

Community Health Needs Assessment

Final Report and Health Improvement Plan

June 2016

Overview and Executive Summary

Winneshiek Medical Center (WMC), a healthcare provider in Winneshiek County and Fillmore County in Minnesota, studied the healthcare needs of the communities it serves and collaborated with Winneshiek County Public Health (WCPH) to compile this Community Health Needs Assessment (CHNA). 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), WMC's 2013 Community Health Needs Assessment, and population health characteristics, WMC worked in conjunction with WCPH to obtain updated input from the public on local significant health needs. Public input was solicited from 420 people through a survey developed by WCPH. Electronic and paper versions of this survey were made available to the public.

WMC and WCPH reviewed identified needs compiled from the surveys. Each organization used the following criteria to prioritize identified needs: survey responses, resources each organization could offer, and the mission of the organization.

WMC's updated Community Health Needs Assessment identified four priority categories of concern:

- **Mental Health/Behavioral Health**
- **Healthy Behaviors**
- **Active Living**
- **Prevention and Management of Diseases**

Twenty-eight (28) activities are outlined in this report, three to twelve in each of the above categories. These activities will occur during the remainder of 2016, and over a 3-year period.

The Winneshiek Medical Center Board of Trustees approved this assessment and plan June 1, 2016.

Section 1: Background – Past Community Health Needs Assessments

Top issues identified/addressed in Winneshiek Medical Center's 2013 Community Health Needs Assessment were:

- Obesity in adults and youth
- Healthy eating/nutrition
- Soft drink consumption
- Smoking
- Staying fit in the workplace
- Lack of places to participate in physical activities
- Support independence as one ages
- Diabetes, heart disease, cancer, high blood pressure, tobacco-related diseases
- Convenient appointments for primary care
- 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
- Manufacturing or use of drugs-marijuana, meth, etc.
- Misuse of drugs or alcohol
- Parenting/child neglect
- Depression or suicide in adolescents
- Local availability/knowledge of Mental Health services

Section 2: Defining the Community Served

Population of Service Area

Winneshiek Medical Center is the primary provider for Winneshiek County (population 20,768 - 2014) 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, 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+ (2014)	18.1%	20.4%	Compares to 15.8% Iowa and 14.3% Minnesota
Percent White persons, not Hispanic	97%	98.2%	Compares to 92.1% IA and 85.7% MN
Hispanic or Latino origin	2.1%	1.2%	Compares to 5.6% IA and 5.1% MN
Persons below poverty level (2014)	9.4% (10.7% in Decorah)	11.6%	Compares to 12.2% IA and 11.5% MN
Median Household Income (2010-2014)	\$53,735	\$51,576	Compares to \$52,716 IA and \$60,828 MN

Health Characteristics

As shown in the summary table below, Winneshiek ranked #5 in Health Outcomes of 99 Iowa counties, and #1 in Health Factors. Fillmore County ranked somewhat lower, and was ranked #9 in Health Outcomes and #27 in Health Factors, out of 87 counties.

County Health Rankings 2016 component	Winneshiek Co. (rank of 99 Iowa counties)	Fillmore Co. (rank of 87 MN counties)
Health Outcomes	5	9
• Length of Life	4	7
• Quality of Life	16	22
Health Factors overall	1	27

• Health Behaviors	1	13
• Clinical Care	6	36
• Social & Economic Factors	9	35
• Physical Environment	1	41

Health Factors¹	Winneshiek County (IA)	Fillmore County (MN)	National Benchmark (90th percentile)
Adult Smoking	15%	16%	<14%
Adult Obesity	25%	26%	<25%
Physical Inactivity	21%	21%	<20%
Excessive Drinking (binge & heavy drinking)	22%	22%	<12%
Motor vehicle crash death rate per 100,000 pop. ²	10	12	<9
Uninsured	9%	11%	<11%
Unemployment	4.4%	4.3%	<3.5%
Population to Primary care physicians (ratio)	1310:1	2980:1	1040:1
Population to Dentists (ratio)	1480:1	1890:1	1340:1
Population to Mental Health Providers (ratio)	470:1	5190:1	370:1
Diabetic screening – Medicare population	93%	94%	>90%
Mammography screening (Medicare ages 67-69)	71%	73%	>71%

¹ County Health Rankings 2016

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

Section 3: Assessing the Community's Health Needs

Approach, Process and Methods

The 2015 Community Health Needs assessment for Winneshiek Medical Center (WMC) was updated after a detailed review of the population, past community health assessments and population health characteristics. Winneshiek Medical Center (WMC) solicited new public input by collaborating with Winneshiek County Public Health's (WCPH) 2015 Community Health Needs Assessment, which utilized an online and paper survey tool for gathering health information from community members. To encourage the public to participate, the online survey utilized various business web sites and social media. In addition, the invitation to complete the survey was offered through local print media, radio broadcast appeals, direct mail letters to key businesses and schools throughout the county, as well as directly to businesses through the local Chamber of Commerce. Winneshiek Medical Center made both electronic and paper versions of the survey available to staff and patients throughout the month of September 2015. About 440 people completed the survey and varied in age from 19 to 75+ years old; more than 82% were female; all had a high school diploma or higher; and more than 60% had a household income of more than \$50,000/year. After WCPH representatives reviewed the data, focus groups evaluated the results before a final WCPH health improvement plan was created. Leadership from both WCPH and WMC spent time reviewing the proposed plan, discussing each priority, and identifying the opportunities for collaboration to meet the community's needs.

Because Winneshiek Medical Center also serves the health care needs of southeastern Minnesota, WMC examined the results of the Fillmore-Houston County Health Service Community Health Improvement Plan 2015. The Fillmore-Houston survey was randomly sent to 2,400 Fillmore and Houston county residents with 919 assessments or 38.3% being included in final analysis. People who completed the survey varied in age from 18 to 75+ years; more 63% were female; and 96% had a high school diploma or higher.

Winneshiek Medical Center incorporated the new research from both county reports into a sustainable plan that outlines specific priorities relating to the abilities and mission of Winneshiek Medical Center.

Section 4: Prioritized Description of Significant Health Needs

Prioritization Process

Following evaluation and discussion, WMC grouped the highest priorities into 4 categories with the key stakeholder group.

Top Priorities

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

- **Mental Health/Behavioral Health:** improve access to mental health services
- **Healthy Behaviors:** healthy activity, eating and healthy spirit
- **Active Living:** support a WMC wellness program; offer convenient walk-in wellness labs
- **Prevention and Management of Diseases:** diabetes, heart disease and stroke, cancer, immunizations, aging problems

Section 5: Implementation Strategy

Actions to Address Community Health Needs

Twenty-eight (28) actions are proposed over a three-year period.

Community Health Needs Assessment – Improvement Plan

Community Health Needs	Actions
<ul style="list-style-type: none"> • Mental Health/Behavioral Health 	<ul style="list-style-type: none"> ➤ Establish an Integrated Behavioral Health model in Primary Care Clinic at Winneshiek Medical Center (WMC) ➤ Collaborate with Winneshiek County Agencies to decrease incarceration and emergency inpatient admissions for crises with mental health issues <ul style="list-style-type: none"> ○ Establish 23 hour admission program in hospital for acute mental health crisis ○ Collaborate with County Social Services (CSS) to establish telehealth psychiatry service for acute mental health crises ○ Explore ability to provide alcohol detoxification at WMC ➤ Expand WMC social worker capacity to assist with situations requiring emergency need for services not provided at WMC, but within the community ➤ Continue to support local suicide awareness events in collaboration with other community agencies and regional mental health providers
<ul style="list-style-type: none"> • Healthy Behaviors 	<ul style="list-style-type: none"> ➤ Continue active participation in community school wellness councils/committees for the schools in our service area ➤ Continue to offer affordable and convenient fitness services and exercise-based programs to WMC staff and community ➤ Continue to support the hospital garden at WMC and the use of fresh produce in the Mobile Meals (Meals on Wheels) program ➤ Continue to offer healthy meals for Nisse Preschool ➤ Continue to refer patients to WIC(Women Infant and Children), 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 ➤ Continue coordinating distribution of free coupons to Farmers Market (funded by Winneshiek County United Way) to senior citizens ➤ Continue to provide low-cost athletic physicals for area

Community Health Needs	Actions
	<p>students</p> <ul style="list-style-type: none"> ➤ Continue to collaborate with Helping Services of Northeast Iowa and Quit Line Iowa in providing smoking cessation packets to WMC patients ➤ Continue to offer prenatal and birthing classes
<ul style="list-style-type: none"> • Active Living 	<ul style="list-style-type: none"> ➤ Develop an internal wellness program to expand externally ➤ Continue to collaborate with other businesses and organizations to provide active living events such as 5K walk/runs and marathons ➤ Continue to support Park and Rec youth programs in our service area to keep costs low for community participation
<ul style="list-style-type: none"> • Prevention and Management of Diseases <ul style="list-style-type: none"> ▪ Cancer ▪ Mental Health ▪ Aging Problems ▪ Heart Disease and Stroke ▪ Diabetes ▪ Immunizations 	<ul style="list-style-type: none"> ➤ Provide education to public targeting prevention of preventable cancers, heart disease, and stroke ➤ Increase percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DEXA) to check for osteoporosis to 75% (currently 65%) by 2018³ ➤ Increase number of patients who meet the denominator criteria who have an A1C < 8.0 done within the last 6 months, LDL <100, and SBP < 140 & DBP < 90 to 67% (currently 57%) by 2018³ ➤ Increase percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer within 27 months to 79% (currently 69%) by 2018³ ➤ Increase the percentage of patients aged 50-75 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report to 80% (currently 70%) by 2018³ ➤ Increase number of children receiving CDC (Centers for Disease Control & Prevention) recommended immunizations by 2nd birthday to 80% (currently 73%) by 2018³ ➤ Increase percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization or who reported previous receipt of an influenza immunization by 10% by 2018³ ➤ Participate in a community coalition to increase immunization rates in WMC service area ➤ Continue free semi-annual screenings for diabetes ➤ Continue offering walk-in wellness lab tests ➤ Continue to provide daily access for blood pressure screenings at no cost ➤ Continue to offer dementia care services for patients and caregivers in the region

³ Patients seen at Winneshiek Medical Center with Physician services provided by Mayo Clinic Health Services

