

Community Health Needs Assessment - Hawarden

Executive Summary

Introduction

A community health needs assessment (CHNA) provides an opportunity for non-profit hospitals to identify needs and resources within the community. With the passage of the Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, conducting a CHNA is now part of the requirement for hospitals to retain non-profit status. The CHNA 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. The following report outlines the process undertaken by Hawarden Regional Healthcare in Hawarden, IA to fulfill these requirements. Hawarden Regional Healthcare 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.

Summary of Health Needs

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

1. Obesity
2. Translation and Interpretation
3. Community education on parenting and child development

Hawarden Regional Healthcare identified priorities for the community of Hawarden and surrounding counties:

1. Translation and Interpretation
2. Mental Health Access for all age groups
3. Obesity
4. Community education on parenting and child development

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 focus group interviews and a community survey. The following outlines, in brief, the steps taken:

1. Identify desired data indicators
2. Review, analyze and compile available data from a variety of existing data sets
3. Collect primary data through community and county focus groups and a county-wide survey
4. Convene stakeholders 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. With the passage of the Patient Protection and Affordable Care

Act (ACA) enacted on March 23, 2010, conducting a CHNA is now part of the requirement for hospitals to retain non-profit status. The CHNA 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 2019 CHNA report for Community Health Partners of Sioux County, the public health agency serving Sioux County, Iowa.

Residing in Sioux County, Hawarden Regional Healthcare is owned by the city of Hawarden. Hawarden Regional Healthcare is located at 1111 Eleventh Street. The primary service area of Hawarden Regional Healthcare includes northwestern Iowa and southeastern South Dakota. These regions consist of the following zip codes: Akron, IA (51001), Hawarden, IA (51023), Ireton, IA (51027), Alcester, SD (57001) and Hudson, SD (57034). Hawarden Regional Healthcare's mission is to provide for the health and wellness of all in our communities through delivery of quality healthcare services close to home. Exists as a 25-bed Critical Access Hospital and Clinics.

Hawarden Regional Healthcare 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 collaborative process included joint planning, identification of common data indicators, conducting a county-wide survey and design of focus groups. Although the process was collaborative, each individual hospital reviewed both community level and county level data and input. Hawarden Regional Healthcare presents this community health needs assessment as an individual assessment and will develop an implementation plan based on this assessment.

Our Community

Hawarden Regional Healthcare provides healthcare services in Hawarden and nearby communities including Ireton, Akron, Hudson, and Alcester. For the purposes of this community health needs assessment, the service community for Hawarden Regional Healthcare includes Sioux County and specifically the community of Hawarden.

The 2017 population estimate for Hawarden is 2,491 as estimated by the U. S. Census Bureau. Between 2010 and 2017, the population decreased by 2.2%. Hawarden's population is predominantly white, but between 2000 and 2010, there was a decrease in the percentage of the population that identifies as White. During that time, the percentage of population that identifies as of Hispanic origin grew from 6.4 to 20%. 25.4% of the population of Hawarden is age 17 and younger, while 7.9% are between age 18-24 and 20.2% are age 65 and older. The median age is 39 years.

The median household income in Hawarden is \$49,212, with 52.4% of households earning less than \$50,000. This is considerably different than the county median household income of \$66,022 and 46.5% below \$50,000.

In Hawarden, 76.8% of occupied housing units are owner-occupied with 23.2% are renter occupied at a median gross rent of \$586.

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 included four critical access hospitals: Hegg Memorial Health System, Sioux Center Health, Orange City Area Health System, and Hawarden Regional Healthcare, Promise Community Health Center and Community Health Partners of Sioux County. This first meeting (October 31, 2018) set the stage for each hospital conducting a community health needs assessment while collaborating on data collection to avoid duplication. The planning phase of the project included identifying data indicators that should be included in the data collection phase, discussion about the desired methods of collecting data (primary and secondary), and identifying community stakeholders to be included.

The collaborative group decided to collect primary data using a county-wide survey as well as focus group interview. The survey was designed and implemented through a contract with the Northwest Iowa Research Institute located in Sioux Center, IA. Community Health Partners staff facilitated the focus groups and identified and invited participants to county-level groups including social service providers and other stakeholders who represented more than one community. Each participating hospital identified sub-groups to invite to participate in focus group interviews at the community level.

Assessment - The **county-wide survey** was distributed via mail to 2000 Sioux County addresses and an online link was provided through healthcare organizations in December and January 2019. Northwest Iowa Research Institute provided county-wide results and community-level results for all survey questions. Dr. Kristin Van De Griend presented key findings to the health care organizations and to a community stakeholder group.

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. A “Community Health Status” report described the health status of Sioux County through Demographics, Social Determinants of Health, Death, Injury and Illness, Mental Health, Maternal and Child Health, Environmental Health, 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 noted.

Focus groups were conducted throughout Sioux County. Stakeholders representing the county participated in county-wide focus groups between January and March 2019. Four of the focus groups were representatives of the Hispanic/Latino community. Two 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, public health providers and pastors. Additional groups included older adults. Stakeholders provided information and perspective about the health needs specific to the county and in some cases relevant to particular communities within Sioux County.

Nine groups were facilitated by teams from Community Health Partners and summary data reports were presented to a community stakeholder group and shared with the collaborative planning group. Focus groups are a qualitative method of data collection that help to provide a depth of understanding from participants’ perspectives. Focus groups can help to uncover people’s attitudes and experiences in a different way than might be possible with other methods such as surveys. Focus groups are also unique in the way they allow participants to interact with one another and with the facilitator.

Focus group participants were chosen to represent specific demographics and groups of populations. The following table outlines participants who represented specific low-income, minority and medically underserved populations.

County Focus Groups		
Organization / Individual	Focus Group Attended	Representative Group
	Sioux Center Health	Low-income / minority
	Promise CHC	Low-income / minority
	Hawarden Regional Healthcare	Low-income / minority
Decategorization	County providers	Low income, medically underserved
ATLAS	County providers	Low-income
Hospital volunteers		Medically underserved and older adults
Love, Inc.	County Joint Provider	Low income
Lutheran Services of Iowa	County providers	Low income
School nurses	County providers	Medically underserved

Stakeholder Meeting: On April 17, 2019, Community Health Partners convened a stakeholder meeting with attendees representing healthcare organizations, social service providers, mental health providers and interested community members. Participants reviewed a summary of all assessments (survey, secondary data, and focus groups) and through a facilitated process, identified and prioritized key issues and developed action plans. These identified priorities serve as additional community input for this community health needs assessment.

Summary of Input from Community

Key Hawarden survey findings:

Surveys were mailed to 2000 addresses in Sioux County; a link to an online survey was included as an option for completion and this link was also made available through online promotion throughout the county. A total of 537 responses were received with 506 fully completed surveys. Key results related to community perceptions of need are presented below.

When asked to identify the three most important health problems, diseases, or conditions in Sioux County, the most frequent responses were (in order of frequency): Cancer, Obesity/overweight, Mental health, Aging problems, and substance abuse. All other categories were identified by less than 30% of respondents.

Respondents were asked to identify whether services in Sioux County are adequate or inadequate. Services identified by more respondents as inadequate were childcare and teen activities. Those with similar percentages of adequate or inadequate responses were: Language services and services for older adults. Generally, more respondents chose that the following services were adequate: colleges, dental services, disability services, recreation/parks, schools, services for low-income people, services for victims / survivors of violence, and sidewalk/bike lanes.

In response to a question about the three community issues that have the greatest effect on quality of life in Sioux County, more than 20% of respondents chose: access to healthcare, income inequality, no affordable / poor housing, and substance abuse.

Focus group identified themes:

Continue to build healthcare services

While group participants appreciate the services currently available, several areas emerged as opportunities to grow including adding services (surgical, dermatology, more OB services, psychiatric care, childhood obesity treatment/management), addressing current gaps in clinic hours and urgent care, and helping to navigate the healthcare system, including billing.

Meeting the needs of older adults

Participants expressed the need to continue to build services for older adults in the community including long-term care facilities, a memory unit, and organized activities to help seniors stay active, and support groups such as grief counseling groups. In addition to building services, there is a recognition that there is a workforce need for these services.

Cost of care and other services

Cost of health care and other services emerged as a key concern for participants. In addition to concerns about the overall costs of healthcare, cost of mental health services and recreation activities were of concern. While many services may be available within the community, the cost may reduce access to services for many community members.

Cross cultural connection

Participants in all groups identified that in Sioux County, improving cross-cultural relationships was a need. Specific needs identified including increasing the number of interpretive services available in healthcare settings, schools, and with transportation providers, ensuring that Hispanic/Latino community members are able to access recreation programs, encouraging new immigrants to continue in school, providing information for newcomers about what is available and encouraging respect for cultural identities.

Opportunities for families to connect to each other and one another

A need for connection emerged in each of the focus groups. This included both discussion about places to connect (such as community centers or events centers that provide services) but also community events, parenting classes, support groups, prevention programs and connecting with churches. Participants also acknowledged that sometimes parents don't want to attend events or programs because they place a priority on other things, like working or they may not be aware of the need.

Mental health prevention services, counseling resources and crisis services

Participants state that mental health crisis services are inadequate across the county. Specific concerns identified were the availability of inpatient mental health beds, prevention and education related to mental health, and increasing access to counseling and therapy. People do not readily seek help for mental health issues because of the stigma attached to mental illness and the need for treatment.

Improve community services and infrastructure

Participants expressed a desire to improve community services and infrastructure such as sidewalks and pedestrian safety, community transportation services, addressing housing cost and quality and ensuring that resources are available to maintain or improve the look of communities.

Improve school system(s)

Specific needs identified within school system(s) included more space for 3-year-old preschool/Head start students, emphasizing the importance of education, increasing the number of bilingual teachers, and supporting schools as they fulfill multiple roles in student lives.

Awareness of resources and services

Participants expressed appreciation for the number and variety of services available in Sioux County communities, but identified a lack of awareness and coordination of services as an issue. This gap in awareness exists at both the “professional” level and the public.

Prioritization - To determine priorities that healthcare systems will address collaboratively, the collaborative team used the Community Survey Results, Community Health Status Report Focus Group report, and stakeholder meeting input to generate a list of health needs / issues. Identified issues were:

- Translation and interpretation
- Cancer
- Obesity - to include exercise, nutrition, affordability and access to facilities / resources
- Mental health
- Needs of older adults to include long-term care, memory units, and staff
- Community education to include parenting and child development
- Housing
- Childcare
- Cost of healthcare
- Transportation
- Improving understanding of resources
- Workforce issues
- Dental service need

The collaborative team considered the following criteria, scored each need / issue on these criteria and then used a multi-voting technique to narrow the list of health needs/ issues to a priority list.

Criteria considered:

- 1) **Can we impact the issue** - Do we have the resources to address it, including financial, human, and infrastructure?
- 2) **How does it fit with our mission?**
- 3) **Is there buy-in or passion to address this need?**

Need/ Issue	Impact	Mission	Passion	Vote tally
Translation / Interpretation	25	25	24	3*
Cancer	15	22	16	
Obesity	21	25	20	4*
Mental Health	17.5	22	21	2
Older Adults	23	25	20	1
Community Education	20	25	15	4*
Housing	14	15	17	

Childcare	14	16	15	
Cost of healthcare	15	22	20	
Transportation	13	15	11	
Resource understanding	20	25	19	
Workforce issues	12	16	16	
Dental Services	8	18	9	

*Top 3 needs

Summary of Priority Needs

The prioritized needs were identified using the criteria outlined above. 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.

Translation and Interpretation

Description of the issue

Effective communication is essential to promoting health and preventing illness. Trained and qualified interpreters in medical and educational settings are necessary to ensure people for whom English is not their primary language understand their options and possible implications of their actions.

Statistical Data (Secondary data): 9.7% of households in Sioux County speak a language other than English at home. This is greater than the Iowa rate of 7.6%.

Related data indicators: The primary minority group in Sioux County is those with Hispanic/Latino ethnicity. 10.89% of the population identify as Hispanic or Latino. The primary language for translation and interpretation needs in Sioux County is Spanish. However, other languages are also spoken and addressing only the needs of Spanish speakers will not address changing demographics that include other languages and dialects.

Community Input (Primary data):

In each of the CHNA focus groups, translation and interpretation needs were cited specifically in health care settings and schools. Providers and consumers alike asserted that qualified (specially trained) on-staff interpreters in hospitals and medical clinics are needed, in particular in labor and delivery and mental health.

Potential resources to address the issue:

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

- Workshops for interpreters are offered at Northwestern College in Orange City.
- CASA is an advocacy group working to welcome all cultures in Northwest Iowa
- Medical provider organizations have resources to address translation and interpretation needs, primarily through interpretation. A county-wide group of interpreters meets on a regular basis and includes representatives from area healthcare organizations.
- Resources and Programs available in Sioux County to address this issue include:

Resources available at Hawarden Regional Healthcare include:

- Translation services are available through Avera E emergency for patients that need or request translation services during an emergency medical situation.

- Translation services are available through Stratus devices for patients or customers that need or request translation services throughout the organizations points of entry including clinic services.
- Translation services are also available at limited capacity through employees that are bilingual to patients and customers that enter the facility.
- Medical translator has been hired, certification is being pursued to transition into a full time interpreter.

Mental Health:

Description of the issue

Mental Health is any of a broad range of medical conditions (such as major depression, schizophrenia, obsessive compulsive disorder, or panic disorder) that are marked primarily by sufficient disorganization of personality, mind, or emotions to impair normal psychological functioning and cause marked distress or disability and that are typically associated with a disruption in normal thinking, feeling, mood, behavior, interpersonal interactions, or daily functioning.

Statistical Data: In Sioux County, 34.48 % of the respondents reported that Mental Health is important health problem in Sioux County.

Related Data Indicators: Participates report problems that prevent them from getting necessary healthcare. In Hawarden, 50 % of the participants viewed the inability to get an appointment because of limit resources or the services are not convenient with their schedule. Another factor, 40 % of the participants view out of pocket expenses to be a barrier in receiving appropriate service.

Community Input: Participants state that mental health services are limited; in crisis, services are inadequate across the county. You can take someone to Sioux Falls and sit at these facilities for hours and then there is nothing they can do to help the situation. Participates reports that mental health is becoming more of a concern and most people seek services in the emergency department, which takes hours and hours to determine a plan of care.

Potential resources to address the issue

Although there are multiple agencies that provide mental health services in the region, the ability of obtaining an appointment that is convenient to the person seeking services is limited. Coupled with the out of pocket expenses associated with these services are also challenges in receiving appropriate care.

Programs that exist in Hawarden Regional Healthcare to address Mental Health prevention, counseling resources include the following:

- Senior Life Solutions - This program provides group therapy for people that are having transition difficulties in their life.
- Medical Providers - Clinics in Hawarden and Ireton provide medical intervention and referrals for people seeking out solution for mental illness.
- Creative Living - Rock Valley, IA is present in the community monthly to provide counseling services.

Obesity:

Description of the issue:

Obesity is connected to many health outcomes, raising risk for Type 2 diabetes, stroke, poor pregnancy outcomes, and high blood pressure. Because of these chronic conditions, obesity can result in high healthcare costs and increases the burden on healthcare systems. Risk for developing obesity is multi-

faceted including developmental factors, environmental factors and individual and behavioral factors. Thus, effective interventions will also be multi-faceted.

Statistical Data (Secondary Data): In Sioux County, 28% of adults are obese, compared to 33% of adults in the whole of Iowa. This rate has continued to increase in Sioux County.

Related Data Indicators: Behaviors related to obesity include diet and physical activity. A healthy diet and adequate physical activity are also associated with greater health and reduced cancer risk. In Sioux County, 81% of adults report adequate physical activity compared to 77% for the State of Iowa.

Community Input (Primary Data): Of community members responding to a county-wide survey, 51% indicated that obesity/overweight was one of the top three health problems, diseases or conditions in Sioux County. In focus groups, participants expressed a desire for more affordable recreation activities across the lifespan, recognizing that all Sioux County residents from young children to older adults would benefit from affordable, indoor recreational opportunities. Additionally, resources for childhood obesity treatment and management were a desired opportunity for growth in services.

Potential resources to address the issue

A resource theme that emerged from CHNA focus groups was the safety of communities, indicating that community based recreation programs would not face barriers related to safety. Participants also appreciated existing health and wellness resources, emphasizing a good trails system, recreation programs, and community parks.

Programs that exist in Sioux County to address healthy behaviors related to obesity and overweight include the following:

- Let's Go 5210, an effort of the Coalition for a Healthy Sioux County community groups to help kids develop healthy habits around eating and physical activity. They have hosted a summer activity program.
- The Sioux County Trails Council and many local communities have developed trail systems to increase access for biking, walking, and running.
- A National Diabetes Prevention Program (NDPP) is offered periodically in each community with a health care system through a county-wide partnership.

Programs that exist at Hawarden Regional Healthcare to address healthy behaviors related to obesity and overweight include the following:

- Access to healthcare providers and screening for BMI on visits to their medical provider. The screening tool allows providers to make medical determinations for appropriate resources.
- Dietician services are available at Hawarden Regional Healthcare to educate people on the importance of proper balanced diet.
- Wellness center at Hawarden Regional Healthcare is available to the community at a reduced rate so that community members can participate in physical and strength training activities.
- Cash pay testing without a provider order is available for monitoring acute and chronic diseases.

Community education with focus on parenting and child development

Many community health education programs begin with building basic knowledge and skills about health topics and parenting and child development lay the foundation for a lifetime of success. A robust community health education program can help to build healthier communities.

Related data indicators:

	Sioux	Iowa	Marion County (peer)
Single parent families	16%	29%	21%
Births to adolescents (age 15-17, per 1000 females age 15-17)	7.8	14.0	10.1
Infants ever breastfed (2017)	82.6%	81.5%	83.9%
Physical Injury (rate per 1000 children)	1.5	1.9	1.9
Seriously thought about killing oneself in past 12 months - youth [5]	11%	13%	14%

Community Input (Primary data):

Focus group participants noted the need for resources related to parenting and child development, particularly noting that these are needed before identification of a problem and could be useful for all parents. Others noted that parent resources related to parenting teenagers could help to prevent substance use and abuse.

Potential resources to address this issue:

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

- Parent support programs such as Healthy Families of Sioux County and Early Head start serve targeted parent groups
- Community education programs are provided by Love, Inc.
- Mothers of Preschoolers (MOPS) provides support to mothers of young children
- Strengthening Families (10-14) is offered through ISU Extension for interested schools
- Juntos is a program for Spanish speaking families to help support parent involvement in supporting high school graduation and entry into higher education.

Resources and Programs available in Hawarden to address this issue include:

- Hawarden and Ireton table talks that bring community leaders together to discuss challenges facing parenting and substance abuse in the community.
- PROSPER provides youth and their families positive decision-making tools to navigate through peer and family relationships.
- Car fit program help people with proper body positioning and alignment that promote safe vehicle operation.

Evaluation of Prior CHNA/Implementation Plan

On a county-wide basis, since the previous CHNA, health care systems have: worked jointly to address obesity prevention through 5-2-1-0 programs, participated in the Iowa SIM Community Care Coalition project addressing diabetes prevention and management and care coordination, continued a county-wide diabetes prevention program (NDPP) and contributed to developing a resource to promote communication between landlord and tenants. Specific achievements of these efforts are described below:

5-2-1-0 Program - Since 2016, more than 100 kids per summer have participated in a weekly tracking program to track daily healthy habits (5 fruits and vegetables; 2 hours or less screen time, 1 hour or more of being active, and 0 sugary drinks).

SIM Community Care Coalition - Created a Sioux County care coordination system to connect primary care and community resources. In 2018, the project serves 267 clients and made 477 referrals.

Prevent Diabetes Northwest Iowa (NDPP) has now achieved CDC Recognition and has delivered service to 6 cohorts with 57 participants to date. Total weight loss of participants is 578 pounds with an average weight loss of 4.1% after 12 months.

Housing - A team obtained funding and developed a video to promote communication between property owners and tenants. The video is presented in Spanish with English subtitles and is intended to be viewed by both property owner and tenant. To date, the video has been viewed 257 times.

Hawarden Regional Healthcare has taken actions by hiring a Medical Interpreter, have purchased additional Stratus translation devices for entry points of care. Pursued and soon to be implemented telemedicine clinical psychiatrist visit to provide mental health services at the facility.