

WAVERLY HEALTH — C E N T E R —

Community Health Needs Assessment

2019 - 2022

Released July 2019

Action Plan Updated December 2019

I. INTRODUCTION

In the fall of 2018, Waverly Health Center (WHC) started a community health needs assessment (CHNA) to support its mission to provide high quality, patient-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) process does three things:

- Describes the health state 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

Based on current literature and other guidance 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 Public Health, 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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III. EXECUTIVE SUMMARY

Waverly Health Center started the community health needs assessment in collaboration with Community Memorial Hospital, Bremer County Public Health 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 on-line 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. One hundred and ninety-eight (198) 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 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

While the priority areas did not change significantly from the previous community needs assessment, Waverly Health Center's response to the challenges has changed. By focusing more on the triple aim of improving quality, lowering cost and the patient experience, significant impact can be made on lowering the rates of chronic disease in our service area.

The 2019-2022 CHNA was adopted by Waverly Health Center Board of Directors on July 22, 2019. It was published on Waverly Health Center's website on July 23, 2019. The CHNA implementation strategy was posted on WHC's Facebook page on December 20, 2019.

IV. 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 2016 CHNA included:

1. Chronic Disease Management:
 - a. Heart Disease
 - b. High Blood Pressure
 - c. Stroke
2. Cancer Prevention and Treatment
3. Wellness Services
 - a. Obesity Prevention
 - b. Preventative Exams and Screenings
 - c. Wellness Programming
 - d. Access to Health Information
4. Access to Mental Health Services

For the 2016 implementation plan, please go to: [2016 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, ambulatory surgery, outpatient services, specialty clinics, and emergency room care to people living in and around Bremer, Butler, and Chickasaw counties. We currently employ approximately 482 people, which include full-time and part-time employees. We are growing and expanding to meet our patients' needs.

WHC has been an independent, city-owned hospital since 1974. We are 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, patient-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 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
- 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

FY18 Statistics

1,744

Ambulance Calls

58,338

Clinic Visits

258

Newborn Admissions

387,725

Total Outpatient Registrations

168

Inpatient Surgeries

7,168

Emergency Visits

1,900

Outpatient Surgeries

\$151,004

Average Cost Per Day to Operate WHC

58,381

Total Outpatients

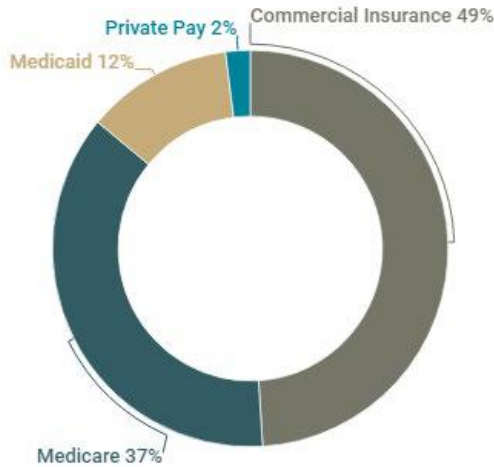
\$26,554,974

Annual Wage Expense

892

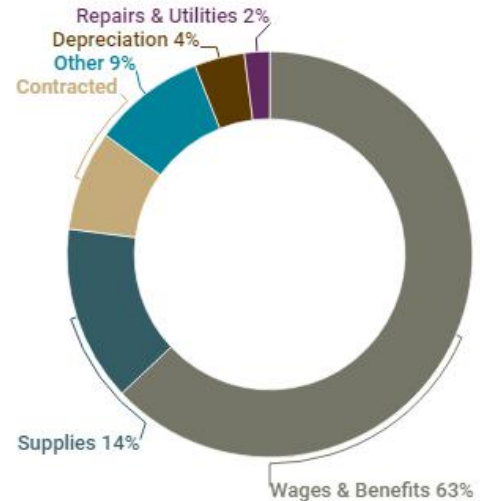
Inpatient Admissions

Payer Mix Based on Gross Patient Charges



Percentage of Operating Cost by Category

(operating costs do not include GASB 68 adjustment)



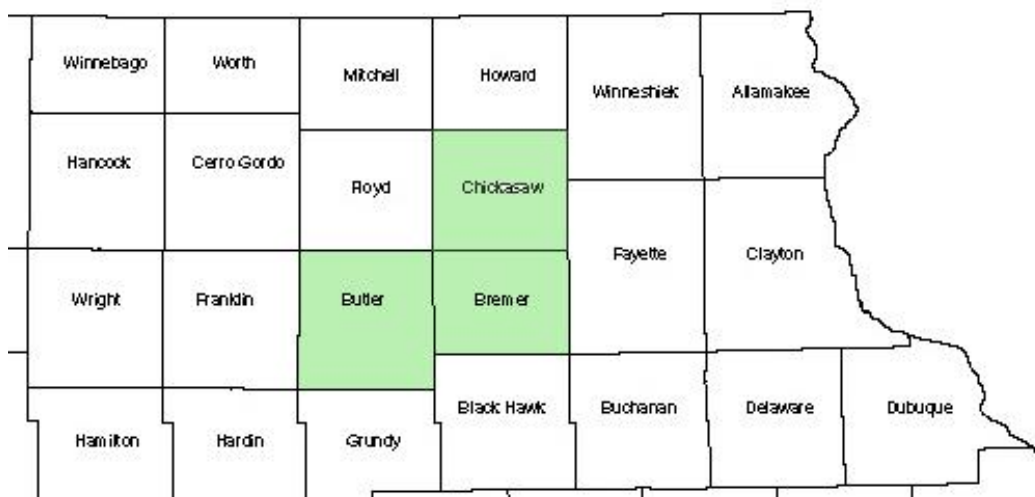
2018 Economic Impact of Waverly Health Center

Bremer County								
(1) Health Sector Components	(3) Employment		(4) Impact	(6) Payroll & Proprietor Income			(8) Retail Sales	(9) 6.0% Sales Tax
	(2) Nos.	Multiplier		(5) Income	Multiplier	(7) Impact		
Hospitals								
Community Memorial Hospital	104	1.53820	160	\$6,223,207	1.23972	\$7,715,020	\$1,359,133	\$81,548
Waverly Health Center	425	1.53820	654	\$31,359,295	1.23972	\$38,876,676	\$6,848,792	\$410,928
HOSPITALS SUBTOTAL	529	1.53820	814	\$37,582,502	1.23972	\$46,591,696	\$8,207,925	\$492,476
Offices of physicians	87	1.45576	127	\$5,865,206	1.21770	\$7,142,090	\$1,258,201	\$75,492
Offices of dentists	79	1.32409	105	\$4,113,897	1.19769	\$4,927,189	\$868,009	\$52,081
Offices of other health practitioners	200	1.28373	256	\$9,185,696	1.19041	\$10,934,744	\$1,926,342	\$115,581
OFFICES SUBTOTAL	366	1.33333	488	\$19,164,799	1.20033	\$23,004,023	\$4,052,552	\$243,154
Nursing Home & Community Care facilities	503	1.23390	620	\$16,552,482	1.21759	\$20,154,116	\$3,550,492	\$213,030
Mental health, substance abuse, other facilities	48	1.18504	57	\$1,558,030	1.17453	\$1,829,959	\$322,379	\$19,343
NURSING HOMES AND OTHERS SUBTOTAL	551	1.22868	677	\$18,110,512	1.21388	\$21,984,075	\$3,872,871	\$232,373
Pharmacies	178	1.30786	233	\$6,259,000	1.23735	\$7,744,557	\$1,364,336	\$81,860
Other Medical & Health Services								
Medical and diagnostic laboratories	15	1.27938	19	\$537,171	1.25779	\$675,650	\$119,027	\$7,142
Outpatient care centers	18	1.43281	26	\$646,771	1.36856	\$885,142	\$155,933	\$9,356
Other ambulatory health care services	22	1.24845	28	\$613,495	1.29753	\$796,029	\$140,234	\$8,414
Dental laboratories	0	0.00000	0	\$0	0.00000	\$0	\$0	\$0
Home health care services	47	1.20790	56	\$1,937,454	1.15100	\$2,230,017	\$392,856	\$23,571
OTHER MED/HLTH SVCS SUBTOTAL	102	1.26471	129	\$3,734,891	1.22810	\$4,586,838	\$808,050	\$48,483
TOTALS	1,726		2,341	\$84,851,704		\$103,911,189	\$18,305,734	\$1,098,346

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 10,093. It serves as the county seat. The county is 435.48 square miles and is made up of 9 communities with a combined population of 24,947. This is an increase from the 1990, 2000 and 2010 census data, as well as the 2015 and 2018 estimates from www.city-data.com. Other cities in the Bremer County include Denver, Frederika, Janesville, Plainfield, Readlyn, Shell Rock, Sumner and Tripoli. *Source: www.city-data.com; www.census.gov*

Total Population and Numeric and Percent Change by County for Iowa's Incorporated Places and Unincorporated Areas: 1990, 2000, 2010, 2015, 2018 Universe: Total population						
	Population					
	1990	2000	2010	2015 (est)	2018	Trend
Bremer County	22,813	23,325	24,251	24,722	24,947	↑

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

Butler County

Allison serves as the county seat of Butler County. It has a population of 995 people. The county is 580.13 square miles and is made up of 10 communities with a combined population of 14,539, a decrease from the 1990, 2000 and 2010 census data, as well as the 2015 and 2018 estimates from www.city-data.com. Other cities in Butler County include Aplington, Aredale, Bristow, Clarksville, Dumont, Greene, New Hartford, Parkersburg and Shell Rock. *Source: www.city-data.com; www.census.gov*

Total Population and Numeric and Percent Change by County for Iowa's Incorporated Places and Unincorporated Areas: 1990, 2000, 2010, 2015, 2018 Universe: Total population					
	Population				
	1990	2000	2010	2015 (est)	2018 (est)
Butler County	15,731	15,305	14,986	14,915	14,539

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

Chickasaw County

New Hampton serves as the county seat of Chickasaw County. It has a population of 3,424 people. The county is 504.4 square miles and is made up of 9 communities with a combined population of 14,539 people, a decrease from the 1990, 2000 and 2010 census data, as well as the 2015 and 2018 estimates from www.city-data.com. Other cities in Chickasaw County include Alta Vista, Bassett, Fredericksburg, Ionia, Lawler, Nashua, New Hampton, North Washington and Provitin. Source: www.civildashboards.com

Total Population and Numeric and Percent Change by County for Iowa's Incorporated Places and Unincorporated Areas: 1990, 2000, 2010, 2015, 2018 Universe: Total population					
	Population				
	1990	2000	2010	2015 (est)	2018 (est)
Chickasaw County	13,295	13,095	12,439	12,264	11,964

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

B. Demographics

	Bremer County	Butler County	Chickasaw County	Iowa
Persons per square mile	55.7	25.6	24.7	54.5
White persons	96.5%	97.7%	98%	91.1%
Black persons	1.3%	0.3%	0.9%	3.8%
Females	50.6%	50.2%	49.6%	50.3%
Veterans	1,544	968	922	193,451
Disabled (under age 65)	6.1%	6.7%	8.8%	7.9%
Median residents age	39	44	44	38.2

www.census.gov/quickfacts

C. Social & Economic Factors:

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	Iowa
High school graduation	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	78%	68%	65%	70%
2016 Report Data	78%	68%	59%	69%
2013 Report Data	78%	60%	53%	68%
Median household income	\$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	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	\$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	2.8%	3.2%	4.9%	3.1%
2016 Report Data	3.8%	4.4%	4.9%	4.4%
2013 Report Data	4.6%	5.1%	6.3%	5.9%
Population in poverty	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%	11%	13%	13%
2016 Report Data	7%	13%	14%	16%
2013 Report Data	8%	14%	14%	17%
Children in single-parent households	18%	19%	21%	29%
2016 Report Data	18%	20%	30%	29%
2013 Report Data	18%	25%	23%	27%
Violent crimes (per 100,000)	378	10	173	282
2016 Report Data	256	16	64	263
2013 Report Data	372	36	**	280
Injury deaths (per 100,000)	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 educational 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

Violent Crime:

It is important to note that Bremer County has consistently had a higher prevalence of violent crimes over the past six years, as compared to the state of Iowa.

High levels of violent crime compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors, such as exercising outdoors. Additionally, exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity prevalence. Exposure to chronic stress also contributes to the increased prevalence of certain illnesses, such as upper respiratory illness, and asthma in neighborhoods with high levels of violence. Uniform Crime Reporting (UCR) data is generally regarded as a valid and reliable index of the types of crime residents view as serious events.

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 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	Iowa
Premature Death Rate (per 100,000 population; age adjusted)	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%	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	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	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)	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%	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 past 30 days. Measuring health-related quality of life helps characterize the burden of disabilities and chronic diseases in a population. In addition to measuring how long people live, it is also important to include measures of how healthy people are while alive – and people’s reports of days when their physical health was not good are a reliable estimate of their recent health.

Poor mental health days (age-adjusted): Measures the average number of mentally unhealthy days reported in 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 measures 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 relationship 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 environment 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. Health Behaviors

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	Iowa
Adult Obesity	34%	33%	34%	32%
2016 Report Data	32%	33%	31%	31%
2013 Report Data	27%	26%	31%	29%
Adult Smoking	13%	14%	15%	17%
2016 Report Data	15%	15%	18%	19%
2013 Report Data	15%	12%	21%	18%
Food Environment Index	8.8%	7.6%	8.4%	8.2%
2016 Report Data	8.7%	7.3%	7.9%	7.8%
2013 Report Data	*	*	*	*
Physical Inactivity	23%	26%	22%	23%
2016 Report Data	25%	29%	24%	25%
2013 Report Data	24%	28%	28%	25%
Access to Exercise Opportunities	83%	64%	68%	83%
2016 Report Data	75%	38%	57%	76%
2013 Report Data	*	*	*	*
Percent Adults (18+) with Inadequate Fruit/Vegetable Consumption*	87%	90%	**	80%
Excessive Drinking	22%	20%	21%	22%
2016 Report Data	22%	19%	20%	22%
2013 Report Data	24%	15%	29%	20%
Sexually Transmitted Infections (chlamydia)	267	201	206	415
2016 Report Data	290	267	122	356
2013 Report Data	202	182	153	346
Teen births	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

Our tri-county area is just over the obesity rate for the state of Iowa.

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. The more body fat that 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 also are important to managing health conditions so they do not worsen over time.

F. Clinical Care

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	Iowa
Uninsured Population (18-64)	3%	5%	5%	5%
2016 Report Data	7%	9%	11%	10%
2013 Report Data	8%	11%	12%	11%
Primary Care Physicians	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	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 (Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.)	3,522	3,628	2,732	3,776
2016 Report Data (Rate of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees.)	44	44	56	51
2013 Report Data (Rate of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees.)	57	54	65	60
Mammography Screening (% of Medicare enrollees ages 65-74 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%

Source: www.countyhealthrankings.org

*Information not available.

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.

G. Physical Environment

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	Iowa
Air Pollution – particulate matter	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	Yes	No	n/a
2016 Report Data	No	No	No	n/a
2013 Report Data	No	No	No	5%
Severe housing problems	10%	8%	8%	12%
2016 Report Data	9%	8%	11%	12%
2013 Report Data*	*	*	*	*
Driving alone to work	79%	81%	79%	81%
2016 Report Data	81%	81%	78%	80%
2013 Report Data*	*	*	*	*
Long commute – driving alone	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)	3	22	14
Length of Life	6	62	20
Quality of Life (how healthy people feel while alive – overall, physical, mental health)	11	1	17
Health Factors (measures four types of health factors: health behaviors, clinical care, social and economic and physical environment factors)	5	45	28
Health Behaviors (a person's beliefs and actions regarding their health and well-being)	5	48	33
Clinical Care Rank (access/quality of care)	17	60	21
Social & Economic Factors	10	32	49
Physical Environment	46	84	21

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.

<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 assessed 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 AND DATA

On an ongoing basis, WHC's staff participates in a variety of coalitions, commissions, committees, partnerships and panels. Through this participation, firsthand 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 August 2018, WHC began work on a comprehensive Community Health Needs Assessment in partnership with:

- Bremer County Public Health
- 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 partnership's 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 27-question survey was created. The survey opportunity was publicized in area newspapers and online from September 2018 through March 1, 2019 via the following venues:

- A media release was sent out February 5, 2019, to over 30 print, radio, cable and television contacts.
- An article was printed in a February edition of the Waverly Newspapers, Butler County Tribune, Sumner Gazette and Tripoli Leader.
- Waverly Health Center's and Community Memorial Hospital'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.
- Information was included in K-6 school newsletters (including Waverly-Shell Rock, Sumner-Fredericksburg, Tripoli, Denver, Janesville, Wapsie Valley, Clarksville, Nashua-Plainfield, Greene and Allison).

- Postcards and ½ page flyers were created to distribute/email to various businesses and organizations.
- Social media (Facebook posts) on WHC and Community Memorial Hospital Facebook.
- An article regarding the assessment and survey was included in the WHC Community Newsletter, Winter Edition, which is mailed to 14,000 people in WHC's service area.
- An article regarding the assessment and survey was included in the Community Memorial Hospital Newsletter, Winter Edition, which is mailed to 5,000 people in portions of Bremer, Chickasaw and Fayette counties.

Review of Primary Data:

198 people completed the survey with the following top responses:

- 37.31% were aged 50-59.
- 44.16% heard about the survey by email, 23.86% from their workplace
- 77.8% were female.
- 65.98% live in Bremer County; 6.7% live in Butler County; 6.19% live in Chickasaw County.
- 73.33% work in Bremer County; 6.15% work in Black Hawk County; 1.54% work in Chickasaw County.
- 97.4% are white or Caucasian.
- 39.6% are college graduates.
- 55.9% rate the overall health of our community as 'somewhat healthy.'
- 56.85% rate their personal health as 'healthy'
- 66% have health insurance through an employer

What are the 3 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	Response Count
Access to health care (example: family doctor, hospital, other health services)	75	32	30	141
Good jobs and healthy economy	23	32	31	110
Healthy behaviors and lifestyles	35	25	21	101
answered question				198
skipped question				0

What do you think are the top 3 health problems in your community?				
Answer Options	1st	2nd	3rd	Response Count
Obesity	27	33	19	132
Mental health (depression, addiction, PTSD, Suicidal thoughts)	31	29	20	127
Aging (orthopedic, hearing/vision loss, dementia, etc.)	37	17	17	119

Cancer	23	21	13	97
Drug abuse	13	9	19	89
answered question				195
skipped question				3

What do you think are the 4 most “risky behaviors” in your community?				
Answer Options	1st	2nd	3rd	Response Count
Physical inactivity	39	37	26	157
Texting or using a phone while driving	37	35	25	151
Alcohol abuse	30	23	28	119
Inappropriate social media use (sexting, bullying, dangerous relationships, etc.)	27	20	19	119
answered question				198
skipped question				0

What do you think are the top 5 health concerns relative to children’s health in your community?				
Answer Options	1st	2nd	3rd	Response Count
Too much screen time (TV, computers, etc.)	32	17	21	126
Inappropriate social media use (sexting, bullying, dangerous relationships, group challenges)	28	38	12	109
Limited access to mental health services	11	17	27	94
Bullying	38	17	10	90
Limited physical activity	5	11	21	83
answered question				195
skipped question				3

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	66.16%	131
Decreasing stress	26.77%	53
Better sleep	31.82%	63
Drinking more water	23.23%	46
Eating more fruits or vegetables	22.22%	44
answered question		198
skipped question		0

What do you feel prevents you from being healthier?				
Answer Options	1st	2nd	3rd	Response Count
Lack of motivation	53	41	26	138
Not enough time	52	32	29	127
Other priorities	16	42	35	110

answered question	193
skipped question	5

What would help you start or maintain a healthier lifestyle?				
Answer Options	1st	2nd	3rd	Response Count
Affordable wellness and fitness facilities	23	21	23	81
Having a support system	20	27	21	81
Time management skills	23	22	17	77
Access to a health coach	38	17	15	72
Lower priced fresh food and produce	17	24	11	70
answered question				191
skipped question				7

What are the top 3 social issues facing people in your community?				
Answer Options	1st	2nd	3rd	Response Count
Social media/technology use	32	30	38	113
Poor parenting skills	33	31	29	110
Lack of affordable housing	42	29	23	101
answered question				195
skipped question				3

What are the top 3 environmental health issues in your community?				
Answer Options	1st	2nd	3rd	Response Count
Mold	24	33	27	98
Radon exposure	20	30	20	84
Odors from animal farms or manufacturing	24	20	16	74
answered question				181
skipped question				17

What additional health care services would you like to see available in your community?	
Open-Ended Response Themes	Response Count
Mental health services	30
Affordable fitness centers/physical activities	7
Dental access	5
Urgent care	4
Various additional specialists	3
	92

What additional public health services would you like to see available in your community?	
Open-Ended Response Themes	Response Count
Mental health services	27
Affordable fitness centers/physical activities	12
Transportation for elderly	11
Preventative care	10
Healthy food options in community	9
	93

Similar to our 2016 survey findings, mental health, access to health care, obesity, increasing physical activity and decreasing screen time 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 Public Health Department
- Butler County Public Health Department
- Centers for Disease Control and Prevention
- Chickasaw County Public Health Department
- chna.org
- Community Health Status Indicators
- countyhealthrankings.org
- FightChronicDisease.org/Iowa
- Health Resources and Services Administration
- healthit.gov
- Iowa Department of Public Health
- Iowa Hospital Association
- Iowa Trauma Data Report, 2017
- livestrong.com
- mentalhealthamerica.net
- namiiowa.org
- National Center for Health Statistics
- SAMHSA.org
- State Health Registry of Iowa
- 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. 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 Public Health 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

Promote Healthy Living

Priority #1

Mental Health/Behaviors Health issues and access

Priority #2

Obesity

Priority #3

Substance Use

Prevent Injuries & Violence

Priority #1

Unintentional Injury

Protect Against Environmental Hazards

Priority #1

Indoor Air Quality

Prevent Epidemics & the Spread of Disease

Priority #1

Immunization

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

Priority #1

Preparedness Planning

Strengthen the Health Infrastructure

Priority #1

Parenting Skills

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: 2018

(Death rate per 100,000)

Green line indicates most current data	Bremer	Butler	Chickasaw	IA	State Rank**	U.S.
Heart Disease	184	211	210	167	19 th	165
2016 Report	190	213	210	157	23 rd	167
2013 Report	*	*	*	169	22 nd	170
Cancer	143	166	162	158	18 th	153
2016 Report	142	167	164	166	21 st	161
2013 Report	*	*	*	168	19 th	163
Stroke	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	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	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	14	13	35	20 th	31
2016 Report	22	14	15	30	27 th	25
2013 Report	*	*	*	28	13 th	24
Diabetes	12	20	13	23	19 th	22
2016 Report	10	19	13	26	25 th	21
2013 Report	*	*	*	19	37 th	21
Influenza/Pneumonia	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	14	15	30 th (tie)	14
2016 Report	10	11	15	13	29 th	13
2013 Report	*	*	*	14	23 rd	13
Hypertension/Renal	6	5	5	9	16 th (tie)	9
2016 Report	5	5	5	8	16 th (tie)	8
2013 Report	*	*	*	*	*	*

Note: 2016 data was compiled from 2010-14.

*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 most of our tri-county area, these conditions rank higher than our state rates.

Unintentional Injuries

Injuries are a leading cause of death in Iowa. Unintentional injury is the leading cause of death for Iowans ages 1 to 34, and it is the 4th 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 Director's Council at Waverly Health Center identified and grouped the data into usable information for discussion with WHC's 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, and
- 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:
<ol style="list-style-type: none">1) Chronic Disease Management:<ul style="list-style-type: none">• Heart Disease (<i>including high blood pressure; cholesterol</i>)• Cancer• Stroke2) Unintentional Injuries (falls)3) Access to Mental Health Services4) Wellness Services:<ul style="list-style-type: none">• Obesity Reduction• Preventative Exams and Vaccinations• Wellness Programming• Access to Health Information

IX. KEY FINDING #1: CHRONIC DISEASE MANAGEMENT

- **Heart Disease** *(including high blood pressure and high cholesterol)*
- **Cancer**
- **Stroke**

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 635,260 deaths are attributable to heart disease each year. More than half of the deaths that occur as a result of heart disease are in men. In 2018, 3.9% of adults in Iowa reported being told by a health professional that they have angina or coronary heart disease. 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:** 4.9% of men reported being told by a health professional that they had heart disease compared with 3.2% of women.
- **Older adults:** Adults aged 65 and older have a higher prevalence (11.2%) 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 (6.8%) compared with adults with higher incomes, for instance those with annual incomes of \$75,000 or more (2.7%).
- **Adults with low educational attainment:** Heart disease prevalence is greatest among adults with less than a high school degree (6.1%) compared with adults with higher educational levels, for instance those with college degrees (3%)

i. High Cholesterol

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:

The 2018, 33% 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 heart disease and stroke:

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

- Physical inactivity
- Poor diet
- Stress

ii. **High Blood Pressure**

Blood pressure is the force of blood pushing against the walls of the blood vessels (arteries) as the heart pumps blood. High blood pressure, sometimes called 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:

Previously, nearly one-third of U.S. adults (75 million) were estimated to have high blood pressure. Now, under the new 2017 ACC/AHA guidelines nearly half (45.6 percent) of U.S. adults have high blood pressure.

The 2017 adult hypertension rate in Iowa was 31.5% - ranking 29th 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. Cancer

Cancer is the second-leading cause of death in the U.S. and Iowa behind heart disease.

Indicators:

The National Cancer Institute estimates that in 2018 an estimated 1,735,350 new cases of cancer were diagnosed in the U.S. and 609,640 people will die from the disease. The most common cancers in the Nation — breast, prostate, lung and bronchus, and colorectal cancer — are also responsible for the most deaths. Lung cancer accounts for the majority of cancer deaths among men (26%) and women (25%).

Each year, an estimated 17,400 Iowans are diagnosed with cancer and 6,200 lose their lives. As death rates for many individual cancer types have declined, the number of cancer survivors has increased. These trends show that progress is being made against the disease, but much

work remains. Although rates of smoking, a major cause of cancer, have declined, the U.S. population is aging, and cancer rates increase with age. Obesity, another risk factor for cancer, is also increasing.

Green line indicates most current data	Bremer	Butler	Chickasaw	IA	State Rank*	U.S.
Cancer	143	166	162	158	18 th	153
2016 Report	142	167	164	166	21 st	161
2013 Report	**	**	**	168	19 th	163

(Death rate per 100,000)

Consequences and Risks:

While there is no universal cure for cancer, The World Cancer Research Fund estimates that about 20% of all cancers diagnosed in the U.S. are related to being overweight, physical inactivity, excess alcohol consumption, and/or poor nutrition. Death rates can be lowered through various means including the following lifestyle changes:

- Quitting smoking at any age will lower the risk of developing lung cancer. Cigarette smoking causes between 80 to 90% of lung cancers.
- Engaging in more physical activity is associated with lower risk of some cancer.
- Make healthy food choices with a focus on plant-based foods.
- Get to and stay at a healthy weight throughout life.
- Vaccinations: The Human papillomavirus (HPV) vaccine is the first vaccine ever developed against cancer. The Centers for Disease Control and Prevention reports that up to 93% of cervical cancers could be prevented through HPV screening and vaccination. Additionally, the hepatitis B vaccine can help reduce risk of liver cancer.

Increasing access to services for prevention, early detection and high-quality cancer treatment may help eliminate racial and socioeconomic disparities in rates of cancer death.

C. Stroke

Stroke causes approximately 133,000, or one in 19, deaths in the U.S. each year, making it the nation's fifth-leading cause of death. Roughly 795,000 people experience a new or recurrent stroke each year.

Indicators:

Stroke often leads to serious long-term disability and can leave a stroke survivor unable to work. Three percent of adult Iowans report being told by a health professional that they had a stroke.

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

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 58% of U.S. stroke deaths in 2015.
- **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 2017 Behavioral Risk Factor Surveillance System data, stroke prevalence is higher among adults with less than a high school degree (5.8%), or annual incomes less than \$25,000 (6.5%), 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

X. KEY FINDING #2: UNINTENTIONAL INJURIES (FALLS)

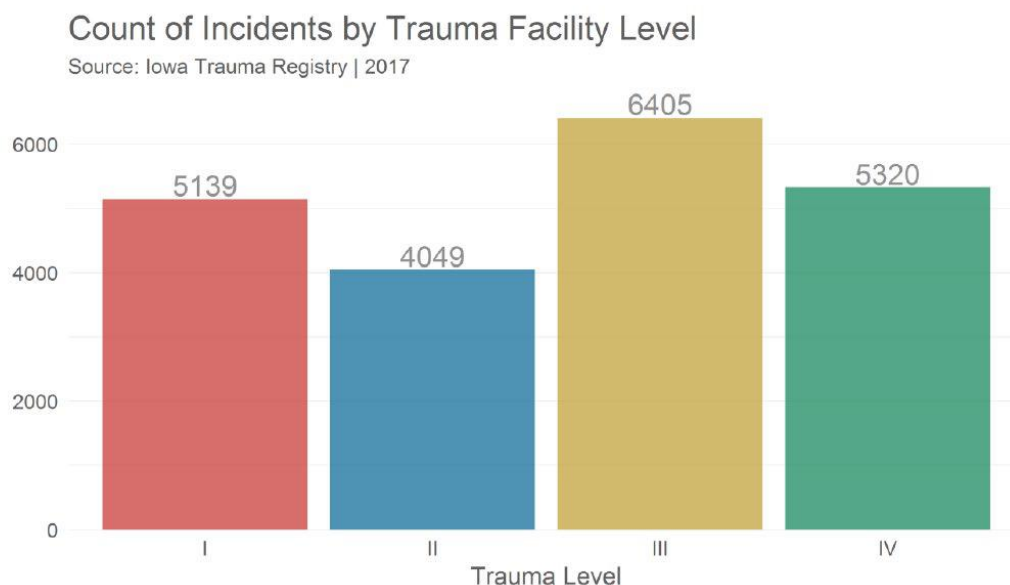
State Trauma Registry

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 5,320 in 2017.

Figure 2

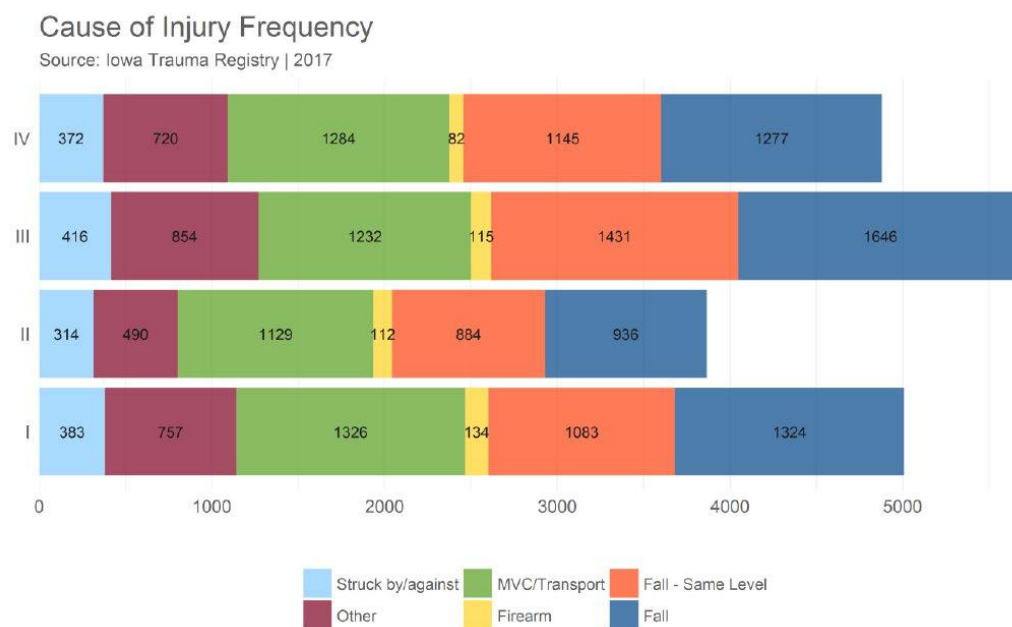
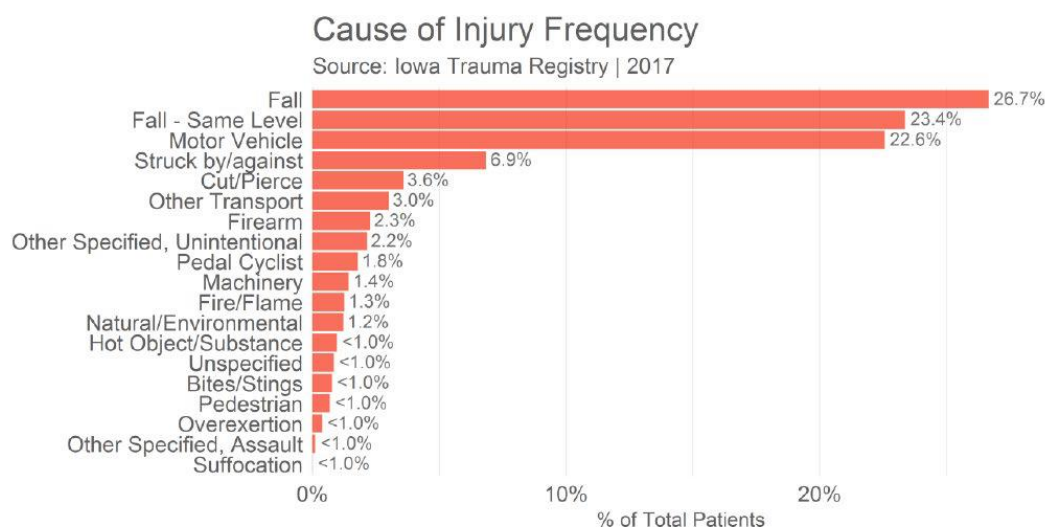
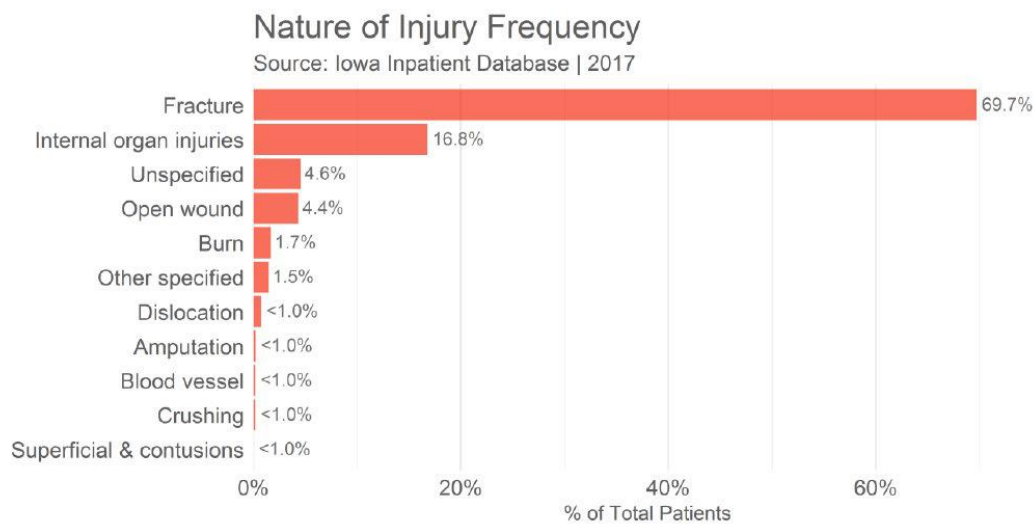


Figure 3



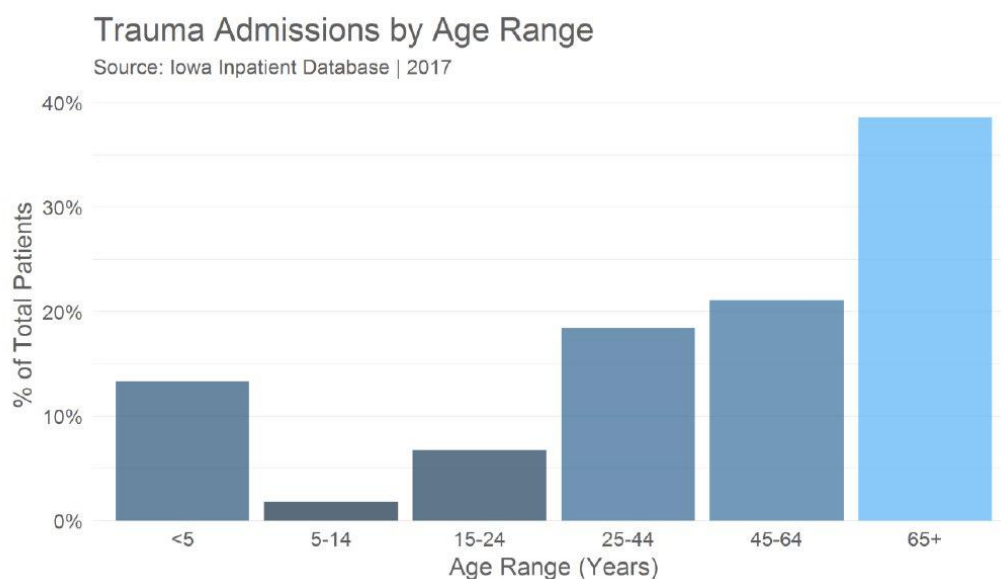
Non-same-level falls (falls from an elevation, such as falls from ladders, roofs, down stairs or from jumping to a lower level), outnumber the same-level falls (slips and trips). All falls account for one half of all the injuries in the registry. Since the trauma registry does not include isolated hip fractures, this percentage is significantly lower than the nearly 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

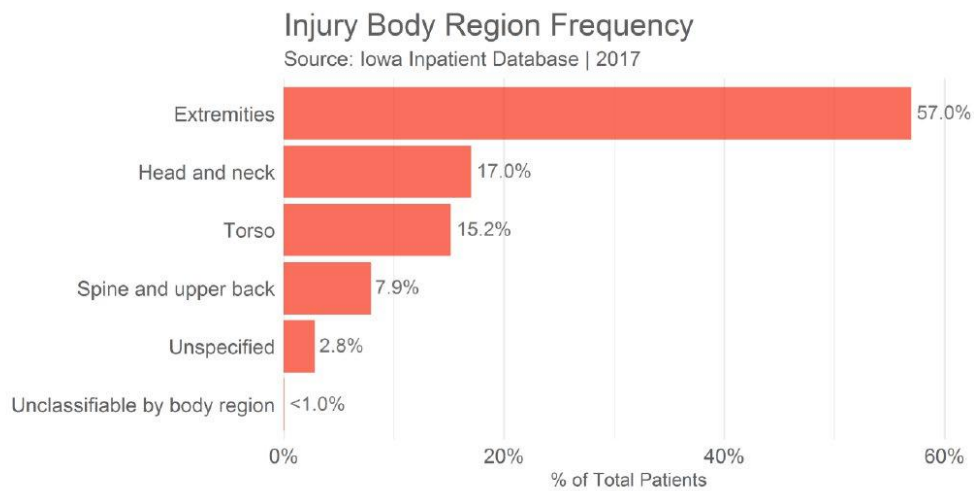
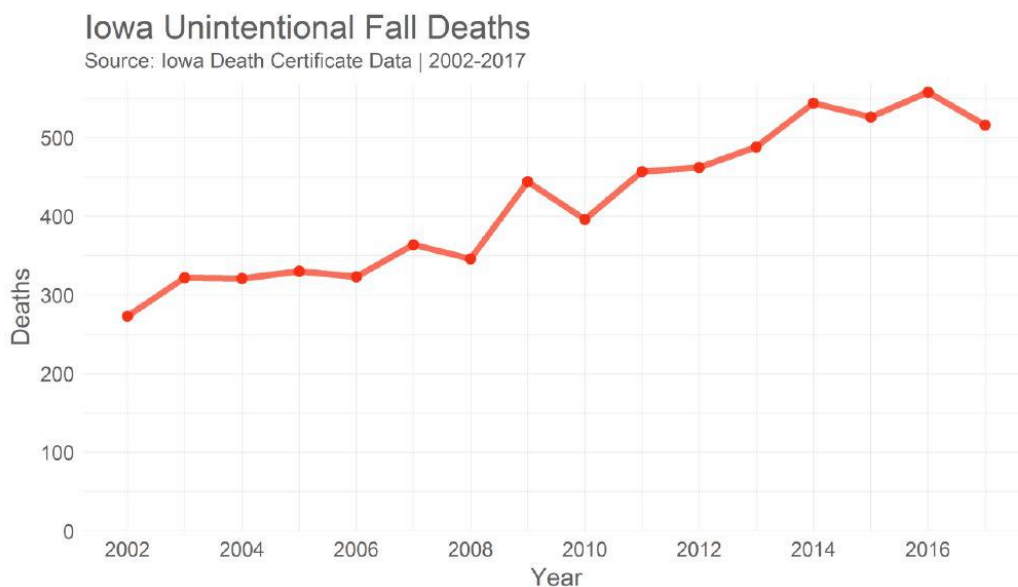


Figure 7



Deaths due to unintentional falls have remained steady for the past few years. The 516 deaths in 2017 is the lowest total since 2013, but it is still an 89% increase from the 273 deaths in 2002, while Iowa's population only increased 7.1% in that time.

Source: Iowa Trauma Data Report, 2017

XI. KEY FINDING #3: 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. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the ninth leading cause of death in the United States, accounting for the deaths of 47,173 in 2017.

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	Iowa
Mental Health Providers	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.*

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 43rd (*#1 rank is the highest/best*) out of the 50 states and Washington D.C. for providing access to mental health services. This ranking indicates higher prevalence of mental illness and lower rates of access to care.
- 4.2% of adults in Iowa live with serious mental health conditions such as schizophrenia, bipolar disorder and major depression.
- Only 48.5% of adults with mental illness in Iowa receive any form of treatment from either the public system or private providers. The remaining 51.5% receive no mental health 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 2017 report from the Treatment Advocacy Center gave Iowa a D- grade for its mental health bed shortage as well as its unorganized system of treating inmates with severe mental illness. The report stated that in 2016, 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; Source: www.nih.gov; www.mentalhealthamerica.net

Suicide

Suicide was the ninth leading cause of death in the US and Iowa in 2017. The age-adjusted suicide rate in the US in 2017 was 14.0 per 100,000 individuals. Suicide rates are highest among middle aged white males aged 45-54. The most common method of suicide is by firearm.

Green line indicates most current data	Bremer	Butler	Chickasaw	IA	State Rank*	U.S.
Suicide	10	11	14	15	30 th (tie)	14
2016 Report	10	11	15	13	29 th	13
2013 Report	**	**	**	14	23 rd	13

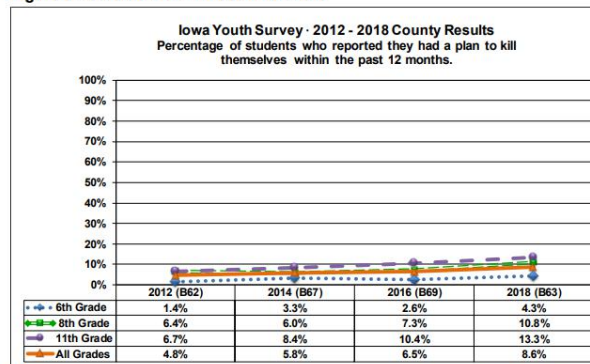
(Death rate per 100,000)

Suicide in Youth

Behavioral Risk Factor Surveillance System, Iowa Youth Survey, 2018

Bremer County Results

Figure 9. Suicide Plan in Past 12 Months



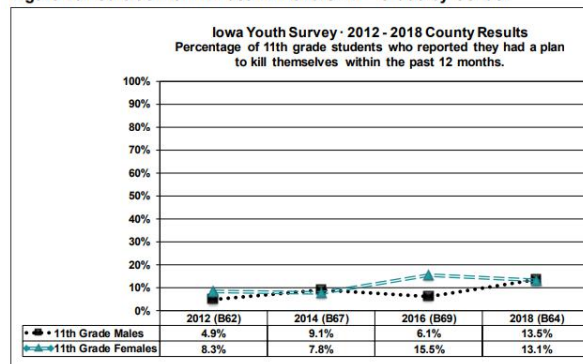
Note: Any difference of 1.6 percentage points or greater may be considered statistically significant.

IYS Question: During the past 12 months, have you made a plan about how you would kill yourself?

Response Represented by Percentages: "Yes."

Other Response to Question: "No."

Figure 10. Suicide Plan in Past 12 Months: 11th Grade by Gender



Note: Any difference of 1.6 percentage points or greater may be considered statistically significant.

IYS Question: During the past 12 months, have you made a plan about how you would kill yourself?

Response Represented by Percentages: "Yes."

Other Response to Question: "No."

Approximately 13% of 11th grade male and female students in Bremer County answered 'yes' to the question, "During the past 12 months, have you made a plan about how you would kill yourself."

The Butler and Chickasaw County data for the same question was within 1% of the Bremer County data.

XII. KEY FINDING #4: WELLNESS SERVICES

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 47th (#1 is highest/best ranking) in the nation in obesity, and 30th highest for youth ages 10 to 17. Iowa's adult obesity rate is currently 32%, up from 20.9% in 2000 and from 12.2% in 1990.

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

	Bremer County	Butler County	Chickasaw County	Iowa
Adult Obesity	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

Fruit and Vegetable Consumption

In the report area, an average of 88.5% of adults over the age of 18 is consuming less than 5 servings of fruits and vegetables each day.

	Bremer County	Butler County	Chickasaw County	Iowa
Percent Adults (18+) with Inadequate Fruit/Vegetable Consumption*	87%	90%	**	80%

*Indicates there is not updated information available from previous report(s).

**Indicates there was no information available.

Indicators

This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may cause significant health issues, such as obesity and diabetes.

Physical Inactivity

In the report area, an average of 23.7% of adults aged 20 and older self-report no leisure time activity.

	Bremer County	Butler County	Chickasaw County	Iowa
Physical Inactivity	23%	26%	22%	23%
2016 Report Data	25%	29%	24%	25%
2013 Report Data	24%	28%	28%	25%

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 268,000 new cases will develop in 2019. With these staggering statistics, it may come as a surprise that only 67 percent of women over 40 reported having a mammogram within the past 2 years in Iowa.

	Bremer County	Butler County	Chickasaw County	Iowa
Mammography Screening (% of Medicare enrollees ages 65-74 that received an annual mammography)	54%	50%	54%	49%

www.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 aged 18 and older who self-report that they have had a Pap test in the past three years.

Report Area	Age-Adjusted Percentage
Report Area	80.4%
Bremer County	78.1%
Butler County	84.2%
Chickasaw County	suppressed
Iowa	81.6%
United States	78.5%

County stats are from 2016 BRFSS.

Note: This indicator is compared with the state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

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 close to state level on this indicator.

Sigmoidoscopy or Colonoscopy

This indicator reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy.

Report Area	Age-Adjusted Percentage
Report Area	54.6%
Bremer County	61.9%
Butler County	59.4%
Chickasaw County	42.4%
Iowa	66.1%
United States	61.3%

County stats are from 2016 BRFSS.

Note: This indicator is compared with the state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

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 worse than the state level on this indicator.

C. Employer Wellness Programming

From the community health survey regarding wellness related questions, the following ranked highest as a response:

- physical inactivity
- lack of motivation to exercise
- too much screen time (children)
- obesity
- affordable wellness and fitness facilities

What are the 3 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	Response Count
Access to health care (example: family doctor, hospital, other health services)	75	32	30	141
Good jobs and healthy economy	23	32	31	110
Healthy behaviors and lifestyles	35	25	21	101
answered question				198
skipped question				0

What do you think are the top 3 health problems in your community?

Answer Options	1st	2nd	3rd	Response Count
Obesity	27	33	19	132
Mental health (depression, addiction, PTSD, Suicidal thoughts)	31	29	20	127
Aging (orthopedic, hearing/vision loss, dementia, etc.)	37	17	17	119
Cancer	23	21	13	97
Drug abuse	13	9	19	89
answered question				195
skipped question				3

What do you think are the 4 most “risky behaviors” in your community?				
Answer Options	1st	2nd	3rd	Response Count
Physical inactivity	39	37	26	157
Texting or using a phone while driving	37	35	25	151
Alcohol abuse	30	23	28	119
Inappropriate social media use (sexting, bullying, dangerous relationships, etc.)	27	20	19	119
answered question				198
skipped question				0

What do you think are the top 5 health concerns relative to children’s health in your community?				
Answer Options	1st	2nd	3rd	Response Count
Too much screen time (TV, computers, etc.)	32	17	21	126
Inappropriate social media use (sexting, bullying, dangerous relationships, group challenges)	28	38	12	109
Limited access to mental health services	11	17	27	94
Bullying	38	17	10	90
Limited physical activity	5	11	21	83
answered question				195
skipped question				3

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	66.16%	131
Decreasing stress	26.77%	53
Better sleep	31.82%	63
Drinking more water	23.23%	46
Eating more fruits or vegetables	22.22%	44
answered question		198
skipped question		0

What do you feel prevents you from being healthier?				
Answer Options	1st	2nd	3rd	Response Count
Lack of motivation	53	41	26	138
Not enough time	52	32	29	127
Other priorities	16	42	35	110
answered question				193
skipped question				5

What would help you start or maintain a healthier lifestyle?				
Answer Options	1st	2nd	3rd	Response Count
Affordable wellness and fitness facilities	23	21	23	81
Having a support system	20	27	21	81
Time management skills	23	22	17	77
Access to a health coach	38	17	15	72
Lower priced fresh food and produce	17	24	11	70
answered question				191
skipped question				7

What are the top 3 social issues facing people in your community?				
Answer Options	1st	2nd	3rd	Response Count
Social media/technology use	32	30	38	113
Poor parenting skills	33	31	29	110
Lack of affordable housing	42	29	23	101
answered question				195
skipped question				3

What additional health care services would you like to see available in your community?	
Open-Ended Response Themes	Response Count
Mental health services	30
Affordable fitness centers/physical activities	7
Dental access	5
Urgent care	4
Various additional specialists	3
	92

Many experts believe the biggest reason people engage in limited or no exercise is that they are not properly motivated. Regardless of other pressures and circumstances existing in a person's life, experts claim an individual must make a personal commitment to themselves to exercise; one that establishes the importance of exercise to a healthy lifestyle. If you lack proper

motivation to exercise, try seeking a support system from family or friends, or hire a professional trainer to help you get the results that will keep you going. *Source: www.livestrong.com*

D. Access to Health Information

One of the main benefits of electronic health records (EHRs) is increased access to information. Benefits include:

- EHRs reduce your paperwork.
- EHRs get your information accurately into the hands of people who need it.
- EHRs help your doctors coordinate your care and protect your safety.
- EHRs reduce unnecessary tests and procedures.
- EHRs give you direct access to your health records.

Source: www.healthit.gov

XIII. EVALUATION OF IMPACT OF 2016 CHNA

Strategy #1:

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 health screens, classes, speaking events and health fairs. Continue to provide education and classes to promote smoking cessation.

Updates - WHC:

- continues to hold its monthly 'Speakers Series' presentations with various speakers and health-related topics.
- provides weekly health-related lessons at the Summer Feeding Lunch Program (June-July).
- provides monthly health-related lessons to third and fourth graders at all W-SR Elementary Schools and Wapsie Valley (including tobacco cessation lessons).
- publishes the "Nurse's Notes" monthly newsletter that is distributed to all K-6 graders at W-SR, Janesville and Wapsie Valley Schools.
- participates in 7 to 10 area health fairs a year.
- provides 8 to 12 on-site health screens to W-burg students and area businesses each year.
- offers the annual Compass wellness program, in collaboration with Wartburg College (20 participants).
- speakers bureau presents to 10 to 15 area groups and organizations each year.
- continues to host the following support groups:
 - Alzheimer's/Dementia Music Therapy and Caregiver Support Group
 - Breastfeeding Support Group
 - Finding Support for Families of Children with Special Needs (NEW)
 - Healthy You Weight Loss Support Group (NEW)
 - Parkinson's Caregiver and Support Group
 - Parkinson's Singing Group
 - Stroke Support 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 WHC's service area.

Updates - WAPHL:

- started working with "Healthy Hometown Iowa" in 2018 to prioritize and implement a plan to make healthy choices easier. This includes a "Walking Audit" of Waverly.
- continues to submit a health-related article and recipe to Waverly Newspapers monthly.
- continues to post a health-related message, three times a 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.

Updates – WHC:

- began providing free wellness coaching for all of our surgical weight loss patients, Fall of 2018.
- began providing free wellness coaching for all patients admitted to WHC who desire the service, Fall of 2018.
- began providing free wellness coaching for all patients in our diabetes education program, November of 2017.
- continues to provide health screening services for local businesses.
- continues to promote our wellness coaching program at various community events and health fairs.

Strategy #2:

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:

July 1 2016 - June 30 2017

- Jodi Bangassar, ARNP, Nursing Home Care – Shell Rock Clinic
- Renu Bansal, MD – Christophel Clinic
- Stacia Danielson, ARNP – Behavioral Health
- Kathleen Heise, ARNP – *Ear, Nose & Throat Visiting Specialty Clinic & Walk-In Clinic*
- Connie Joylani, MD – Hospitalist
- Rajendra Singh, MD – Emergency Department
- Jessica Webb, DO – Shell Rock Clinic

July 2017 - June 2018

- Hetal Patel, MD – Shell Rock Clinic
- Monica Rotsaert, DO – Hospitalist
- The Walk-In Clinic opened in a new location, with expanded daytime hours
- Walk-In Wellness Screens offered (no appointment needed)

July 2018 - June 2019

- Alyssa Becker, ARNP – Walk-In Clinic
- Jan Davis, ARNP – Walk-In Clinic
- Dr. Colin DeFord – Nashua Clinic
- Carrie Evans, ARNP – Walk-In Clinic
- Katelyn Froehner, ARNP – Emergency Department
- J. Matthew Glascock, MD, FACS, FASMBS - General Surgery
- LeeAnn Hoodjer, ARNP – Shell Rock Clinic
- Saleena Neuhaus, LISW – Shell Rock Clinic
- Holly Wardlow, LISW – Women's Clinic
- Barbara Weno, MD, FACOG – Women's Clinic
- Orthopedic Clinic
- Pain Management Services

Strategy #3

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

Action Plan: Implement a unified electronic medical record that includes a patient portal to enhance patient access to information.

Updates:

July 1 2016 - June 30 2017

- New clinic patient portal launched

Action Plan: Integrate health coach concept in medical clinics to improve care coordination and effective use of services. Enhance management of patients with chronic care issues.

Updates:

July 1 2018 - June 30 2019

- Patient Care Navigators (Chronic Care Management program)

Action Plan: Effectively assess and communicate patient health literacy level to determine appropriate education strategies.

July 1 2016 - June 30 2019

- Health literacy task force was created and met from February through May of 2016.
- Implement a structured health literacy assessment for clinic patients, inpatients, surgery patients and emergency department patients. Document assessment results and recommendations in electronic medical record. Create expectation that care providers are reviewing assessment information and appropriately communicating with individual patients to ensure understanding.
- During appointment scheduling, consider encouraging patients to write down questions and to bring the list with them. Also consider offering patients a notepad and pen at check-in to write down their questions while they are waiting.
- Proceed with implementing health coach role in clinics. In combination with this role, consider follow-up phone calls after appointments to check for understanding and treatment compliance with appropriate patients.

Action Plan: Utilize teach-back/show me methods for patient education by all caregivers.

Updates:

Tracking of teach-back on medical/surgical floor includes percentage of patients discharged home that had at least one teach-back documented (excludes transfers and nursing home patients).

- July 2017 - June 2018: 94% of patients with documentation
- July 2018 - June 2019: 97% of patients with documentation

Strategy #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. Increase focus on immunizations for adults (flu, pneumonia, etc.).

Updates:

July 2018 - June 2019

- The Walk-In Clinic opened in a new location, with expanded daytime hours
- Walk-In Wellness Screens offered (no appointment needed)

Strategy #5 (strategy for key finding 4)

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 and other organizations.

July 1 2016 - June 30 2017

- Stacia Danielson, ARNP – Behavioral Health

July 2018 - June 2019

- LeeAnn Hoodjer, ARNP – Shell Rock Clinic
- Saleena Neuhaus, LISW – Shell Rock Clinic
- Holly Wardlow, LISW – Women's Clinic

Every November:

- "Grief and the Holidays" event at WHC, presented by Stacia Danielson, ARNP – Behavioral Health

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

Ongoing work with Regional, State and National resources.

XIV. STRATEGIES TO MEET HEALTH NEEDS (2019-22)

Key Findings

1. Chronic Disease Management:
 - d. Heart Disease (including high blood pressure and high cholesterol)
 - e. Cancer
 - f. 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

Strategies:

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.

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

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.

Owner: Community Relations

Referenced in WHC's 2019 – 2022 Strategic Plan: Strategy A4, Utilize the results of the Community Health Needs Assessment to support community needs.

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.

Owner: Administration

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

Owner: Administration

Referenced in WHC's 2019 – 2022 Strategic Plan: Strategy D2, Optimize patient engagement through the use of technology.

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.

Owner: Administration

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

Owner: Clinic Administration

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

Owner: Clinic Administration

Referenced in WHC's 2019 – 2022 Strategic Plan: Strategy D2, Optimize patient engagement through the use of technology.

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.

Owner: Community Relations

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

Owner: Nursing administration

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

Owner: Community Relations

Referenced in WHC's 2019 – 2022 Strategic Plan: Strategy A4, Utilize the results of the Community Health Needs Assessment to support community needs.

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.).

Owner: Clinic Administration

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

Owner: Clinic Administration

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

Owner: Clinic Administration

Referenced in WHC's 2019 – 2022 Strategic Plan: Strategy D2, Optimize patient engagement through the use of technology.

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, Pathway’s 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.

Referenced in WHC’s 2019 – 2022 Strategic Plan: Strategy A4, Utilize the results of the Community Health Needs Assessment to support community needs.

XV. AREAS OF CONCERN NOT INCLUDED IN STRATEGIES

Several additional 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
- 309 S Cherry Street — Shell Rock, 50670
(319) 885-4363
- 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:

- Christopheel 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, Waverly, 50677
(319) 352-8436
- Shell Rock Clinic — 1001 Mason Way, Shell Rock, 50670
(319) 885-6530

C. Area Public Health Offices

- **Bremer County Public Health**
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, New Hampton, 50659, (641) 394-2505
- Lutheran Services in Iowa — 106 16th Street, Waverly 50677, (319) 352-2630
- MercyOne — 217 20th Street NW, Waverly, 50677, (319) 352-9606
- Monarch Therapy Services
 - 505 Coates Street, Parkersburg, 50665, (319) 346-1216
 - 406 W Bremer, Waverly, 50677, (319) 346-1216
- North Iowa Counseling, LLC
- Pathways Behavioral Services
 - 111 10th Street SW, Waverly, 50677, (319) 352-2064
 - 315 North Main Street, Allison 50602, (319) 267-2629
 - 602 S. Washington Ave, Fredericksburg, (563) 237-5300
- Waverly Counseling Group — 118 First Street SW, Waverly, (319) 269-8948
- Waverly Health Center — Behavioral Health Services, 312 9th Street SW, Waverly,
(319) 483-1390