Community Health Implementation Strategy FY25 - FY2028

St Anthony Regional Hospital and Nursing Home

Implementation Strategy

Introduction

This implementation strategy describes how St. Anthony Regional Hospital and Nursing Home will address significant community health needs in its service area for the 2025 – 2028 period. These needs were identified in the 2025 Community Health Needs Assessment (CHNA), approved by the Hospital Board in October 2025. This most recent CHNA was conducted to support St. Anthony's mission to provide high quality services to their patients and community, and in compliance with Internal Revenue Service regulations for non-profit hospitals – Section 501(r)(3). This implementation strategy outlines the significant community health needs described in the CHNA that the Hospital plans to address, although the strategy may be modified as needed, determined by the monitoring of the identified health issues, activities, community partners and other resources, and other relevant data and information. While the work described in the implementation strategy focuses on addressing significant health needs identified in the CHNA, other essential health programs and activities will also continue.

2025 Community Health Needs Assessment Summary

St Anthony Regional Hospital and Nursing Home conducted the 2025 Community Health Needs Assessment (CHNA) to better understand the health needs in the Hospital's six-county service area and to target interventions focused on selected community health needs. The CHNA will work in coordination with the Carroll County Public Health Department to ensure that community benefit resources address area needs and improve the health of residents in our service area. To determine current health status and needs, secondary data were collected from a variety of sources to present community demographics, social and economic factors, health access, birth characteristics, leading cause of death, chronic disease, and health behaviors. Primary data was collected through key stakeholder interviews and a web-based community survey.

It is estimated that the population of St. Anthony's six county service area was 69,653 in 2024, with Carroll County being the most populated at 20,407. The percentage of the population of adults aged 65 years and older in the service area is higher than the percentage at the state level. The population in the St. Anthony six-county service area is primarily White/Caucasian proficient in the English language. Crawford County has a significant Hispanic population, with more nearly 29% of the population identifying as Hispanic and the highest percentage of residents five years and older with limited English proficiency, roughly four times higher than the state of Iowa. The data indicates the portion of the population who speak a language other than English at home and speak English less than "very well." The 2022 County Health Rankings are based on a model of community health that emphasizes factors that influence how long and how well we live. The rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).

Behavioral Health

Community stakeholders reported behavioral health as the most prominent health/social concern in the community. In addition, community stakeholders also perceived mental health to be the most significant barrier for people not receiving care or services. Lack of access and hurdles associated with the inability to seek and obtain mental health services can interfere with individuals seeking the care they need. Data analyzed supports their concerns. Nearly two-fifth of respondents to St. Anthony's community survey reported that they do not know how to access resources to address mental health concerns for themselves, their children, or other immediate family members. According to the 2021 Iowa Youth Survey State Report, between 27% and 36% of students, depending on the Grade, reported they had felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, and self-reported rates of anxiety, depression, suicidal ideation and suicide attempts among youth throughout the service area are alarming.

Substance Use/Abuse

Adult and youth alcohol use in the service area continues to be a problem, sometimes with dire consequences. Substance use/abuse was cited as an additional area of concern in the survey. Substance use disorders represent clinically significant impairment caused by recurrent alcohol and drug use. In Iowa, the most commonly used substances are tobacco, alcohol, marijuana, methamphetamines, opioids, and prescription drugs. Substance abuse includes the overuse of alcohol, tobacco, and other drugs that are legal or illegal. Abuse occurs when the substance is overused and used in a way that is not intended or recommended. Binge drinking remains consistent year over year. Alcohol use by adults in the service area is similar to that throughout the state, but significantly higher than national rates. Tobacco use by both youth and adults is also similar to state rates but given the dire health consequences for both users and non-users of tobacco, it remains a priority for St. Anthony Hospital. Lastly, opioid misuse and abuse remains a health crisis across the nation and within the St. Anthony service area.

Chronic Disease Management & Prevention

Cancer

A priority and significant concern from the assessment under chronic diseases is cancer. Cancer is a growing concern and a burden to Iowa and the nation. Eliminating factors such as tobacco use and increasing and improving better health behaviors can reduce factors associated with getting cancer. Reducing cancer and improving the lives of those with cancer requires partnerships and strong collaboration from health care institutions, public health, policymakers, advocates, etc., to increase access to screenings and services. While the Iowa Cancer Registry and its partners are working together to address Iowa's high cancer rates, survivorship is now the focus because as more people are being diagnosed, and surviving longer with their cancer diagnosis, the number of cancer survivors is increasing. Thus, cancer survivorship care is expected to become even more critically important in Iowa in the coming decades. More than 1 in 20 people in Iowa have had a diagnosis of cancer at some point in their lives. The most common cancers that survivors in Iowa are living with are breast, prostate, and colorectal cancers, and skin melanoma.

Obesity

Obesity, and the health behaviors associated with it, continue to be among the top priorities of stakeholders engaged through interviews and the community survey by the hospital. Iowa currently ranks eleventh in the nation for adult obesity, down from 7th place. Despite concerted and coordinated efforts to address factors influencing the condition, the rate of obesity continued to increase in St. Anthony's service area; as it did in the state of Iowa. Crawford County reported the highest obesity rate within the St. Anthony service area exceeding both state and national percentages. Audubon, Calhoun, Carroll, Greene, and Sac Counties all exceed national percentages.

Heart Disease

Audubon County has the highest percentage of adults with high blood pressure among the studied counties; however Calhoun, Carroll, Crawford, and Greene are exceeding both the state and the nation. Stroke mortality in Crawford County is higher when compared to Iowa and the nation. These chronic condition death rates reflect an alarming trend when compared to state and national data. Chronic disease may impact populations due to premature deaths associated with poor health management. Calhoun and Greene Counties report the highest rates of premature deaths with compared to national and state benchmarks.

Diabetes

The American Diabetes Association data reported that approximately 287,500 people in Iowa, or 10.2% of the adult population, have been diagnosed with diabetes, in addition to 70,000 people in Iowa being undiagnosed with the disease diabetes. Every year an estimated 19,000-20,000 people in Iowa are diagnosed with diabetes. The total direct medical cost for patients diagnosed in Iowa was estimated at $2.6 billion in 2022. The most recent data available shows that residents of Audubon, Calhoun, Carroll, Crawford, and Sac counties showed an increase or no change in diabetes diagnosis in the years 2020-2022. Residents in Greene County in the years 2020-2022 revealed data to indicate a decrease in those who have diabetes.

High Blood Pressure

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

Physical Activity

Exercise and being physically active has a multitude of positive outcomes. Exercise improves mental health, reduces anxiety, and depression, builds strong bones and muscles, manages weight, reduces the risk of disease, and allows one to improve upon daily activities. Calhoun, Carroll, Crawford, and Greene County reported a higher rate of physical inactivity compared to state and nation. This indicator is relevant because current behaviors are determinants of future health and may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. Physical activity is important to prevent heart disease and stroke, two of the leading causes of death in the United States. In order to improve overall cardiovascular health, The American Heart Association suggests at least 150 minutes per week of moderate exercise or 75 minutes per week of vigorous exercise.

Live Healthy

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

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

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

Women's Health

Women play a leading role in the majority of families' health care decisions. Most caregivers are women and are the primary health care decision-makers in particular for their children. Thus, it is imperative that women have sufficient information, knowledge, and tools to fulfill the multiple hats they often wear as consumers of health care. Women are often more interested in discussing preventive health topics and using the information to help improve their family's health. Moreover, women are often put off taking care of themselves or getting their health appointments because they are too busy taking care of other family members' health.

Women, overall, have distinctive sets of health care challenges and are at higher risk of developing certain conditions and diseases than men. The leading causes of death for women nationally include heart disease, cancer, and stroke, all of which could potentially be treated or prevented if identified early enough. The leading causes of death for women in Iowa include heart disease, cancer, and chronic lower respiratory diseases.

St. Anthony recognizes the importance of providing high-quality women's health care from pregnancy to medical and surgical treatment to addressing complex women's conditions. Noted in the previous assessment as a vulnerable population, maternal and child health issues continue to be an area of concern for rural patients in St. Anthony's service area.

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

Significant Health Needs the Hospital will Address

After examining the significant health needs identified in the 2025 CHNA, St. Anthony Regional Hospital and Nursing Home applied the following criteria to identify the health needs it will address: organizational capacity, established partnerships and collaborations, ongoing investment, and institutional competencies and expertise. As a result, St. Anthony will address the following health needs through a commitment of community benefit programs and charitable resources:

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

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

Mental Health

Goal 1: Improve access to timely, high-quality behavioral health services.

Strategy 1.1 Increase availability of outpatient mental health appointments by expanding provider capacity, telehealth utilization, or contracted services.

Strategy 1.2 Reduce average wait time for an initial behavioral health appointment by 20% within three years.

Strategy 1.3 Establish or strengthen referral pathways with primary care to ensure screening and warm handoffs.

Goal 2: Enhance early identification and intervention for mental health concerns.

Strategy 2.1 Train frontline staff in Mental Health First Aid or similar evidence-based programs.

Strategy 2.2 Partner with schools, law enforcement, and community agencies for crisis prevention and response.

Cancer

Goal 1: Increase cancer screenings

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

Strategy 1.2 Start initiatives around screening events in collaboration with community partners.

Strategy 1.3 Implement a process for lung cancer screenings for patients who qualify.

Goal 2: Reduce cancer mortalities.

Strategy 2.1 Implement risk assessment for breast cancer in primary care settings and provide tailored recommendations based on individual risk (including use of chemoprevention).

Strategy 2.2 Educate patients (and the families of adolescent patients) about the importance of the HPV vaccine.

Goal 3: Increase patient access and retention through support services

Strategy 3.1 Increase access to care through advanced imaging technologies.

Strategy 3.2 Provide psychosocial care for patients with cancer and their families

Obesity

Goal 1: Increase access to healthy lifestyle programs.

Strategy 1.1 Increase participation in hospital-sponsored wellness programs by 25%.

Strategy 1.2 Increase healthier lifestyle choices in the hospital setting.

Goal 2: Reduce obesity-related health risks in the community.

Strategy 2.1 Implement routine BMI, blood pressure, and diabetes screening in primary care and community settings.

Strategy 2.2 Implement a multi-disciplinary referral process (dietician, wellness coaching, chronic disease management).

Substance Use

Goal 1: Increase access to substance use treatment and recovery support.

Strategy 1.1 Expand partnerships with regional providers to improve access to outpatient treatment and specialized services such as Medication-Assisted Treatment (MAT).

Strategy 1.2 Increase referral follow-through rates from the ED by 15% over three years.

Goal 2: Strengthen prevention and harm-reduction efforts.

Strategy 2.1 Provide community training on safe medication storage and disposal.

Strategy 2.2 Collaborate with public health on naloxone distribution and overdose education.

Goal 3: Reduce ED encounters related to substance misuse.

Strategy 3.1 Implement standardized screening for alcohol and drug use in primary care and the ED.

Strategy 3.2 Provide immediate linkage to peer support or recovery coaching when available.

Women's Health

Goal 1: Improve access to preventive and reproductive health services.

Strategy 1.1 Increase compliance with annual well-woman exams and breast/cervical

screenings by 10%.

Strategy 1.2 Expand outreach services for women in rural areas.

Goal 2: Enhance maternal health outcomes.

Strategy 2.1 Strengthen prenatal care access and patient education.

Strategy 2.2 Implement or expand maternal mental health screening for depression/anxiety.

Goal 3: Promote women's health education across the lifespan.

Strategy 3.1 Provide groups classes or online sessions focused on menopause, heart health, pelvic health, and cancer prevention.

Strategy 3.2 Engage community partners in distributing health education materials and hosting events.

Evaluation of Impact

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

Health Needs the Hospital will not Address

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