

WAVERLY HEALTH — C E N T E R —

Community Health Needs Assessment

2022 - 2025

Released July 2022

I. INTRODUCTION

In the fall of 2021, Waverly Health Center (WHC) started a community health needs assessment (CHNA) to support its mission to provide high quality, person-centered health care. The assessment was also completed to comply with the *Patient Protection and Affordable Care Act of 2010* and federal tax-exemption requirements, and to identify health needs of the community to help prioritize the allocation of hospital resources to meet those needs.

The CHNA Health Improvement Process (HIP) does three things:

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

Based on current literature and other guidelines from the U.S. Treasury Department and the Internal Revenue Service, the following steps were completed as part of the community health needs assessment:

- The community served by WHC was defined utilizing data on patient origin.
- Population demographics and socioeconomic characteristics of the service area were gathered and reported using various sources.
- The health status of the service area was reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by county. Health factors with significant opportunity for improvement were noted.
- Through a collaborative process with Community Memorial Hospital in Sumner, Bremer County Health Department, Waverly-Shell Rock Area United Way and Waverly Health Center, a needs assessment survey was created and distributed to determine the areas' key health needs. The results were used in conjunction with national, state and county health statistics.
- An inventory of health care facilities and resources was prepared.

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II. EXECUTIVE SUMMARY

Waverly Health Center started the community health needs assessment in collaboration with Community Memorial Hospital, Bremer County Health Department and the Waverly-Shell Rock Area United Way. To ensure input from the medically-underserved, chronically ill, low-income and minority populations in our service area, local agencies that serve those populations were invited to participate in a comprehensive community needs survey.

The primary method of research was an online survey with a series of rank-order, multiple choice and open-ended questions. The opportunity to participate in the survey was communicated to area residents and agencies through multiple mediums and was available through a link on the hospital's website. Two hundred seventy-two (272) individuals took part in the survey. In addition to the survey results, past research and input from community groups and county health assessments were also utilized.

In addition to the primary sources of data, secondary data was pulled from demographic and socioeconomic sources as well as national, state and local sources of information on disease prevalence, health indicators, health equity and mortality. This information was analyzed and reviewed to identify health issues of the hospital's service area and included a focus on uninsured and low-income individuals and minority groups.

In selecting the health issues prioritized for action, the following factors were considered:

- social determinants of health status in our communities,
- local service and health care agencies' mission, vision and strategic plans, and
- current programming offered by local agencies.

Subsequently, Waverly Health Center leadership discussed the results of the evaluation and selected health priorities. As a result of the analysis, the following areas were identified as Waverly Health Center's top priorities for the next three years:

1. Chronic Disease Management:
 - a. Heart Disease (*including hypertension and hyperlipidemia*)
 - b. Stroke
 - c. Diabetes
2. Access to Mental Health Services
3. Wellness and Aging Services:
 - a. Obesity Reduction
 - b. Preventative Exams and Vaccinations
4. Unintentional Injuries (*falls and motor vehicle accidents*)

The priority areas for this period's CHNA action plan did not change significantly from previous assessments. These issues are pervasive and the COVID-19 pandemic exacerbated chronic conditions and mental health needs in our service area and across the state.

The 2022-2025 CHNA was adopted by the Waverly Health Center Board of Directors on June 27, 2022. It was published on Waverly Health Center's website on July 1, 2022. The CHNA implementation strategy was posted on WHC's Facebook page on July 1, 2022.

II. BACKGROUND

The Patient Protection and Affordable Care Act, signed into law in March 2010, requires nonprofit hospitals to conduct a community health needs assessment (CHNA) at least once every three years, beginning in March 2012. Waverly Health Center completed its first CHNA in June 2013.

Key components of the CHNA include:

- Identify key issues affecting health in the community and health problems experienced by local residents.
- Share the health needs of the community with residents and providers.
- Adopt an implementation strategy for meeting the identified community health needs.

The top priorities of Waverly Health Center's 2019 CHNA included:

1. Chronic Disease Management:
 - a. Heart Disease (*including high blood pressure and high cholesterol*)
 - b. Cancer
 - c. Stroke
2. Unintentional Injuries (*falls*)
3. Access to Mental Health Services
4. Wellness Services
 - a. Obesity Reduction
 - b. Preventative Exams and Screenings
 - c. Employer Wellness Programming
 - d. Access to Health Information

For the 2019 implementation plan, please use this link: [2019 CHNA Implementation Plan](#)

V. ABOUT WAVERLY HEALTH CENTER

Waverly Health Center (WHC) is a 25-bed critical access hospital located in Waverly, Iowa. WHC provides inpatient care, obstetrical, surgery, outpatient diagnostic and treatment services, family practice clinics, specialty clinics, urgent care clinics, and emergency room care to people living in and around Bremer, Butler and Chickasaw counties. The hospital currently employs approximately 500 people, which include full-time and part-time employees.

WHC has been an independent, city-owned hospital since 1974. It is governed by five trustees who have been elected by Waverly voters for four-year terms. The Board of Trustees meetings are open to the public. The executive team manages the day-to-day operations of the health center.

Our Mission

Waverly Health Center will provide high quality, person-centered health care.

Our Vision

Waverly Health Center will be recognized for providing the premier health care experience in Iowa.

Our Values

Compassion “We will care for others with dignity and empathy.”

Enthusiasm “We will eagerly provide a smile and friendly atmosphere.”

Excellence “We will consistently provide high quality care and service.”

Innovation “We will be creative, progressive and open to change.”

Integrity “We will be dedicated, honest, respectful and accountable.”

Leadership “We will provide vision and guidance.”

Hospital Services

- Ambulance
- Birthing Center
- Cardiopulmonary Rehabilitation
- Cardiovascular Services
- Center Pharmacy
- Emergency Department
- Inpatient
- Integrative Therapies
- Laboratory
- Nutrition Therapy
- Occupational Therapy
- Outpatient Medical Services
- Physical Therapy
- Respiratory Therapy
- Radiology
- Social Services
- Speech Therapy
- Surgery

Family Practice Clinics

- Christophel Clinic
- Janesville Clinic
- Nashua Clinic
- Noah Campus Health Clinic
- Shell Rock Clinic

Same Day Services

- Walk-In Clinic

Specialty Clinics

- General Surgery Clinic
- Women's Clinic and Behavioral Health

Visiting Specialist Clinics

- Cardiology
- Dermatology
- Ear, Nose & Throat
- Nephrology
- Orthopedics
- Pain Management Services
- Podiatry
- Pulmonology
- Rheumatology
- Urology

FY2021 Statistics

Ambulance Calls, 2,107

Emergency Department Visits, 6,141

Inpatient Admissions, 926

Newborn Admissions, 263

Surgeries, 2,484

Total Outpatient Registrations, 395,447

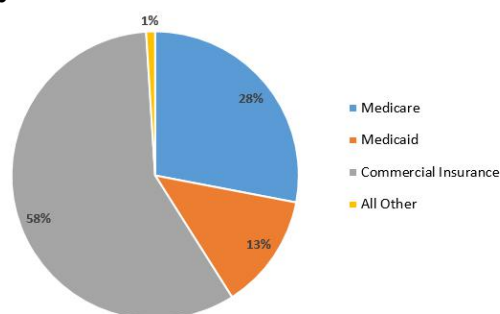
Total Outpatients, 51,891

Average Cost Per Day to Operate WHC, \$179,090

Number of Employees, 483

Number of Volunteers, 167

Payer Mix Based on Gross Patient Charges



2020 Economic Impact of Waverly Health Center

Waverly Health Center creates...



824.7

Total Jobs*

That is
8.74%
of all jobs in Bremer County



\$58,158,791

Total Wages*

That is
13.85%
of all wages in Bremer County



\$112,951,258

Total Expenses*

That is
11.60%
of Bremer County
gross domestic product

\$743,415

Total Community Benefits

18,030

Persons served through community service programs

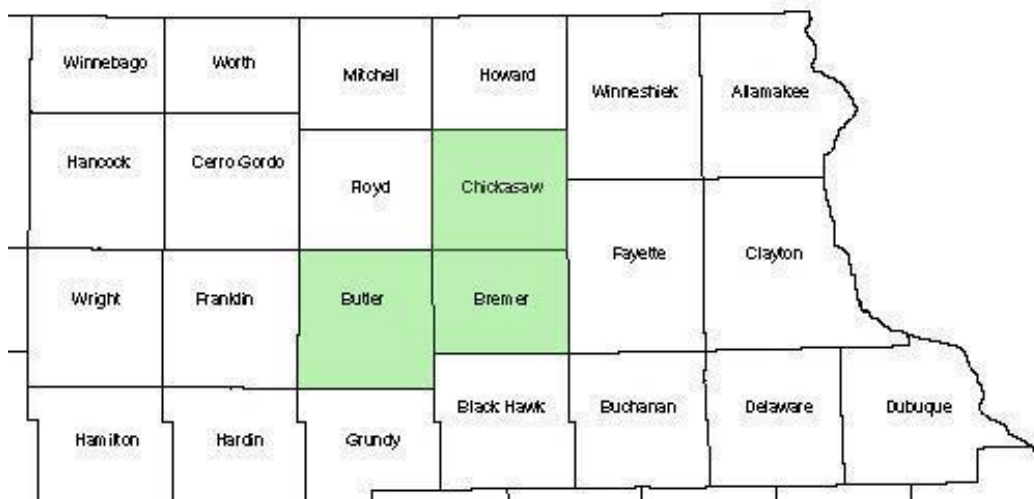
*Data includes Wage, Job and Expenses Multiplier

Source: Iowa Hospital Association

VI. OUR COMMUNITY

A. Service Area Description

Waverly Health Center's primary service area includes Bremer, Butler and Chickasaw Counties in Northeast Iowa.



Bremer County

Waverly is the largest city in Bremer County with a population of 10,398. It serves as the county seat. The county is 435.48 square miles and is made up of 8 communities with a combined population of 25,081, according to the 2020 census. This is an increase from the 1990, 2000 and 2010 census data. Other cities in Bremer County include Denver, Frederika, Janesville, Plainfield, Readlyn, Sumner and Tripoli. *Source: www.census.gov*

Total Population and Numeric Change by County for Iowa's Incorporated Places and Unincorporated Areas: 1990, 2000, 2010, 2015, 2018						
	Population					Trend
	1990	2000	2010	2015 (est)	2020	
Bremer County	22,813	23,325	24,251	24,722	25,081	?

Source: www.census.gov; www.city-data.com

Butler County

Allison serves as the county seat of Butler County. It has a population of 958 people. The county is 580.13 square miles and is made up of 10 communities with a combined population of 14,332, according to the 2020 census. This is a decrease from the 1990, 2000 and 2010 census data. Other cities in Butler County include Aplington, Aredale, Bristow, Clarksville, Dumont, Greene, New Hartford, Parkersburg and Shell Rock. *Source: www.census.gov*

Total Population and Numeric Change by County for Iowa's Incorporated Places and Unincorporated Areas: 1990, 2000, 2010, 2015, 2018						
	Population					Trend
	1990	2000	2010	2015 (est)	2020	
Butler County	15,731	15,305	14,986	14,915	14,332	⬇️

Source: www.city-data.com; www.census.gov

Chickasaw County

New Hampton, population of 3,416 people, serves as the county seat of Chickasaw County. The county is 504.4 square miles and is made up of 9 communities with a combined population of 11,887 people, according to the 2020 census. This is a decrease from the 1990, 2000 and 2010 census data. Other cities in Chickasaw County include Alta Vista, Bassett, Fredericksburg, Ionia, Lawler, Nashua, North Washington and Protivin.

Source: www.census.gov

Total Population and Numeric Change by County for Iowa's Incorporated Places and Unincorporated Areas: 1990, 2000, 2010, 2015, 2020						
	Population					Trend
	1990	2000	2010	2015 (est)	2020	
Chickasaw County	13,295	13,095	12,439	12,264	11,887	⬇️

Source: www.city-data.com; www.census.gov

B. Demographics

	Bremer County	Butler County	Chickasaw County	State of Iowa
Persons per square mile	55.7	25.6	24.7	54.5
White persons	96.3%	97.6%	97.8%	90.6%
Black persons	1.2%	0.3%	0.8%	4.1%
Females	50.5%	50.3%	49.7%	50.2%
Veterans	1,598	996	830	185,671
Disabled (under age 65)	7.0%	7.1%	8.9%	7.9%

www.census.gov/quickfacts

Values highlighted in *red* on the following sections indicate a worsening indicator when compared to the previous report.

C. Social & Economic Factors:

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
High school graduation	96%	93%	93%	92%
2019 Report Data	94%	94%	92%	91%
2016 Report Data	96%	95%	93%	89%
2013 Report Data	95%	91%	85%	88%
Percent Population Age 25-44 with some College	77%	69%	67%	70%
2019 Report Data	78%	68%	65%	70%
2016 Report Data	78%	68%	59%	69%
2013 Report Data	78%	60%	53%	68%
Median household income	\$72,209	\$56,473	\$61,239	\$61,836
2019 Report Data	\$65,440	\$53,937	\$50,688	\$56,570
2016 Report Data	\$61,619	\$51,701	\$46,020	\$52,716
2013 Report Data	\$58,372	\$50,052	**	\$50,451
Homeownership rate	83.1%	77.3%	82.1%	71.2%
2019 Report Data	81.4%	78.8%	78.1%	71.1%
2016 Report Data	80.7%	79.7%	78.9%	70.9%
2013 Report Data	80.8%	82.4%	**	73%
Median value of owner-occupied housing units	\$165,700	\$116,700	\$119,100	\$147,800
2019 Report Data	\$155,100	\$112,100	\$105,100	\$137,200
2016 Report Data	\$146,000	\$104,000	\$99,000	\$126,300
2013 Report Data	\$139,400	\$92,800	**	\$121,300
Unemployment rate	2.3%	3.2%	2.9%	2.7%
2019 Report Data	2.8%	3.2%	4.9%	3.1%
2016 Report Data	3.8%	4.4%	4.9%	4.4%

	Bremer County	Butler County	Chickasaw County	State of Iowa
Green line indicates most current data				
2013 Report Data	4.6%	5.1%	6.3%	5.9%
Population in poverty	7.1%	11.1%	7.8%	11.1%
2019 Report Data	7.1%	9.0%	9.5%	10.7%
2016 Report Data	7.9%	9.2%	9.8%	12.2%
2013 Report Data	*	*	**	*
Children in poverty	6%	13%	12%	13%
2019 Report Data	6%	11%	13%	13%
2016 Report Data	7%	13%	14%	16%
2013 Report Data	8%	14%	14%	17%
Children in single-parent households	17%	17%	8%	21%
2019 Report Data	18%	19%	21%	29%
2016 Report Data	18%	20%	30%	29%
2013 Report Data	18%	25%	23%	27%
Violent crimes (per 100,000)	*	*	*	286
2019 Report Data	378	10	173	282
2016 Report Data	256	16	64	263
2013 Report Data	372	36	**	280
Injury deaths (per 100,000)	51	72	67	68
2019 Report Data	48	67	72	67
2016 Report Data	46	55	65	60
2013 Report Data	*	*	**	*

*Information not available.

** Chickasaw County was not included in our 2013 report.

Sources: www.city-data.com; U.S Census Bureau, www.countyhealthrankings.org; www.civicdashboards.com

A range of personal, social, economic and environmental factors contribute to individual and population health. For example, people with a quality education, stable employment, safe homes and neighborhoods, and access to preventive services tend to be healthier throughout their lives. On the other hand, poor health outcomes are often made worse by the interaction between individuals and their social and physical environment.

Economic and social insecurity are often linked with poor health. Poverty, unemployment and lack of education achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive.

This indicator is relevant because low levels of education are often linked to poverty and poor health. As shown on the previous page, Bremer, Butler and Chickasaw Counties have a similar rate of high school graduation compared to the State of Iowa. However, Butler and Chickasaw Counties have lower rates of college education than Bremer County and the State of Iowa.

Education is associated with:

- Longer life expectancy
- Improved health and quality of life
- Health-promoting behaviors like getting regular physical activity, not smoking and going for routine checkups and recommended screenings

Measure Limitations

This measure only includes the crimes reported to police that are then reported to the FBI. Thus, UCR data may be contaminated by bias when compared across jurisdictions. Depending on the willingness of victims to report crimes, the response of law enforcement, and potential barriers to FBI UCR reporting, crimes could be underreported. However, for serious crimes such as homicide and robbery, studies have found that the data appear to accurately reflect rates.

D. Health Outcomes

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Premature Death Rate (<i>per 100,000 population; age adjusted</i>)				
	4,300	7,800	4,300	6,200
2019 Report Data	4,200	6,600	5,300	6,200
2016 Report Data	4,400	5,300	4,800	5,900
2013 Report Data	4,094	5,981	4,458	5,971
Poor or fair health	11%	13%	14%	13%
2019 Report Data	11%	11%	12%	13%
2016 Report Data	10%	10%	13%	13%
2013 Report Data	9%	10%	9%	11%
Poor physical health days	2.7	2.7	3.5	3.1

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
2019 Report Data	2.7	2.7	2.9	2.9
2016 Report Data	2.6	2.7	3.	3.2
2013 Report Data	2.4	2.8	1.1	2.8
Poor mental health days	3.2	3.6	3.7	3.5
2019 Report Data	3	3	3.2	3.3
2016 Report Data	2.7	2.8	3.	3.1
2013 Report Data	2.7	2.5	1.7	2.7
Infant mortality (per 1,000 births)	*	*	*	*
2019 Report Data	6.9%	3.5%	1.3%	4.8%
2016 Report Data	6.9%	3.5%	1.3%	5.2%
2013 Report Data	*	*	**	*
Low birth weight	6%	6%	5%	7%
2019 Report Data	6%	5%	5%	7%
2016 Report Data	7%	6%	4%	7%
2013 Report Data	7%	7%	5%	7%

*Information not available.

** Chickasaw County was not included in our 2013 report.

Sources: www.city-data.com; U.S Census Bureau, www.countyhealthrankings.org; www.civicdashboards.com

Premature death: Premature death is a measure of years of potential life lost due to death occurring before the age of 75.

Premature death is a rate. Rates measure the number of events (i.e. deaths, births, etc.) in a given time period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare data across counties with different population sizes. All the years of potential life lost in a county during a three-year period are summed and divided by the total population of the county during that same time period. This value is then multiplied by 100,000 to calculate the years of potential life lost under age 75 per 100,000 people.

Premature death is a relatively rare event in most counties. Counties with smaller populations can see a lot of change in their rates of premature death data from year to year. Such changes are

usually due to normal variation and are not necessarily caused by any actual change in the underlying risk of premature death in the county.

Poor physical health days (age-adjusted): Measures the average number of physically unhealthy days reported in the past 30 days. Self-reported health status is a general measure of health-related quality of life in a population. Measuring HRQoL helps characterize the burden of disabilities and chronic diseases in a population. Self-reported health status is a widely used measure of people's health-related quality of life. In addition to measuring how long people live, it is important to also include measures that consider how healthy people are while alive. Further, reports of days when mental health was not good is a reliable estimate of recent health.

Reliability for the healthy days measured in the Behavioral Risk Factor Surveillance System is high. In addition, a study examining the validity of healthy days as a summary measure for county health status found that counties with more unhealthy days were likely to have higher unemployment, poverty, percentage of adults who did not complete high school, mortality rates, and prevalence of disability than counties with fewer unhealthy days. Physically unhealthy days were more strongly associated with all county-level variables than mentally unhealthy days.

Infant mortality: Measuring mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g. poor diet and exercise) with outcomes (e.g. high rates of obesity and diabetes), various causal relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

Low birth weight: Low birth weight (LBW) is the percentage of live births where the infant weighed less than 5 pounds, 8 ounces. LBW represents multiple factors: infant current and future morbidity, as well as premature mortality risk, and maternal exposure to health risks. LBW serves as a predictor of premature mortality and/or morbidity. LBW children have greater developmental and growth problems, are at higher risk of cardiovascular disease later in life, have a greater rate of respiratory conditions, and have higher rates of cognitive problems such as cerebral palsy, and visual, auditory and intellectual impairments.

From the perspective of maternal health outcomes, LBW indicates maternal exposure to health risks in all categories of health factors, including her health behaviors, access to health care, the social and economic environments the mother inhabits, and environmental risks to which she is exposed. Authors have found that modifiable maternal health behaviors, including nutrition and weight gain, smoking, and alcohol and substance use or abuse can result in LBW.

E. Chronic Health Conditions

Green line indicates data collected from January 2017 to December 2021	Bremer County	Butler County	Chickasaw County	State of Iowa
Percent of Population with Chronic Conditions	58.4%	67.3%	66.9%	50.3%
Hypertension Visits	35,208	25,563	24,379	3,786,935
Hyperlipidemia Visits	23,217	17,433	14,965	2,362,270
Diabetes Visits	18,301	13,442	12,902	2,220,763
Chronic Kidney Disease Visits	12,512	8,225	6,709	1,383,740
Osteoarthritis Visits	16,045	9,795	7,337	1,104,837
Ischemic Heart Disease Visits	10,451	8,895	6,530	1,097,479
Cancer Visits	9,510	6,995	5,467	1,038,176
COPD Visits	5,624	4,787	4,365	862,427
Heart Failure Visits	6,044	4,700	4,092	677,746
Depression Visits	4,630	3,208	3,592	843,837

Source: Iowa Hospital Association

F. Health Behaviors

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Adult Obesity	35%	33%	31%	34%
2019 Report Data	34%	33%	34%	32%
2016 Report Data	32%	33%	31%	31%
2013 Report Data	27%	26%	31%	29%

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Adult Smoking	16%	19%	19%	17%
2019 Report Data	13%	14%	15%	17%
2016 Report Data	15%	15%	18%	19%
2013 Report Data	15%	12%	21%	18%
Food Environment Index	9.4	8.0	8.8	8.5
2019 Report Data	8.8	7.6	8.4	8.2
2016 Report Data	8.7	7.3	7.9	7.8
2013 Report Data	*	*	*	*
Physical Inactivity	21%	26%	23%	23%
2019 Report Data	23%	26%	22%	23%
2016 Report Data	25%	29%	24%	25%
2013 Report Data	24%	28%	28%	25%
Access to Exercise Opportunities	74%	52%	63%	73%
2019 Report Data	83%	64%	68%	83%
2016 Report Data	75%	38%	57%	76%
2013 Report Data	*	*	*	*
Excessive Drinking	26%	25%	26%	26%
2019 Report Data	22%	20%	21%	22%
2016 Report Data	22%	19%	20%	22%
2013 Report Data	24%	15%	29%	20%
Sexually Transmitted Infections (chlamydia)	297	219	241	466
2019 Report Data	267	201	206	415
2016 Report Data	290	267	122	356
2013 Report Data	202	182	153	346

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Teen births	5	13	11	18
2019 Report Data	6	13	13	20
2016 Report Data	10	17	19	28
2013 Report Data	12	23	22	32

**Information not available for previous reports.*

*** Chickasaw County was not included in our 2013 report.*

Source: www.countyhealthrankings.org

Obesity

Bremer County is just over the obesity rate for the state of Iowa, which has risen 2% since the 2019 report. Chickasaw County has seen a decrease in obesity rates, while Butler County has remained the same.

Millions of Americans and people worldwide are overweight or obese. Overweight is defined as a body mass index (BMI) between 25.0 and 29.9. A BMI of 30.0 or higher is considered obese. Being overweight or obese puts you at risk for many health problems. The more body fat you have and the more you weigh, the more likely you are to develop:

- Coronary heart disease
- High blood pressure
- Type 2 diabetes
- Gallstones
- Breathing problems
- Certain cancers

Being overweight or obese also significantly increases medical costs and poses an overwhelming burden on the U.S. medical care delivery system.

Good nutrition, physical activity and a healthy body weight are essential parts of a person's overall health and well-being. Together, these can help decrease a person's risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke and cancer. A healthy diet, regular physical activity, and achieving and maintaining a healthy weight are also important to managing health conditions so they do not worsen over time.

G. Clinical Care

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Uninsured Population (18-64)	4%	5%	7%	6%
2019 Report Data	3%	5%	5%	5%
2016 Report Data	7%	9%	11%	10%
2013 Report Data	8%	11%	12%	11%
Primary Care Physicians	1,780:1	7,270:1	1,710:1	1,360:1
2019 Report Data	2,070:1	7,400:1	1,500:1	1,390:1
2016 Report Data	1,640:1	5,010:1	2,050:1	1,350:1
2013 Report Data	1,619:1	7,454:1	12,424:1	1,395:1
Mental Health Providers	680:1	1,800:1	1,990:1	610:1
2019 Report Data	780:1	1,620:1	2,400:1	700:1
2016 Report Data	1,070:1	1,880:1	2,040:1	910:1
2013 Report Data	*	*	*	*
Preventable hospital stays <i>(Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.)</i>	3,182	3,528	2,119	3,134
2019 Report Data	3,522	3,628	2,732	3,776
2016 Report Data	4,400**	4,400**	5,600**	5,100**
2013 Report Data	5,700**	5,400**	6,500**	6,000**
Mammography Screening (% of Medicare enrollees ages 65-74 that received an annual mammography)	54%	56%	51%	53%
2019 Report Data (% of Medicare enrollees ages 67-69 that received an annual mammography)	54%	50%	54%	49%
2016 Report Data (% of Medicare enrollees ages 67-69 that received an annual mammography)	77%	78%	74%	67%
2013 Report Data (% of Medicare enrollees ages 67-69 that received an annual mammography)	74%	68%	77%	69%

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Flu vaccination	51%	47%	55%	54%

Source: www.countyhealthrankings.org *Information not available.

**Information is estimated, as it was previously reported per 1,000 Medicare enrollees

Access to health care:

Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all. Access to health services means “the timely use of personal health services to achieve the best health outcomes.” It requires 3 distinct steps:

1. Gaining entry into the health care system (usually through insurance coverage)
2. Accessing a location where needed health care services are provided
3. Finding a health care provider whom the patient trusts and can communicate with (personal relationship)

Access to health care impacts one’s overall physical, social and mental health status and quality of life.

Access to health care impacts:

- Overall physical, social and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy

Barriers to services include:

- High cost of care
- Inadequate or no insurance coverage
- Lack of availability of services
- Lack of culturally competent care

These barriers to accessing health services lead to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Financial burdens

- Preventable hospitalizations

Source: www.healthypeople.gov/2020

Access to a primary care provider:

Having a primary care provider (PCP) who serves as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Better patient-provider communication
- Increased likelihood that patients will receive appropriate care
- Lower mortality from all causes

Access to mental health care:

The burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability.

Mental health is essential to a person's well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life. People, including children and adolescents, with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior and suicide.

H. Physical Environments

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Air Pollution – particulate matter	8.0	8.0	7.6	7.5
2019 Report Data	9.3	9.1	8.8	9
2016 Report Data	11.5	11.4	11.7	10.9
2013 Report Data	11	10.8	11.2	10.3
Drinking water violations	No	No	No	N/A
2019 Report Data	No	Yes	No	N/A
2016 Report Data	No	No	No	N/A
2013 Report Data	No	No	No	5%

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Severe housing problems	8%	9%	8%	12%
2019 Report Data	10%	8%	8%	12%
2016 Report Data	9%	8%	11%	12%
2013 Report Data*	*	*	*	*
Driving alone to work	83%	82%	81%	81%
2019 Report Data	79%	81%	79%	81%
2016 Report Data	81%	81%	78%	80%
2013 Report Data*	*	*	*	*
Long commute – driving alone	28%	35%	23%	21%
2019 Report Data	26%	35%	24%	20%
2016 Report Data	25%	35%	28%	19%
2013 Report Data*	*	*	*	*

*Information not available.

Source: www.countyhealthrankings.org

County Health Rankings (of 99 Iowa Counties)

County Rankings 1 – highest; 99 – lowest	Bremer County	Butler County	Chickasaw County
Health Outcomes (how healthy a county is)	4	62	44
Length of Life	7	80	68
Quality of Life (how healthy people feel while alive – overall, physical, mental health)	3	18	20
Health Factors (measures four types of health factors: health behaviors, clinical care, social and economic and physical environment factors)	7	56	32
Health Behaviors (a person's beliefs and actions regarding their health and well-being)	7	46	32
Clinical Care Rank (access/quality of care)	16	76	64
Social & Economic Factors	5	47	29

County Rankings <i>1 – highest; 99 - lowest</i>	Bremer County	Butler County	Chickasaw County
Physical Environment	55	65	31

Source: www.countyhealthrankings.org

The three counties in our service area are mixed on the variety of factors affecting the county health rankings. Overall, Bremer County rates much higher than Butler and Chickasaw Counties in most categories, but there is improvement opportunity throughout the region.

Source: <https://www.cdc.gov/nchs/data/databriefs/db328-h.pdf>

According to the March 2019 edition of the Healthiest Communities 2019 list from U.S. News & World Report and the Aetna Foundation, 62 Iowa counties were included in the top 500, with Bremer County the highest ranked in the state at number 26. The rankings are based on 80 metrics that assess community health, such as education, nutrition, and air and water quality. You can read the report by following this link: <https://www.usnews.com/news/healthiest-communities/rankings>

VII. PROCESS, COMMUNITY INPUT AND DATA

On an ongoing basis, WHC's staff participates in a variety of coalitions, commissions, committees, partnerships and panels. Through this participation, first-hand knowledge of community needs is gathered. Residents have had opportunities to engage in the process and be active members to drive community change.

Both primary and secondary resources were used to complete the assessment. Primary data is an original object or document — the raw material or first-hand information. Secondary data is something written about a primary source (second-hand information), such as scientific journals, books, etc.

Primary Data:

In October 2021, WHC began work on a comprehensive Community Health Needs Assessment in partnership with:

- Bremer County Health Department
- Community Memorial Hospital, Sumner
- Waverly-Shell Rock Area United Way

The committee's tasks included:

- Identifying primary and secondary data sources
- Identifying key community partners for targeted interviews and focus groups
- Developing the partnerships' CHNA survey and methodology
- Compiling and interpreting the data accumulated through surveys, targeted interviews and focus groups
- Working with our identified community partners, citizens and public health experts, to identify the top health issues facing our communities

A 33-question survey was created. The survey opportunity was publicized in area newspapers and online from January 17, 2022 through April 4, 2022 via the following venues:

- A media release was sent out January 17, 2022 to over 25 print, radio, cable and television contacts.
- An article was printed in a January edition of the Waverly Newspaper.
- Waverly Health Center's main web page.
- Emails with a link to the survey (or a hard copy) were sent to area churches, area school contacts, organizations, Waverly Chamber and area businesses to encourage participation.
- Social media (Facebook posts) on Waverly Health Center and Community Memorial Hospital Facebook pages.

- An article regarding the assessment and survey was included in the Waverly Health Center Community Newsletter, Winter Edition, which is mailed to 15,000 people in the WHC service area.

Review of Primary Data:

272 people completed the survey with the following demographics:

- 23.22% are aged 50-59.
- 84.27% are female.
- 70.15% live in Bremer County, 10.82% live in Butler County, and 6.72% live in Chickasaw County.
- 81.67% work in Bremer County, 2.79% work in Chickasaw County and 1.2% work in Butler County.
- 98.52% are white or Caucasian.
- 34.81% are college graduates, and another 22.59% have an advanced degree.
- 50.0% are covered by health insurance through an employer, and 22.96% are covered by Medicare.
- 57.68% rate their personal health as 'healthy,' and 29.21% rate themselves as 'somewhat healthy.'
- 51.31% rate their community as 'healthy,' and 43.45% rate their community as 'somewhat healthy.'
- 84.56% are influenced by health systems and providers when making decisions related to health topics.
- 35.07% rate their mental health as 'very good' over the past 12 months.
- 40.07% heard about the survey via email, and 30.51% through their workplace.

The following charts share top responses from the completed surveys.

*Questions marked with an asterisk had unclear directions that were misinterpreted by numerous individuals who completed the survey. Because of this, one hundred and one (101) responses were not included in the ranking assessments.

*What are the 5 most important factors for a "Healthy Community" (those factors which most improve the quality of life in a community)?						
Answer Options	Most important	2nd most important	3rd most important	4th most important	5th most important	Response Count
Access to health care (example: family doctor, hospital, other health services)	53	28	22	15	11	129

***What are the 5 most important factors for a “Healthy Community” (those factors which most improve the quality of life in a community)?**

Answer Options	Most important	2nd most important	3rd most important	4th most important	5th most important	Response Count
Good jobs and healthy economy	17	32	13	23	12	97
Good schools	10	12	18	26	15	81
Access to grocery and market facilities	12	18	18	13	17	78
Healthy behaviors and lifestyles	23	146	15	10	12	76

***What are the top 5 health problems in your community?**

Answer Options	Most important	2nd most important	3rd most important	4th most important	5th most important	Response Count
Mental health (depression, addiction, post-traumatic stress, suicidal thoughts, etc.)	32	33	14	19	15	113
Obesity	27	19	23	22	13	104
Aging issues (orthopedic, hearing/vision loss, dementia, etc.)	12	17	15	16	16	76
Limited or no access to mental health services	22	22	13	7	6	70
Cancer	11	11	11	7	16	56

***What do you think are the 5 most “risky behaviors” in your community?**

Answer Options	1st	2nd	3rd	4th	5th	Response Count
Physical inactivity	28	22	25	20	14	109
Texting or using a cell phone while driving	25	23	23	21	12	104
Inappropriate social media use (sexting, bullying,	20	20	21	25	15	101

*What do you think are the 5 most “risky behaviors” in your community?						
Answer Options	1st	2nd	3rd	4th	5th	Response Count
dangerous relationships, etc.)						
Alcohol abuse	27	18	18	15	14	92
Not getting vaccinations to prevent disease	20	22	15	9	11	77

*What do you think are the top 5 health concerns relative to children’s/teen’s health in your community?						
Answer Options	1st	2nd	3rd	4th	5th	Response Count
Too much screen time (cell phones, computers, games, TV, etc.)	18	16	17	12	25	88
Inappropriate social media use (sexting, bullying, dangerous relationships, etc.)	38	20	9	12	4	83
Bullying	33	22	8	9	9	81
Limited access to mental health services	21	13	15	14	11	74
Limited access to child care/day care centers	15	15	9	9	10	58

What 2 healthy behaviors would you like to start or improve?		
Answer Options	% Who put factor in top 2	Response Count
Getting more physical activity	47.60%	129
Drinking more water	35.06%	95
Better sleep	33.21%	90
Decreasing stress	30.63%	83
Eating more fruits or vegetables	28.78%	78

*What are the top 5 things you feel prevent you from being healthier?						
Answer Options	1st	2nd	3rd	4th	5th	Response Count
Lack of motivation	52	27	19	17	18	133
Other priorities	16	18	25	21	25	105
Not enough time	25	21	21	20	10	97
Healthy foods are too costly	17	23	20	9	11	80
Fitness classes/work out facilities are too costly	22	18	8	14	10	72

What would help you maintain a healthier lifestyle?						
Answer Options	1st	2nd	3rd	4th	5th	Response Count
Affordable wellness and fitness activities	20	28	20	13	11	92
Lower priced fresh food and produce available	12	21	18	21	15	87
Additional recreational paths, trails, sidewalks	27	11	10	15	9	72
Health incentive programs offered by my health insurance	11	18	18	11	9	67
Access to personal trainer or health coach	23	4	10	13	14	64

*What are the top 5 social issues facing people in your community?						
Answer Options	1st	2nd	3rd	4th	5th	Response Count
Affordable housing	45	17	19	16	15	112
Social media/technology	37	20	19	12	24	112
Poor parenting skills	21	37	24	9	11	102
Single parent families	15	20	25	14	17	91
Lack of transportation services	14	22	14	10	10	70

*What are the top 5 environmental health issues in your community?						
Answer Options	1st	2nd	3rd	4th	5th	Response Count
Mold	12	29	13	22	7	83
Radon exposure	21	14	14	9	10	67
Odors from animal farms or manufacturing	19	12	8	10	17	66
Safe housing	12	17	11	12	11	63
Outdoor air quality (asthma triggers)	16	12	14	6	9	57

What additional health care services would you like to see available in your community?	
Open-Ended Response Themes	Response Count
Mental health services	23
Affordable fitness centers/physical activities	10
Increased healthcare opportunities	9
Transportation	9
Nutrition/health education	8
	112

What additional public health services would you like to see available in your community?	
Open-Ended Response Themes	Response Count
Mental health services	41
More speciality clinics	17
Home health services	9
Longer hours/additional walk-in clinics/urgent care	7
Health education	6
	109

Similar to our 2016 and 2019 survey findings, mental health, access to health care, obesity and increasing physical activity were the top concerns.

Secondary Data:

Multiple secondary data sources were consulted to gather pertinent health indicator data for our service area. Data included a review of the following sources:

- Bremer County Health Department
- Butler County Public Health Department
- Centers for Disease Control and Prevention
- Chickasaw County Public Health Department
- chna.org
- countyhealthrankings.org
- FightChronicDisease.org/Iowa
- Health Resources and Services Administration
- Iowa Department of Public Health
- Iowa Hospital Association
- Iowa Trauma Data Report
- mentalhealthamerica.net
- namiiowa.org
- SAMHSA.org
- U.S. Census Bureau
- www.nhlbi.nih.gov

Review of Secondary Data:

Iowa Department of Public Health: Needs Assessment/HIP

In February 2016, all of Iowa's 99 public health agencies submitted a brief report on their needs assessment and health improvement plans to the Iowa Department of Public Health (IDPH). Thousands of Iowans participated in the process in their communities. Community engagement included community-wide meetings with residents and stakeholders, survey participation, and direct comments. IDPH completed a comprehensive analysis of the submissions. The analysis demonstrates the scope of Iowa's health needs and identified critical issues affecting the health of Iowans. This data laid the foundation for a health improvement plan for years 2017 through 2021. The full report can be found at:

<http://idph.iowa.gov/chnahip/community-health-needs>

The table below represents the community health needs of each county in our tri-county area. An X indicates that it was identified as a priority.

Health Need	Bremer	Butler	Chickasaw	Action
Nutrition and weight status	X	X	X	Chickasaw County Public Health is addressing this issue as a HIP priority.
Nutrition related issues	X	X		
Physical Activity related issues				
Family Planning and Reproductive Health				
All mental health related issues	X		X	Chickasaw County Public Health is addressing this issue as a HIP priority.
Access to Mental Health Services or Providers			X	
Tobacco	X			
Youth Tobacco				
Lead Poisoning				
Radon	X		X	Chickasaw County Public Health is addressing this issue as a HIP priority.
Water Quality				
Child Abuse and Neglect				
Falls	X			
Motor Vehicle Injuries	X		X	
Immunizations			X	
STD and HIV/AIDS	X	X		
Emergency Response: Network Infrastructure and Communication			X	

Community Health Needs: Tri-County Area

The following are 2016 snapshots of the identified priorities for the counties in our primary service area.



Bremer County Health Department identified *Individual Emergency Preparedness* as their top HIP priority for 2016-21.

Butler County
FEBRUARY 17, 2016
COMMUNITY HEALTH NEEDS ASSESSMENT SNAPSHOT



Promote Healthy Living

Priority #1 Cardiovascular Disease

Priority #2 Obesity



Prevent Injuries & Violence

Priority #1 Unintentional Injury



Protect Against Environmental Hazards

Priority #1 Air Quality



Prevent Epidemics & the Spread of Disease

Priority #1 Sexually Transmitted Infections



Prepare for, Respond to, & Recover from Public Health Emergencies

Priority #1 Public Health Emergency Preparedness



Strengthen the Health Infrastructure

Priority #1 Food Systems

Butler County Public Health identified *Cardiovascular Disease* as their top HIP priority for 2016-21.

Chickasaw County
FEBRUARY 22, 2016
COMMUNITY HEALTH NEEDS ASSESSMENT SNAPSHOT



Chickasaw County Public Health identified *Mental Health and Behavioral Health Issues, Obesity, Substance Use and Indoor Air Quality (Radon)* as their top HIP priorities for 2016-21.

Age-Adjusted Death Rates for the 10 Leading Causes of Death: 2020

(Death rate per 100,000)

Green line indicates most current data	Bremer	Butler	Chickasaw	IA	State Rank**	U.S.
Heart Disease	179	208	213	172	16 th	168
2019 Report	184	211	210	167	19 th	165
2016 Report	190	213	210	157	23 rd	167
2013 Report	*	*	*	169	22 nd	170
Cancer	142	164	160	147	23 rd	144
2019 Report	143	166	162	158	18 th	153
2016 Report	142	167	164	166	21 st	161
2013 Report	*	*	*	168	19 th	163
Stroke	38	48	35	31	38 th	38
2019 Report	40	48	35	33	39 th	38
2016 Report	42	52	34	34	41 st	36
2013 Report	*	*	*	34	35 th	36
Unintentional Injuries	29	42	46	45	*	57
2019 Report	29	43	48	43	43 th	49
2016 Report	29	41	49	42	35 th (tie)	41
2013 Report	*	*	*	40	36 th	40
Chronic Lung Disease	28	37	40	39	19 th	36
2019 Report	29	37	38	46	20 th	41
2016 Report	27	36	37	48	14 th	40
2013 Report	*	*	*	48	17 th	42
Alzheimer's	22	15	14	31	31 st	32
2019 Report	22	14	13	35	20 th	31
2016 Report	22	14	15	30	27 th	25
2013 Report	*	*	*	28	13 th	24
Diabetes	10	19	12	24	32 nd	24
2019 Report	12	20	13	23	19 th	22
2016 Report	10	19	13	26	25 th	21
2013 Report	*	*	*	19	37 th	21

Green line indicates most current data	Bremer	Butler	Chickasaw	IA	State Rank**	U.S.
Influenza/Pneumonia	11	16	9	12	22 nd	13
2019 Report	11	18	10	13	35 th	14
2016 Report	12	18	9	14	37 th	15
2013 Report	*	*	*	18	18 th	16
Suicide	10	11	15	17	21 st	13
2019 Report	10	11	14	15	30 th (tie)	14
2016 Report	10	11	15	13	29 th	13
2013 Report	*	*	*	14	23 rd	13
Hypertension/Renal	7	7	4	11	18 th	10
2019 Report	6	5	5	9	16 th (tie)	9
2016 Report	5	5	5	8	16 th (tie)	8
2013 Report	*	*	*	*	*	*

*Information not available.

**Rankings are from highest to lowest.

Source: www.worldlifeexpectancy.com/usa/iowa

Heart disease, cancer and stroke are the three health conditions most prevalent in our tri-county service territory. In the area, these conditions rank higher than the Iowa state rates. Hypertension is notably on the rise in our tri-county area, as well as across the state of Iowa and the United States.

Unintentional Injuries

Injuries are a leading cause of death in Iowa. Unintentional injury is the leading cause of death for Iowans age 1 to 34, and it is the 5th leading cause of death for all Iowans. Falls account for a large percentage of unintentional injuries. The suicide category of this figure also includes trauma injuries.

VIII. HEALTH NEEDS OF THE COMMUNITY

The community outreach specialist and the chief operating officer at Waverly Health Center identified and grouped the data into usable information for discussion with WHC’s senior leadership team. In selecting the health issues prioritized for action, the following factors were considered:

- Social determinants of health status in our communities
- Hospital’s mission, vision and strategic plan
- Hospital’s capabilities and strengths
- Current programming offered by area organizations

Opportunities for collaboration to further improve community health status were a key focus. After a thorough analysis of primary and secondary data, the team prioritized the following health issues for action:

Top Community Health Needs:
<div>1) Chronic Disease Management:<ul style="list-style-type: none">• Heart Disease (<i>including high blood pressure and high cholesterol</i>)• Stroke• Diabetes</div> <div>2) Access to Mental Health Services</div> <div>3) Wellness and Aging Services:<ul style="list-style-type: none">• Obesity Reduction• Preventative Exams and Vaccinations</div> <div>4) Unintentional Injuries (<i>falls and motor vehicle accidents</i>)</div>

IX. KEY FINDING #1: CHRONIC DISEASE MANAGEMENT

- **Heart Disease (High Blood Pressure and High Cholesterol)**
- **Stroke**
- **Diabetes**

Background

What is a Chronic Disease?

A chronic disease is defined as “an established clinical condition that is expected to last a year or more and that requires ongoing clinical management.” Chronic diseases are also known to be ongoing physical and mental conditions, such as diabetes, heart disease, cancer, asthma, and mental illness which may limit activities of daily living. They are often preventable and frequently manageable through early detection, improved diet, exercise and treatment therapy.

Consequences and Risks

Chronic diseases are the leading killer in Iowa. The projected total cost of chronic disease in Iowa from 2016-2030 is \$401 billion. In 2015, 1.8 million people in Iowa had at least one chronic disease; 701,000 had two or more chronic diseases. In Iowa, 12,500 lives could be saved annually through better prevention and treatment of chronic disease.

After tobacco use, poor nutrition and physical inactivity combined are the second leading risk factors for chronic disease.

A. Heart Disease (*including high blood pressure and high cholesterol*)

Heart disease — including coronary heart disease, hypertension and stroke — has consistently been the leading cause of death for men and women in the United States since 1935. Heart disease is the leading cause of death for men and women in the U.S., but is also the most preventable.

- **Cardiovascular (heart) disease** generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease.
- **Ischemia** is a condition in which the blood flow (and thus oxygen) is restricted or reduced in a part of the body. Cardiac ischemia is the name for decreased blood flow and oxygen to the heart muscle.

Indicators – heart disease:

More than 696,900 deaths — 1 in every 4 — are attributable to heart disease each year in the U.S. More than half of the deaths that occur as a result of heart disease are in men. This indicator is relevant because heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol and heart attacks.

It is important to note that those at a higher prevalence of heart disease include:

- **Men:** 9.7% of men reported being told by a health professional that they had heart disease compared with 7.5% of women.
- **Older adults:** Adults aged 65 and older have a higher prevalence (21.5%) of fatal and non-fatal heart disease compared with younger adults.
- **Low-income adults:** Heart disease prevalence is greatest among adults with annual incomes less than \$25,000 (15.4%) compared with adults with higher incomes, for instance those with annual incomes of \$75,000 or more (5.4%).
- **Adults with low educational attainment:** Heart disease prevalence is greatest among adults with less than a high school degree (14.4%) compared with adults with higher educational levels, for instance those with college degrees (6%)

i. **High Cholesterol (hyperlipidemia)**

High blood cholesterol is one of the major risk factors for heart disease. The higher the blood cholesterol level, the greater the risks of developing heart disease or having a heart attack. Not all cholesterol increases the risk of heart disease. Cholesterol carried by low-density lipoproteins (LDL) increases the risk of heart disease, while cholesterol carried by high-density lipoproteins (HDL) lowers the risk and is actually good.

Indicators – high cholesterol:

In 2019, 33.4% of adult Iowan's who reported having their cholesterol checked, were told by a health professional that it was high, ranking 26th in the nation.

When considered with other indicators of poor health, this indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach and/or social barriers preventing utilization of services.

Consequences and risks:

It is critical to address risk factors early in life to prevent the potentially devastating complications for heart disease and stroke:

- Cigarette smoking
- Excessive alcohol intake
- High blood pressure
- Overweight and obesity

- Physical inactivity
- Poor diet
- Stress

ii. **High Blood Pressure (hypertension)**

Blood pressure is the force of blood pushing against the walls of the blood vessels (arteries) as the heart pumps blood. High blood pressure, also known as hypertension, happens when this force is too high. It is a common disease in which blood flows through blood vessels at higher than normal pressures.

Indicators – high blood pressure:

Over 32% of adults in the U.S. reported being told by a health professional that they had high blood pressure in 2019.

The 2019 adult hypertension rate in Iowa was 31.8% — ranking 23rd in the U.S.

When considered with other indicators of poor health, this indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach and/or social barriers preventing utilization of services.

Consequences and risks

Unhealthy lifestyle habits can cause high blood pressure, including:

- Drinking excess amounts of alcohol
- High dietary sodium intake and sodium sensitivity
- Lack of physical activity
- Stress

B. Stroke

Stroke causes approximately 160,000 deaths in the U.S. each year, making it the nation's fifth-leading cause of death. In 2020, 1 in every 6 deaths from cardiovascular disease was due to stroke. Roughly 795,000 people experience a new or recurrent stroke each year. In 2020, stroke was the seventh-leading cause of death in the state of Iowa.

Indicators:

Stroke often leads to serious long-term disability and can leave a stroke survivor unable to work.

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa	State Rank**	U.S.
Stroke	38	48	35	31	38 th	38
2019 Report	40	48	35	33	39 th	38
2016 Report	42	52	34	34	41 st	36
2013 Report	*	*	*	34	35 th	36

**Information not available.*

***Rankings are from highest to lowest.*

Consequences and Risks:

Risk factors for stroke include high blood pressure, high cholesterol, diabetes, smoking, physical inactivity, poor diet, family history of stroke, heart disease and chronic kidney disease. Populations that are at a greater risk of stroke include:

- **Women:** Each year roughly 55,000 more women than men have a stroke. Further, more women die from stroke each year accounting for 57.1% of U.S. stroke deaths in 2019.
- **Racial and ethnic minorities:** Black adults are nearly twice as likely to have a stroke and more likely to die from a stroke compared with white adults.
- **Adults living in the Southeast** — also known as the “stroke-belt” — have a higher prevalence of stroke compared with adults living in other regions of the United States.
- **Adults with lower socioeconomic status:** According to the analysis of the 2020 Behavioral Risk Factor Surveillance System data, stroke prevalence is higher among adults with less than a high school degree (14.4%), or annual incomes less than \$25,000 (15.4%), compared with adults with higher educational attainment or income.

Reducing stroke risk factors and improving the quality of stroke care are essential in reducing stroke deaths. About 80% of strokes are preventable. Stroke prevention is possible through lifestyle changes in:

- Alcohol consumption
- Diet
- Exercise

- Medication usage for the treatment of other medical conditions, such as high blood pressure (the most important treatable risk factor for stroke).
- Tobacco use

Source: www.americashealthrankings.org

C. Diabetes

Diabetes was the seventh-leading cause of death in the U.S. in 2019, with more than 87,640 deaths. Individuals with diabetes are twice as likely to have heart disease or a stroke when compared to those without diabetes, and diabetes is the leading cause of kidney failure. Among the three types of diabetes — Type 1, Type 2 and gestational — Type 2 diabetes accounts for 90-95% of all cases. In 2018, an estimated 34.1 million adults were living with diabetes.

Indicators:

In 2020, 10.2% of adult Iowan's who reported having their cholesterol checked, were told by a health professional that it was high.

When considered with other indicators of poor health, this indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach and/or social barriers preventing utilization of services.

Consequences and risks:

It is critical to address risk factors early in life to prevent the potentially devastating complications for diabetes:

- Obesity
- Family history
- High blood pressure
- Sedentary lifestyle

X. KEY FINDING #2: ACCESS TO MENTAL HEALTH SERVICES

Background

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. Neuropsychiatric disorders are the leading cause of disability in the United States accounting for 18.7% of all years of life lost to disability and premature mortality. **HealthyPeople2020* Moreover, suicide is the 12th-leading cause of death in the United States, accounting for the deaths of nearly 46,000 in 2020.

Early research on the mental health effects of the COVID-19 pandemic are showing a marked increase in mental health issues for all ages. The effects will continue to evolve and become more apparent in years to come.

The most commonly cited need was a lack of providers or services in mental health. A strong component of this issue was the need to educate the public about their mental health and identify services and interventions to improve the mental health of residents.

Mental health was ranked highly as a health problem in the area as well as on the needs assessment survey.

Indicators:

Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Mental Health Providers	590:1	2,050:1	1,970:1	570:1
2019 Report Data	780:1	1,620:1	2,400:1	700:1
2016 Report Data	1,070:1	1,880:1	2,040:1	910:1
2013 Report Data	*	*	*	*

**Indicates there is no information available.*

Source: [countyhealthrankings.org](https://www.countyhealthrankings.org)

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental health disorders are also associated with the prevalence, progression, and outcome of some of today's most pressing chronic diseases, including diabetes, heart disease and cancer.

Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

Consequences and risks

There is a shortage of mental health professionals in the U.S., especially in rural and underserved parts of the nation. Funding for community resources such as inpatient psychiatric beds and long-term behavioral health facilities has been shrinking for decades.

Mental health in Iowa:

According to Mental Health America:

- Iowa is ranked 23rd (*#1 rank is the highest/best*) overall out of the 50 states and Washington D.C. for a combined score among adult and youth mental health prevalence measures and access to mental health services measures.
- 18.5% of adults in Iowa (nearly 441,000 people) are experiencing a mental illness.
- 55.8% of adults with mental illness in Iowa receive any form of treatment from either the public system or private providers. The remaining 44.2% receive no mental health treatment. This is an increase from 2019, when only 48.5% of adults in Iowa with a mental illness received some form of treatment.

Iowa has consistently been ranked as one of the worst states for mental health care. Mental health services became even more difficult to access in certain areas due to the 2015 closing of two of the four mental hospitals, which greatly reduced the number of psychiatric beds for Iowans.

A 2020 report from the Treatment Advocacy Center gave Iowa a B- grade based on the quality of the state's inpatient commitment law and assisted outpatient treatment (AOT) law. The 2016 report stated that, at the time, Iowa ranked last of all states in terms of psychiatric bed availability, with only 1.2 beds per 100,000 adults. The national average is about 12 beds per 100,000 adults.

Sources: www.namiiowa.org; www.SAMHSA.org; www.nih.gov; www.mhanational.org

Suicide

Suicide was the 12th-leading cause of death in the U.S. in 2020. The age-adjusted suicide rate in the U.S. in 2019 was 14.9 per 100,000 individuals, and 17 per 100,000 individuals in Iowa. Most recently, Iowa's suicide rates are highest among white males aged 25-34.

Green line indicates most current data (Death rate per 100,000)	Bremer County	Butler County	Chickasaw County	State of Iowa	State Rank*	U.S.
Suicide	15	**	11	16	28 th	14.5
2019 Report	10	11	14	15	30 th (tie)	14
2016 Report	10	11	15	13	29 th	13
2013 Report	**	**	**	14	23 rd	13

*Ranked highest to lowest

**Indicates there is no information available.

Source: countyhealthrankings.org

XI. KEY FINDING #3: WELLNESS AND AGING SERVICES

- Obesity Reduction
- Preventative Exams and Assessments

A. Obesity Reduction

Millions of Americans and people worldwide are overweight or obese. Overweight is defined as a body mass index between 25.0 and 29.9. A BMI of 30 or higher is considered obese. Being overweight or obese puts you at risk for many health problems.

Indicators

Iowa ranks 43rd (#1 is highest/best ranking) in the nation in obesity. Iowa's adult obesity rate and most current data from 2020 is 36.5%, up from 29.1% in 2010 and from 20.9% in 2000.

Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues, including hypertension and high cholesterol.

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Adult Obesity	34%	33%	34%	34%
2019 Report Data	34%	33%	34%	32%
2016 Report Data	32%	33%	31%	31%
2013 Report Data	27%	26%	31%	29%

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children and can help the population reduce their risks for many health conditions. Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and *trans* fats, cholesterol, added sugars, sodium (salt) and alcohol.
- Limit caloric intake to meet caloric needs.

Consequences and risks:

The more body fat that you have and the more you weigh, the more likely you are to develop:

- Breathing problems
- Certain cancers
- Coronary heart disease
- Gallstones

- High blood pressure
- Type 2 diabetes

Physical Inactivity

In the report area, an average of 23.7% of adults aged 18 and older self-report no leisure time activity.

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Physical Inactivity	25%	27%	28%	26%
2019 Report Data	23%	26%	22%	23%
2016 Report Data	25%	29%	24%	25%
2013 Report Data	24%	28%	28%	25%

Source: countyhealthrankings.org

Indicators

This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Consequences and risks:

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases (type 2 diabetes, heart disease, osteoarthritis and some cancers).
- Experience complications during pregnancy.
- Die at an earlier age.

B. Preventative Exams and Screenings

Routine, recommended screenings can improve outcomes by detecting cancer at earlier stages. Screening is effective in identifying many types of cancers including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy or colonoscopy)
- Prostate

Mammography

About 1 in 8 women in the U.S. will develop breast cancer over the course of her lifetime, and it is expected that 287,850 new cases will develop in 2022. With these staggering statistics, it

may come as a surprise that only about 70 percent of women in Iowa over 40 receive regular mammograms.

	Bremer County	Butler County	Chickasaw County	State of Iowa
Mammography Screening (% of Medicare enrollees ages 65-74 that received an annual mammography; 2019 measures)	54%	56%	55%	53%

Source: countyhealthrankings.org

This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. WHC's service area performs better than the state and national level on this indicator.

Papanicolaou Test (Pap Test)

This indicator reports the percentage of women ages 21-44 who received a Pap smear in the past three years.

Report Area	Age-Adjusted Percentage
Iowa	81.4%
United States	79.9%

Source: americashealthrankings.org

This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. Iowa is just above the national average on this indicator.

Sigmoidoscopy or Colonoscopy

This indicator reports the percentage of adults ages 50-74 who reported receiving one or more of the recommended colorectal cancer screening tests within the recommended time interval (blood stool test within the past year, sigmoidoscopy within the past five years, colonoscopy within the past 10 years, stool DNA test within the past three years, virtual colonoscopy within the past five years or sigmoidoscopy within the past 10 years and blood stool test in the past year).

Report Area	Age-Adjusted Percentage
Iowa	71.5%
United States	69.7%

Source: americashealthrankings.org

This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. The state of Iowa performs better than the national level on this indicator.

XII. KEY FINDING #4: UNINTENTIONAL INJURIES (FALLS AND MOTOR VEHICLE ACCIDENTS)

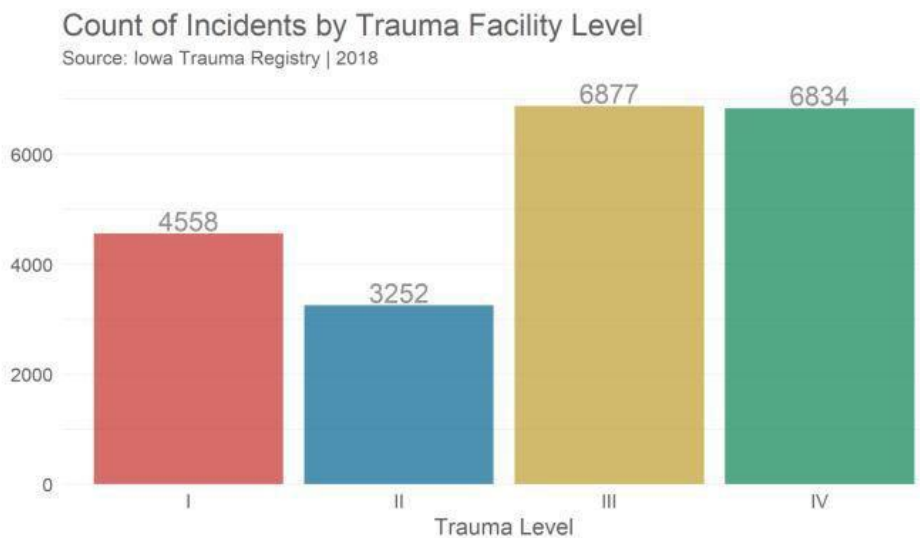
State Trauma Registry

Iowa Administrative Code 641 Chapter 136 (IAC 641-136) established the State Trauma Registry in 1996. Chapter 136-Trauma Registry was updated in July 2018. The registry collects and analyzes reportable patient data on the incidence, severity and causes of trauma. The data is used by hospitals to drive performance improvement and injury prevention activities. Aggregate data from the registry is used by the trauma service areas to help inform overall improvements to the trauma system. The data has been used for the Burden of Injury Report, statewide injury prevention efforts and research.

A “trauma patient” is defined as a victim of an external cause of injury that results in major or minor tissue damage or destruction caused by intentional or unintentional exposure to thermal, mechanical, electrical or chemical energy, or by the absence of heat or oxygen.

Iowa has an inclusive trauma system. All 118 hospitals in Iowa are verified as a trauma care facility at some level. Waverly Health Center is a Level IV facility, which has the resources and training needed to stabilize traumatically-injured patients and provide definitive care for those with minor injuries.

Figure 1



All Iowa hospitals have a requirement to submit data. The Iowa Department of Public Health transitioned the Trauma Registry to a new vendor in 2015. At that time, department staff provided training to hospital staff in multiple locations across the state. This has resulted in more incidents being reported to the state trauma registry. In 2014, Level IV facilities reported 2,005 incidents, as compared to 6,834 in 2018.

Figure 2

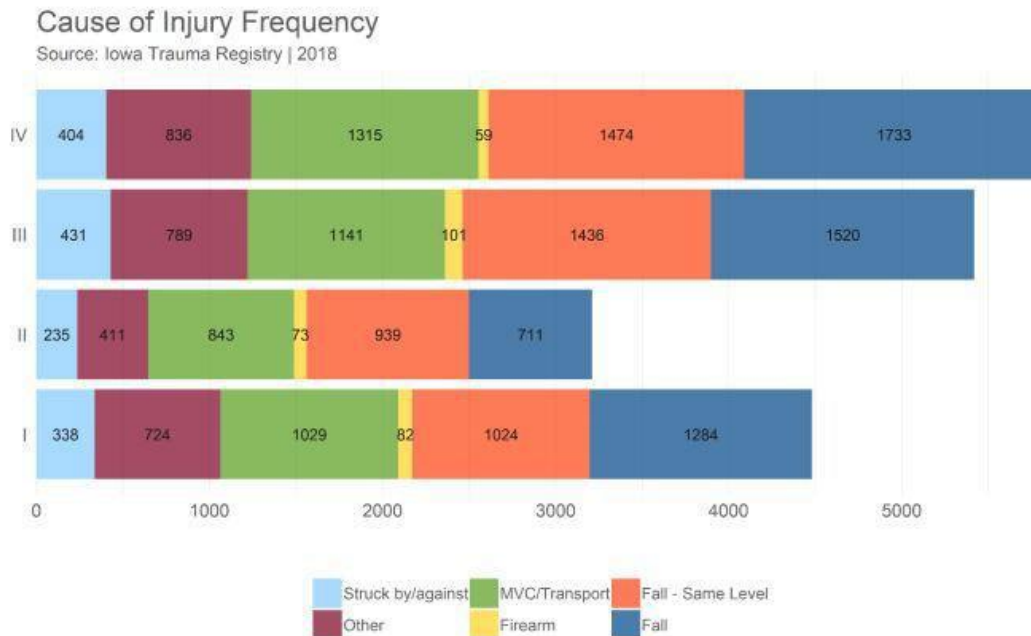
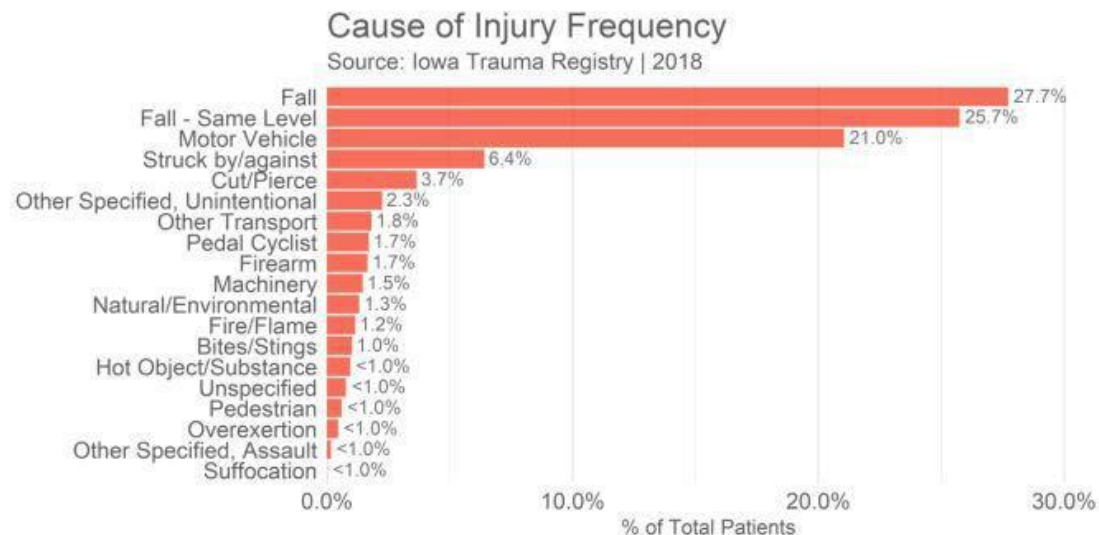
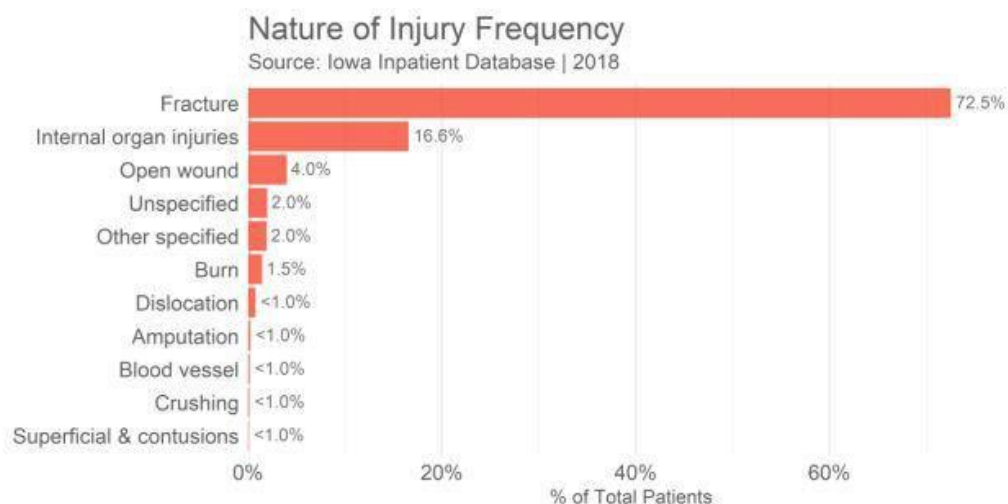


Figure 3



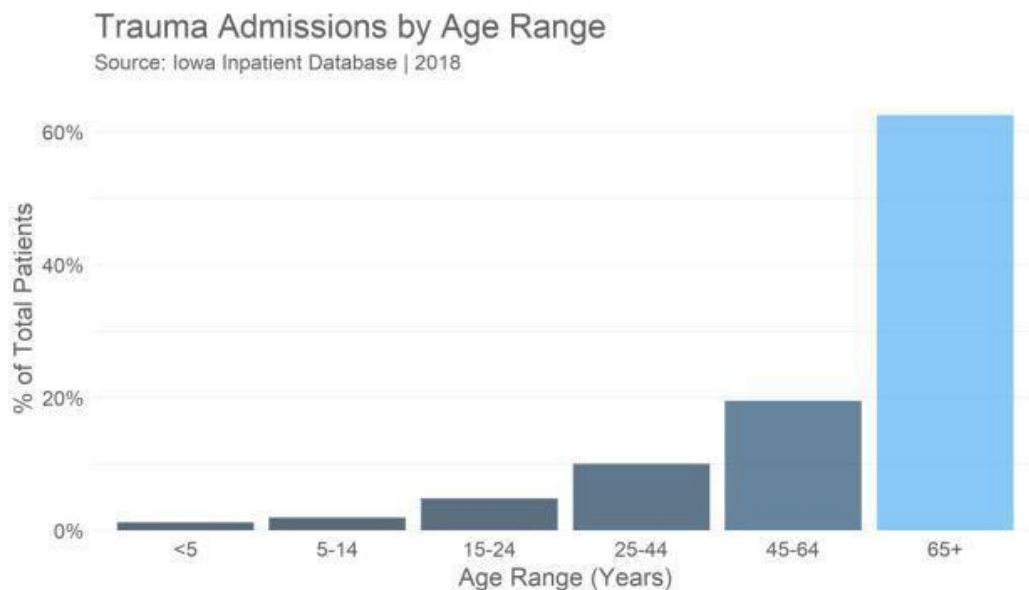
Non-same-level falls (falls from an elevation, such as falls from ladders, roofs, down stairs or from jumping to a lower level), outnumber the same-level falls (slips and trips). All falls account for one half of all the injuries in the registry. Since the trauma registry does not include isolated hip fractures, this percentage is significantly lower than the more than 70% in Figure 4, which uses the Iowa Hospital Association’s Inpatient and Outpatient Data Registry.

Figure 4



Fractures are, by far, the most common primary trauma diagnoses that result in hospital admissions.

Figure 5



Patients 65 and older accounted for the majority of trauma admissions. Note that the age ranges are not of equal length; there are 5-, 10-, and 20-year ranges, as well as the open-ended 65+ range. Since the inpatient database does not exclude isolated hip fractures due to same-level falls like the state trauma registry, the inpatient database has more patients in the 65+ range.

Figure 6

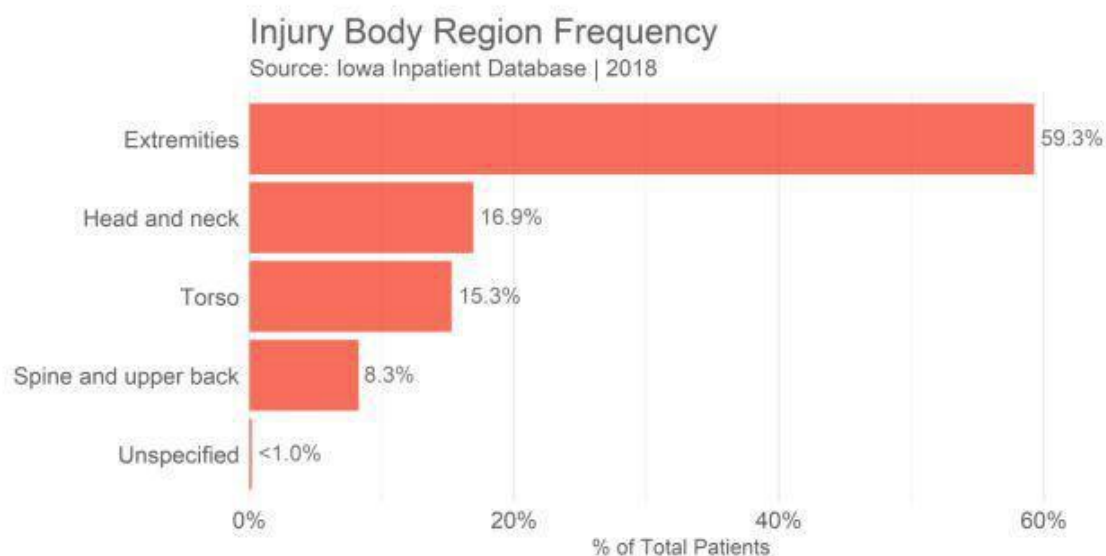
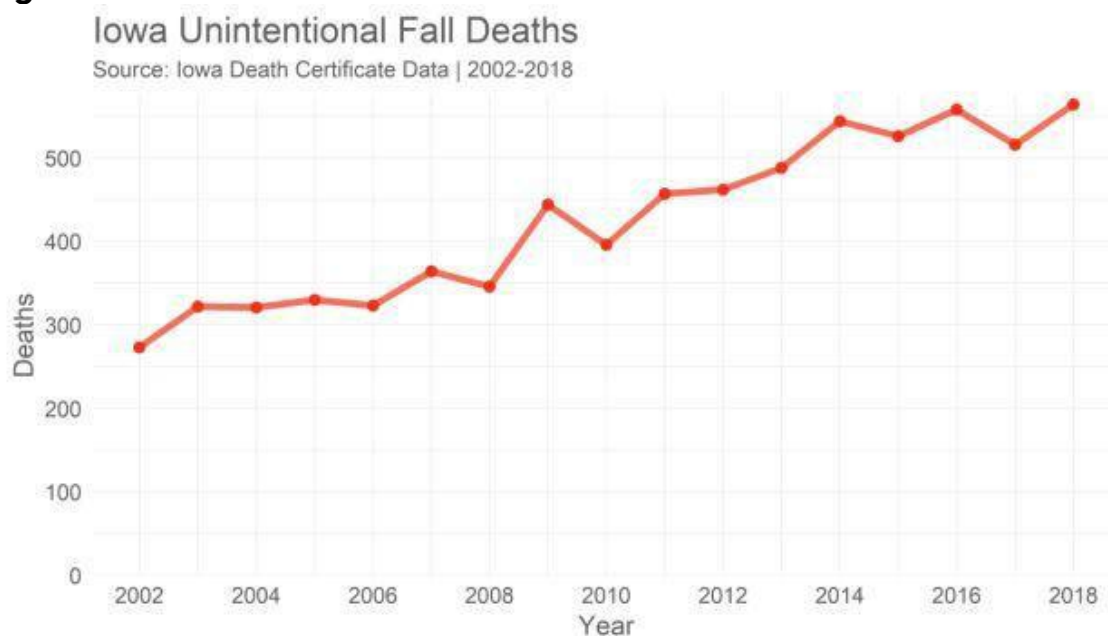


Figure 7



Deaths due to unintentional falls have remained steady for the past few years. Since 2002, the number of deaths due to unintentional falls have more than doubled, while the population of Iowa has increased by 7.5%.

Source: Iowa Trauma Data Report, 2018

XIII. EVALUATION OF IMPACT OF 2019 CHNA

The COVID-19 pandemic significantly impacted Waverly Health Center's ability to implement the action plan from the 2019 community health needs assessment. The organization's primary focus during 2019 through early 2022 was responding to the changing regulations of the pandemic, managing patient surge and staffing shortages. Many of the strategies and action plans from 2019 are being carried over to the 2022 implementation plan.

Strategy #1 (strategy for key findings 1, 3 and 4)

Enhance community awareness of healthy lifestyle choices, and chronic disease prevention and management.

Action Plan: Sponsor community activities that promote healthy lifestyle choices and chronic disease prevention and management. Provide health education to the community in the forms of classes, speaking events and health fairs. Continue to provide education and classes to promote smoking cessation.

Updates

Due to the pandemic, most in-person events transitioned to virtual events between March 2020 and December 2021. Virtual attendance was significantly lower than previous in-person attendance.

WHC:

- continues to hold its monthly Speakers Series presentations with various guest speakers and health-related topics. These presentations were virtual at the beginning of the pandemic, and have since been available both in-person and virtually.
- provides materials to be distributed at the Summer Feeding Lunch Program (June-July).
- The Healthy Partners program was canceled March 2020 through May 2020 due to the pandemic. The program resumed virtually in August 2020 and remained virtual for the 2020-21 school year.
- WHC publishes the monthly newsletter, "Nurse's Notes" that is distributed to all K-6 grade students at Waverly-Shell Rock, Janesville and Wapsie Valley Schools.
- continues to host the following support groups:
 - Alzheimer's/Dementia Music Therapy and Caregiver Support Group
 - Finding Support for Families of Children with Special Needs
 - Healthy You Surgical Weight Loss Support Group
 - Parkinson's Support Group

○ Parkinson's Singing Group

Action Plan: Help lead the ongoing efforts of the Waverly Area Partnership for Healthy Living (WAPHL) to enhance the health status and well-being of the people of Bremer County and surrounding region. WHC community relations staff will serve as active members of the partnership. Use results of community health needs assessment to create programs focused on improving health and wellness in Waverly and Bremer County.

Updates - WAPHL:

- received the prestigious Healthy Hometown Powered by Wellmark Community Award for the second consecutive year. The award recognizes Waverly for its accomplishments within three health improvement strategies in the community: Eat Well, Move More, and Feel Better. The Veggie Vouchers program was the main concept for the Eat Well objective with goals of providing the community access to healthier foods, changing food environments, promoting healthier options and nutrition education.
- continues to post a health-related message three times per week on WAPHL's Facebook page.
- continues to promote Quitline Iowa.

Action Plan: Strengthen employer wellness programming and wellness coaching and continue outreach to citizens at large. Provide training and education to business professions to enhance their knowledge to promote well-being in their organizations.

Updates - WHC:

- continues to provide free wellness coaching for all of our surgical weight loss patients.
- began a 6 week behavior modification course for bariatric patients in January 2021.
- continues to offer free wellness coaching for all patients in our diabetes education program.
- continues to offer health screening services for local businesses.

Strategy #2 (strategy for key findings 1, 3 and 4)

Evaluate, create and grow primary care and specialty clinics to meet the area's demand for services.

Action Plan: Use results of community health needs assessment, Iowa Hospital Association databases and industry trends to define appropriate opportunities. As appropriate, new or expanded specialists are recruited (as employees or visiting specialists) based on market needs and industry trends.

Updates - new providers/services:

- Stacy Huck, CPNP-PC – Christophel Clinic
- Ellen Jacques, ARNP – Janesville Clinic
- Christopher Johnson, MD – Women’s Clinic
- Kelsey Masters, ARNP – Walk-In Clinic
- Erica Smith, DO – Shell Rock Clinic

Action Plan: Investigate and implement telehealth and remote monitoring services as appropriate.

Updates - WHC:

- implemented telehealth services at the start of the pandemic
- substantial increase in telehealth use, primarily in mental health services
- plans to continue to utilize telehealth services for mental health services
- advocated for payment parity with the Iowa legislature and insurance companies

Strategy #3 (strategy for key findings 1, 3 and 4)

Engage patients to become advocates for their own health care to attain optimal health and wellness.

Action Plan: Identify and implement a compliant patient portal for hospital visits; investigate opportunity to use a unified portal.

Updates - WHC:

- implemented FollowMyHealth hospital patient portal
- continued development of Healow clinic patient portal
- with WHC’s current electronic health records, it is not possible to offer an unified patient portal that includes hospital and clinic records.

Action Plan: Offer patient training and assistance on how to access and use the patient portal.

Updates

- This has been limited due to the pandemic and individuals not being on-site, and remains a goal moving forward.

Action Plan: Streamline registration and information gathering through patient-facing electronic resources.

- This has been limited due to the pandemic and remains a goal moving forward.
- An additional goal moving forward is adding online appointment scheduling.

Strategy #4 (strategy for key finding 2)

Educate and provide support to prevent unintentional injuries including falls and motor vehicle accidents.

Action Plan: Develop a social media-based community education campaign on the dangers of falling for adults and children.

Updates - WHC:

- published a newsletter article regarding this topic.

Action Plan: Enhance fall prevention assessments and patient education activities. Consider opportunities for in-home assessments for inpatients after discharge.

Updates:

- This was unable to begin due to the pandemic and remains a goal moving forward.

Action Plan: Develop a social media-based community education campaign on the dangers of distracted driving.

Updates - WHC:

- published a newsletter article regarding this topic.

Strategy #5 (strategy for key finding 1 and 4)

Encourage preventative exams and screenings to prevent and detect potential health issues.

Action Plan: Increase percentage of wellness and preventative screenings for all clinic patients through effective communication and scheduling. Encourage walk-in wellness

testing as appropriate. Increase focus on immunizations for adults (flu, pneumonia, etc.).

Updates - WHC:

- continues to hold adult and young adult vaccine clinics throughout the pandemic.
- continues to promote messaging campaigns regarding the importance of vaccinations on the following publications:
 - 10 minute radio segment on KWAY-FM on the following dates:

■ 3/19/2020	■ 6/30/2020
■ 3/24/2020	■ 8/4/2020
■ 3/31/2020	■ 10/6/2020
■ 4/7/2020	■ 1/12/2021
■ 4/14/2020	■ 4/27/2021
■ 4/28/2020	■ 8/31/2021
■ 5/5/2020	■ 12/7/2021
■ 5/19/2020	■ 4/26/2022
 - Print and email newsletter articles
 - Social media outlets
 - Media releases

Action Plan: Implement online scheduling in the clinics to enhance patient access.

Updates - WHC:

- successfully implemented online scheduling for two clinics.
- plans to continue adding clinics and providers with the goal of adding all providers by next year.

Action Plan: Develop and implement a plan to effectively use patient messaging, Messenger and campaigns.

Updates - WHC:

- began to implement a plan and shared messaging regarding the pandemic.
- is actively working on this to better effectively utilize the platform.

Strategy #6 (strategy for key finding 3)

Enhance access to mental health services.

Action Plan: Continue community outreach programs and collaborative educational programs with Alzheimer’s Association, Bremer County Community Partners, Bremer County Veterans Affairs, Foundation 2, Pathways Behavioral Services, Waverly-Shell Rock School District and other organizations.

Updates - WHC:

- continues to host Navigating Grief and Loss During the Holidays in partnership with Cedar Valley Hospice. This event was hosted virtually in 2020, and in-person in 2021.

Action Plan: Advocate for enhanced mental health resources throughout the region, state and nation.

Updates - WHC:

- Hospital leadership and mental health providers participated in multiple lobbying activities to promote the need for additional mental health resources and use the payment of telehealth services for mental health care needs.

XIV. STRATEGIES TO MEET HEALTH NEEDS (2022-25)

Key Findings

- 1) Chronic Disease Management:
 - Heart Disease (including high blood pressure and high cholesterol)
 - Stroke
 - Diabetes
- 2) Access to Mental Health Services
- 3) Wellness and Aging Services:
 - Obesity Reduction
 - Preventative Exams and Vaccinations
- 4) Unintentional Injuries (falls and motor vehicle accidents)

Action Plan

Strategy #1 (strategy for key findings 1 and 3)

Enhance community awareness of healthy lifestyle choices, and chronic disease prevention and management.

Action Plan: Sponsor community activities that promote healthy lifestyle choices and chronic disease prevention and management. Provide health education to the community in the forms of classes, speaking events and health fairs. Continue to provide education and classes to promote smoking cessation.

Owner: Community Relations

Action Plan: Help lead the ongoing efforts of the Waverly Area Partnership for Healthy Living (WAPHL) to enhance the health status and well-being of the people of Bremer County and surrounding region. WHC community relations staff will serve as active members of the partnership. Use results of community health needs assessment to create programs focused on improving health and wellness in Waverly and Bremer County.

Owner: Community Relations

Strategy #2 (strategy for key findings 1 and 3)

Evaluate, create and grow primary care and specialty clinics to meet the area's demand for services.

Action Plan: Use results of community health needs assessment, Iowa Hospital Association databases and industry trends to define appropriate opportunities. As

appropriate, new or expanded specialists are recruited (as employees or visiting specialists) based on market needs and industry trends.

Owner: Administration

Strategy #3 (strategy for key findings 1 and 3)

Engage patients to become advocates for their own health care to attain optimal health and wellness.

Action Plan: Increase use of patient portal to enhance access to medical information and communication with health care provider.

Owner: Clinic Administration and Community Relations

Strategy #4 (strategy for key finding 4)

Educate and provide support to prevent unintentional injuries including falls and motor vehicle accidents.

Action Plan: Enhance fall prevention assessments and patient education activities. Consider opportunities for in-home assessments for inpatients after discharge.

Owner: Administration

Action Plan: Develop a social media-based community education campaign on the dangers of distracted driving.

Owner: Community Relations

Strategy #5 (strategy for key finding 3)

Encourage preventative exams and screenings to prevent and detect potential health issues.

Action Plan: Increase percentage of wellness and preventative screenings for all clinic patients through effective communication and scheduling. Encourage walk-in wellness testing as appropriate. Increase focus on immunizations for adults (COVID-19, flu, pneumonia, etc.).

Owner: Clinic Administration

Action Plan: Develop and implement a plan to effectively use patient messaging, Messenger and campaigns to communicate with and educate patients on the importance of health screenings.

Owner: Clinic Administration

Strategy #6 (strategy for key finding 2)

Enhance access to mental health services.

Action Plan: Continue community outreach programs and collaborative educational programs with Alzheimer’s Association, Bremer County Community Partners, Bremer County Veterans Affairs, Foundation 2, Pathways Behavioral Services, Waverly-Shell Rock School District and other organizations.

Owner: Social Services, Behavioral Health Services and Community Relations

Action Plan: Advocate for enhanced mental health resources throughout the region, state and nation.

Owner: Administration, Behavioral Health Services.

XV. AREAS OF CONCERN NOT INCLUDED IN STRATEGIES

Several areas of need were identified during the assessment process. However, they are not being specifically addressed due to the various reasons identified below.

- **Alcohol abuse** – Other local service agencies and coalitions have been working to improve these needs. WHC will continue to support them through collaboration and participation where needed.
- **Poor parenting skills** – Other local service agencies and coalitions have been working to improve these needs. WHC will continue to support them through collaboration and participation where needed.
- **Violent Crime** – Other local service agencies and coalitions have been working to improve these needs. WHC will continue to support them through collaboration and participation where needed.

XVI. APPENDIX

A. Area Hospitals

Community Memorial Hospital

909 W First Street

Sumner, 50674

(563) 578-3275

Mercy New Hampton

308 N Maple Avenue

New Hampton, 50659

(641) 394-4121

Waverly Health Center

312 Ninth Street, SW

Waverly, 50677

(319) 352-4120

B. Area Family Medicine Clinics:

MercyOne:

- 308 N Maple Ave — New Hampton, 50659
(641) 394-2151
- 1306 HWY 57, Unit A — Parkersburg, 50665
(319) 346-1330
- 602 7th Ave, SW — Tripoli, 50676
(319) 882-3534
- 217 20th Street NW — Waverly, 50677
(319) 352-9500

UnityPoint:

- 111 Tower Street — Denver, 50622
(319) 984-5645
- 502 3rd Street — Parkersburg, 50665
(319) 346-2331
- Rohlf Clinic — 312 9th Street SW, Suite 1200, Waverly, 50677
(319) 352-4340

Waverly Health Center:

- Christophel Clinic — 312 Ninth Street SW, Waverly, 50677
(319) 483-1390
- Janesville Clinic — 202 Wildcat Way, Janesville, 50647
(319) 987-2361
- Nashua Clinic — 80 Amhearst Blvd., Nashua, 50658
(641) 435-4133
- Noah Campus Health Clinic — The W, Wartburg College, 100 Wartburg Blvd.,
Waverly, 50677
(319) 352-8436
- Shell Rock Clinic — 1001 Mason Way, Shell Rock, 50670
(319) 885-6530

C. Area Public Health Offices

- Bremer County Health Department — 403 3rd St SE, Waverly, 50677
(319) 352-0082
- Butler County Public Health — 428 6th St, Allison, 50602
(319) 267-2934
- Chickasaw County Public Health — 260 E Prospect St, New Hampton, 50659
(641) 394-4053

D. Area Counseling Services:

- Conrad Family Counseling — 951 N Linn Ave, Suite 3, New Hampton, 50659
(641) 394-2505
- Inspire Counseling & Coaching, Amy Roling, LLC — 118 1st Street SW Waverly,
50677
(319) 269-8948
- Lutheran Services in Iowa — 106 16th Street, Waverly 50677
(319) 352-2630
- MercyOne — 217 20th Street NW, Waverly, 50677
(319) 352-9500
- Monarch Therapy Services — 505 Coates Street, Parkersburg, 50665
(319) 346-1216
- North Iowa Counseling, LLC — 506 E Bremer Avenue, Waverly, 50677
(319) 559-1065
- Pathways Behavioral Services
 - 111 10th Street SW, Waverly, 50677, (319) 352-2064
 - 602 S. Washington Ave, Fredericksburg, (563) 237-5300
- Waverly Health Center

- Behavioral Health Services — 312 9th St SW, Waverly, 50677, (319) 483-1390
- Shell Rock Clinic — 1001 Mason Way, Shell Rock, 50670, (319) 885-6530