



Community Health Needs Assessment Fayette County

Conducted in 2019 by
MercyOne Oelwein Medical Center

FY 2020-2022

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Purpose

The Patient Protection and Affordable Care Act requires not-for-profit health care organizations to perform a Community Health Needs Assessment (CHNA) every three years and adopt an implementation plan to meet the outstanding community health needs, identified therein, as a condition of maintaining the institution's federal tax exemption. This requirement became effective in 2012.

The CHNA process uses data and community input to measure the relative health and social well-being of a community. The information identified as community assets and needs are used to develop an implementation strategy. The findings should inspire collective action and ensure meaningful, effective allocation of resources, both within the hospital and in the community.

This report is specific to MercyOne Oelwein Medical Center (formerly known as Mercy Hospital of the Franciscan Sisters and formerly part of Wheaton Franciscan Healthcare). MercyOne conducted a conference call in January 2019 with Gunderson Palmer Lutheran and the Fayette County Health Department to discuss the survey collection process of which the partners opted to forgo joint efforts. MercyOne began collecting data for Fayette County to meet the required deadline. MercyOne will share the data collected with the Fayette County partners to aid in their efforts and ongoing partnerships. The Board of Trustees reviewed and approved the community health needs report and Implementation Plan for MercyOne Oelwein Medical Center June 6, 2019.

Organization Overview

In 2016, the Wheaton Franciscan Sisters transferred their Iowa assets - known as Wheaton Franciscan Healthcare – Iowa including Mercy Hospital, Oelwein; Sartori Memorial Hospital, Cedar Falls; Covenant Medical Center, Waterloo; and Covenant Clinic, a large network of clinics and providers – to Mercy Health Network. On February 1, 2019, Mercy Health Network, including all hospitals, clinics and facilities throughout the state of Iowa within this system of care, became MercyOne.

MercyOne Oelwein Medical Center is a 25-bed, critical access hospital that provides acute care, outpatient services, and a 24-hour, physician-staffed emergency room. The MercyOne ambulance serves as the emergency 911 responder to Oelwein and surrounding communities including Arlington, Maynard, Westgate, Oran and Fayette. The hospital is also home to a 39-bed, long-term care facility, MercyOne Senior Care (formerly Mercy Living Plus) and several

clinic offices including MercyOne Oelwein Family Medicine is staffed with physicians and mid-level providers, a licensed social worker and visiting specialists. MercyOne Occupational Health and MercyOne Urgent Care round out the expanded services now offered in Oelwein.

According to IHA's 2018 Economic Impact report for Fayette County, MercyOne made an economic impact of nearly \$10M (IHA 2018). This means the hospital and its colleagues purchase a large amount of goods and services to support the local economy. To get this value, the association uses the IMPLAN software tool to analyze county level data using an economic input-output model. Employment and income (sum of payroll and employee benefits expense) are important direct economic activities created from the hospital.

Mission

MercyOne serves with fidelity to the Gospel as a compassionate, healing ministry of Jesus Christ to transform the health of our communities.

2017-2019 Progress Report

The strong partnerships created over the past several years will continue to ensure focus on identified health needs still prevalent in Fayette County. MercyOne Oelwein Medical Center is proud of advancements made over the last several years and understands its role in community health and wellbeing. The expertise of our health care providers adds perspective in creating tactics to advance efforts.

- A partnership with the Northeast Iowa Food Bank brought a mobile food pantry to Oelwein/Fayette County to decrease food insecurity. In the community of Oelwein, the program serves an average of 170 households and 420 individuals each month. In Fayette County, the program serves an average of 265 households and 608 individuals per month.
- Collaborated with Helping Services of Northeast Iowa to ensure providers are referring patients to Quit Line Iowa and providing general information to area residents seeking assistance to quit.
- Ongoing partnership with Northeast Iowa Food & Fitness Initiative (NEIFF) created, and continues to build upon, the development of a health and wellness plan for the region incorporating walking school buses, nutritional education (Farm to School), community gardens, etc. Through a 'Walk Northeast Iowa' campaign, social media efforts reached 77,988 with a total impression rate of 100,841. This resulted in a 32% increase in page

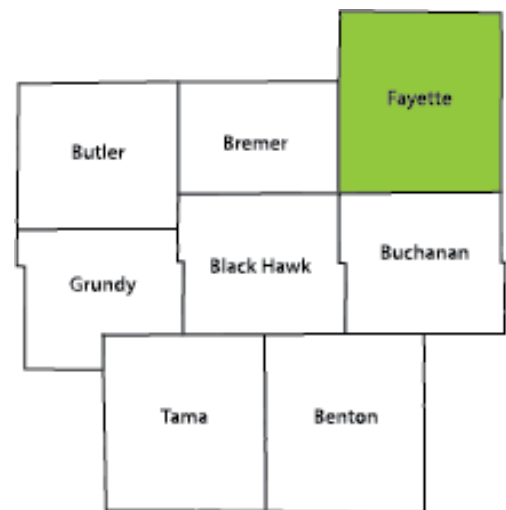
likes. Local providers are "prescribing" walking to patients. MercyOne provides financial support to this effort as well.

- Assisted nearly 500 Medicare-eligible residents with guidance on proper enrollment through SHIP (Senior Health Insurance Information Program) saving nearly \$260,000.
- Increased access to care by opening an occupational medicine clinic to aid local companies with employee health, and an urgent care improving access for more than 12,000 Fayette County residents.
- Expansion of women's health care service through visiting midwives to ensure access to women's health services to nearly 130 women in Fayette County.

Primary and Secondary Data

Fayette County, Iowa – Demographic via U.S. Census Quick Facts

Recent estimates as of 2019 show the population of Iowa at 3.18 million according to worldpopulation.com, a slight increase found mostly in urban counties growing by 8.5%. Rural counties in Iowa declined by 4.2%, which was the case for Fayette County, down 5.2% between 2000 and 2017. The county is mostly rural and is the state's 32nd most populous county of 99. Nearly 96% of its residents are white and 2.3% Hispanic or Latino. There are 1.4% Black/African Americans and 1.2% Asians. Approximately 21% of the population is over the age of 65, higher than the U.S. average of 15.6%, and 20.6% are under the age of 18. The high school graduation rates are high yet the percentage of residents with a college degree fall to 19.8%, below the U.S. average of 30.9%.



Iowa ranks 16th among the 50 states with a poverty rate of 12.3% as reported on www.welfareinfo.org. Fayette County has dramatically higher poverty rates at 30.6%, or one out of 3.3 residents, living in poverty with the state average at 10.7 as reported on www.census.gov. The percentage of children in Fayette County living in poverty is 28.6% among children under 6 and 19.4% for those 6-11 years of age. The U.S. Census Bureau Quick Facts report show only 5.4% of Fayette County residents under the age of 65 are without health insurance, lower than the U.S. average of 10.2%.

2019 Robert Wood Johnson Foundation County Health Rankings & Roadmaps

The RWJ County Health Rankings & Roadmaps, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure the health of nearly all counties in the nation and rank them within states. County-level measures are used to compile the rankings from a variety of national and state data sources. These measures are standardized, and use scientifically-informed weights.

The Rankings are based on counties and county equivalents (ranked places), and any entity with its own Federal Information Processing Standard (FIPS) county code is included. The organizations only rank counties and county equivalents within a state to raise awareness about the many factors that influence health and show how health varies from place to place.

The County Health Rankings are based on mortality, morbidity, health behaviors, clinical care, social/economic factors and physical environment. Counties are ranked in both Outcomes and Factors from the 2019 RWJ study and are meant to give direction and focus to efforts in improving community health compared to 2015. *Health Outcomes* (measure length of life and quality of life, which are results from health factors) represent how healthy a county is while the *Health Factors* (determined by health behaviors) represent what influences the health of the county. RWJ Foundation ranks 99 Iowa Counties: the lower the ranking, the healthier the county; a high ranking indicates an unhealthy county and signifies a need to improve (see Appendix A).

Overview of Findings

Health Outcomes

Fayette County ranked 37th out of 99 counties for health outcomes, the physical and mental well-being of residents based on length of life and quality of life. Many factors influence health outcomes including quality of medical care received, as well as housing, water, jobs, etc. The physical and mental health of most Fayette County residents is good ranking similar or lower than average throughout the U.S. and Iowa. Fayette County also ranked below average in the percentage of

live births with low birth weight, which was an improvement over the past several years. However, the

| 2015 Measures | Rank of 99 | 2015 Measures | Rank of 99 |
|---------------------------|------------|---------------------------|------------|
| Health Outcomes | 61 | Health Outcomes | 37 |
| Length of Life | 51 | Length of Life | 42 |
| Quality of Life | 73 | Quality of Life | 37 |
| Health Factors | 80 | health Factors | 69 |
| Health Behaviors | 92 | Health Behaviors | 61 |
| Clinical Care | 80 | Clinical Care | 61 |
| Social & Economic Factors | 59 | Social & Economic Factors | 82 |
| Physical Environment | 43 | Physical Environment | 42 |

number of years of potential life lost before the age of 75 per 100,000 population was 6,000, only 800 less than neighboring Black Hawk County with a much higher population. The chart on the right shows progress made between 2015 and 2019.

Health Factors

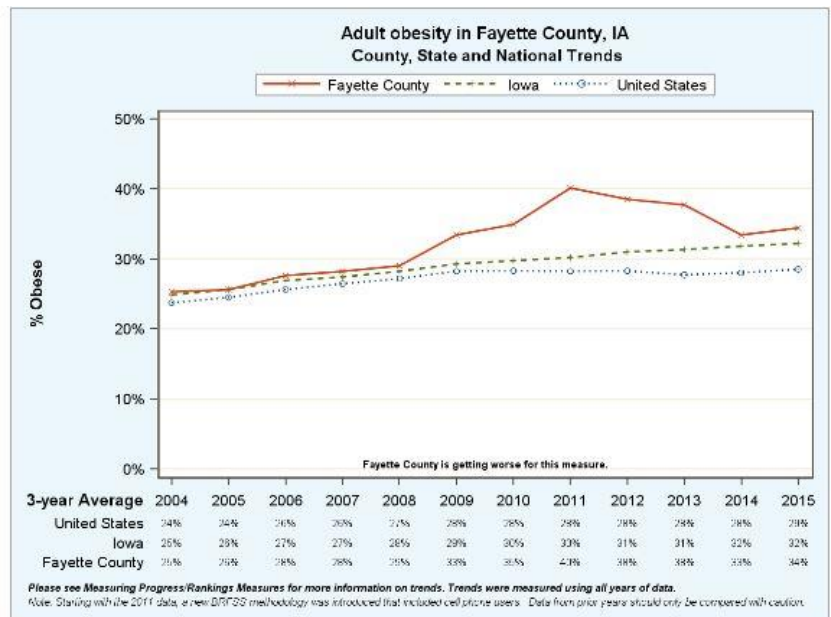
Health Behaviors

Fayette County ranked 61 out of 99 counties for health behaviors with areas of concern related to adult smoking, adult obesity and physical inactivity, access to exercise, food environment and teen births.

Use of tobacco products is the leading cause of preventable disease and leads to 480,000 deaths in the U.S. annually (CDC, 2019). With 60 million Americans smoking, 14 million alcohol-dependent, and 14 million using illicit drugs, including marijuana (CDC, 2018), positively impacting health behaviors is a difficult task among government, insurance companies and health care entities alike unless more is done at a policy level. Although progress was made to decrease adult use of cigarettes, the industry has since diversified, leading to increased use of smokeless tobacco including chewing tobacco and e-cigarettes. Often promoted as an alternative to cigarettes, e-cigarettes can deliver a higher dosage of nicotine and other harmful

and carcinogenic chemicals. According to a study done by Truth Initiative, use of e-cigarettes have increased significantly among all ages, including middle school-aged youth. The study revealed that 63% of JUUL users, the most recognized e-cigarette brand, did not know the product always contains nicotine. In addition, according to the National Conference of State Legislators (NCSL, 2019), a total of 34 states, District of Columbia, Guam, Puerto Rico and U.S. Virgin Islands have approved a comprehensive, publicly available medical marijuana/cannabis program. Education and tougher regulation are necessary to make significant impact on smoking rates if the goal is to reduce health care costs and improve the health of our communities. Reducing smoking rates among Fayette County residents continues to be an important area of focus for MercyOne.

According to CDC and The State of Obesity website, recent studies reinforce that obesity rates are alarmingly high. The National Health and Nutrition Examination Survey (CDC, NHANES 2015-2016) revealed 18.5% of children and nearly 40% of adults are obese, the highest rates ever documented by NHANES. The Fayette County Health Improvement Plan, updated June 7, 2018, outlined a goal to reduce



the percentage of Fayette County adults classified as obese (IDPH 2018). A slight decrease was reported in the 2019 County Health Rankings & Roadmaps report showing a decrease to 34% in 2019 from 38% in 2017 (RWJF 2019). Another issue is food insecurity and according to Feeding America, the percent of Fayette County residents considered food insecure is 11.6%, above the state's average of 10.9% (see Appendix B). Although MercyOne Oelwein Medical Center was instrumental in bringing a mobile food bank to the community, significant work remains surrounding education about healthy food choices and access to fresh, healthy food in this agriculturally rich county.

Physical inactivity is another health behavior outlined in the County & Health Rankings & Roadmaps for Fayette County (RWJF 2019). Access to facilities, trails and other amenities reflect one side of the equation; yet motivation and time remain constant barriers for residents in Fayette County. MercyOne Oelwein Medical Center collaborates with the Northeast Iowa Food & Fitness Initiative and other health care entities to improve physical activity (walkneiowa.org). This ongoing partnership shows potential for ongoing impact in the area of physical inactivity and obesity, working closely with MercyOne providers to ensure patients are encouraged to increase physical activity as part of their overall health plan. Fayette County ranked higher than Iowa and U.S. rankings emphasizing a need for ongoing focus on health behaviors.

Clinical Care

As a rural Iowa county, Fayette has a Primary Care Provider (PCP) shortage ratio of 2,660:1 compared to the state's ratio of 1,390:1 (RWJF 2019). Most residents have health coverage, yet its rural location makes access an ongoing issue. Additionally, transportation to larger medical centers with more specialty care affects access for Fayette County residents due to its rural proximity to larger medical centers. MercyOne Waterloo Medical Center is the closest, approximately 42 miles southwest of Oelwein, or St. Luke's in Cedar Rapids, approximately 55 miles south of Oelwein.

MercyOne added 3D mammography within the last year, and the imaging department works closely with providers and patients in the community to promote the benefits of mammograms. The percentage of female Medicare enrollees ages 65-74 that receive mammograms is 42%, slightly lower than Iowa's average of 49% (RWJF 2019). Of interest and opportunity for MercyOne Oelwein Medical Center flu education and improved vaccination rates among Medicare enrollees reported at 35% in Fayette County compared to 51% in the state of Iowa (RWJF 2019).

Social and Economic Factors

Fayette County shows a 3.7% unemployment rate among the county's population age 16+ (U.S. Census 2018). This is higher than Iowa's average of 3.1%. Unemployment fuels poverty with 18% of Fayette County children under age 18 living in poverty and 34% of children living in a one-parent household. Fayette County also has a higher than average number of deaths due to injury per 100,000 population. The U.S. and Iowa average in this category was 67 and Fayette County was 108 although no one issue is prevalent to indicate concern.

Physical Environment

Fayette County has a high concentration of farmland with a 9.4 average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) higher in Fayette County compared to findings in the U.S. and Iowa (RWJF 2019). Severe housing problems are another component of the physical environment, which includes analysis of overcrowding, high housing costs and/or lack of kitchen or plumbing facilities. Fayette County shares the same percentage as the state of Iowa at 12%. At closer review, 75.8% of homes are owner-occupied, likely impacting the number of units available to rent, driving the median gross rent to \$602, a significant monthly expenditure in a county with high poverty levels (U.S. Census 2018).

Healthcare Access

According to Healthy People 2020, a range of personal, social, economic, and environmental factors contribute to individual and population health. Often people with a quality education, stable employment, safe homes and neighborhoods, and access to preventive services tend to be healthier, while poor health outcomes are often associated with lower socioeconomic status directly correlates with undesirable health behaviors. Enrollment rates for both Medicaid and Medicare at MercyOne have remained consistent year-over-year.

Table 3: People served through Medicaid & Medicare FY13-FY18

| People Served through Medicaid | | People Served through Medicare | |
|---------------------------------------|-------|---------------------------------------|--------|
| <i>FY13</i> | 3,510 | <i>FY13</i> | 12,168 |
| <i>FY14</i> | 4,032 | <i>FY14</i> | 12,231 |
| <i>FY15</i> | 5,137 | <i>FY15</i> | 12,257 |
| <i>FY16</i> | 5,189 | <i>FY16</i> | 11,617 |
| <i>FY17</i> | 5,439 | <i>FY17</i> | 12,061 |
| <i>FY18</i> | 4,854 | <i>FY18</i> | 10,396 |

Source: MercyOne Oelwein Medical Center

MercyOne continues to offer Community Care to families who struggle to cover remaining costs of care. From FY15-FY18, MercyOne Oelwein Medical Center and its clinics provided \$679,776 in Charity Care to 1,975 patients. Our professionals in Family Services continue to work with patients on enrollment to reduce or eliminate out of pocket costs for patients in need.

Methodology – Primary Data

This report was compiled by MercyOne as required for MercyOne Oelwein Medical Center. Because MercyOne's service area includes northeast Iowa, one survey was collaboratively developed and used throughout multiple counties surrounding Black Hawk County including Fayette County (see Appendix C). Various agencies including health departments, hospitals, various grant-funding agencies, universities, etc., developed the survey made available online and in paper format. Printed copies helped capture input from those without computer access who were willing to participate. Advertising, publicity and an email push encouraged participation from Fayette County residents, nonprofits and businesses through April 30, 2019 to engage various sectors of the community. We then compared the primary and secondary data to ensure alignment. Please note that due to the variance in CHNA deadlines for other area hospitals and the Fayette County Health Department, MercyOne Oelwein Medical Center surveyed independently and intends to exchange results with these partners to ensure any additional data collected only affirms initial findings used to generate implementation plan strategies for MercyOne Oelwein Medical Center. In June, the Northeast Iowa Food Bank will provide the results of a food insecurity survey completed among area residents and users of the mobile food pantry. Consideration will be given to this data when finalizing the Implementation Plan for Oelwein Medical Center.

Survey Results/Correlations

The intent of the survey was to assess the health of the community, and that of each respondent and family. The information below represents information outlined in the Community Health Needs Assessment Survey 2019. All primary and secondary data were compared from sources including the Robert Wood Johnson County Health Rankings & Roadmaps; U.S. Census Bureau Quick Facts; Iowa State Extension Office; the Center for Disease Control and Prevention; Feeding America; the Iowa Hospital Association; internal planning and utilization data, and other online sources noted herein.

With most respondents 40-79 years of age, 52% felt people in the community maintained their health over the past five years, while 42% felt people were less healthy. Only 7% felt people became healthier over the past five years. The 2019 County Health Rankings state 12% of adults reporting fair or poor health in Fayette County, better than the Iowa and U.S. ranking of 13% and 16% respectively. Secondary data revealed that Fayette County ranks 61 out of 99

counties (RWF 2019), an improvement from the 2015 Health Factor report ranking Fayette County 80 out of 99.

When asked to identify the three most important factors for a healthy community, respondents ranked access to health care (87%) as the most important factor, followed by good jobs and a strong economy (37%), and access to mental health services (27%). The first two responses were the leading answers to this question in 2015 as well.

Although Fayette County did attract some companies over the last few years of which MercyOne is providing Occupational Health services, growth is stagnant or declining in rural Iowa counties as compared to urban counties in Iowa. The U.S. Census Bureau shows poverty in the county at 13.4%. With poverty identified as a critical social and economic factor in this rural county, it's no surprise respondents cited poor parenting skills (57%); structured, safe or supportive living environment (38%); bullying (33%); and access to mental health services (31%) as top health issues relative to children. This much stress amplifies struggles in the daily life among families, especially when 34% of households in Fayette County are single-parent households, higher than both the state and U.S. average (U.S. Census 2018).

Respondents identified the following health problems in the community as aging - defined as arthritis, hearing/vision loss, dementia - (67%), obesity (62%), and mental health (52%). Nearly 80% of respondents rate themselves average to healthy, and because most respondents were 50+, it is not surprising the group sees aging as a health problem. The top risky adult behaviors respondents identified among adults in the community were illegal drug use (66%); alcohol abuse (57%); physical inactivity (49%); and use of tobacco/vaping (34%) which may in turn impact the daily lives of residents related to unemployment and higher poverty rates.

Respondents identified the following behaviors as ones they would like to improve upon or start: increase physical activity (73%); drink more water (63%); decrease stress (53%); and eat more fruits and vegetables (51%). These were the same behaviors identified in the 2015 survey. Respondents point to lack of motivation (64%), time constraints (53%) and other priorities (52%) as reasons for not being healthier. If these health behaviors and barriers exist among educated females in the county, these same challenges likely exist among families in need. Respondents cite affordable wellness and fitness facilities, the availability of fresh food and produce, community/employee wellness programs, trails and sidewalks, and educational classes as

areas of need to start/maintain a healthy lifestyle, yet time constraints and lack of motivation are among the top reasons for being somewhat healthy/unhealthy.

According to new guidelines outlined in an April 24, 2019 article from The World Health Organization (WHO), children under five must spend less time sitting watching screens, less time restrained in seats, get better quality sleep and have more time for active play if they are to grow up healthy (WHO 2019). Public health, communities and health care organizations must build a strong primary prevention plan to ensure clear understanding of why healthy behaviors are so important. Even if more exercise facilities were available/affordable and/or parks and walking paths were abundant, residents must overcome challenges with motivation and time constraints to improve the health of their families and communities.

Due to its rural geographical location, Fayette County has a Primary Care Provider (PCP) shortage ratio of 2,660:1 compared to the state's ratio of 1,390:1. The deficit grows wider with a 2,830:1 ratio for mental health providers. The dentistry ratio is 2,470:1. HPSA is an issue throughout Iowa and widens in rural counties like Fayette, making access more challenging.

As noted earlier, the U.S. Census Bureau reported the percentage of people in poverty in Fayette County at 13.4%. According to Feeding America's Map the Meal Gap 2018, 12.1% of the population are food insecure, with 58% below the 160% Federal Poverty Level (FPL) and 37% above 185% FPL among those income eligible for federal nutrition assistance. This report shows 58% are eligible for Supplemental Nutrition Assistance Program (SNAP); Supplemental Nutrition Program for Women, Infants, and Children (WIC); free school meals; Commodity Supplemental Food Program (CSFP) and Emergency Food Assistance Program (TEFAP). With diminished incomes and limited access to healthy food, the physical and mental well-being of area families is at risk making it difficult to affect rankings in a positive manner.

Access to health care providers and services was a major concern among 87% of the respondents, although 92% have an annual health exam and have some form of health insurance. Access among respondents likely indicates transportation and/or access issues to specialists, forcing them to travel to areas offering advanced services. The Center for Medicaid and Medicare recently updated their October 2018 Medicaid and CHIP enrollment numbers with most states showing a drop-in enrollment however, Iowa reported increases. The 2019 County Health Rankings showed the uninsured rate in Fayette County and Iowa at 5%, much lower than the U.S. rate at 10%. In Fayette County, 42% of female Medicare enrollees ages 65-74

receive a mammogram. That is lower than the state average of 29%, yet higher than the U.S. at 41%. MercyOne invested in 3D screening capabilities in 2018.

Unsafe housing (64%) remains the main concern among respondents and aligns with the County Health Rankings.

Areas of Focus/Exclusions

Focus Areas

- MercyOne will continue its focus on health behaviors through community education and programs including ongoing efforts related to food insecurity, access to healthy foods and encouraging physical activity.
- MercyOne will evaluate areas in Clinical Care to ensure residents are receiving the regular wellness exams, screenings and immunizations to ensure good health. Access will be an important aspect of this area as well.
- MercyOne will focus on transportation issues and the impact on overall health and well-being of rural and vulnerable populations.

Exclusions

MercyOne acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs deemed most pressing, under-addressed, and within its ability to influence. The implementation plan outlines the following as areas of exclusion:

- Social Factors related to poverty, unemployment and death rates
- Physical Environment better addressed by other organizations

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Appendix A

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

| | Fayette County | Error Margin | Top U.S. Performers | Iowa | Rank (of 99) |
|--|----------------|--------------|---------------------|---------|--------------|
| Health Outcomes | | | | | 37 |
| Length of Life | | | | | 42 |
| Premature death | 6,000 | 4,800-7,200 | 5,400 | 6,200 | |
| Quality of Life | | | | | 37 |
| Poor or fair health | 12% | 12-13% | 12% | 13% | |
| Poor physical health days | 2.9 | 2.8-3.1 | 3.0 | 2.9 | |
| Poor mental health days | 3.3 | 3.1-3.5 | 3.1 | 3.3 | |
| Low birthweight | 6% | 5-7% | 6% | 7% | |
| Additional Health Outcomes (not included in overall ranking) | | | | | |
| Life expectancy | 78.7 | 77.6-79.8 | 81.0 | 79.5 | |
| Premature age-adjusted mortality | 350 | 300-390 | 280 | 320 | |
| Child mortality | | | 40 | 50 | |
| Infant mortality | | | 4 | 5 | |
| Frequent physical distress | 9% | 9-10% | 9% | 9% | |
| Frequent mental distress | 11% | 10-11% | 10% | 10% | |
| Diabetes prevalence | 11% | 8-14% | 9% | 10% | |
| HIV prevalence | 29 | | 49 | 94 | |
| Health Factors | | | | | 69 |
| Health Behaviors | | | | | 61 |
| Adult smoking | 16% | 15-16% | 14% | 17% | |
| Adult obesity | 34% | 29-41% | 26% | 32% | |
| Food environment index | 8.4 | | 8.7 | 8.2 | |
| Physical inactivity | 29% | 23-36% | 19% | 23% | |
| Access to exercise opportunities | 78% | | 91% | 83% | |
| Excessive drinking | 19% | 19-20% | 13% | 22% | |
| Alcohol-impaired driving deaths | 17% | 6-31% | 13% | 28% | |
| Sexually transmitted infections | 276.4 | | 152.8 | 415.6 | |
| Teen births | 21 | 17-25 | 14 | 20 | |
| Additional Health Behaviors (not included in overall ranking) | | | | | |
| Food insecurity | 12% | | 9% | 12% | |
| Limited access to healthy foods | 2% | | 2% | 6% | |
| Drug overdose deaths | | | 10 | 10 | |
| Motor vehicle crash deaths | 18 | 11-26 | 9 | 11 | |
| Insufficient sleep | 28% | 27-29% | 27% | 28% | |
| Clinical Care | | | | | 61 |
| Uninsured | 5% | 5-6% | 6% | 5% | |
| Primary care physicians | 2,860:1 | | 1,050:1 | 1,390:1 | |
| Dentists | 2,470:1 | | 1,260:1 | 1,520:1 | |
| Mental health providers | 2,830:1 | | 310:1 | 700:1 | |
| Preventable hospital stays | 2,381 | | 2,765 | 3,776 | |
| Mammography screening | 42% | | 49% | 49% | |
| Flu vaccinations | 34% | | 52% | 51% | |
| Additional Clinical Care (not included in overall ranking) | | | | | |
| Uninsured adults | 6% | 5-7% | 6% | 6% | |
| Uninsured children | 3% | 2-4% | 3% | 3% | |
| Other primary care providers | 990:1 | | 726:1 | 1,085:1 | |

Appendix A Continued

| | Fayette County | Error Margin | Top U.S. Performers | Iowa | Rank (of 99) |
|--|----------------|--------------|---------------------|------|--------------|
|--|----------------|--------------|---------------------|------|--------------|

Additional Clinical Care (not included in overall ranking)

| | | | | |
|------------------------------|-------|------|-------|---------|
| Uninsured adults | 6% | 5-7% | 6% | 6% |
| Uninsured children | 3% | 2-4% | 3% | 3% |
| Other primary care providers | 990:1 | | 726:1 | 1,085:1 |

Social & Economic Factors

| | | | | | |
|--------------------------------------|------|---------|------|------|----|
| High school graduation | 95% | | 96% | 91% | 82 |
| Some college | 66% | 60-72% | 73% | 70% | |
| Unemployment | 3.7% | | 2.9% | 3.1% | |
| Children in poverty | 18% | 12-23% | 11% | 13% | |
| Income inequality | 3.8 | 3.4-4.2 | 3.7 | 4.3 | |
| Children in single-parent households | 34% | 28-40% | 20% | 29% | |
| Social associations | 19.9 | | 21.9 | 15.1 | |
| Violent crime | 279 | | 63 | 282 | |
| Injury deaths | 108 | 88-128 | 57 | 67 | |

Additional Social & Economic Factors (not included in overall ranking)

| | | | | | |
|---|----------|-----------------|----------|----------|--|
| Disconnected youth | | | 4% | 5% | |
| Median household income | \$46,400 | \$42,400-50,400 | \$67,100 | \$58,700 | |
| Children eligible for free or reduced price lunch | 48% | | 32% | 41% | |
| Residential segregation - black/white | 65 | | 23 | 63 | |
| Residential segregation - non-white/white | 33 | | 15 | 47 | |
| Homicides | | | 2 | 2 | |
| Firearm fatalities | 13 | 7-22 | 7 | 9 | |

Physical Environment

| | | | | | |
|------------------------------------|-----|--------|-----|-----|----|
| Air pollution - particulate matter | 9.4 | | 6.1 | 9.0 | 42 |
| Drinking water violations | No | | | | |
| Severe housing problems | 12% | 10-13% | 9% | 12% | |
| Driving alone to work | 76% | 74-79% | 72% | 81% | |
| Long commute - driving alone | 24% | 21-26% | 15% | 20% | |

Additional Physical Environment (not included in overall ranking)

| | | | | | |
|----------------------------|-----|--------|-----|-----|--|
| Homeownership | 76% | 74-78% | 61% | 71% | |
| Severe housing cost burden | 8% | 7-10% | 7% | 10% | |

Areas to Explore Areas of Strength

Appendix B



Appendix C (Pages 19-29)

Welcome to the 2019 Community Health Needs Assessment! Thank you for participating in this important work. All information you provide is completely anonymous and strictly confidential.

If a question does not relate to you, skip to the next question.

1. Do you feel people in this community are healthier, less healthy, or have maintained health over the last five (5) years?
 - More Healthy
 - Less Healthy
 - Maintained Health

2. What do you feel are the top three (3) most important factors for a healthy community?
 - Access to health care (example: family doctor, hospital, other health services)
 - Affordable housing
 - Access to transportation
 - Arts and cultural events
 - Clean environment
 - Race relations
 - Jobs and healthy economy
 - Safe place to raise children Schools
 - Access to nutritional foods
 - Access to physical activity or exercise
 - Low crime/safe neighborhoods
 - Child abuse prevention
 - Domestic abuse prevention
 - Access to mental health services
 - Parks and recreation
 - Religious or spiritual values
 - Family life
 - Access to transportation

3. What do you feel are the top three (3) health problems in your community?
 - Aging (arthritis, hearing/vision loss, dementia, etc.)
 - Asthma
 - Cancer
 - Diabetes
 - Heart disease/stroke
 - High blood pressure
 - Infectious disease
 - Injuries (falls, car accidents, drowning) Obesity
 - Sexually transmitted disease
 - Premature birth
 - Mental illness

4. What do you feel are the top three (3) risky behaviors relative to adult behavior in your community?
 - Alcohol abuse
 - Driving while drunk or high

- Dropping out of school
 - Illegal drug use
 - Not getting shots to prevent disease
 - Not wearing a helmet on a bike or motorcycle
 - Not wearing a seatbelt
 - Physical inactivity
 - Prescription drug abuse
 - Texting or using a cell phone while driving
 - Unprotected sex
 - Use of tobacco, vaping, etc. use
5. What do you feel are the top three (3) health concerns relative to children's health in your community?
- Access to health care
 - Access to mental health services
 - Access to shots that prevent disease
 - Affordable fresh foods
 - Affordable health insurance
 - Bullying
 - Child care/day care availability
 - Healthy diets
 - Nutritious school lunch
 - Physical activity opportunities
 - Sexual behavior
 - Screen time
 - Structured, safe, or supportive living environment
 - Substance abuse
 - Not using child safety seats in a vehicle
 - Access to dental care
 - Poor parenting skills
 - Access to maternal health care
 - Access to family planning
 - Access to well child care
 - School absences
6. On a scale of one to five, rate your personal health.
1 - Poor Personal Health 2 3 4 5 - Strong Personal Health
7. Do you have an annual health exam?
- Yes
 - No
8. Where do you go for an annual health exam?
- Medical provider/Doctor's office
 - Urgent care
 - Emergency room
 - Mental health provider/Psychiatrist
 - Nonprofit or free clinic Alternative health/Chiropractor Telehealth
 - Other (please specify)

9. Do you/your spouse take your child/children for an annual health exam?
 - Yes
 - No
 - Doesn't Apply

10. Where do you/your spouse take your child/children for an annual health exam?
 - Medical provider/Doctor's office
 - Urgent care
 - Emergency room
 - Mental health provider/Psychiatrist
 - Nonprofit or free clinic Alternative health/Chiropractor Telehealth
 - Pediatrician
 - Other (please specify)

11. Do you go to the dentist regularly (1-2 times per year)?
 - Yes
 - No

12. Do you/your spouse take your child/children to the dentist regularly (1-2 times per year)?
 - Yes
 - No
 - Doesn't Apply

13. Do you have your child/children's eyes checked?
 - Yes
 - No
 - Doesn't Apply

14. What three (3) healthy behaviors would you like to start or improve?
 - Drink more water
 - Decrease stress
 - Eat more fruits or vegetables
 - Get more physical activity
 - Get shots/vaccines
 - Quit smoking, vaping, etc.
 - Reduce alcohol intake
 - Regular cancer screenings
 - Regular dental care
 - Regular annual checkups
 - Regular mental health counseling
 - Regular social interaction

15. What do you feel prevents you from being healthier? (Select all that apply.)
 - Lack access to healthcare, medicine, or shots
 - Lack motivation
 - Lack knowledge about healthy choices
 - Not enough time
 - Nowhere to exercise

- Other priorities
- Physical health is too poor
- Lack access to healthy foods
- Unemployment
- Inadequate housing
- Lack access to transportation (a ride or your own vehicle)

16. What would help you or your family start or maintain a healthy lifestyle? (Select all that apply.)

- Additional recreational paths, trails, sidewalks
- Affordable wellness and fitness facilities
- Community physical activity programs (water aerobics, volleyball/basketball league, fitness class)
- Employee wellness programs
- Health education classes (Diabetes prevention/management, Heart Disease, Arthritis, Cooking, etc.)
- Local school wellness programs
- More fresh food and produce available
- Transportation to local fitness
- Transportation to food markets/grocery store
- Transportation to medical care

When we talk about mental health we mean emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps us determine how we handle stress, relate to others, and make choices.

17. Which option describes your mental health?

- I am happy on a regular basis and am able to manage the stress of everyday life.
- I am usually happy and usually able to manage the stress of everyday life.
- I am sometimes/often lonely, depressed and/or anxious and seek social activity to feel connected (i.e., go to church, volunteer, work out/exercise, etc.)
- I struggle with loneliness, depression and/or anxiety. I hide it well and am not receiving help.
- I struggle with loneliness, depression and/or anxiety and it impacts me often. I receive help to work through these issues, but do not take medication.
- I have mental health issues, receive help and/or am on medication.
- I have mental health issues and have been arrested and/or been in a unit to receive treatment.

18. Are you currently experiencing any of the following? (Select all that apply.)

- Crying often
- Feeling hopeless or helpless
- Pulling away from people and usual activities
- Feeling numb
- Smoking, drinking, or using drugs more than usual
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Yelling or fighting with family or friends
- Severe mood swings that cause problems in relationships
- Hearing voices

- Thinking of harming yourself or others
- Inability to perform daily tasks like taking care of self, children, or getting to school or work
- Inability to cope with daily problems or stress Excessive anger, hostility, or violence
Trouble sleeping
- Unwanted distressing memories

19. What impacts your overall mental health in a positive way? (Select all that apply.)

- Exercise Diet
- Sleeping habits Relationships
- Use of prescribed medication
- Counseling and/or psychiatric services
- Physical environment (Condition of home and/or neighborhood)
- Other (please specify)

20. What impacts your overall mental health in a negative way? (Select all that apply.)

- Physical environment (Condition of home and/or neighborhood)
- Poor exercise Poor diet
- Poor sleeping habits
- Difficulties with intimate relationships Physical chronic health condition Financial stress
- Other (please specify)

21. If you feel you could benefit from mental health services but are not currently receiving them, please select your reason(s) for not accessing those services. (Select all that apply.)

- Have tried mental health services and they were unsuccessful
- Have tried and takes too long to get an appointment
- No insurance coverage
- Services are too expensive
- Lack of transportation
- Feeling ashamed or uncomfortable talking about personal issues
- Other (please specify)

22. Did you experience any of the following trauma as a child? (Select all that apply.)

- Emotional abuse
- Physical abuse
- Sexual abuse
- Substance abuse in home
- Incarcerated family member
- Family member with mental illness
- Domestic violence
- Parents separated or divorced Poverty
- Doesn't Apply
- Other (please specify)

23. Do you feel your childhood trauma has negatively impacted your adult life in any of the following areas? (Select all that apply.)

- Physical health
- Mental health

- Educational achievement
 - Financial stability or ability to get and keep a good job
 - Personal relationships
 - Parenting skills
 - Substance abuse
 - Self-esteem
24. Did you or are you currently receiving support or counseling to address the trauma you experienced?
- Yes
 - No
25. What do you feel are the environmental threats of your community? (Select all that apply.)
- Abandoned private wells
 - Contaminated food supply
 - Contaminated recreational water
 - Lack of fluoride in drinking water
 - Lead exposure
 - Old septic systems
 - Outdoor air quality (asthma triggers)
 - Radon exposure
 - Unsafe housing
 - Unsafe drinking water
 - Inadequate sewer systems
26. Do you feel you/your family are prepared for a natural or man-made disaster?
- Yes
 - No
27. Which of the following emergency preparedness statements are true for you/ your family? (Select all that apply.)
- My family has a cell phone with a charger
 - My family has a first aid kit
 - My family has discussed a central meeting place
 - My family has made a contact list for emergencies (kids know how to call another family member and how to use 911)
 - My family has practiced a fire drill at home
 - My family has practiced a tornado drill at home
 - My family has a weather radio, flashlight, and batteries in our home
 - My family keeps a supply of bottled water and extra nonperishable food items on hand
 - My family keeps a list of current medications and important paperwork for each family member My family has signed up to obtain real-time alerts and warnings for disasters
28. What prevents you from being prepared for an emergency? (Select all that apply.)
- Access to supplies (no transportation, no place to purchase supplies)
 - Need more information about how to prepare for an emergency
 - Not a priority
 - Not enough time
 - Too expensive to purchase supplies

- Not applicable - my family is prepared for an emergency
- Other (please specify)

29. What are the top three (3) public health services you would like to see in your community?

- Visiting nurses for new parents
- More citywide preparedness for natural disasters Free confidential STD/STI screening for all ages
- Health promotion programs (chronic disease self-management)
- Preventive services (vaccinations, cancer screenings, cardiovascular/stroke screenings)
- Health coaches for hypertension control
- Access to fresh fruits and vegetables Influenza shot clinics
- Health education (healthy eating, chronic diseases, asthma). Neighborhood wellness programs
- Help with access to medical care
- Help with access to mental health services Immunization information
- Oral health education Gap-filling dental care
- Help with access to dental care

30. Age

- 0-18
- 19-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80+

31. Gender

- Identify as Male
- Identify as Female
- Female-to-Male
- Male-to-Female
- Genderqueer
- Neither Exclusively Male nor Female
- Choose Not to Disclose
- Other (please specify)

32. Zip Code

33. County

- Allamakee
- Black Hawk
- Bremer
- Buchanan
- Butler
- Cerro Gordo
- Chickasaw
- Fayette

- Floyd
- Franklin
- Grundy
- Hancock
- Howard
- Humboldt
- Kossuth
- Mitchell
- Winnebago
- Winneshiek
- Worth
- Wright

34. Race/Ethnicity

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White or Caucasian
- Two or More Races
- Other (please specify)

35. Country of Origin (if immigrated in the last five years)

- Bosnia
- Burma
- Marshall Islands
- Mexico
- Republic of Congo
- Southern Asia
- Other (please specify)

36. Educational Level

- Some High School
- High School Graduate
- Some College
- College Graduate Advanced Degree

37. Health Insurance Status

- I am covered by private health insurance
- I am covered by employer provided health insurance I am covered by Medicaid/Medicare
- I am covered by health insurance, but my child/ren is not
- My child/ren is covered by health insurance, but I am not My child/ren is covered by health insurance
- No one in my family is covered by health insurance

38. Number of Adults Living in Your Home (including you)

39. Number of Children Living in Your Home

40. What is your family's gross annual income before taxes?

- Under \$15,000
- Between \$15,000 and \$29,999
- Between \$30,000 and \$49,999
- Between \$50,000 and \$74,999
- Between \$75,000 and \$99,999
- Between \$100,000 and \$150,000
- Over \$150,000

41. Are you currently receiving services from any local organizations? (Select all that apply.)

- Food assistance
- Housing assistance (rental or shelter)
- Utilities assistance
- Child care assistance
- Education assistance
- Parent education services
- General financial assistance
- Health care services
- All Other (please specify)