

Avera

Holy Family Health

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2022

Community Health Needs Assessment

Avera Holy Family Hospital in Collaboration with Emmet County Public Health

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EXECUTIVE SUMMARY

Avera Holy Family Hospital 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 February 1, 2022 through March 31, 2022. 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 will 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) requires 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 based on county lines and Avera Holy Family Hospital being the only hospital within the county. 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 following data is from the United States Census Bureau.

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, July 1, 2021 estimate | 9,321 | 3,193,079 |

| | | |
|--|----------|-----------|
| Population, 2020 (April 1) estimate base | 9,388 | 3,190,369 |
| Population, percent change, April 1, 2010-July 1, 2021 | -0.7% | 0.1% |
| Population, 2010 | 10,302 | 3,046,355 |
| Persons under 5 years, percent, | 5.4% | 5.4% |
| Persons under 18 years, percent, | 20.3% | 20.3% |
| Persons 65 years and over, percent | 21.6% | 21.6% |
| Female persons, percent | 49.6% | 49.6% |
| White alone, percent, (a) | 94.1% | 90.6% |
| Black or African American alone, percent, 2014 (a) | 1.3% | 4.1% |
| American Indian & Alaska Native alone, percent, (a) | 1.6% | 0.5% |
| Asian alone, percent, 2014 (a) | 0.7% | 2.7% |
| Native Hawaiian & Other Pacific Islander alone, percent, (a) | 0.1% | 0.2% |
| Two or more races, percent, | 2.2% | 2.0% |
| Hispanic or Latino origin, percent, 2014 (b) | 10.1% | 6.3% |
| White alone, not Hispanic or Latino, percent, | 86.5% | 85.0% |
| Living in the same house 1 year & over, percent, | 85.8% | 85.6% |
| Foreign born persons, percent, 2016-2020 | 5.5% | 5.4% |
| Language other than English spoken at home, percent, age 5+, 2016-2020 | 7.2% | 8.4% |
| High school graduate or higher, percent of persons age 25+, 2016-2020 | 90.8% | 92.5% |
| Bachelor's degree or higher, percent 25 years+, 2016-2020 | 18.6% | 29.3% |
| Veterans, 2016-2020 | 464 | 178,481 |
| Mean travel time to work (minutes), workers age 16+, 2016-2020 | 19.3 | 19.5 |
| Housing units, July 1, 2019 | 4,824 | 1,418,626 |
| Homeownership rate, 2016-2020 | 78.8% | 71.2% |
| Median gross rent, 2016-2020 | \$637 | \$806 |
| Median value of owner-occupied housing units, 2016-2020 | \$90,000 | \$153,900 |
| Households, 2016-2020 | 4,824 | 1,273,941 |
| Persons per household, 2016-2020 | 2.09 | 2.40 |
| Per capita money income in past 12 months (2020 dollars), 2016-2020 | \$30,110 | \$33,021 |
| Median household income (in 2020 dollars) 2016-2020 | \$56,708 | \$61,836 |

| | | |
|------------------------------------|-------|-------|
| Persons in poverty level, percent, | 11.2% | 10.2% |
|------------------------------------|-------|-------|

| Business Quick Facts | Emmet Count, | Iowa |
|--|---------------------|-------------|
| Total employer establishments, 2019 | 289 | 82,770 |
| Total employment, 2019 | 2,953 | 1,380,747 |
| Total annual payroll, 2019 (\$1,000) | 104,454 | 63,671,064 |
| Total employment, percent change 2018-2019 | -1.2% | 1.2% |
| Total non-employer establishments, 2018 | 655 | 212,333 |
| All firms, 2012 | 978 | 259,121 |
| Men-owned firms, 2012 | 466 | 135,282 |
| Women-owned firms, 2012 | 268 | 82,345 |
| Minority-owned firms, 2012 | 40 | 14,707 |
| Non-minority owned firms, 2012 | 891 | 236,561 |
| Veteran-owned firms, 2012 | 62 | 25,889 |
| Nonveteran-owned firms, 2012 | 833 | 217,779 |
| Merchant wholesaler sales 2012 (\$1000) | 222,458 | 62,318,301 |
| Retail sales, 2012 (\$1000) | 89,989 | 44,905,624 |
| Retail sales per capita, 2012 | \$8,892 | \$14,607 |
| Geography and 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 25 firms

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, Nursing Home Leaders, and Fire, Law Enforcement, Ambulance and Support Services (FLEAS). Members from these community groups participated in discussion groups and/or completed a community health needs survey. All of

these groups represent the interests of medically underserved populations and provided helpful information related to the needs of the community.

In addition to the input gathered from the surveys and discussion groups, email 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
- 2021 Iowa and Emmet County Health Rankings and Roadmaps
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS)[online].
- U.S. Bureau of Labor Statistics, Unemployment Rate in Emmet County, IA [IAEMME3URN], retrieved from FRED, Federal Reserve Bank of St. Louis; <https://fred.stlouisfed.org/series/IAEMME3URN>, June 3, 2022.
- 2021 Vital Statistics of Iowa

DATA REVIEW AND ANALYSIS

2021 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, and Quality of Care

Health Behaviors include: Tobacco Use, Diet and exercise, Alcohol Use, and Sexual Activity

Health Factors include: Social and Economic Factors, Education, Employment, Income, Family and social support, Community Safety, Physical Environment, and Environmental quality

In the 2021 County Health Rankings and Roadmaps, Emmet County ranked 77th out of 99 Iowa

counties on health outcomes and 52nd 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 2012-2018: According to the Centers for Disease Control (CDC), 27.5% of adults age 65 and older fall at least once each year and 10.2% of these falls had an injury associated with them. From 2012-2016 the fall percentage was higher with less falls being reported between 2016 - 2018. In 2018 there were an estimated 3 million emergency room visits, over 950,000 hospitalizations, and over 32,000 deaths just from falls in the United States according to CDC statistics.

State and County Quick Facts: According to recent U.S. Census Bureau's State and County Quick Facts, 21.6 percent of the population in Emmet County is 65 years of age or older. The population of the county is 50.4 percent male and 49.6 percent female. The population of Emmet County is 94.1 percent white, 10.1 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 4,824 households in Emmet County. The average household size is 2.09 persons.

2016-2020 Selected Social Characteristics: According the U.S. Census Bureau's Selected Social Characteristics Fact Finder Report, 90.8 percent of the population 25 years of age or older in Emmet County have attained a high school degree or higher. Approximately 18.6 percent have attained a bachelor degree or higher.

2016-2020 Selected Economic Characteristics: In Emmet County 63.3 percent of the population 16 years of age and older is in the civilian labor force. The unemployment rate for Emmet County in December 2021 was 3.7 percent which was slightly lower than the Iowa unemployment rate of 3.9 percent and lower than the national rate of 3.9 percent.

The median household income 2016-2020 was \$56,708 compared to Iowa's median household income of \$61,836. The percent of persons in poverty was 11.2 percent compared to Iowa's percentage of 10.2 percent.

Uninsured in Emmet County:

According to the 2021 County Health Rankings Report there are 7 percent uninsured in Emmet County. This percentage is higher than the state of Iowa which is 6 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 from February 1 to March 31, 2022.

A community health needs assessment survey was conducted using Survey Monkey. Approximately two hundred and eighty two community members completed the 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 of 40-49 years of age.

Eighteen percent of the survey respondents rated the overall health of the community as healthy or very healthy, 64 percent as somewhat healthy and 17 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 economy, and healthy behaviors and lifestyles. The three top health concerns were drug addiction, aging problems, and limited access to a doctor. The three most risky behaviors were identified as illegal drug use, alcohol abuse, and physical inactivity tied with texting or using a cellphone while driving for third.

The three top health concerns for children were lack of access to mental health services, screen time, and lack of structured, safe or supportive living environment.

Eight percent of the survey respondents rated their personal health as very healthy, 45 percent healthy, 41 percent somewhat healthy and 5 percent unhealthy.

Ninety five percent of the respondents sought routine healthcare through their medical provider/physician. Three percent used urgent care or ER for their healthcare. Six percent of the respondents said they did not receive regular healthcare.

When asked what two healthy behaviors they wanted to start or improve, 65 percent of survey respondents wanted to get more physical activity and the second healthy behavior was very close between wanting to drink more water, eating more fruits and vegetables, and decreasing stress.

Participants identified lack of motivation, not enough time and other priorities as key barriers to getting healthier.

Affordable wellness and fitness facilities, additional recreational paths, trails and sidewalks, and having more fresh food and produce available 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 five percent excellent, 32 percent very good, 45 percent good, 15 percent fair, and three percent poor.

The three top social issues were identified as poor parenting skills, poverty and child abuse/neglect.

The top three environmental issues were identified as unsafe housing, outdoor air quality, and radon exposure.

Fifty five percent of the participants believed their family members were prepared for a natural or man-made disaster while 45 percent did not believe they were prepared for such an event. Ninety nine percent of the participants reported that their family had a cell phone; 72 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 top responses for why their family is not prepared for an emergency included it was not applicable to their family, it is not a priority, and they need more information on how to prepare for an emergency.

When asked what public health services community members would like to see in their community there were varied responses but the greatest needs were for better mental health services, more access to doctors at the clinic, and more dental options especially for people without dental insurance. Several respondents also stated that we need more police and better control of the drug abuse problems within our county.

The number of people in the household of respondents was led by two, then four, and five plus and three tied for third. Females comprised 86 percent of the survey respondents, followed by males with ten percent and four percent reporting non binary or preferring not to answer. Eighty eight percent of the respondents live in Emmet County while 12 percent work here but live outside of the county.

When asked “What impact did COVID-19 have on your family?” 48 percent stated mental health concerns, 35 percent had financial concerns, and education and access to timely healthcare were tied at 23 percent. The community feels that the county provided good communication, access to vaccines, and adequate healthcare resources to the members of the community during the pandemic.

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 you are aware of that are in need of services?

What do you feel is the most pressing health care related need facing the community?

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

In what ways is the hospital and public health serving the community well?

In what ways could the hospital or public health serve the community better?

What did the hospital and public health do well during the COVID pandemic?

What could the hospital or public health have done better during the COVID pandemic?

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?

- Our hospitals, public health, Regional Wellness Center
- Availability of workout facilities, parks & recreation and outdoor activities
- New pool

What is unhealthy about our community?

- Lack of mental health services
- Poverty
- Fast food consumption, obesity
- Unhealthy lifestyle choices
- Lack of availability of wellness facilities for low income families
- Long waits for physician appointments

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

- Easier access to appointments
- Affordable weekend clinics
- OB doctors

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

- Low income population
- Expectant mothers
- Pediatric therapy services

What do you feel is the most pressing health care related need facing the community?

- Mental health
- Loss of primary care physicians

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

- Trying but face numerous difficulties including physician recruitment
- New ARNP's in clinic help
- Can help promote community partnerships

In what ways is the hospital and public health serving the community well?

- Athletic training support
- Planet Heart
- Lifestyle challenge with wellness center
- Business health wellness clinics

In what ways could the hospital or public health serve the community better?

- Weekend clinics
- More partnerships outside of healthcare initiatives

What did the hospital and public health do well during the COVID pandemic?

- Communication
- Partnerships to get vaccines out

What could the hospital or public health have done better during the COVID pandemic?

- More access to weekend clinics

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

- None

COMMUNITY HEALTH NEEDS IDENTIFIED

After review and analysis of the data and input from the community, the following healthcare needs were identified:

- Covid 19
- Access to mental health care
- Access to urgent/convenient healthcare
- Cardiovascular disease/hypertension
- Early detection of cancer
- Obesity
- Low immunization rates
- Dental care
- Parenting skills
- Alcohol & drug abuse

PRIORITIZATION PROCESS

Prioritization is an important process for determining what should be done to address the health needs of the community. Information from community health data sets and input from community leaders, service groups & survey respondents was analyzed 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 & 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 to be addressed by the hospital:

- Covid mitigation
- Access to mental health care
- Access to urgent/convenient healthcare
- Cardiovascular disease/hypertension
- Early detection of cancer
- Obesity

COMMUNITY ASSETS IDENTIFIED

A broad array of direct health services, health education resources and ancillary community assets are available in the community. (See Appendix D) Access to public transportation is not available in the community.

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:

- | | |
|---------|-----------------------------------|
| Needs: | Low immunization rates |
| Reason: | Competing priorities and projects |

Needs: Lack of access to dental care
Reason: Lack of professional resources
Competing priorities and projects
Need: Lack of parenting skills
Reason: Better addressed by another community partner
Need: Alcohol and drug abuse
Reason: Lack of professional resources
Competing priorities and projects

2022 CHNA IMPLEMENTATION PLAN EVALUATION

Obesity:

Avera Holy Family in partnership with the Regional Wellness Center (RWC) sponsors the Lifestyle Challenge annually. This 12 week program is a community based event with goals of weight reduction and increased physical activity. The program includes weekly weight loss and exercise competitions, recipes and nutrition education from a registered dietician and nutritionist, and interaction with personal trainers. Approximately 275 community members participate each year. Weight loss averages about 12 pounds per participant and on average each participant exercises 3 hours per week. Many members of the community enroll in the program year after year. This program was not available in 2020 or 2021 due to COVID restrictions but will hopefully return in 2022.

Avera Holy Family Hospital has a nurse who has specialized training in diabetes. Diabetic education helps patients learn self-care strategies to help them control their diabetes. Self-care strategies include exercise, healthy eating, medication management and monitoring of blood sugars. Thirty three patients were provided diabetic education during calendar 2019, 44 during calendar year 2020, and 46 during calendar year 2021.

Avera Holy Family Hospital also offers a prediabetes educational program. This free, year-long program is designed to prevent 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 7 percent of their body weight and increase physical activity up to 150 minutes per week. During 2019, 18 individuals participated in the prediabetes education sessions, 16 individuals during 2020 and 14 participated in 2021.

Cardiovascular Disease:

Avera Holy Family implemented Planet Heart in 2012. Planet Heart is a cardiovascular risk identification and reduction program. Participants complete a heart health assessment, heart check and vascular screening to determine their risk of cardiovascular disease. Health education related to the following topics is provided: physical activity, tobacco cessation, blood glucose control, risks and symptoms of peripheral artery disease, nutrition's impact on health, stress management and management of high blood pressure. A free consultation with the dietician is also offered as part of the program. The following is a summary of the program outcomes for years 2019-2021:

- 2019- 168 participants
- 2020- 55 participants
- 2021- 120 participants

Individuals with moderate or significant risk are encouraged to seek further care or are referred for treatment. Those with mild or minimal risk are encouraged to continue healthy lifestyle choices that reduce the risk of developing cardiovascular disease. Participants are encouraged to be re-screened in 5 years.

Health Education for the Community:

- During the COVID pandemic in person health education for the community was halted and we are looking at safe ways to restart this education beginning in 2022.

The hospital is looking at starting a new educational series on health eating and healthy choices in 2022.

Access to Healthcare:

Avera Holy Family Hospital understands the need for providers and availability of appointments for patients in our community. AHFH is actively recruiting physicians to cover these needs and has partnered with several national recruiting firms to assist in this endeavor. AHFH has hired locum providers to help fill the need of patients and to fill in until permanent physicians can be hired. AHFH has also hired Nurse Practitioners who are available to fill the access gaps that have been created and are also being used in the hospital to their highest capabilities.

COVID 19:

Avera Holy Family Hospital has addressed COVID mitigation and readiness to better serve our patients and community. AHFH has obtained additional ventilators to help with patients who have poor respiratory drive, invested in high flow heated oxygen administration equipment, and trained personnel in management of COVID patients. AHFH has also purchased air handling equipment that can be used to convert a normal patient room into a negative airflow room. AHFH continues to monitor COVID trends and works on implementing new strategies to treat patients in the most up to date way possible.

The hospital disseminates health information thorough the local media. The CEO writes a monthly newsletter for the paper which provides health awareness information as well as information about hospital services. In addition, during 2020-2022, the hospital provided information to the community through social media by using the Avera Holy Family Facebook page. The main topics that were covered were based on COVID, COVID restrictions, and COVID testing.

Barriers:

Avera Holy Family realizes that the implementation of the above comes with many barriers. The hospital realizes the financial barriers that are present for healthcare and have trained individuals to help with Medicaid applications and presumptive Medicaid, emergency room availability for all patients even if unable to pay, and support of free clinic with reduced rate testing and labor support. The hospital is also a partner with fundraisers for the local food banks and provides volunteer drivers to deliver Meals on Wheels to patients on the weekends and holidays so patient are able to get the needed meals 365 days a year. The infection control nurse works closely with the Emmet County Public health nurse and has gotten volunteers from the hospital to assist when COVID vaccination clinics were needed or when other collaboration is necessary in the community.

Feedback on the 2019 CHNA and Implementation Plan

Avera Holy Family made their 2019 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 and approved on June 28, 2022. The identified needs and priorities were approved. Evidence of Board of Trustee approval is noted in the meeting minutes. Results of the CHNA will be posted on the AHFH website. Written copies of the final report are available by contacting the CHNA Coordinator at 712-362-6448. The Avera Holy Family Board

Appendix A

Community Health Needs Assessment Steering Committee

Deborah Herzberg, President and CEO, Avera Holy Family Hospital

Sharon Williams, Finance Partner, Avera Holy Family Hospital

Martin Bergstrom, Chief Clinical Officer, Avera Holy Family Hospital

Kari Batman, Director, Emmet County Public Health

Community Input Groups

Avera Holy Family Medical Staff

Avera Holy Family Diabetic Educator

Emmet County Wellness Coalition

Nursing Home Leaders

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

Estherville Ambulance Service

Community Leader Interviews

Joseph May, Estherville Mayor

Tara Paul, Superintendent, Estherville Lincoln Central Community School

Lexie Ruter, Director, Estherville Chamber of Commerce

Val Newhouse, President, Iowa Lakes Community College

Glenn Bohmer, Estherville Free Clinic Board

Appendix B

Community Survey question

How would you rate the overall health of our community?

What are the three (3) most important factors for a "Healthy Community" (those factors which most improve the quality of life in a community)?

What do you see are the top three (3) health concerns in our community?

What do you think of are the three (3) most "risky behaviors" in our community?

What do you think are the top three (3) health concerns relative to children's health in our community?

How would you rate your personal health?

Where do you go for routine (regular) health care? (select all that apply)

What two (2) healthy behaviors would you like to start or improve?

What do you feel prevents you from being healthier?

What would help to start or maintain a healthier lifestyle?

How would you rate the social environment (friendly people, willingness to help others) in our community?

What are the top three (3) social issues facing people in our community?

What are the top three (3) environmental health issues in our community?

Do you feel you / your family are prepared for a natural or man-made disaster?

Which of the following emergency preparedness statements are true for you / your family? (select all that apply)

What prevents you from being prepared for an emergency?

What public health services would you like to see available in our community?

What additional healthcare services or health education programs are needed in our community?

Where / how did you hear about this survey?

What is your age?

The number of people in household is (include people of all ages)?

What is your gender?

Do you live in Emmet County?

Do you work in Emmet County?

What is your race or ethnicity?

What is the highest level of education you have completed?

My employment status is?

Are you / or your family members covered by health insurance? (check all that apply)

What impact did Covid-19 have on you and your family? (check all that apply)

What did we do well during the Covid-19 pandemic?

What could we have done better during the Covid-19 pandemic?

Appendix C

| Health Outcomes | Emmet County | Error Margin | Iowa | National | |
|---------------------------------------|--------------|--------------|-----------|----------|----|
| Length of Life | | | | | 77 |
| Premature death | 7,700 | 5,400-9,900 | 6,200 | 5,400 | |
| Quality of Life | | | | | |
| Poor of fair health | 15% | 13-18% | 13% | 14% | |
| Poor physical health days | 3.5 | 3.1-3.9 | 3.1 | 3.4 | |
| Poor mental health days | 3.8 | 3.4-4.1 | 3.5 | 3.8 | |
| Low birth weight | 7% | 5-8% | 7% | 6% | |
| Health Factors | | | | | 52 |
| Health Behaviors | | | | | |
| Adult smoking | 19% | 16-22% | 17% | 16% | |
| Adult obesity | 36% | 27-45% | 34% | 26% | |
| Food environment index | 8.2 | | 8.5% | 8.7 | |
| Physical inactivity | 29% | 22-38% | 23% | 19% | |
| Access to exercise opportunities | 82% | | 83% | 91% | |
| Excessive drinking | 23% | 22-24% | 26% | 15% | |
| Alcohol impaired driving deaths | 50% | 10-77% | 27% | 11% | |
| Sexually transmitted infections | 392.3 | | 466.7 | 161.2 | |
| Teen births | 24 | 18-31 | 18 | 12 | |
| Clinical Care | | | | | |
| Uninsured | 7% | 6-8% | 6% | 6% | |
| Primary care physicians | 1,320 :1 | | 1,360:1 | 1,030:1 | |
| Dentists | 1,840:1 | | 1, 450 :1 | 1,210 :1 | |
| Mental health providers | 400:1 | | 610:1 | 270:1 | |
| Preventable hospital stays | 2603 | | 3536 | 2565 | |
| Mammography screening | 53% | | 52% | 51% | |
| Flu Vaccinations | 55% | | 54% | 55% | |
| Social & Economic Factors | | | | | |
| High school graduation | 93% | | 91% | 95% | |
| Some college | 70% | 60-80% | 70% | 73% | |
| Unemployment | 2.6% | | 2.7% | 2.6% | |
| Children in poverty | 15% | 10-21% | 13% | 10% | |
| Income inequality | 4.1 | 3.5-4.7 | 4.2 | 3.7 | |
| Children in single -parent households | 19% | 10-28% | 21% | 14% | |
| Social associations | 20.5 | | 15 | 18.2 | |
| Violent crime | 393 | | 282 | 63 | |
| Injury deaths | 70 | 48-98 | 68 | 59 | |
| Physical Environment | | | | | |
| Air pollution particulate matter | 7.1 | | 5.2 | 7.5 | |
| Drinking water violations | No | | | | |
| Severe housing problems | 13% | 9-16% | 12% | 9% | |
| Driving alone to work | 78% | 74-81% | 81% | 72% | |
| Long commute driving alone | 22% | 18-26% | 21% | 16% | |

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|-----------------------------------|
| Community Resources |
| Medical Services |
| Avera Holy Family |
| Avera Medical Group |
| Avera@Home-Home |
| Emmet County Public Health |
| Free Clinic |
| Pharmacies |
| Estherville Pharmacy |
| Hy-Vee Pharmacy |
| Nursing Homes |
| Good Samaritan Society |
| Aspire |
| Valley Vue Care Center |
| Eye Care Services |
| EyeCare Centre-Drs. Baker |
| Robert J Roberts |
| Assisted Living |
| Homestead of Estherville |
| Spring Creek Assisted |
| Dental Services |
| Dr. Greg Williams DDS |
| Dr. Courtney Meyer DDS |
| Free Dental Clinic |
| Behavioral Health Services |
| Champion State of Mind |
| Recreational Services |
| Regional Wellness Center |
| Anytime Fitness |
| Fitness Quest |
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