Community Health Implementation Strategy FY22 - FY2024

St Anthony Regional Hospital and Nursing Home

Implementation Strategy

Introduction

This implementation strategy describes how St. Anthony Regional Hospital and Nursing Home will address significant community health needs in its service area for the 2022 – 2024 period. These needs were identified in the 2022 Community Health Needs Assessment (CHNA), approved by the Hospital Board in June 2022. This most recent CHNA was conducted to support St. Anthony's mission to provide high quality services to their patients and community, and in compliance with Internal Revenue Service regulations for non-profit hospitals – Section 501(r)(3). This implementation strategy outlines the significant community health needs described in the CHNA that the Hospital plans to address, although the strategy may be modified as needed, determined by the monitoring of the identified health issues, activities, community partners and other resources, and other relevant data and information. While the work described in the implementation strategy focuses on addressing significant health needs identified in the CHNA, other essential health programs and activities will also continue.

2022 Community Health Needs Assessment Summary

St Anthony Regional Hospital and Nursing Home conducted the 2022 Community Health Needs Assessment (CHNA) to better understand the health needs in the Hospital's six-county service area and to target interventions focused on selected community health needs. The CHNA will work in coordination with the Carroll County Public Health Department to ensure that community benefit resources address area needs and improve the health of residents in our service area. To determine current health status and needs, secondary data were collected from a variety of sources to present community demographics, social and economic factors, health access, birth characteristics, leading cause of death, chronic disease, and health behaviors. Primary data was collected through key stakeholder interviews and a web-based community survey.

It is estimated that the population of St. Anthony's six county service area was 71,382 in 2019, with Carroll County being the most populated at 20,281. The percentage of the population of adults aged 65 years and older in the service area is higher than the percentage at the state level of 21.71%. The population in the St. Anthony six-county service area is primarily White/Caucasian proficient in the English language. Crawford County has a significant Hispanic population, with more nearly 30% of the population identifying as Hispanic and 14.8% reporting a language other than the English language spoken in the home. Of these, the majority identified that they speak the English language less than "very well". The 2021 County Health Rankings are based on a model of community health that emphasizes factors that influence how long and how well we live. The rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Across the County Health Rankings, the counties in the Hospital's service area rank as high as 6th out of 99 in Carroll County (Quality of Life, Clinical Care, Social & Economic Factors) to a low of 99th in Crawford County (Clinical Care) and 99th in Audubon County (Length of Life).

Behavioral Health

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. Data analyzed supports their concerns. 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. The survey also reflects concern about the social or familiar consequences of reaching out for or providing help that can negatively impact the utilization of available services. 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, and self-reported rates of anxiety, depression, suicidal ideation and suicide attempts among youth throughout the service area are alarming.

Substance Use/Abuse

Adult and youth alcohol use in the service area continues to be a problem, sometimes with dire consequences. Substance use/abuse was cited as an additional area of concern in the survey. 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. 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. Binge drinking remains consistent year over year. Alcohol use by adults in the service area is similar to that throughout the state, but significantly higher than national rates. Tobacco use by both youth and adults is also similar to state rates but given the dire health consequences for both users and non-users of tobacco, it remains a priority for St. Anthony Hospital. Lastly, opioid misuse and abuse remains a health crisis across the nation and within the St. Anthony service area.

Chronic Disease Management & Prevention

Cancer

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. Data provided by the Iowa Cancer Registry show rates of age-adjusted rate of mortality for all types of cancer higher in the majority of the population in St. Anthony's primary service area, including Carroll County, that are significantly higher than the state rate.

Obesity

Obesity, and the health behaviors associated with it, continue to be among the top priorities of stakeholders engaged through interviews and the community survey by the hospital. Iowa currently ranks seventh in the nation for adult obesity, up from 13th place. Despite concerted and coordinated efforts to address factors influencing the condition, the rate of obesity continued to increase in St. Anthony's service area; as it did in the state of Iowa. Carroll County reported the highest obesity rate within the St. Anthony service area exceeding both state and national percentages. Carroll, Crawford and Greene Counties all exceed national percentages.

Heart Disease

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. These chronic condition death rates reflect an alarming trend when compared to state and national data. Chronic disease may impact populations due to premature deaths associated with poor health management. Audubon, Sac and Crawford Counties all report the highest rates of premature deaths with compared to national and state benchmarks.

Diabetes

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. The most recent data available shows that residents of Audubon, Calhoun, and Carroll counties showed an increase in diabetes diagnosis 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.

High Blood Pressure

The American Heart Association reports that hypertension or high blood pressure is a silent killer and that nearly half of American adults have hypertension. Iowa and many of the residents in the St. Anthony service area are at risk of high blood pressure. Calhoun County has the highest percentage of adults with high blood pressure among the studied counties, exceeding both the state and the nation.

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. 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.

Live Healthy

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

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

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.

Women's Health

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. The leading causes of death for women in Iowa include heart disease, cancer, and chronic lower respiratory diseases.

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.

Following careful interpretation of the data within the Community Health Needs Assessment, the St. Anthony leaders coordinating the CHNA and Implementation Strategy reviewed and discussed the results with the Hospital's Board of Directors. Together with the stakeholder input gathered through the CHNA, the team led the identification of priority health needs using the IRS-recommended criteria of the burden, scope, severity and urgency of the health need; the health disparities associated with the health need; and the importance the community places on addressing the health need.

Significant Health Needs the Hospital will Address

After examining the significant health needs identified in the 2022 CHNA, St. Anthony Regional Hospital and Nursing Home applied the following criteria to identify the health needs it will address: organizational capacity, established partnerships and collaborations, ongoing investment, and institutional competencies and expertise. As a result, St. Anthony will address the following health needs through a commitment of community benefit programs and charitable resources:

1. Behavioral Health
2. Chronic Disease Management & Prevention
3. Live Healthy

For each health need the hospital plans to address, the Implementation Strategy includes anticipated goals, strategies, anticipated impacts, and collaboration between the hospital and other organizations.

Mental Health

Goal 1: Decrease depression among children, youth and adults

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

Anticipated Impacts: Early identification, intervention and treatment options made available to patients and families.

Goal 2: Reduce suicide risk

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

Anticipated Impacts: Early identification, intervention and treatment options made available to patients and families.

Cancer

Goal 1: Increase cancer screenings

Strategy 1.1 Promote Multicomponent Interventions to Increase Cancer Screening: Increased community demand (education, incentives, reminders, media): Increased community access (barriers addressed); Increased Provider Delivery (reminders, incentives, feedback)

Anticipated Impacts: Early identification, prevention strategies, intervention, treatment options, community engagement and education made available to patients and families.

Goal 2: Reduce cancer mortalities

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

Anticipated Impacts: Early identification, prevention strategies, intervention, treatment options, community engagement and education made available to patients and families.

Goal 3: Increase patient access and retention through support services

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

Anticipated Impacts: Engaged health care consumers that are aware and consume available support services

Obesity

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

Strategy 1.1 Use Point of Decision Prompts for Physical Activity in healthcare and community settings
Strategy 1.2 Provide Exercise "Prescriptions" in primary care and other healthcare settings
Strategy 1.3 Promote community-based Social Support for Physical Activity (walking groups, ...)

Anticipated Impacts: Engaged health care consumers that are aware of the benefits of physical activity and healthy living choices.

Goal 2: Increase diabetes prevention and management

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

Anticipated Impacts: Engaged health care consumers that are aware of the benefits of Diabetes prevention strategies, interventions and healthy living choices.

Substance Use

Goal 1: Reduce risky and under-age alcohol use

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

Anticipated Impacts: Engaged health care consumers that are aware of the risks of alcohol misuse and healthy living choices.

Goal 2: Reduce Alcohol-Impaired Driving
Strategy 2.1 Promote media campaign against alcohol-impaired driving
Strategy 2.2 Promote "Every 15 Minutes" program in local high schools

Anticipated Impacts: Engaged health care consumers that are aware of the risks of alcohol misuse and healthy living choices.

Goal 3: Reduce use of tobacco products

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

Anticipated Impacts: Engaged health care consumers that are aware of the benefit of smoking cessation, associated risk of tobacco use and healthy living choices.

Goal 4: Reduce misuse and abuse of opioids

Strategy 4.1 Participate in the Billion Pill Pledge program
Strategy 4.2 Promote appropriate opioid prescribing practices among St. Anthony providers

Anticipated Impacts: Engaged health care consumers that are aware of the risks associated

with the use, misuse, and abuse of opioids.

Womens Health

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

Strategy 1.1 Increase knowledge of services available to child bearing families within the service area

Strategy 1.2 Increase facilitation of child bearing families into support services within the St. Anthony service area.

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

Strategy 2.1 Identify point of contact with local hospitals, providers, and public health entities within the local community of child bearing families

Strategy 2.2 Develop formal process of care coordination activities to facilitate communication between Birth Place medical staff and local providers

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

Strategy 3.1 Maintain efforts aimed at child abuse prevention

Strategy 3.2 Increase access to services for women experiencing post-partum depression.

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

Strategy 4.1 Reduce primary C-section rates

Strategy 4.2 Increase additional physician providers to provide obstetrical and gynecological care with the St. Anthony service area

Strategy 4.3 Increase training and advanced certifications for nursing staff providing care to mothers and babies within the St. Anthony service area

Strategy 4.4 Complete infrastructure improvements to the Birth Place at St. Anthony.

Anticipated Impacts: Improved access to quality obstetrical and gynecological services and support within the St. Anthony service district.

Evaluation of Impact

St. Anthony Regional Hospital and Nursing Home will monitor and evaluate the programs and activities outlined above. The hospital has a system that tracks the implementation of the strategies and documents the anticipated impact. The reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served, increases in knowledge or changes in behavior as a result of planned strategies, and collaborative efforts to address health needs. An evaluation of the impact of the Hospital's actions to address these significant health needs will be reported annually to hospital leaders and partners, with a final progress report to be included in the next scheduled Community Health Needs Assessment.

Health Needs the Hospital will not Address

Taking existing hospital and community resources into consideration, St. Anthony's cannot address all the health needs present in the community; therefore, it will concentrate on those health needs that can most effectively be addressed given the organization's areas of focus and expertise. The Hospital will not directly address some health needs identified in the CHNA.

Evidence-Based Interventions for Discussion

Behavorial Health

Mental Health

In alignment with the Iowa Healthiest State Initiative, St Anthony Regional Hospital and Nursing Home will continue to focus on reducing the stigma surrounding mental health by "starting conversations and increasing understanding of mental health."

The 2023 -2027 Iowa State Health Improvement Plan (SHIP) identifies Access to Care: Behavorial Health as a key component and priority area of focus within the state of Iowa. The SHIP has identified the following goals 1) Improve access to inclusive behavioral health services in Iowa; 2) To strengthen Iowa's behavioral health system by increasing available resources and capacity; 3) To reduce behavioral health stigma in Iowa.

"Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. This collaboration is designed to 1) improve the routine screening and diagnosis of depressive disorders; 2) increase provider use of evidence-based protocols for the proactive management of diagnosed depressive disorders; and 3) improve clinical and community support for active patient engagement in treatment goal setting and self-management…

The Community Preventive Services Task Force recommends collaborative care for the management of depressive disorders based on strong evidence of effectiveness in improving depression symptoms, adherence to treatment, response to treatment, and remission and recovery from depression. The Task Force also finds that collaborative care models provide good economic value based on the weight of evidence from studies that assessed both costs and benefits." (Community Prevention Services Task Force, 2014).

Adolescent Depression

Screening for Adolescents

" Many MDD screening instruments have been developed for use in primary care and have been used in adolescents. Two that have been most often studied are the Patient Health Questionnaire for Adolescents (PHQ-A) and the primary care version of the Beck Depression Inventory (BDI). Data on the accuracy of MDD screening instruments in younger children are limited…. The USPSTF found no evidence on appropriate or recommended screening intervals, and the optimal interval is unknown. Repeated screening may be most productive in adolescents with risk factors for MDD. Opportunistic screening may be appropriate for adolescents, who may have infrequent health care visits." (U.S. Prevention Services Task Force, 2009)

- The Columbia Lighthouse Adolescent Suicide Risk Protocol (Khursand, 2018)

- Screening in Primary Care Settings: PHQ-A and BDI

Prevention Services for Adolescents

"…health and behavioral health departments must be engaged actively and must strategically engage a variety of other public and private partners. The presence of an active public/private coalition is a vital part of such a system so that state level efforts may reach into communities across the state." (National Suicide Prevention Strategy, 2012)

- Engage local stakeholders in Iowa's Connections Matter Initiative (http://www.connectionsmatter.org/) and other efforts to build trauma-informed care services
- Community-led Suicide Prevention Infrastructure and Development of Community Blueprint for Action on Suicide Prevention (multi-sector collaboration) (National Suicide Prevention Strategy, 2012)
- School-based Universal Prevention (Khursand, 2018)
- Cognitive Behavioral Therapy (CBT) Training for Organizations (Kaiser Permanente Center for Health Research, 2015)
- Adolescent Coping with Stress Course POD Teams (Kaiser Permanente Center for Health Research, 2015)
- Penn Resilience for Middle School Children Program (Khursand, 2018)
- Mindfulness (https://childmind.org)

Treatment Services for Adolescents

- STEADY Intervention Manual
- Behavioral Activation Therapy
- Cognitive Behavior Therapy
- Dialectical Behavior Therapy
- Interpersonal Psychotherapy
- Motivational Interviewing
- Medication

Adult Depression

Screening for Adults

"In 2009, the USPSTF recommended screening all adults when staff-assisted depression care supports are in place and selective screening based on professional judgment and patient preferences when such support is not available. In recognition that such support is now much more widely available and accepted as part of mental health care, the current recommendation statement has omitted the recommendation regarding selective screening, as it no longer represents current clinical practice. The current statement also specifically recommends screening for depression in pregnant and postpartum women, subpopulations that were not specifically reviewed for the 2009 recommendation." (U.S. Prevention Services Task Force, 2009)

Prevention Services for Adults

"…health and behavioral health departments must be engaged actively and must strategically engage a variety of other public and private partners. The presence of an active public/private

coalition is a vital part of such a system so that state level efforts may reach into communities across the state." (National Suicide Prevention Strategy, 2012)

- Zero Suicide in Health and Behavioral Health Care Toolkit (Zero Suicide, 2018)
- Community-led Suicide Prevention Infrastructure and Development of Community Blueprint for Action on Suicide Prevention (multi-sector collaboration) (National Suicide Prevention Strategy, 2012)

Treatment for Adults

- Psychotherapy: Cognitive Behavioral Therapy, Interpersonal Therapy, Psychodynamic Therapy (National Alliance on Mental Illness, 2019)
- Psychoeducation Support Groups (National Alliance on Mental Illness, 2019)
- Medication: Selective serotonin reuptake inhibitors, Serotonin and norepinephrine reuptake inhibitors, Norepinephrine-dopamine reuptake inhibitors, Mirtazapine, Second-generation antipsychotics (National Alliance on Mental Illness, 2019)
- Brain Stimulation Therapies: Electroconvulsive therapy, Repetitive Transcranial Magnetic Stimulation (National Alliance on Mental Illness, 2019)
- National Alliance for Mental Illness

Resources

Final Recommendation Statement: Depression in Adults: Screening. U.S. Preventive Services Task Force. May 2019. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening1

Final Recommendation Statement: Depression in Children and Adolescents: Screening. U.S. Preventive Services Task Force. May 2019. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-children-and-adolescents-screening1

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Khursand, Avesta M., "Adolescent Depression Prevention Toolkit" (2018). *Doctor of Nursing Practice (DNP) Projects*. 171. Retrieved from https://scholarworks.umass.edu/nursing_dnp_capstone/171

National Alliance on Mental Illness (2019). *Depression Treatment.* Accessed from https://www.nami.org/Learn-More/Mental-Health-Conditions/Depression/Treatment

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Zero Suicide (2018). Suicide Prevention in Health and Behavioral Health Care. Retrieved from https://zerosuicide.sprc.org/toolkit

Substance Use/Abuse

The U.S Health and Human Services Department's Substance Abuse and Mental Health Services Administration provides an extensive evidence-based resource center for both prevention and treatment programs and services. A key resource available includes *Focus on Prevention: Strategies and Programs to Prevent Substance Use* (SAMHSA, 2017).

Alcohol Use

Youth Alcohol Use

- Alcohol Screening and Brief Intervention for Youth: A practitioner's guide (SAMHSA, 2019)
- Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A step-by-step guide for primary care practices (CDC, 2014)

Adult Alcohol Use

- Addressing Suicidal Thoughts and Behavior in Adult Substance Abuse Treatment (SAMHSA, 2009)
- Adult Drug Court (SAMHSA, 2019)

Tobacco Use

Youth Tobacco Use Prevention and Treatment

- Social media community education campaigns
- Support efforts to prohibit the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors (CDC, 2014 – Healthy People 2020)
- Smoke-free worksites and public spaces (CDC, 2014)
- Increased tobacco screening in healthcare settings (CDC, 2014 – Healthy People 2020)
- Increased tobacco cessation services in healthcare settings (CDC, 2014 – Healthy People 2020)
- Reduced or eliminated co-payments for tobacco cessation services (CDC, 2014)
- Tobacco "Quitline" (proactive telephone tobacco cessation program) (CDC, 2014)

Adult Tobacco Use Prevention and Treatment

- Tobacco "Quitline" (proactive telephone tobacco cessation program) (CDC, 2014)
- Mass media community education campaigns (CDC, 2014)
- Policy advocacy to increase excise tax on tobacco products (CDC, 2014)
- Smoke-free worksites and public spaces (CDC, 2014)
- Increased tobacco cessation services in healthcare settings (CDC, 2014 – Healthy People 2020)
- Reduced or eliminated co-payments for tobacco cessation services (CDC, 2014)
- Increased tobacco screening in healthcare settings (CDC, 2014)

Resources

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Centers for Disease Control and Prevention. Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, 2014.

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Opioid Abuse and Misuse

- Provide patient education relative to opioid abuse and misuse
- Promote thoughtful provider prescribing practices
- Improve patient post-operative pain management
- Reduce diversion of unused post-operative opioids

Resources

Billion Pill Pledge. Retrieved from https://www.billionpillpledge.com/

The Center for Opioid Research and Education Best Practices. Retrieved from https://www.solvethecrisis.org/best-practices

The Opioid Prescribing Engagement Network (OPEN) Prescribing Recommendations. Retrieved from https://michigan-open.org/prescribing-recommendations/

Chronic Disease Management & Prevention

Cancer

- Group education on breast cancer (Community Prevention Services Task Force, 2009)
- Multi-component interventions to increase breast, cervical and colorectal cancer screenings (Community Prevention Services Task Force, 2017)
- Multi-component community-wide skin cancer prevention interventions that include mass media campaigns and environmental and policy changes (Community Prevention Services Task Force, 2014)
- Childcare center and primary school settings education and policy interventions that include teaching children directly about how to protect themselves, educating teachers or parents, handing out brochures or videos, or changing school policies (e.g., scheduling outdoor activities outside of peak sun hours (Community Prevention Services Task Force, 2014)
- Recreational facilities-based education and policy interventions that include educational brochures, sun-safety training and lessons (by experts like lifeguards), making shaded areas more available, and providing sunscreen (Community Prevention Services Task Force, 2014)
- Psychosocial treatment for cancer patients (including provider education on evidence-based treatments) (Anderson & Dorfman, 2016).

Resources

Andersen, B. L., & Dorfman, C. S. (2016). Evidence-based psychosocial treatment in the community: considerations for dissemination and implementation. *Psycho-oncology*, *25*(5), 482–490. doi:10.1002/pon.3864. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4839194/pdf/nihms715672.pdf

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CDC Community Preventive Services Task Force (2017). Increasing Cancer Screening: Multicomponent Interventions – Colorectal Cancer. The Community Guide. Retrieved from https://www.thecommunityguide.org/sites/default/files/assets/OnePager-CancerScreening-Multicomponent-ColorectalCancer.pdf

Diabetes

- Diabetes management programs using Community Health Workers (Community Prevention Services Task Force, 2017)
- Mobile Phone Applications in Healthcare for Diabetes Self-Management (Community Prevention Services Task Force, 2017)
- Intensive Lifestyle Interventions for Patients with Type-2 Diabetes (Community Prevention Services Task Force, 2017)

Heart Disease

- Interactive digital interventions for blood pressure self-management (Community Prevention Services Task Force, 2017)
- Mobile Health Interventions Among Newly Diagnosed Patients Community Prevention Services Task Force, 2018)

Resources

CDC Community Preventive Services Task Force (2017). *Cardiovascular Disease Prevention: Interactive Digital Interventions for Blood Pressure Self-Management.* The Community Guide. Retrieved from https://www.thecommunityguide.org/sites/default/files/assets/OnePager-CVD-Digital-Interventions.pdf

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https://www.thecommunityguide.org/sites/default/files/assets/OnePager-CVD-mHealth-508.pdf

CDC Community Preventive Services Task Force (2017). *Diabetes Management: Interventions Engaging Community Health Workers.* The Community Guide. f Retrieved rom https://www.thecommunityguide.org/findings/diabetes-management-interventions-engaging-community-health-workers

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CDC Community Prevention Services Task Force (2017). *Increasing Physical Activity: Built Environment Approaches*. The Community Guide. Retrieved from https://www.thecommunityguide.org/sites/default/files/assets/OnePager-Physical-Activity-built-environment.pdf

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CDC Community Prevention Services Task Force (2017). *Physical Activity: Interventions Including Activity Monitors for Adults with Overweight and Obesity.* The Community Guide. Retrieved from https://www.thecommunityguide.org/sites/default/files/assets/OnePager-Activity-Monitors.pdf

CDC Community Prevention Services Task Force (2015). *Putting the Community Guide to Work at Workplaces: Partnering to Reach Employers.* The Community Guide. Retrieved from https://www.thecommunityguide.org/sites/default/files/assets/PartneringWorkplaces-WA_0.pdf

CDC Community Preventive Services Task Force (2017). *What Works: Obesity Prevention and Control.* The Community Guide. Retrieved from https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Factsheet-Obesity.pdf

CDC Community Preventive Services Task Force (2017). *What Works: Skin Cancer Prevention.* The Community Guide. Retrieved from https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Factsheet-Skin-Cancer.pdf

High Blood Pressure

- Conduct primary screening at provider point of care
- Provide community education of risks of untreated hypertension
- Promote healthy lifestyle choices for diet and exercise
- Promote preventions strategies to decrease risk of development of hypertension

Resources

American Heart Association. (2023). Health Topics: High Blood Pressure. Retrieved from https://www.heart.org/en/health-topics/high-blood-pressure

Centers for Disease Control and Prevention. (2018). Retrieved from https://tracking.idph.iowa.gov/Health/Heat-Related-Illness

Obesity

- Engage with Iowa Healthiest State initiative and align strategy measures to benchmark service area progress against state data.
- Multicomponent interventions to increase the availability of healthier foods and beverages in schools (Community Prevention Services Task Force, 2017)
- Technology-supported coaching or counseling interventions (Community Prevention Services Task Force, 2017)
- Reduce barriers to affordable nutritious foods for all people in Iowa (Iowa State Health Improvement Plan, 2023).

Physical Activity

- Heath communications and social marketing campaigns (Community Prevention Services Task Force, 2017)
- Interventions to reduce screen time that include skills building, goal setting, reinforcement techniques, and family support encouragement (Community Prevention Services Task Force, 2017)
- Projects or policies combining transportation (e.g., pedestrian or cycling paths) with land use and design components (e.g., access to public parks) (Community Prevention Services Task Force, 2017)
- Safe Routes to Schools (Community Prevention Services Task Force, 2017)
- Physical activity interventions that include activity monitors (Community Prevention Services Task Force, 2017)
- Point of decision prompts to increase use of stairs at schools, worksites and other community sites (Community Prevention Services Task Force, 2005)
- Promote and support worksite interventions (Community Prevention Services Task Force, 2015)
- Increase engagement in active living among all people in Iowa (Iowa State Health Improvement Plan, 2023).

Live Healthy

St Anthony Regional Hospital and Nursing Home is dedicated to improving the lives of our patients and those living in our communities. SARH recognizes that many barriers to living healthy exist in our community, state, and nation. As such, SARH believes that ensuring the safety and access to women's healthcare is a key component in contributing to the overall health of our communities and ensuring generational health. SARH currently serves as one of only two Centers of Excellence for Women's Health in the state of Iowa.

Women's Health

- Provide care in accordance to the Iowa Department of Public Health Center of Excellence guidelines
- Sustain access to high-quality obstetric services for rural populations
- Center of Excellence Outreach
- Participate in More Options for Maternal Support Program (MOMS) (State of Iowa Department of Health and Human Services, 2023)
- Reduce maternal morbidity and mortality (Iowa Maternal Health Strategic Plan, 2021).
- Reduce maternal health disparities (Iowa Maternal Health Strategic Plan, 2021).
- Reduce primary cesarean deliveries (Iowa Alliance for Innovation on Maternal Health, 2020)
- Increase access to services for women experiencing post-partum depression.

Resources

Iowa Maternal Health Strategic Plan (2021). Retrieved from https://hhs.iowa.gov/sites/default/files/portals/1/userfiles/38/iowa-maternal-health-strategic-plan-2021.pdf

Iowa Maternal Quality Care Collaborative. (2022). Retrieved from https://www.imqcc.org/iowa-aim-program