

# WAVERLY HEALTH — C E N T E R —

## **Community Health Needs Assessment**

**2016 - 2019**

*Released June 2016*

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## I. Introduction:

In the fall of 2015, 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 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.

## II. Table of Contents

I.	Introduction.....	1
II.	Table of Contents.....	3
III.	Executive Summary .....	4
IV.	Background.....	6
V.	About Waverly Health Center.....	7
VI.	Our Community .....	9
VII.	Process, Community Input and Data .....	16
VIII.	Health Needs of the Community .....	24
IX.	Key Finding #1: Chronic Disease Management.....	24
X.	Key Finding #2: Cancer Prevention and Treatment.....	29
XI.	Key Finding #3: Wellness Services.....	30
XII.	Key Finding #4: Access to Mental Health Services.....	35
XIII.	Strategies to Meet Health Care Needs.....	37
XIV.	Areas of Concern Not Included.....	39
XV.	Appendix .....	40

### 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. Seven hundred and fifteen (715) 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. Chimemaps, a service of the Iowa Hospital Association, was used to review specific disease encounters at Iowa hospitals. 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
  - 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

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.

## 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 2013 CHNA included:

- Chronic Disease Management:
  - High Blood Pressure
  - Heart Disease
  - Diabetes
- Cancer Prevention and Treatment
- Obesity Prevention and Treatment
- Access to Mental Health Services
- Access to Health Care Services
  - Underinsured/Uninsured
  - Access to a Primary Care Provider
- Youth Services and Education on Healthy Lifestyles

For the 2013 implementation plan, please go to: <http://bit.ly/1TXMYfS>

## 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 430 employees and 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
- The Spa



## Medical Clinics

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

## Specialty Clinics

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

## Visiting Specialist Clinics

- Audiology
- Dermatology
- Cardiology
- Ear, Nose & Throat
- Nephrology
- Orthopedic Surgery
- Pain Management
- Pulmonology
- Rheumatology
- Urology
- Vascular Medicine

## Economic Impact of Waverly Health Center



### 2016 Economic Impact of the Health Sector on Employment, Income, Retail Sales, and Sales Tax

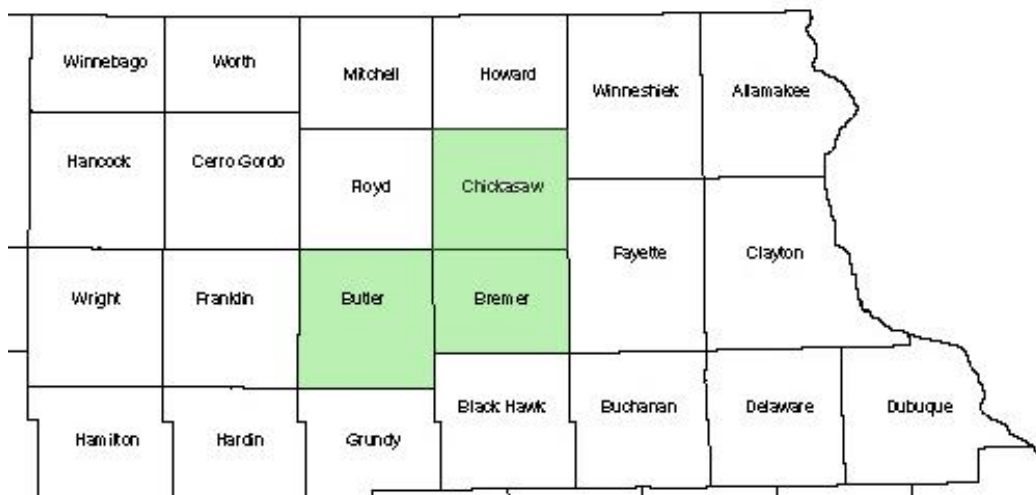
Bremer County

(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		
<b>Hospitals</b>								
Community Memorial Hospital - Sumner	91	1.48049	135	\$5,494,836	1.22695	\$6,741,899	\$1,157,287	\$69,437
Waverly Health Center	418	1.48049	619	\$29,559,753	1.22695	\$36,268,395	\$6,225,685	\$373,541
<b>HOSPITALS SUBTOTAL</b>	<b>509</b>	<b>1.48049</b>	<b>754</b>	<b>\$35,054,589</b>	<b>1.22695</b>	<b>\$43,010,294</b>	<b>\$7,382,972</b>	<b>\$442,978</b>
Offices of physicians	94	1.48389	139	\$6,150,267	1.24209	\$7,639,181	\$1,311,311	\$78,679
Offices of dentists	75	1.34532	101	\$3,499,127	1.24327	\$4,350,366	\$746,766	\$44,806
Offices of other health practitioners	188	1.30766	246	\$8,828,737	1.20920	\$10,675,720	\$1,832,551	\$109,953
<b>OFFICES SUBTOTAL</b>	<b>357</b>	<b>1.36134</b>	<b>486</b>	<b>\$18,478,131</b>	<b>1.22660</b>	<b>\$22,665,267</b>	<b>\$3,890,628</b>	<b>\$233,438</b>
Nursing Home & Community Care facilities	561	1.24672	700	\$17,969,072	1.24059	\$22,292,296	\$3,826,605	\$229,596
Mental health, substance abuse, other facilities	73	1.19195	87	\$2,393,567	1.18400	\$2,833,985	\$486,470	\$29,188
<b>NURSING HOMES AND OTHERS SUBTOTAL</b>	<b>634</b>	<b>1.24132</b>	<b>787</b>	<b>\$20,362,639</b>	<b>1.23394</b>	<b>\$25,126,281</b>	<b>\$4,313,075</b>	<b>\$258,784</b>
<b>Pharmacies</b>	<b>68</b>	<b>1.27613</b>	<b>87</b>	<b>\$2,183,000</b>	<b>1.27582</b>	<b>\$2,785,119</b>	<b>\$478,082</b>	<b>\$28,685</b>
<b>Other Medical &amp; Health Services</b>								
Medical and diagnostic laboratories	0	0.00000	0	\$0	0.00000	\$0	\$0	\$0
Outpatient care centers	23	1.44989	33	\$868,276	1.37235	\$1,191,582	\$204,542	\$12,273
Other ambulatory health care services	19	1.26725	25	\$558,808	1.31514	\$734,910	\$126,152	\$7,569
Dental laboratories	0	0.00000	0	\$0	0.00000	\$0	\$0	\$0
Home health care services	45	1.20539	54	\$1,693,832	1.17110	\$1,983,651	\$340,505	\$20,430
<b>OTHER MED/HLTH SVCS SUBTOTAL</b>	<b>88</b>	<b>1.27273</b>	<b>112</b>	<b>\$3,120,916</b>	<b>1.25288</b>	<b>\$3,910,143</b>	<b>\$671,199</b>	<b>\$40,272</b>
<b>TOTALS</b>	<b>1,656</b>		<b>2,226</b>	<b>\$79,199,275</b>		<b>\$97,497,104</b>	<b>\$16,735,956</b>	<b>\$1,004,157</b>

## 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 10,106. It serves as the county seat. The area is 435.48 square miles and is made up of 9 communities with a combined population of 24,722. This is an increase from the 1990, 2000 and 2010 census data. Other cities in the Bremer County include Denver, Frederika, Janesville, Plainfield, Readlyn, Shell Rock, Sumner and Tripoli. *Source: [www.city-data.com](http://www.city-data.com); [www.census.gov](http://www.census.gov)*

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

*Source: [www.census.gov](http://www.census.gov)*

#### Butler County

Allison serves as the county seat of Butler County. It has a population of 1,029 people. The area is 580.13 square miles and is made up of 10 communities with a combined population of 14,915, a decrease from the 1990, 2000 and 2010 census data. Other cities in Butler County include Aplington, Aredale, Bristow, Clarksville, Dumont, Greene, New Hartford, Parkersburg and Shell Rock. *Source: [www.city-data.com](http://www.city-data.com); U.S. Census Bureau*

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

Source: [www.census.gov](http://www.census.gov)

## Chickasaw County

New Hampton serves as the county seat of Chickasaw County. It has a population of 3,571 people. The area is 504.4 square miles and is made up of 9 communities with a combined population of 12,264 people, a decrease from the 1990, 2000 and 2010 census data. Other cities in Chickasaw County include Alta Vista, Bassett, Fredericksburg, Ionia, Lawler, Nashua, New Hampton, North Washington and Provitin. Source: [www.civicdashboards.com](http://www.civicdashboards.com)

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

Source: [www.census.gov](http://www.census.gov)

## B. Social & Economic Factors:

	Bremer County	Butler County	Chickasaw County	Iowa
Persons per square mile	56.22	25.8	24.44	54.11
White persons %	97%	98.1%	97.4%	92.1%
Black persons %	1%	0.3%	0.3%	3.4%
Females %	50.8%	50.5%	50%	50.3%
Veterans	1,733	1,013	1,137	219,006
Median residents age	39.3	43.8	43.7	38.2
Median household income, 2010-14	\$61,619	\$51,701	\$46,020	\$52,716
Homeownership rate, 2010-14	80.7%	79.7%	78.9%	70.9%
Median value of owner-occupied housing units, 2010-14	\$146,000	\$104,000	\$99,000	\$126,300
Unemployment rate	3.8%	4.4%	4.9%	4.4%
Population in poverty	7.9%	9.2%	9.8%	12.2%
Children eligible for free/reduced price lunch	14%	30%	19%	32%
Children in single-parent households	18%	20%	30%	29%
Violent crimes (per 100,000)	256	16	64	263
Injury deaths (per 100,000)	46	55	65	60
Infant mortality (per 100,000 deaths)	6.9	3.5	1.3	5.2
Low birth weight	7.1%	5.8%	4.3%	6.8%

Sources: [www.city-data.com](http://www.city-data.com); U.S Census Bureau, [www.countyhealthrankings.org](http://www.countyhealthrankings.org); <http://www.civicdashboards.com>

Economic and social insecurity often are 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.

### C. Education Level

Education Levels		
	High School Graduate or Higher	Percent Population Age 25-44 with some College
Bremer County	96%	78%
Butler County	95%	68%
Chickasaw County	93%	59%
Iowa	89%	69%
United States	86.3%	29.3%

Data source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

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

### D. Health Factors

	Bremer County	Butler County	Chickasaw County	Iowa
Uninsured Population (18-64)	7%	9%	11%	10%
Disabled (under age 65)	5.4%	5.1%	8.5%	12.55
Mental Health Providers	1,070:1	1,880:1	1,530:1	830:1
Primary Care Physicians	1,640:1	5,010:1	2,050:1	1,350:1
Adult Obesity	32%	33%	31%	31%
Physical Inactivity	25%	29%	24%	25%
Percent Adults (18+) with Inadequate Fruit/Vegetable Consumption	86.5%	90.4%	Suppressed	80.7%
Adult Smoking	15%	15%	18%	19%
Sexually Transmitted Infections (per 100,000)	290.0	266.9	122.2	356.3
Mammography Screening	77%	78%	74%	67%

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

#### Access to health care:

Access to health services involves finding a health care provider with whom the patient can communicate and trust to achieve the best health outcomes.

**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:**

- Cost
- Lack of insurance coverage

**Consequences and risks:**

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Hospitalizations that could have been prevented

*Source: [www.healthypeople.gov/2020](http://www.healthypeople.gov/2020)*

**Access to mental health care:**

Millions of people in the U.S. experience one or more mental health disorder at some time during their lifetime. Nearly one-third of the U.S. population experiences one or more disorder in a year. Some conditions and combinations of conditions are more disabling and are likely to have a more pronounced effect on education, income, employment, and other life prospects.

**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

**In Iowa:**

- 43.3% of adults with a mental illness received no treatment in 2012-2013.
- 21.3% of adults with a mental illness report they are not able to get the treatment they need. Unlike the number of people with mental illness who did not receive treatment, the individuals who are reporting unmet need are seeking treatment and facing barriers to getting the help they need.

*Source: [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)*

*Source: [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)*

## Obesity

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

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.

	Bremer County	Butler County	Chickasaw County	Iowa
Adult Obesity	32%	33%	31%	31%

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

## Fruit and Vegetable Consumption

In the report area an estimated 88% of adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day. 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.

Report Area	Percent Adults (Age 18+) with Inadequate Fruit/Vegetable Consumption
Report Area	88%
Bremer County	86.5%
Butler County	90.4%
Chickasaw County	suppressed
Iowa	80.7%
United States	75.7%

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. 2005-09. Source geography: County

## Physical Inactivity

Within the report area, 24.4% of adults aged 20 and older self-report no leisure time activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" 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.

Report Area	Percent Population (Age 20+) with no Leisure Time Physical Activity
Report Area	24.4%
Bremer County	25%
Butler County	29%
Chickasaw County	24%
Iowa	25%
United States	22.6%

*Note: This indicator is compared with the state average. Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County*

**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 Rate:** This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Report Area	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)	Low Birth Rate
Report Area	13	4.5	6%
Bremer County	9	6.9	7.1%
Butler County	3	3.5	5.8%
Chickasaw County	1	1.3	4.3%
Iowa	1,039	5.2	6.8%
United States	136,369	6.5	8.2%

*Note: This indicator is compared with the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2006-10. Source geography: County, US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County*

In Bremer County the infant mortality rate for 2015 was 6.9 per 1,000 births. The state and national average were 5.2 and 6.5, respectively.

Low birth weight in Bremer County was at 7.1% in 2015. The state and national average were 6.8% and 8.2% respectively.

#### E. County Health Rankings (of 99 Iowa Counties)

<b>County Rankings</b> <i>1 – highest; 99 - lowest</i>	<b>Bremer County</b>	<b>Butler County</b>	<b>Chickasaw County</b>
<b>Health Outcomes</b> (how healthy a county is)	<b>7</b>	<b>12</b>	<b>10</b>
<b>Quality of Life</b> (how healthy people feel while alive – overall, physical, mental health)	<b>21</b>	<b>7</b>	<b>11</b>
<b>Health Factors</b> (measures four types of health factors: health behaviors, clinical care, social and economic and physical environment factors)	<b>4</b>	<b>22</b>	<b>49</b>
<b>Health Behaviors</b> (a person's beliefs and actions regarding their health and well-being)	<b>14</b>	<b>37</b>	<b>48</b>
<b>Clinical Care Rank</b> (access/quality of care)	<b>4</b>	<b>31</b>	<b>51</b>

*Source: [www.countyhealthrankings.org](http://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, but there is improvement opportunity throughout the region.



## 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 2015 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 met monthly and their 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 28-question survey was created. The survey opportunity was publicized in area newspapers and online from September 21, through November 2, 2015 via the following venues:

- A media release was sent out September 21, 2015, to over 30 print, radio, cable and television contacts.
- An article was printed in the October edition of the Waverly Newspaper.
- 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, Wapsi 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).
- 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.

### Review of Primary Data:

715 people completed the survey with the following top responses:

- 23.5% were aged 50-59.
- 81% were female.
- 49.2% heard about the survey through email and 49.2% heard about the survey through their workplace (more than one option could be selected).
- 69.1% live in Bremer County; 10.1% live in Butler County; 7.3% live in Chickasaw County.
- 76.5% work in Bremer County; 2.5% work in Butler County; 3.1% work in Chickasaw County.
- 97.7% are white or Caucasian.
- 37.8% are college graduates.
- 53.9% rate the overall health of our community as 'healthy.'
- 53.8% rated their personal health as 'healthy.'

**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)	217	123	64	404
Good jobs and healthy economy	96	85	72	253
Healthy behaviors and lifestyles	93	72	81	246
answered question				635
skipped question				80

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

Answer Options	1st	2nd	3rd	Response Count
Obesity	100	94	94	288
Aging (orthopedic, hearing/vision loss, dementia, etc.)	153	51	69	273
Cancer	108	70	59	237
Mental Health (depression, addiction, post-traumatic stress, etc.)	61	87	76	224
Heart disease/stroke	35	79	62	176
answered question				629
skipped question				86

What do you think are the 3 most “risky behaviors” in your community?				
Answer Options	1st	2nd	3rd	Response Count
Texting or using a cell phone while driving	133	103	101	337
Alcohol abuse	164	77	80	321
Physical inactivity	107	96	86	289
answered question				630
skipped question				85

What do you think are the top 3 health concerns relative to children’s health in your community?				
Answer Options	1st	2nd	3rd	Response Count
Too much screen time (TV, computers, etc.)	130	94	133	357
Unhealthy diet	121	94	72	287
Limited physical activity	42	94	84	220
answered question				625
skipped question				90

What 2 healthy behaviors would you like to start or improve?				
Answer Options	1st	2nd	Response Count	
Getting more physical activity	208	134	342	
Decreasing stress	108	85	193	
Better sleep	115	76	191	
Drinking more water	91	89	180	
Eating more fruits or vegetables	55	111	166	
answered question				616
skipped question				99

What do you feel prevents you from being healthier?				
Answer Options	1st	2nd	3rd	Response Count
Lack of motivation	198	92	109	399
Not enough time	177	161	60	398
Other priorities	75	139	129	343
answered question				594
skipped question				121

What would help you start or maintain a healthier lifestyle?				
Answer Options	1st	2nd	3rd	Response Count
Lower priced fresh food and produce available	94	103	85	282
Affordable wellness and fitness facilities	126	87	56	269
Health incentive programs offered by my health insurance	80	71	63	214
Employee wellness programs	42	61	56	159
Access to a health coach	74	34	48	156
answered question				539
skipped question				176

What are the top 3 social issues facing people in your community?				
Answer Options	1st	2nd	3rd	Response Count
Poor parenting skills	113	107	68	288
Single parent families	89	93	76	258
Lack of affordable housing	112	59	60	231
answered question				562
skipped question				153

What additional health care services would you like to see available in your community?	
Open-Ended Response Themes	Response Count
Mental Health Services	33
Expanded Clinic Hours/Urgent Care	11
Affordable Fitness Centers/Physical Activities	11
Dermatology	9
Various Additional Specialists	9
	189

## Secondary Data:

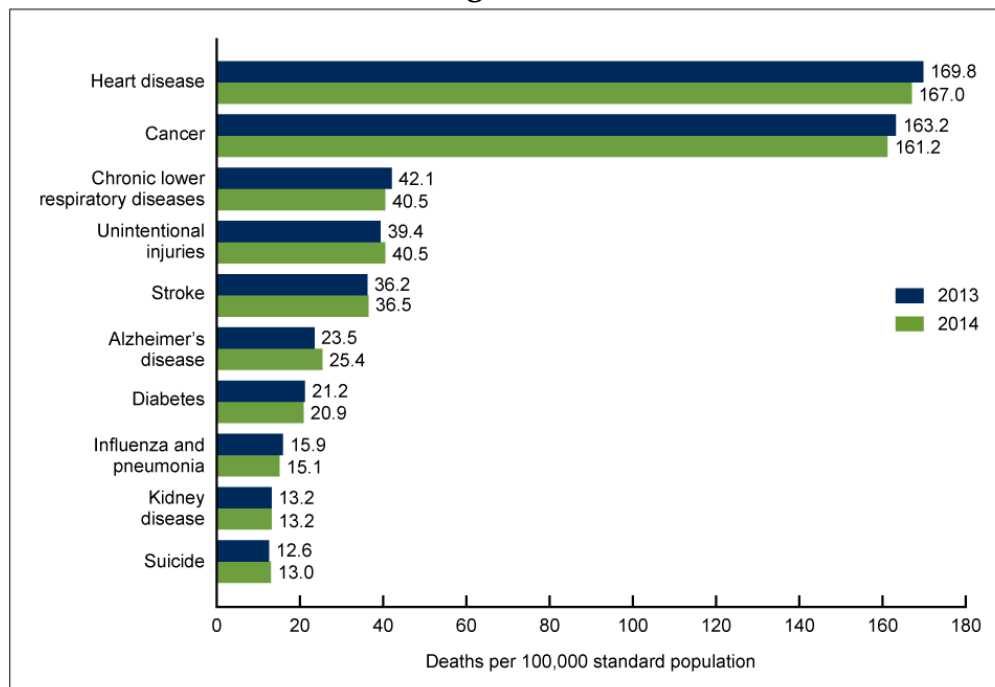
Multiple secondary data sources were consulted to gather pertinent health indicator data for our service area. Data included a review of the following sources:

- Bremer County Public Health Department
- Butler County Public Health Department
- Chickasaw County Public Health Department
- Centers for Disease Control and Prevention
- Community Health Status Indicators
- Health Resources and Services Administration
- Iowa Hospital Association

- Iowa Department of Public Health
- National Center for Health Statistics
- U.S. Census Bureau
- [www.chna.org](http://www.chna.org)
- [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
- State Health Registry of Iowa, 2014
- [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)
- [FightChronicDisease.org/Iowa](http://FightChronicDisease.org/Iowa)
- [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)
- [www.livestrong.com](http://www.livestrong.com)
- [www.healthit.gov](http://www.healthit.gov)

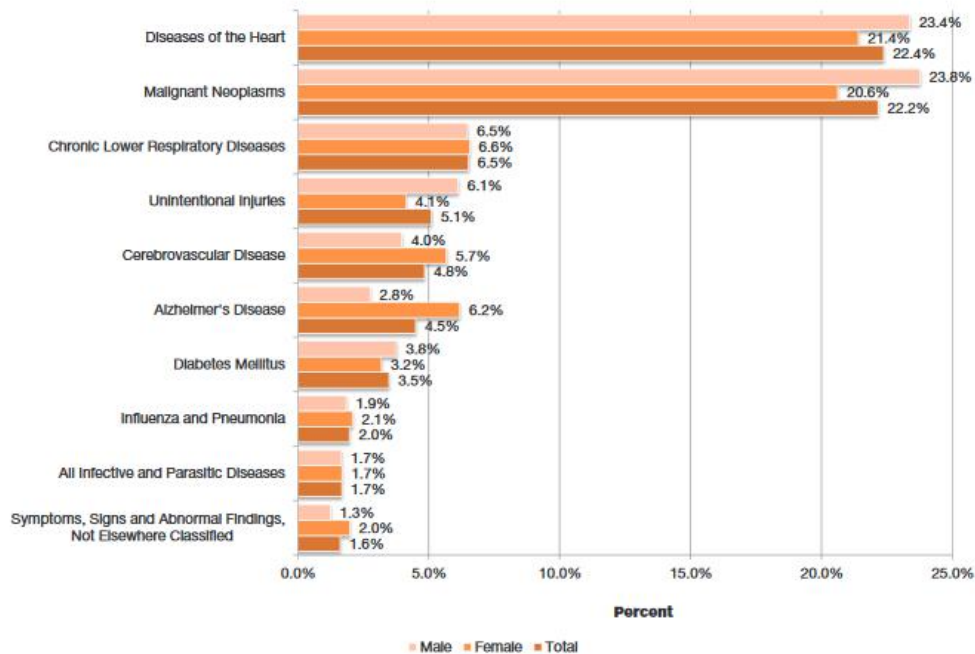
## Review of Secondary Data:

### Age-Adjusted Death Rates for the 10 Leading Causes of Death: United States, 2013 and 2014:



NOTES: A total of 2,626,418 resident deaths were registered in the United States in 2014. The 10 leading causes accounted for 73.8% of all deaths in the United States in 2014. Access data table for Figure 3 at: [http://www.cdc.gov/nchs/data/databriefs/db229\\_table.pdf#1](http://www.cdc.gov/nchs/data/databriefs/db229_table.pdf#1). Causes of death are ranked according to number of deaths.  
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

## 10 Leading Causes of Death as % of All Deaths by Gender – Iowa 2014



Source:

[www.idph.iowa.gov](http://www.idph.iowa.gov)

## Leading Causes of Death by County:

2010-14 Death Rate/100,000 population	Bremer County	Butler County	Chickasaw County	Iowa	U.S.
Heart disease	190.0	213.39	210.43	157.28	166.99
Cancer	142.23	166.81	163.97	165.99	161.22
Chronic Lung Disease	27	35.76	37.01	47.73	40.45
Unintentional Injuries	29.15	41.04	49.39	42.07	40.51
Stroke	41.92	52.06	33.96	34.05	36.47
Alzheimer's	22.34	14.26	14.77	29.59	25.44
Diabetes	10.32	19.11	13.49	25.63	20.95
Pneumonia / Influenza	11.56	18.25	9.46	13.68	15.13
Suicide	9.95	10.93	14.57	12.91	12.97
Hypertension / Renal	5.29	5.3	4.81	7.95	8.17
Parkinson's	6.62	10.0	8.79	7.47	7.38

Source: <http://www.worldlifeexpectancy.com> - We use the most recent data from these primary sources: WHO, World Bank, UNESCO, CIA and individual country databases for global health and causes of death. We use the CDC, NIH and individual state and county databases for verification and supplementation for USA data.

Heart disease, cancer and stroke are the three health conditions most prevalent in our tri-county service territory. In most counties, these conditions rank higher than our state figures.

In 2015, Iowa's 99 county public health departments completed a comprehensive analysis of their community health needs, prioritized which needs would be included in a health improvement plan, and submitted this information to the Iowa Department of Public Health (IDPH). The full reports are available at <http://idph.iowa.gov/chnahip/health-improvement-plans>.

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

**Bremer County, IA**  
FEBRUARY 24, 2016  
COMMUNITY HEALTH NEEDS ASSESSMENT SNAPSHOT

**Promote Healthy Living**  
Priority #1 Heart Disease  
Priority #2 Healthy Lifestyles/Behaviors  
Priority #3 Addictive Behaviors

**Prevent Injuries & Violence**  
Priority #1 Unintentional Injuries

**Protect Against Environmental Hazards**  
Priority #1 Radon Exposure  
Priority #2 Carbon Monoxide Poisoning

**Prevent Epidemics & the Spread of Disease**  
Priority #1 HIV Screenings  
Priority #2 Sexually Transmitted Diseases (STDs)  
Priority #3 Pneumonia or Influenza Hospitalization Rate

**Prepare for, Respond to, & Recover from Public Health Emergencies**  
Priority #1 Individual Preparedness

**Strengthen the Health Infrastructure**  
Priority #1 Access to Maternal and Child Health Programs  
Priority #2 Insufficient Social and Emotional Support

**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

**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



## VIII. Health Needs of the Community

The community outreach specialist and director of community relations 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:
1) Chronic Disease Management: <ul style="list-style-type: none"><li>• Heart Disease</li><li>• High Blood Pressure</li><li>• Stroke</li></ul>
2) Cancer Prevention and Treatment
3) Wellness Services: <ul style="list-style-type: none"><li>• Obesity Prevention</li><li>• Preventative Exams and Vaccinations</li><li>• Wellness Programming</li><li>• Access to Health Information</li></ul>
4) Access to Mental Health Services

## IX. Key Finding #1: Chronic Disease Management

- **Heart Disease**
- **High Blood Pressure**
- **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. In 2015, 1.8 million people in Iowa had at least one chronic disease; 701,000 had two or more chronic diseases. Of the five leading causes of death in Iowa, four are from chronic diseases.

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

### A. Heart Disease

Heart disease includes conditions affecting the heart, such as coronary heart disease, heart attack, congestive heart failure and congenital heart disease. More than half of the deaths that occur as a result of heart disease are in men. 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:

**Adults that have ever been told by a doctor that they have coronary heart disease or angina:**

Report Area	Percent with Heart Disease (Age 18+)	Percent with Heart Disease (Medicare Population)	Heart Disease Mortality	Ischemic Heart Disease Mortality
Report Area	4%	28.58%	177.29	130.8
Bremer County	5.7%	27.67%	162.5	114.4
Butler County	1.8%	30.05%	191.9	143.4
Chickasaw County	No data	28.32%	188.8	148
Iowa	4.2%	25.25%	170.9	122.6
United States	4.4%	28.55%	175	109.5

*Note: This indicator is compared with the state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County*

This indicator is relevant because coronary 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.

**Adults who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood cholesterol.**

Report Area	Percent Adults with High Cholesterol	Percent with High Cholesterol (Medicare Population)
Report Area	38.35%	42.38%
Bremer County	34.54%	43.79%
Butler County	43.31%	45.93%
Chickasaw County	no data	35.27%
Iowa	37.91%	40.25%
United States	38.52%	44.75%

*Note: This indicator is compared with the state average. Data Source: Centers for Medicare and Medicaid Services. 2012. Source geography: County; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County*

High blood cholesterol is one of the major risk factors for heart disease. A risk factor is a condition that increases one's chance of getting a disease. In fact, the higher the blood cholesterol level, the greater the risk for developing heart disease or having a heart attack.

### Consequences and risks:

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

- High blood pressure
- Cigarette smoking
- Poor diet
- Physical inactivity
- Overweight and obesity
- Excessive alcohol intake

- Stress

## B. 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:

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. This indicator reports the percentage of adults aged 18 and older who self-report that they are not taking medication for their high blood pressure. Engaging in preventive behaviors decreases the likelihood of developing future health problems.

### Adults that have ever been told by a doctor that they have high blood pressure or hypertension.

Report Area	Percent Adults with High Blood Pressure (Age 18+)	Percent with High Blood Pressure (Medicare Population)	Percent Adults Not Taking Medication
Report Area	23.2%	<b>53.57%</b>	13.9%
Bremer County	<b>26.6%</b>	<b>53.82%</b>	<b>29.4%</b>
Butler County	21.8%	<b>56.46%</b>	No data
Chickasaw County	18.2%	49.39%	No data
Iowa	25.2%	51.16%	19.1%
United States	28.16%	55.49%	21.7%

*Note: This indicator is compared with the state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System*

### Consequences and risks

Unhealthy lifestyle habits can cause high blood pressure, including:

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

## C. Stroke

Stroke is a leading cause of death in the United States. Both Bremer and Butler Counties have a higher stroke death rate than Iowa.

2010-14 Death Rate	Bremer County	Butler County	Chickasaw County	Iowa	U.S.
Stroke	<b>41.92</b>	<b>52.06</b>	33.96	34.05	36.47

[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

### *Consequences & Risks:*

The major risk factors for stroke include:

- **High blood pressure.** High blood pressure is the main risk factor for stroke. Blood pressure is considered high if it stays at or above 140/90 millimeters of mercury (mmHg) over time. If you have diabetes or chronic kidney disease, high blood pressure is defined as 130/80 mmHg or higher.
- **Diabetes.** Diabetes is a disease in which the blood sugar level is high because the body doesn't make enough insulin or doesn't use its insulin properly. Insulin is a hormone that helps move blood sugar into cells where it's used for energy.
- **Heart Disease.** Coronary heart disease, cardiomyopathy, heart failure, and atrial fibrillation can cause blood clots that can lead to a stroke.
- **Smoking.** Smoking can damage blood vessels and raise blood pressure. Smoking also may reduce the amount of oxygen that reaches your body's tissues. Exposure to secondhand smoke also can damage the blood vessels.

Other risk factors include:

- Alcohol and illegal drug use, including cocaine, amphetamines, and other drugs
- Certain medical conditions, such as sickle cell disease, vasculitis (inflammation of the blood vessels), and bleeding disorders
- Lack of physical activity
- Overweight and obesity
- Stress and depression
- Unhealthy cholesterol levels
- Unhealthy diet

## X. Key Finding #2: Cancer Prevention and Treatment

Cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions. At least 12.6 million people are diagnosed with cancer around the world every year, and more than 7.5 million die of the disease – a toll that is steadily rising in every country as the population expands and people live longer, according to research by the World Health Organization.

Currently, approximately 135,000 Iowans are living with a cancer diagnoses. Estimates suggest that nearly 6,500 Iowans will die from cancer in 2016, while another 17,000 will be diagnosed this year. Yet, half of all cancer deaths are preventable and nearly one third are caused by obesity, physical inactivity and poor nutrition.

### *Indicators:*

2010-14 Death Rate/100,000 population	Bremer County	Butler County	Chickasaw County	Iowa	U.S.
Cancer	142.23	166.81	163.97	165.99	161.22

[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

### *Consequences and Risks:*

Accounting for more than one-half of all cancer deaths, the leading causes of cancer mortality among both men and women in Iowa include: lung, breast, colon/rectum and prostate.

In the coming decade, as the number of cancer survivors approaches 12 million, understanding survivors' health status and behaviors will become increasingly important. Many cancers are preventable by reducing risk factors such as:

- Use of tobacco products
- Physical inactivity
- Poor nutrition
- Obesity
- Ultraviolet light exposure

## XI. Key Finding #3: Wellness Services

### A. Obesity Prevention

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

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.

A nutritious, balanced diet aids in preventing overweight and obesity, hypertension, and high cholesterol.

#### **Indicators:**

31.3% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Percent (Age 20+) Adults with BMI > 30.0 (Obese)	Percent (Age 20+) Adults with BMI 25.0 - 29.9 (Overweight)
Report Area	31.3%	35.3%
Bremer County	31.4%	36.5%
Butler County	32.2%	34%
Chickasaw County	30%	No data
Iowa	30.4%	35%
United States	27.1%	35.8%

*Note: This indicator is compared with the state average. Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County*

### ***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**

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)

### **Mammography**

About 1 in 8 women in the U.S. will develop breast cancer over the course of her lifetime, and more than 39,000 women died of breast cancer in 2013 alone. 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.

	<b>Bremer County</b>	<b>Butler County</b>	<b>Chickasaw County</b>	<b>Iowa</b>
<b>Mammography Screening</b>	77%	78%	74%	67%

*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.

<b>Report Area</b>	<b>Age-Adjusted Percentage</b>
Report Area	80.4%
Bremer County	<b>78.1%</b>
Butler County	84.2%
Chickasaw County	suppressed
Iowa	79.5%
United States	78.5%

*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	<b>56.2%</b>
Bremer County	61.9%
Butler County	<b>59.4%</b>
Chickasaw County	<b>42.4%</b>
Iowa	60%
United States	61.3%

*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.

### HIV Screening

This indicator reports the percentage of adults age 18-70 who self-report that they have never been screened for HIV. It is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems and it 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.

Report Area	Percent Adults Self-Reporting They Were Never Screened for HIV/AIDS
Report Area	<b>85.1%</b>
Bremer County	<b>86.88%</b>
Butler County	<b>82.83%</b>
Chickasaw County	No data
Iowa	73.82%
United States	62.79%

## C. Wellness Programming

From the community health survey, “getting more physical activity” ranked highest as a response, but when asked “what do you feel prevents you from being healthier?” – the highest response was “lack of motivation.”

What 2 healthy behaviors would you like to start or improve?				
Answer Options	1st	2nd		Response Count
Getting more physical activity	208	134		342
Decreasing stress	108	85		193
Better sleep	115	76		191
Drinking more water	91	89		180
Eating more fruits or vegetables	55	111		166
answered question				616
skipped question				99
What do you feel prevents you from being healthier?				
Answer Options	1st	2nd	3rd	Response Count
Lack of motivation	198	92	109	399
Not enough time	177	161	60	398
Other priorities	75	139	129	343
answered question				594
skipped question				121
What would help you start or maintain a healthier lifestyle?				
Answer Options	1st	2nd	3rd	Response Count
Lower priced fresh food and produce available	94	103	85	282
Affordable wellness and fitness facilities	126	87	56	269
Health incentive programs offered by my health insurance	80	71	63	214
Employee wellness programs	42	61	56	159
Access to a health coach	74	34	48	156
answered question				539
skipped question				176

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](http://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](http://www.healthit.gov)*

## XII. Key Finding #4: 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 percent of all years of life lost to disability and premature mortality. Moreover, suicide is the 10th leading cause of death in the United States, accounting for the deaths of over 40,000 in 2013.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. 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.

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.

Report Area	Number of Mental Health Providers	Mental Health Care Provider Rate (Per 100,000 Population)
Report Area	39	75
Bremer County	23	93
Butler County	8	53.3
Chickasaw County	8	65.2
Iowa	3,763	125.1
United States	643,219	202.8

*Note: This indicator is compared with the state average. Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016. Source geography: County*

### Lack of Social or Emotional Support

This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

Report Area	Age-Adjusted Percentage (Age 18+)
Report Area	16.9%
Bremer County	16.3%
Butler County	22.5%
Chickasaw County	11.2%
Iowa	15.3%
United States	20.7%

*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*

### **XIII. Strategies to Meet Health Needs**

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

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

**Action Plan:** Sponsor community activities that promote healthy lifestyle choices and chronic disease prevention and management. Provide health education to the community in the forms of health screens, 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 WHC's service area.

**Owner:** Community Relations

**Action Plan:** Strengthen employer wellness programming and wellness coaching and continue outreach to citizens at large.

**Owner:** Community Relations

#### **Strategy #2 (*strategy for key findings 1, 2, 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, Community Relations

#### **Strategy #3 (*strategy for key findings 1, 2 and 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.

**Owner:** Administration, Information systems

**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.

**Owner:** Clinic Administration

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

**Owner:** Administration

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

**Owner:** Nursing Administration, Clinic Administration

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

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

**Action Plan:** Increase percentage of wellness and preventative screenings for all clinic patients through effective communication and scheduling. Increase focus on immunizations for adults (flu, pneumonia, etc.).

**Owner:** Clinic Administration

#### **Strategy #5 (*strategy for key finding 4*)**

Enhance access to mental health services.

**Action Plan:** Continue community outreach programs and collaborative educational programs with Foundation 2, Alzheimer's Association, Bremer County Veterans Affairs, Pathways Behavioral Services 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

## XIV. 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.

- **Infant mortality & low birth weight** – Bremer County has higher infant mortality and low birth weight rates than the state. More research needs to be completed to determine the factors surrounding this issue before an action plan can be developed.
- **Unintentional injuries** – 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.
- **Aging (orthopedic, hearing/vision loss, dementia, etc.)** – WHC currently offers several services and educational programming related to issues as people age. Therefore it is not necessary to define a specific action plan for this concern.
- **Lifestyle factors related to texting/talking while driving** – 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.
- **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.



## **XV. Appendix**

### **A. Health Services in the Area**

#### **Waverly Health Center**

312 Ninth Street, SW  
Waverly, IA 50677  
(319) 352-4120

#### **Community Memorial Hospital**

909 W First Street  
Sumner, IA 50674  
(563) 578-3275

#### **Covenant Clinics (Wheaton Franciscan Healthcare):**

- 217 20th Street NW — Waverly 50677  
(319) 352-9500
- 309 S Cherry Street — Shell Rock 50670  
(319) 885-4363
- 602 7th Ave, SW — Tripoli 50676  
(319) 882-3534
- 1306 HWY 57, Unit A - Parkersburg, IA 50665  
(319) 346-1330

#### **UnityPoint Family Medicine Clinics:**

- 502 Locust — Allison 50602  
(319) 267-2759
- 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

### **B. Area Public Health Offices**

#### **Bremer County Public Health**

403 3rd St SE, Waverly, IA 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

**C. Area Counseling Services:**

- Cedar Valley Mental Health Center
  - 111 Tenth Street SW, Waverly 50677, (319) 352-2064
  - 315 North Main Street, Allison 50602, (319) 267-2965
- Monarch Therapy Services, 406 W Bremer Ave, Ste C, Waverly, 50677
- New Directions Counseling, 505 Coates Street, Parkersburg, 50665, (319) 346-9886
- Pathways Behavioral Services
  - 111 10<sup>th</sup> Street SW, Waverly, 50677, (319) 352-2064
  - 915 Third Street, Allison, 50602, (319) 267-2629
- Covenant Clinic Counseling Services, 217 20th Street NW, Waverly 50677  
(319) 352-9606
- Waverly Health Care, Behavioral Health Clinic – 312 9th Street SW, Waverly, 50677  
(319) 483-1390
- Lutheran Services of Iowa, 106 16<sup>th</sup> Street, Waverly 50677, (319) 352-2630