

Community Health Needs Assessment

Final Report and Health Improvement Plan
June 2013

Overview and Executive Summary

Winneshiek Medical Center started its Community Health Needs Assessment (CHNA) process in November 2012, with a target completion date of June 30, 2013. This process, according to the World Health Organization does three things:

- Describes the state of health of a local population
- Enables the identification of the major risk factors and causes of ill health, and
- Enables the creation of actions needed to address these factors

While the Needs Assessment has been a common element required every 5 years of Iowa local boards of health (called a Community Health Needs Assessment and Health Improvement Plan – CHNA & HIP), the Affordable Care Act requires the process be completed by every nonprofit hospital every 3 years to continue to qualify for federal tax exemption.

Following a review of the population, past community health assessments in Winneshiek County (IA) and southern Fillmore and western Houston counties (MN), and population health characteristics, Winneshiek Medical Center (WMC) undertook a more in-depth approach to involving the community in identifying significant health needs. One of our main methods to identify and prioritize health needs was the use of an online survey in March 2013, which was completed by 341 people. We also held two rural listening sessions and a stakeholder discussion session. Our methodology is outlined in greater detail in this report.

Our Community Health Needs Assessment identified five priority categories of concern:

- **Lifestyle/Health Behavior Concerns:** Obesity in both adults & youth, healthy eating/nutrition, soft drink consumption, smoking, staying fit in the workplace, lack of places to participate in physical activities, and supporting independence as one ages
- **Diseases/Health System:** Diabetes, heart disease, cancer, high blood pressure, tobacco-related diseases; convenient appointments for primary care
- **Health Insurance/Healthcare Costs:** High out-of-pocket costs for deductibles, etc., skipping/delays in care due to cost, affordable health insurance, uninsured individuals
- **Drugs/Alcohol/Parenting:** Manufacturing or use of illegal drugs, misuse of drugs or alcohol, parenting/child neglect
- **Mental Health:** Depression or suicide in adolescents, and local availability/knowledge of mental health services

Thirty-six (36) activities are outlined in the report, six to nine in each of the above categories. These activities will occur during the remainder of 2013, and over a 3-year period.

The Winneshiek Medical Center Board of Trustees approved this assessment and plan June 12, 2013.

Section 1: Background – Past Community Health Needs Assessments

Top issues identified/addressed in Winneshiek County (2011) were

- Availability of dentists who accept Medicaid
- Availability of mental health providers
- Under-utilization of existing services by uninsured patients
- No site for hazardous waste disposal
- Protection of drinking water (damage to the aquifer system)
- Healthy homes (radon/lead poisoning)
- Cost of health care (skip/delay care) and poor-to-fair health (9.2%)
- Rural transportation

Top issues identified in Fillmore County (2008) were

- Increased obesity rates – both among youth and adults
- Soft drink consumption among youth
- Manufacturing of drugs such as methamphetamines; and misuse of drugs, alcohol, or prescription medications
- Lack of helmet use while riding bicycles, motorcycles or ATVs
- Lack of health insurance
- Heart disease, cancer, and other chronic diseases due to smoking
- High blood pressure among the general population
- Unwanted or unplanned pregnancies

Section 2: Defining the Community Served

Population of Service Area

Winneshiek Medical Center is the primary provider for Winneshiek County (population 21,061) and southern Fillmore County (MN). It also draws patients from western Houston County (MN), eastern Howard County, western Allamakee County, and parts of Clayton, Fayette, and Chickasaw counties. Core primary service area population is estimated at approximately 24,530 people, with a broader population base for our surgical specialties – General Surgery, Gynecology (new in 2013), Urology, Orthopedics, Podiatry and ENT (ear nose throat) – and for Mayo Clinic medical outreach services such as Cardiology, Nephrology (dialysis program) and Oncology (cancer care).

For the purpose of the Community Health Needs Assessment, Winneshiek and southern Fillmore counties were the primary focus. Howard County, Allamakee County, Chickasaw and Fayette counties have critical access hospitals in their communities. Fillmore and Houston County (MN) do not.

The area population has a high proportion of seniors, age 65+, as shown in the table below. Other key demographics are also shown.

Demographics	Winneshiek County (IA)	Fillmore County (MN)	Comment - Comparison
Persons age 65+ (2011)	17.0%	19.5%	Compares to 14.9% Iowa and 13.1% Minnesota
Percent White persons, not Hispanic	95.5%	97.6%	Compares to 88.4% IA and 82.8% MN
Hispanic or Latino origin	2.1%	1.0%	Compares to 5.2% IA and 4.9% MN
Persons below poverty level (2007-2011)	9.2% (12.4% in Decorah)	12.6%	Compares to 11.9% IA and 11.0% MN
Median Household Income (2007-2011)	\$52,042	\$47,940	Compares to \$50,451 IA and \$58,476 MN

Health Characteristics

As shown in the summary table below, Winneshiek ranked #3 in Health Outcomes (mortality and morbidity) of 99 Iowa counties, and #3 in Health Factors. Fillmore County ranked somewhat lower, and was in the bottom 40% of counties for Physical Environment.

County Health Rankings 2013 component	Winneshiek Co. (rank of 99 Iowa counties)	Fillmore Co. (rank of 87 MN counties)
Health Outcomes	3	20
• Mortality	3	36
• Morbidity	5	18
Health Factors overall	3	34
• Health Behaviors	1	40
• Clinical Care	12	33

• Social & Economic Factors	9	39
• Physical Environment	5	52

Health Characteristics¹	Winneshiek County (IA)	Fillmore County (MN)	National Benchmark (90th percentile)
Adult Smoking	11%	16%	<13%
Adult Obesity	25%	29%	<25%
Physical Inactivity	23%	23%	<21%
Excessive Drinking (binge & heavy drinking)	20%	(na)	<7%
Motor vehicle crash death rate per 100,000 pop. ²	11	16	<10
Poor or fair health	6%	9%	<10%
Poor mental health days in last 30 days ³	1.7	1.3	<2.3
Inadequate social support ⁴	17%	(na)	<14%
Uninsured	10%	13%	<11%
Unemployment	5.2%	6.4%	<5.0%
Population to Primary care physicians (ratio)	1404:1	2979:1	1067:1
Population to Dentists (ratio)	1945:1	2121:1	1516:1
Diabetic screening – Medicare population	92%	95%	>90%
Mammography screening (Medicare ages 67-69)	67%	87%	>73%
Drinking Water safety ⁵	0%	8%	0%

¹ County Health Rankings 2013

² The government estimates half of all fatal crashes include alcohol as a contributing factor

³ Self-reported in Behavioral Risk Factor Surveillance System (BRFSS) survey responses to the question: “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”

⁴ Question: “How often do you get the social and emotional support you need?” Score reported for % responding never, rarely, or sometimes (combined). Note: Health risk associated with social isolation is reported to be similar to the risk of cigarette smoking.

⁵ % of population getting water from public water systems with at least one health-based violation. Lanesboro, MN was cited on radium 226 & 228, radioactive elements.

Section 3: Assessing the Community's Health Needs

Approach, Process and Methods

Following a review of the population, past community health assessments and population health characteristics, Winneshiek Medical Center (WMC) undertook a more in-depth approach to involving the community in identifying significant health needs.

Recent Community Health Assessments

Winneshiek County Public Health completed its most recent CHNA & HIP in 2011. We reviewed that work and coordinated with Public Health for our 2013 Assessment. (Winneshiek County's next assessment is due in 2016.)

In addition, we examined the health needs of southern Fillmore County, MN, where we have a primary care clinic in Mabel. Fillmore County last did its assessment in 2008, and will be doing another again in 2013, in conjunction with Houston County. Fillmore and Houston Counties were coordinating their needs assessment, and since some of our patients come from western Houston County, we reviewed the work by both MN counties, and also coordinated with them.

WMC designed and administered an online survey (using Survey Monkey), open to the general public, during March 2013. It attempted to combine survey questions from past county surveys; it was lightly field-tested and modified. Fifty-nine areas were rated by participants. Further analysis completed by staff⁶ involved stratification according to community resident, healthcare professionals and school/government/business professionals. In addition to the online survey, WMC held two rural listening sessions outside of Decorah – in Mabel, MN (March 20) and Calmar, IA (April 4). Finally, a stakeholder discussion session was held in Decorah (April 8), with public health, school, business, government and other community leaders to conclude on the most significant health needs. Results were reviewed with WMC's administrative council (which includes the chief medical officer), who then developed the set of improvement plans/actions. Others were consulted in refining the actions. Final conclusions were reviewed with Winneshiek County Public Health and Fillmore County Public Health, prior to submission to the Board of Trustees.

Broad Interests of the Community

Participants in the online survey and in the discussion meetings represented a broad cross-section of the community. A number of planning meetings and follow-up communications were held with public health officials from Winneshiek County, Fillmore County and Houston County. All people were invited to take the survey, including general public, all community physicians, other primary care providers, dentists, optometrists, chiropractors, public health professionals, mental health professionals, healthcare workers, schools, government and business leaders. Communication of the survey opportunities was reported at the Board meeting and covered by

⁶ Staff had Master's degree in Health Services Administration and 30+ years of healthcare administrative experience

area newspapers. A link was placed on the www.winmedical.org web site. Further characteristics of participants are noted as follows:

Geographic Distribution	Percent	Percent
Online Survey Participants	90.1% from Iowa (60% from Decorah zip code)	9.2% from Minnesota
Calmar Listening Session	100% Iowa attendees	
Mabel Listening Session		100% Minnesota attendees

Gender		
Online survey participants	76.7% female	23.3% male

Additional Demographics		
Age group (survey)	13.1% under age 30 (3.9% ages 17-24) (9.2% ages 25-29) 40.3% ages 30-49 46.6% ages 50+ (38.7% ages 50-64) (7.9% age 65+)	
Household Income (survey)	0.3% under \$10,000 3.1% \$10,000 to \$19k 4.8% \$20,000 to \$29k 9.2% \$30,000 to \$39k 11.6% \$40,000 to \$49k 39.5% \$50,000 to \$100k 20.4% above \$100k 11.2% prefer not to answer	Summary statistics: 8.2% \$29,000 or below 59.9% \$50,000 or higher

Section 4: Prioritized Description of Significant Health Needs

Prioritization Process

The online survey asked participants to rate their perceptions of 59 potential problem areas. Results were examined according to the number of people rating each item a Moderate or Serious Problem, and a weighted average score (using a 4-point scale) was calculated. Thirty-four (34) items received a weighted average score of 2.5 or higher (minor problem was a “2”; moderate problem/probably needs more attention was a “3”; serious problem/definitely needs more attention was a “4”). The items rated 2.5 or higher were the focus of discussion in the rural listening sessions, and stakeholder meeting, as well as subsequent administrative planning sessions on the community health needs project. A copy of the complete results (all 59 questions), in question order, is shown in Appendix B.

In addition to discussing higher-ranked items, we examined the “top five” selected by survey participants, to get a sense of the priorities among many items receiving scores of 3.0 or higher. We also examined differences in priorities among general public, health professionals and school/government/business leader groups. Finally, we also evaluated survey results for ages 29 and under (n=40), ages 50-64 (n=117), and for income of \$39,000 and under (n = 51). We had small number of online respondents age 65+ (n=24), and respondents with incomes of \$29,000 or below (n=24).

Following evaluation and discussion, we grouped the highest priorities into 5 categories with the key stakeholder group.

Top Priorities

The five categories reflecting the top items of concern are as follows:

- **Lifestyle/Health Behavior Concerns:** Obesity in both adults & youth, healthy eating/nutrition, soft drink consumption, smoking, staying fit in the workplace, lack of places to participate in physical activities (specifically ages 50-64 and Ossian area); support independence as one ages (specifically Mabel area)
- **Diseases/Health System:** Diabetes, heart disease, cancer, high blood pressure, tobacco-related diseases; convenient appointments for primary care
- **Health Insurance/Healthcare Costs:** High out-of-pocket costs for deductibles, etc., skipping/delays in care due to cost, affordable health insurance, uninsured individuals
- **Drugs/Alcohol/Parenting:** Manufacturing or use of illegal drugs, misuse of drugs or alcohol, parenting/child neglect
- **Mental Health⁷:** Depression or suicide in adolescents, and local availability/knowledge of mental health services

These categories flowed from the high-scoring items, and from local input. Differences among subgroups on the survey for the top 21 items are shown in Table A (page 8). Table B (page 9) shows the top 34 (higher-rated) items, sorted by weighted average score.

The stakeholder group identified that many of the lifestyle issues can impact the incidence of diseases that were also of high concern.

While a number of subgroups identified additional issues, we based the assessment on the aggregate responses, and highest priority issues. For future reference, these subgroup issues are identified in Appendix A.

⁷ Note, the mental health category was of high concern to survey respondents, even though the number of “poor mental health days” reported in county health rankings was better than the national benchmark.

Among the top 21 rank-ordered individual items, there was considerable consistency/agreement among the 3 segments of survey respondents, as displayed below by sub-group.

Table A. TOP 21 Rank Order Priorities among Subgroups

Overall Aggregate Rank	Online Survey Questions (Top 21)	Subgroups		
		General Public Rank	Health Professionals Rank	School, Gov't, Business Ldr Rank
1	14. Obesity rates among adults.	1	1	2
2	2. Obesity rates among youth.	5	2	5
3	20. Diabetes.	2	4	1
4	39. High out-of-pocket costs for deductibles and services not covered by health insurance.	6	3	9
5	21. Heart disease.	3	8	4
6	40. Skipping or delays in care because of cost.	8	5	11
7	13. Maintaining healthy eating and nutrition, regardless of age.	10	6	3
8	19. Cancer.	4	13	6
9	12. Manufacturing or use of drugs such as marijuana and methamphetamines.	9	7	10
10	37. Difficulty in finding affordable health insurance coverage.	7	10	12
11	26. Misuse of drugs or alcohol.	13	9	8
12	6. Depression or suicide in adolescents.	15	12	7
13	1. Soft drink consumption among youth.	11	14	14
14	38. Uninsured individuals (no insurance at all).	12	17	16
15	18. Smoking and tobacco-related diseases.	14	19	20
16	10. Inadequate parenting skills or abuse and neglect of children.	20	15	13
17	16. Difficulty in staying fit in the workplace.	19	16	15
18	32. Local availability of mental health providers.	25	11	21
19	30. Convenient appointments and/or hours for primary care visits.	16	18	21
20	17. High blood pressure among the general population.	18	20	19
21	15. Lack of places to participate in physical activities.	22	21	17

All items scoring 2.48 or higher (34 items, of 59 questions)

Rank	Table B - top 34 - Online Survey Questions with Weighted Average scores 2.48 or above	% Rating Moderate /Serious	% Rating Serious Problem	Weighted Average Score	Adjusted Weighted Avg. (excluding Don't Know)
1	14. Obesity rates among adults.	94%	65%	3.58	3.59
2	2. Obesity rates among youth.	91%	55%	3.41	3.48
3	20. Diabetes.	90%	52%	3.35	3.45
4	39. High out-of-pocket costs for deductibles and services not covered by health insurance.	85%	59%	3.32	3.52
5	21. Heart disease.	87%	43%	3.22	3.35
6	40. Skipping or delays in care because of cost.	84%	50%	3.21	3.41
7	13. Maintaining healthy eating & nutrition, regardless of age	83%	36%	3.16	3.18
8	19. Cancer.	82%	43%	3.16	3.30
9	12. Manufacturing or use of drugs such as marijuana and methamphetamines.	82%	49%	3.15	3.39
10	37. Difficulty in finding affordable health insurance coverage.	78%	52%	3.10	3.40
11	26. Misuse of drugs or alcohol.	79%	36%	3.04	3.20
12	6. Depression or suicide in adolescents.	78%	38%	3.01	3.24
13	1. Soft drink consumption among youth.	78%	31%	2.99	3.10
14	38. Uninsured individuals (no insurance at all).	75%	47%	2.97	3.37
15	18. Smoking and tobacco-related diseases.	76%	26%	2.92	3.04
16	10. Inadequate parenting skills or abuse and neglect of children.	71%	35%	2.91	3.12
17	16. Difficulty in staying fit in the workplace.	71%	29%	2.90	2.99
18	32. Local availability of mental health providers.	70%	44%	2.89	3.16
19	30. Convenient appointments and/or hours for primary care visits.	66%	34%	2.88	2.94
20	17. High blood pressure among the general population.	77%	28%	2.88	3.13
21	15. Lack of places to participate in physical activities.	67%	29%	2.84	2.86
22	31. Convenient access to specialists and specialty diagnostic services.	61%	23%	2.71	2.77
23	22. Neglect of recommended preventive check-ups such as physical exams.	69%	19%	2.68	2.93
24	23. Reluctance or inability to follow professional advice regarding one's specific health problems.	67%	19%	2.67	2.91
25	7. Unwanted or unplanned pregnancies.	66%	18%	2.63	2.89
26	3. Lack of early education in schools that would promote healthy habits.	62%	23%	2.62	2.84
27	56. Lack of helmet use while riding bicycles, motorcycles, or all terrain vehicles.	59%	19%	2.61	2.76
28	5. Adolescent education about human sexuality, HIV/AIDS and other sexually transmitted infections.	60%	22%	2.57	2.86
29	27. Misuse of prescription medications.	62%	23%	2.57	2.97
30	58. Domestic Abuse (sexual, physical or emotional).	61%	21%	2.56	2.90
31	4. Lack of early education in schools dealing with drug, alcohol, and/or tobacco abuse.	58%	20%	2.52	2.74
32	24. Difficulty of seniors, ill, or disabled persons to perform routine household chores.	60%	16%	2.51	2.83
33	29. Failure to obtain preventive dental care.	58%	21%	2.50	2.86
34	25. Availability of services to help seniors living at home.	57%	18%	2.48	2.82

Section 5: Implementation Strategy

Actions to Address Community Health Needs

Thirty-six (36) actions are proposed over a three-year period.

Community Health Needs Assessment – Improvement Plan

Community Health Needs	Actions
<p>• Lifestyle Concerns: Obesity in Adults and in Youth, Healthy eating/nutrition, Soft drink consumption, Smoking; Staying fit in workplace, and lack of places to participate in physical activities (specifically ages 50-64, and Ossian area); support independence as one ages (specifically Mabel area)</p> <p>Note: Schools will continue to address concerns with</p> <ul style="list-style-type: none"> • Lack of early education in schools that would promote healthy habits 	<ol style="list-style-type: none"> 1. Serve an active leadership role in the Blue Zones Community certification process (member of Power9) and actively participate on community school Wellness Councils/committees for the schools in our service area, by the end of 2013. 2. Pursue certification as a Blue Zones Worksite by FY 2014 3. Participate in the vending machine/staff survey assessment study (Luther College students), 2013 4. Create a formal WMC Garden program for volunteers; continue to support the Hospital Garden at WMC, in summer 2013 (focus on patients and employees) and incorporate fresh produce in the Mobile Meals (Meals on Wheels) program 5. Serve as a nutrition resource to area schools by providing consultation and guidance with planning and implementation 6. Continue to refer patients to WIC, the special supplemental food program providing basic foods, nutrition counseling and more for low-income Women, Infants and Children (families) in Winneshiek and Fillmore Counties. 7. Continue to offer smoking cessation programs to the community through WMC; track and report success stories 8. Continue to offer Pilates and fitness services to the community and staff, and other exercise-based programs through WMC Rehab/Athletic Trainers; track and report success stories 9. Work with Fillmore County and other local organizations to expand access to senior support services to the Mabel area
<p>• Diseases/Health System: Diabetes, Heart disease, Cancer, High blood pressure, tobacco-related diseases, Convenient appointments for Primary care</p>	<ol style="list-style-type: none"> 10. Continue to offer annual free/reduced cost screenings and community health services related to diabetes, prostate cancer, breast cancer/mammograms, high blood pressure, high cholesterol 11. Increase performance on clinic measures related to diabetes management 12. Maintain or increase performance on clinic measures related to colorectal cancer screening

Community Health Needs	Actions
	<ol style="list-style-type: none"> 13. Evaluate potential expansion of appointment hours in Decorah in 2013 14. Expand convenient hours for appointments in Mabel (summer 2013) and other rural outreach services, as feasible 15. Continue to offer clinic services on-site at WMC, through collaboration with Mayo Clinic Health System in diabetes, heart disease, cancer, high blood pressure and abdominal aortic aneurysm screening
<ul style="list-style-type: none"> • Health Insurance/Healthcare Costs: High out-of-pocket costs: deductibles and services not covered by health insurance; Skipping/delays in care due to cost, Affordable health insurance, Uninsured individuals 	<ol style="list-style-type: none"> 16. Continue to support the Free Clinic in Decorah, by offering discounted lab tests, imaging and other appropriate services and donations 17. Continue to refer/connect patients with local social services or veterans agencies relative to health cost issues. Continue to help low income patients find free or affordable prescription medications and help all patients submit claims for Part D Medicare 18. Publicize WMC's financial assistance policy (and how to apply) for significant discounts on Emergency services for people with incomes up to 300% of federal poverty level (2013) 19. Evaluate ways to make Financial Counseling services available to prospective obstetrics patients (2013) 20. Continue providing information to the community regarding Medicare coverage, through the Senior Health Insurance Information Program (SHIIP) 21. Evaluate offering other insurance information assistance for the community in 2014-2015, in light of health reform 22. Continue to work toward efficiencies (e.g. streamlining processes) and quality improvements (e.g. reduce readmissions) to support health cost containment
<ul style="list-style-type: none"> • Drugs/Alcohol/Parenting: Manufacturing or use of Drugs-marijuana, meth, etc., Misuse of drugs or alcohol, Parenting/child neglect <p>Note: Schools will continue to address concerns with</p> <ul style="list-style-type: none"> • Lack of early education in schools dealing with drug, alcohol, and/or tobacco abuse, and • Adolescent education about human sexuality, 	<ol style="list-style-type: none"> 23. Participate in drug/alcohol/parenting collaborative efforts with Helping Services, schools, law enforcement and mental health professionals through WMC leader attendance at monthly meetings. 24. Continue partnership between Luther College and WMC/MCHS physicians, regarding student health, including use of drugs/alcohol 25. Promote proper disposal of prescription medications 26. Partner with HAWC (early childhood), Helping Services, and NE Iowa Behavioral Health to inform physicians and nurses about services that are available in the area for parenting and substance abuse education. 27. Partner with Public Health for additional Well-Baby and parenting services.

Community Health Needs	Actions
<p>HIV/AIDS and other sexually transmitted infections</p>	<p>28. Continue WMC’s well-child services in partnership with Mayo Clinic Health System.</p> <p>29. Inform county social services and law enforcement of WMC’s detox services. Partner with County Social Services (CSS - 21 county regional organization) on healthcare worker education on inpatient detox care in 2014.</p>
<ul style="list-style-type: none"> • Mental health: Depression or suicide in adolescents; Local availability/knowledge of Mental Health services 	<p>30. Collaborate on annual Depression Day screenings with NE Iowa Behavioral Health and area providers</p> <p>31. Maintain high performance on clinic measures related to depression screens</p> <p>32. Assess adequacy of depression information available for patients by January 2014.</p> <p>33. Survey WMC providers regarding knowledge and comfort level with discussing depression with patients. Plan education programs based on survey findings 2013 – 2014. Explore conducting a broader WMC program self-assessment of capability in meeting the needs of complex populations with co-occurring health and behavioral health needs, using a self-survey tool such as COMPASS-PH™ by 2015.</p> <p>34. Plan educational offerings for healthcare providers and staff over the next 3 years, beginning in August 2013, utilizing Community Circle of Care, which addresses the challenges of children and youth with serious behavioral or mental health needs and their families. Offer “Mental Health First Aid” training (2-day, 12-hour course) at WMC by December 2015.</p> <p>35. Continue to lead the fund-raising of \$25,000 for Community Mental Health (a commemorative fund established in advance of WMC’s 2014 centennial), during 2013. Establish a process for mini-grant applications and awards.</p> <p>36. Continue to offer mental health outpatient clinic services through WMC’s collaboration with Mayo Clinic Health System. Expand number of providers as recruitment and funds allow.</p>

On an annual basis, through the course of the 3-year period, Winneshiek Medical Center plans to assess the impact by re-measuring perceptions of the problems identified in the 2013 online survey. In addition, the Medical Center will measure its performance on specific disease-specific objectives as part of its ongoing quality improvement activities. Finally, some items are date-specific and will involve counts of participants, which will be tracked for progress.

Section 6: Adopting the Community Health Needs Assessment

Board of Trustees

The Winneshiek Medical Center Board of Trustees (7 volunteer board members, elected by the citizens of Winneshiek County) approved this plan June 12, 2013. We appreciate their guidance and input in the community health needs assessment process, as well as their dedication to both the Medical Center and the community.

Section 7: Collaboration

Community Partners

Winneshiek County Public Health and Fillmore County Public Health have been Winneshiek Medical Center's primary partners. In addition, we have collaborated with and received support and participation in this process from Houston County Public Health, City of Decorah, Decorah Parks & Recreation, Blue Zones Power9, Decorah Area Chamber of Commerce, Decorah Police, Winneshiek County Sheriff, Decorah Newspapers, Decorah Schools, South Winneshiek Schools, City of Calmar, Mayo Clinic Health System, Helping Services for NE Iowa, Northeast Iowa Behavioral Health, Northland Agency on Aging, Gundersen Lutheran Clinic, Winneshiek County CPC, University of Iowa Hospitals & Clinics Child Health Specialty Clinic Community Circle of Care, Northeast Iowa Community College, Luther College, City of Ossian, Ossian Senior Hospice, City of Mabel, Green Lea Manor, area medical providers, optometrists, dentists, chiropractors, business owners, churches, other nonprofit organizations, Winneshiek Medical Center patients and staff, and concerned citizens.

Our partners have advised us and provided great insights. They have been generous with their time and thoughtfulness.

We appreciate the input on the survey alone from 341 people. They represented viewpoints from Decorah, Calmar, Castalia, Clear Lake, Clermont, Cresco, Davenport, Dorchester, Fayette, Fort Atkinson, Fredericksburg, Elgin, Lawler, Monona, New Hampton, Ossian, Postville, Protivin, Ridgeway, Spillville, Waterville, Waucoma, Waukon, and West Union, Iowa; as well as Mabel, Harmony, Preston, Rochester, Spring Grove, La Crescent, MN and La Crosse, WI. We express our appreciation to all participants from Winneshiek County and the communities in our region.

Section 8: Dissemination of the CHNA Results

Availability of the CHNA

Winneshiek Medical Center will post its community health needs assessment at its website at <http://www.winmedical.org>. A paper copy available for public inspection is also available without charge at WMC, by making arrangements through Community Relations.

Appendix A: Subgroup Issues for Future Reference

Appendix B: Online Survey Results, by question (March 2013)

Appendix A

Subgroup Issues for Future Reference

Additional Questions and Aggregate Rank (Issue rank for all respondents)	Segment: ≤ age 29 (n=40) (weighted score)	Segment: Ages 50-64 (n=117)	Segment: Income \$39,000 or less (n=51)
Q31 Convenient access to specialists and specialty diagnostic services (Ranked 22)	X (2.75)	X (2.69)	X (2.80)
Q22 Neglect of recommended preventive check-ups such as physical exams (rank 23)	X (2.90)	X (2.66)	X (2.67)
Q23 Reluctance or inability to follow professional advice regarding one's specific health problems (24)	X (2.93)	X (2.60)	X (2.88)
Q7 Unwanted or unplanned pregnancies (25)	X (2.63)	X (2.61)	X (2.78)
Q56 Lack of helmet use while riding bicycles, motorcycles, or ATVs (27)	X (2.68)	X (2.55)	X (2.71)
Q58 Domestic Abuse (sexual, physical or emotional) (30)		X (2.68)	X (2.92)
Q29 Failure to obtain preventive dental care (33)		X (2.57)	X (2.78)
Q8 Difficulty obtaining contraceptive information (36)	X (2.58)		

Appendix B

Online Survey Results, by question March 2013

Health of our Youth and Young Adults	Questions 1-12
Health of our Adults and General Public	Questions 13-29
Adequacy and Affordability of Health Care Services	Questions 30-40
Public Health and Environmental Hazards	Questions 41-53
Prevent Injuries	Questions 54-59
Question: Of all the items in the survey, which ones are your top five?	Section 12