Community Health Needs Assessment – Sioux County

Executive Summary

Introduction

A community health needs assessment provides an opportunity for non-profit hospitals to identify needs and resources within the community. Since 2010, 501(c)3 hospitals conduct assessments at least once every three years. As part of the assessment, each hospital is required to collect input from individuals representing the community as well as those with public health expertise. The following report outlines the process undertaken by Hegg Health Center in Rock Valley, IA to fulfill these requirements. Hegg Health Center conducted this Community Health Needs Assessment (CHNA) partly as a collaborative process with three other hospitals and the public health agency in Sioux County, Community Health Partners of Sioux County. This group collaborated on the previous assessment conducted in 2019.

Summary of Health Needs

The following prioritized health needs were identified for all of Sioux County with the collaborative:

1. Mental Health
2. Social Determinants of Health – Ongoing Assessing and Addressing
3. Heart Disease - Prevention
4. Health Care Access

Summary of Method and Process

The CHNA was conducted using a collaborative planning and data collection process integrating secondary data and primary data collected from community stakeholders through attending existing community meetings and through a web-based questionnaire. The following steps were taken:

1. Identify desired data indicators
2. Review, analyze and compile available data from a variety of existing data sets from national, state, and local sources
3. Collect primary data through community groups and stakeholder web-based questionnaire
4. Convene planning group to identify county priorities
5. Identify health system priorities

Introduction and Background

A community health needs assessment (CHNA) provides an opportunity to systematically identify needs and resources within the community. The CHNA for non-profit hospitals must be conducted at least once every three years. As part of the CHNA, each hospital is required to collect input from individuals representing the community as well as those with public health expertise. Public health agencies in Iowa are required to complete a CHNA at least every five years. This report represents the 2022 health

assessment report for Community Health Partners of Sioux County, the public health agency serving Sioux County, Iowa.

About Hegg Health Center

Hegg Health Center conducted this Community Health Needs Assessment (CHNA) as part of a collaborative process with three other hospitals, Promise Community Health Center and the public health agency in Sioux County, Community Health Partners of Sioux County. This process included joint planning, identification of common data indicators, and county-wide stakeholder engagement. Although the process was collaborative, each individual hospital reviewed both community level and county level data and input. Hegg Health Center presents this community health needs assessment as an individual assessment and will develop an implementation plan based on this assessment.

Our Community

The community of Rock Valley is located in Sioux County, Iowa. Hegg Health Center provides healthcare services in Rock Valley and the nearby communities of Doon, Carmel, Hull, Sioux Center and others. For the purposes of this community health needs assessment, the service community for Hegg Health Center includes Sioux County and specifically the community of Rock Valley.

Process and Methods

The community health needs assessment was conducted using a modified MAPP (Mobilizing for Action through Planning and Partnerships) process through collaboration among the local public health department and the four critical access hospitals located within Sioux County, Iowa. Steps in the process included 1)planning – called "Organizing for Success and Partnership Development" in the MAPP framework, 2)Data collection – called "Assessments" in MAPP framework language, and 3)prioritization – Identify Strategic Issues in the MAPP framework.

Planning - Community Health Partners of Sioux County, the local public health agency for Sioux County, Iowa convened a group of representatives from Sioux County health care organizations to conduct a collaborative community health needs assessment. Partners in the collaborative process were four critical access hospitals: Hegg Health Center, Sioux Center Health, Orange City Area Health System, and Hawarden Regional Healthcare, Promise Community Health Center and Community Health Partners of Sioux County.

The planning phase of the project included identifying data indicators that should be included in the data review and considering community stakeholders to be included in outreach efforts. After reviewing the 2019 assessment report and County Health Snapshot, the group identified additional data indicators that should be included in the updated snapshot.

The collaborative group decided to focus on existing community groups and a web-based questionnaire since a county-wide survey and extensive focus group interviews were completed in 2019. In the interim, COVID-19 impacted many community organizations, especially healthcare organizations and Community Health Partners collected ongoing community needs data throughout the pandemic in an effort to respond quickly to community needs. Recognizing this ongoing assessment, the group did not want to burden organizations with extensive data collection processes.

Assessment

Community Health Partners identified available sources for relevant data to include in a **community health status report** using secondary data sources. Priority was given to data identified through the Iowa Department of Public Health Public Health Tracking System, County Health Rankings, and the U.S. Census Bureau. The 2022 "Community Health Status" report describes the health status of Sioux County through Demographics, Social Determinants of Health, Death, Injury and Illness, Mental Health, Maternal and Child Health, Environmental Health, Health Care Access and Health Behaviors. This Community Health Status Report was reviewed by the collaborative and areas where Sioux County was unfavorable compared to state or comparison county data were specifically considered.

Community Input was gathered throughout Sioux County through participation in existing community meetings and through a web-based questionnaire. A community health consultant attended community meetings and facilitated discussion about priority health needs in the community following the "Three Key Questions for Partners" provided by the Iowa Department of Public Health. This community input was collected between November and March 2022. Of these community groups, three were comprised of a cross section of providers who serve a variety of roles throughout the county including school nurses, social service providers, mental health providers, the Board of Health and public health providers. A web-based questionnaire using the same questions was sent to mailing lists that included health care providers, pastors, social service providers, and community care coordinators. A total of 43 web-based responses were received. The following table outlines participants who represented specific low-income, minority and underserved populations.

Participants	
Organization / Individual	**Representative Group**
Early Childhood Iowa / Decategorization	Low income, underserved
ATLAS	Low-income
Elderbridge	Underserved and older adults
Love, Inc.	Low income
Lutheran Social Services of Iowa	Low income
School nurses	Underserved
Community care coordinators	Underserved, low-income, minority
Habitat for Humanity	Underserved, low-income
Parent Partners	Underserved
Promise CHC	Underserved, low-income

Summary of Input from Community

Priority needs identified in web-based questionnaire:

Community health partners provided a link to a web-based questionnaire through SurveyMonkey that included three key questions for stakeholders. There were 43 responses received.

1. Based on your interactions with the people you serve, what are the 3 most important issues/topics we need to focus on to improve health in our community?

2. What reasons led you to choose each?
3. Are there things that already exist in our community that we can capitalize on to make/sustain improvement?

Mental health

Mental health was identified as the top priority by 14 of the respondents and as the second priority for 11. Within this category, specific areas of need were family and individual stress, destigmatizing mental health, the need for more mental health services and providers, anxiety, mental health resources for minorities, the need for ongoing support, and identifying the connection between physical health and mental health. Others identified increasing use of social media (2) and family structure and parenting (2) connecting to the wellbeing of youth.

Rationale for including this a top priority included the prominence of mental health issues across age and demographic profiles, the lack of providers, the lack of nearby inpatient services, the need to better care for ourselves and others from a prevention standpoint, the increase in depression and other mental health disorders throughout the COVID-19 pandemic, the increasing levels of anxiety in middle school, the hesitation to seek help or talk about stresses and anxiety, a lack of resources for those seeking support, and the long wait times for existing services. One response specifically noted a 2-3 day wait time for placement for those in crisis and a 3+ month wait for outpatient services.

Resources noted include existing providers, a regional hospital, capable local agencies with experience providing a spectrum of ongoing support, churches, concerned community members and teachers, school counselors, and county coordination.

Obesity, Nutrition, and Physical Activity

Six respondents identified needs related to obesity, nutrition, and physical activity as the most important issue to address, while ten identified this as the second more important issue and four as the third. Within this category, specifically mentioned were diet and nutrition, promotion of health habits, opportunities and spaces for physical activity especially those that are available year-round and at low or no cost, and outdoor spaces such as parks.

Rationale for inclusion connected nutrition and exercise habits to overall health and an increase in diabetes, hypertension, and cardiovascular disease, noted challenges with accessing places for physical activity in the wintertime and the importance of spaces like parks for activity, a need for low cost options for activity and the need for learning about healthier ways to cook and eat.

Resources available include existing parks, recreation centers, fitness centers, places that could host cooking classes such as schools, libraries, and gyms, groups for weight loss support, clinics, prevent diabetes groups, community centers and walking paths.

Health Care Access

Seven respondents identified health care access issues as the most important issue; two identified this as the second most important and three as the third most important. Specific needs include staffing, positive attitude, senior care services, Alzheimer's services, specific clinic needs, specialty care, screening exams and understanding existing coverage, creating a welcoming and friendly environment for patients, and improving healthcare funding and financing access.

Rationale for including this a top priority include the desire to have services available close to home because family care is important, the wait times for care in local clinics, lack of knowledge about financial coverage, challenges with access for minority groups, and the added stress that comes from financial aspects of accessing health care.

Resources to address this issue include bilingual staff, insurance availability and assistance for enrollment.

Social Determinants of Health

Social determinants of health were mentioned either as a general category of need or specific social determinants such as housing (6) transportation (2) and daycare availability (2).

Rationale for inclusion included the inadequacy of existing transportation services to meet the needs of some community members who rely on it, the cost of housing, the challenges of hiring employees when daycare access is limited, the number of families in shared housing or housing that does not meet housing codes or is rodent infested, the lack of housing availability.

Resources noted were specific programs such as Family Crisis Center homelessness unit, HUD, ATLAS, and Mid-Sioux Opportunity as well as employers who have an interest in increasing available housing.

Community ethos

A number of respondents included needs such as trust (1), honesty and transparency (1), empathy (1), respect(1), privacy(1), and sense of community support (1) that indicate an overall need relating to the general ethos of the community.

Rationale for these was limited, but included statements about becoming individualistic, the growing diversity of the population, the desire to see coworkers who are happier and more productive, and the connection between demonstrating care and openness to discussing health issues.

Healthcare response to COVID-19

Issues that either directly relate to COVID-19 or with an implied connection included the needs for improved immunization practices (1), a desire to decrease the use of masks in patient settings (1), personal choice (1), COVID pandemic resources (1), changing COVID regulations and safety (1), and addressing the needs of those impacted by COVID (1).

The rationale for inclusion included the number of people impacted by COVID, the challenge of providing care, and a lack of education about vaccines.

No specific resources were noted aside from vaccine locations and web information.

Substance Use

Substance use, including alcohol and cannabis use was highlighted by four respondents' total.

The rationale included a note that heavy drinking impacts communities, vaping nicotine is high in Sioux County, cannabis use among youth is rising and cannabis is increasingly available in multiple forms, and substance use is seen at all ages.

Rosecrance Jackson, Seasons Crisis and Celebrate Recovery were noted as specific resources to address substance use.

Stakeholder meeting identified themes:

Similar to the questions asked in the web-based questionnaire, stakeholders at existing community groups or coalitions were asked to identify the top three issues, the reasoning for selecting the issue, and resources that are available to address the issue.

Mental health emerged as a need in stakeholder meetings, specific the challenges related to recruiting enough providers in rural areas, the challenge of asking for help, a growing need among children and teens and increasing challenges with generational issues such as intense family dynamics. Additionally, there was recognition of a growing challenge of co-occurring mental health and substance use disorders and the need for trauma education. It was specifically noted that there was a 17% increase in alcohol sales in Sioux County between 2018-2020.

Resources identified include Elderbridge, Love, Inc, Parent Partners, Mental Health First Aid training, churches, engaged school nurses, trauma informed care trainings, a 24/7 text or chat line www.yourlifeiowa.org and outreach through radio, newspapers and social media.

Financial needs were also noted as a need, specifically stakeholders have noted an increased number of clients with transportation challenges including loss of ability to drive due to aging and increasing costs of transportation. A general challenge for many clients is managing money, especially when price increases occur – these clients are hardest hit by financial challenges. The cost of healthcare services also impacts finances and more low cost or sliding scale services are needed.

Physical activity and nutrition was also identified by stakeholder groups, especially the need for options in the winter months.

The *healthcare workforce* was also identified as an area of need, with recognition that long-term care facilities and the behavioral health workforce (as noted above) are areas of particular need.

The issues identified by stakeholder groups are similar to those identified in the stakeholder survey and additional resources or community assets were identified.

Prioritization – A summary of the health issues raised through community input was presented to the collaborative planning group along with the secondary data report.

On May 11, 2022, Community Health Partners convened a stakeholder meeting with attendees representing the participating healthcare organizations. Participants reviewed a summary of all assessments (community input, secondary data), identified and prioritized key issues. To determine priorities that healthcare systems will address collaboratively, the collaborative team used the Stakeholder Survey Results, Community Health Status Report, and stakeholder meeting input to generate a list of health needs / issues. Identified issues were:

*Health care access – can include recruiting employees and connecting to providers

Connecting patients to providers

Recruiting long term care employees

*Heart disease – prevention factors

Melanoma – potential connection to ag work

*Mental health access

Prescribing providers

*Social determinants – assessing and addressing on an ongoing basis

Cancer screenings

Dental services for Medicaid

Exercise and nutrition

Substance Use/Abuse

Routine Screenings

Social determinants – housing, transportation, daycare

The collaborative team used a multi-voting technique to narrow the list of health needs/ issues to a priority list after discussion, determining that the identified issues were supported by data, important to the community and broad enough to have potential for a variety of community actions to address.

Mental Health

Social determinants of health – assessing and addressing on an ongoing basis

Heart disease

Health care access

Summary of Priority Needs

For the purposes of this assessment, a health need includes requisites for the improvement or maintenance of health status in both the community at large or in particular parts of the community (such as a specific group experiencing disparities). Requisites for improvements or maintenance of health status include underlying factors that influence health such as transportation or housing.

Mental Health

Description of the issue

Mental health is part of overall health and refers generally to emotional, psychological and social well-being (mentalhealth.gov). Challenges related to mental health can occur at any age and can be transient or long-standing. Healthcare related to mental health is provided by a variety of providers including those who specialize in diagnosis, medical treatment, therapy, and rehabilitation.

Statistical Data (Secondary data): Sioux County adults reported an average of 3.8 days of poor mental health over the past 30 days. This is slightly lower than the Iowa overall, where 4.1 days were reported. The suicide death rate (per 100K) is 11.5 compared to the state of Iowa rate of 10. Among youth in grades 6, 8, and 11 participating in the Iowa Youth Survey, 17% seriously thought about killing themselves in the past 12 months.

Related data indicators: The ratio of mental health providers to the population in Sioux County is 800:1, lower than the state ratio 570:1.

Community Input (Primary data): Survey respondents and stakeholder groups, alike, identified mental health as one of the top issues. Both an increase in the experiences of poor mental health and the need for additional providers were noted as important aspects of this need, indicating that there are needs along the continuum from prevention to treatment.

Potential resources to address the issue:

Resources and Programs available in Sioux County to address this issue include:

Resources noted include existing providers, a regional hospital, capable local agencies with experience providing a spectrum of ongoing support, churches, concerned community members and teachers, school counselors, and county coordination. Elderbridge, Love, Inc, Parent Partners, Mental Health First Aid training, engaged school nurses, trauma informed care trainings, a 24/7 text or chat line www.yourlifeiowa.org and outreach through radio, newspapers and social media were also noted as available resources.

A full listing of mental health resources in Sioux County can be found on the county resource guide: https://siouxcountychp.org/resource-category/mental-health-counseling-support-groups/

At Hegg Health Center, we believe mental health is an integral part of overall wellness and acknowledge areas for improvement. Social services are offered to any patient at Hegg Health Center and at Whispering Heights, Hegg's long-term care facility.

Hegg Social Services provide discharge planning at the time of a hospitalization. This may include arranging services such as home health, meals, transportation, or referrals to nursing homes or assisted living facilities. Hegg Social Services can also provide consultation to any home health, outpatient, or clinic patient. These consultations may provide information and direction on ways to keep a loved one in their own home and suggestions may include home health, life assist, or mental health services. Information and education can be given in regards to dementia or other chronic illnesses. Hegg Social Services can also assist patients in regards to financial and insurance needs.

Palliative Care is a Hegg service that is provided to patients with a chronic illness and provides a framework for the patient and the family to address the chronic illness. Recently, social services has begun a Parkinson's Encounter Group (utilizing materials from the Parkinson's Foundation) in addition to a Memory Loss support group (utilizing materials from the American Alzheimer's Association) as a Palliative Care initiative, to address the mental illness challenges associated with memory loss diseases. These classes are free and privately held at Hegg Health Center, communicated often via church bulletins, Premier Channel 9, social media and the hegghc.org website. Providers and nursing staff also share this local resource during appointments to memory loss patients in their care. Palliative Care seeks to expand their support group resources with the future potential of adding a Grief Support group and Cognitive Stimulation group as outpatient therapy options for patients experiencing mental health problems or a mental illness from loss or other life obstacles.

In addition to Palliative Care, social workers, providers, and nursing staff alike are also involved with the Coordinated Care team to work with and assure patients that they have all of the resources needed to stay healthy and be successful in managing any illnesses that they have. Routine trauma-informed care trainings are included for the Palliative Care team to maintain current and most relevant education. Communicating each patient's needs at the right time to the right people provides Hegg patients with the most appropriate and thorough care necessary to their health.

Whispering Heights, Hegg's long-term care facility, provides social work services including but not limited to handling all new admissions – this includes offering the rooms to those on our waiting list, meeting with future residents and their families, and providing support in time of transition. The social worker also handles any resident's depression concerns, family concerns and grievances. We also set up hospice consultations, plan for discharge, and arrange outpatient services to provide mental health services. We have seen the need for further invested social services and thus we have increased hours in the Social Services department to meet the mental health needs of the long-term care population.

Social determinants of health – assessing and addressing

Description of the issue

Social determinants of health refer to underlying conditions that influence health including the built environment, education, health care access, community context and socioeconomic status (CDC, 2022).

Statistical Data (Secondary data):

In Sioux County, 6% of children under age 18 live below the poverty level, which is lower than the state rate 12%; however, 41% of students are eligible for free and reduced lunch, which is slightly lower than the state percentage of 42%. Additionally, 7% of families spend 50% or more of their income on housing

and 5% report food insecurity. While the median income in Sioux County ($74,900) is higher than the state ($62,400) there are income disparities when comparing median household income by ethnicity where the median income for those identifying as Hispanic is $42,900 compared to $68,300 for those identifying as American Indian or Alaska Native and $75,800 for those identifying as White.

The high school graduation rate in Sioux County (91%) is the same as the state, but there is a higher rate of adults age 25+ who have completed less than 9th grade (3.6%) in Sioux County than across the state (2.9%).

Community Input (Primary data):

Focus group participants noted the need for ongoing assessment and addressing social determinants of health. This type of assessment can occur at both the community and individual level and strategies for addressing them are similarly both at the community and individual level.

Potential resources to address this issue:

Resources and Programs available in Sioux County to address this issue include:

- Care coordination resources in health care systems and at Community Health Partners
- PRAPARE assessment used at Promise CHC
- Unite Us referral platform

Resources and programs available at Hegg Health Center to address this issue include:

- Support group implementation via Social Services initiatives
- Active collaboration with the organizations available in Sioux County
- Ensuring our current staff overseeing community benefits and social services are supportive of the current resources and programs and refer patients appropriately and accurately to the program or resource that will most benefit their situation and ideal health outcome

Heart Disease

Description of the issue

Heart disease is a term that refers to a number of heart conditions, the most common of which is coronary artery disease, which can lead to heart attack. Other types include heart rhythm problems, heart valve diseases, and heart muscle diseases. Risk factors for heart disease include high blood pressures, high cholesterol, and smoking (cdc.gov/heartdisease/about.hm)

Statistical Data (Secondary data):

Although the mortality rate for heart disease in Sioux County (113.5 per 100,000) is lower than the state (165.5 per 100,000), it is the leading causes of death.

Community Input (Primary data): Although heart disease itself was not identified as a specific theme in the stakeholder groups, it was mentioned as a key reason for including obesity prevention, physical activity, and nutrition as a priority issue. In other words, preventing cardiovascular disease is one of the drivers for addressing physical and activity and nutrition. The prioritization team specifically identified issues related to awareness of heart disease as a leading cause of death and the need for prevention messaging related to heart disease, especially for women.

Potential resources to address this issue:

Existing programs that address obesity, physical activity, and nutrition can be connected more broadly to heart disease. These resources include Prevent Diabetes Northwest Iowa, Healthy Sioux County's 5-2-1-0 activities and outreach, and community education activities. Additionally, all county health care organizations regularly provide heart disease and heart health messaging in February.

Health Care Access

Access to health care is a determinant of health than impacts the ability to detect and treat illness and other health conditions. Access can be related to both the availability of health care services and the ability of people to connect to those services, which may include convenience and affordability.

Statistical Data (Secondary data):

There are four critical access hospitals and one federally qualified community health center in Sioux County. Total number of available inpatient beds 96, which is 20th in rank in Iowa [5]. There are 4 nursing facilities in the county with 288 facility beds. There is one physician for every 1200 people in Sioux County, which is a slightly better ratio than the state as a whole, where there is one physician for every 1350 people.

Community Input (Primary data):

Stakeholder groups and the survey respondents identified healthcare staff as an important need related to access to health care. Service availability is limited when there is not adequate staff for facilities. This is especially noted in the area of nursing facilities in the county. Other areas noted were specialty care, financial aspects of, creating a welcoming and friendly environment for patients including minority groups, and improving healthcare funding and financing access

Potential resources to address this issue:

Resources include bilingual staff within the health care systems, existing programs for enrollment into insurance programs, care coordination programs, and recruiting incentives.

Evaluation of Prior CHNA/Implementation Plan

Since the previous CHNA, the participating health care organizations have worked jointly to address the priority issues of healthy living, mental health, and coordinating access to services. Many of the planned actions from the previous implementation plan were put on hold due to efforts related to the COVID-19 pandemic.

Specific achievements of efforts undertaken are below:

Healthy Living

Community Health Partner's CHW is working with the Newcomer class at Sioux Center High School. She is presenting weekly health and wellness education for the students who are learning English and about community and cultural practices and expectations of Sioux County in addition to the normal school subjects. Health topics include both physical and mental health and wellness.

Prevent Diabetes Northwest Iowa (NDPP) is a CDC recognized diabetes prevention program that is a county-wide partnership. No new cohorts were started during the pandemic, but the program successfully completed existing cohort programs despite the pandemic challenges. A new, web-based platform is being piloted this fall through OCAHS and Sioux Center Health. Sioux Center Health is covering the cost of employee participation in HALT. Sioux Center Health has also added nutrition services to employees on their insurance plan that includes dietician consulting on weight management.

Diabetes in home pilot was tested, but was determined to not be sustainable on a wide-scale without extensive collaboration and/or risk of duplication of other community services. Community Health Center began providing diabetes education services/health coaching which has resulted in reduced

need for diabetes education services – not sure how to say this exactly but SC Health is seeing fewer Spanish speaking clients.

Mental Health

Healthy Sioux County – This county coalition has continued to meet on a monthly basis, moving to zoom meetings during the COVID-19 pandemic. The multidisciplinary group (librarians, school nurses, health care professionals, social services, behavioral health, veteran's affairs, area agency on aging, public health) has worked on promoting the sack pack program, offered mental health training for agencies' staff members and planned special events during Mental Health Month in May including disseminating a calendar with mental health activities for each day and a Chalk the Walk event in several of our communities.

Several school districts, including private schools, have added mental health counseling services in schools. Sioux Center School joined the Unite Us platform to assist in making community referrals.

Access to Services

A county-wide translation and interpretation work group continues to meet with the goal of looking for how to bridge the gap for Spanish speakers in our community. Interpreters from each local healthcare center /hospital collaborate to ensure that each facility is following interpreting ethics as well as identifying where each facility can serve their LEP patients better. There have been bilingual and interpreting proficiency tests established for facility use. This group will be meeting with local school interpreters to ensure interpreter standards are met in the school setting.

Community Care Coordination – Community Health Partners has continued to provide community care coordination services, a program that began as a joint project through the Sioux County SIM, a grant funded project that wrapped up in 2020. During the COVID-19 pandemic response, care coordination continued with a focus on meeting needs related to pandemic response in addition to other needs.

Assessing resource needs during the pandemic – Related to the goals of increased access to services, during early stages of the pandemic, a county-wide assessment of ongoing needs was conducted on a quarterly basis and results shared with the provider community. As a result, needs such as transportation, housing, and food resources were identified and shared with Sioux County provider organizations so they could respond appropriately.

CHP hired one additional bilingual community health worker and increased the FTE's of existing bilingual staff. Community Health Partner's website and Community Resource guide is now available in multiple languages.

Promise CHC began routine use of PRAPARE SDOH screening tool. Sioux Center Health Jessica Diaz will begin implementing in her new role. CHP staff will begin to use it on new admissions.

Many community partners began using Unite Us platform for referrals. Promise, SCH, Mid Sioux, Hope Food Pantry, Hands Up Communication, All Kids Can, Family Crisis Center, and CCR&R.

Preschool navigation program: CHP is collaborating with Mid Sioux Opportunity on a pilot program funded by Early Childhood Iowa to assess the number of children eligible for preschool who do not enroll in preschool and to work with families to address the barriers that prevent their children from enrolling in, and attending, preschool. Our Community Health Worker is taking the lead in working with families, identified in various community settings, to assist them in the preschool enrollment process. CHP developed a guide to preschools in Sioux County --posted on the CHP website: https://siouxcountychp.org/preschool/

CHP partnered with the Early Childhood Center in Sioux Center, using their classroom to provide weekly classes to help equip low literacy Spanish speaking parents to work with their children to enhance literacy and language acquisition and prepare them for pre-school and kindergarten. Each

week's themed session includes a story, an activity, health education, and a backpack filled with learning activities to take home for the week. We will offer Summer Boost Family Literacy sessions this summer in five Sioux County towns including Hawarden, Hull, Orange City, Sioux Center, and Rock Valley CHP secured DeCat Funding for FY23 to continue to program and provide ongoing support for expanding this service area.

Board Approval

The Hegg Health Center Fiscal Year 2022 Community Health Needs Assessment report was presented to and approved by the HHC Board of Directors on June 2, 2022.