



Community Health Needs Assessment

2025 - 2028

Released September 2025

I. INTRODUCTION

In January 2025, Waverly Health Center (WHC) started a community health needs assessment (CHNA) to support its mission to provide high quality, person-centered health care. The assessment was also completed to comply with the *Patient Protection and Affordable Care Act of 2010* and federal tax-exemption requirements, and to identify health needs of the community to help prioritize the allocation of hospital resources to meet those needs.

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

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

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

- The community served by WHC was defined utilizing data on patient origin.
- Population demographics and socioeconomic characteristics of the service area were gathered and reported using various sources.
- The health status of the service area was reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by county. Health factors with significant opportunity for improvement were noted.
- Through a collaborative process with other area hospitals, public health departments and service organizations, 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 and shared with the public.

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III. EXECUTIVE SUMMARY

Waverly Health Center started the community health needs assessment in collaboration with other area hospitals, public health departments and service organizations. To ensure input from the medically underserved, chronically ill, low income and minority populations in our service area, local agencies that serve those populations were invited to participate in a comprehensive community needs survey.

The primary method of research was an online survey with a series of rank-order, multiple choice and open-ended questions. The opportunity to participate in the survey was communicated to area residents and agencies through multiple mediums and was available through a link on the hospital's website. Two hundred and forty (240) 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. Cancer
 - b. Diabetes
 - c. Heart Disease (*including hypertension and hyperlipidemia*)
 - d. Stroke
2. Access to Mental Health Services
3. Wellness and Aging Services:
 - a. Obesity Reduction
 - b. Preventative Exams and Vaccinations
4. Unintentional Injuries (*falls and motor vehicle accidents*)

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

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 2025 CHNA included:

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

For the 2025 implementation plan, please use this link: [2025 CHNA Implementation Plan](#)

V. ABOUT WAVERLY HEALTH CENTER

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

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

Our Mission

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

Our Vision

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

Our Values

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

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

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

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

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

Leadership “We will provide vision and guidance.”

Hospital Services

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

Family Practice Clinics

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

Same Day Services

- Walk-In Clinic

Specialty Clinics

- General Surgery Clinic

- Women's Clinic & Behavioral Health

Visiting Specialist Clinics

- Cardiology
- Dermatology
- Ear, Nose & Throat
- Nephrology
- Orthopedics

- Pain Management Services
- Podiatry
- Pulmonology
- Rheumatology
- Urology

Fiscal Year 2024 Statistics

Ambulance Calls: 2,094

Emergency Department Visits: 7,584

Inpatient Admissions: 762

Newborn Admissions: 206

Surgeries: 2,484

Total Outpatient Registrations: 484,728

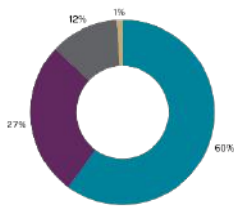
Total Outpatients: 51,891

Average Cost Per Day to Operate: \$224,863

Number of Employees: 483

Number of Volunteers: 167

Payer Mix Based on Gross Patient Charges



Payor Mix

60% Commercial

27% Medicare

12% Medicaid

1% Self Pay

2024 Economic Impact of Waverly Health Center

ECONOMIC IMPACT & COMMUNITY BENEFITS OF IOWA HOSPITALS



Hospitals as health care providers are irreplaceable. Hospitals are also economic engines that are among the largest employers in their communities and for the state. In addition, many community benefit services would not exist without hospital resources and leadership.

select a county for more information



In 2024, Bremer County hospitals created...

Include Multiplier ▾

Show breakout by hospital ▾



1,019
Total Jobs*

In Bremer County
10.4%
of jobs come from hospitals.



\$72.5 million
Total Wages*

In Bremer County
14.9%
of wages come from hospitals.



\$160.0 million
Total Expenditures*

Hospital expenditures account for
13.3%
of Bremer County gross domestic product.

\$2.8 million

in Community benefits were delivered.

41.6 thousand

encounters were provided through community service programs.

Published: August 2025

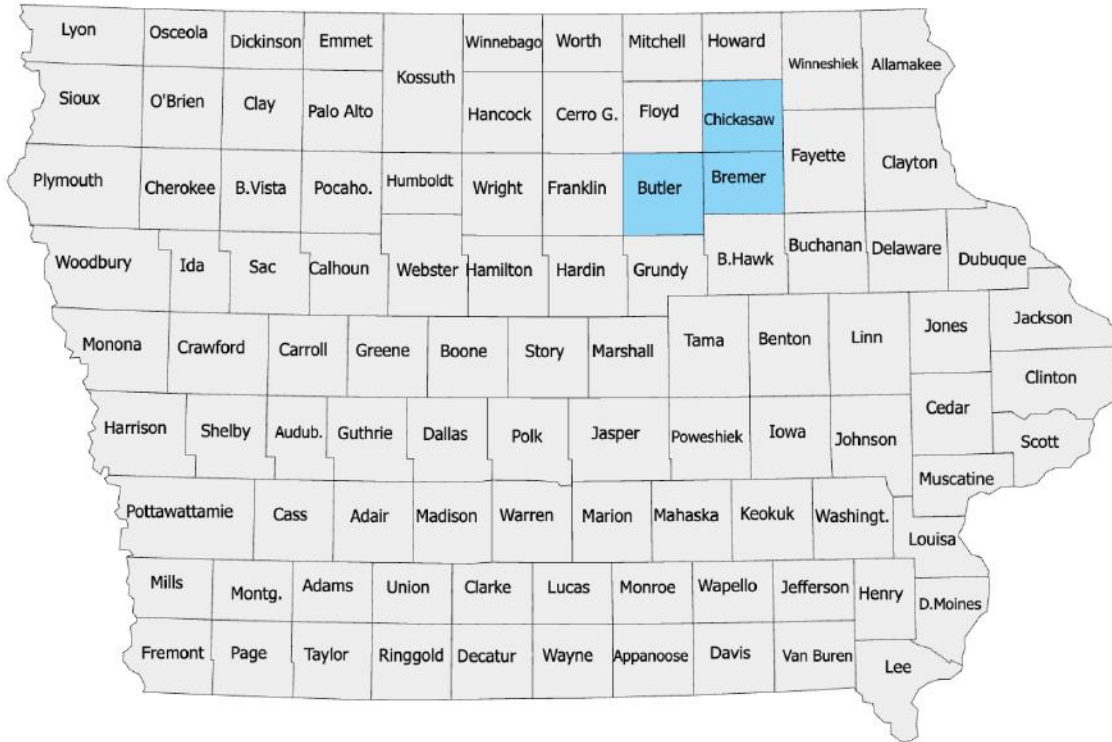
[* Click here for more information about this data and multipliers](#)

Source: Iowa Hospital Association

VI. OUR COMMUNITY

A. Service Area Description

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



Bremer County

Waverly is the largest city in Bremer County with a population of 10,661. It serves as the county seat. The county is 435.48 square miles and is made up of 8 communities with a combined population of 25,011, according to the 2020 census. This is an increase from the 1990, 2000 and 2010 census data. Other cities in Bremer County include Denver, Frederika, Janesville, Plainfield, Readlyn, Sumner and Tripoli.

Source: www.census.gov

Total Population and Numeric Change by County for Iowa's Incorporated and Unincorporated Areas: 1990, 2000, 2010, 2020, 2025						
	Population					Trend
	1990	2000	2010	2020	2025 (est.)	
Bremer County	22,813	232,325	24,296	25,011	25,413	up 0.21%

Source: <https://worldpopulationreview.com>

Butler County

Allison serves as the county seat of Butler County. It has a population of 925. The county is 580.13 square miles and is made up of 10 communities with a combined population of 14,334, according to the 2020 census. This is a decrease from the 1990, 2000 and 2010 census data. Other cities in Butler County include Aplington, Aredale, Bristow, Clarksville, Dumont, Greene, New Hartford, Parkersburg and Shell Rock.

Source: www.census.gov

Total Population and Numeric Change by County for Iowa's Incorporated and Unincorporated Areas: 1990, 2000, 2010, 2020, 2025						
	Population					Trend
	1990	2000	2010	2020	2025 (est.)	
Butler County	15,731	15,305	14,867	14,334	14,024	-0.52%

Source: <https://worldpopulationreview.com>

Chickasaw County

New Hampton, population of 3,376, serves as the county seat of Chickasaw County. The county is 504.4 square miles and is made up of 9 communities with a combined population of 11,988 people, according to the 2020 census. This is a decrease from the 1990, 2000 and 2010 census data. Other cities in Chickasaw County include Alta Vista, Bassett, Fredericksburg, Ionia, Lawler, Nashua, North Washington and Protivin.

Source: www.census.gov

Total Population and Numeric Change by County for Iowa's Incorporated and Unincorporated Areas: 1990, 2000, 2010, 2020, 2025						
	Population					Trend
	1990	2000	2010	2020	2025 (est.)	
Chickasaw County	13,295	13,095	12,411	11,988	11,518	-0.60%

Source: <https://worldpopulationreview.com>

B. Demographics

	Bremer County	Butler County	Chickasaw County	State of Iowa
Persons per square mile				
White persons				
Black Persons				
Females				
Veterans				
Disabled (under age 65)				

Source: www.census.gov/quickfacts/fact/table/bremercountyiowa,butlercountyiowa,chickasawcountyiowa,IA/DIS0102_23#DIS010223

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

C. Social & Economic Factors:

	Bremer County	Butler County	Chickasaw County	State of Iowa
Green line indicates most current data				
High School Graduation	96%	94%	93%	90%
2022 Report Data	96%	93%	93%	92%
2019 Report Data	94%	94%	92%	91%
2016 Report Data	96%	95%	93%	89%
% Population Age 25-44 with some College	76%	70%	61%	70%
2022 Report Data	77%	69%	67%	70%
2019 Report Data	78%	68%	65%	70%
2016 Report Data	78%	68%	59%	69%
Median Household income	\$79,400	\$73,000	\$73,500	\$71,700
2022 Report Data	\$72,209	\$56,473	\$61,239	\$61,836
2019 Report Data	\$65,440	\$53,937	\$50,688	\$56,570
2016 Report Data	\$61,619	\$51,701	\$46,020	\$52,716
Homeownership rate	81%	80%	81%	72%
2022 Report Data	83.10%	77.30%	82.10%	71.20%
2019 Report Data	81.40%	78.80%	78.10%	71.10%
2016 Report Data	80.70%	79.70%	78.90%	70.90%
Median values of owner-occupied housing units	\$207,200	\$156,500	\$164,400	\$195,900
2022 Report Data	\$169,000	\$120,100	\$122,000	\$153,900
2019 Report Data	\$155,100	\$112,100	\$105,100	\$137,200
2016 Report Data	\$146,000	\$104,000	\$99,000	\$126,300
Unemployment rate	2.50%	3.10%	2.50%	2.90%
2022 Report Data	2.30%	3.20%	2.90%	2.70%
2019 Report Data	2.80%	3.20%	4.90%	3.10%
2016 Report Data	3.80%	4.40%	4.90%	4.40%
Population in Poverty	7.50%	10.70%	7.10%	11.30%
2022 Report Data	7.10%	11.10%	7.80%	11.10%
2019 Report Data	7.10%	9.00%	9.50%	10.70%
2016 Report Data	7.90%	9.80%	9.80%	12.20%
Children in Poverty	7%	9%	9%	13%
2022 Report Data	6%	13%	12%	13%

2019 Report Data	6%	11%	13%	13%
2016 Report Data	7%	13%	14%	16%
Children in single-parent households	16%	13%	14%	20%
2022 Report Data	17%	17%	8%	21%
2019 Report Data	18%	19%	21%	29%
2016 Report Data	18%	20%	30%	29%
Violent crimes (per 100,000)	*	*	*	*
2022 Report Data	*	*	*	286
2019 Report Data	378	10	173	282
2016 Report Data	256	16	64	263
Injury Deaths (per 100,000)	53	61	74	73
2022 Report Data	51	72	67	68
2019 Report Data	48	67	72	67
2016 Report Data	46	55	65	60

**Information not available.*

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

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

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

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

Education is associated with:

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

Measure Limitations

This measure only includes the crimes reported to police that are then reported to the FBI. Thus, UCR data may be contaminated by bias when compared across jurisdictions. Depending on the willingness of victims to report crimes, the response of law enforcement, and potential barriers to FBI UCR

reporting, crimes could be underreported. However, for serious crimes such as homicide and robbery, studies have found that the data appears to accurately reflect rates.

D. Health Outcomes

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Premature Death Rate (per 100,000 population; age adjusted)	6,000	5,200	6,700	7,200
2022 Report Data	4,300	7,800	4,300	6,200
2019 Report Data	4,200	6,600	5,300	6,200
2016 Report Data	4,400	5,300	4,800	5,900
Poor or fair health	14%	14%	15%	16%
2022 Report Data	11%	13%	14%	13%
2019 Report Data	11%	11%	12%	13%
2016 Report Data	10%	10%	13%	13%
Poor physical health days	3.3	3.7	3.5	3.5
2022 Report Data	2.7	2.7	3.5	3.1
2019 Report Data	2.7	2.7	2.9	2.9
2016 Report Data	2.6	2.7	3.1	3.2
Poor Mental Health days	4.6	4.8	4.8	4.7
2022 Report Data	3.2	3.6	3.7	3.5
2019 Report Data	3	3	3.2	3.3
2016 Report Data	2.7	2.8	3	3.1
Infant mortality (per 1,000 births)	*	*	*	*
2022 Report Data	*	*	*	*
2019 Report Data	6.90%	3.50%	1.30%	4.80%
2016 Report Data	6.90%	3.50%	1.30%	5.20%
Low birth weight	6%	6%	5%	7%
2022 Report Data	6%	6%	5%	7%
2019 Report Data	6%	5%	5%	7%
2016 Report Data	7%	6%	4%	7%

*Information not available.

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

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

Premature death is a rate. Rates measure the number of events (i.e. deaths, births, etc.) in a given time period (generally one or more years) divided by the average number of people at risk during that period.

Rates help us compare data across counties with different population sizes. All the years of potential life lost in a county during a three-year period are summed and divided by the total population of the county during that same time period. This value is then multiplied by 100,000 to calculate the years of potential life lost under age 75 per 100,000 people.

Premature death is a relatively rare event in most counties. Counties with smaller populations can see a lot of change in their rates of premature death data from year to year. Such changes are usually due to normal variation and are not necessarily caused by any actual change in the underlying risk of premature death in the county.

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

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

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

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

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

www.countyhealthrankings.org/health-data/compare-counties?compareCounties=19017%2C19023%2C19037%2C19000&year=2025

E. Chronic Health Conditions

	Waverly and Surrounding Area (20-mile radius)
Percent of Population with Chronic Conditions	53.1%
Hypertension Visits	130,443
Hyperlipidemia Visits	83,325
Diabetes Visits	67,007
Chronic Kidney Disease Visits	44,279
Osteoarthritis Visits	44,320
Ischemic Heart Disease Visits	44,531
Cancer Visits	37,081
COPD Visits	26,503
Heart Failure Visits	25,899
Depression Visits	10,342

Source: Iowa Hospital Association

F. Health Behaviors

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Adult Obesity	40%	40%	38%	38%
2022 Report Data	35%	33%	31%	34%
2019 Report Data	34%	33%	34%	32%
2016 Report Data	32%	33%	31%	31%
Adult Smoking	16%	16%	16%	16%
2022 Report Data	16%	19%	19%	17%
2019 Report Data	13%	14%	15%	17%
2016 Report Data	15%	15%	18%	19%

Food Environment Index	9.6	8.9	9.1	8.5
2022 Report Data	9.4	8	8.8	8.5
2019 Report Data	8.8	7.6	8.4	8.2
2016 Report Data	8.7	7.3	7.9	7.8
Physical Inactivity	23%	25%	24%	25%
2022 Report Data	21%	26%	23%	23%
2019 Report Data	23%	26%	22%	23%
2016 Report Data	25%	29%	24%	25%
Access to Exercise Opportunities	74%	61%	61%	80%
2022 Report Data	74%	52%	63%	73%
2019 Report Data	83%	64%	68%	83%
2016 Report Data	75%	38%	57%	76%
Excessive Drinking	24%	25%	24%	25%
2022 Report Data	26%	25%	26%	26%
2019 Report Data	22%	20%	21%	22%
2016 Report Data	22%	19%	20%	22%
Sexually Transmitted Infections (chlamydia)	241	245	256	457
2022 Report Data	297	219	241	466
2019 Report Data	267	201	206	415
2016 Report Data	290	267	122	356
Teen Births	3	8	10	14
2022 Report Data	5	13	11	18
2019 Report Data	6	13	13	20
2016 Report Data	10	17	19	28

**Information not available for previous reports.*

Source: www.countyhealthrankings.org

Obesity

Bremer and Butler Counties are just over the obesity rate for the state of Iowa, which has risen 2% since the 2022 report. While Chickasaw County is at the same rate as the state of Iowa, Chickasaw has seen an increase in obesity rates.

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

- Coronary heart disease
- High blood pressure
- Type 2 diabetes

- Gallstones
- Breathing problems
- Certain cancers

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

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

G. Clinical Care

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Uninsured Population (18-64)	4%	5%	6%	6%
2022 Report Data	4%	5%	7%	6%
2019 Report Data	3%	5%	5%	5%
2016 Report Data	7%	9%	11%	10%
Primary Care Physicians	2,090:1	7,170:1	2,970:1	1,390:1
2022 Report Data	1,780:1	7,270:1	1,710:1	1,360:1
2019 Report Data	2,070:1	7,400:1	1,500:1	1,390:1
2016 Report Data	1,640:1	5,010:1	2,050:1	1,350:1
Mental Health Providers	530:1	2,360:1	1,670:1	470:1
2022 Report Data	680:1	1,800:1	1,990:1	610:1
2019 Report Data	780:1	1,620:1	2,400:1	700:1
2016 Report Data	1,070:1	1,880:1	2,040:1	910:1
Preventable Hospital Stays (Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees)	2,019	2,246	1,327	2,364
2022 Report Data	3,182	3,528	2,119	3,134
2019 Report Data	3,522	3,628	2,732	3,776
2016 Report Data	4,400**	4,400**	5,600**	5,100**
Mammography Screening (% of Medicare enrollees ages 65-74 that received an annual mammography)	57%	54%	56%	54%
2022 Report Data	54%	56%	51%	53%
2019 Report Data	54%	50%	54%	49%
2016 Report Data	77%	78%	74%	67%

Flu Vaccination	53%	45%	59%	54%
2022 Report Data	51%	47%	55%	54%
MMR Vaccination (2024)	75.2%	94.9%	68.9%	84.3%
2022 Report Data	78.4%	93.5%	78.0%	83.0%
2019 Report Data	96.2%	92.5%	75.8%	80.5%
2016 Report Data	102.6%	90.7%	79.5%	83.7%

**Information not available.*

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

Source: www.countyhealthrankings.org/health-data/compare-counties?compareCounties=19017%2C19023%2C19037%2C19000&year=2025

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 three distinct steps:

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

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

Access to health care impacts:

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

Barriers to services include:

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

These barriers to accessing health services lead to:

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

Source: www.healthypeople.gov/2020

Access to a primary care provider:

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

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

Access to mental health care:

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

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

H. Physical Environments

	Bremer County	Butler County	Chickasaw County	State of Iowa
Green line indicates most current data				
Air Pollution - particulate matter	7.8	7.5	7.4	7.4
2022 Report Data	8.0	8.0	7.6	7.5
2019 Report Data	9.3	9.1	8.8	9.0
2016 Report Data	11.5	11.4	11.7	10.9
Drinking water violations	No	No	Yes	N/A
2022 Report Data	No	No	No	N/A
2019 Report Data	No	Yes	No	N/A
2016 Report Data	No	No	No	N/A
Severe housing problems	8%	10%	8%	11%
2022 Report Data	8%	9%	8%	12%
2019 Report Data	10%	8%	8%	12%
2016 Report Data	9%	8%	11%	12%
Driving Alone to work	75%	83%	81%	77%
2022 Report Data	83%	82%	81%	81%
2019 Report Data	79%	81%	79%	81%
2016 Report Data	81%	81%	78%	80%
Long commute - driving alone	29%	42%	25%	21%
2022 Report Data	28%	35%	23%	21%

2019 Report Data	26%	35%	24%	20%
2016 Report Data	25%	35%	28%	19%

**Information not available.*

Source: www.countyhealthrankings.org

County Health Rankings (of 500 healthiest communities nationwide)

County Health Rankings <i>on a scale of 0-100 using min-max normalization, the top-performing county received 100 points, the bottom-performing county received 0 points and other counties were scored proportionally.</i>	Bremer County	Butler County	Chickasaw County
Health Outcomes (how healthy a county is)	92	84	88
Length of Life (average life expectancy in years)	80.0 yrs	78.3 yrs	78.5 yrs
Equity (assessment of how well members of a community are afforded the opportunity to live a healthy life)	84	75	92
Population Health (Measures four types of health factors: access to care, healthy, health conditions, mental health and resulting health outcomes)	78	63	74
Access to Care (access/quality of care)	51	35	50
Social Equity	50	40	56
Environment (natural surroundings, air and water quality, access to amenities)	55	44	51
Public Safety (low crime rates, health and public safety infrastructure)	71	81	69

Source: www.usnews.com/news/healthiest-communities/rankings

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.

According to the 2024 edition of the Healthiest Communities 2024 list from U.S. News & World Report and the University of Missouri Extension Center for Applied Research and Engagement Systems, 67 Iowa counties were included in the top 500, with Bremer County the highest ranked in the state at number 9, this is a significant increase from the ranking of 26 in 2019. Chickasaw County was ranked at 102 and Butler made the list at 267. The rankings are based on 92 indicators across 10 categories that assess community health, such as education, nutrition, and air and water quality.

VII. PROCESS, COMMUNITY INPUT AND DATA

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

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

Primary Data:

In December 2024, WHC began work on a comprehensive Community Health Needs Assessment in partnership with:

- Bremer County Health Department
- Care Initiatives Hospice – Waterloo
- Community Memorial Hospital – Sumner
- Pathways
- UnityPoint Health – Allen Hospital
- Waverly-Shell Rock Area United Way

The committee's tasks included:

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

A 48-question survey was created. The survey opportunity was publicized in area newspapers and online from January 13, 2025, through March 31, 2025, via the following venues:

- A media release was sent out January 13, 2025, to 25 print, radio, cable and television contacts.
- An article was printed in the January edition of the Waverly Newspaper.
- Waverly Health Center's website.
- Emails with a link to the survey (or a hard copy) were sent to area churches, area school contacts, organizations, Waverly Chamber and area businesses to encourage participation.
- Social media posts on the Waverly Health Center Facebook page.

Review of Primary Data:

440 people completed the survey with the following demographics:

- 27.08% are aged 55-64.
- 89.17% are female.
- 57.92% live in Bremer County, 14.17% live in Butler County, and 5.83% live in Chickasaw County.
- 80.42% work in Bremer County, 2.5% work in Chickasaw County and 2.92% work in Butler County.
- 97.5% are white or Caucasian.
- 90% have completed at least some higher education, of that percentage, 32.91% are college graduates, and another 20.42% have an advanced degree.
- 67% work in healthcare, 12% are retired.
- 92.5% receive annual health screenings by a primary care provider.
- 77.45% consider medical professionals, and health agencies trusted sources for health information.
- 27.92% answered YES when asked if “in the past three years there was a time when you or a member of your household thought you needed healthcare services but did NOT get or delayed getting them?”

Personal Health

- 65.42% rate their personal health as ‘healthy,’ 7.5% rate themselves as ‘very healthy,’ 5% as ‘unhealthy’ or ‘very unhealthy’

Mental Health

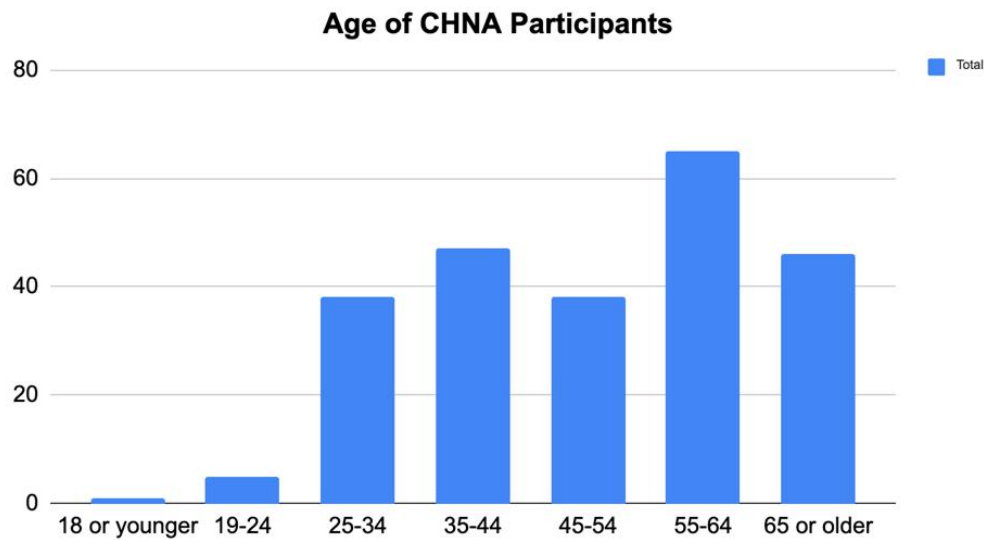
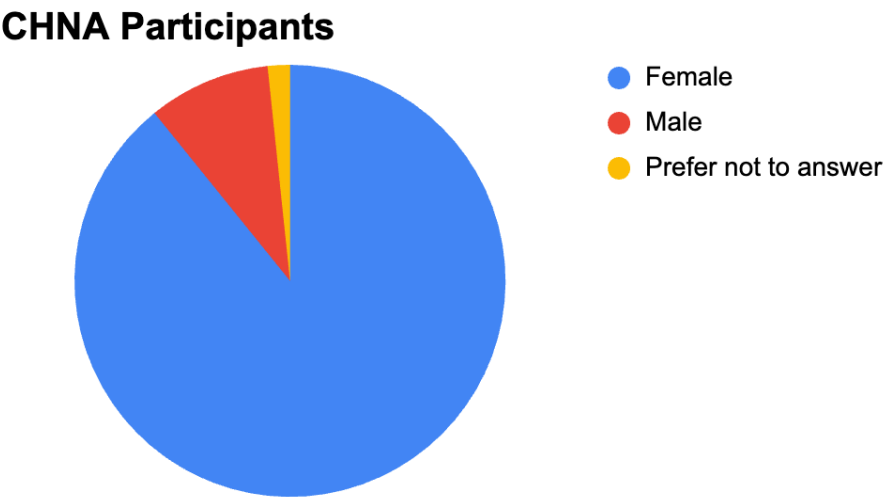
- 45.42% rate their mental health the past 12 months as ‘excellent’ or ‘very good’, and 2.08% as ‘poor’
- 21.67% rate that over the past 12 months compared to years past, their mental health has ‘somewhat declined’ or ‘significantly declined’, 24.17% as ‘somewhat improved’ or ‘significantly improved’, and 54.17% as ‘has stayed the same’.

Community Health

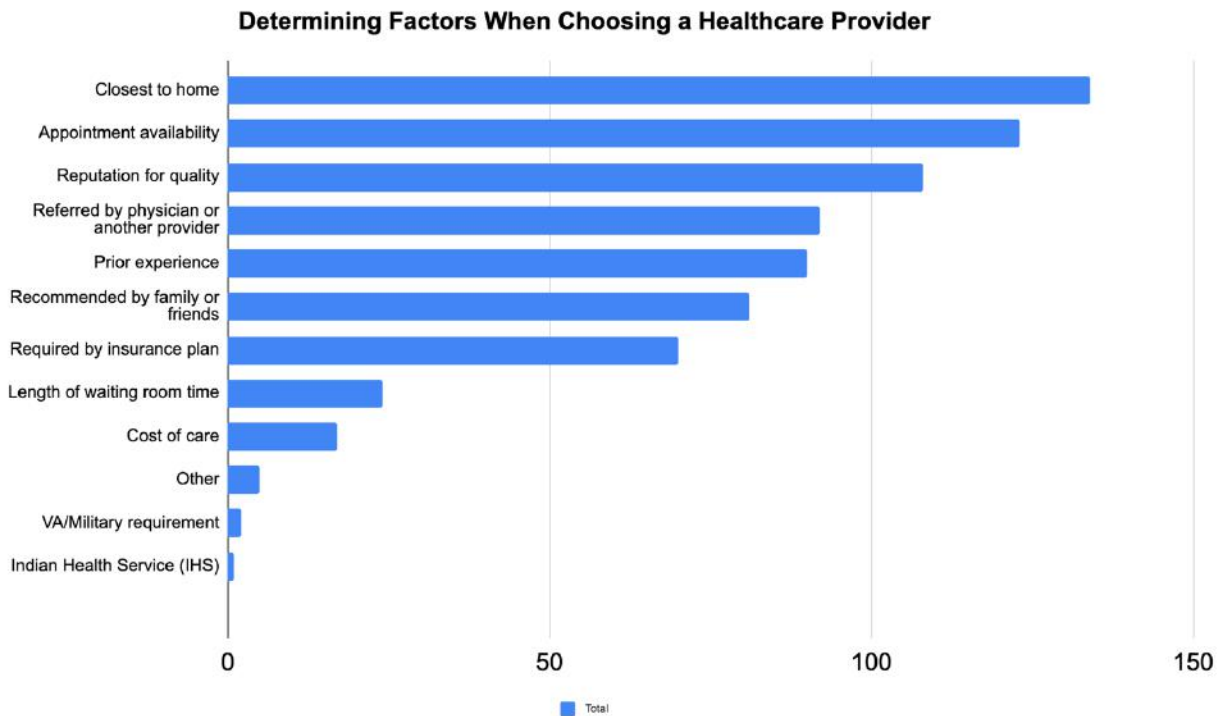
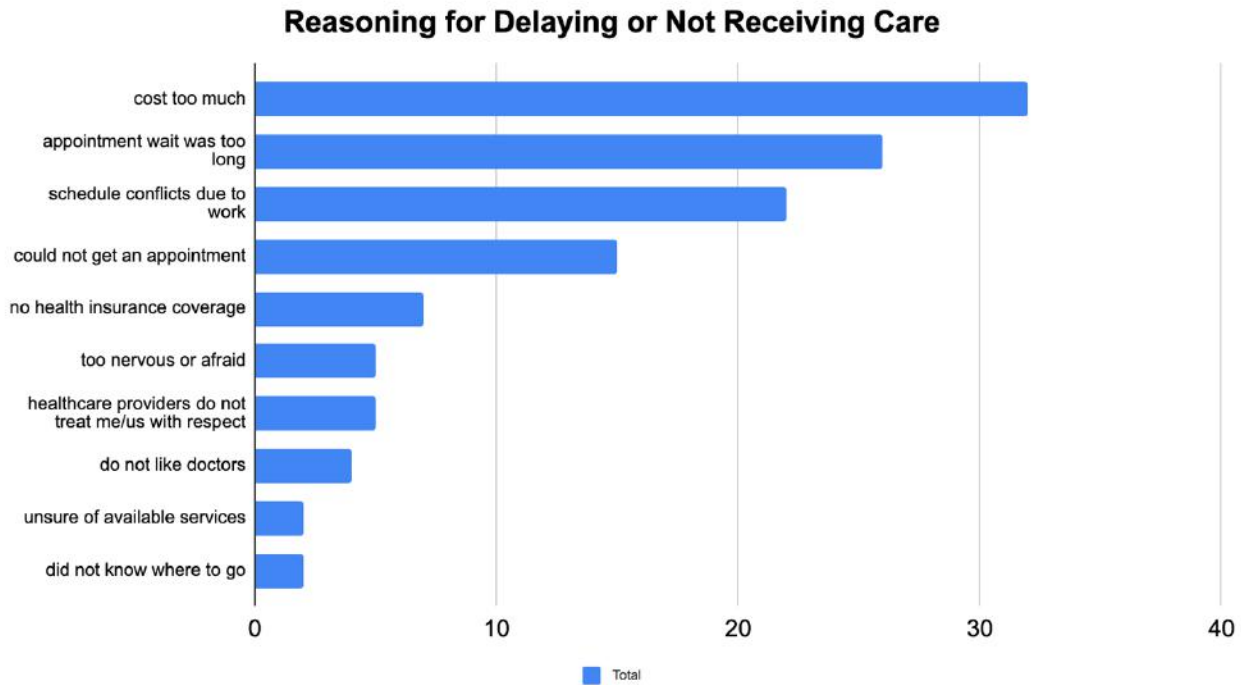
- 25% rate their community as ‘healthy,’ and 22.08% rate their community as ‘unhealthy’ or ‘very unhealthy’.

The following charts share top responses from the completed surveys.

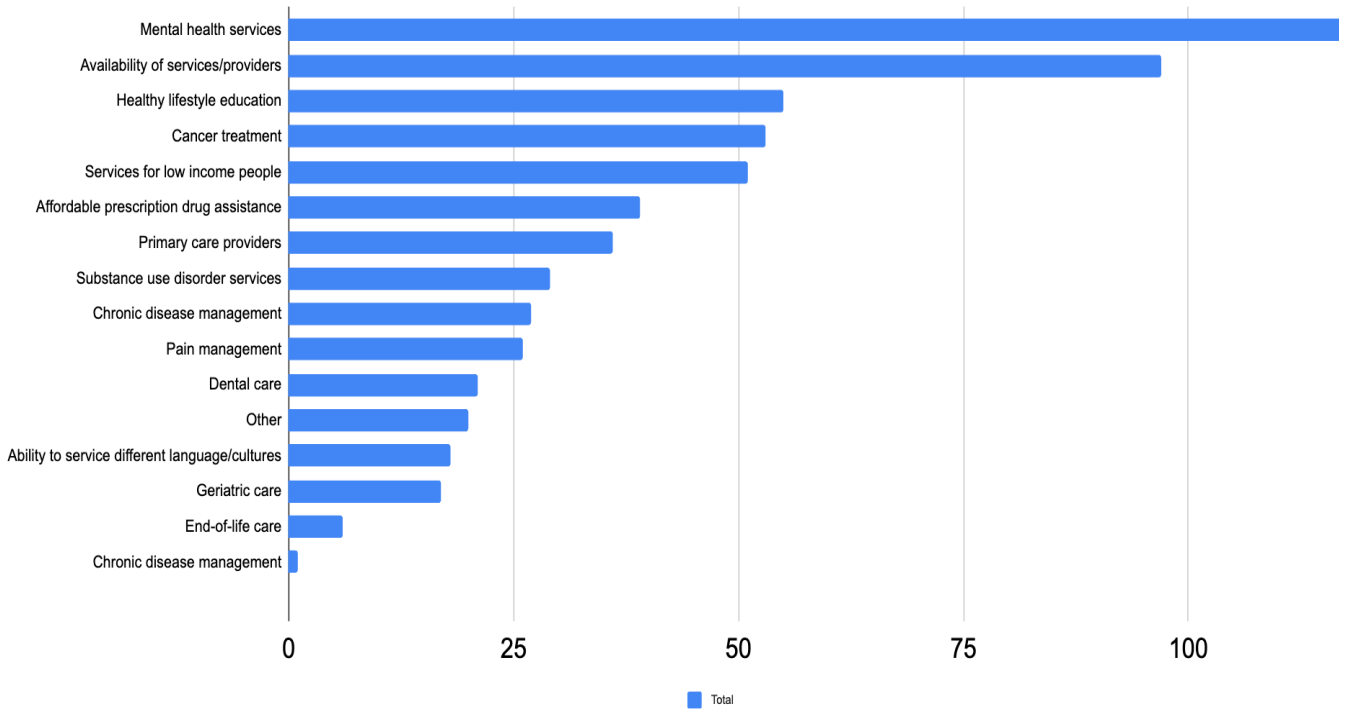
Figures 1-2: General Demographics



Figures 3-5: Barriers to Healthcare

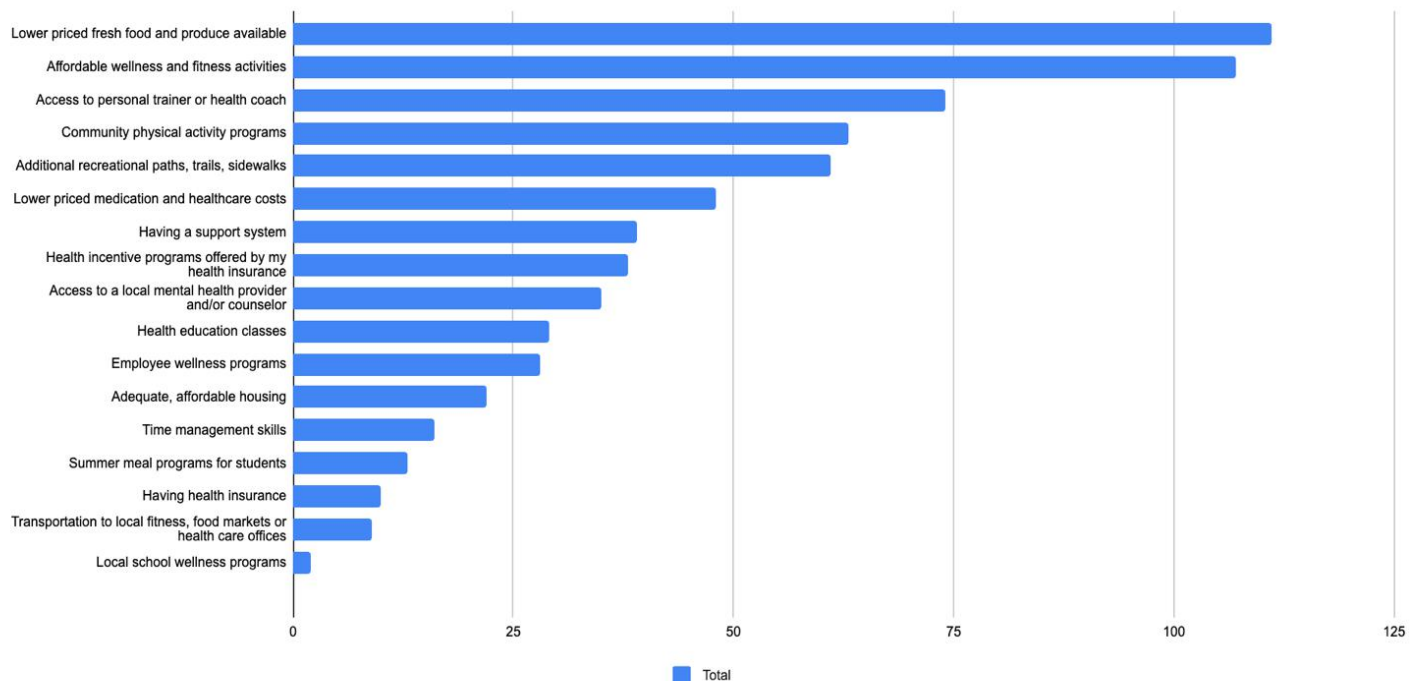


Largest Gaps in Healthcare Services in our Community

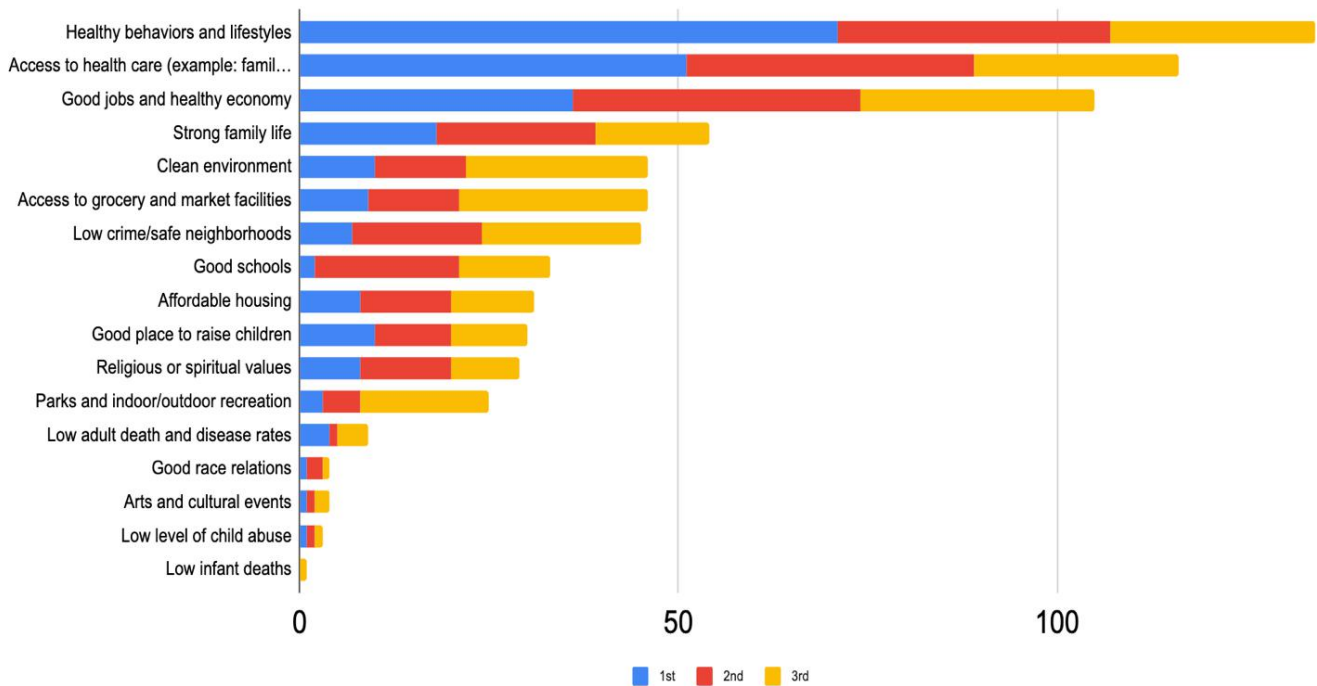


Figures 6-8: Healthy Lifestyles

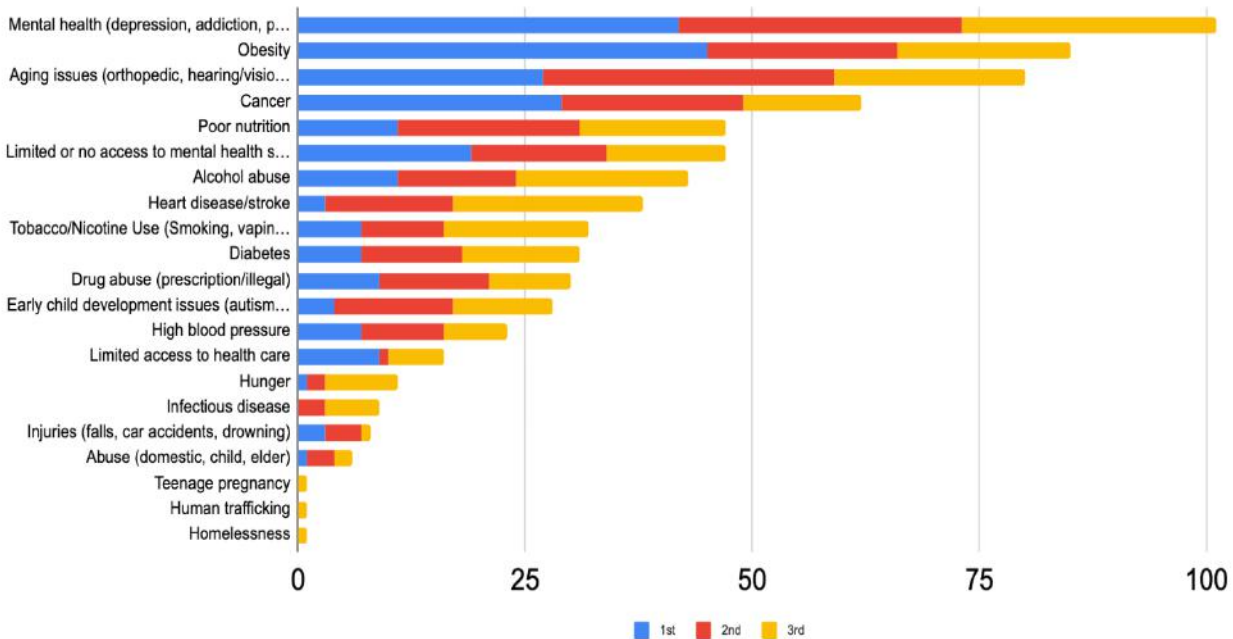
What things would help you start or maintain a healthier lifestyle?



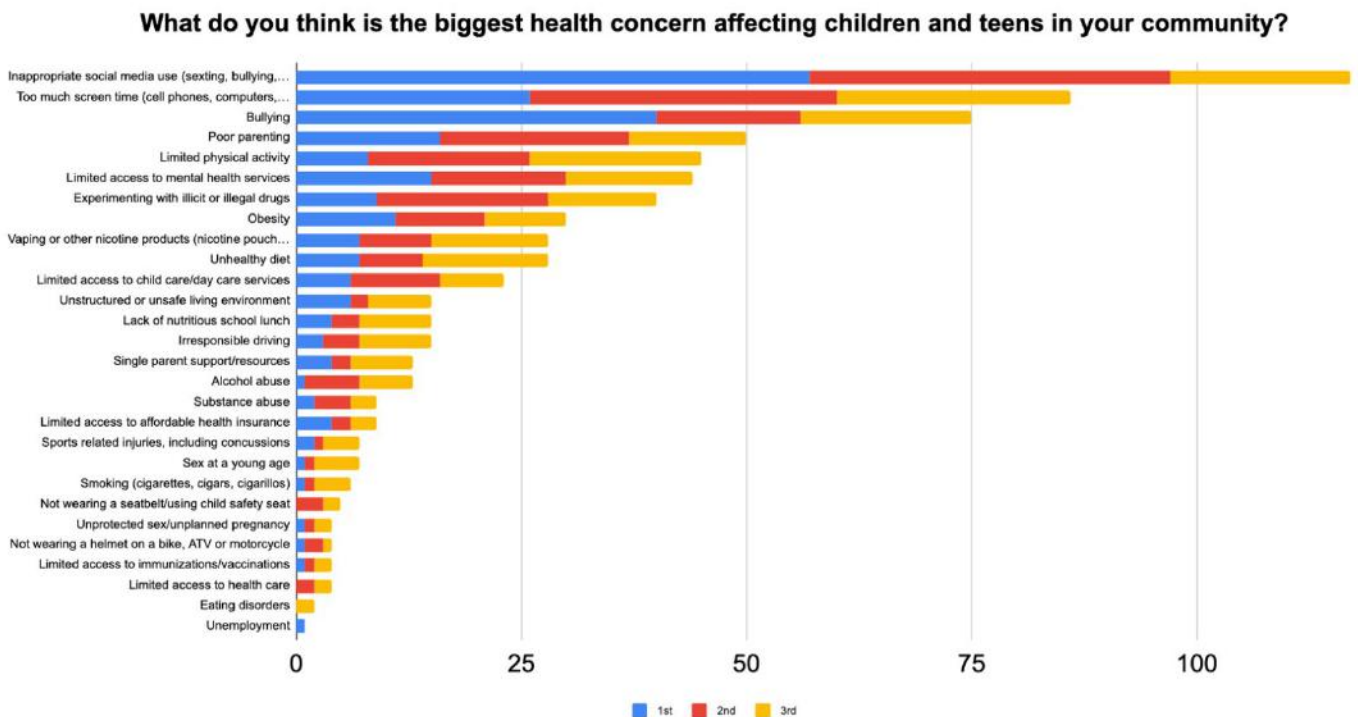
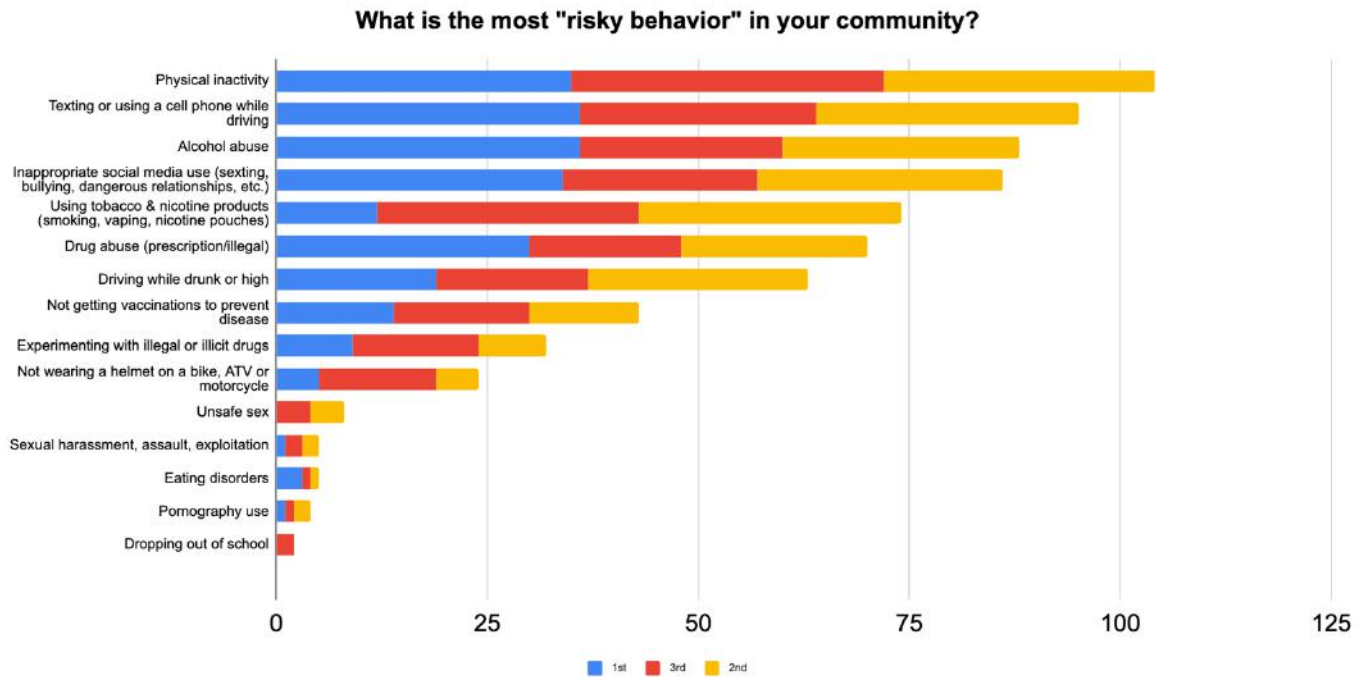
What is most important for a "healthy community"?



What do you think is the biggest health problem in your community?

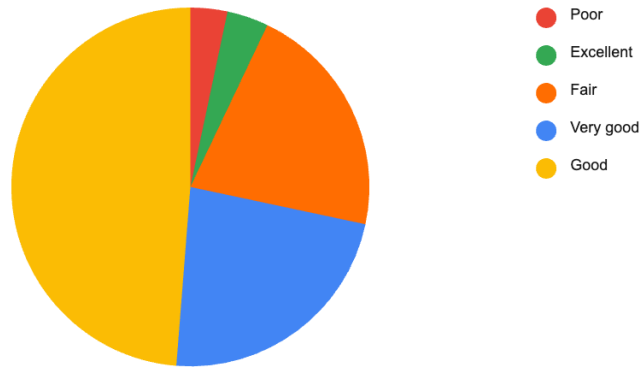


Figures 9-10: Health Concerns

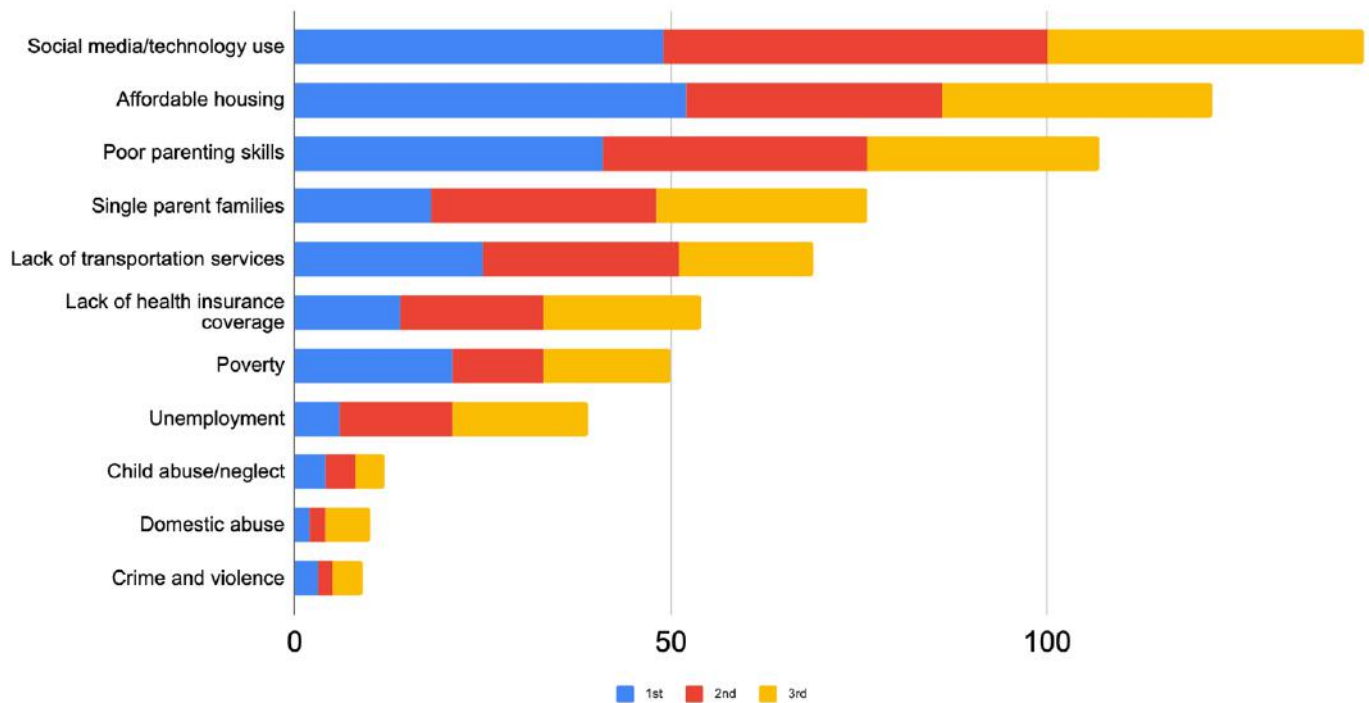


Figures 11-13: Social and Environmental Issues

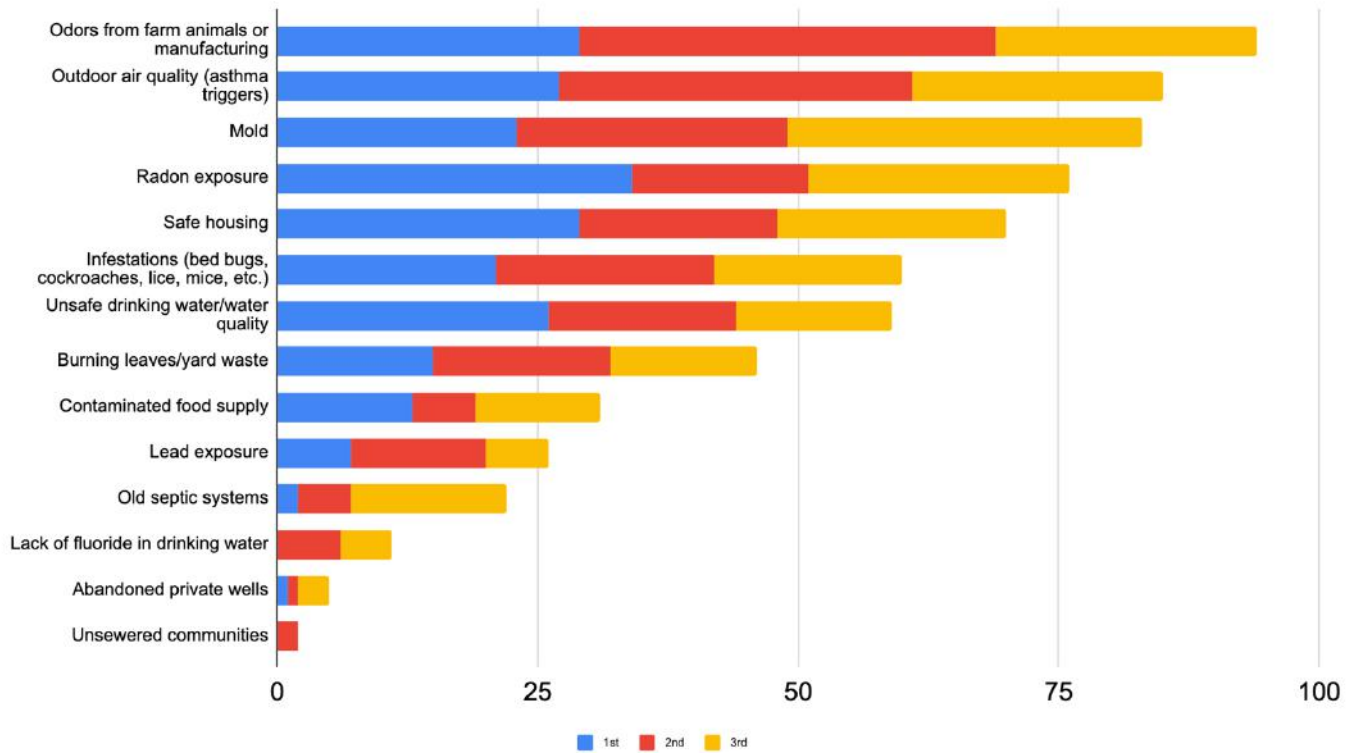
How would you rate the social environment in your community?



What is the biggest social issue facing people in your community?

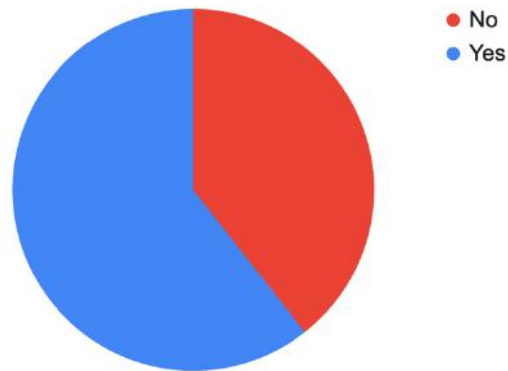


What do you think is the biggest environmental health issue in your community?

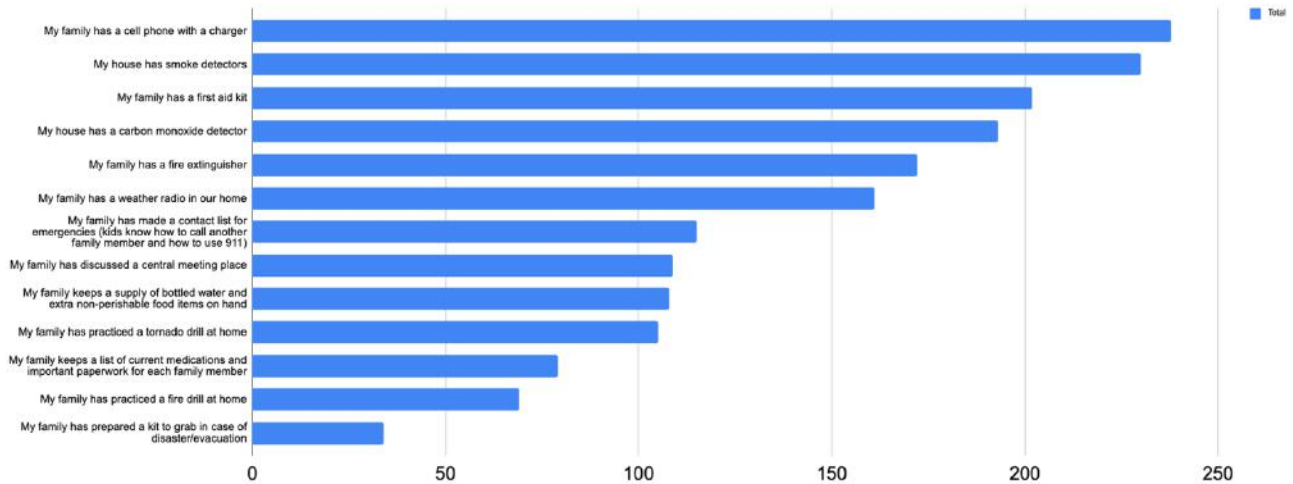


Figures 14-16: Emergency Preparedness

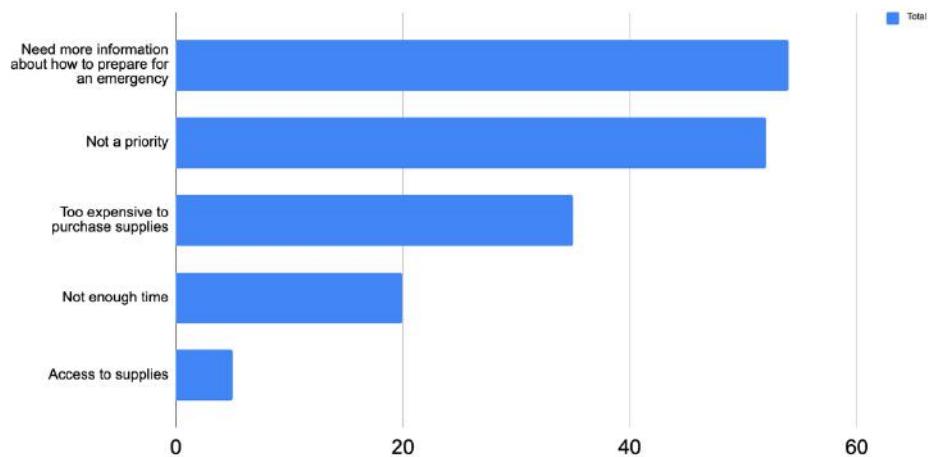
Do you feel you/your family are prepared for a natural or man-made disaster?



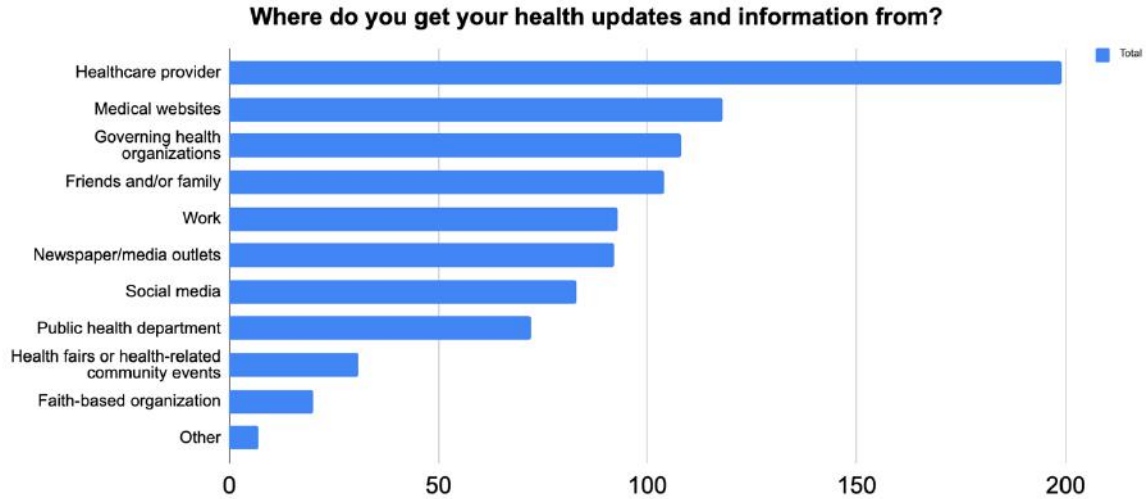
Emergency Preparedness



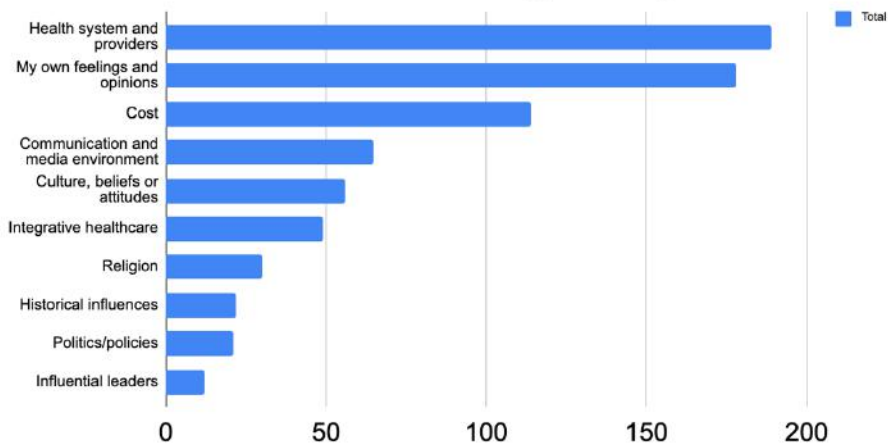
What prevents you from being prepared?



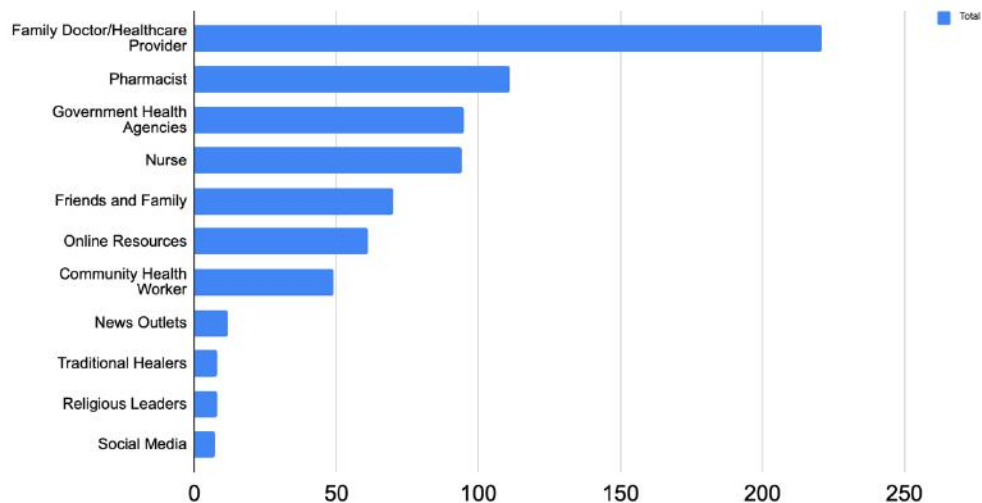
Figures 17-19: Healthcare Resources



What sources influence decision-making pertaining to healthcare?



What do you consider trusted sources for health information?



The results from the 2025 Community Health Needs Assessment show that similarly to our 2016, 2019, and 2022 survey findings, mental health, access to health care, obesity and practicing healthy behaviors are the top concerns.

Secondary Data:

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

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

Review of Secondary Data:

Iowa Department of Public Health: Community Health Needs Assessment/Community Health Improvement Plan

In 2023, all of Iowa's 99 public health agencies submitted a brief report on their needs assessment and health improvement plans to the Iowa Department of Public Health (IDPH). Thousands of Iowans participated in the process in their communities. Community engagement included community-wide meetings with residents and stakeholders, survey participation, and direct comments. IDPH completed a comprehensive analysis of the submissions. The analysis demonstrates the scope of Iowa's health needs and identified critical issues affecting the health of Iowans. This data laid the foundation for a health improvement plan for 2023 through 2028. The full reports can be found at: hhs.iowa.gov/data-reports/local-public-health-performance/cha-chip/assessments-and-plans/assessments-plans

The Community Health Needs Assessments (CHNA) and Community Health Improvement Plans (CHIP) for Bremer, Butler, and Chickasaw Counties can be found below at the following links:

- Bremer County 2023-2028 CHNA: hhs.iowa.gov/media/8607/download?inline
- Bremer County 2023-2028 CHIP: hhs.iowa.gov/media/8606/download?inline
- Butler County 2023-2027 CHNA and CHIP: hhs.iowa.gov/media/8611/download?inline
- Chickasaw County 2023 CHNA: hhs.iowa.gov/media/8623/download?inline
- Chickasaw County 2023 CHIP: hhs.iowa.gov/media/8622/download?inline

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
Mental health	X	X	X
Obesity	X		
Aging Issues	X		X
Cancer	X		
Poor Nutrition	X	X	X
Access to mental health services	X	X	X
Alcohol abuse			
Heart Disease/Stroke			
Tobacco/Nicotine use			
Diabetes			
Drug abuse			
Early child development issues			
High blood pressure			
Access to health care			X
Hunger			
Infectious disease			
Injuries			
Emergency preparedness and response		X	

Community Health Needs: Tri-County Area

The following are 2025 county snapshots from Iowa Health and Human Services.

BREMER COUNTY

MENTAL HEALTH			
4.2 Poor mental health days per month <i>4.5 days/mo. Iowa avg</i>	Poor mental health is linked to smoking, physical inactivity, housing and food insecurity, and poor sleep . Disorders like depression and anxiety can affect people's ability to take part in healthy behaviors.	Bremer County is a shortage area for Mental Health Care Providers	Iowa has fewer mental health providers than the national average. Access to mental health providers varies widely across the state.
ADDICTIVE DISORDERS			
24.1% of adults report excessive drinking <i>23.3% Iowa avg</i>	Alcohol is the most commonly misused substance in Iowa. Iowa's alcohol use rates for almost every demographic are among the highest in the nation .	94 Bremer County residents received substance use treatment in SFY24 <i>16,994 total patients admitted in Iowa</i>	Substance use disorders involve misuse of one or more substances and may lead to social, physical, mental, and public health problems. Drug use rates in Iowa are similar to the rest of the nation.
ACTIVE LIVING & HEALTHY EATING		CANCER	
Being overweight or obese can lead to serious health issues like heart disease, diabetes, stroke, depression, and some cancers. A lack of consistent access to healthy food can lead to chronic diseases, obesity, or developmental problems.		Many unhealthy behaviors linked to cancer can be prevented such as excessive drinking, using tobacco products, physical inactivity, poor nutrition, and ultraviolet light exposure. Cancer screening tests can detect cancer early, making treatment easier and improving survival.	
39.5% of adults have an unhealthy body weight (BMI of 30.0 or higher) <i>37.3% Iowa avg</i>		487.8 County incidence rate for cancer (*per 100,000 people) <i>491.8 Iowa avg</i>	
2,070 Individuals experiencing food insecurity		139.2 County death rate from cancer (*per 100,000 people) <i>149.2 Iowa avg</i>	

Source: hhs.iowa.gov/initiatives/system-alignment/hhs-system-county-snapshots

Bremer County Health Department identified **Chronic Disease Management** as their top health priority for 2023-28.

BUTLER COUNTY

MENTAL HEALTH			
4.7 Poor mental health days per month <i>4.5 days/mo. Iowa avg</i>	Poor mental health is linked to smoking, physical inactivity, housing and food insecurity, and poor sleep . Disorders like depression and anxiety can affect people's ability to take part in healthy behaviors.	Butler County is a shortage area for Mental Health Care Providers	Iowa has fewer mental health providers than the national average. Access to mental health providers varies widely across the state.
ADDICTIVE DISORDERS			
23.9% of adults report excessive drinking <i>23.3% Iowa avg</i>	Alcohol is the most commonly misused substance in Iowa. Iowa's alcohol use rates for almost every demographic are among the highest in the nation .	54 Butler County residents received substance use treatment in SFY24 <i>16,994 total patients admitted in Iowa</i>	Substance use disorders involve misuse of one or more substances and may lead to social, physical, mental, and public health problems. Drug use rates in Iowa are similar to the rest of the nation.
ACTIVE LIVING & HEALTHY EATING		CANCER	
Being overweight or obese can lead to serious health issues like heart disease, diabetes, stroke, depression, and some cancers. A lack of consistent access to healthy food can lead to chronic diseases, obesity, or developmental problems.		Many unhealthy behaviors linked to cancer can be prevented such as excessive drinking, using tobacco products, physical inactivity, poor nutrition, and ultraviolet light exposure. Cancer screening tests can detect cancer early, making treatment easier and improving survival.	
39.5% of adults have an unhealthy body weight (BMI of 30.0 or higher) <i>37.3% Iowa avg</i>		514.1 County incidence rate for cancer (*per 100,000 people) <i>491.8 Iowa avg</i>	
1,550 Individuals experiencing food insecurity		147.0 County death rate from cancer (*per 100,000 people) <i>149.2 Iowa avg</i>	

Source: hhs.iowa.gov/initiatives/system-alignment/hhs-system-county-snapshots

Butler County Health Department identified *Access to Mental/Medical Care* as their top health priority for 2023-28.

CHICKASAW COUNTY

MENTAL HEALTH			
4.5 Poor mental health days per month <i>4.5 days/mo. Iowa avg</i>	Poor mental health is linked to smoking, physical inactivity, housing and food insecurity, and poor sleep . Disorders like depression and anxiety can affect people's ability to take part in healthy behaviors.	Chickasaw County is a shortage area for Mental Health Care Providers	Iowa has fewer mental health providers than the national average. Access to mental health providers varies widely across the state.
ADDICTIVE DISORDERS			
24.3% of adults report excessive drinking <i>23.3% Iowa avg</i>	Alcohol is the most commonly misused substance in Iowa. Iowa's alcohol use rates for almost every demographic are among the highest in the nation .	26 Chickasaw County residents received substance use treatment in SFY24 <i>16,994 total patients admitted in Iowa</i>	Substance use disorders involve misuse of one or more substances and may lead to social, physical, mental, and public health problems. Drug use rates in Iowa are similar to the rest of the nation.
ACTIVE LIVING & HEALTHY EATING		CANCER	
Being overweight or obese can lead to serious health issues like heart disease, diabetes, stroke, depression, and some cancers. A lack of consistent access to healthy food can lead to chronic diseases, obesity, or developmental problems.		Many unhealthy behaviors linked to cancer can be prevented such as excessive drinking, using tobacco products, physical inactivity, poor nutrition, and ultraviolet light exposure. Cancer screening tests can detect cancer early, making treatment easier and improving survival.	
37.7% of adults have an unhealthy body weight (BMI of 30.0 or higher) <i>37.3% Iowa avg</i>		520.4 County incidence rate for cancer (*per 100,000 people) <i>491.8 Iowa avg</i>	
1,130 Individuals experiencing food insecurity		164.2 County death rate from cancer (*per 100,000 people) <i>149.2 Iowa avg</i>	

Source: hhs.iowa.gov/initiatives/system-alignment/hhs-system-county-snapshots

Chickasaw County Health Department identified *Access to Health Care* as their top health priority for 2023-28.

Age-Adjusted Death Rates for the 10 Leading Causes of Death: (Death rate per 100,000)

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa	State Rank	U.S.
Heart Disease	182	213	217	184	10th	173
2022 Report Data	179	208	213	172	16 th	168
2019 Report Data	184	211	210	167	19 th	165
2016 Report Data	190	213	210	157	23 rd	167
Cancer	142	165	160	150	*	146
2022 Report Data	142	164	160	147	23 rd	144
2019 Report Data	143	166	162	158	18 th	153
2016 Report Data	142	167	164	166	21 st	161
Stroke	37	48	37	33	*	41
2022 Report Data	38	48	35	31	38 th	38
2019 Report Data	40	48	35	33	39 th	38
2016 Report Data	42	52	34	34	41 st	36
Unintentional Injuries	29	42	46	48	*	64
2022 Report Data	29	42	46	45	*	57
2019 Report Data	29	43	48	43	43 rd	49
2016 Report Data	29	41	49	42	35 th	41
Chronic Lung Disease	28	37	39	39	20 th	34
2022 Report Data	28	37	40	39	19 th	36
2019 Report Data	29	37	38	46	20 th	41
2016 Report Data	27	36	37	48	14 th	40
Diabetes	11	20	12	24	27 th	25
2022 Report Data	10	19	12	24	32 nd	24
2019 Report Data	12	20	13	23	19 th	22
2016 Report Data	10	19	13	26	25 th	21
Influenza/Pneumonia	11	16	9	8	38 th	10
2022 Report Data	11	16	9	12	22 nd	13
2019 Report Data	11	18	10	13	35 th	14
2016 Report Data	12	18	9	14	37 th	15
Suicide	10	11	14	17	21 st	14
2022 Report Data	10	11	15	17	21 st	13
2019 Report Data	10	11	14	15	30 th	14

2016 Report Data	10	11	15	13	29 th	13
Hypertension/Renal	7	7	4	12	25 th	10
2022 Report Data	7	7	4	11	18 th	10
2019 Report Data	6	5	5	9	16 th	9
2016 Report Data	5	5	5	8	16 th	8

**Information not available.*

***Rankings are from highest to lowest.*

Source: www.worldlifeexpectancy.com/usa/iowa

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

Unintentional Injuries

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

VIII. HEALTH NEEDS OF THE COMMUNITY

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

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

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

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

IX. KEY FINDING #1:

CHRONIC DISEASE MANAGEMENT

- **Cancer**
- **Diabetes**
- **Heart Disease (High Blood Pressure and High Cholesterol)**
- **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 death and disability in Iowa. In 2023, 6 in 10 adults had at least one chronic disease; 4 in 10 adults had two or more chronic diseases. The projected total health care cost of chronic disease in the U.S. is \$4.1 trillion.

A. Cancer

Cancer is the second-leading cause of death in the United States.

- **Breast cancer** is the most commonly diagnosed cancer among women, accounting for 32% of new cases.
- **Prostate cancer** is the most commonly diagnosed cancer among men, accounting for 29% of new cases.

Indicators:

The most significant risk factor for cancer is aging. Half of all new cancer diagnoses occur in adults ages 66 and older. Other risks of cancer include cigarette and tobacco use, environmental carcinogens, genetic factors and viral and bacterial infections.

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

- Women compared with men.
- Adults ages 65 and older compared with adults ages 18-44.
- White, American Indian/Alaska Native and multiracial adults compared with Hispanic adults.
- Adults with some post-high school education compared with those with less than a high school education.
- Adults living in non-metropolitan areas compared with those in metropolitan areas.
- Adults who have difficulty hearing compared with adults without a disability.
- Adults who have served in the U.S. armed forces compared with adults who have not.

B. Diabetes

Diabetes was the eighth-leading cause of death in the U.S. in 2021, with more than 103,294 deaths. Individuals with diabetes are twice as likely to have heart disease or a stroke when compared to those without diabetes, and diabetes is the leading cause of kidney failure. Among the three types of diabetes — Type 1, Type 2 and gestational — Type 2 diabetes accounts for 90-95% of all cases.

Indicators:

In 2021, an estimated 38.1 million adults were living with diabetes.

Consequences and risks:

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

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

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

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

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

Indicators – heart disease:

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

i. High Cholesterol (hyperlipidemia)

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

Indicators – high cholesterol:

In 2023, 36.7% of adult Iowan's who reported having their cholesterol checked, were told by a health professional that it was high, ranking 23rd in the nation.

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

Consequences and risks:

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

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

ii. High Blood Pressure (hypertension)

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

Indicators – high blood pressure:

34% of adults in the U.S. reported being told by a health professional that they had high blood pressure in 2023.

The 2023 adult hypertension rate in Iowa was 34.5% — ranking 27th 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

D. Stroke

Stroke causes more than 160,000 deaths in the U.S. each year, making it the nation's fifth leading cause of death. Every year, more than 795,000 people in the U.S. have a stroke. In 2022, stroke was the fifth-leading cause of death in the state of Iowa. Roughly 165,393 people died of a stroke in the United States in 2022.

Indicators:

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

Green line indicates most current data (<i>Death rate per 100,000</i>)	Bremer County	Butler County	Chickasaw County	State of Iowa	State Rank	U.S.
Stroke	37	48	37	33	*	41
2022 Report Data	38	48	35	31	38 th	38
2019 Report Data	40	48	35	33	39 th	38
2016 Report Data	42	52	34	34	41 st	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 greater risk of stroke include:

- **Women:** 1 in 5 women in the U.S. between the ages of 55 and 75 will have a stroke.
- **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 2022 Behavioral Risk Factor Surveillance System data, stroke among adults with less than a high school degree saw the largest percent increase (18.2%).

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: 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. According to the National Alliance on Mental Illness, 1 in 5 U.S. adults experience mental illness each year. 50% of all lifetime mental illness begins by age 14. Moreover, suicide is the 12th-leading cause of death in the United States.

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

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

Indicators:

Access to Mental Health Providers

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

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Mental Health Providers	530:1	2360:1	1,670:1	470:1
2022 Report Data	590:1	2,050:1	1,970:1	570:1
2019 Report Data	780:1	1,620:1	2,400:1	700:1
2016 Report Data	1,070:1	1,880:1	2,040:1	910:1

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

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

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

Consequences and risks

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

Mental health in Iowa:

According to Mental Health America:

- Iowa is ranked 21st (*#1 rank is the highest/best*) overall out of the 50 states and Washington D.C. for a combined score among adult and youth mental health prevalence measures and access to mental health services measures.
- 26.71% of adults in Iowa (nearly 649,000 people) are experiencing a mental illness.
- 20.88% of youth in Iowa experienced at least one major depressive episode in 2024.

A 2023 report from the Treatment Advocacy Center found Iowa to have 2 beds for 100,000 people. A minimum of 50 beds per 100,000 people is considered necessary to provide minimally adequate treatment for individuals with severe mental illness.

Sources: www.nami.iowa.org; www.SAMHSA.org; www.nih.gov; www.mhanational.org

Suicide

Suicide was the 11th-leading cause of death in the U.S. in 2022. More than 49,000 people died by suicide in 2023. That is one death every 11 minutes. Most recently, Iowa's suicide rates are highest among white males aged 25-34.

Green line indicates most current data (<i>Death rate per 100,000</i>)	Bremer County	Butler County	Chickasaw County	State of Iowa	State Rank	U.S.
Suicide	10	11	14	17	21 st	14
2022 Report Data	10	11	15	17	21 st	13
2019 Report Data	10	11	14	15	30 th	14
2016 Report Data	10	11	15	13	29 th	13

Sources: countyhealthrankings.org; cdc.gov

XI. KEY FINDING #3: WELLNESS AND AGING SERVICES

- **Obesity Reduction**
- **Preventative Exams and Assessments**

A. Obesity Reduction

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

Indicators

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

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

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Obesity	40%	40%	38%	38%
2022 Report Data	34%	33%	34%	34%
2019 Report Data	34%	33%	34%	32%
2016 Report Data	32%	33%	31%	31%

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

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

Consequences and risks:

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

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

Physical Inactivity

In the report area, an average of 25% of adults aged 18 and older self-report no physical activity outside of work.

Green line indicates most current data	Bremer County	Butler County	Chickasaw County	State of Iowa
Physical Inactivity	23%	25%	24%	25%
2022 Report Data	25%	27%	28%	26%
2019 Report Data	23%	26%	22%	23%
2016 Report Data	25%	29%	24%	25%

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

Indicators

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

Consequences and risks:

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

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

B. Preventative Exams and Screenings

Routine, recommended screenings can improve outcomes by detecting cancer at earlier stages.

Screening is effective in identifying many types of cancer 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 310,720 new invasive cases will develop in 2024. With these staggering statistics, it may come as a surprise that only about 54 percent of women in Iowa between 65-74 received a mammogram screening in 2022.

Medicare enrollees ages 65-74 who received mammogram	Bremer County	Butler County	Chickasaw County	State of Iowa
2022 Report Data	57%	54%	56%	54%

Source: [countyhealthrankings.org](https://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 ages 25-44 who received a Pap smear in 2022.

Report Area	Age-Adjusted Percentage
Iowa	54.2%
United States	51.6%

Source: americashealthrankings.org

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

Sigmoidoscopy or Colonoscopy

This indicator reports the percentage of adults ages 45-75 who reported receiving one or more of the recommended colorectal cancer screening tests within the recommended time interval (blood stool test within the past year, sigmoidoscopy within the past five years, colonoscopy within the past 10 years, stool DNA test within the past three years, virtual colonoscopy within the past five years or sigmoidoscopy within the past 10 years and blood stool test in the past year).

Report Area	Age-Adjusted Percentage
Iowa	64.1%
United States	61.8%

Source: americashealthrankings.org

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

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

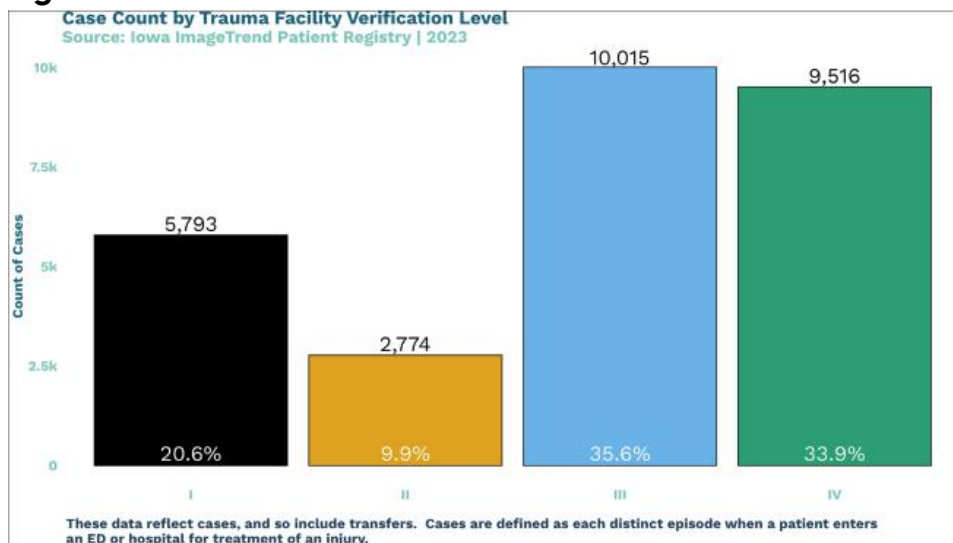
State Trauma Registry

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

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

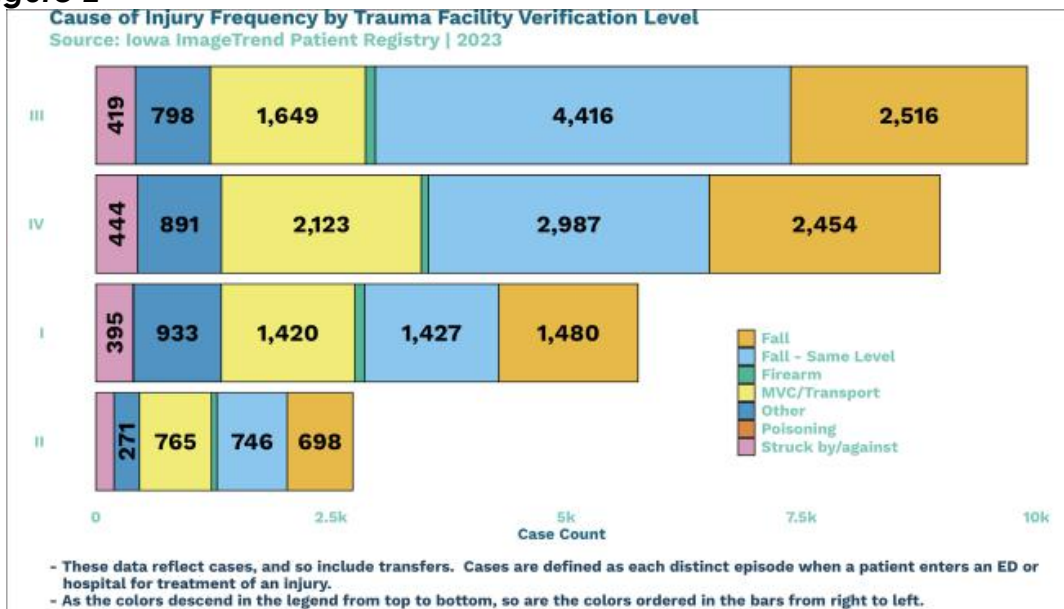
Iowa has an inclusive trauma system. All hospitals in Iowa are verified as a trauma care facility at some level. Waverly Health Center is a Level IV facility, which has the resources and training needed to stabilize traumatically injured patients and provide definitive care for those with minor injuries.

Figure 1



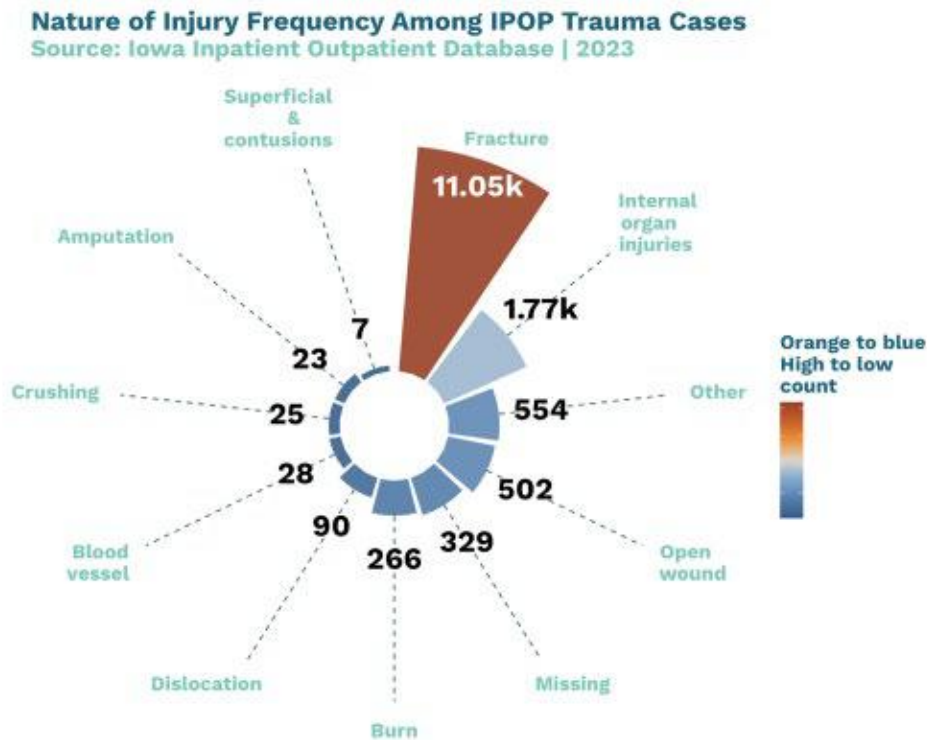
In the year 2023, all trauma care facilities reported patient data. It is worth noting that the total number of trauma cases reported in 2022 was at the highest recorded level, signaling a substantial increase compared to previous years. In this context, the 28,098 cases in 2023 are yet another peak for the state in terms of the volume of treatment episodes managed by verified trauma centers. This increase (5% increase from 2022) represents a significant shift from the stable incident counts observed over the past five years, demonstrating the evolving landscape of trauma care data reporting in Iowa.

Figure 2



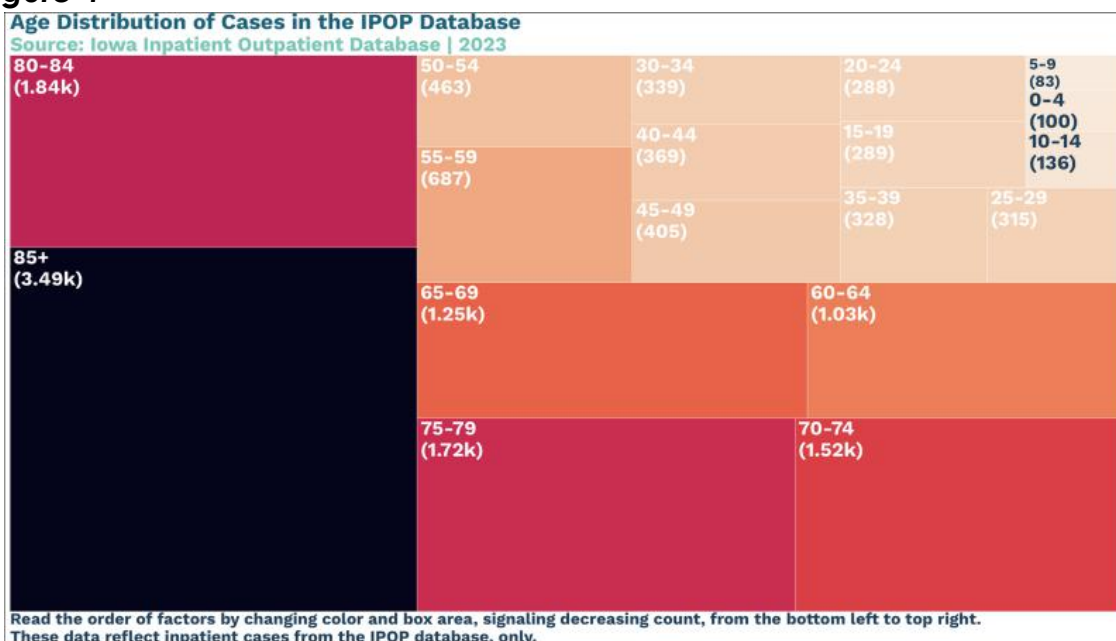
In 2023, falls were the most frequent cause of injury among all levels of trauma facilities. Motor vehicle crashes (MVC) and other transport-related incidents also contributed significantly.

Figure 3



The analysis of injury types among trauma patients in Iowa for 2023 reveals significant insights into the prevalence of various injuries. Fractures were the most common injury, with 11,048 reported cases, making them a predominant concern in trauma care.

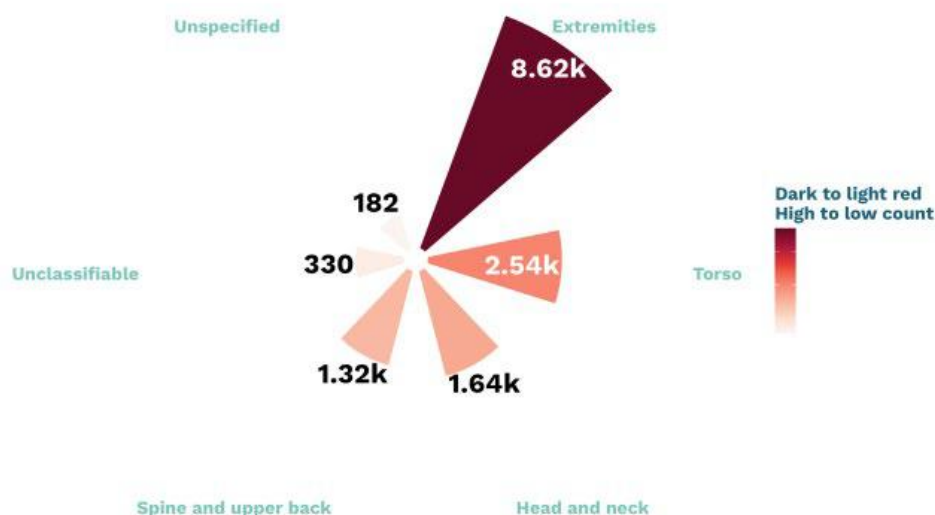
Figure 4



The age bands utilized in the figure above align with the U.S. Census Bureau age bands. These age bands are different from those utilized in previous reports, and so comparisons will need to be made with attention to the categorical differences. As in previous years, patients ages 65 and over account for most trauma cases.

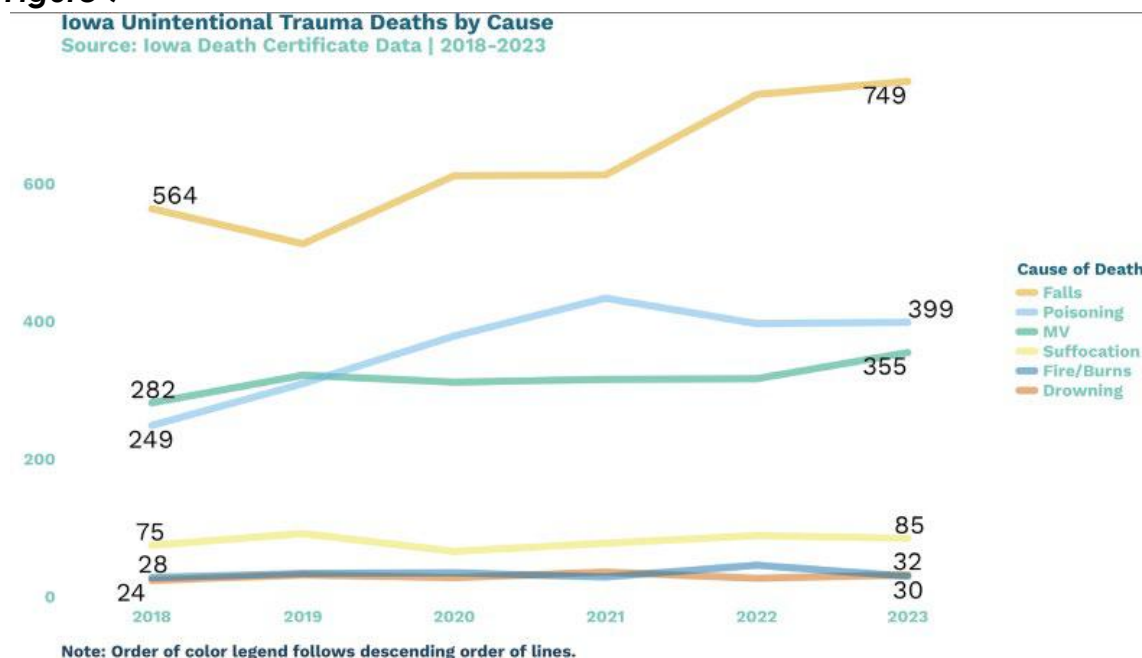
Figure 6

Body Region of Injury Frequency Among Trauma Cases
Source: Iowa Inpatient Outpatient Database | 2023



The distribution of injury count by body region among trauma patients in Iowa for 2023 offers a detailed perspective on which parts of the body are most affected. Injuries to the extremities were the most prevalent, with 8,625 cases, highlighting the high incidence of arm and leg injuries in trauma patients.

Figure 7



From 2018 to 2023, Iowa experienced a range of unintentional trauma deaths, with significant variation in causes. Falls were the leading cause each year, with the highest number of deaths in 2023 at 749, and the lowest in 2019 at 513.

Source: Iowa Trauma Data Report, 2023

XIII. EVALUATION OF IMPACT OF 2022 CHNA

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

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

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

Updates - WHC:

- Continues to hold its monthly Speakers Series presentations with various guest speakers and health-related topics. These presentations were available both in-person and virtually.
- Provides education lessons on health topics to school classrooms through the Healthy Partners program.
- Publishes a monthly newsletter, “Nurse’s Notes,” that is distributed to all K-6 grade students at Waverly-Shell Rock, Janesville and Wapsie Valley Schools.
- Hosts the following support groups:
 - Breast Cancer Support Group
 - Finding Support for Families of Children with Special Needs
 - Parkinson’s 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 Waverly and Bremer County.

Updates

- For several years, the Waverly Area Partnership for Healthy Living (WAPHL) served as the tobacco coalition for the county. With the dissolution of WAPHL in 2023, Bremer County Community Partners (BCCP) became the recognized tobacco coalition for Bremer County. In 2025, Pathways Behavioral Services took over the tobacco coalition for Bremer County.

WHC

- Community relations staff serves as active members of BCCP.
- Use results of community health needs assessment to create programs focused on improving health and wellness in Waverly and Bremer County.

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

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

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

Updates - new providers/services:

- Alaa Al-Talla, ARNP, Walk-In Clinic
- Brooke Johnson, DO, Women's Clinic
- Carissa Kelm, ARNP, Hospitalist
- Daisy Miller, DO, Women's Clinic
- Dr. David Henry, General Surgery Clinic
- Debra Lodge, ARNP, Hospitalist
- Dr. Elizabeth Dupic, Christophel Clinic
- Jill Schmitt, ARNP, Nashua Clinic and Janesville Clinic
- Julie Cousin, ARNP, General Surgery Clinic
- Kathleen Holden, PMHNP-BC, Christophel Clinic and Shell Rock Clinic
- Kayla Ruehs, ARNP, Walk-In Clinic
- Dr. Larry Lindell, Birthing Center
- Rachel Vaughn, ARNP, Hospitalist
- Robert Rogers, ARNP, emergency
- Samantha Wolff, PMHNP-BC, Christophel Clinic

WHC:

- Completed a building project increases services needed in the area.
- Enhanced the surgical center with the addition of Mako SmartRobotics™ technology for hip and knee replacements.

- Added new Computerized Tomography (CT) imaging equipment and a new Magnetic Resonating Imaging (MRI) units.
- Added the Center for Pediatric Therapies to meet the growth and development needs of children with physical, occupation and speech therapy.
- Expanded the hours of the Walk-In Clinic from 8 a.m. to 8 p.m.
- Added a new hearing screener for infants born in the Birthing Center.

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

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

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

Updates - WHC:

- is in the process of implementing the Workday business platform, which will allow us to transition to Epic, a unified patient portal

Strategy #4 (strategy for key finding 4)

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

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

Updates - WHC:

- Published a newsletter article regarding this topic.
- Provided ongoing education to staff and patients.

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

Updates - WHC:

- Posted on social media about the dangers of distracted driving.

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 (COVID-19, flu, pneumonia, etc.)

Updates - WHC:

- Promoted messaging campaigns regarding the importance of vaccinations on KWAY and social media.
- Providers receive data on the completion of wellness exams for their patients.
- Walk-in wellness process continues with additional promotion.

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

Updates - WHC:

- Additional messaging with reminders about timely and relevant health related topics.

Strategy #6 (strategy for key finding 2)

Enhance access to mental health services.

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

Updates - WHC:

- Hosted Navigating Grief and Loss During the Holidays in partnership with Cedar Valley Hospice.
- Hosted Speakers Series on mental health and agriculture.
- Published newsletter articles regarding this topic.
- Shared information about mental health and available services on KWAY.

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

Updates - WHC:

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

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

Key Findings

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

Action Plan

Strategy #1 (strategy for key findings 1, 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 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 Bremer County Community Partners (BCCP) to enhance the health status and well-being of the people of Bremer County and surrounding region. WHC community relations staff will serve as active members of the partnership. Use results of community health needs assessment to create programs focused on improving health and wellness in Waverly and Bremer County.

Owner: Community Relations

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

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

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

Owner: Administration

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

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

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

Owner: Clinic Administration and Community Relations

Strategy #4 (strategy for key finding 4)

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

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

Owner: Administration

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

Owner: Community Relations

Strategy #5 (strategy for key finding 3)

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

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

Owner: Clinic Administration

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

Owner: Clinic Administration

Strategy #6 (strategy for key finding 2)

Enhance access to mental health services.

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

Owner: Social Services, Behavioral Health Services and Community Relations

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

Owner: Administration, Behavioral Health Services.

XV. AREAS OF CONCERN NOT INCLUDED IN STRATEGIES

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

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

XVI. APPENDIX

A. Area Hospitals

Community Memorial Hospital

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

Mercy New Hampton

308 N Maple Avenue
New Hampton, 50659
(641) 394-4121

Waverly Health Center

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

B. Area Family Medicine Clinics:

MercyOne:

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

UnityPoint:

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

Waverly Health Center:

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

C. Area Public Health Offices

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

D. Area Counseling Services:

- Conrad Family Counseling — 951 N Linn Ave, Suite 3, New Hampton, 50659 (641) 394-2505
- Inspire Counseling & Coaching, Amy Roling, LLC — 118 1st Street SW Waverly, 50677 (319) 269-8948
- Lutheran Services in Iowa — 106 16th Street, Waverly 50677 (319) 352-2630
- MercyOne — 217 20th Street NW, Waverly, 50677 (319) 352-9500
- Monarch Therapy Services — 505 Coates Street, Parkersburg, 50665 (319) 346-1216
- North Iowa Counseling, LLC — 506 E Bremer Avenue, Waverly, 50677 (319) 559-1065
- Pathways Behavioral Services
 - 111 10th Street SW, Waverly, 50677, (319) 352-2064
 - 602 S. Washington Ave, Fredericksburg, (563) 237-5300
- Waverly Health Center
 - Behavioral Health Services — 312 9th St SW, Waverly, 50677, (319) 483-1390