June 2022

Community Health Needs Assessment

ST. ANTHONY
Regional Hospital

Prepared by
Tripp Umbach

ST. ANTHONY
Regional Hospital

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

ST. ANTHONY Regional Hospital

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

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

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

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

Edward H. Smith, Jr.
President & CEO

Frequently Asked Questions

What is a Community Health Needs Assessment (CHNA)?

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

[1] Centers for Diseases Control and Prevention

Common Elements of Assessment and Planning Frameworks[1]

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

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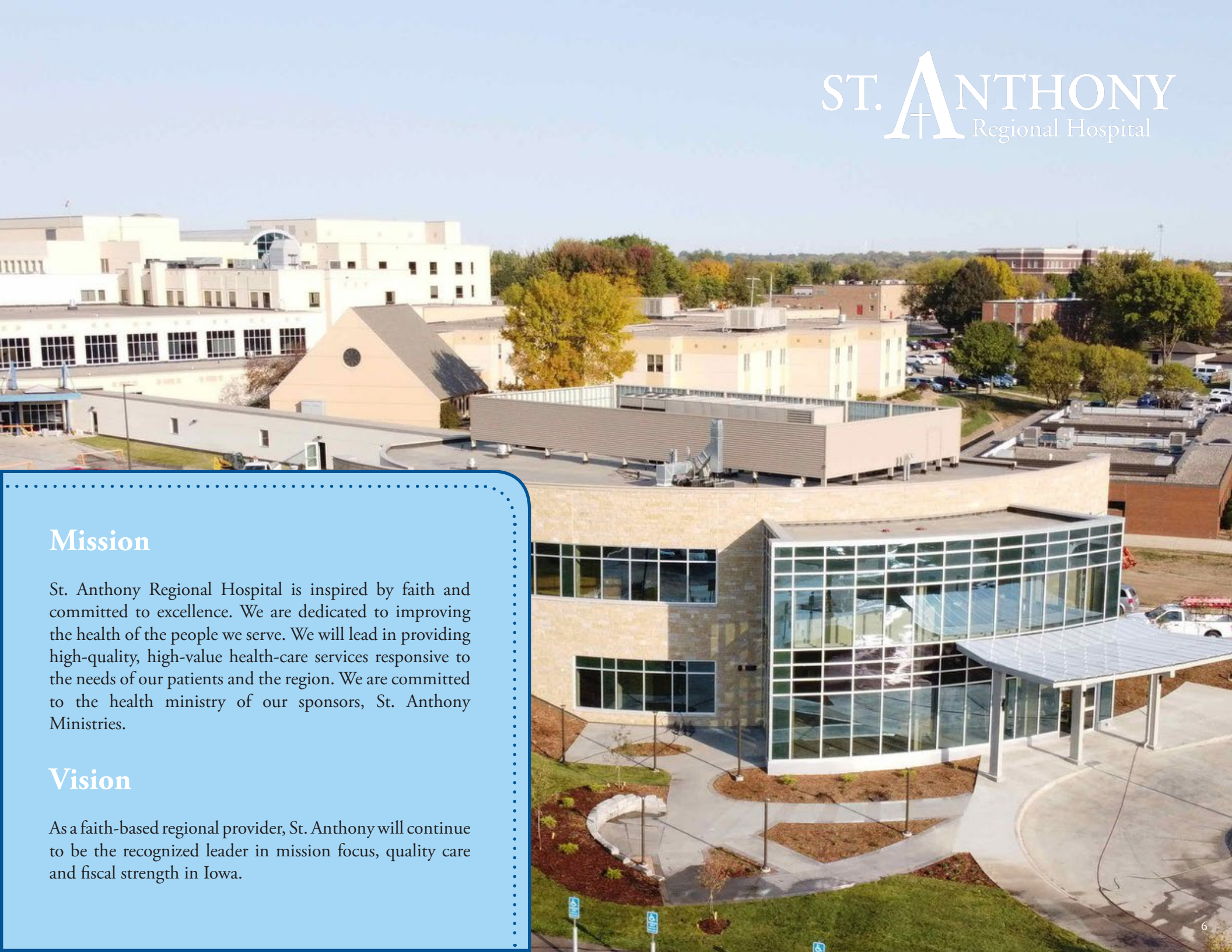


Mission

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

Vision

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

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 LaCrosse, 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 new $25 million surgery center celebrated its opening at a community event on June 1, 2008. The new surgery center replaces St. Anthony's 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.

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

How Do We Rate?

St. Anthony's mission is inspired by faith and commitment to excellence. St. Anthony's 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 St. Anthony's mission and vision.

Table 1: Community Stakeholder Responses

Community Stakeholders	
St. Anthony's Offers High-Quality Care for the Community.	**100%** Strongly Agree/Agree
St. Anthony's Addresses the Needs of Diverse & Disparate Populations.	**90%** Strongly Agree/Agree
St. Anthony's Ensures Access to Care Regardless of Race, Gender, Education, and Economic Status.	**100%** Strongly Agree/Agree
St. Anthony's is Actively Working to Identify and Address Health Inequities that Impact its Patients.	**100%** Strongly Agree/Agree

The Community We Serve

ST. ANTHONY Regional Hospital

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

However, the primary service area of St. Anthony is broadly defined as having 67 contiguous ZIP codes from which a majority of St. Anthony's inpatient population is derived. It is important to note that several of the contiguous ZIP codes/neighborhoods overlap in other counties that are not considered primary service counties but form a secondary service region. ZIP code-level data will help St. Anthony plan services and amenities in neighborhoods 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' 71,382 residents are white and non-Hispanic and are older than 55 as of 2019.

The Community We Serve

Figure 2: St. Anthony Regional Hospital – Study Area

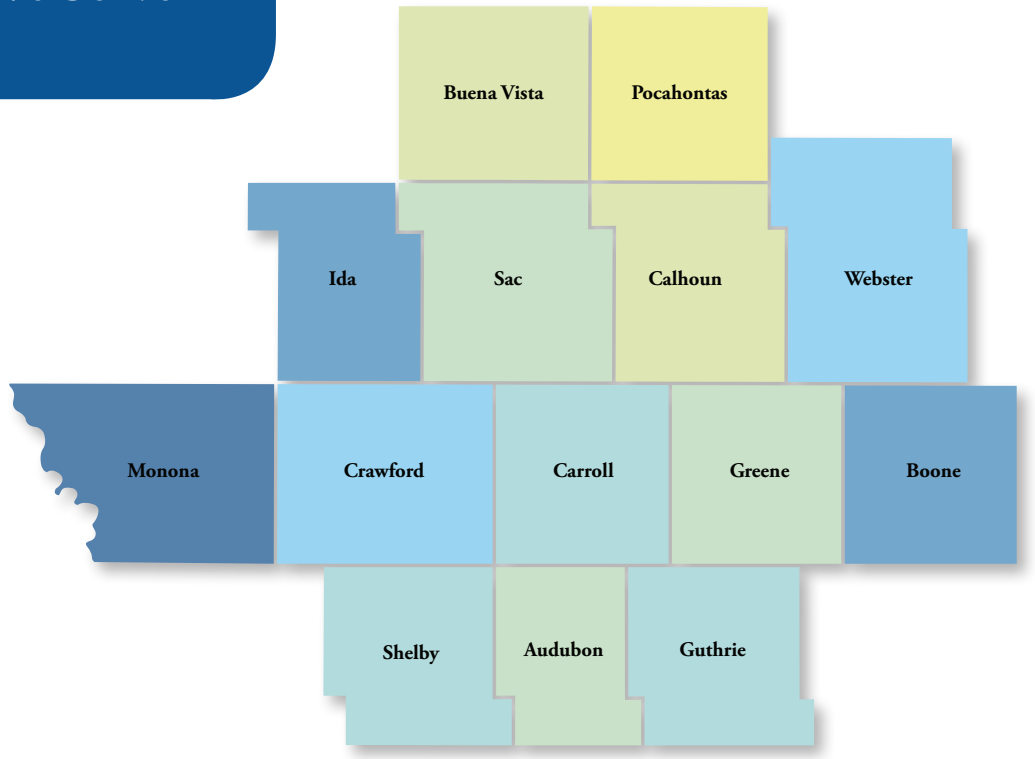


Table 3: St. Anthony Regional Hospital Primary Service Area ZIP Codes

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

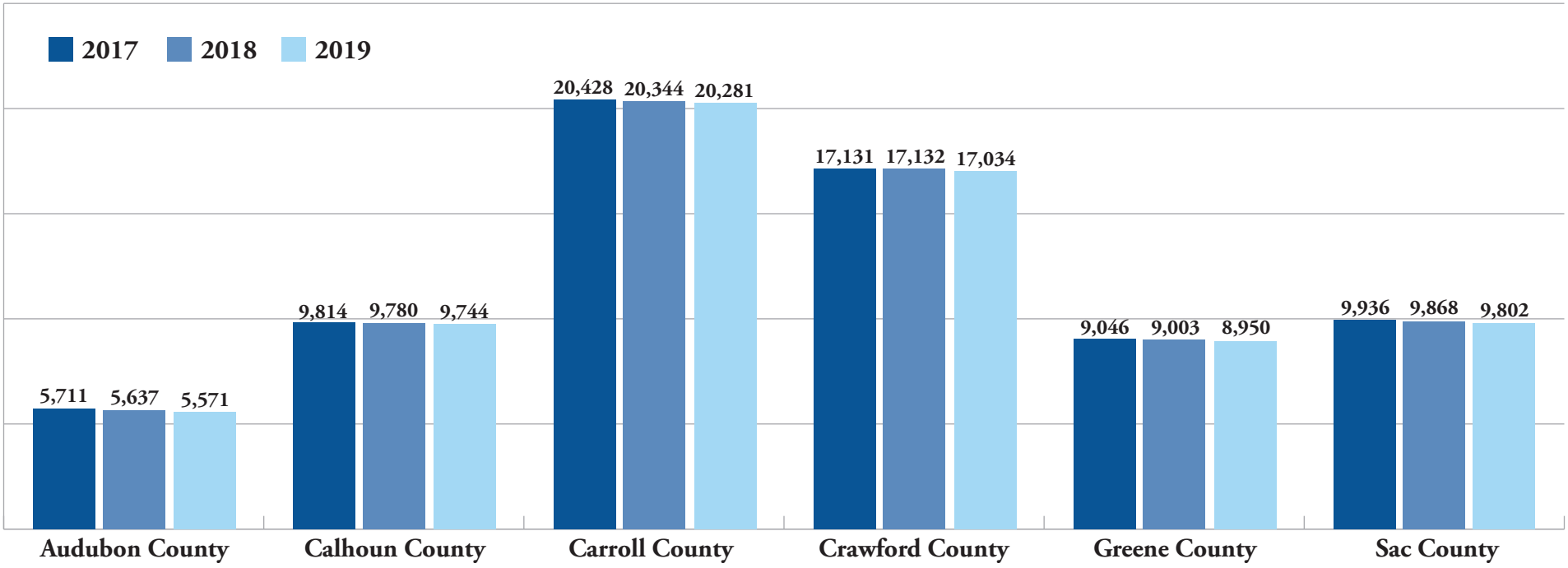
Zip Code	City	County
51451	Lanesboro	Carroll
51459	Ralston	Carroll
51442	Denison	Crawford
51441	Deloit	Crawford
51461	Schleswig	Crawford
51439	Charter Oak	Crawford
51448	Kiron	Crawford
51454	Manilla	Crawford
51528	Dow City	Crawford
51465	Vail	Crawford
51467	Westside	Crawford
51520	Arion	Crawford

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

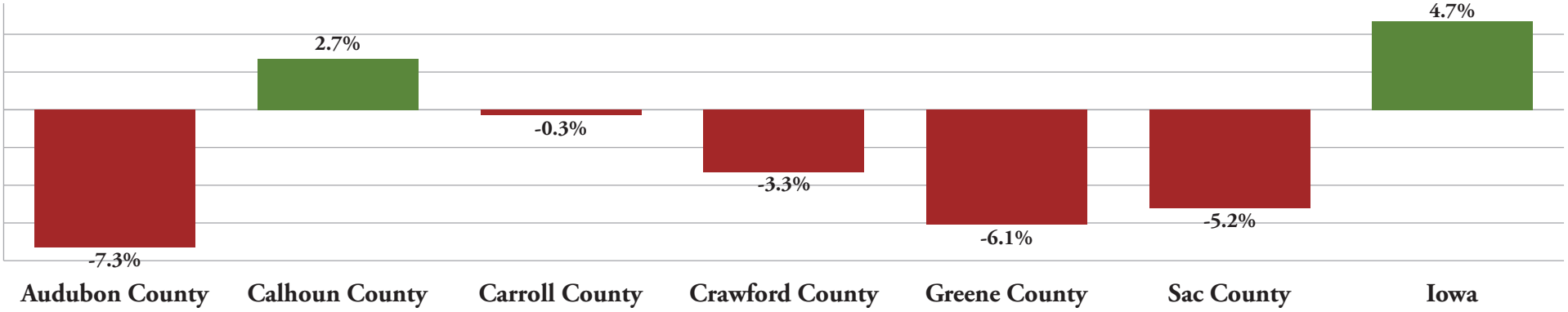
St. Anthony Regional Hospital serves a predominantly rural population over a large geographic area comprising six counties in West Central Iowa. The data collection process focused on the primary areas of Audubon, Calhoun, Carroll, Crawford, Greene, and Sac counties. Located in Carroll County, Iowa, St. Anthony Regional Hospital has a tradition of caring, celebrating more than 100 years of service.

Figure 4: Population (2017-2019)



Source: U.S. Census Bureau

Figure 5: Population Change (2010-2020)



Source: U.S. Census Bureau

Community At-A-Glance

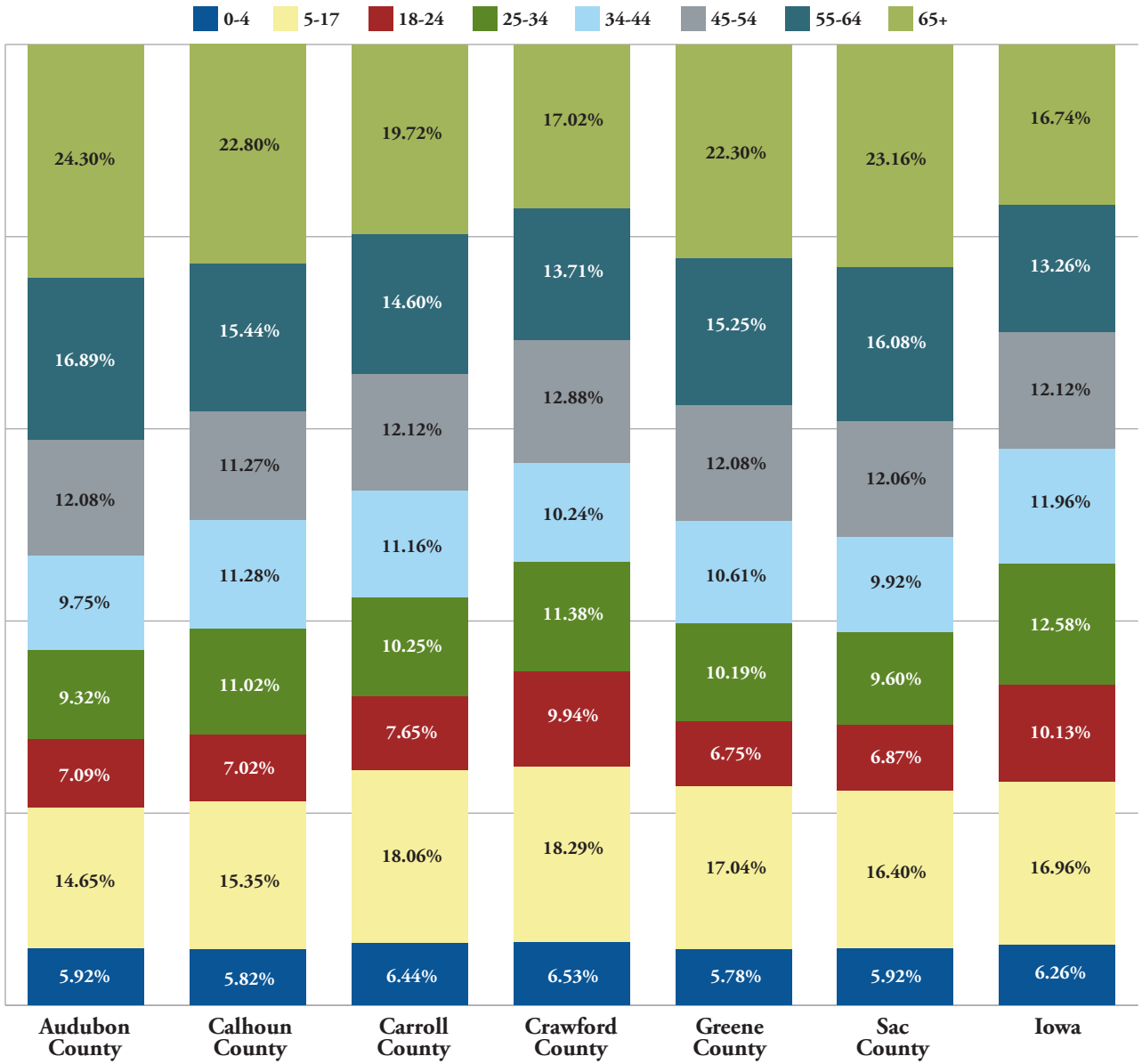
ST. ANTHONY Regional Hospital

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

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

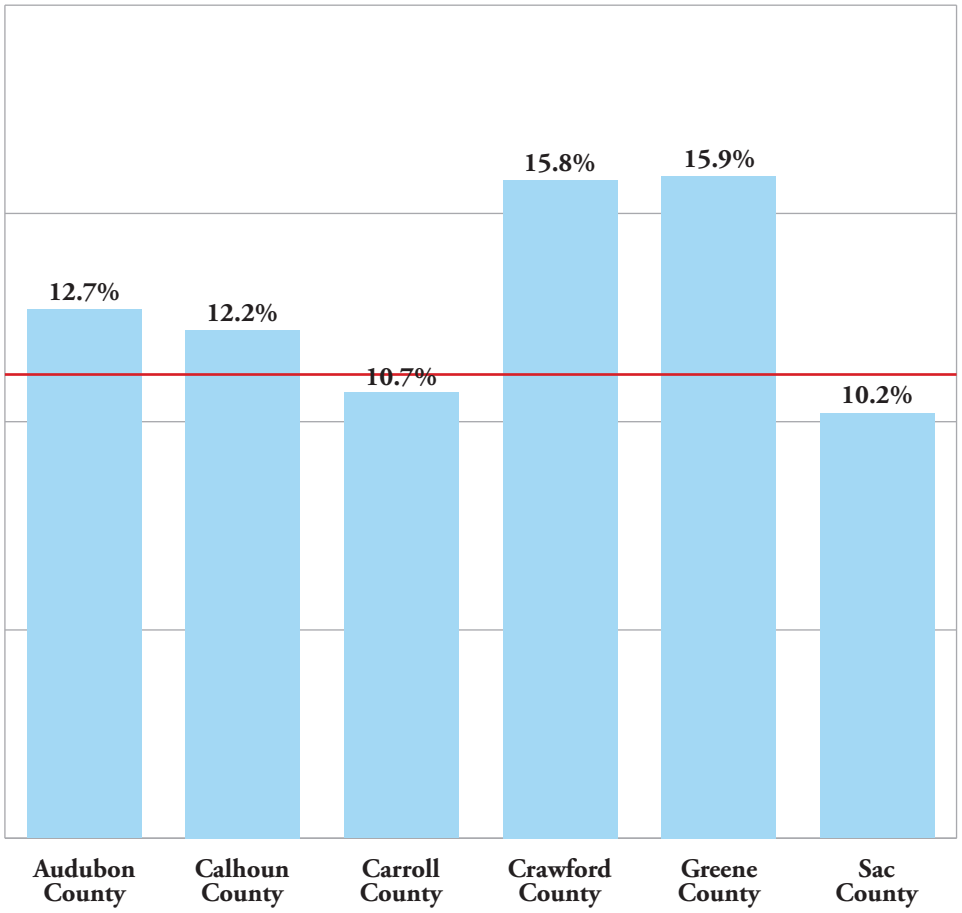
Source: U.S. Census Bureau

Figure 7: Age Distribution (2015-2019)



Source: U.S. Census Bureau

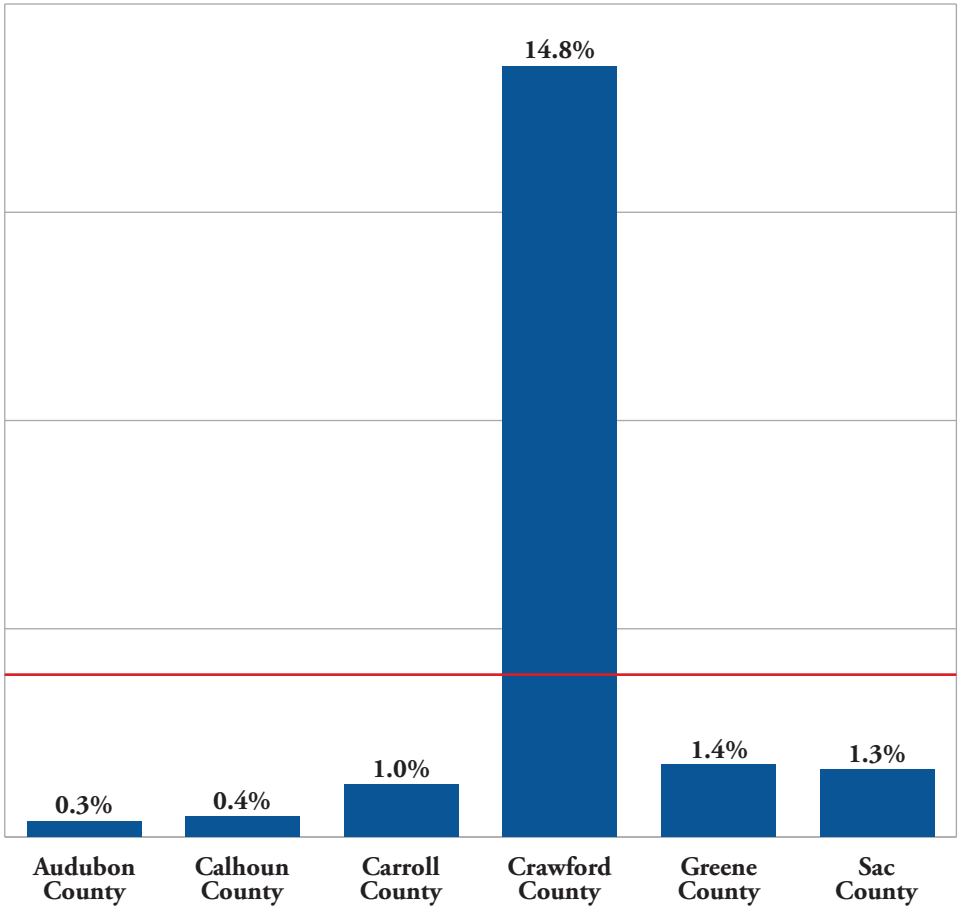
Figure 8: Population with Any Disability by Age
(2015-2019)



Note: The red line is a reference to where the counties lie when compared to the state of Iowa at 11.7%.

Source: U.S. Census Bureau

Figure 9: Population 5 and older with Limited English Proficiency
(2015-2019)



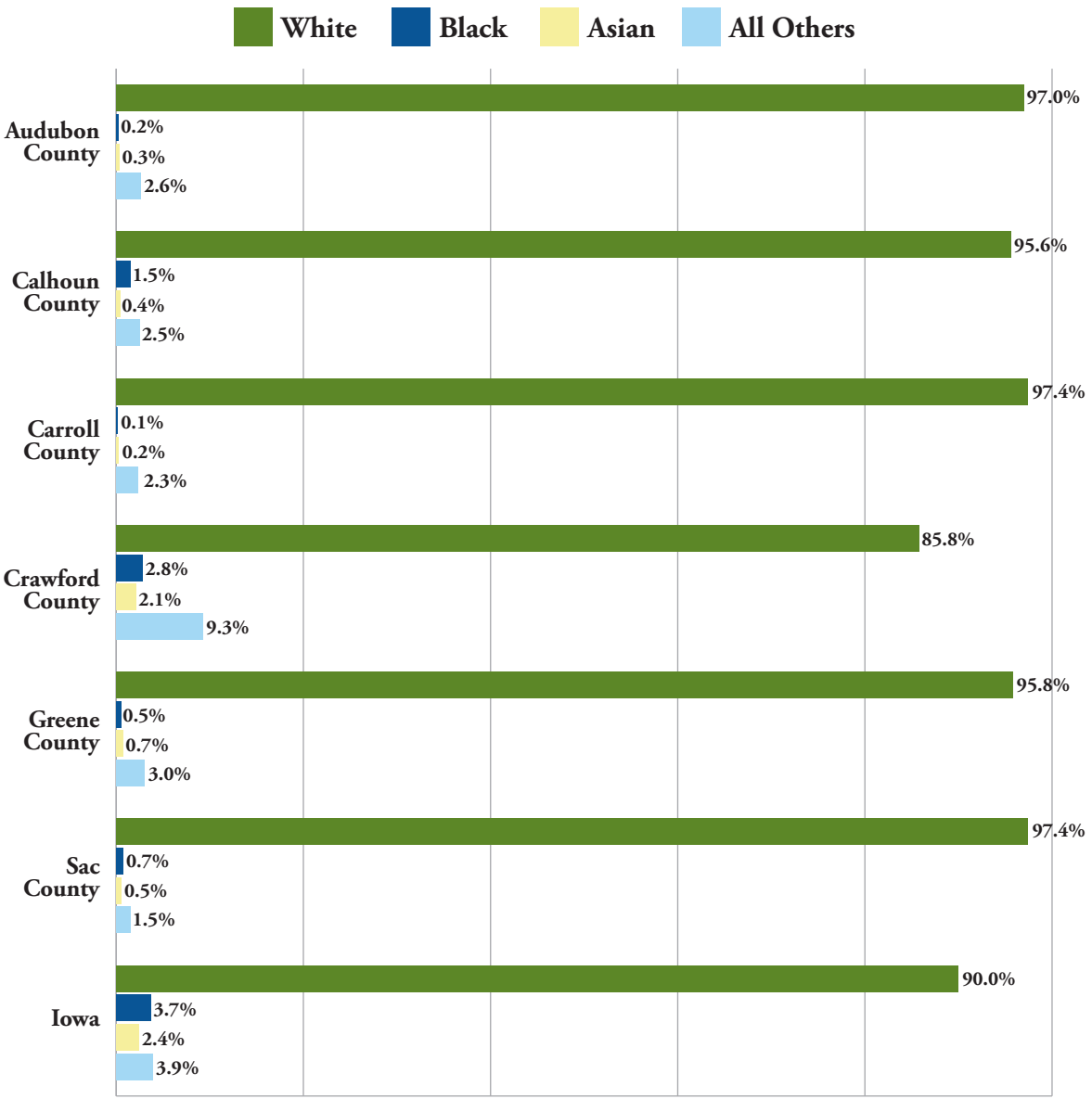
Note: The red line is a reference to where the counties lie when compared to the state of Iowa at 3.4%.

Source: U.S. Census Bureau

Community At-A-Glance

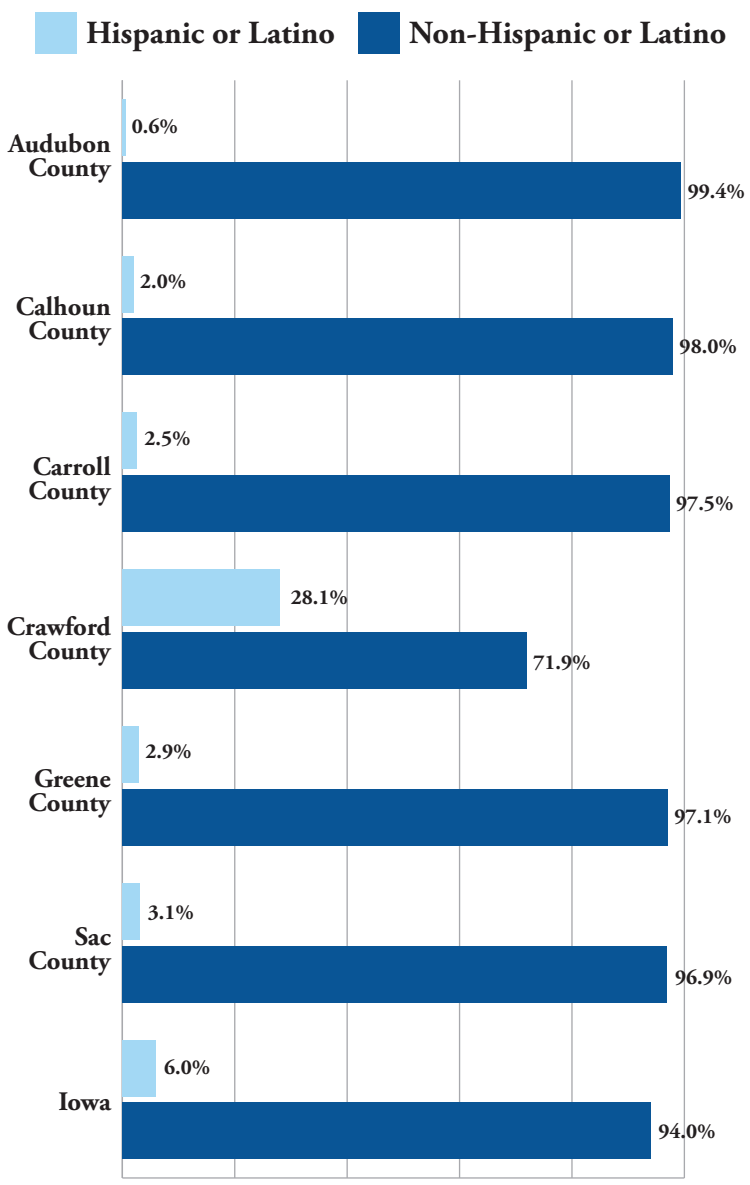
ST. ANTHONY Regional Hospital

Figure 10: Population by Race (2015-2019)



Source: U.S. Census Bureau

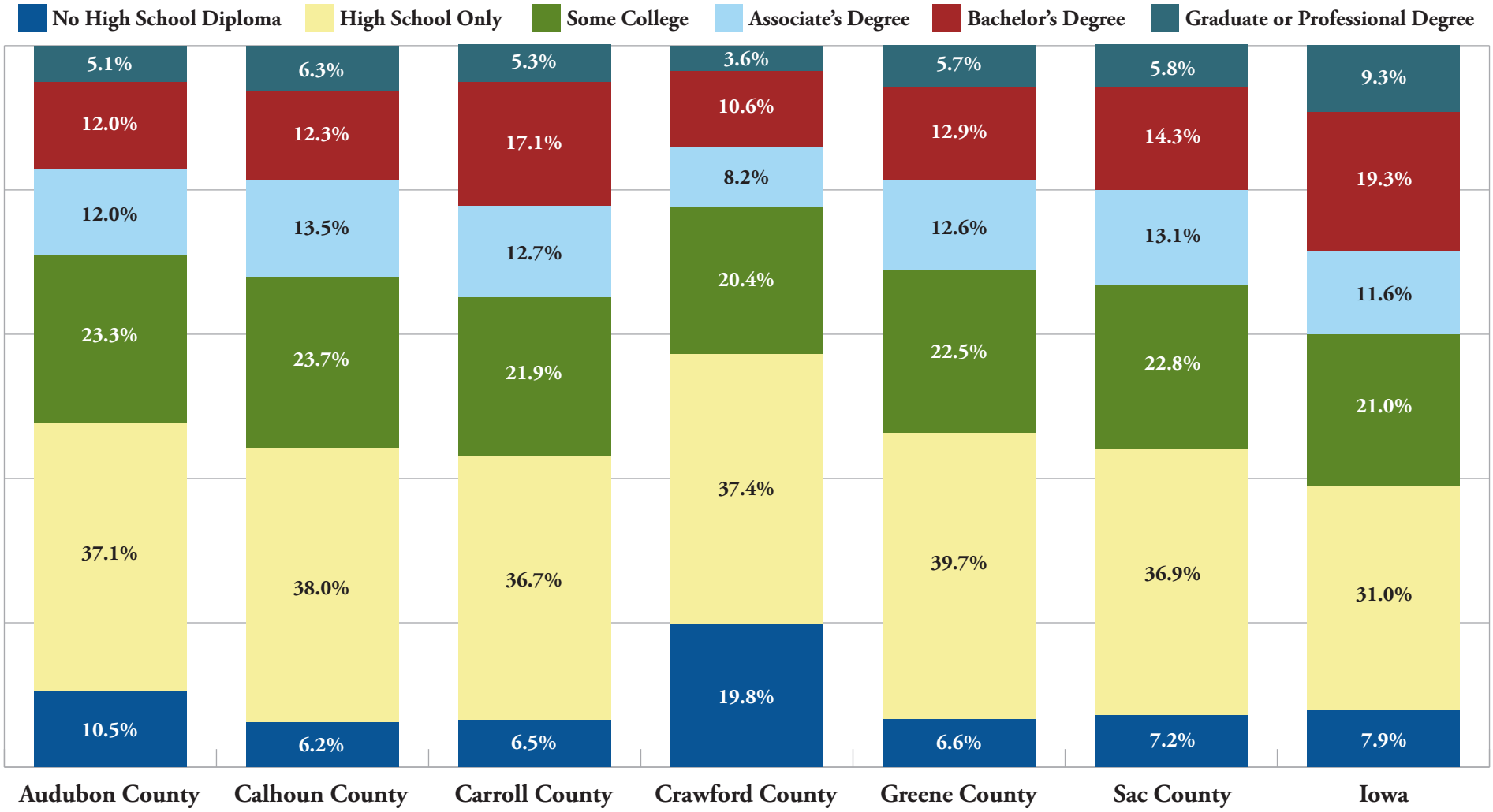
Figure 11: Population by Ethnicity Alone (2015-2019)



Source: U.S. Census Bureau

ST. ANTHONY Regional Hospital

Figure 12: Education Level (2015-2019)

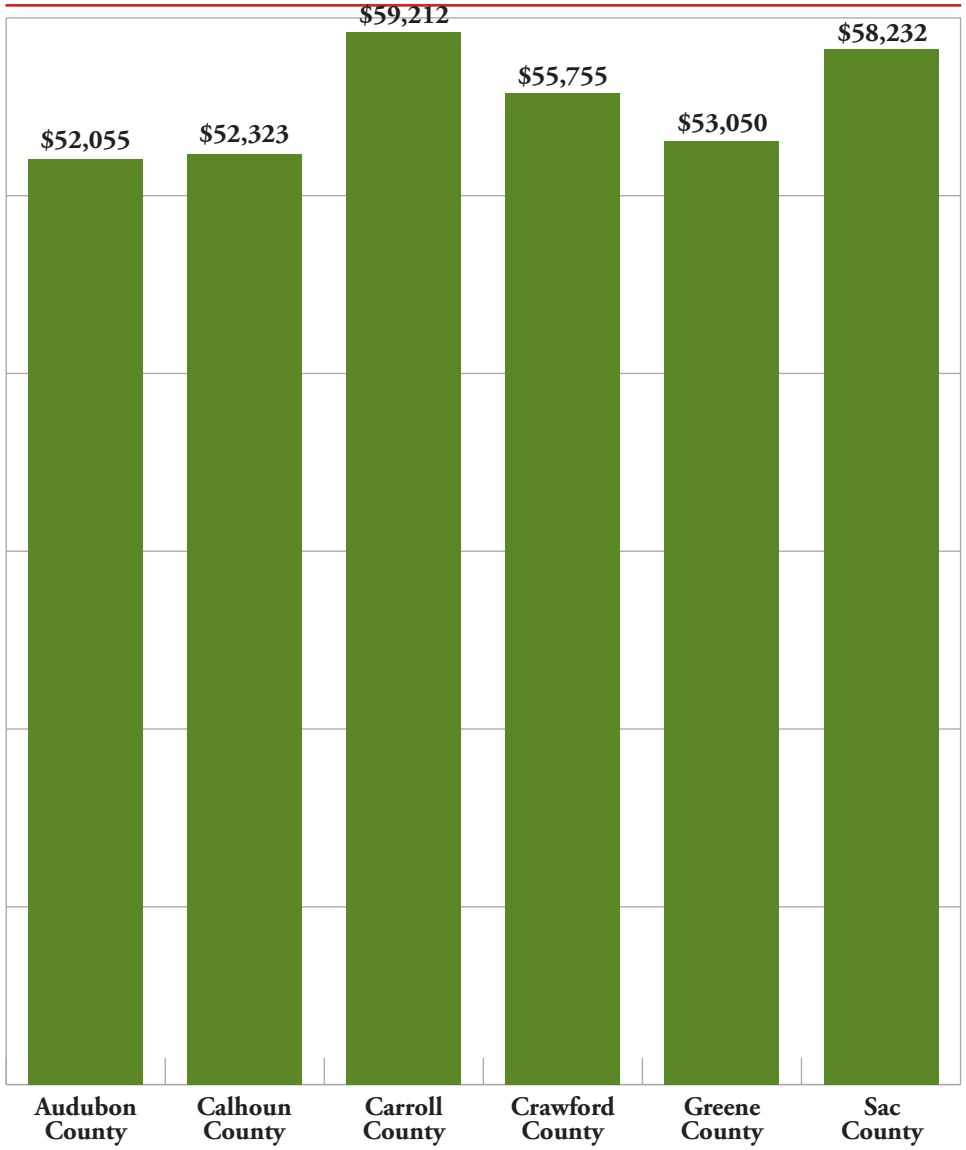


Source: U.S. Census Bureau

Community At-A-Glance

ST. ANTHONY Regional Hospital

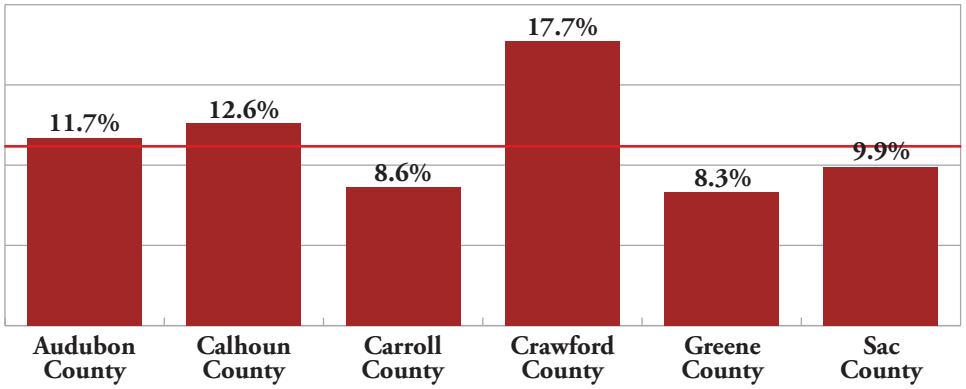
Figure 13: Median Household Income (2019)



Note: The red line is a reference to where the counties lie when compared to the state of Iowa Iowa at $60,523.

Source: U.S. Census Bureau

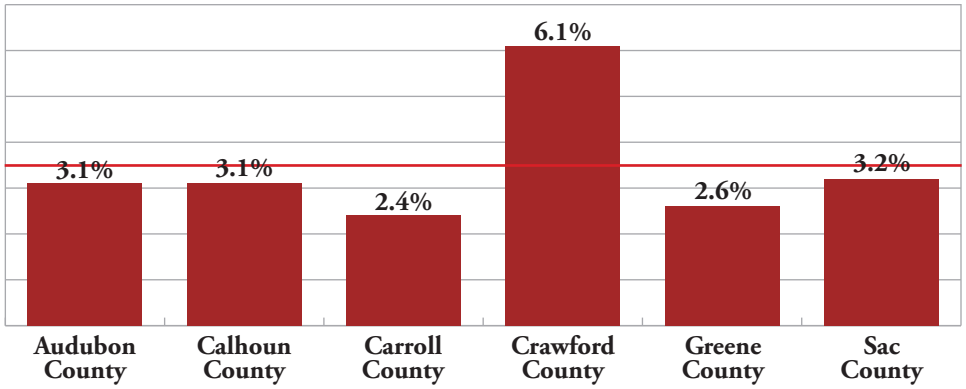
Figure 14: Population Below 100% Federal Poverty Level (2015-2019)



Note: The red line is a reference to where the counties lie when compared to the state of Iowa at 11.5%.

Source: U.S. Census Bureau

Figure 15: Unemployment Rate — February 2022



Note: The red line is a reference to where the counties lie when compared to the state of Iowa at 3.5%.

Source: U.S. Department of Labor

Community At-A-Glance

ST. ANTHONY Regional Hospital

Summary

Overall, the state of Iowa grew between 2010-2020. Of the primary counties St. Anthony serves, Calhoun County increased 2.7%, while Audubon, Carroll, Crawford, Green, 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 on its CHNA. Please contact St. Anthony's at (712) 792-3581.

The CHNA report can be accessed online by clicking here.

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

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

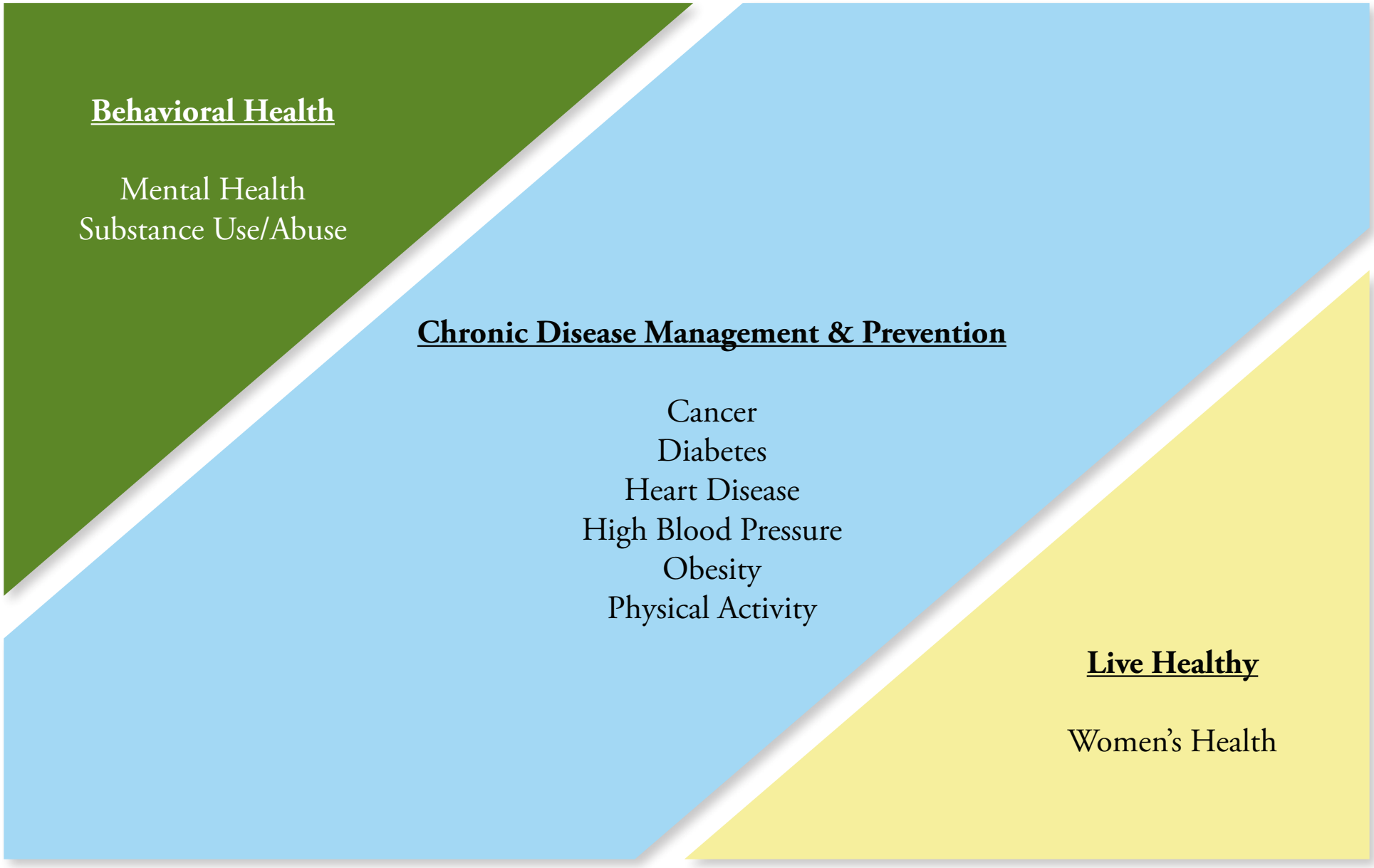
For the 2019 assessment, St. Anthony's prioritized needs were identified as Mental Health, Cancer, Obesity/Live Healthy, and Substance Use. St. Anthony agreed to use the 2022 assessment to dive deeper and expand its focus on the current and persistent need areas. Primary and secondary data collected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

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

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

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

Figure 16: 2022 Final CHNA Needs



The Community Health Needs Assessment Approach

ST. ANTHONY Regional Hospital

Overview

The CHNA process began in the Spring of 2022 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 St. Anthony's 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 St. Anthony's community health needs for 2022.

The Community Health Needs Assessment Approach

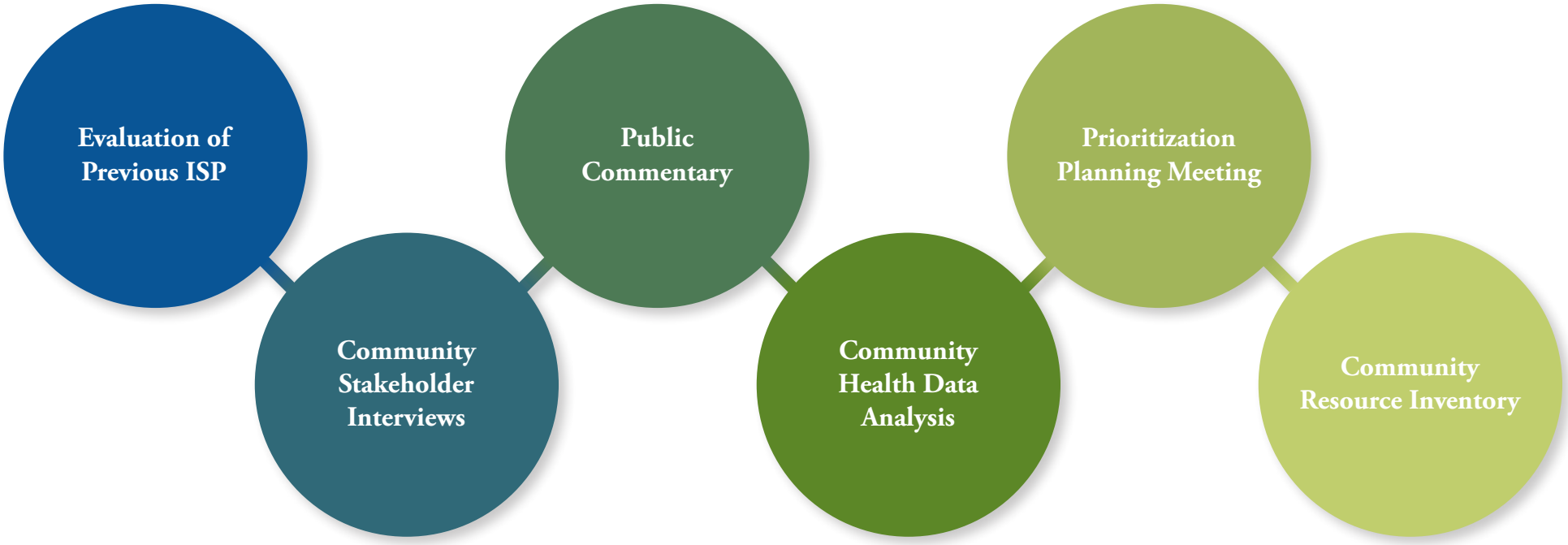
ST. ANTHONY Regional Hospital

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 2022



Note: ISP refers to Implementation Strategy Plan

The Community Health Needs Assessment Approach

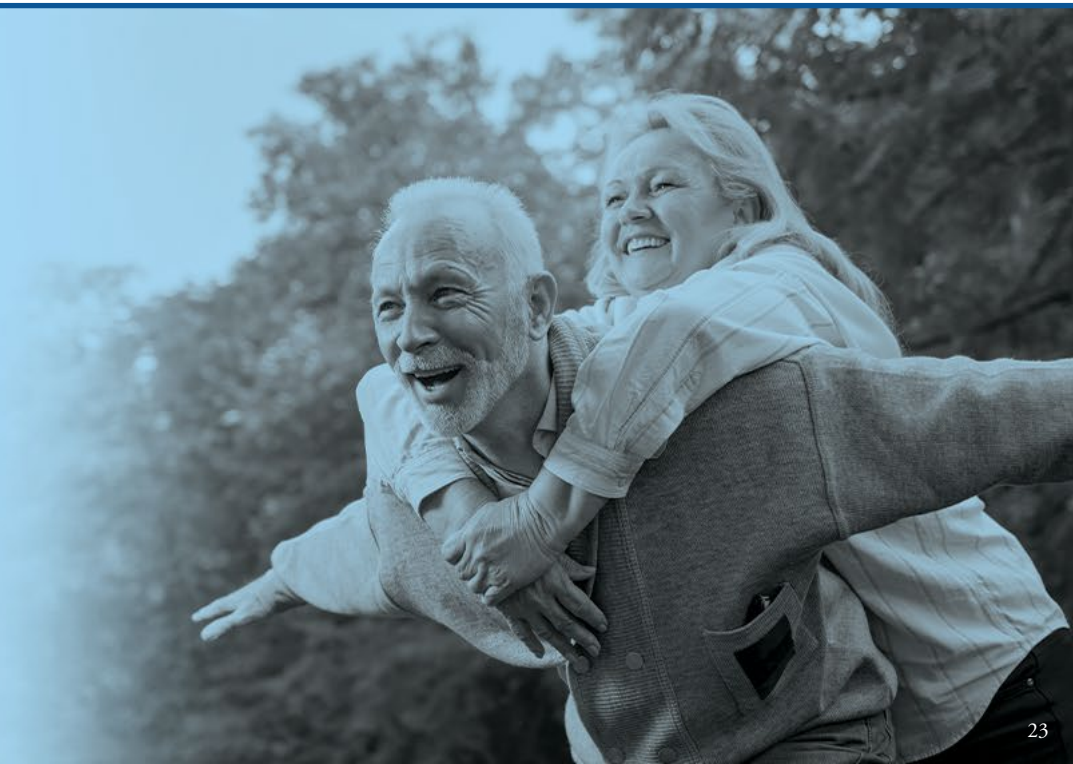
ST. ANTHONY Regional Hospital

Evaluation of 2019 Implementation Strategy Plan

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

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

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



Health Priority: Mental Health

ST. ANTHONY Regional Hospital

Goal 1. Decrease depression among children, youth and adults

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

Goal 2. Reduce suicide risk

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

Note: *Competing priorities related to COVID-19.

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

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

Health Priority: Cancer

ST. ANTHONY Regional Hospital

Goal 1. Increase cancer screenings

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

Goal 2: Reduce cancer mortalities

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

Note: * Not a therapeutic intervention at this time.

Goal 3: Increase patient access and retention through support services

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

Health Priority: Obesity/Live Healthy

ST. ANTHONY Regional Hospital

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

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

Goal 2: Increase consumption of fruits and vegetables

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

Note: * Competing priorities related to COVID-19.

Goal 3: Increase diabetes prevention and management

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

Note: * Communications are currently email based.

Health Priority: Substance Use

ST. ANTHONY Regional Hospital

Goal 1. Reduce risky and under-age alcohol use

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

Goal 2: Reduce Alcohol-Impaired Driving

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

Goal 3: Reduce use of tobacco products

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

Health Needs Prioritization Process

ST. ANTHONY Regional Hospital

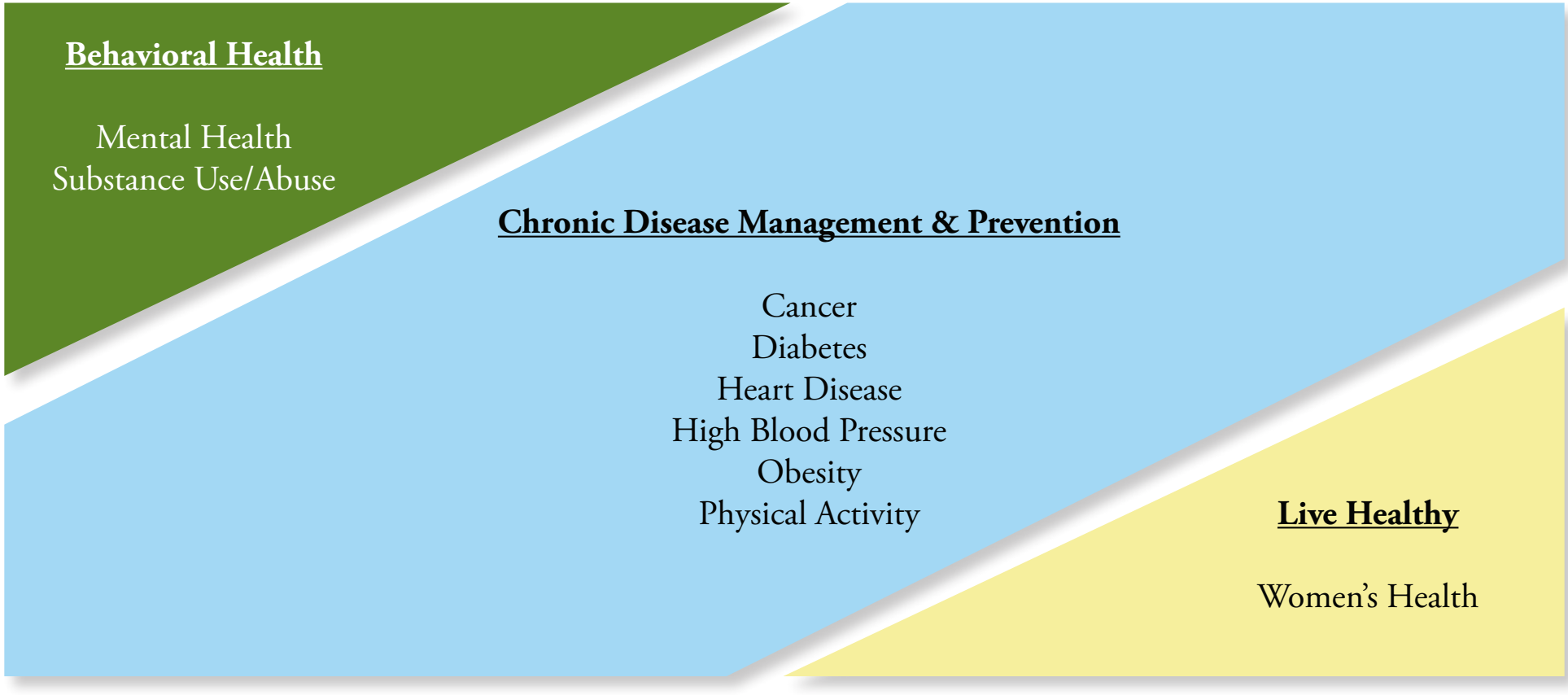
An internal prioritization session was held on June 3, 2022, with hospital administrators and leaders. The purpose of the internal prioritization session was to present previous and existing data and in-depth community stakeholder interview results and to obtain input regarding the needs and concerns 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 FY22 needs and FY19 needs into more defined categories allowing for the vital work of St. Anthony's to continue. With input received from the meeting, the prioritization session again reinforced existing needs and identified additional community needs that St. Anthony's will address.

St. Anthony Regional Hospital 2022 Focus

An objective of the PPACA 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 Healthcare 2022 Community Health Needs



Key Community Needs

ST. ANTHONY Regional Hospital

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 St. Anthony's service area. The data collected provided information essential to the identification of the key community health needs in the region's community.

Behavioral Health

ST. ANTHONY Regional Hospital

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) 2018 National Survey on Drug Use and Health, approximately 9.2 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 Diseases Control and Prevention

Source: National Alliance on Mental Illness

National Fast Facts on Excessive Alcohol Use

Alcohol abuse is responsible for **140,000** deaths shortening lives by an average of **26 years.**

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

Source: Centers for Diseases Control and Prevention

National Fast Facts on Substance Abuse

Opioids were involved in **68,630** overdose deaths in 2020 (**74.8%** of all drug overdose deaths).

Opioids are the main driver of drug overdose deaths. **82.3%** of opioid-involved overdose deaths involved synthetic opioids.

Source: Centers for Diseases 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 St. Anthony's service area.

Table 19: Mental Health Providers

Mental Health Providers	Ratio
Audubon County	---
Calhoun County	4,740:1
Carroll County	1050:1
Crawford County	1530:1
Greene County	1470:1
Sac County	1370:1
Iowa	570:1
Top Performers*	250:1

Note: Top Performers are the top 10% of counties in the U.S. that are doing well.

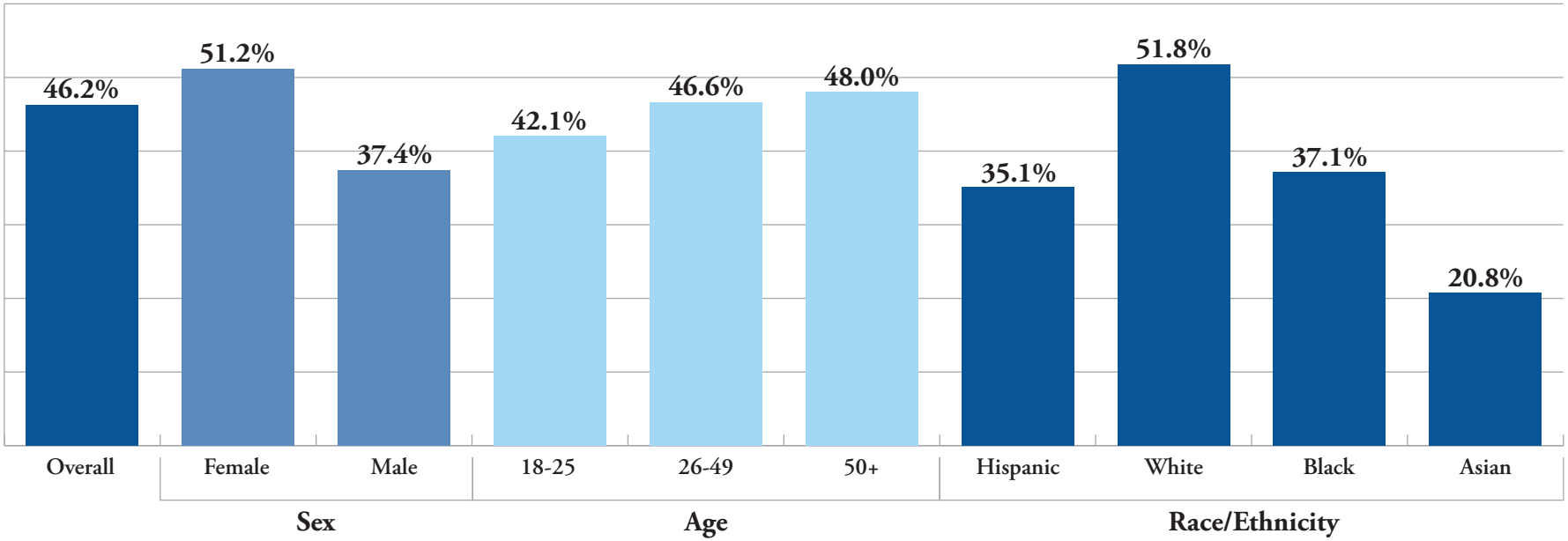
Source: County Health Rankings & Roadmaps 2022

In 2020, the National Institute of Mental Health data shows that among the 52.9 million adults with any mental illness (AMI), 24.3 million (46.2%) received mental health services in the past year. The data also revealed:

- More females with AMI (51.2%) received mental health services than males with AMI (37.4%).
- 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 (46.6%) and aged 50 and older (48.0%).

The percentage of people receiving care for AMI could be higher; however, the rates reflect the shortage of mental health providers across the country. An estimated 122 million Americans, or 37% of the population, lived in 5,833 mental health professional shortage areas as of March 31, 2021. It was reported that the nation needs an additional 6,398 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) 2020

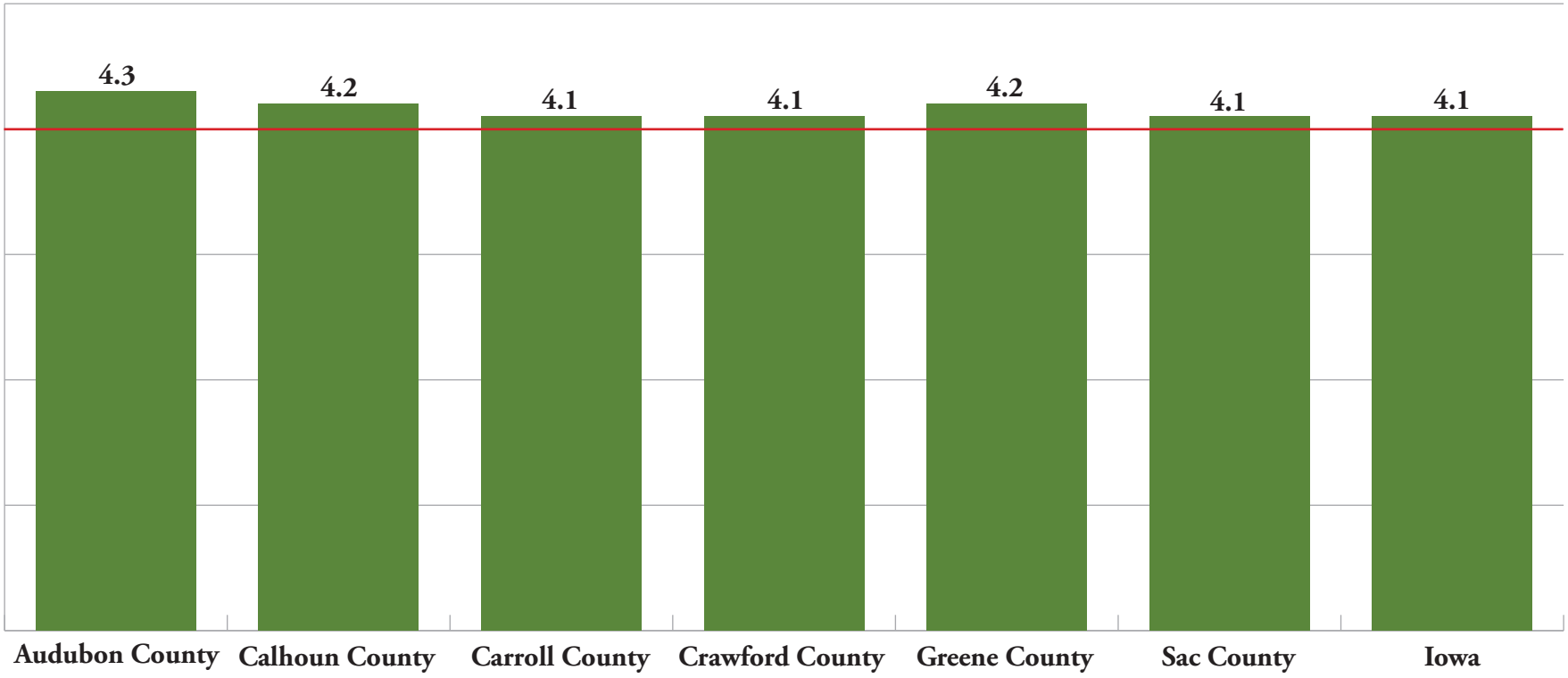


Source: The National Alliance on Mental Illness

[3] USA Facts

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



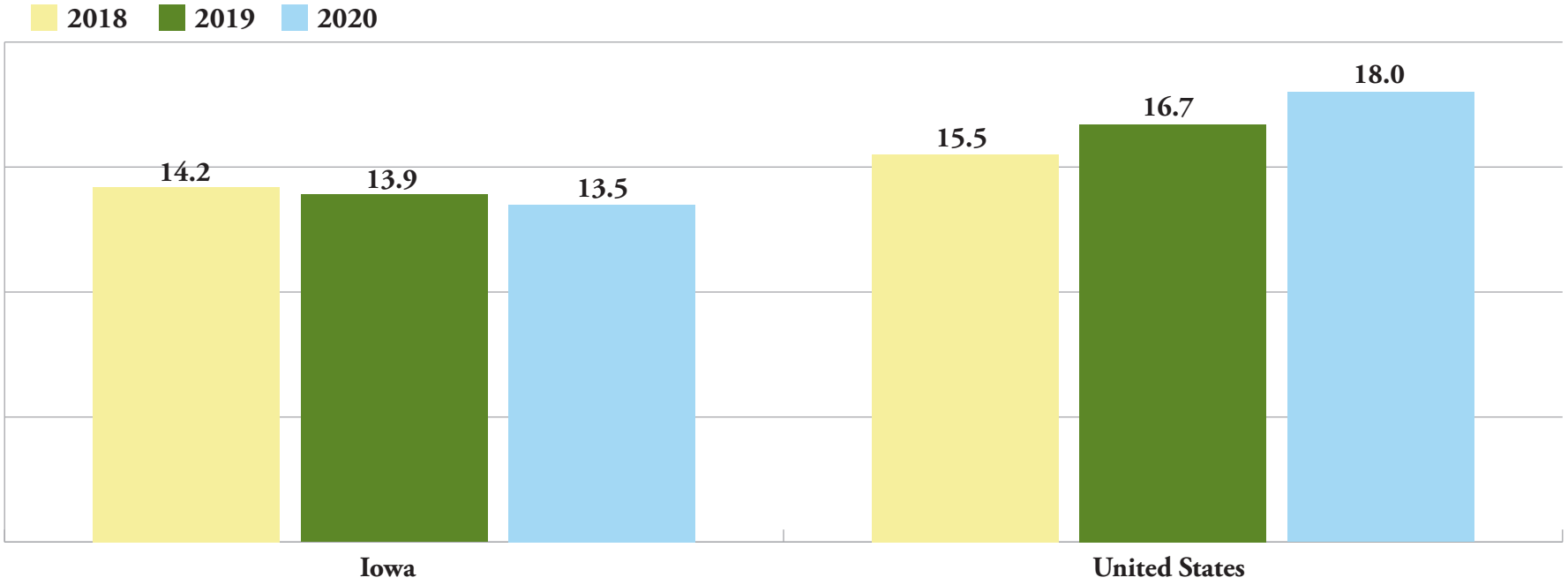
Note: The red line is a reference to where the counties lie when compared to Top Performers.

Source: County Health Rankings & Roadmaps 2022

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 Diseases Control & Prevention - National Vital Statistics System

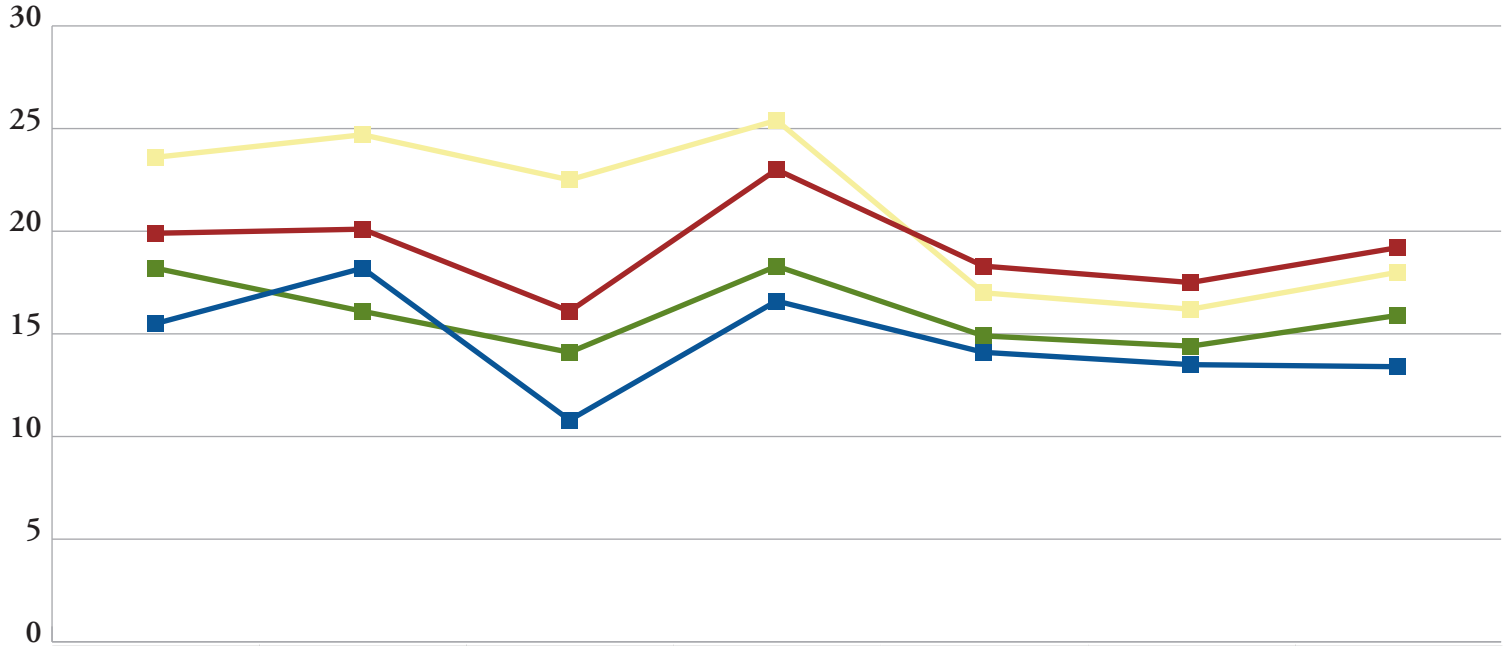
Community stakeholders reported behavioral health as the most prominent health/social concern in the community. In addition, community stakeholders also perceived mental health to be the most significant barrier for people not receiving care or services. Lack of access and hurdles associated with the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

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.

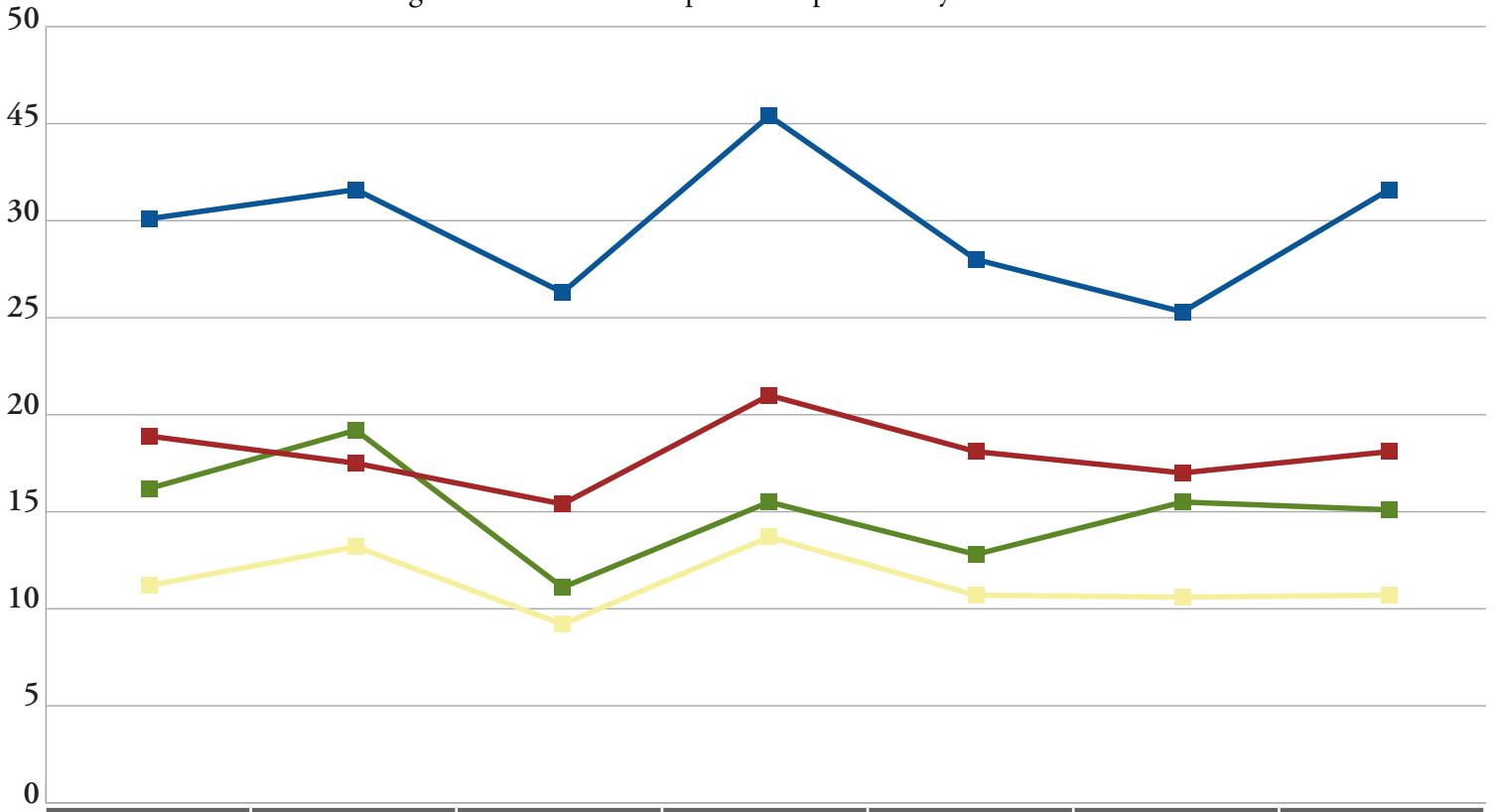
Figure 23: Percent of Depressed Population by Education



	2013	2015	2016	2017	2018	2019	2020
College Graduate	15.5%	18.2%	10.8%	16.6%	14.1%	13.5%	13.4%
Some Post-High School	19.9%	20.1%	16.1%	23.0%	18.3%	17.5%	19.2%
High School Grad/GED	18.2%	16.1%	14.1%	18.3%	14.9%	14.4%	15.9%
Less than High School	23.6%	24.7%	22.5%	25.4%	17.0%	16.2%	18.0%

Source: America's Health Rankings

Figure 24: Percent of Depressed Population by Income



	2013	2015	2016	2017	2018	2019	2020
< $25,000	30.1%	31.6%	26.3%	35.4%	28.0%	25.3%	31.6%
$25,000-$49,999	18.9%	17.5%	15.4%	21.0%	18.1%	17.0%	18.1%
$50,000-$74,999	16.2%	19.2%	11.1%	15.5%	12.8%	15.5%	15.1%
$75,000	11.2%	13.2%	9.2%	13.7%	10.7%	10.6%	10.7%

Source: America's Health Rankings

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 Health; 2021 Iowa Youth Survey State 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

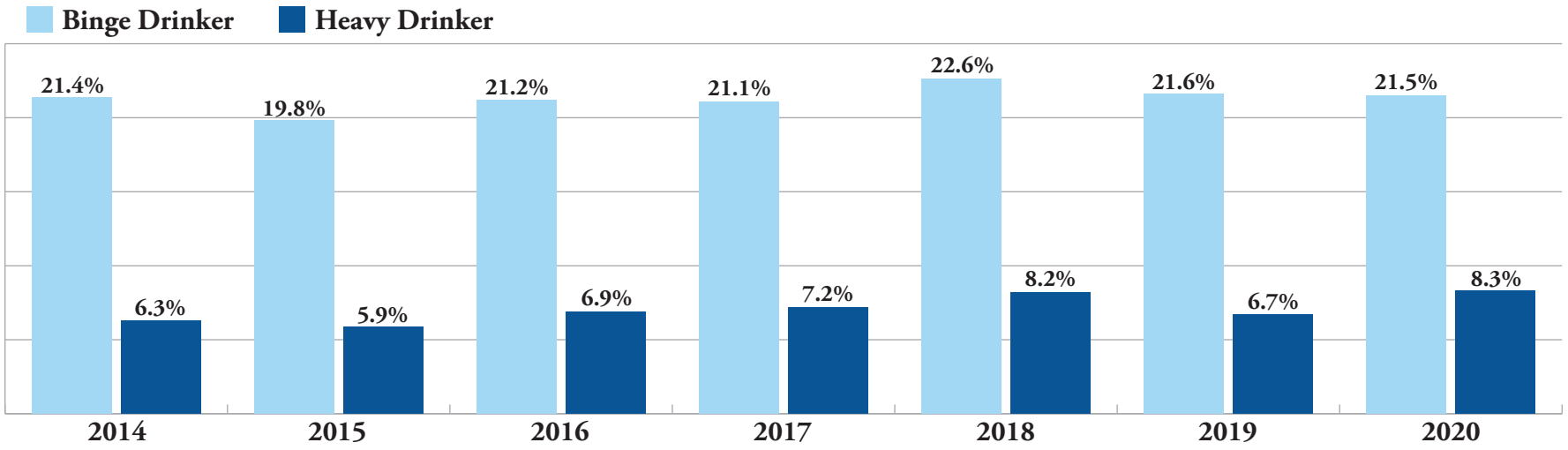
Data from St. Anthony's CHNA in FY19 reinforces behavioral health as a community need. The previous report indicated that over 40% of community survey respondents state that they either disagree or strongly disagree with the statement that people in the area are generally supportive and sympathetic to 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 one-fifth of respondents to St. Anthony's 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 2020, there were 836 alcohol-related deaths in Iowa. 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 from 2014-2020. 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 2018 and 2020 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



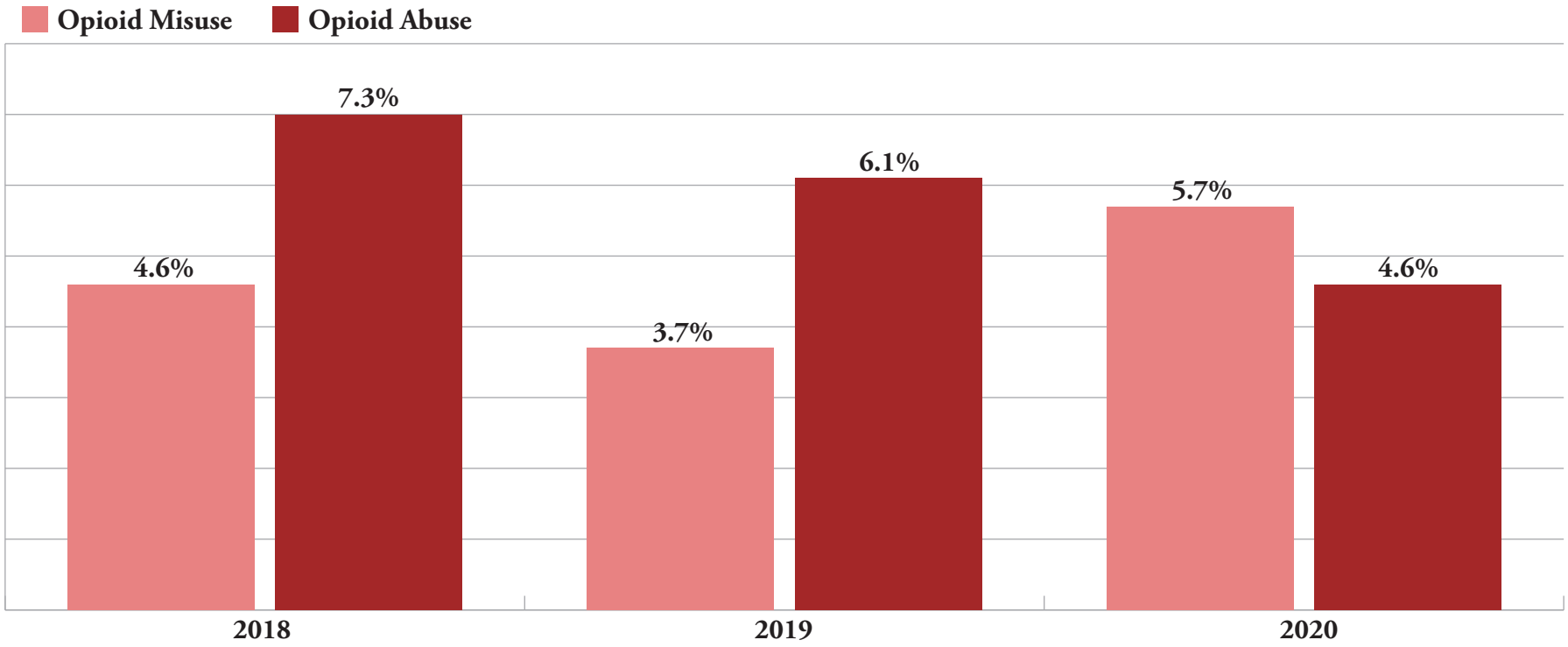
Source: Centers for Disease Control and Prevention; Iowa Public Health Tracking Portal

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: Center for Diseases 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 six in ten Americans live with at least one chronic disease, 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.

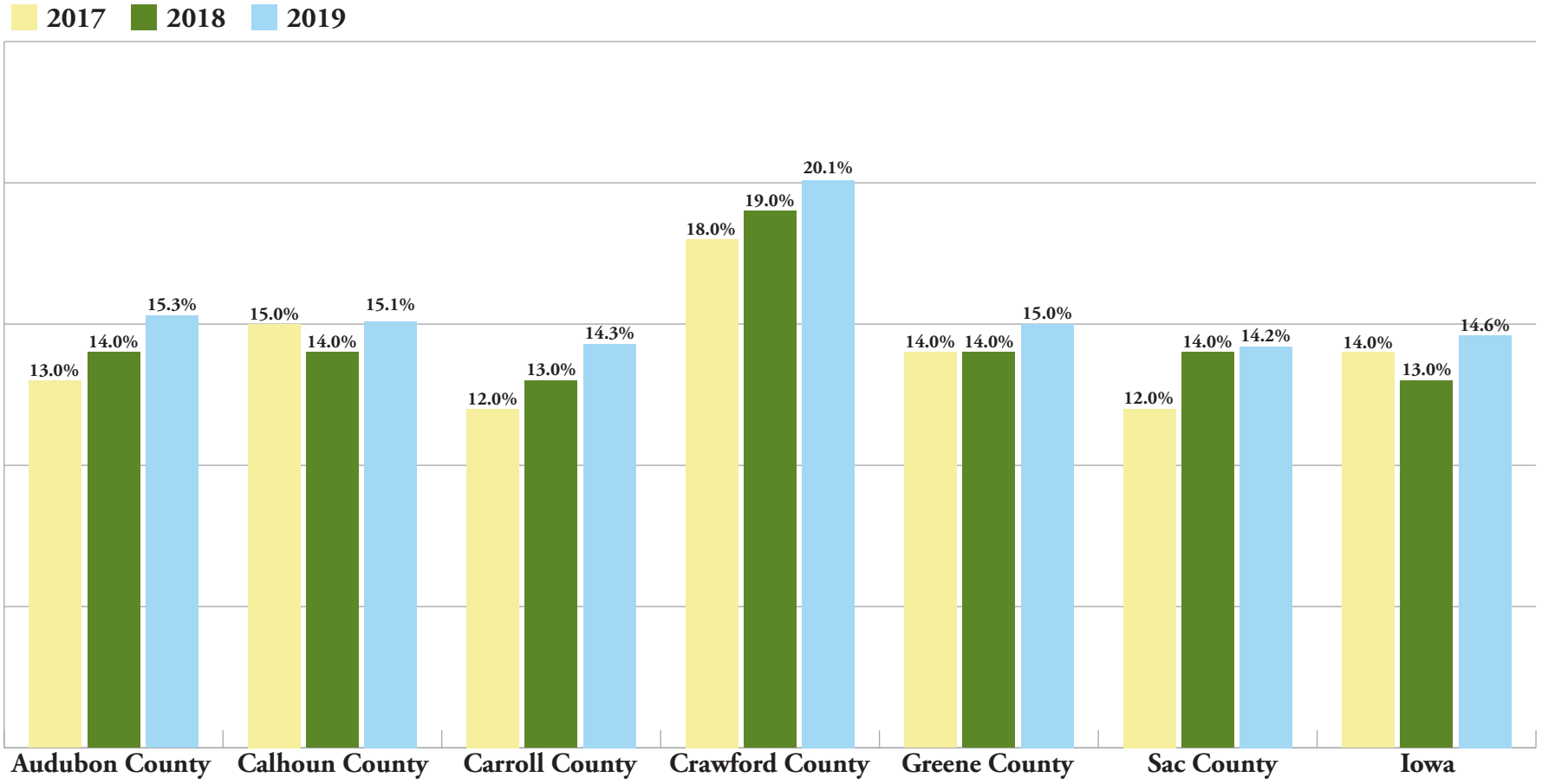
High-risk behaviors or poor health behaviors/factors are determinants of many chronic diseases. Common high-risk behaviors include alcoholism, tobacco use, violence, engaging in risky sexual behaviors, not being proactive in getting health screenings, and poor physical activity/diet and exercise. The 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.

"90% of the nation's $4.1 trillion in annual health care expenditures are for people with chronic and mental health conditions."

— CDC

The self-assessment of poor or fair health is presented below. Crawford County recorded higher percentages of poor or fair health from 2017 (18%) to 2019 (20%) compared to the state from 2017 (14%) to 2019 (15%). 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 2019

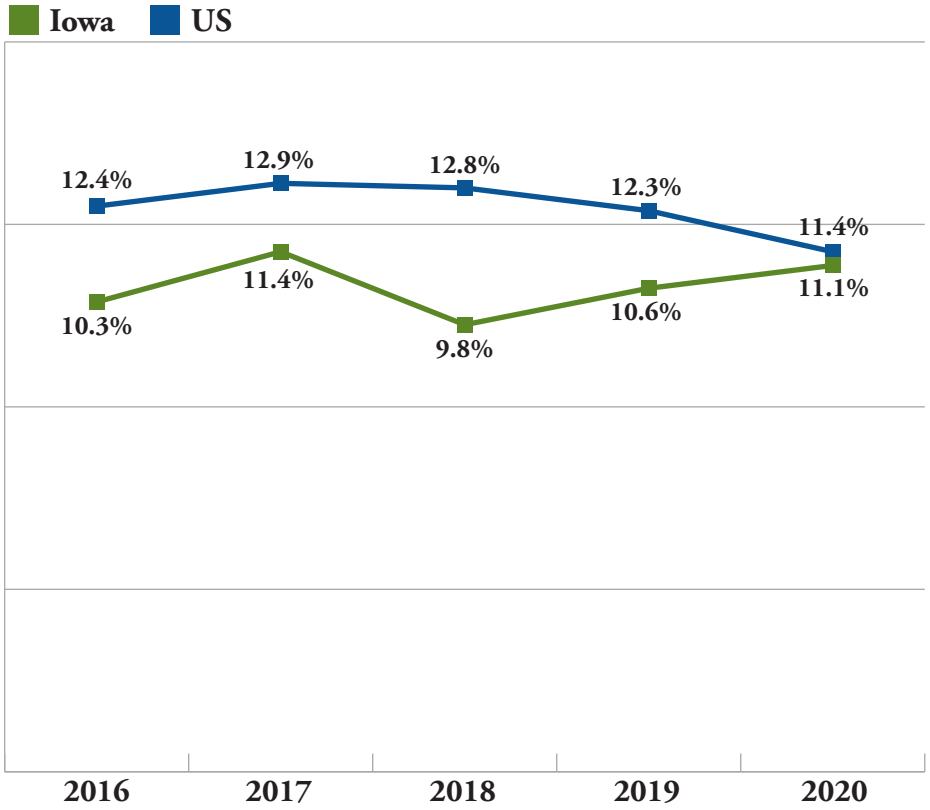
Chronic Disease Management & Prevention

ST. ANTHONY Regional Hospital

According to the Iowa Department of Health, heart disease is the leading cause of death in Iowa and stroke is the 7th leading cause. In 2020, heart disease and stroke accounted for 24.6% of all deaths in Iowa. African Americans in Iowa also have the highest heart disease and stroke mortality, according to the report.

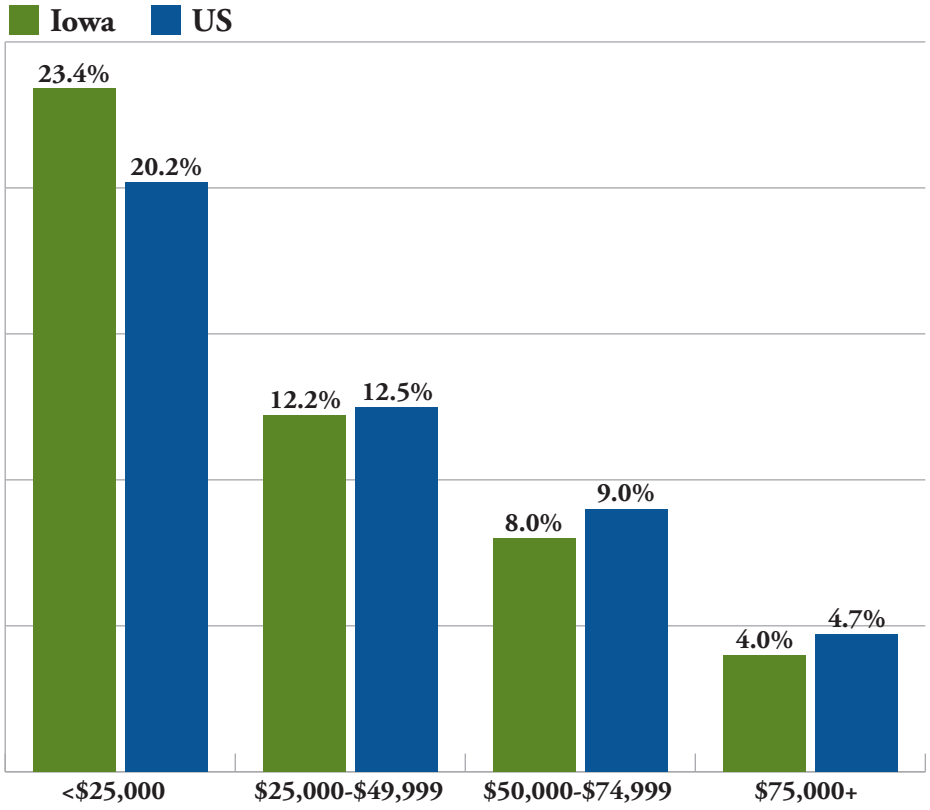
Figure 30 reported the percentage of the population ages 45-64 who had three or more of the following chronic health conditions: arthritis, asthma, chronic kidney disease, chronic obstructive pulmonary disease, cardiovascular disease (heart disease, heart attack, or stroke), cancer (excluding skin), depression and diabetes. Data also revealed that residents with an income <$25,000 are more likely to have multiple chronic conditions when compared to residents in other income brackets (see Figure 30).

Figure 30: Multiple Chronic Conditions - Ages 45-64



Source: America's Heath Rankings 2021

Figure 31: Multiple Chronic Conditions - Less Than $25,000



Source: America's Health Rankings 2021

Chronic Disease Management & Prevention

Chronic diseases are responsible for 7 of 10 deaths each year, and treating people with chronic diseases accounts for 86% of our nation's health care costs.[5]

Smoking is a significant cause of heart disease and stroke and causes 1 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 Calhoun, Greene, and Sac counties is higher than the state rates; in addition, Calhoun, Carroll, Greene, and Sac counties have higher heart disease death rates when compared to the nation.

Stroke mortality in Calhoun, Carroll, Crawford, and Greene counties is higher when compared to Iowa. Calhoun and Carroll counties also have higher stroke death rates than the nation.

Table 32: Chronic Conditions Death Rates 2019

	Heart Disease Death Rates (Per 100,000 population)	Stroke Death Rates (Per 100,000 population)
Audubon County	306	58
Calhoun County	**361**	**74**
Carroll County	318	**72**
Crawford County	300	**67**
Greene County	**344**	**70**
Sac County	**328**	63
Iowa	327	63
US	317.4	72.3

Note: Red boxes are higher than the state rates.

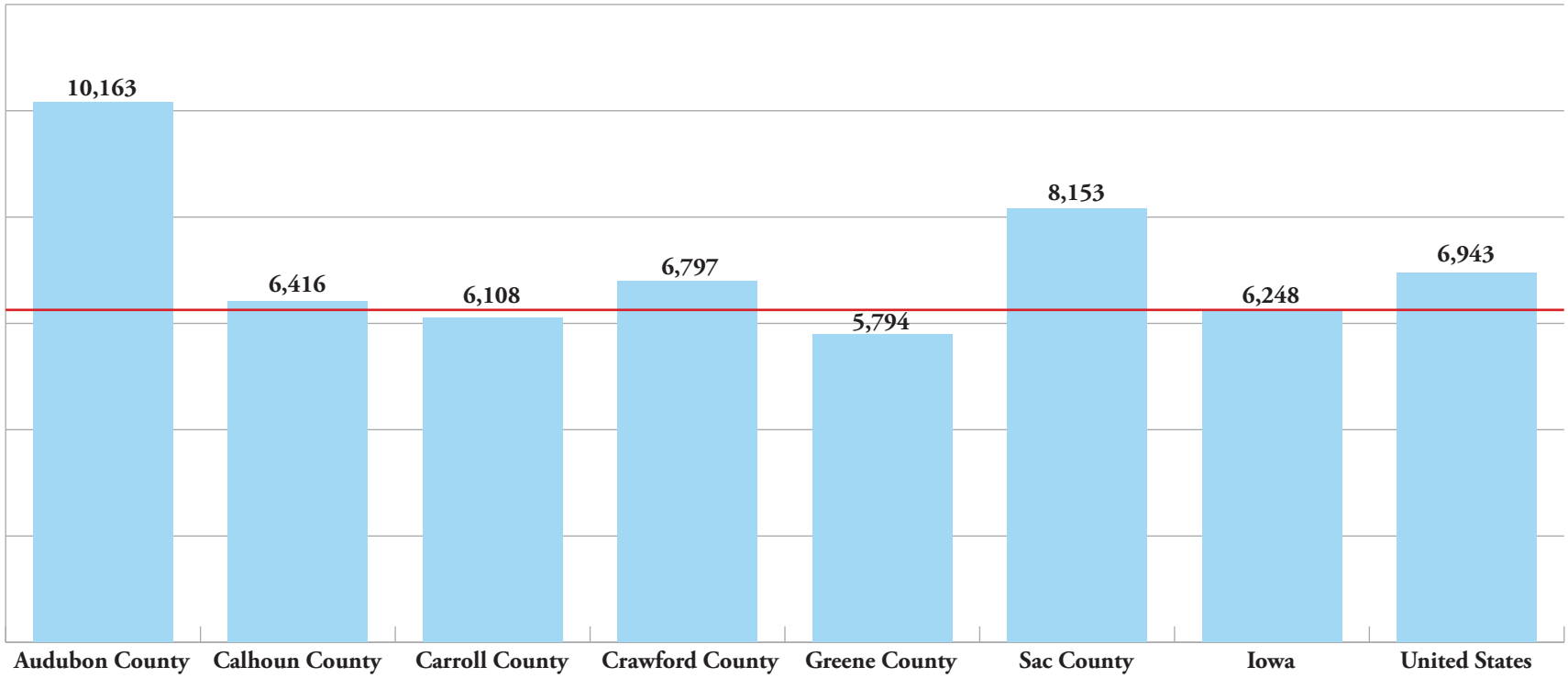
Source: Iowa Department of Health 2019

[5] Centers for Disease Control & Prevention Foundation

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.

Audubon County (10,163) and Sac County (8153) reported the highest rates of years of potential life lost compared to the state (6,248) and nation (6,943). Crawford County (6,797) reported the highest rates of years of potential when compared to the state (6,248). Greene County (54.6) 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: University of Wisconsin Population Health Institute, County Health Rankings. 2017-2019

ST. ANTHONY Regional Hospital

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.

National Fast Facts

About **1 in 5** children and more than **1 in 3** adults struggle with obesity.

The United States spends **$147 billion** annually on obesity-related health care.

Fewer than **1 in 10** children and adults eat the recommended daily amount of vegetables.

Fewer than **1 in 4** youth and just **1 in 4** adults get enough aerobic physical activity.

More than **half** of Americans don't live within half a mile of a park.

40% of all U.S. households do not live within **1 mile** of healthier food retailers.

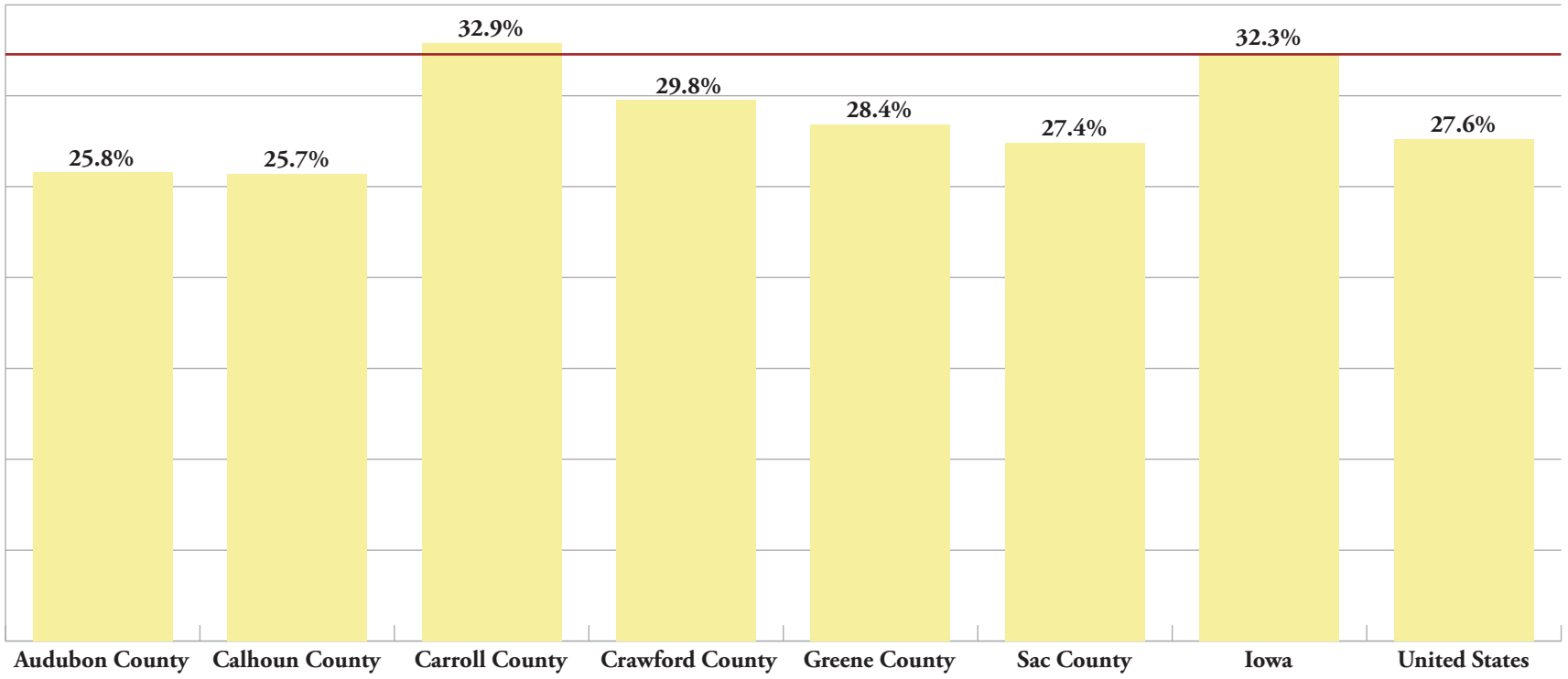
[6] Iowa Department of Health
[7] Ibid.

Source: Centers for Disease Control and Prevention

Carroll County (32.9%) reported a higher percentage of obese residents, exceeding both the state (32.3%) and the nation (27.6%).
Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Carroll (32.9%), Crawford (29.8%), and Greene (28.4%) counties are higher than the nation (27.6%) for obesity.

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



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

Source: Centers for Disease Control and Prevention

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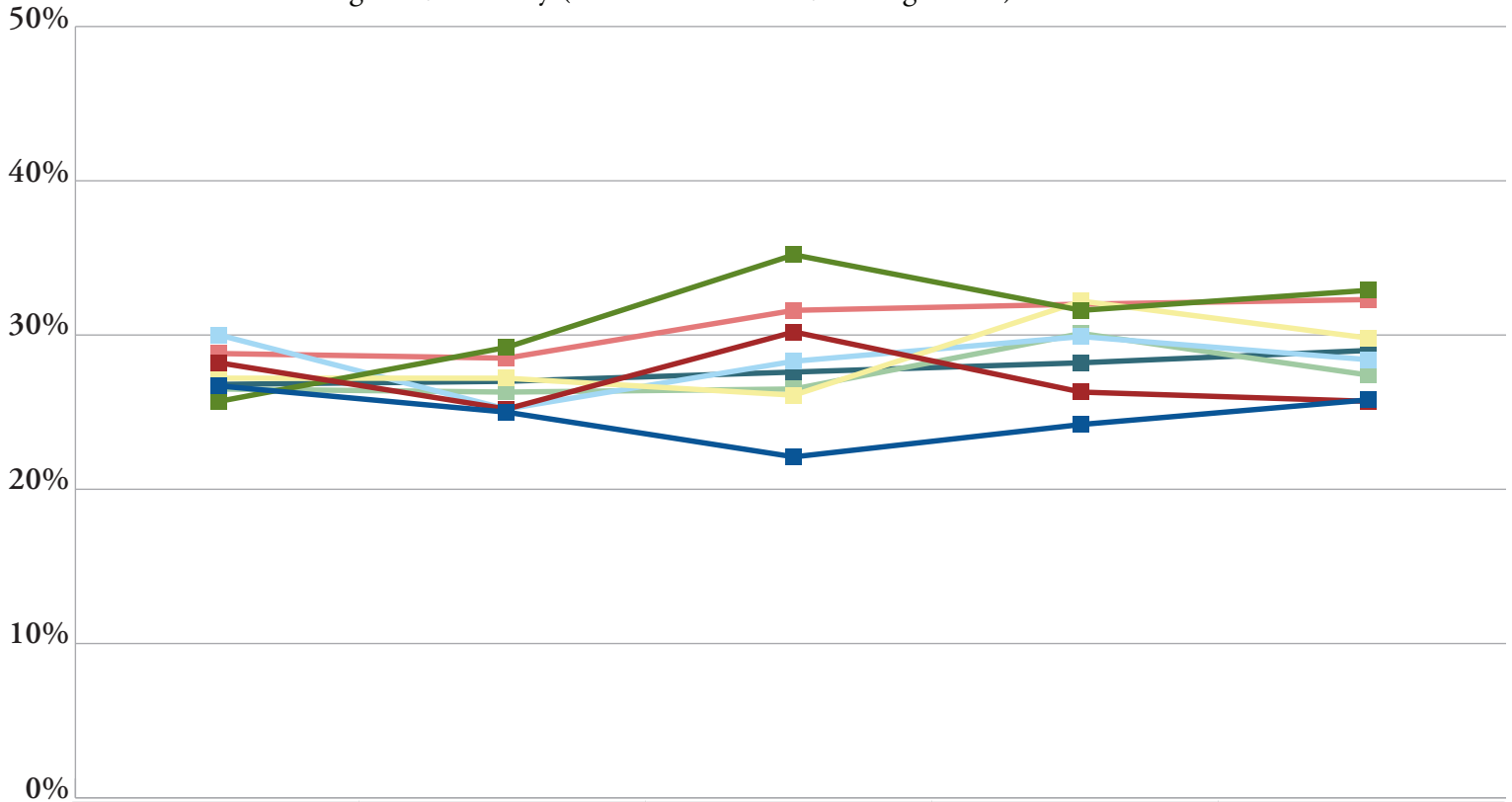
Obesity throughout the years is presented below. Audubon and Carroll counties increased in obesity from 2018-2019.

Figure 35: Obesity (BMI > 30.0 — 2015 through 2019)



	2015	2016	2017	2018	2019
Audubon County	26.7%	25.0%	22.1%	24.2%	25.8%
Calhoun County	28.2%	25.2%	30.2%	26.3%	25.7%
Carroll County	25.7%	29.2%	35.2%	31.6%	32.9%
Crawford County	27.2%	27.2%	26.1%	32.2%	29.8%
Greene County	30.0%	25.2%	28.3%	29.9%	28.4%
Sac County	26.5%	26.3%	26.5%	30.1%	27.4%
Iowa	28.8%	28.5%	31.6%	32.0%	32.3%
United States	26.8%	27.0%	27.6%	28.2%	29.0%

Source: Centers for Disease Control and Prevention

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Diabetes

According to the CDC, 37.3 million people have diabetes (11.3% of the U.S. population), with 8.5 million people (23.0%) 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 $327 billion yearly.

The American Diabetes Association data reported that approximately 242,403 people in Iowa, or 9.9% 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 22,014 people in Iowa are diagnosed with diabetes. The total direct medical cost for patients diagnosed in Iowa was estimated at $2 billion in 2017.

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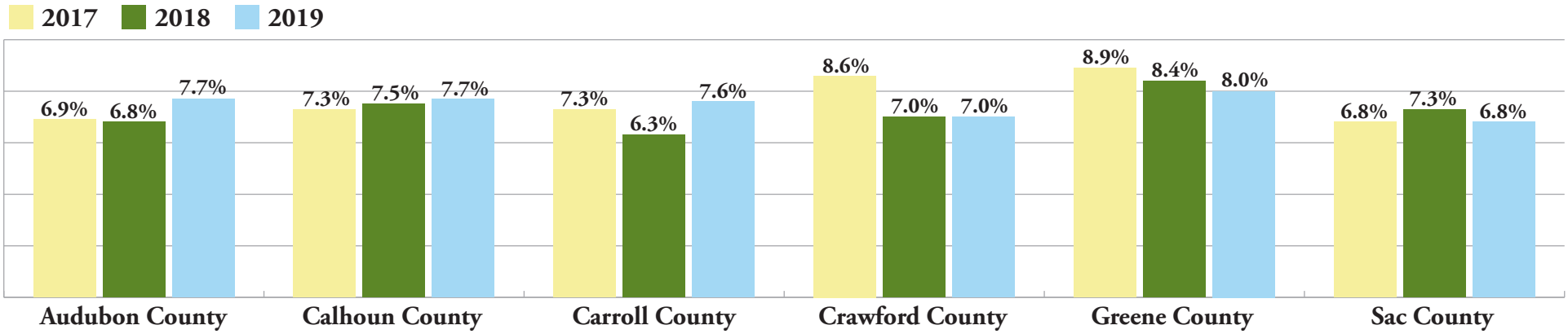
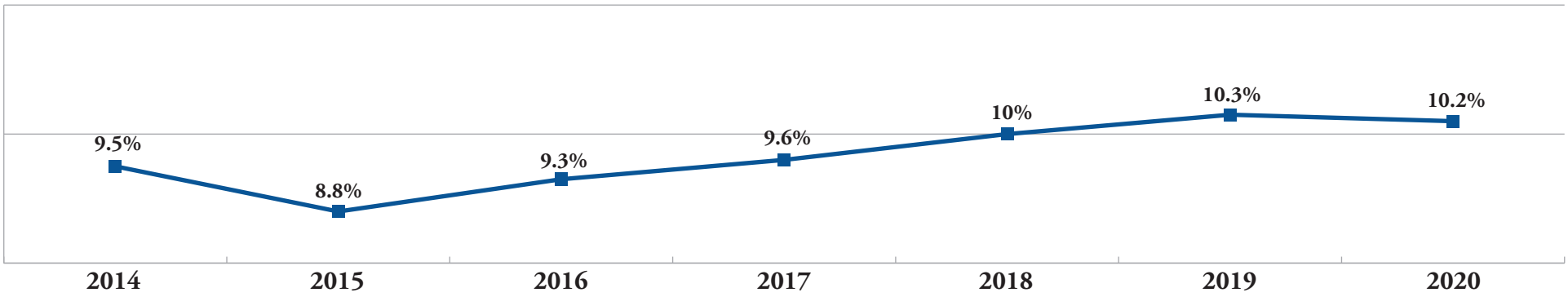
Left untreated, diabetes can cause complications such as vision loss, heart disease, kidney failure, foot problems, nerve damage, etc. In severe cases, it could lead to death. Figure 36 depicts the percentage of those who have ever been told by a doctor that they have diabetes. The data is vital as diabetes is prevalent as it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Audubon, Calhoun, and Carroll counties showed an increase in the years 2018 and 2019. Residents in Greene and Sac counties in the years 2018-2019 revealed data to indicate a decrease in those who have diabetes.

Figure 36: Adult Diabetes (Adults 20 and older who have diabetes)



Source: Centers for Diseases Control and Prevention

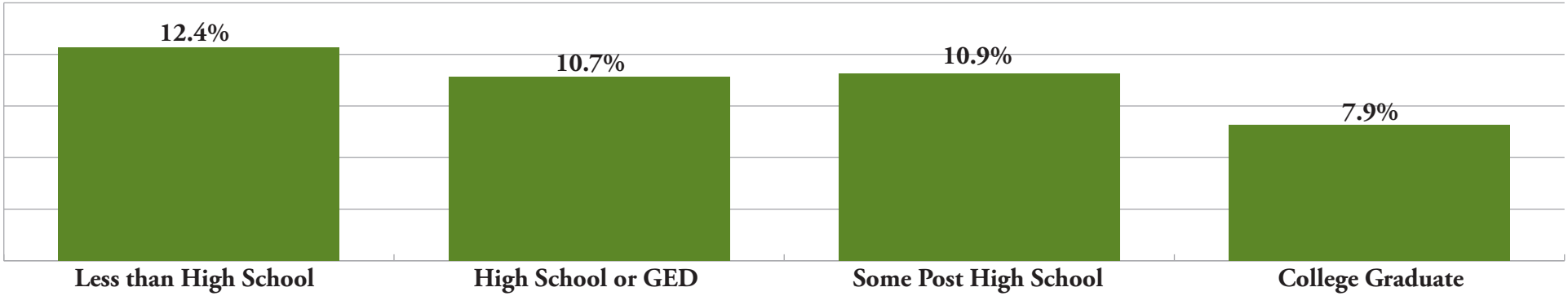
Figure 37: Diabetes Prevalence over the Years in Iowa



Source: Centers for Disease Control and Prevention 2020

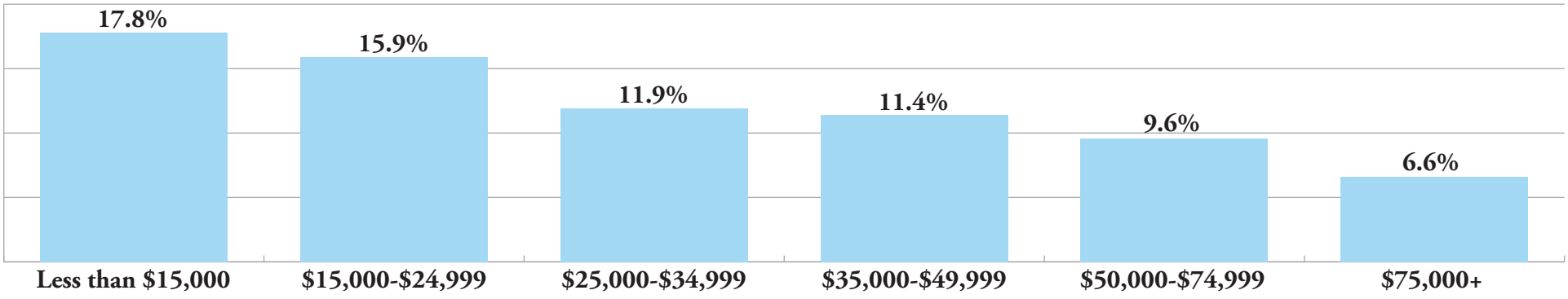
The percentages for adults who have diabetes are higher for those with lower household income and lower educational attainment. Getting diagnosed and seeking treatment for the disease is the best prevention strategy to reduce life-threatening complications. Recognizing early signs of diabetes can potentially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

Figure 38: Diabetes Prevalence by Education Level – 2020



Source: Centers for Disease Control and Prevention 2020

Figure 39: Diabetes Prevalence by Income Level – 2020

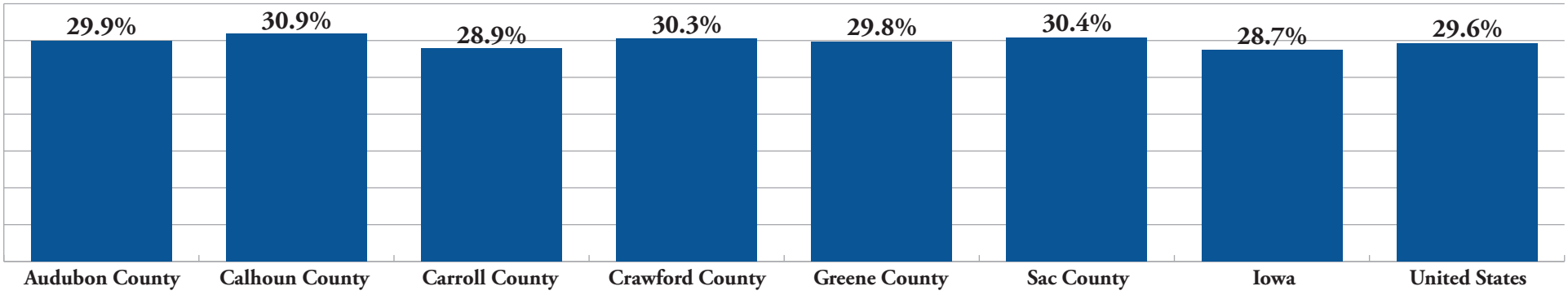


Source: Centers for Disease Control and Prevention 2020

High Blood Pressure

Calhoun County (30.9%) has the highest percentage of adults with high blood pressure among the studied counties, exceeding both the state (28.7%) and the nation (29.6%)

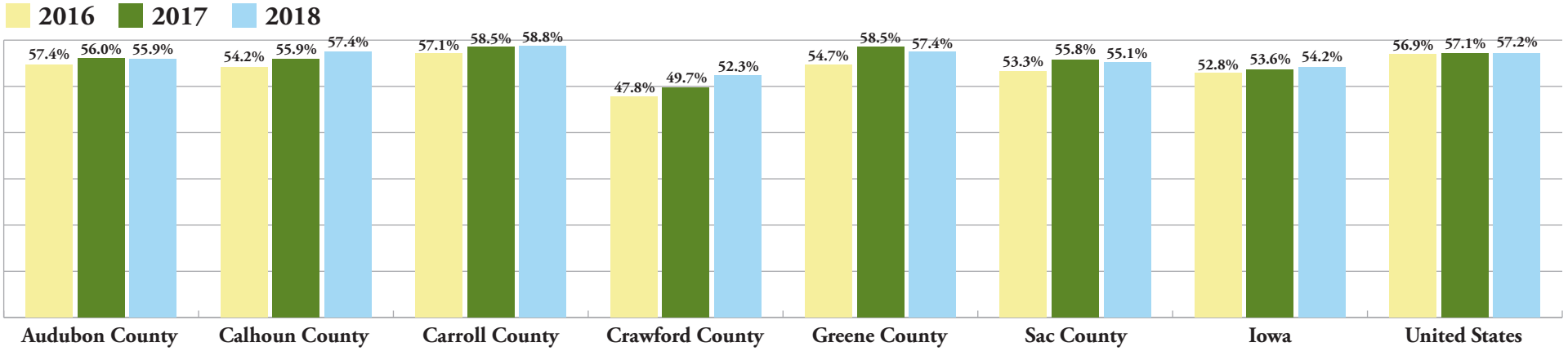
Figure 40: Adults with High Blood Pressure 2019



Source: Centers for Disease Control and Prevention 2019

Within the report area, Carroll County (58.7%) reports the highest percentage of the Medicare population with High Blood Pressure compared to the state (54.2%) and the nation (57.2%).

Figure 41: High Blood Pressure (Medicare Population)



Source: Centers for Diseases Control and Prevention 2018

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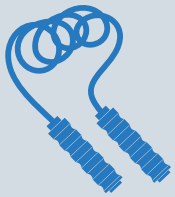
Physical Activity

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

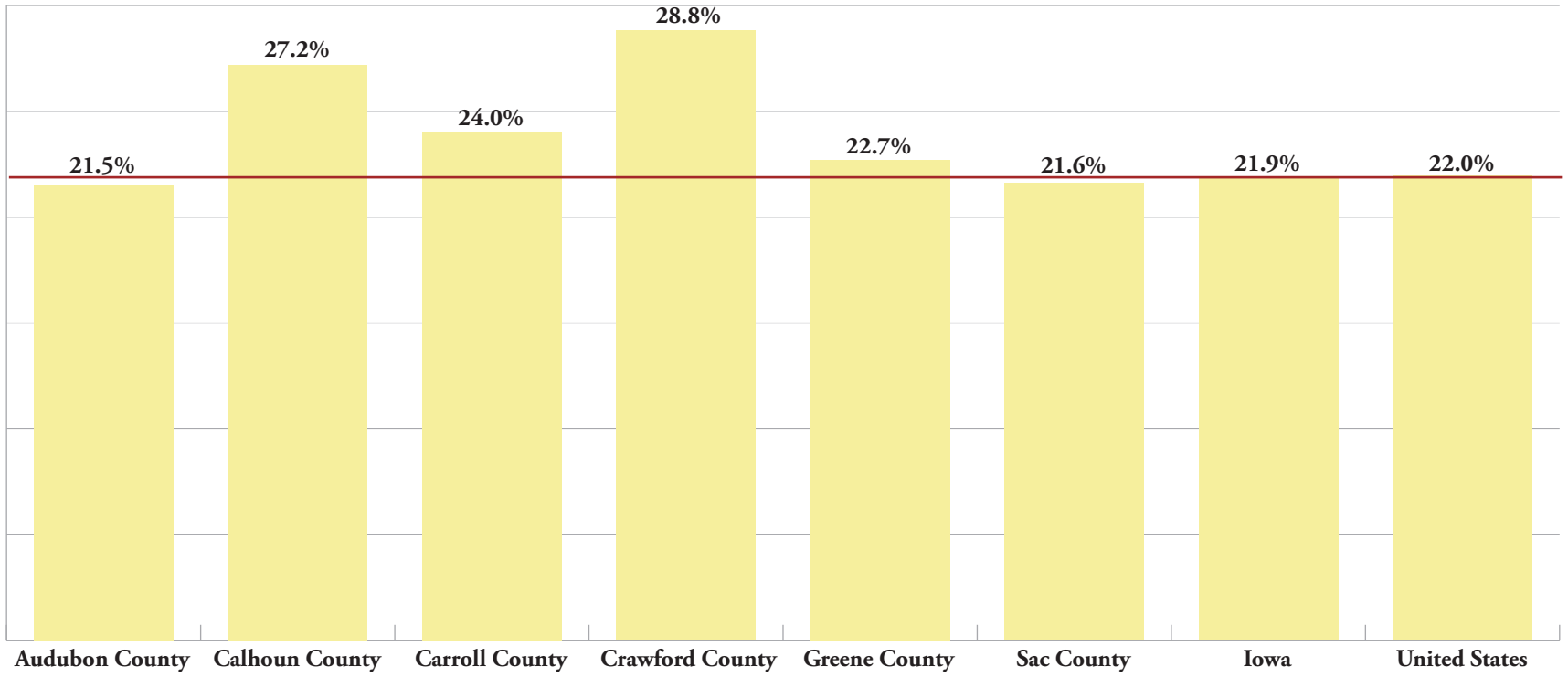
$117 billion in annual health care costs are related to low physical activity

Source: Centers for Disease Control and Prevention

Crawford County (28.8%) and Calhoun County (27.2%) data reported a higher percentage of physical inactivity. Calhoun, Carroll, Crawford, and Greene County reported a higher rate of physical inactivity compared to state and nation.

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 20 and Older with no Leisure Time Physical Activity)



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

Source: Centers for Disease Control and Prevention 2019

Cancers

In 2019, 1,752,735 new cancer cases were reported, and 599,589 people died of cancer nationally. For every 100,000 people, 439 new cancer cases were reported, and 146 people died of cancer. Cancer is the second leading cause of death in the U.S., followed by heart disease. One of every four deaths in the U.S. is due to cancer.[8]

A priority and significant concern from the assessment under chronic diseases is cancer. Cancer is a growing concern and a burden to Iowa and the nation. Eliminating factors such as tobacco use and increasing and improving better health behaviors can reduce factors associated with getting cancer. Reducing cancer and improving the lives of those with cancer requires partnership and strong collaboration from health care institutions, public health, policymakers, advocates, etc., to increase access to screenings and services.

Estimates for 2022 reveal that residents in Carroll County have the highest number of deaths from cancer (145), while residents in Audubon County have the lowest estimated deaths (15). It is also estimated that 20,000 new cancers will be diagnosed among Iowa residents. Carroll County residents will have 135 new patients with cancers (135), followed by Crawford (90) and Calhoun County residents (80).

Table 43: Number of Deaths by County 2022

Number of Deaths	All Sites 2022	Estimates for New Cancers 2022
Audubon County	15	40
Calhoun County	25	80
Carroll County	45	135
Crawford County	30	90
Greene County	20	65
Sac County	20	65

Source: Iowa Cancer Registry 2022

[8] Centers for Disease Control and Prevention

According to the Iowa Department of Public Health, in 2022, an estimated 6,300 Iowans will die from cancer. Lung (1,500), colon/rectum (540), and pancreatic cancers (470) are the top three types of cancers that cause death among Iowans.

Table 44: Estimated Cancer Deaths Among Iowa Residents, 2022

Estimated Cancer Deaths	Estimated Cancer Deaths 2022	Percent of Total
Lung	1,500	23.8
Colon and Rectum	540	8.6
Pancreas	470	7.5
Breast	405	6.4
Prostate	350	5.6
Leukemia	250	4.0
Liver and Intrahepatic Bile Duct	230	3.6
Non-Hodgkin Lymphoma	230	3.6
Esophagus	195	3.1
Brain	185	29
All Others	**1,945**	**30.9**

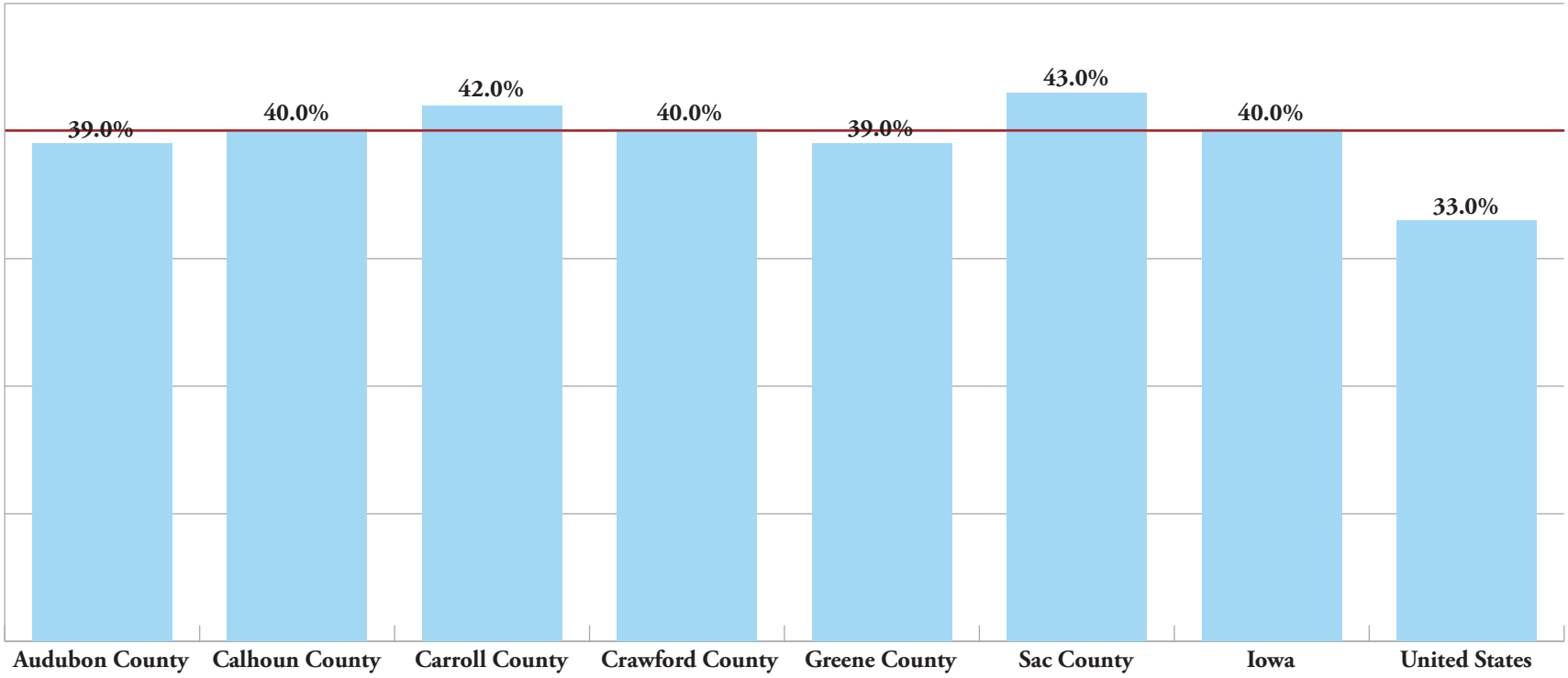
Source: Iowa Cancer Registry 2022

The availability of screenings is essential to reducing the detrimental effects of the disease. Screenings aim to find cancer before symptoms appear while the tumor is localized and small, thereby ensuring the best chance of curing the disease. Engaging in preventive behaviors allows for early detection and treatment of health problems. The data below reveals the lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and social barriers preventing utilization of services.

The American Cancer Society recommends that women undergo regular mammography screening for the early detection of breast cancer. Sac County (43%), followed by Carroll County (42%), reported a higher percentage of female Medicare beneficiaries aged 35 and older that had a mammogram, exceeding both the state (40%) and the nation (33.0%).

Data shows residents in Carroll (42.0%) and Sac (43.0%) counties on Medicare are more likely to obtain a mammogram when compared to the remaining counties in the study. These percentages are also higher when compared to the state (40.0%) and nation (33.0%).

Figure 45: Mammogram Screening (Medicare)

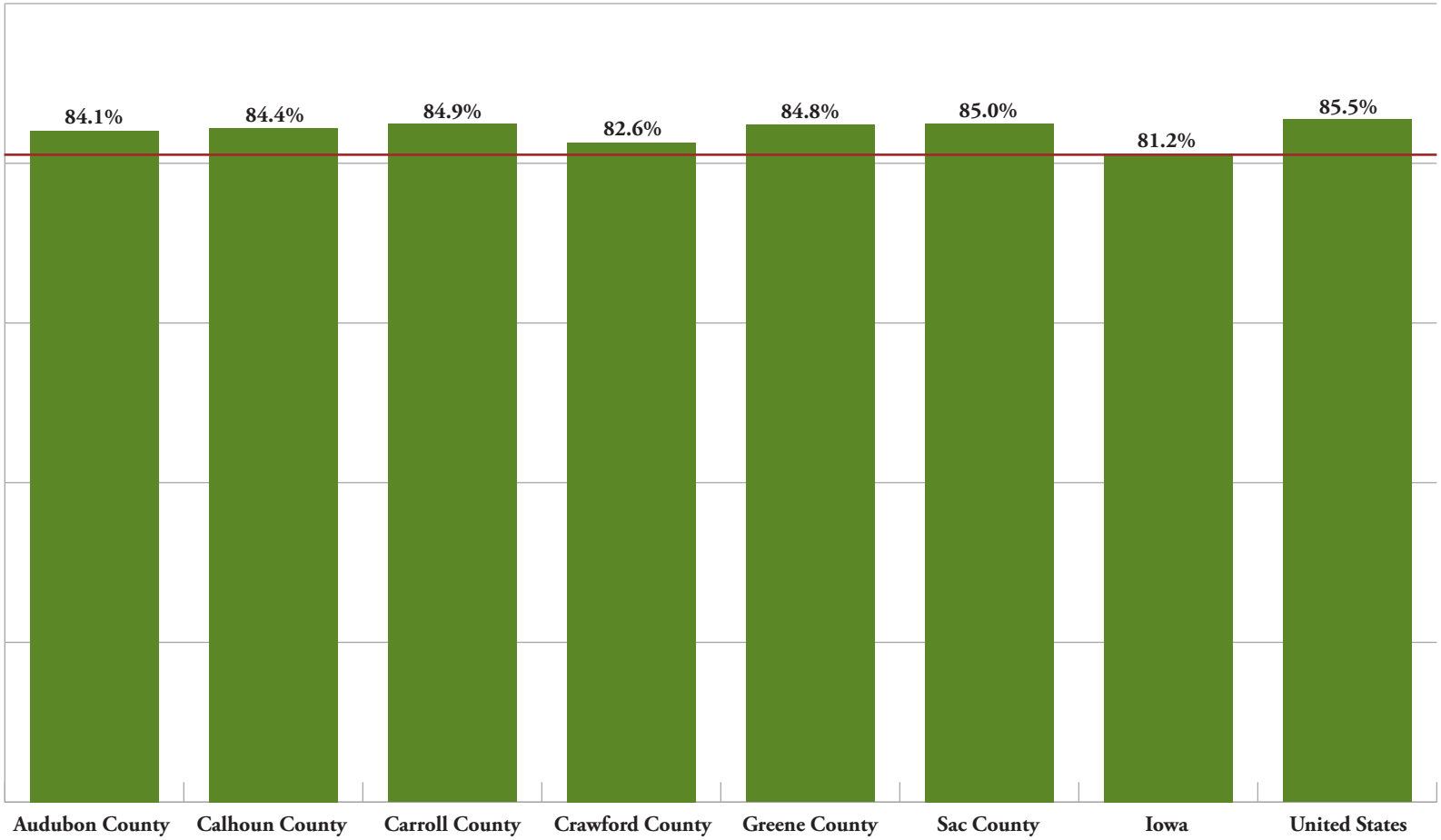


Note: The red line is a reference to where the counties lie when compared to the state.

Source: Centers for Medicare and Medicaid Services 2019

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.

Figure 46: Pap Test Cancer Screening – Age-Adjusted (21 to 65+)



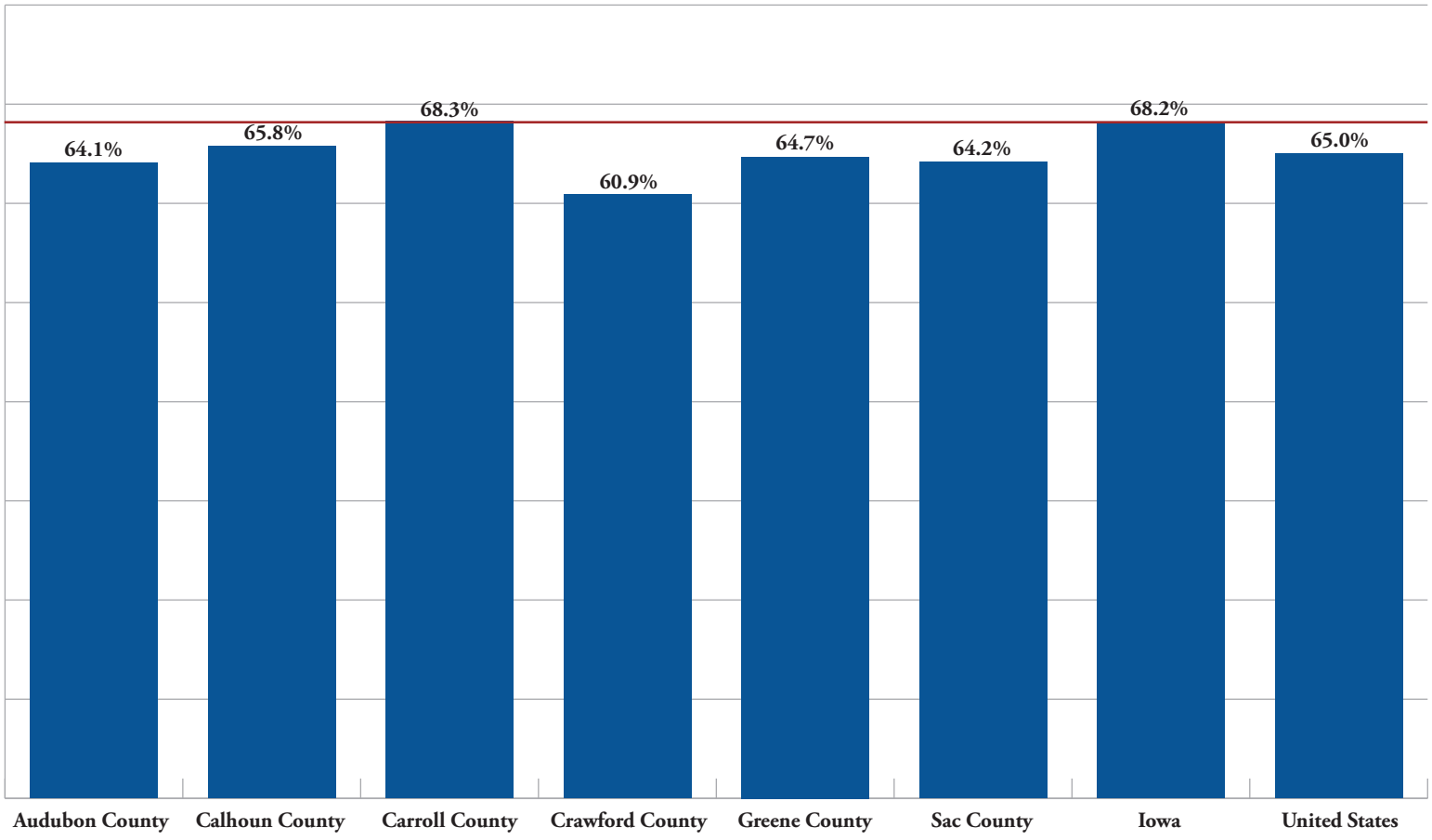
Note: The red line is a reference to where the counties lie when compared to the state.

Source: Centers for Medicare and Medicaid Services 2018

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.

Data shows Crawford County (68.3%) cancer screening for colonoscopy exceeded state (68.2%) and national (65.0%) percentages of residents having a colonoscopy. The remaining counties in the study area fall below the percentages when compared to the state.

Figure 47: Colonoscopy Screening (Age-Adjusted adults 50+)



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

Source: Centers for Medicare and Medicaid Services 2016-2020

Live Healthy

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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.

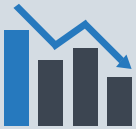
Living and following a healthy lifestyle is not just about avoiding diseases; it is also about the mental and social well-being of the individual, as well. Incorporating and adopting a healthy lifestyle provides a healthy landscape for others in the family to implement.

ST. ANTHONY Regional Hospital

National Fast Facts

9 in 10 Americans consume too much sodium.

The birth rate for mothers aged 15-19: **15.4** live births per **1,000** females.



1 in 6 pregnant women have iron levels that are too low.

Nearly **$173 billion** a year is spent on health care for obesity.

Source: Centers for Diseases Control and Prevention

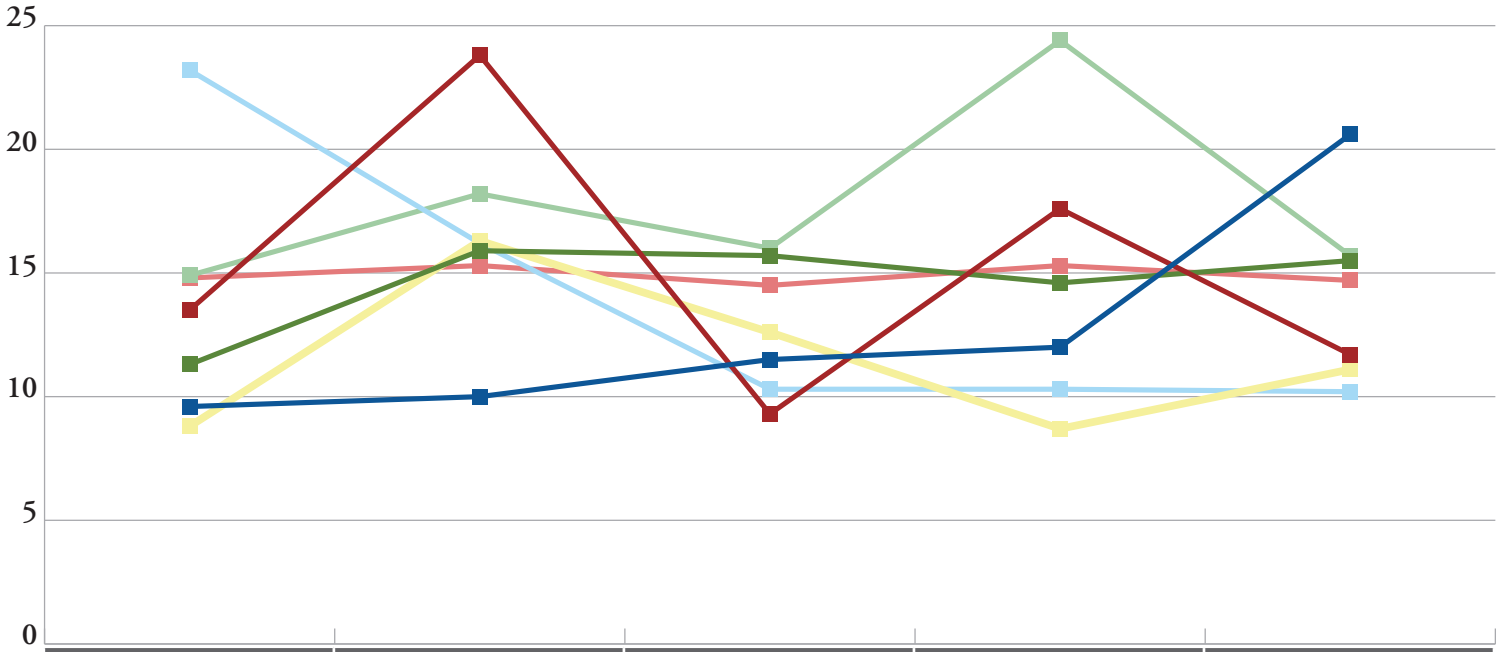
Women play a leading role in the majority of families' health care decisions. Most caregivers are women and are the primary health care decision-makers in particular for their children. Thus, it is imperative that women have sufficient information, knowledge, and tools to fulfill the multiple hats they 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 and Prevention
[10] Centers for Disease Control and Prevention

Audubon, Carroll, and Crawford counties saw an increase in the number of women who had heart disease in the years 2019-2020. Calhoun, Green, and Sac counties in the years 2019 and 2020 saw a decline in the number of females who had heart disease. In 2020, Audubon (20.6), Carroll (15.5), and Sac counties (14.7) had a higher rate for women with heart disease when compared to the state rate of 14.7 (per 10,000).

Figure 48: Gender and Heart Disease over the Years (Per 10,000 Population)



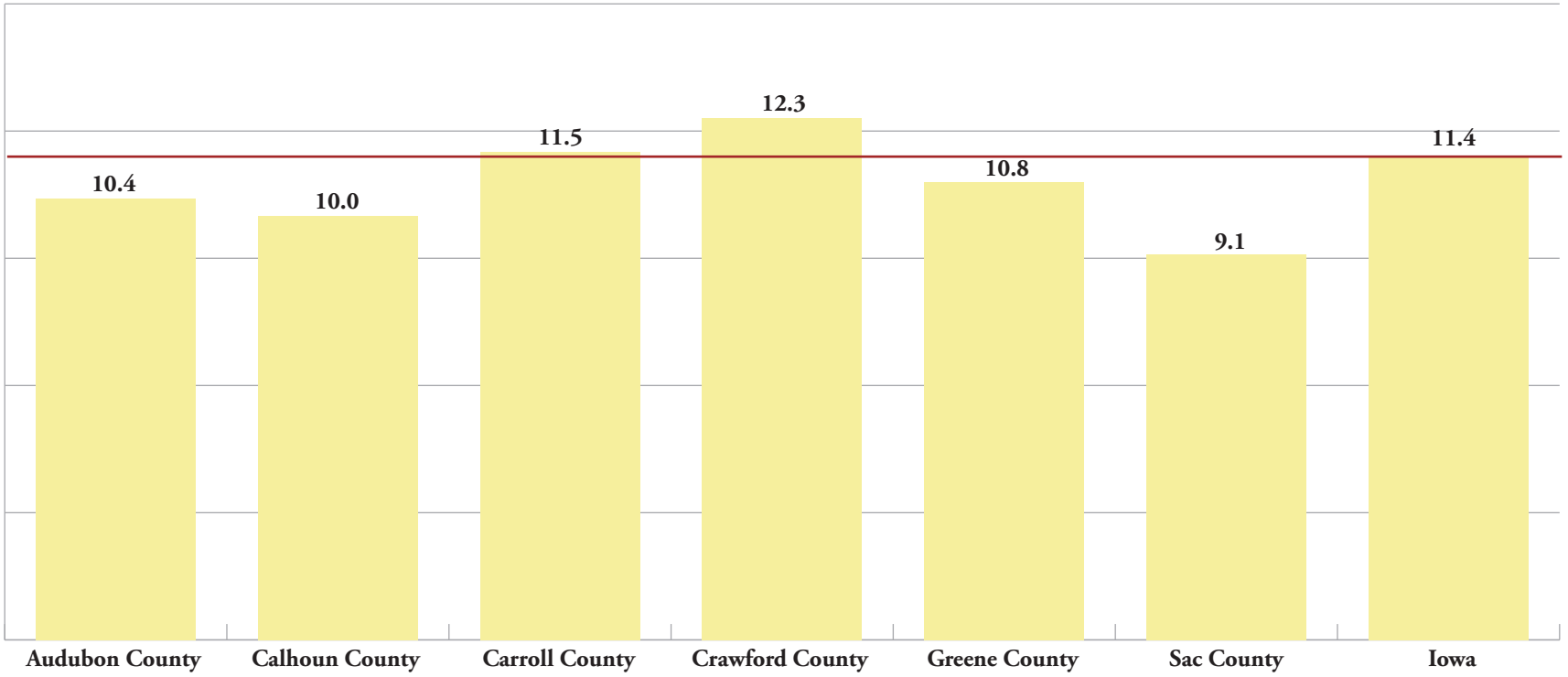
	2015	2016	2017	2018	2019
Audubon County	26.7	25.0	22.1	24.2	25.8
Calhoun County	28.2	25.2	30.2	26.3	25.7
Carroll County	25.7	29.2	35.2	31.6	32.9
Crawford County	27.2	27.2	26.1	32.2	29.8
Greene County	30.0	25.2	28.3	29.9	28.4
Sac County	26.5	26.3	26.5	30.1	27.4
Iowa	28.8	28.5	31.6	32.0	32.3

Source: Iowa Department of Health: Iowa Public Health Tracking Portal 2020

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 St. Anthony's service area.

In 2020, Carroll (11.5) and Crawford (12.3) counties had the most live births, higher than the remaining counties and higher than the state (11.4).

Figure 49: Live Births per 1,000 Births 2020



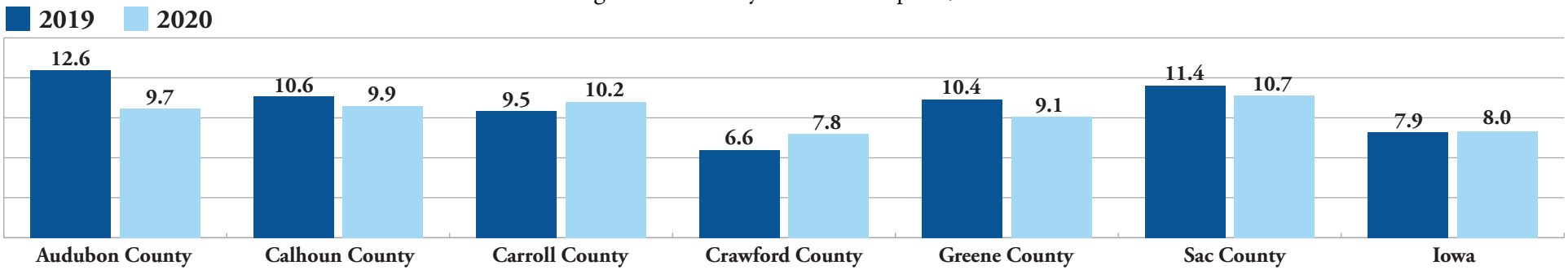
Note: The red line is a reference to where the counties lie when compared to the state.

Source: Iowa Department of Health: Iowa Public Health Tracking Portal 2020

In 2020, there were 1,365 live births in the state for mothers aged 15-19. Specifically, Calhoun County had five live births, Carroll had 7, and Crawford County had 14. Data was suppressed for Audubon, Green, and Sac counties.

The graph below denotes the county death rates for the years 2019 and 2020. Audubon, Calhoun, Greene, and Sac counties reported a decline in death rates between the years 2019 and 2020; however, Carroll, Crawford, and the state saw the reverse, respectively. In 2020, Audubon (9.7), Calhoun (9.9), Carroll (10.2), Greene (9.1), and Sac (10.7) counties saw higher rates of death when compared to the state (8.0).

Figure 50: County Death Rates per 1,000



Source: Iowa Department of Health: Iowa Public Health Tracking Portal 2020

The percentage of birth weighing less than 5.5 pounds in 2020 ranged from 0.85% - 3.13% 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 2020, premature births ranged from 4.32% - 17.53%. For St. Anthony's primary service area, premature births ranged from 7.41% - 9.36%. Data was suppressed for Audubon and Calhoun counties.[11]

For the 2022 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.

[11] Iowa Department of Health: Iowa Public Health Tracking Portal 2020

Conclusions and Recommendations

St. Anthony Regional Hospital has completed its 2022 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 2019 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.

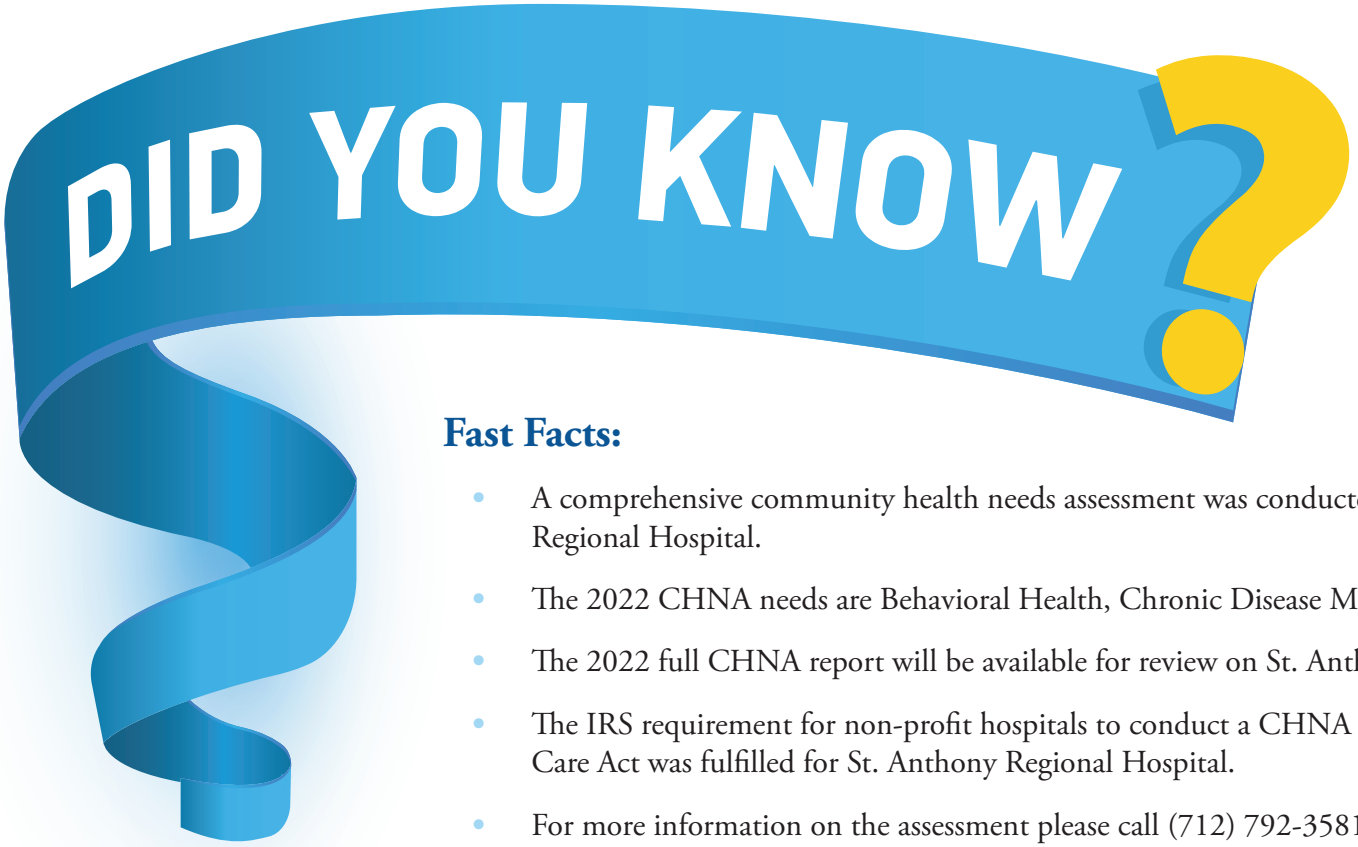
Data Gaps

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

Consultants

St. Anthony Regional Hospital contracted with Tripp Umbach, a private healthcare consulting firm with offices throughout the United States, to complete a community health needs assessment (CHNA). Tripp Umbach has worked with more than 300 communities in all 50 states. In fact, more than one in five Americans live in a society where our firm has worked.

From community needs assessment protocols to fulfilling the PPACA IRS 990 requirements, Tripp Umbach has turned needs assessments into practical action plans with sound implementation strategies, evaluation processes, and funding recommendations for hundreds of communities. Tripp Umbach has conducted more than 400 community health needs assessments and has worked with more than 800 hospitals.

Changes introduced as a result of the PPACA have placed an increased level of importance on population health and well-being and on collaborative efforts among providers, public health agencies, and community organizations to improve the overall health of communities.

Tripp Umbach

Turning Ideas Into Action

Appendix

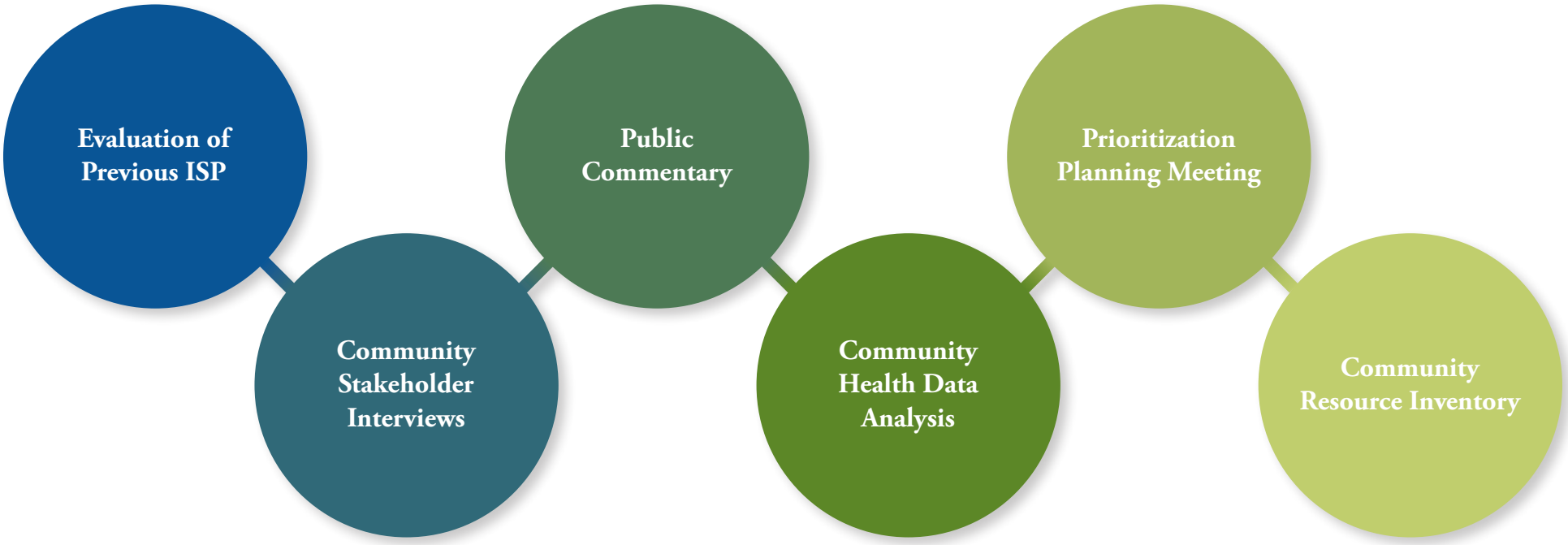
A) Community Health Needs Assessment Process

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 2022 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 FY19 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 FY22.

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 51: Community Health Needs Assessment Process Flow Chart



B) Evaluation of Previous FY2019 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 2022 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 FY19 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 FY22.

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.

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

ST. ANTHONY Regional Hospital

Overall Community Feedback

- 80% rated the health/human services in the community as excellent/very good.

Health/Social Concerns in the Community (Top Six)

1. Behavioral Health
2. Obesity
3. Aging Problems
4. Tobacco Abuse
5. Poor Diet
6. Lack of exercises

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
5. Community health education
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.

How did COVID-19 Further Impact Care? Overall Themes

- People did not seek routine care.
- It changed everyone's lives. The homeless do not have much, and the mentally ill are challenged.
- It delayed non-emergency care, reduced services, and increased mental health-suicide rates.
- Greater impact on vulnerable populations due to overall fear, losing their job, and not having much education on the topic.
- Lack of acknowledgment, empathy, and care.
- It impacted all resources and availability of resources.
- Populations were scared to get care.
- Created isolation.
- Fear of being unemployed.
- Lack of available daycare/childcare.

C) Community Stakeholder Interviews

How did Telemedicine/Virtual Platforms Ease Access to Care? Overall Themes

- People did not have to travel for care.
- Those with technology knowledge know how to use the platform. Mental health services were effective, and the platform is not being used to its full potential.
- It made health care services easier to access but did not help with health care and being properly diagnosed.
- Wonderful if you know how to use it.
- It impacted the diagnosis of a health care specialist. Not an accurate diagnosis.
- The platform is not hands-on, which limits examinations.
- It provided more frequent visits.
- It has provided greater access to care.
- Easy access but care was not high-quality.
- No broadband in rural areas. It is hard to access. Low-income populations do not have technology access, so it did not help this population.

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 (i.e., specifically in Grundy County).
- 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's works hard to address issues, their process gives good information, and they addressed it.
- The need for maternal child services. St. Anthony's is not a critical access hospital.
- Local hospitals do not deliver babies, so patients travel for this care.
- Cancer issues in Carroll County. Build a cancer center, so the commute is short; this would meet cancer disparities.

D) Public Commentary

Comments related to the 2019 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 2019 CHNA and implementation planning process. The public comments are a summary of stakeholders' feedback regarding the former documents.

When asked whether the assessment "included input from community members and organizations," 40% reported yes, 10% reported no, and 50% were unsure.

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.

When asked if the implementation strategies were directly related to the needs identified in the CHNA, 40% reported yes, 10% reported no, and 50% were unsure.

D) Public Commentary

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

Table 52: 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, Johns Hopkins University, Kaiser Family Foundation, National Center for Education Statistics, The Substance Abuse and Mental Health Services Administration (SAMHSA), Healthy People 2020, 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. Tripp Umbach used secondary data sources 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 Diseases (STDs)
- Socioeconomic Factors
- ZIP Code Level Data

E) Community Health Data Analysis

Community Needs Index (CNI)

Tripp Umbach obtained data from Dignity Health and Truven Health Analytics to quantify the severity of health disparities. Truven Health Analytics provides data and analytics to hospitals, health systems, and health-supported agencies.

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.

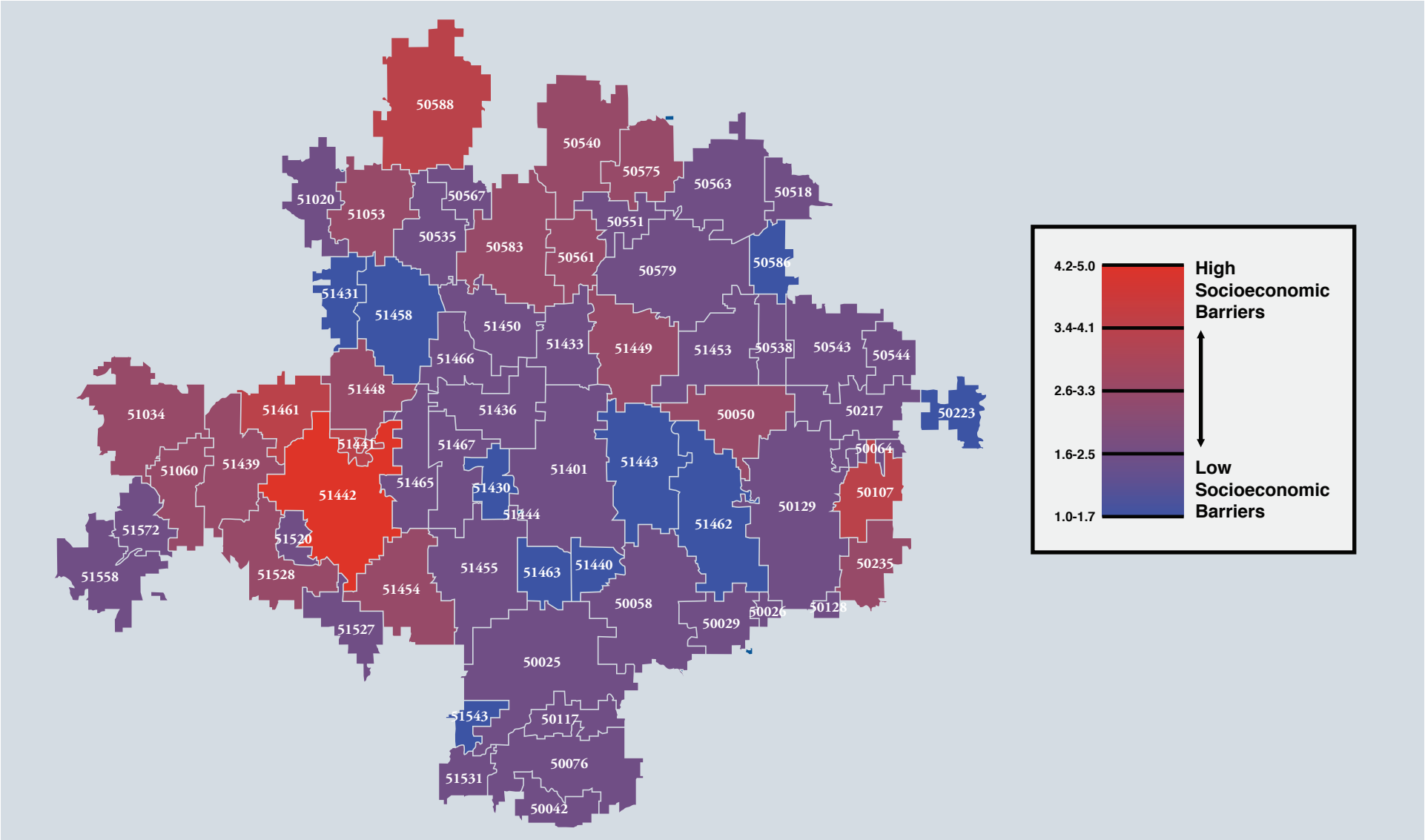
The ZIP codes reflect the primary service area of St. Anthony Regional Hospital. The CNI scores within each of the ZIP codes will be able to assist the hospital as the implementation planning strategies will require efforts in specific geographic locations.

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.

ST. ANTHONY Regional Hospital

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



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

Source: Dignity Health; Truven Health Analytics

E) Community Health Data Analysis

ST. ANTHONY Regional Hospital

Figure 54: CNI Summary of ZIP Codes

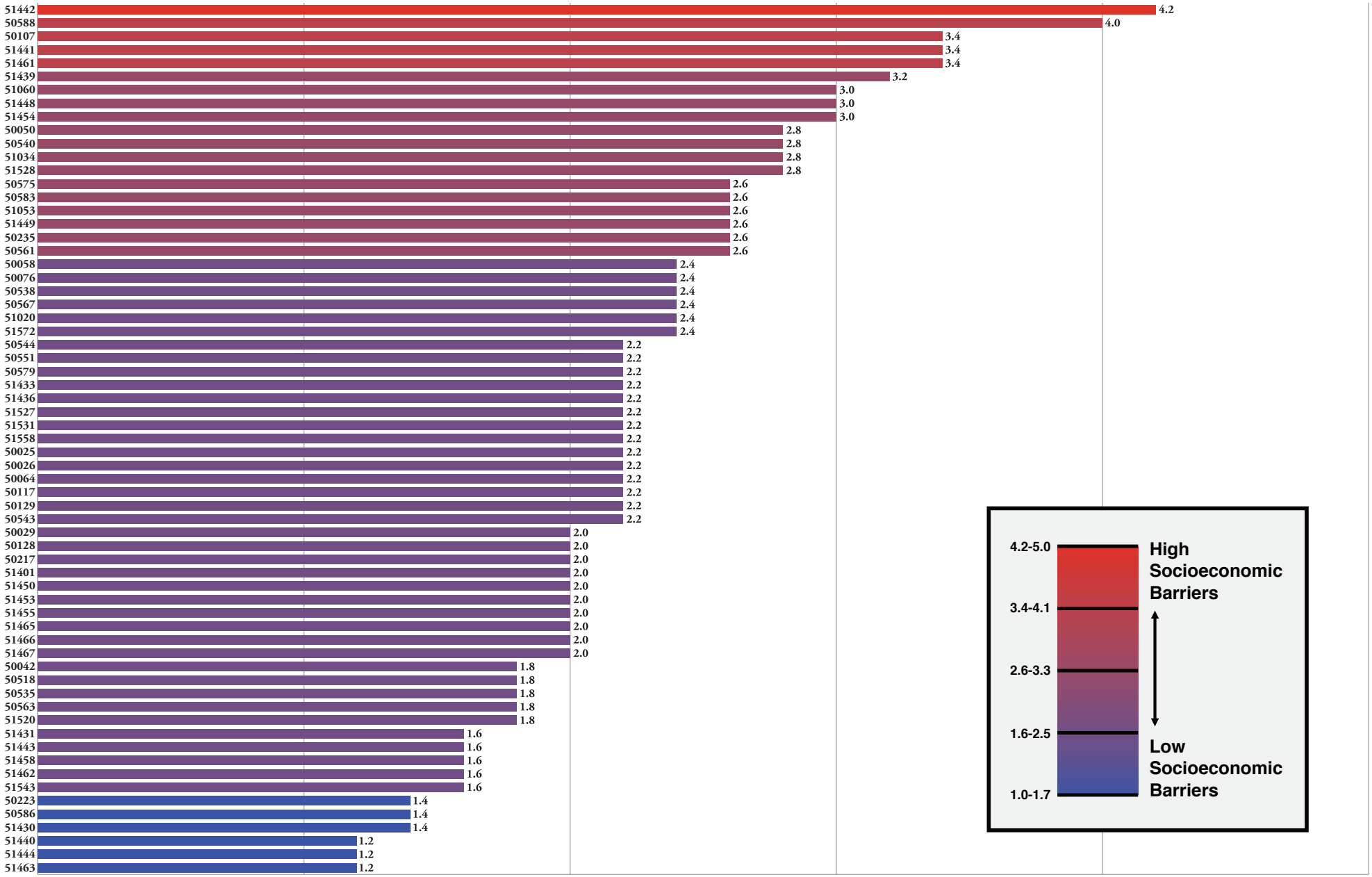


Table 55: Ten Highest CNI ZIP Code

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

Source: Dignity Health; Truven Health Analytics

Table 56: Eleven Lowest CNI ZIP Code

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

Source: Dignity Health; Truven Health Analytics

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.

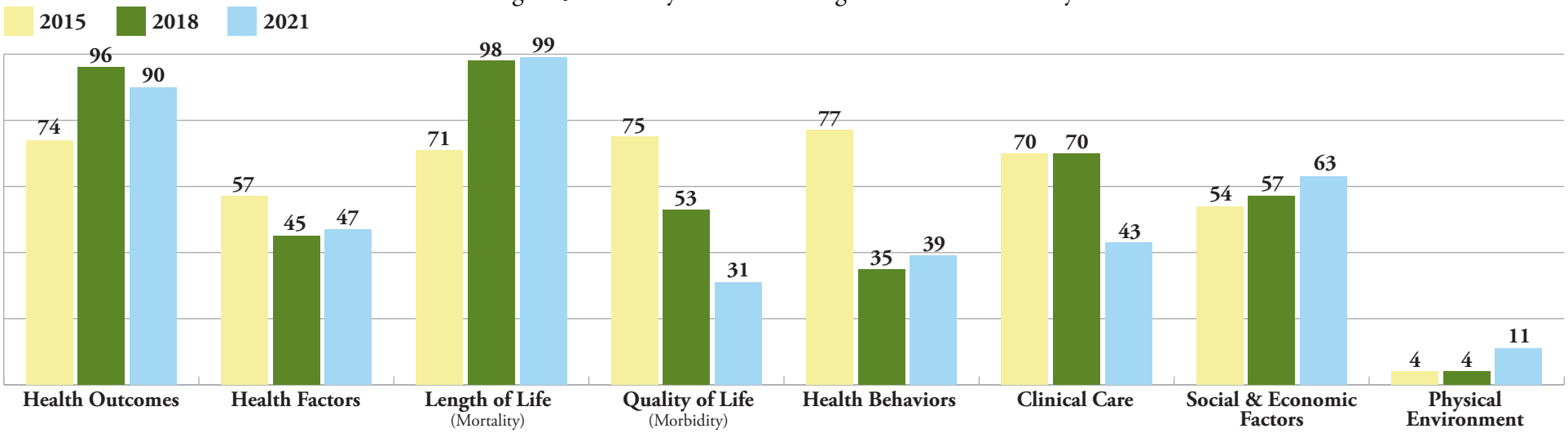
Table 57: 2021 County Health Rankings

	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

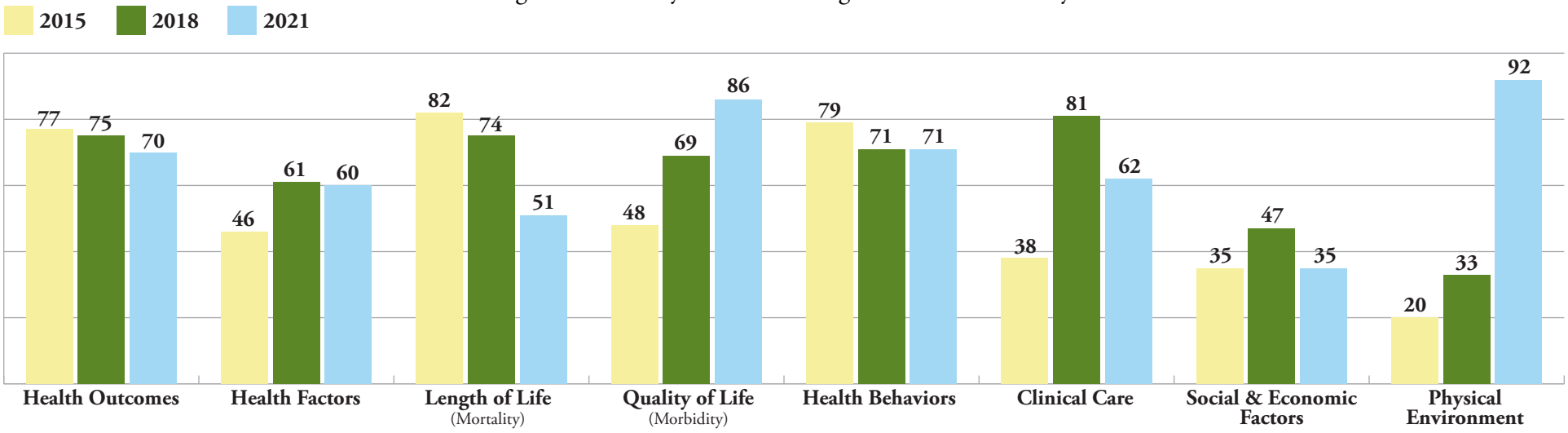
E) Community Health Data Analysis

Figure 58: County Health Rankings for Audubon County



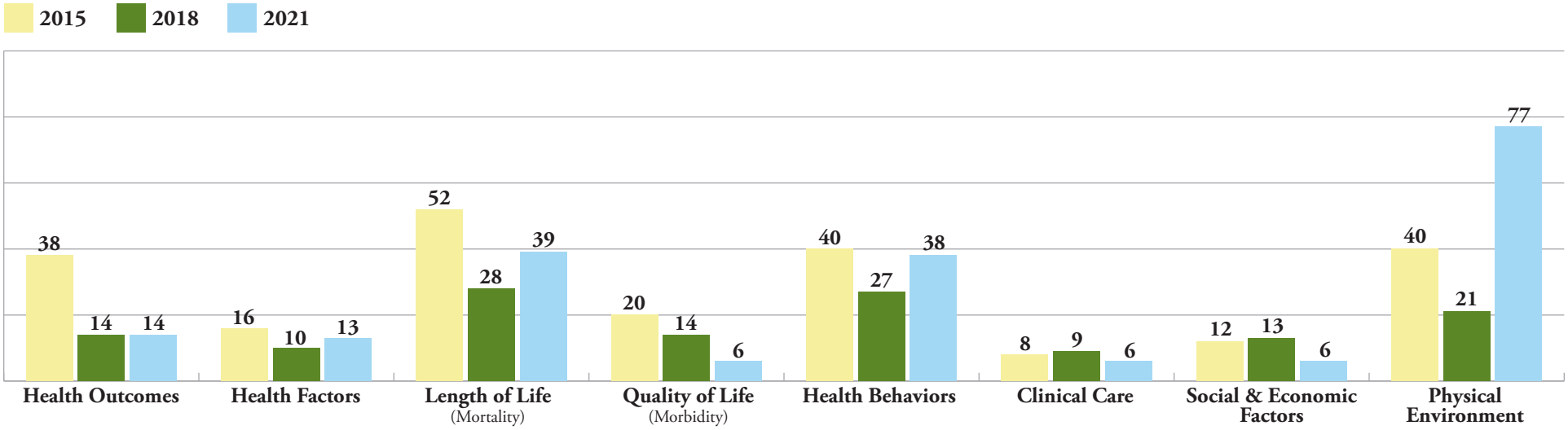
Source: County Health Rankings & Roadmaps

Figure 59: County Health Rankings for Calhoun County



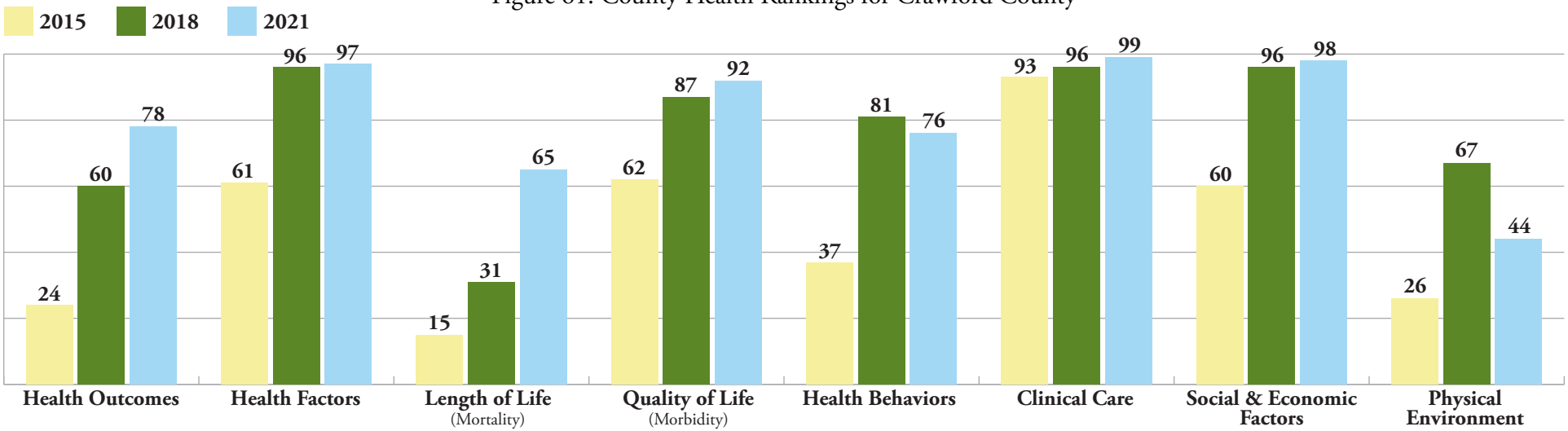
Source: County Health Rankings & Roadmaps

Figure 60: County Health Rankings for Carroll County



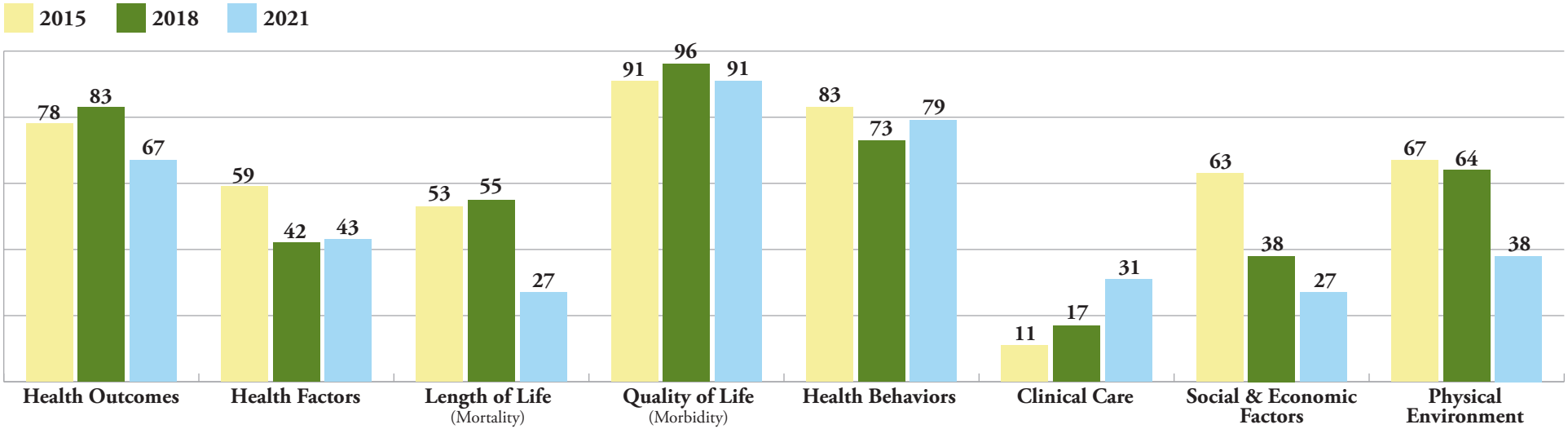
Source: County Health Rankings & Roadmaps

Figure 61: County Health Rankings for Crawford County



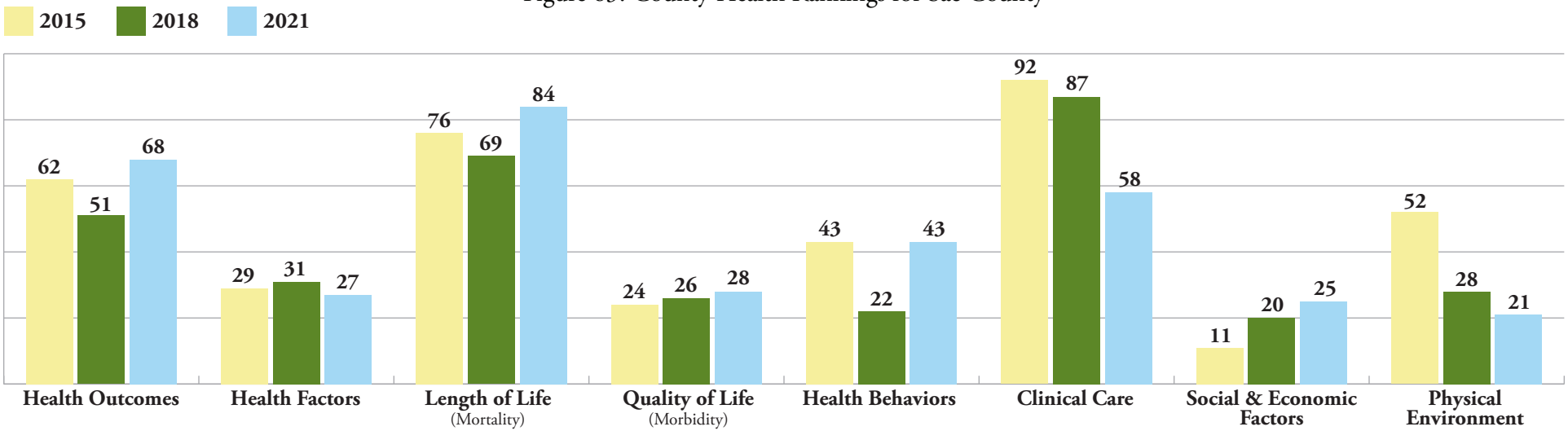
Source: County Health Rankings & Roadmaps

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 2021:

Iowa Ranks:

- 7th for Social Economic Factors
- 18th Physical Environment
- 10th for Clinical Care
- 27th for Behaviors (e.g., nutrition and physical activity, sexual health, sleep health, and smoking and tobacco use)
- 29th Health Outcomes

Iowa Strengths:

- The low percentage of households with food insecurity
- High rate of high school graduation
- The 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

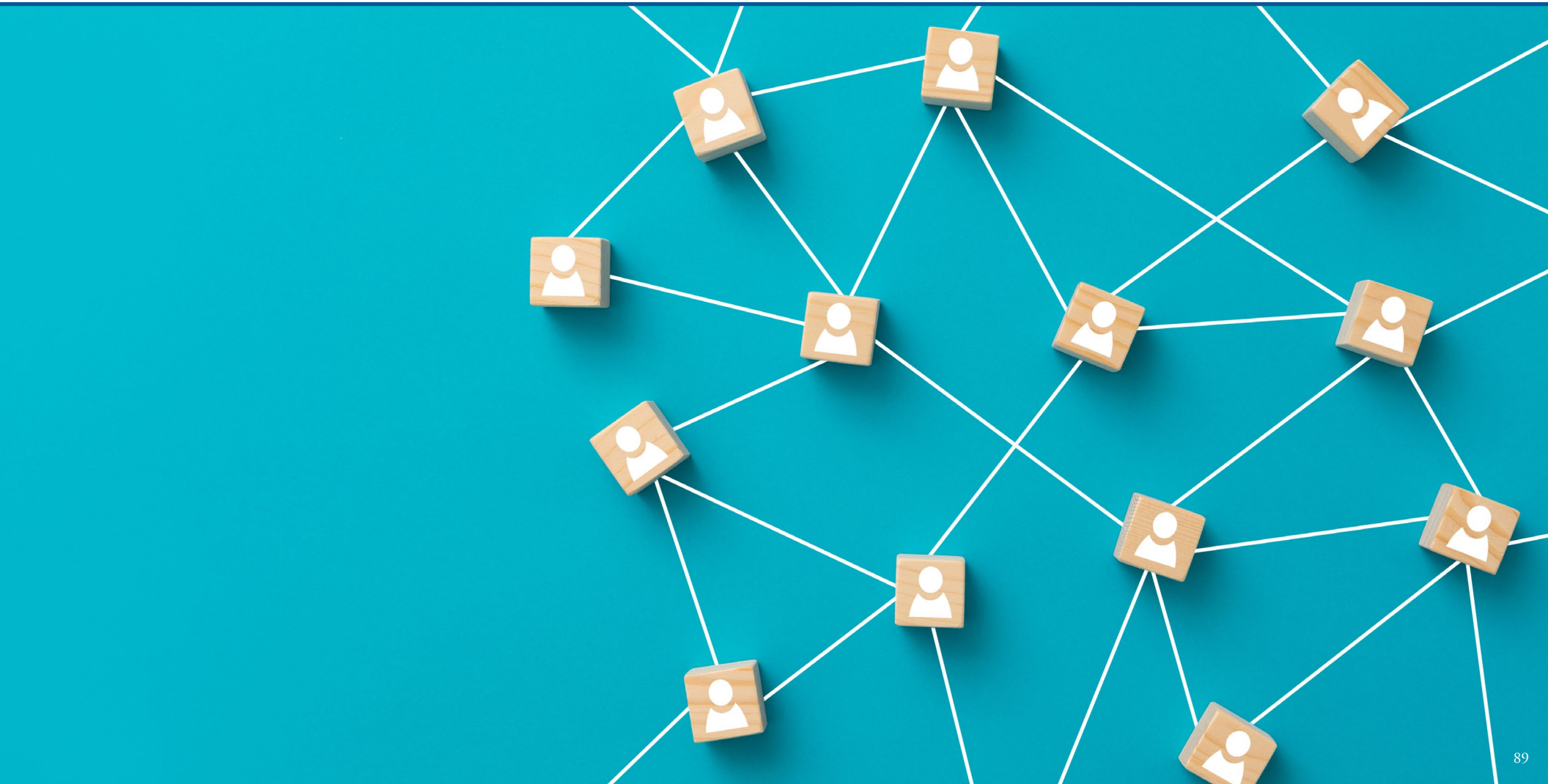
Iowa Highlights:

- Public health funding increased 77% from $91 to $161 between 2017-2018 and 2019-2020
- Food insecurity decreased 35% from 10.6% to 6.9% of households between 2013-2015 and 2018-2020
- Suicide increased 29% from 13.2 to 17.0 deaths per 100,000 population between 2014 and 2019

F) Community Resource Inventory

ST. ANTHONY Regional Hospital

An inventory of programs and services specifically related to the key prioritized needs was cataloged by Tripp Umbach. 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 FY2022. 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

Sara Gonnerman	Co-Chief Nursing Officer; St. Anthony Regional Hospital
Eric Salmonson	Vice President/Chief Financial Officer; St. Anthony Regional Hospital
Bailee Schleisman	Vice President of Quality; St. Anthony Regional Hospital
Sara Schulte	Clinical Supervisor; St. Anthony Regional Clinics
Nikki Schwering	Director of Home Health, Hospice
Cheri Theulen	Co-Chief Nursing Officer; St. Anthony Regional Hospital

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