



2016

Community Health Needs Assessment

**Avera Holy Family Hospital in Collaboration
with Emmet County Public Health**

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- Appendix A- CHNA Steering Committee
- Appendix B- AHFH Patients (Encounters) by Zip Code
- Appendix C- Health Outcomes & Health Factors
- Appendix D- Community Resources
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EXECUTIVE SUMMARY

Avera Holy Family Hospital (AHFH) and Emmet County Public Health collaborated with a number of community partners in the completion of this community health needs assessment. (See Appendix A) No populations within the community were excluded in the community needs assessment.

The timeframe for conducting the community health needs assessment was July 2015 through April 2016. Based on the outcomes of the needs assessment, some health improvement opportunities were initiated during this same time period while other health needs will be addressed in the future.

Multiple sources of data were analyzed in the needs assessment including public health reports, U.S. Census data related to population, housing & economics, and other labor force data. Community input was obtained from groups that represent the broad interests of the community including underserved populations. A community health needs assessment survey was conducted using Survey Monkey.

Avera Holy Family Hospital and the Emmet County Public Health Department plan to facilitate the completion of a community health needs assessment every three years in collaboration with other interested individuals and community partners.

INTRODUCTION AND OBJECTIVES

Understanding the health needs of a community is vital to improving the health of the community. A community health needs assessment (CHNA) is an effort to identify and prioritize a community's health needs by collecting and analyzing data related to the health status of the community and gathering input from community members related to what they believe are the most pressing health needs of the community. The Patient Protection and Affordable Care Act (PPACA) require non-profit hospitals to perform a community health needs assessment and adopt an implementation strategy to meet the needs identified in the assessment. Completion of a community health needs assessment is required to maintain the institution's federal tax exemption. This assessment must take into account input from persons who represent the broad interests of the community and include persons who have special knowledge or expertise in public health. The outcomes of the assessment must be made widely available to the public.

Avera Holy Family Hospital, Emmet County Public Health and other community partners have a long history of working collaboratively to assess and meet the needs of the community. Conducting a community health needs assessment assists Avera Holy Family Hospital in fulfilling its mission of making a positive impact in the lives and health of persons and communities served.

For the purposes of this report, a community health needs assessment is a written document that utilizes data to establish community health priorities and includes the following:

- A description of the process used to conduct the assessment
- Individuals and agencies with whom the hospital worked to complete the needs assessment
- How the hospital took into account input from community members and public health experts
- A description of the community served
- A description of the needs identified through the assessment process

The Catholic Health Association's Guiding Principles for Completion of a Community Health Needs Assessment were used to guide the assessment process:

- Those living in poverty and at the margins of our society have a moral priority for services.
- Not-for-profit health care organizations have a responsibility to work toward improved health in the communities they serve.
- Health care organizations should actively involve community members, organizations and agencies in their community benefit programs.
- Health care organizations must demonstrate the value of their community service.
- Community benefit programs must be integrated throughout health care organizations.
- Leadership commitment is required for successful community benefit programs.

Key objectives of the community health needs assessment include:

- Create or strengthen partnerships among community organizations and agencies with shared accountability for population health
- Review the community's health status and identify unmet health needs
- Develop implementation strategies to address unmet needs
- Gather information to help target community benefit, outreach and wellness programs
- Comply with the PPACA community health needs assessment requirements

DESCRIPTION OF AVERA HOLY FAMILY HOSPITAL

Avera Holy Family Hospital is a licensed 25-bed critical access hospital located in Emmet County, Iowa. Avera Holy Family Hospital is owned by Avera Health and managed by Avera McKennan Hospital & University Health Center. Avera Health is a ministry of the Benedictine and Presentation Sisters. Members of Avera Health are guided by a common mission and set of values.

Our Mission:

Avera is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values.

Avera Values:

Compassion

The compassion of Jesus, especially for the poor and the sick of body and spirit shapes the manner in which health care is delivered by Avera employees, physicians, administrators, volunteers and sponsors. Compassionate caring is expressed through sensitive listening and responding, understanding, support, patience and healing.

Hospitality

The encounters of Jesus with each person were typified by openness and mutuality. A welcoming presence, attentiveness to needs, and a gracious manner seasoned with a sense of humor are expressions of hospitality in and by the Avera community.

Stewardship

Threaded through the mission of Jesus was the restoration of all the world to right relationship with its Creator. In that same spirit and mission, the members of Avera treat persons, organizational power and earth's resources with justice and responsibility. Respect, truth and integrity are foundational to right relationships among those who serve and those who are served.

DESCRIPTION OF COMMUNITY SERVED

Avera Holy Family Hospital serves Emmet County and surrounding areas. The community served was identified using the number of patient encounters by zip code. (See Appendix B) Emmet County is located in the northern tier of Iowa counties near the Minnesota border. The west fork of the Des Moines River flows through the county along the west side. There are several lakes in the county. There are six incorporated towns in Emmet county including: Armstrong, Dolliver, Estherville, Gruver, Ringsted and Wallingford. Estherville is the county seat. According to the U.S. Census State and County Quick Facts, the land area of Emmet County is 395.88 square miles and the number of persons per square mile is 26. The 2015 population estimate of Emmet County is 9,769.

The following table provides an overview of Emmet County’s population in comparison to the population of Iowa.

People Quick Facts	Emmet County	Iowa
Population, 2015 estimate	9,769	3,123,899
Population, 2010 (April 1) estimate base	10,302	3,046,869
Population, percent change, April 1, 2010-July 1, 2015	-5.2%	6.8%
Population, 2010	10,302	3,046,355
Persons under 5 years, percent, 2014	5.6%	6.2%
Persons under 18 years, percent, 2014	21.6%	23.4%
Persons 65 years and over, percent, 2014	19.2%	15.8%
Female persons, percent, 2014	49.3%	50.3%
White alone, percent, 2014 (a)	93.8%	91.3%
Black or African American alone, percent, 2014 (a)	1.0%	3.1%
American Indian & Alaska Native alone, percent, 2014 (a)	1.5%	0.3%
Asian alone, percent, 2014 (a)	0.6%	2.2%
Native Hawaiian & Other Pacific Islander alone, percent, 2014 (a)	0.1%	0.1%
Two or more races, percent, 2014	3.0%	1.7%
Hispanic or Latino origin, percent, 2014 (b)	10.4%	5.5%
White alone, not Hispanic or Latino, percent, 2014	86.9%	87.1%
Living in the same house 1 year & over, percent, 2010-2014	85%	84.8%
Foreign born persons, percent, 2010-2014	5%	4.5%

Language other than English spoken at home, percent, age 5+, 2010-2014	8.3%	7.2%
High school graduate or higher, percent of persons age 25+, 2010-2014	88.4%	92.1%
Bachelors degree or higher, percent 25 years +, 2010-2014	14.8%	27.7%
Veterans, 2010-2014	679	226,175
Mean Travel time to work (minutes), workers age 16+, 2010-2014	16.1	18.8
Housing units, 2015	4,786	1,362,034
Homeownership rate, 2010-2014	78.4%	70.9%
Housing units in multi-unit structures, percent, 2009-2013	9.2%	18.4%
Median value of owner-occupied housing units, 2010-2014	\$82,400	\$133,100
Households, 2010-2014	4,150	1,241,471
Persons per household, 2010-2014	2.27	2.42
Per capita money income in past 12 months (2014 dollars), 2010-2014	\$28,293	\$28,361
Median household income, 2010-2014	\$48,545	\$53,712
Persons below poverty level, percent, 2010-2014	11.3%	12.2%

Business Quick Facts

Emmet County Iowa

Private nonfarm establishments, 2013	317	80,581
Private nonfarm employment, 2013	3,639	1,305,216
Private nonfarm employment, percent change, 2012-2013	-3.1%	0.9%
Non employer establishments, 2013	720	203,763
Total number of firms, 2007	791	259,931
Black-owned firms, percent, 2007	F	0.8%
American Indian & Alaska Native-owned firms, percent, 2007	F	0.2%
Asian-owned firms, percent, 2007	F	1.1%
Native Hawaiian & Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic- owned firms, percent, 2007	F	0.9%
Women-owned firms, percent, 2007	S	25.5%
Manufacturers' shipments 2007 (\$1000)	331,366	97,592,051
Merchant wholesaler sales 2007 (\$1000)	103,865	41,068,338
Retail sales, 2007 (\$1000)	92,665	39,234,649
Retail sales per capita, 2007	\$8,961	\$13,172

Accommodation & food services sales, 2007 (\$1000)	7,910	4,737,719
Building permits 2014	48	10,256

Geography Quick Facts	Emmet County	Iowa
Land area in square miles, 2010	395.88	55,857.13
Persons per square miles, 2010	26.0	54.5
FIPS Code	19063	-
Metropolitan or Metropolitan Statistical Area	None	-

- * F = fewer than 100 firms
- * S= Suppressed: does not meet publication standards
- * (a) includes persons reporting only one race

WHO WAS INVOLVED IN THE ASSESSMENT PROCESS

Community input was gathered from community partners and service groups who represent the broad interests of the community. The following groups were involved in the community health needs assessment: Emmet County Public Health; Avera Holy Family Medical Staff; Emmet County Wellness Coalition; the Free Clinic Board; nursing home leaders; Fire, Law Enforcement, Ambulance and Support Services (FLEAS); Compass Pointe Alcohol, Drug & Gambling Behavioral Health Services; and the Emmet County Mental Health Coordinator. Members from these community groups participated in discussion groups and/or completed a community health needs survey. Most if not all of these groups represent the interests of medically underserved populations and provided helpful information on the needs of the community.

In addition to the input gathered from the surveys and discussion groups, interviews were conducted with a number of key community leaders.

METHODOLOGY: THE ASSESSMENT PROCESS

The results of this community health needs assessment draw upon information and findings from the following sources:

- Review of state, county and hospital data sets
- Input from community partners and service groups
- Community health needs assessment survey responses
- Community leader interviews

Data Sets:

The following data sources were reviewed for outcomes and impact on the health status of the community:

- Community Commons Health Indicator Reports
- 2015-2016 Community Health Needs Assessment Survey
- 2015 Iowa and Emmet County Health Rankings and Roadmaps
- 2009 Iowa Chronic Disease Report
- 2011 Vital Statistics of Iowa
- 2011 Vital Statistics of Iowa Brief
- Iowa's Health Improvement Plan 2012-2016
- Understanding the Needs of Iowa CHNA & HIP
- January-December 2015 Hospital Inpatient Origin and Destination Study
- Fall Injury Report: 2002-2009: Iowa State Trauma Registry Data

DATA REVIEW AND ANALYSIS

2015 Iowa County Health Rankings and Roadmaps: The County Health Rankings and Roadmaps provide information on the overall health of the community. The County Health Rankings Report ranks counties according to a summary of measures related to health outcomes and health factors.

Health outcomes include:

- Mortality
- Morbidity
- Clinical Care
- Access to care
- Quality of care
- Health Behaviors
 - Tobacco use
 - Diet and exercise
 - Alcohol use
 - Sexual activity

Health factors include:

- Social & Economic Factors
 - Education
 - Employment
 - Income
 - Family and social support
 - Community safety
- Physical Environment
 - Environmental quality
 - Built environment

In the 2015 County Health Rankings and Roadmaps, Emmet County ranked 56th out of 99 Iowa counties on health outcomes and 69th out of 99 counties on health factors. Counties with high ranks (e.g. 1 or 2) are estimated to be the healthiest. See Emmet County's list of health outcomes and health factors (Appendix C).

Fall Injury Report 2002-2009: According to the Centers for Disease Control (CDC), one in every three adults age 65 and older falls each year. Falls are a leading cause of injury and death for persons 65 years of age and older. They are also the most common cause of non-fatal injuries and hospital admissions for trauma. From 2007-2011 the death rate in Emmet County from falls for persons 65 and older was 59.73 percent compared to the State of Iowa's death rate of 73.44 percent.

State and County Quick Facts: According to recent U.S. Census Bureau's State and County Quick Facts, 19.2 percent of the population in Emmet County is 65 years of age or older. The population of the county is 50.7 percent male and 49.3 percent female. The population of Emmet County is 93 percent white, 10.4 percent Hispanic/Latino and a small percentage of other races including African American, Asian, American Indian & Alaska Native, and Native Hawaiian or other Pacific Islander. There are 4150 households in Emmet County. The average household size is 2.27 persons.

2010-2014 Selected Social Characteristics: According the U.S. Census Bureau's Selected Social Characteristics Fact Finder Report, 88.4 percent of the population 25 years of age or older in Emmet County have attained a high school degree or higher. Approximately 14.8 percent have attained a bachelor degree or higher.

2010-2014 Selected Economic Characteristics: In Emmet County 65.9 percent of the population 16 years of age and older is in the civilian labor force. The unemployment rate for Emmet County in April 2015 was 3.7 percent which was slightly lower than the Iowa unemployment rate of 3.8 percent and lower than the national rate of 5.5 percent.

The median household income 2010-2014 was \$48,545 compared to Iowa's median household income of \$53,712. The percent of persons in poverty was 11.3 percent compared to Iowa's percentage of 12.2 percent.

Uninsured in Emmet County:

According to the 2015 County Health Rankings Report there are 13 percent uninsured in Emmet County. This percentage is higher than the state of Iowa which is at 10 percent.

COMMUNITY INPUT

Interview and Survey Responses:

Community input was gathered from community leaders, hospital leaders, and members of a number of community service groups representing the broad interests of the community including underserved populations.

A community health needs assessment survey was conducted using Survey Monkey. Approximately four hundred community members completed the Avera Holy Family & Emmet County Public Health Community Health Needs Assessment Survey. Survey respondents ranged from age 19 to 80 plus years of age. The majority of those completing the survey were in the age group 50-59 years of age. Thirty percent of the survey respondents rated the overall health of the community as healthy or very healthy, 63 percent as somewhat healthy and 7 percent as unhealthy or very unhealthy.

According to the survey respondents the three most important factors for a healthy community were access to healthcare, good jobs, and healthy behaviors & lifestyles. The three top health problems were age related issues, cancer and obesity. The three most risky behaviors were identified as alcohol abuse, illegal drug use and texting & using a cell phone while driving.

The three top health concerns for children were unhealthy diets, bullying and not having a structured, safe and supportive living environment.

Eleven percent of the survey respondents rated their personal health as very healthy, 59 percent healthy, 26 percent somewhat healthy and 3 percent unhealthy.

Ninety three percent of the respondents sought routine healthcare through their medical provider/physician. Six percent of the respondents said they did not receive regular healthcare.

When asked what healthy behaviors they wanted to start or improve, 67 percent of survey respondents wanted to get more physical activity, 40 percent wanted to decrease stress and 40 percent wanted to drink more water.

Participants identified lack of motivation (55 percent), not enough time (49 percent) and other priorities (36 percent) as key barriers to getting healthier.

Additional recreational paths, trails and sidewalks (47 percent), affordable wellness & fitness facilities (38 percent) and employee wellness programs (32 percent) were identified as things that would be helpful in starting or maintaining a healthy lifestyle.

The social environment of the community was rated by survey participants as excellent (9 percent) very good (40 percent) fair (12 percent) and poor (2 percent).

The three top social issues were identified as poor parenting skills (69 percent), poverty (51 percent) and lack of support for single parent families (28 percent).

The top three environmental issues were identified as safe housing (59 percent), outdoor air quality/asthma triggers (54 percent) and radon exposure (41percent).

Forty four percent of the participants believed their family members were prepared for a natural or man-made disaster while 56 percent did not believe they were prepared for such an event.

Ninety seven percent of the participants reported that their family had a cell phone; 75 percent reported that they had a first aid kit and 59 percent had a weather radio, flashlight and batteries on hand in case of an emergency. A smaller percent of respondents had identified a central meeting place, made a list of contacts and/or medications or had conducted a fire or tornado drill with their family.

The following questions were utilized to guide interviews with key community leaders and service group members.

What is healthy about our community?

What is unhealthy about our community?

What services do you feel are needed in our community that do not currently exist?

Are there specific populations that you are aware of in need of services?

Do you see productive collaborations in the community addressing health needs?

What do you believe are the most pressing health care related needs facing the community?

Do you feel the hospital is addressing this need? How so? Or how do you believe the hospital may begin to address this need?

In what ways is the hospital serving the community well?

In what ways could the hospital serve the community better?

Any other comments you think are important to address in the CHNA?

The following thoughts/themes were noted in the interview responses and the written surveys:

What is healthy about our community?

- Good hospital
- Fitness and recreational facilities
- Community members interested in making the community better
- Community collaboration and partnerships

What is unhealthy about our community?

- Eating out and not making the best nutritional choices
- Lack of youthful residents
- Aging population brings health issues
- Some have the view that nothing good is happening in the community

What services are needed that currently do not exist?

- Free dietician; easy access to free counseling
- Community open forums/open conversations to share what is going on in the community
- More clinic access for acute care
- Make ER more user friendly

Are there special populations in need of services?

- Better housing for renters
- Individuals in need of mental health services

Do you see productive collaborations in the community addressing health needs?

- In general there were favorable comments about collaboration in the community
 - RWC & Hospital (Lifestyle Challenge)
 - Big fan of the hospital; hospital always collaborating with others: (community health needs assessment, health screenings, emergency preparedness, active shooter training, pandemic exercises etc.)
 - DARE Program

What do you believe are the most pressing health related needs in the community?

- Trail system
- Home services for the elderly
- More support for hospice patients in the home
- Mental health services for all ages
- Healthier lifestyles

In what ways is the hospital/community addressing health related needs?

- City helped with grant funding
- For our size community and resources we are doing very well
- Can't force people to change lifestyle but can offer programs

In what ways is the hospital serving the community well?

- In every way; lots of services
- Relationship with clinic great
- Emergency services good and will get better
- Very visible in community
- Quality physicians
- Transfer ability
- Access to specialists
- Lifestyle Challenge/Nutrition Services
- Athletic training support for high school and college
- Everyone is treated in a warm environment; hospital is doing everything well

In what ways could the hospital serve the community better?

- More doctors who deliver babies
- More clinic hours; weekend and evening hours for those who are working
- Better emergency procedures; more privacy for patients

Other comments:

- Estherville and Emmet County are fortunate to have Avera
- Need health and safety support for those in low income housing

Do you have feedback on the previous CHNA?

- Lack knowledge of previous assessment but sure it was good
- Took the previous survey and provided input

COMMUNITY HEALTH NEEDS IDENTIFIED

After review and analysis of the data and input from the community, the following healthcare needs were identified: obesity, cardiovascular disease, diabetes, and falls in the elderly.

PRIORITIZATION PROCESS

Prioritization is an important process for determining what should be done to address the health needs of the community. Information from the community health data sets and input from the community leaders, service groups & survey respondents were reviewed to determine community health needs and priorities. The Community Commons Health Indicator Reports and consensus building among community representatives were also utilized to assess community needs and determine improvement priorities. Factors considered when prioritizing the community health needs included cost/return on investment, availability of solutions and likelihood of success, impact of the health problem on the community, availability of resources to address the problem, urgency of the problem and the number of individuals affected by the problem.

Priorities identified include: obesity, diabetes, heart disease, and falls in older adults.

COMMUNITY ASSETS IDENTIFIED

A broad array of direct health services, health education & information resources and ancillary community assets are available in the community. (See Appendix D) The following ancillary community assets are not available in the community: access to public transportation and bike trails and lanes.

NEEDS NOT ADDRESSED AND WHY?

Determining priorities is an important aspect of a community health needs assessment. By prioritizing needs, the community's resources can be directed to the needs of most concern to the community and to the needs that have the most impact on the health of the community.

The following needs identified during the community health needs assessment will not be addressed in Avera Holy Family Hospital's implementation plan:

Need: Transportation needs

Reason: Competing priorities and projects

Need: Mental health services

Reason: Lack of professional resources; competing priorities and projects

Need: Alcohol abuse

Reason: Being addressed by another community partner

2012/2013 CHNA IMPLEMENTATION PLAN EVALUATION

Obesity:

Avera Holy Family in partnership with the Regional Wellness Center (RWC) sponsors the Avera/RWC Lifestyle Challenge annually. This twelve week program is a community based event with goals of weight reduction and increased physical activity. The program includes weekly weigh in competitions, recipes from a registered dietician nutritionist, interaction with personal trainers and a “work out” of the week. Approximately 280 community members participate in the Life Style Challenge each year. Over the past three years the average weight loss per participate during the twelve week challenge was twelve pounds. Participants averaged approximately 3 hours of exercise per week.

Avera Holy Family initiated a National Diabetes Prevention Program (DPP) in 2014. The DPP is a free year long program designed to prevent the onset of type 2 diabetes. The program targets persons 18 years of age and older who are at risk of developing type 2 diabetes. The program focuses on healthy lifestyle choices. Participants are expected to lose seven percent of their body weight and increase physical activity up to 150 minutes per week. To date forty individuals have participated in the DPP Program.

On May 23, 2016 the Emmet County Coalition hosted a community event for children and their families. Emmet County Public Health, Avera Holy Family Hospital and fourteen other community partners participated in this event encouraging physical activity and bike safety. One hundred forty three bike helmets were distributed to children in the community. One hundred eleven bike licenses were issued by the city of Estherville. In addition to bike safety, the following education was provided: fire safety, car seat safety, safety in the sun and drug abuse prevention.

Articles on healthy lifestyle choices and their impact on obesity have been written for the local paper and presented at community events and health fairs.

Cardiovascular Disease:

Avera Holy Family Hospital implemented a Planet Heart Program in 2012. Planet Heart is a cardiovascular risk identification & reduction program. A heart health assessment, heart check and vascular screening are completed to determine the risk of heart disease. Participants receive health education related to the following topics: physical activity, quitting tobacco, blood glucose control, peripheral arterial disease, nutrition’s impact on health, stress management, and management of high blood pressure. A free consultation with a dietician is also offered as part of the program. Nine hundred and fourteen screenings were completed from 7/1/2012 through 6/17/2016.

Blood pressure screenings were offered at Avera Medical Group, Emmet County Public Health and Avera Holy Family Hospital, as well as at flu shot clinics, public wellness screenings, health & wellness fairs and at the Emmet County Fair. Printed information was distributed during blood

pressure screenings in both English and Spanish. Nurses were available at these events to answer health related questions.

A “Mega Heart” presentation was delivered to local schools and the local wellness center using a large inflatable heart. Individuals had an opportunity to walk through the heart with a nurse and have questions about heart health answered. An article was published in the local paper that provided information related to the risk of heart disease and the impact of increasing physical activity, eating a healthy diet and smoking cessation. The article provided a list of online and other resources to assist with maintaining a healthy lifestyle.

Risk of Falls in Older Adults:

Many older adults experience a fear of falling which often limits their activities. Emmet County Public Health and Avera Holy Family Hospital collaborated on the development of a Matter of Balance Program. The Matter of Balance Program is designed for individuals 60 years of age and older who are concerned about falling or have sustained a fall in the past. The program consists of eight two hour sessions. Participants in the program are taught to view falls as controllable, set goals for activity to increase strength and balance and make changes at home to reduce the risk of falls. One master trainer and five coaches facilitate the Matter of Balance Program for Emmet County. The program has been offered three times and 34 individuals have participated in the program. Participants reported feeling more confident, less fearful of falling and more likely to participate in outside activities following the program.

Care of the Hispanic/Latino Population:

On January 29, 2015, Avera Holy Family Hospital hosted a Latino listening session to share and exchange ideas with the goal of enhancing relationships with Latinos in the Estherville community. Topics of discussion included: access to healthcare services; ways the community might collaborate to better meet the needs of the Latino population and how we might learn from each other’s cultures. Key barriers were identified as: inability to read English; lack of transportation, day care, and financial aid for college; unsafe housing; cultural differences and not knowing how to find and access community resources. Suggestions offered for ways to better meet the needs of the Latino population included providing mobile clinics, sponsoring family & recreational events, and offering GED programming in Spanish.

Avera Holy Family’s Mission Director and other hospital representatives participate on the Iowa State University Extension and Outreach Hispanic Advisory Committee to continue the work of the community in addressing the needs of the Hispanic/Latino population in Emmet County.

Avera Holy Family Hospital implemented the use of CyraCom Language & Interpreting Services in August of 2015. This service is endorsed by the American Hospital Association. Language interpretation services are available via phone or video through CyraCom. This service supplements the interpreters the hospital has available on call as needed.

Delays in Obtaining Healthcare Services:

Two family physicians were recruited during the time period 2010-2012. These physicians also provided obstetric services to the community. One of the physicians left in 2015 for personal reasons. Since then another provider has been recruited and will begin family practice/obstetric services in August of 2016.

The Chief Financial Officer completed a certification course to become an insurance marketplace application counselor. The role of the application counselor is to provide information to the public and to facilitate consumer enrollment in Qualified Health Plans (QHP) and insurance affordability programs.

Pediatric Behavioral Health:

Several attempts were made to enlist professionals to address the needs of the children in need of mental health services. AHFH was unable to fully address this community need due to the lack of professional resources. The hospital participated with a number of community partners in the development of a Student and Family Resource Folder for Behavioral Issues. This folder provides a list of community partners that offer resources to assist families with children experiencing behavioral issues. Community partners including DHS, law enforcement, the hospital, public health, schools and other service providers meet on a regular basis to determine strategies to address the needs identified.

Support for Breastfeeding Moms:

According to the 2014 National Center for Chronic Disease Prevention and Health Promotion Report, Iowa's "ever breastfed" rate is 76.5 percent. Eighty two percent of Avera Holy Family's mothers chose to breastfeed during 2014 & 2015. Education related to breastfeeding is provided during the Prenatal Child Birth Education Classes and during hospitalization. Information on breastfeeding is also included in the OB educational binder sent home with mothers at the time of discharge from the hospital. Education is provided to the nursing staff to assist them in supporting breastfeeding moms. In addition, the hospital works closely with Emmet County Public Health to assure support for breastfeeding mothers following discharge from the hospital. A Certified Lactation Counselor conducts home visits to support and encourage breastfeeding mothers.

Mammography Screening:

Avera Holy Family's Radiology Department sends letters to remind women when they are due for a screening mammogram. Avera Holy Family provided 1,362 women 65 years of age and older with mammogram services during the calendar years 2013 through 2015.

Feedback on the 2012/2013 CHNA and Implementation Plan

Avera Holy Family made their CHNA Report and Implementation Plan available to the community by posting it on their website. Written copies were also available by contacting the CHNA Coordinator. No written comments were received on either the CHNA Report or Implementation Plan.

APPROVAL

The results of the community health needs assessment were presented to the Avera Holy Family Board of Trustees on June 23, 2016. The identified needs and priorities were approved. Evidence of Board of Trustee approval is noted in the meeting minutes. Written copies of the final report are available by contacting the CHNA Coordinator at 712-362-6448.

Community Health Needs Assessment Steering Committee

Dale Hustedt, President and CEO, Avera Holy Family Hospital

Shannon Adams, CFO, Avera Holy Family Hospital

Cathi Scharnberg, Vice President of Patient Care, Avera Holy Family Hospital

Jennifer Hough, Public Relations Manager, Avera Holy Family Hospital

Sister Patrick Murphy, Director of Mission Services, Avera Holy Family Hospital

Kathy Preston, Director, Emmet County Public Health

Community Input Groups

Avera Holy Family Medical Staff

Avera Holy Family Diabetic Educators

Emmet County Wellness Coalition

The Free Clinic Board

Nursing Home Leaders

Fire, Law Enforcement, Ambulance, and Support Services (FLEAS)

Compass Pointe Alcohol, Drug & Gambling Behavioral Health Services

Emmet County Mental Health Coordinator

Avera@Home

Estherville Ambulance Service

Community Leader Interviews

Kenny Billings, Estherville Mayor

Lexie Ruter, Estherville Chamber of Commerce Director

Lyle Hevern, Estherville Economic Development Director

Val Newhouse, Iowa Lakes Community College President

Avera Holy Family
Patients by Zip Code
FY15

Appendix B

51334	Estherville & Gruver	25,085	73.27%
50514	Armstrong	1,668	4.87%
51342	Graettinger	1,455	4.25%
51360	Spirit Lake	1,086	3.17%
51365	Wallingford	720	2.10%
50578	Ringsted	698	2.04%
50531	Dolliver	512	1.50%
50590	Swea City	487	1.42%
56127	Dunnell	356	1.04%
51364	Terril	341	1.00%
50536	Emmetsburg	266	0.78%
51358	Ruthven	260	0.76%
51301	Spencer	251	0.73%
51351	Milford	196	0.57%
56143	Jackson	185	0.54%
51363	Superior	163	0.48%
50517	Bancroft	103	0.30%
56171	Sherburn	98	0.29%
56121	Ceylon	98	0.29%
51331	Arnolds Park	81	0.24%
51347	Lake Park	68	0.20%
56031	Fairmont	60	0.18%

Emmet County Communities

Total	34,237
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Emmet 2015

Appendix C

	Emmet County	Error Margin	Iowa	National Benchmark	Rank (of 99)
Health Outcomes					56
Length of Life					69
Premature death	6,946	5,013-8,879	5,911	5,200	
Quality of Life					35
Poor or fair health	9%	6-14%	11%	10%	
Poor physical health days	2.0	0.9-3.2	2.8	2.5	
Poor mental health days	2.1	1.1-3.0	2.6	2.3	
Low birth weight	7.1%	5.4-8.8%	6.8%	5.9%	
Health Factors					69
Health Behaviors					90
Adult smoking	21%	14-30%	18%	14%	
Adult obesity	32%	26-39%	30%	25%	
Food environment index	8.1		7.8	8.4	
Physical inactivity	29%	22-37%	24%	20%	
Access to exercise opportunities	83%		79%	92%	
Excessive drinking	28%	19-39%	20%	10%	
Alcohol impaired driving deaths	33%		23%	14%	
Sexually transmitted infections	376		370	138	
Teen births	32	26-39	30	20	
Clinical Care					88
Uninsured	13%	11-14%	10%	11%	
Primary care physicians	2,530:1		1,375:1	1,045:1	
Dentists	1,999:1		1,670:1	1,377:1	
Mental health providers	1,000:1		904:1	386:1	
Preventable hospital stays	76	64-88	56	41	
Diabetic monitoring	91%	77-100%	89%	90%	
Mammography screening	64.8%	50.7-78.9%	66.4%	70.7%	
Social & Economic Factors					37
High school graduation	97%		89%		
Some college	61.7%	52.5-71.0%	69.1%	71.0%	
Unemployment	4.1%		4.6%	4.0%	
Children in poverty	21%	16-25%	16%	13%	
Income inequality	4.3	3.7-4.9	4.2	3.7	
Children in single-parent households	23%	15-31%	29%	20%	
Social associations	25.7		15.6	22.0	
Violent crime	218		263	59	
Injury deaths	55	36-79	59	50	
Physical Environment					74
Air pollution particulate matter	12.3		10.9	9.5	
Drinking water violations	1%		7%	0%	
Severe housing problems	10%	7-13%	12%	9%	
Driving alone to work	78%	75-80%	80%	71%	
Long commute driving alone	16%	13-20%	19%	15%	

Source: 2015 County Health Rankings/ 90th Percentile, i.e., only 10% are better/ Note: Blank values reflect unreliable or missing data.

Community Resources
Medical Services
Avera Holy Family Hospital
Avera Medical Group Estherville
Avera@Home-Home Health
Emmet County Public Health
Free Clinic
Pharmacies
Estherville Drug
Hy-Vee Pharmacy
Nursing Homes
Good Samaritan Society
Rosewood Manor
Valley Vue Care Center
Eye Care Services
EyeCare Centre-Drs. Baker & Webb
Assisted Living
Windsor Manor
Homestead Senior Housing
Spring Creek Assisted Living-Armstrong
Dental Services
Drs. Bruns and Williams DDS
Dr. Courtney Meyer DDS
Behavioral Health Services
Compass Pointe
Seasons Center
Recreational Services
Regional Wellness Center (RWC)
Anytime Fitness

Community Health Needs Assessment (CHNA) Meetings & Discussions with Community Partners & Individuals Representing the Needs of the Community Including Underserved Populations

Emmet County Public Health Director and Avera Holy Family CHNA Coordinator

Purpose: Discuss and review CHNA planning, data sets, community input, survey responses

Dates:

- July 13, 2015
- August 7, 2015
- August 28, 2015
- October 8, 2015
- December 28, 2015
- February 26, 2015

Emmet County Wellness Coalition

Purpose: Discuss the health needs of the community, share information on population health, and plan health improvement opportunities (average number of participants 10-11)

Dates:

- January 14, 2015
- February 11, 2015
- April 8, 2015
- May 13, 2015
- June 10, 2015
- August 12, 2015
- September 9, 2015
- November 18, 2015
- December 9, 2015
- February 10, 2016
- March 9, 2016
- April 13, 2016
- May 11, 2016
- June 8, 2016

Nursing Home Leaders Meeting

Purpose: Gather input on community health needs and priorities including the needs of underserved populations (number of participants 33)

Date:

- August 19, 2015

Fire, Law Enforcement, Ambulance, and Support Services (FLEAS)

Purpose: Gather input on community health needs and priorities including the needs of underserved populations (10 participants on 26th & 16 on 17th)

Dates:

- January 26, 2016
- March 17, 2016

Free Clinic Board

Purpose: Gather input on community health needs and priorities including the needs of underserved populations (6 participants)

Date:

- March 10, 2016

Emmet County Mental Health Coordinator

Purpose: Gather input on the community health needs and priorities including the needs of underserved populations (3 participants)

Date:

- April 6, 2016

Estherville Ambulance Service

Purpose: Discuss coordination of services to meet the emergency medical service needs of the community (4 participants)

Dates:

- December 22, 2015
- January 7, 2016

Avera @ Home

Purpose: Discuss availability of Physical Therapy resources for the community (3 participants)

Date:

- January 8, 2016

Avera Holy Family Diabetic Educators

Purpose: Discuss program planning to meet community health needs and priorities including the needs of underserved populations (3 participants)

Date:

- February 15, 2016

Community Representatives

Purpose: Individuals from the general public completed a Community Health Needs Assessment Survey per Survey Monkey (398 participants)

Date:

- November 11, 2015-February 29, 2016

Quality and Planning Board

Purpose: To gather administrative and board input and guidance into the community health needs assessment

Dates:

- August 19, 2015
- November 18, 2015
- February 17, 2016
- May 18, 2016

Professional Activities Committee of the Avera Holy Family Hospital Medical Staff

Purpose: To gather input and guidance from the Professional Activities Committee on the community health needs assessment

Date:

- August 19, 2015

Avera Holy Family Medical Staff

Purpose: To gather Medical Staff input and guidance on the community health needs assessment

Dates:

- September 9, 2015
- March 9, 2016