

# Community Health Needs Assessment

Final Report and Health Improvement Plan  
June 2019

## Overview and Executive Summary

Winneshiek Medical Center started its Community Health Needs Assessment (CHNA) process in December 2018, with a target completion date of June 5, 2019. This process 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 five years of Iowa local boards of health (called a Community Health Needs Assessment and Health Improvement Plan – CHNA & HIP), the Patient Protection and Affordable Care Act requires the process be completed by every nonprofit hospital every three 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 February 2019, which was completed by 400 people. We also held three community leader listening/discussion sessions. Our methodology is outlined in greater detail in this report.

Our Community Health Needs Assessment identified priority categories of concern:

### Health Problems to Address:

- Mental Health: Problems, Access to services, Availability of local mental health providers
- Safe Behaviors: Illegal drug use/abuse/distribution, alcohol abuse, bullying, screen time (excessive use), parenting skills
- Health Care Access: High out-of-pocket costs, appointment availability to primary care
- Health Conditions/Prevention: Mental Health, Cancers, Obesity, Aging Problems (e.g. arthritis, hearing, vision loss, etc.), immunizations against communicable diseases

### Health Behaviors to Improve:

- Physical Activity: Increase physical activity, offer affordable opportunities/programs/facility to exercise, more time and willpower to maintain health habits
- Healthy Eating: Eat more fruits and vegetables, Drink more water
- Decrease Stress

The Winneshiek Medical Center Board of Trustees approved this assessment and plan June 5, 2019.

---

## **Section 1: Background – Past Community Health Needs Assessments**

---

Top issues identified/addressed in Winneshiek County (2016) were:

- Promote Healthy Living
  1. Mental Health/Behavioral Health issues and access
  2. Healthy diets for children/access to affordable/convenient healthy foods
  3. Parenting skills/education
  4. Healthy behaviors
  5. Cancers
  6. Alcohol abuse
- Prevent Injuries and Violence
  1. Aging problems/falls
  2. Bullying
- Protect Against Environmental Hazards
  1. Radon exposure
  2. Safe drinking water/old septic systems
- Prevent Epidemics and the Spread of Disease
  1. Not getting immunizations
- Prepare for, Respond to and Recover from Public Health Emergencies
  1. Lack of individual and family preparedness

Top issues identified in Fillmore County (2015) were:

- Access to Health Care
- Active Living
- Healthy Eating

---

## **Section 2: Defining the Community Served**

---

### **Population of Service Area**

Winneshiek Medical Center is the primary provider for Winneshiek County (population 20,201) 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 56,267 (2017) 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.

<b>Demographics</b>	Winneshiek County (IA)	Fillmore County (MN)	Comment - Comparison
Persons age 65+	20.0%	20.6%	Compares to 16.7% Iowa and 15.4% Minnesota
Percent White persons, not Hispanic	95.1%	96.4%	Compares to 85.7% IA and 79.9% MN
Hispanic or Latino origin	2.2%	1.7%	Compares to 6.0% IA and 5.4% MN
Persons in poverty (2017) <sup>1</sup>	9.0%	10.3%	Compares to 10.7% IA and 9.5% MN
Median Household Income (2013-2017) <sup>2</sup>	\$60,788	\$57,093	Compares to \$56,570 IA and \$65,699 MN
Percent Rural	59.0%	93%	Compares to 36% IA and 26% MN

## Health Characteristics

As shown in the summary table below, Winneshiek ranked #5 in Health Outcomes of 99 Iowa counties, and #3 in Health Factors. Fillmore County ranked somewhat lower, notably in Clinical Care and Physical Environment.

<b>County Health Rankings 2019 component</b>	Winneshiek Co. (rank of 99 Iowa counties)	Fillmore Co. (rank of 87 MN counties)
Health Outcomes	5	17
Health Factors overall	3	24
• Health Behaviors	7	10
• Clinical Care	3	53
• Social & Economic Factors	8	23
• Physical Environment	1	53

<b>Health Characteristics<sup>3</sup></b>	Winneshiek County (IA)	Fillmore County (MN)	National Benchmark (Top US Performers)
Adult Smoking	13%	14%	14%
Adult Obesity	32%	28%	26%
Physical Inactivity	23%	26%	19%
Excessive Drinking (binge & heavy drinking)	23%	22%	13%

<sup>1</sup> US Census Bureau QuickFacts: Persons in Poverty Percenter

<sup>2</sup> US Census Bureau QuickFacts: Median Household Income

<sup>3</sup> County Health Rankings 2019

Motor vehicle crash deaths	12	14	9
Alcohol-impaired driving deaths	45%	22%	13%
Poor or fair health	10%	11%	12%
Prevalence of Reported Depression <sup>4</sup>	14.8%	n/a	n/a
Frequent mental distress	9%	9%	10%
Population to Mental Health Providers (ratio)	450:1	6990:1	310:1
Uninsured Adults	5%	8%	6%
Uninsured Children	3%	7%	3%
Unemployment <sup>5</sup>	2.4%	2.0%	3.7%
Population to Primary care physicians (ratio)	980:1	2630:1	1050:1
Population to Dentists (ratio)	1550:1	2100:1	1260:1
Diabetes Prevalence	9%	10%	9%
Mammography screening (Medicare ages 65-74)	53%	51%	49%

---

### 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.

The survey process began with a review of the questions/information/results from past surveys, as well as a review of the current demographics of our service area; specifically, underserved populations. Once applicable questions and potential answers were vetted by WMC Administrative Council and lightly field-tested, they were placed into an online survey format, which was available to the general public the entire month of February (2019). Paper copies

<sup>4</sup> Behavioral Risk Factor Surveillance System (BRFSS) 2016 - Iowa survey: Percent of Iowans Ever Told They Had Depression, page 82

<sup>5</sup> Iowa Workforce Development, November 2018 data. [www.iowaworkforcedevelopment.gov](http://www.iowaworkforcedevelopment.gov)  
 Minnesota Employment and Economic Development, November 2018 data. <https://apps.deed.state.mn.us/lmi/laus/detail.aspx?geog=2704000045&adjust=0&graph=1>  
 US Department of Labor, November 2018 data. <https://data.bls.gov/timeseries/lms14000000>

were available at Winneshiek Medical Center, outreach clinics in Mabel and Spring Grove, Minnesota; Ossian, Calmar and Postville, Iowa. Additionally, paper copies were taken to The Depot Outlet and the Decorah Food Pantry.

WMC communicated the purpose and availability of the survey through the newspapers, online news websites, the WMC website and Facebook page, and to WMC staff through internal communication methods.

The following areas were rated by participants:

- Healthy community (general)
- Health problems (overall, children-specific)
- Safety concerns
- Health information
- Healthy behaviors (general, barriers, opportunities), and
- Health care access

Participants rated to what extent priorities from the 2016 Community Health Needs Assessment were still a problem:

- Mental/behavioral health
- Lifestyle/health behavior concerns
- Prevention and management of diseases
- Health Insurance/Health care Coasts/Health Care Access
- Drugs/Alcohol
- Parenting

In addition to the online survey, WMC held three community leader listening sessions: Decorah, Iowa; Ossian, Iowa; and Mabel, Minnesota 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, who then developed the set of improvement plans/actions. Others, including WMC’s Management Committee, were consulted in refining the actions. Final conclusions were approved by 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. 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, posted online, and covered by area media. A link was placed on the [www.winmedical.org](http://www.winmedical.org) web site. Further characteristics of participants are noted as follows:

Geographic Distribution	Percent	Percent
Online Survey Participants	94.18% from Iowa (44% from Decorah zip code)	4.64% from Minnesota, 1.74% from Wisconsin, 6.38% Other

Decorah Listening Session	100% Iowa attendees	
Ossian Listening Session	100% Iowa attendees	
Mabel Listening Session		100% Minnesota attendees

Gender Identity		
Online survey participants	85.47% female	14.53% male

Additional Demographics		
Age group (survey)	3.59% ages 18-24 19.61 % ages 25-34 20.44% ages 35-44 19.06% ages 45-54 21.82% ages 55-64 15.47% ages 65+	
Household Income (survey)	1.96% under \$10,000 1.96% \$10,000 to \$19k 5.87% \$20,000 to \$29k 8.94% \$30,000 to \$39k 9.50% \$40,000 to \$49k 41.06% \$50,000 to \$100k 19.27% above \$100k 11.45% prefer not to answer	

---

#### **Section 4: Prioritized Description of Significant Health Needs**

---

The online survey asked participants to select items that best answered the question, choosing up to five answers for each question.

Online participants also rated to what extent priorities from the 2016 Community Health Needs Assessment were still a problem. Answers are below:

- Mental/behavioral health – *Serious Problem – Definitely needs more attention*
- Lifestyle/health behavior concerns – *Moderate Problem – Probably needs more attention*
- Prevention and management of diseases – *Moderate Problem – Probably needs more attention*
- Health Insurance/Health care Costs/Health Care Access – *Serious Problem – Definitely needs more attention*
- Drugs/Alcohol – *Serious Problem – Definitely needs more attention*
- Parenting – *Moderate Problem – Probably needs more attention*

To analyze the results and determine which items were most important to the community, the questions/answers were categorized into Health Problems to Address and Health Behaviors to Improve. Any answers with 50% or more respondents answering, and felt to be a serious or moderate problem in our communities, were further categorized into the Top Priorities.

## Top Priorities

### Health Problems to Address:

- Mental Health: Problems, Access to services, Availability of local mental health providers
- Safe Behaviors: Illegal drug use/abuse/distribution, alcohol abuse, bullying, screen time (excessive use), parenting skills\*
- Health Care Access: High out-of-pocket costs, appointment availability to primary care
- Health Conditions/Prevention: Mental Health, Cancers, Obesity, Aging Problems (e.g. arthritis, hearing, vision loss, etc.), immunizations against communicable diseases\*\*

### Health Behaviors to Improve:

- Physical Activity: Increase physical activity, offer affordable opportunities/programs/facility to exercise, more time and willpower to maintain health habits
- Healthy Eating: Eat more fruits and vegetables, Drink more water
- Decrease Stress

Community leaders prioritized the top answers from the online survey through an electronic PowerPoint ranking tool. The combined, weighted results from the Community Leader Listening sessions confirmed the priorities determined by the online/paper survey.

\*Item selected by 47.27% of respondents; however, community leaders ranked item to be one of top importance. *Included as a Top Priority to reflect this finding.*

\*\*Item selected by 41.73% of respondents; however, identified as Moderate Problem – probably needs more attention in rating of 2016 results. *Included as a Top Priority to reflect this finding.*

Decorah, Ossian and Mabel sessions all spoke to the prevalence and high-concern of mental health care/needs, specifically in the school/college-age population. They also discussed the need for affordable health insurance for families/students, the reliance on parents to teach and/or reinforce life skills to children, and the importance of community partnerships to meet identified needs.

## Health Problems to Address: Complete Results

Mental health problems	77.81%
Illegal drug use/abuse (marijuana, methamphetamine, cocaine, heroin, etc.)	77.46%
Cancers	65.82%
Alcohol abuse	65.54%
High out-of-pocket costs for deductibles and services not covered by health insurance	60.54%
Appointment availability and/or hours for primary care visits	58.92%
Bullying	58.81%
Illegal drug use and/or distribution	58.81%

Access to mental health services	53.97%
Availability of local mental health providers	53.78%
Obesity	53.32%
Aging problems (e.g. arthritis, hearing, vision loss, etc.)	52.81%
Screen time – excessive use	52.12%
Misuse of prescription medication (opioids, pain killers, etc.)	48.70%
Heart disease and stroke	48.47%
Alcohol over-use/abuse	48.24%
Children not getting immunizations against communicable diseases *	47.27%
Bullying	47.09%
Diabetes	42.35%
Poor parenting skills**	41.73%
Difficulty finding affordable health insurance coverage	39.19%
Affordable health insurance	38.62%
Basic life skills (cooking, cleaning, budgeting, etc.)	38.48%
Lack of health insurance coverage	37.40%
Access to specialists and specialty diagnostic services	36.76%
Transportation to health care services for rural community members	35.79%
Healthy diet	34.39%
Single parent families	34.15%
Domestic violence	33.94%
Obesity rates	33.60%
Skipping or delays in care because of cost	31.62%
Child abuse/neglect	31.35%
High radon levels in homes, which may cause lung cancer	30.87%
High blood pressure	30.10%
Poverty	29.54%
Education in the community regarding CPR and/or first aid	27.32%
Inadequate parenting skills or abuse and neglect of children	26.19%
Tobacco use	26.17%
Child care/day care availability	25.66%
Motor vehicle crash injuries	23.58%
Need for disaster preparedness	22.40%
Availability of dentists who accept Medicaid coverage	21.35%
Emergency response times	20.77%
Waste disposal for discarded prescription medications and/or sharps (e.g. needles)	20.77%
Access to health care	20.37%
Uninsured individuals (no insurance at all)	20.00%
Scams/frauds	19.95%
Chronic pain	19.90%



Suicide	19.64%
Child abuse/neglect	19.51%
Affordable fresh foods	17.99%
Soft drink consumption	17.72%
Substance use/abuse	17.72%
Suicide	15.08%
Domestic abuse	14.63%
Alcohol use	14.55%
Lack of education in licensed day care centers on first aid, accident prevention, and communicable disease	13.11%
Flu shots for the general public	13.11%
Availability of complementary therapies (acupuncture, meditation, yoga, tai chi, etc.)	12.16%
Outbreaks of infectious diseases	10.66%
Safe or supportive living environment	10.58%
Physical activity opportunities	10.32%
Access to safe drinking water or drought-related problems	9.84%
Racism	9.76%
Respiratory/lung disease	9.69%
Basic personal hygiene skills	9.21%
Nutritious school lunch	8.99%
Unemployment	8.94%
Availability of drug/alcohol addiction counseling	8.11%
Dental problems	7.91%
Quality of overall local health care services	7.84%
Rape/sexual assault	7.77%
Support for individuals with special needs	7.57%
Crime and violence	7.32%
Lack of transportation services	7.32%
Illnesses caused by improper food handling in restaurants	6.83%
Sexually transmitted infections including HIV/AIDS	6.56%
Assaults/violent Crimes	6.22%
Responsible sexual behavior	6.08%
Other (please specify)	5.87%
Threat/harassment/terrorism	5.70%
Human trafficking	5.44%
Other (please specify)	5.42%
Teenage pregnancy	5.36%
Lack of options for skilled nursing and/or long term care	5.14%
Other (please specify)	5.14%
Breaking and entering/burglary	4.66%
Home health care	4.59%
Tobacco use	4.50%

Sexually transmitted diseases	3.06%
Firearm-related injuries	2.59%
Other (please specify)	2.59%
Human Trafficking	2.44%
Other substances use/abuse	2.38%
Language/cultural barriers	2.16%
Other (please specify)	2.12%
Homelessness	1.63%
Access to immunizations	1.59%
Access to retail pharmacies	1.35%
Infectious diseases (TB, hepatitis)	1.28%
Palliative care	0.54%
Illiteracy	0.54%
HIV/AIDS	0.00%
School drop-out rate	0.00%

## Health Behaviors to Improve: Complete Results

Increase physical activity	81.62%
Eat more fruits and vegetables	61.62%
Lack of motivation or willpower (to be healthier)	61.20%
Affordable opportunities/programs/facilities to exercise	57.51%
Decrease stress	56.22%
Drink more water	51.89%
Lack of time	51.09%
Affordable healthy food and fresh produce	43.63%
Employee wellness programs at place of employment	42.78%
Costs of healthy foods	36.89%
Limited opportunities to exercise	35.52%
Community physical activity programs (water aerobics, volleyball/basketball league, etc.)	30.03%
Community education classes (healthy cooking, health topics, etc.)	24.08%
Additional recreational paths, trails, sidewalks	19.26%
Fear of hidden health care costs	18.03%
Routine physical/dental/vision exams	17.03%
Routine cancer screenings	14.86%
Other priorities	13.66%
Other (please specify)	13.60%
Other (please specify)	9.84%
Lack of understanding of covered insurance benefits	9.56%

Availability of healthy foods	6.28%
Need more education about healthy choices	6.01%
Reduce alcohol intake	4.86%
Other (please specify)	4.59%
Physical health is too poor	4.37%
Transportation to local fitness classes or food markets	3.68%
Quit smoking/tobacco use	3.51%
Stigma	3.01%
Transportation to health services	1.64%
Access to getting vaccines and medications	1.09%
Vaccines	0.54%
Language barriers	0.00%
Literacy barriers	0.00%

## Section 5: Implementation Strategy

### Actions to Address Community Health Needs

#### Community Health Needs Assessment – Improvement Plan

Community Health Needs	Actions
Mental Health: problems, access to services, availability of local mental health providers	<ul style="list-style-type: none"> <li>• Continue to monitor and expand the Integrated Behavioral Health model, which works in conjunction with primary care at Winneshiek Medical Center</li> <li>• Collaborate with Winneshiek County agencies to decrease incarceration and emergency inpatient admission for mental health crises</li> <li>• Continue our strategic focus on mental health care</li> <li>• Offer tele-psychiatry through the Emergency Department</li> <li>• Expand WMC social worker capacity to assist with situations requiring emergency need for services not provided at WMC, but within the community</li> <li>• Continue to support local mental health/suicide awareness events in collaboration with other community agencies and regional mental health providers</li> <li>• Explore potential for additional providers, including psychiatry</li> <li>• Provide group therapy to improve access and lower costs for depression, anxiety and insomnia</li> <li>• Provide affordable QPR training to general public, schools and organizations, on request</li> <li>• Provide resources via WMC’s website</li> <li>• Support the Make it OK campaign to reduce the stigma of mental illness</li> </ul>
Safe Behaviors	<ul style="list-style-type: none"> <li>• Support partner agencies in promoting community education events</li> <li>• Provide community education on screen time usage through various public relations tools</li> <li>• Promote area prescription drug drop off days/events</li> <li>• Opioid education to WMC staff and providers through WMC patient safety committee</li> <li>• Offer grandparenting classes, car seat checks and babysitter training classes to the community</li> </ul>

<p>Health Care Access</p>	<ul style="list-style-type: none"> <li>• Continue to offer low-cost Walk-in Wellness Lab testing to the community</li> <li>• Continue to build in same day access in Decorah, Ossian and Mabel Clinics for acute health needs</li> <li>• Continue to offer a comprehensive Patient Financial Assistance services</li> <li>• Strategic focus on premier primary care, including access</li> <li>• Increase direct access availability to physical and occupational therapy</li> <li>• Enhance services to provide patient estimates prior to care</li> <li>• Provide support to patients/community through the Senior Health Insurance information Program (SHIIP)</li> </ul>
<p>Health Conditions/Prevention</p>	<ul style="list-style-type: none"> <li>• Provide Skilled Care to the community for safe recovery from hospitalization or surgery</li> <li>• Enhance and improve a Chronic Care Management program for clinic patients with two or more chronic conditions</li> <li>• Education resources on WMC’s website</li> <li>• Offer a Cancer Resource Center for patients to learn about local resources</li> <li>• Participate in research through University of Iowa to create a Hospital and Community Cancer Profile for WMC and Winneshiek County</li> <li>• Continue free semi-annual screenings for diabetes</li> <li>• Continue to provide daily access for blood pressure screening at no cost</li> <li>• Continue to offer free annual hearing screenings</li> <li>• Continue to offer dementia care services for patients and caregivers in the region</li> <li>• Follow our approved Quality Assurance and Performance Improvement (QAPI) Priorities</li> <li>• Explore proactively reaching out to patients to receive covered preventive care</li> </ul>

<p>Physical Activity/Healthy Eating/Decrease Stress</p>	<ul style="list-style-type: none"> <li>• Explore the 5-2-1-0 program for promotion through Decorah, Mabel and Ossian Clinics, as well as internally to staff</li> <li>• Continue to collaborate with other businesses and organizations to provide active living events and initiatives such as 5K walk/runs and Walk More Connect More</li> <li>• Continue to support Park and Rec youth programs in our service area to keep costs low for community participation</li> <li>• Continue active participation in community school wellness councils/committees for the schools in our service area</li> <li>• Continue to offer affordable and convenient fitness services and exercise-based programs to WMC staff and community</li> <li>• Continue to support the hospital garden at WMC and the use of fresh produce in the Mobile Meals (Meals on Wheels) program</li> <li>• Continue to offer contracted services for healthy meals for community partners</li> <li>• 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</li> <li>• Continue coordinating distribution of free coupons to Farmers Market (funded by Winneshiek County United Way) to senior citizens</li> <li>• Continue to provide well child checks/athletic physicals for area students</li> <li>• Continue to collaborate with Helping Services for Youth and Families and Quit Line Iowa in providing smoking cessation packets to WMC patients</li> <li>• Continue to offer prenatal and birthing classes</li> <li>• Provide resources on the WMC website</li> <li>• Continue to offer affordable Healthy Body, Mind &amp; Spirit classes to promote personal health</li> </ul>
---	--

---

## **Section 6: Adopting the Community Health Needs Assessment**

---

### **Board of Trustees**

The Winneshiek Medical Center Board of Trustees (seven volunteer board members, elected by the citizens of Winneshiek County) approved this plan June 5, 2019. 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**

We have collaborated with and received support and participation in this process from Northeast Iowa Community College (NICC), Luther College, Decorah and South Winneshiek schools, Helping Services for Youth & Families, the Cities of Decorah and Mabel, Winneshiek County Sheriff's Office and Emergency Management, Winneshiek Energy District, area nursing homes, local business owners and area professionals.

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 from 400 people. They represented viewpoints from Decorah, Calmar, Waukon, Cresco, Fort Atkinson, Ossian, Castalia, Postville, Waucoma, Elgin, Ridgeway, Lansing, Lawler, West Union, Spillville, Clermont, Lime Springs, Monona, Fayette, Elkader, and Elma, Iowa; as well as Mabel, Spring Grove, Harmony, Preston, Lansboro and Canton, MN and Ferryville, WI.

---

## **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 Administration.