

F) Community Resource Inventory

An inventory of programs and services specifically related to the key prioritized needs was cataloged. The inventory highlights programs and services within the five-parish focus area. The inventory identifies agencies, organizations, and establishments in the community that serve the numerous populations within each identified need. It provides program descriptions, contact information, and the potential for coordinating community activities by creating linkages among agencies. The resource inventory was provided as a separate document due to its interactive nature and is available on St. Anthony Regional Hospital's website.



G) Implementation Strategy Planning

St. Anthony Regional Hospital completed its community health needs assessment for FY2025. With this completion, an implementation phase will begin. The work sessions will maximize system cohesion and synergies, during which leaders from St. Anthony will be guided through a series of identified processes. The strategic planning process will ultimately result in developing an implementation plan meeting hospital and IRS standards.

H) Steering Group Committee Members

The CHNA was overseen by a committee of representatives who worked diligently during the process. Members of the Working Group are listed in alphabetical order by last name.

Table 64: Steering Group Committee Members

Allen Anderson	President/Chief Executive Officer; St. Anthony Regional Hospital & Nursing Home
Sara Gonnerman	Vice President of Patient Services/Chief Nursing Officer; St. Anthony Regional Hospital & Nursing Home
Stefanie King	Vice President of Clinic Operations; St. Anthony Regional Hospital & Nursing Home
Lori Pietig	Director of Cancer Services; St. Anthony Regional Hospital & Nursing Home
Eric Salmonson	Vice President/Chief Financial Officer; St. Anthony Regional Hospital & Nursing Home
Jerry Wordekemper	Senior Services Administrator; St. Anthony Regional Hospital & Nursing Home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