Community Health Needs Assessment

December 2019

GUNDERSEN
PALMER LUTHERAN
HOSPITAL AND CLINICS

Introduction and Purpose

The Patient Protection and Affordable Care Act requires non-profit healthcare organizations to perform a Community Health Needs Assessment (CHNA) every three years and adopt an implementation strategy, known as a Health Improvement Plan (HIP), to meet the outstanding community health needs and to continue to qualify for federal tax exemption.

Gundersen Palmer Lutheran Hospital and Clinics began its Community Health Needs Assessment process in mid-2019, with a target completion date for the plan of December 31, 2019. The Health Improvement Plan will then be implemented during Gundersen Palmer's fiscal years 2020-2022 with a yearly reporting update.

The CHNA-HIP process does three things:

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

The purpose of a community health needs assessment is to gather data on lifestyles and behaviors of Fayette County residents to assess the health status of communities. All primary and secondary data is compared, where appropriate, to previous health studies, as well as county, state, and national measurements. The information provides a better understanding of the prevalence of risk factors and disease conditions existing within the population.

After conducting the Community Health Needs Assessment, Gundersen Palmer's identified numerous areas of concern with three significant need categories on which to focus. These areas are the same as the previous CHNA categories as they continue to be the main concerns for the community:

- **Access to Health Care**
- **Healthy Behaviors and Lifestyles (focus on Obesity)**
- **Adult & Child Risky Behavior Education (Alcohol and Drug Abuse)**

Actions are outlined in the Health Improvement Plan focusing on the three above priorities. These actions will occur over a 3-year period, 2020-2022. The Gundersen Palmer Lutheran Hospital and Clinics' Board of Trustees approved this Community Health Needs Assessment and Health Improvement Plan November 27, 2019.

Organization Overview

Gundersen Palmer Lutheran Hospital and Clinics is a not-for-profit 25-bed Critical Access Hospital in northeast Iowa. With clinics located in West Union, Postville and Fayette, Gundersen Palmer also houses Fayette County Public Health. Located in West Union, Iowa, the seat of government for Fayette County, the hospital serves a population base in excess of 15,000. The hospital is a regional center of the Gundersen Health System, LaCrosse, WI and is devoted to providing excellence in medical care in a compassionate, caring atmosphere.

Mission:

We will distinguish ourselves through excellence in patient care, education, research and improved health in the communities we serve.

Vision:

We will enhance the health and well-being of our communities, while enriching every life we touch, including patients, families, and staff.

According to the Iowa Hospital Association, in fiscal year 2019, Gundersen Palmer had an economic impact of $17,857,460 on the local economy in Fayette County, indicating the hospital and staff purchase a large amount of goods and services from local businesses. To get this value, the association uses the IMPLAN software tool which can analyze county level data using an economic input-output model. Employment and income (sum of payroll and employee benefits expense) are important direct economic impact created from the hospital. Hospitals are vital assets to communities; providing access to essential health care services.

Previous Community Health Needs Assessments

Gundersen Palmer's first Community Health Needs Assessment was completed in 2013 with another completed in 2016. It revealed health needs within Fayette County, and through evaluation of data, opportunities to make positive health impacts were identified. With a focus on increasing healthcare access and partnering with organizations on education for healthy lifestyle choices, Gundersen Palmer's current Community Health Needs Assessment shows progress; however, work is still required in those same areas after the most recent assessment was performed.

In addition, Gundersen Palmer assisted with Fayette County Public Health Community Health Needs Assessment in 2015. Iowa Public Health agencies are required to conduct a Community Health Needs Assessment and Health Improvement Plan every five years. From the Public Health Assessment, the below priorities were determined. As Fayette County Public Health is a department of Gundersen Palmer, the hospital was greatly involved in the planning and implementation of Public Health's Improvement Plan.

1. Reduce the percentage of Fayette County adults who are classified as obese according to the county health ranking from 40% in 2014 to 35% by 2020.
2. By 2020, create and deliver a consistent marketing message in collaboration from county health partners to the residents of Fayette County.

Progress Report 2017-2019

Gundersen Palmer is proud of achievements made from the last Community Health Needs Assessment and knows our organization must continue to identify and create collaborative relationships to advance our efforts. Gundersen Palmer is committed to providing resources (both time and financial) during the assessment and the development of the implementation plan. The expertise of our staff adds perspective in creating strategies to advance efforts. With outside partners, Gundersen Palmer has the ability to support area agencies and programs to continue to make progress in the improvement plans.

Highlights of 2017-2019 Health Improvement Plans include increasing Walk-In Clinic access for the community and adding a senior mental health service, Senior Life Solutions. Gundersen Palmer has increased visibility within the community partnering on 5-2-1-0 education within the clinic setting. Adding new telemedicine services allow access to increase healthcare access close to home. Holding numerous lunch and learns and educational opportunities within the community have creating new partnerships with community members and organizations.

For more information on the progress made by Gundersen Palmer, contact Gundersen Palmer's Marketing Department for the full Community Health Needs Assessment Health Improvement Plan with updated results.

Assessing the Community's Health Needs

Our Assessment Process

There were several components in assessing the community to ensure we were identifying the needs of the community that Gundersen Palmer serves. This report was compiled by Gundersen Palmer Lutheran Hospital and Clinics using data collected and reviewing past assessment outcomes of surrounding hospitals, affiliated hospitals, local organizations and Fayette County Public Health. Using many of the same tools, resources, and data for Gundersen Palmer's assessment, we found the results to be similar to local hospitals and Public Health's assessments.

Additional insight came from various meetings with health partners from numerous organizations and partners involved with local initiatives.

Methodology

Gundersen Palmer developed a survey, which was made available to the public on-line and in paper form. The public was invited through personal invitation, mass emailing invitations, advertising, and publicity, on behalf of the partners, community chamber, organizations, etc., to take the survey July-October 2019.

Paper surveys were distributed and made available at Gundersen Palmer, local health fairs, various organizational meetings, Walk-In Clinic and within West Union, Postville (Spanish and Somalian versions available) and Fayette clinics. Information on how to access the on-line survey was promoted and emailed to internal and external audiences, chamber members, personal contacts, etc. A total of 201 electronic and paper surveys were collected, with paper responses being entered into the electronic survey database. Attempts were made to ensure a cross-section of residents completed the survey.

The collected data from the survey, combined with secondary data collected, helped in identifying opportunities to improve the health of Fayette County. Secondary data sources include, but are not limited to, Robert Wood Johnson Foundation (RWJF) County Health Rankings & Roadmaps; previous data collected from Fayette County Community Health Needs Assessment; other local hospital Health Needs Assessment; Iowa Department of Public Health; the Center for Disease Control and Prevention; North Fayette Valley Community Coalition; Data USA; North Carolina Rural Health Research; Iowa Hospital Association; and other sources noted within the report.

Gundersen Palmer leaders contributed expertise in evaluating data, research, and other information, while taking into account trends within the community and individualized practice setting, patient feedback and hospital utilization data to help finalize the strategies.

Impacting the Community

Gundersen Palmer will devote resources and expertise to undertake the health needs we feel most qualified to address. With a focus on defined strategies as determined by senior leaders and the hospital Board of Directors, we expect to have a positive impact on specific health concerns and the overall health of our community.

Participants who took the survey and data-centered discussions represented a broad spectrum of the community. A number of planning meetings and follow-up communications were held with Fayette County Public Health, hospital senior leadership, key partner leaders, focus groups, Patient Family Advisory Council, Gundersen Health System representatives and the Community Health Needs hospital committee.

General public, hospital/clinic staff, other primary care providers, dentists, optometrists, chiropractors, public health professionals, mental health professionals, healthcare workers, schools, government and business leaders were invited to partake in survey. In addition, uninsured, low-income and minority populations were represented as community members in various discussions and survey results in addition to numerous entities that deal directly with this category of the populations were invited and/or in attendance (i.e. DHS, local youth-centered organizations, school officials, etc.).

Evaluation

Gundersen Palmer is committed to tracking all efforts and progress in the Health Improvement Plan, which was reviewed and approved by the Gundersen Palmer Lutheran Hospital & Clinics Board of Directors. Progress will be recorded and reported on a yearly basis.

Partnerships

- Gundersen Health System
- Gundersen Palmer Community Health
- Community Leaders/ Chamber of Commerce
- Educational System
- Northeast Iowa Agency Area on Aging
- North Fayette Valley Community Coalition
- Helping Services of Northeast Iowa
- Local Park & Recreation Departments
- Various Other Health-Related Agencies

Approval

All information was compiled and reviewed and a Health Improvement Plan for Gundersen Palmer was created. The documents were presented to Gundersen Palmer Patient and Family Advisory Council for feedback. The Community Health Needs Assessment and Health Improvement Plan was approved by the Gundersen Palmer Lutheran Hospital & Clinics Board of Directors in December 2019. We appreciate the Council and Board's guidance and input in the Community Health Needs Assessment process, as well as its dedication to both the hospital and the community.

Our mission and vision call us to focus efforts and resources on identified health needs in which Gundersen Palmer can positively impact. Although progress was made over the past three years, work remains in the key areas identified previously. Gundersen Palmer will adjust tactics, broaden partnerships, and continue efforts to reduce gaps impacting key areas while addressing new priorities that resulted from the current Community Health Needs Assessment.

Health Improvement Plan

Please refer to Gundersen Palmer Lutheran Hospital and Clinics Health Improvement Plan for the Implementation Strategy of the three determined goals.

Annually, through the course of the 3-year period, Gundersen Palmer will assess the impact by re-measuring perceptions of the problems identified in the 2019 Community Health Needs Assessment.

Community Served

Gundersen Palmer is a primary healthcare provider for Fayette County. Another hospital, MercyOne Hospital, is located in Oelwein and also serves the population of Fayette County. Gundersen Palmer draws patients from neighboring counties within a 30-mile radius of West Union, IA, including small parts of- Winneshiek, Allamakee, Clayton, Buchannan, Bremer and Chickasaw; however, our primary focus is on Fayette County. In addition, we have six school districts within our current service area.

All Topics	Iowa	Fayette County, Iowa
Population estimates, July 1, 2018, (V2018)	3,156,145	19,660
PEOPLE		
Population		
Population estimates, July 1, 2018, (V2018)	3,156,145	19,660
Population estimates base, April 1, 2010, (V2018)	3,046,872	20,882
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	3.6%	-5.9%
Population, Census, April 1, 2010	3,046,355	20,880

Source: United States Census Bureau, Quick Facts, 2018

In addition, as shown below from 2018 Iowa Hospital Association Dimension Data, the majority of Gundersen Palmer inpatient and Emergency patients come from Fayette County, with West Union in particular.

IOWA HOSPITAL ASSOCIATION

imensions

Patient Type: Inpatient
Template Name: Market and Facility
Report Name: Inpatient 2018 4 quarters
Facility: Gundersen Palmer Lutheran Hosp & Clinics
Market Area: Allamakee, Clayton, Fayette, Winneshiek
Time Period: 2018 Q1 through 2018 Q4

	Allamakee, Clayton, Fayette, Winneshiek					Gundersen Palmer Lutheran Hosp & Clinics					
State/County/Zip	Discharges	% of Col.	LOS	ALOS	Avg. Charges	Discharges	% of Col.	LOS	ALOS	Avg. Charges	Market Share
Iowa											
Allamakee											
52140	16	0.3	88	5.50	$18,454						
52146	29	0.6	111	3.83	$17,287						
52151	72	1.5	354	4.92	$12,421						
52160	6	0.1	34	5.67	$13,075						
52162	201	4.1	727	3.62	$15,856	66	21.0	154	2.33	$5,532	32.8
52170	34	0.7	147	4.32	$14,649						
52172	354	7.2	1,638	4.63	$12,801						
Allamakee Total	**712**	**14.4**	**3,099**	**4.35**	**$14,025**	**66**	**21.0**	**154**	**2.33**	**$5,532**	**9.3**
Clayton											
52035	104	2.1	493	4.74	$32,416						
52042	155	3.1	626	4.04	$27,776						
52043	204	4.1	1,042	5.11	$31,253	3	1.0	7	2.33	$5,334	1.5
52044	8	0.2	49	6.13	$32,246						
52047	58	1.2	303	5.22	$28,248						
52048	29	0.6	122	4.21	$35,141	1	0.3	3	3.00	$14,455	3.4
52049	147	3.0	818	5.56	$32,002						
52052	370	7.5	1,794	4.85	$28,571						
52066	23	0.5	150	6.52	$45,641						
52072	45	0.9	276	6.13	$32,182	2	0.6	4	2.00	$5,496	4.4
52076	181	3.7	759	4.19	$30,547						
52077	36	0.7	176	4.89	$31,167	2	0.6	7	3.50	$10,442	5.6
52156	36	0.7	324	9.00	$25,909	6	1.9	36	6.00	$9,976	16.7
52157	38	0.8	257	6.76	$48,931						
52158	2	0.0	3	1.50	$20,691						
52159	74	1.5	297	4.01	$18,437	1	0.3	2	2.00	$5,018	1.4
Clayton Total	**1,510**	**30.5**	**7,489**	**4.96**	**$30,192**	**15**	**4.8**	**59**	**3.93**	**$8,480**	**1.0**
Fayette											
50606	91	1.8	473	5.20	$42,561	3	1.0	3	1.00	$3,094	3.3
50655	84	1.7	311	3.70	$29,547	3	1.0	5	1.67	$3,403	3.6
50662	877	17.7	4,164	4.75	$32,804	4	1.3	10	2.50	$6,285	0.5
50664	6	0.1	16	2.67	$28,917						
50671	15	0.3	57	3.80	$27,425						
50681	42	0.8	193	4.60	$46,924						
52135	63	1.3	250	3.97	$14,885	26	8.3	70	2.69	$4,692	41.3
52141	91	1.8	410	4.51	$20,414	26	8.3	195	7.50	$12,881	28.6
52142	116	2.3	938	8.09	$32,861	25	7.9	61	2.44	$7,232	21.6
52147	83	1.7	422	5.08	$28,087	20	6.3	130	6.50	$11,642	24.1
52164	21	0.4	120	5.71	$30,387	2	0.6	27	13.50	$18,803	9.5
52166	22	0.4	56	2.55	$9,245	6	1.9	14	2.33	$5,940	27.3
52169	33	0.7	194	5.88	$28,130	7	2.2	108	15.43	$28,537	21.2
52171	63	1.3	210	3.33	$19,365	1	0.3	3	3.00	$7,221	1.6
52175	233	4.7	1,040	4.46	$21,773	101	32.1	488	4.83	$9,076	43.3
Fayette Total	**1,840**	**37.2**	**8,854**	**4.81**	**$29,718**	**224**	**71.1**	**1,114**	**4.97**	**$9,429**	**12.2**
Winneshiek											
52101	575	11.6	2,379	4.14	$16,580	2	0.6	5	2.50	$6,938	0.3
52132	65	1.3	228	3.51	$12,645						
52133	21	0.4	47	2.24	$8,368						
52144	74	1.5	352	4.76	$20,283	2	0.6	4	2.00	$5,000	2.7
52161	88	1.8	290	3.30	$16,440	5	1.6	17	3.40	$7,850	5.7
52165	34	0.7	256	7.53	$29,810	1	0.3	2	2.00	$4,825	2.9
52168	24	0.5	97	4.04	$12,504						
Winneshiek Total	**881**	**17.8**	**3,649**	**4.14**	**$16,790**	**10**	**3.2**	**28**	**2.80**	**$6,795**	**1.1**
Iowa Total	**4,943**	**100.0**	**23,091**	**4.67**	**$25,298**	**315**	**100.0**	**1,355**	**4.30**	**$8,484**	**6.4**
Report Totals:	**4,943**	**100.0**	**23,091**	**4.67**	**$25,298**	**315**	**100.0**	**1,355**	**4.30**	**$8,484**	**6.4**

IOWA HOSPITAL ASSOCIATION

imensions

Patient Type: Outpatient
Place of Service: ER
Template Name: Market and Facility
Report Name: ER 2018
Facility: Gundersen Palmer Lutheran Hosp & Clinics
Market Area: Allamakee, Clayton, Fayette, Winneshiek
Time Period: 2018 Q1 through 2018 Q4

State/County/Zip	Allamakee, Clayton, Fayette, Winneshiek Measures	% of Col.	Avg. Charges	Gundersen Palmer Lutheran Hosp & Clinics Measures	% of Col.	Avg. Charges	Market Share
Iowa							
Allamakee							
52140	120	0.5	$1,334				
52146	165	0.7	$2,281				
52151	430	1.7	$1,788	2	0.1	$917	0.5
52160	91	0.4	$1,573				
52162	1,498	6.0	$1,454	279	9.7	$2,153	18.6
52170	144	0.6	$1,769				
52172	2,602	10.3	$1,699	6	0.2	$780	0.2
Allamakee Total	**5,050**	**20.1**	**$1,644**	**287**	**10.0**	**$2,116**	**5.7**
Clayton							
52035	264	1.1	$3,504	1	0.0	$1,389	0.4
52042	427	1.7	$3,250				
52043	704	2.8	$3,285	12	0.4	$2,565	1.7
52044	28	0.1	$3,003	1	0.0	$312	3.6
52047	110	0.4	$3,493	3	0.1	$798	2.7
52048	97	0.4	$3,712	2	0.1	$859	2.1
52049	372	1.5	$3,526	4	0.1	$2,272	1.1
52052	969	3.9	$3,663	1	0.0	$4,119	0.1
52066	39	0.2	$3,211				
52072	96	0.4	$3,896	5	0.2	$1,508	5.2
52076	625	2.5	$3,419	6	0.2	$3,144	1.0
52077	113	0.4	$3,733	9	0.3	$1,241	8.0
52156	192	0.8	$2,314	24	0.8	$2,770	12.5
52157	104	0.4	$2,762	5	0.2	$1,144	4.8
52158	4	0.0	$2,656				
52159	428	1.7	$2,198	17	0.6	$3,560	4.0
Clayton Total	**4,572**	**18.2**	**$3,293**	**90**	**3.1**	**$2,445**	**2.0**
Fayette							
50606	269	1.1	$2,778	33	1.1	$2,542	12.3
50655	205	0.8	$2,923	51	1.8	$2,283	24.9
50662	3,836	15.3	$2,698	30	1.0	$2,268	0.8
50664	39	0.2	$2,726				
50671	73	0.3	$2,716				
50681	137	0.5	$3,109	10	0.3	$832	7.3
52135	222	0.9	$2,528	128	4.4	$2,696	57.7
52141	412	1.6	$2,498	254	8.8	$2,575	61.7
52142	487	1.9	$2,480	340	11.8	$2,233	69.8
52147	396	1.6	$2,648	223	7.7	$2,496	56.3
52164	68	0.3	$2,736	32	1.1	$1,918	47.1
52166	59	0.2	$1,801	16	0.6	$3,775	27.1
52169	139	0.6	$2,673	97	3.4	$2,765	69.8
52171	288	1.1	$2,001	51	1.8	$2,470	17.7
52175	1,439	5.7	$2,054	1,109	38.5	$2,076	77.1
Fayette Total	**8,069**	**32.1**	**$2,537**	**2,374**	**82.5**	**$2,279**	**29.4**
Winneshiek							
52101	5,201	20.7	$1,770	25	0.9	$2,444	0.5
52132	606	2.4	$1,407	15	0.5	$1,419	2.5
52133	176	0.7	$1,398	14	0.5	$2,295	8.0
52144	437	1.7	$1,538	29	1.0	$2,138	6.6
52161	495	2.0	$1,890	35	1.2	$2,685	7.1
52165	338	1.3	$1,644	1	0.0	$3,353	0.3
52168	198	0.8	$1,582	8	0.3	$2,018	4.0
Winneshiek Total	**7,451**	**29.6**	**$1,715**	**127**	**4.4**	**$2,283**	**1.7**
Iowa Total	**25,142**	**100.0**	**$2,252**	**2,878**	**100.0**	**$2,268**	**11.4**
Report Totals:	**25,142**	**100.0**	**$2,252**	**2,878**	**100.0**	**$2,268**	**11.4**

Population Make-Up

Due to the majority usage of our facility by Fayette County residents, the primary focus for the Community Health Needs Assessment was Fayette County. The county population has a high proportion of children, under 18, and seniors, age 65+, who are of white ethnic origin as shown in the table below. There is not enough data information to significantly represent minority groups and low-income populations. However, the survey was offered in paper form in Spanish and Somalian languages for community members in the Postville area, approximately 25 miles away.

All Topics	Iowa	Fayette County, Iowa
Population estimates, July 1, 2018, (V2018)	**3,156,145**	**19,660**
PEOPLE		
Population		
Population estimates, July 1, 2018, (V2018)	**3,156,145**	**19,660**
Population estimates base, April 1, 2010, (V2018)	3,046,872	20,882
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	3.6%	-5.9%
Population, Census, April 1, 2010	3,046,355	20,880
Age and Sex		
Persons under 5 years, percent	⚠ 6.3%	⚠ 5.5%
Persons under 18 years, percent	⚠ 23.2%	⚠ 20.8%
Persons 65 years and over, percent	⚠ 17.1%	⚠ 21.5%
Female persons, percent	⚠ 50.2%	⚠ 49.6%
Race and Hispanic Origin		
White alone, percent	⚠ 90.7%	⚠ 95.7%
Black or African American alone, percent (a)	⚠ 4.0%	⚠ 1.4%
American Indian and Alaska Native alone, percent (a)	⚠ 0.5%	⚠ 0.3%
Asian alone, percent (a)	⚠ 2.7%	⚠ 1.2%
Native Hawaiian and Other Pacific Islander alone, percent (a)	⚠ 0.1%	⚠ 0.1%
Two or More Races, percent	⚠ 1.9%	⚠ 1.4%
Hispanic or Latino, percent (b)	⚠ 6.2%	⚠ 2.5%
White alone, not Hispanic or Latino, percent	⚠ 85.3%	⚠ 93.5%

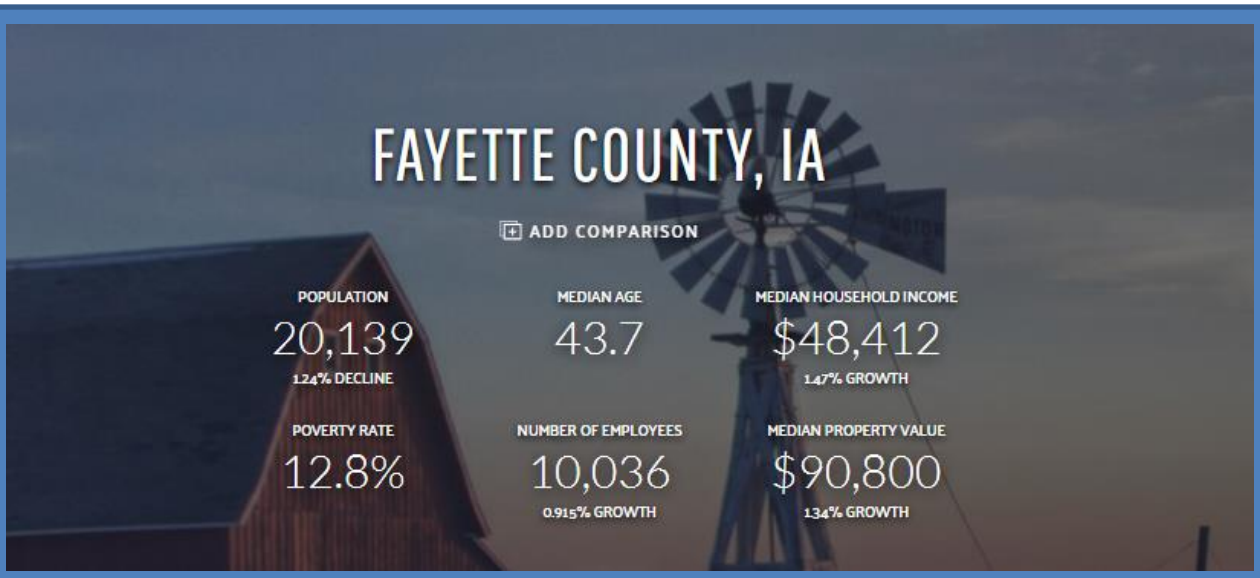
Source: United States Census Bureau, Quick Facts, 2018

Subject	Fayette County, Iowa					
	Total		Below poverty level		Percent below poverty level	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Population for whom poverty status is determined	19,373	+/-115	2,472	+/-351	12.8%	+/-1.8
AGE						
Under 18 years	4,179	+/-71	718	+/-190	17.2%	+/-4.5
Under 5 years	1,121	+/-60	173	+/-66	15.4%	+/-5.9
5 to 17 years	3,058	+/-82	545	+/-163	17.8%	+/-5.2
Related children of householder under 18 years	4,136	+/-82	675	+/-192	16.3%	+/-4.6
18 to 64 years	11,235	+/-102	1,525	+/-211	13.6%	+/-1.9
18 to 34 years	3,733	+/-96	786	+/-151	21.1%	+/-3.9
35 to 64 years	7,502	+/-74	739	+/-137	9.9%	+/-1.8
60 years and over	5,269	+/-142	307	+/-63	5.8%	+/-1.2
65 years and over	3,959	+/-75	229	+/-54	5.8%	+/-1.4
SEX						
Male	9,729	+/-116	1,130	+/-206	11.6%	+/-2.1
Female	9,644	+/-117	1,342	+/-207	13.9%	+/-2.2
RACE AND HISPANIC OR LATINO ORIGIN						
White alone	18,714	+/-131	2,202	+/-342	11.8%	+/-1.8
Black or African American alone	169	+/-99	143	+/-92	84.6%	+/-20.1
American Indian and Alaska Native alone	9	+/-18	0	+/-17	0.0%	+/-77.5
Asian alone	116	+/-57	3	+/-6	2.6%	+/-6.1
Native Hawaiian and Other Pacific Islander alone	0	+/-17	0	+/-17	-	**
Some other race alone	46	+/-38	28	+/-30	60.9%	+/-42.3
Two or more races	319	+/-107	96	+/-64	30.1%	+/-17.4
Hispanic or Latino origin (of any race)	362	+/-43	101	+/-70	27.9%	+/-17.9
White alone, not Hispanic or Latino	18,466	+/-91	2,141	+/-333	11.6%	+/-1.8
EDUCATIONAL ATTAINMENT						
Population 25 years and over	13,545	+/-82	1,300	+/-158	9.6%	+/-1.2
EMPLOYMENT STATUS						
Civilian labor force 16 years and over	10,304	+/-277	822	+/-160	8.0%	+/-1.5
WORK EXPERIENCE						
Population 16 years and over	15,691	+/-119	1,842	+/-222	11.7%	+/-1.4

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Subject	Fayette County, Iowa											
	All families				Married-couple families				Female householder, no husband present			
	Total		Percent below poverty level		Total		Percent below poverty level		Total		Percent below poverty level	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Families	5,396	+/-164	8.1%	+/-1.6	4,240	+/-146	3.5%	+/-1.4	759	+/-102	30.3%	+/-8.6
With related children of householder under 18 years	2,252	+/-121	14.3%	+/-3.9	1,393	+/-110	4.2%	+/-2.5	597	+/-94	37.2%	+/-10.6
With related children of householder under 5 years	396	+/-88	8.6%	+/-8.5	223	+/-66	0.4%	+/-1.6	93	+/-46	35.5%	+/-27.5
With related children of householder under 5 years and 5 to 17 years	460	+/-93	22.6%	+/-9.9	287	+/-73	2.4%	+/-4.1	135	+/-59	64.4%	+/-20.8
With related children of householder 5 to 17 years	1,396	+/-121	13.1%	+/-4.2	883	+/-99	5.8%	+/-3.7	369	+/-69	27.6%	+/-11.3
RACE AND HISPANIC OR LATINO ORIGIN												
Families with a householder who is--												
White alone	5,257	+/-166	7.2%	+/-1.5	4,157	+/-148	3.6%	+/-1.5	712	+/-97	25.7%	+/-7.8
Black or African American alone	28	+/-39	100.0%	+/-44.0	0	+/-17	-	**	28	+/-39	100.0%	+/-44.0
American Indian and Alaska Native alone	0	+/-17	-	**	0	+/-17	-	**	0	+/-17	-	**
Asian alone	24	+/-20	0.0%	+/-47.5	24	+/-20	0.0%	+/-47.5	0	+/-17	-	**
Native Hawaiian and Other Pacific Islander alone	0	+/-17	-	**	0	+/-17	-	**	0	+/-17	-	**
Some other race alone	34	+/-35	55.9%	+/-55.9	15	+/-22	0.0%	+/-60.1	19	+/-28	100.0%	+/-53.4
Two or more races	53	+/-33	17.0%	+/-26.3	44	+/-29	0.0%	+/-34.6	0	+/-17	-	**
Hispanic or Latino origin (of any race)	116	+/-42	32.8%	+/-28.7	78	+/-37	0.0%	+/-22.4	38	+/-38	100.0%	+/-37.7
White alone, not Hispanic or Latino	5,193	+/-159	7.0%	+/-1.4	4,112	+/-144	3.6%	+/-1.5	693	+/-91	23.7%	+/-7.4
Householder worked	3,981	+/-174	5.9%	+/-1.8	3,057	+/-149	1.5%	+/-0.9	591	+/-94	24.2%	+/-9.1
Householder worked full-time, year-round in the past 12 months	2,781	+/-171	2.3%	+/-1.3	2,123	+/-156	0.2%	+/-0.2	394	+/-77	11.9%	+/-8.5
Householder 65 years and over	1,338	+/-96	2.2%	+/-1.3	1,214	+/-87	2.4%	+/-1.5	77	+/-34	0.0%	+/-22.6
Family received --												
Supplemental Security Income (SSI) and/or cash public assistance income in the past 12 months	390	+/-89	32.3%	+/-12.3	204	+/-59	22.5%	+/-16.9	154	+/-61	45.5%	+/-20.4
Social security income in the past 12 months	1,761	+/-113	5.1%	+/-2.9	1,509	+/-89	4.4%	+/-3.0	189	+/-58	12.2%	+/-13.0
EDUCATIONAL ATTAINMENT OF HOUSEHOLDER												
Less than high school graduate	382	+/-90	9.7%	+/-6.8	269	+/-68	3.0%	+/-2.5	49	+/-31	51.0%	+/-38.4
High school graduate (includes equivalency)	1,780	+/-165	10.0%	+/-3.4	1,413	+/-138	4.6%	+/-2.5	202	+/-70	39.6%	+/-18.0
Some college, associate's degree	1,957	+/-186	10.7%	+/-3.0	1,527	+/-165	4.7%	+/-3.1	320	+/-77	36.9%	+/-14.0
Bachelor's degree or higher	1,277	+/-136	0.9%	+/-0.9	1,031	+/-120	0.5%	+/-0.6	188	+/-66	3.7%	+/-4.6
NUMBER OF RELATED CHILDREN OF THE HOUSEHOLDER UNDER 18 YEARS												
No child	3,144	+/-134	3.7%	+/-1.7	2,847	+/-128	3.2%	+/-1.7	162	+/-42	4.9%	+/-4.6
1 or 2 children	1,810	+/-139	13.5%	+/-4.4	1,039	+/-121	2.3%	+/-1.7	525	+/-91	35.6%	+/-12.0
3 or 4 children	361	+/-68	13.3%	+/-7.5	302	+/-62	11.6%	+/-8.4	50	+/-25	26.0%	+/-21.0
5 or more children	81	+/-45	35.8%	+/-23.5	52	+/-35	0.0%	+/-30.9	22	+/-20	100.0%	+/-49.6
NUMBER OF OWN CHILDREN OF THE HOUSEHOLDER UNDER 18 YEARS												
No own child of the householder	3,227	+/-132	3.6%	+/-1.6	2,917	+/-127	3.1%	+/-1.7	171	+/-44	5.3%	+/-4.8
1 or 2 own children of the householder	1,737	+/-140	14.0%	+/-4.5	976	+/-119	2.5%	+/-1.7	516	+/-92	36.0%	+/-12.2
3 or 4 own children of the householder	351	+/-68	13.7%	+/-7.7	295	+/-62	11.9%	+/-8.6	50	+/-25	26.0%	+/-21.0
5 or more own children of the householder	81	+/-45	35.8%	+/-23.5	52	+/-35	0.0%	+/-30.9	22	+/-20	100.0%	+/-49.6
NUMBER OF PEOPLE IN FAMILY												
2 people	3,171	+/-166	6.2%	+/-1.8	2,537	+/-126	3.5%	+/-1.9	373	+/-67	23.1%	+/-12.5
3 or 4 people	1,726	+/-168	9.8%	+/-3.6	1,259	+/-136	1.7%	+/-1.1	340	+/-103	34.7%	+/-13.9
5 or 6 people	409	+/-72	12.0%	+/-5.8	367	+/-70	6.3%	+/-4.3	40	+/-25	65.0%	+/-29.6
7 or more people	90	+/-49	25.6%	+/-25.6	77	+/-43	20.8%	+/-28.0	6	+/-9	0.0%	+/-95.0
NUMBER OF WORKERS IN FAMILY												
No workers	916	+/-115	18.7%	+/-6.3	748	+/-96	10.7%	+/-5.9	134	+/-62	62.7%	+/-18.7
1 worker	1,447	+/-140	14.0%	+/-4.2	756	+/-98	3.8%	+/-2.3	409	+/-107	33.0%	+/-11.2
2 workers	2,538	+/-153	2.3%	+/-1.3	2,263	+/-141	1.8%	+/-1.2	194	+/-66	3.1%	+/-4.9
3 or more workers	495	+/-90	1.0%	+/-1.5	473	+/-85	0.0%	+/-4.1	22	+/-18	22.7%	+/-32.2
INCOME DEFICIT												
Mean income deficit for families (dollars)	9,045	+/-1,596	(X)	(X)	8,017	+/-2,140	(X)	(X)	9,829	+/-2,731	(X)	(X)
TENURE												
Owner occupied	4,486	+/-175	4.7%	+/-1.4	3,815	+/-150	2.6%	+/-1.1	423	+/-89	17.0%	+/-9.3
Renter Occupied	910	+/-132	24.8%	+/-6.9	425	+/-87	11.5%	+/-9.4	336	+/-74	47.0%	+/-14.7
ALL FAMILIES WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS												
50 percent of poverty level	177	+/-71	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
125 percent of poverty level	583	+/-93	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
150 percent of poverty level	764	+/-108	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
185 percent of poverty level	1,075	+/-125	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
200 percent of poverty level	1,221	+/-140	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
300 percent of poverty level	2,409	+/-167	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
400 percent of poverty level	3,417	+/-189	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
500 percent of poverty level	4,124	+/-180	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)

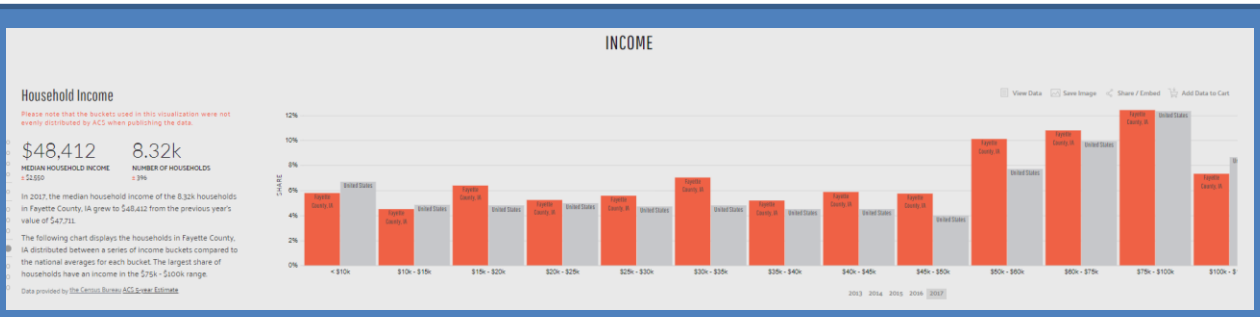
Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates



Source: Data USA, Fayette County Profile

Household Income Population

According to Data USA, in 2017, the median household income of the 8.32k households in Fayette County, IA grew to $48,412 from the previous year's value of $47,711. The following chart displays the households in Fayette County, IA distributed between a series of income buckets compared to the national averages for each bucket. The largest share of households have an income in the $50k - $100k range.



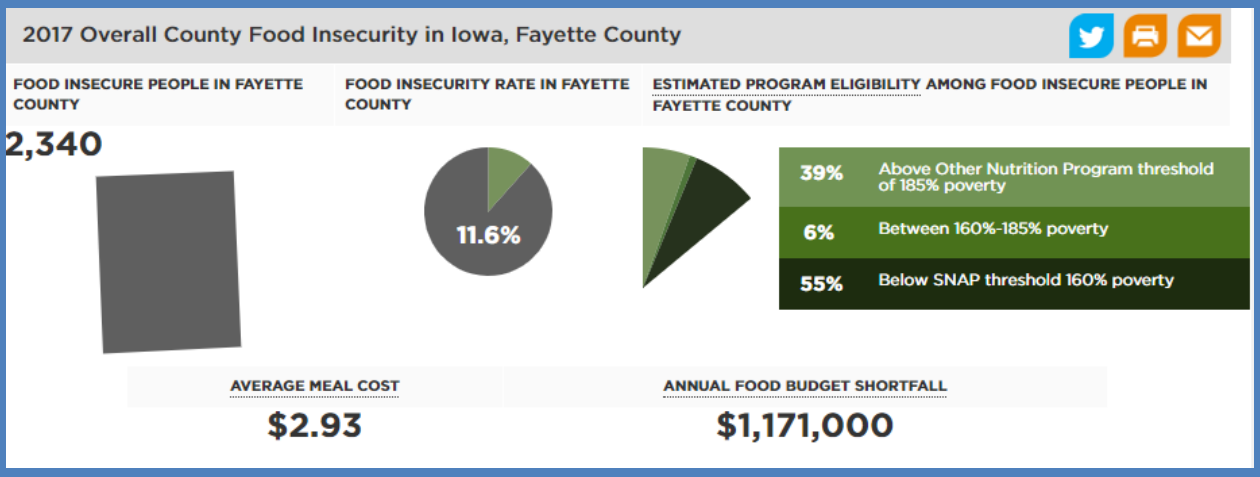
Source: Data USA, Fayette County Profile

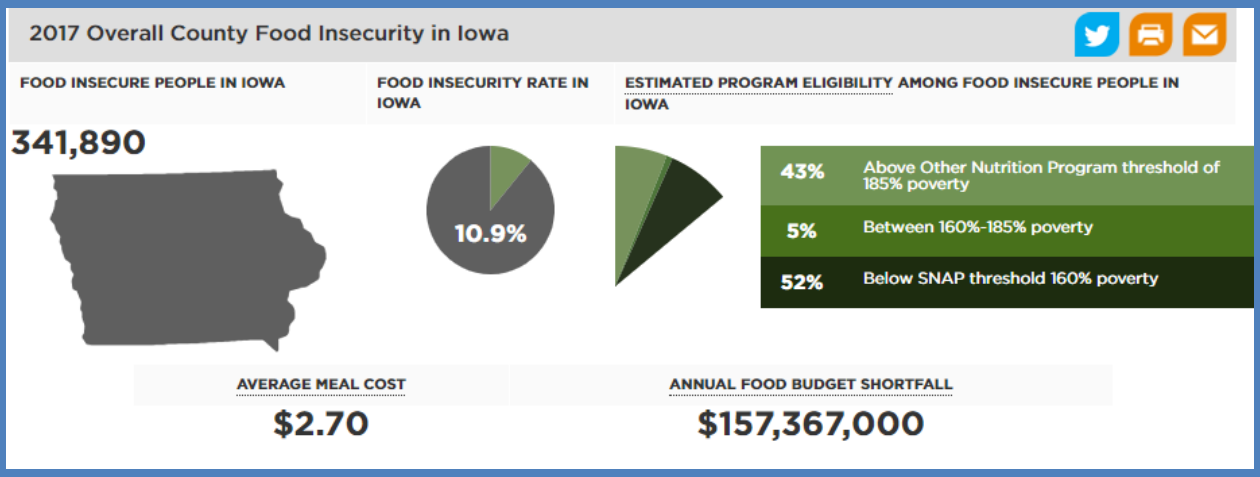
Subject	Fayette County, Iowa							
	Households		Families		Married-couple families		Nonfamily households	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total	8,315	+/-180	5,396	+/-164	4,240	+/-146	2,919	+/-221
Less than $10,000	5.8%	+/-1.1	3.4%	+/-1.3	1.0%	+/-0.6	11.6%	+/-2.6
$10,000 to $14,999	4.5%	+/-1.1	2.0%	+/-0.9	1.5%	+/-1.1	10.2%	+/-2.4
$15,000 to $24,999	11.6%	+/-1.7	6.0%	+/-1.3	3.0%	+/-0.9	24.4%	+/-3.9
$25,000 to $34,999	12.6%	+/-1.8	9.3%	+/-1.6	8.7%	+/-1.8	17.9%	+/-3.7
$35,000 to $49,999	16.8%	+/-1.6	17.3%	+/-2.1	16.0%	+/-2.2	17.1%	+/-3.2
$50,000 to $74,999	20.9%	+/-1.9	24.7%	+/-2.9	25.0%	+/-3.1	11.6%	+/-2.4
$75,000 to $99,999	12.4%	+/-1.6	16.5%	+/-2.4	19.6%	+/-2.7	3.0%	+/-1.3
$100,000 to $149,999	10.6%	+/-1.4	15.2%	+/-2.1	17.9%	+/-2.4	1.3%	+/-0.9
$150,000 to $199,999	2.4%	+/-0.7	2.9%	+/-1.0	3.8%	+/-1.3	1.5%	+/-1.2
$200,000 or more	2.3%	+/-0.7	2.8%	+/-1.0	3.6%	+/-1.2	1.3%	+/-0.9
Median income (dollars)	48,412	+/-2,550	60,128	+/-3,118	69,601	+/-3,026	27,210	+/-2,636
Mean income (dollars)	64,021	+/-3,735	74,648	+/-4,582	N	N	40,644	+/-6,998
PERCENT ALLOCATED								
Household income in the past 12 months	30.4%	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Family income in the past 12 months	(X)	(X)	30.2%	(X)	(X)	(X)	(X)	(X)
Nonfamily income in the past 12 months	(X)	(X)	(X)	(X)	(X)	(X)	28.5%	(X)

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Food Insecurity Population

According to Feed America, Fayette County has a higher rate of Overall Food Insecurity than Iowa in general.





State (2017 State)	Total Population (aggregate of Congressional Districts: 1..	Food Insecurity Rate (2017 aggregate of Congressional Districts)	# of Food Insecure Persons (2017 aggregate of Congressional Districts)	% FI ≤ Low Threshold (2017 State)	% FI Btwn Thresholds (2017 State)	% FI > High Threshold (2017 State)
Iowa	3,145,711	10.9%	341,890	52%	5%	43%

Low Threshold in state (2017 State)	160%
High Threshold in state (2017 State)	185%

Source: “Map the Meal Gap” Feeding America

Rural Healthcare Obstacles

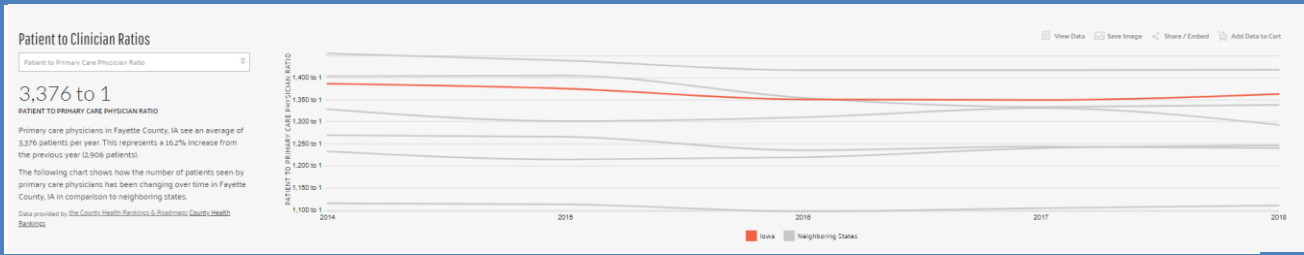
The obstacles faced by health care providers and patients in rural areas are vastly different than those in urban areas. Rural Americans face a unique combination of factors that create disparities in health care not found in urban areas. Economic factors, cultural and social differences, educational shortcomings, lack of recognition by legislators and the sheer isolation of living in remote rural areas all conspire to impede rural Americans in their struggle to lead a normal, healthy life. In addition, rural healthcare providers are scarce as the graph below shows. Recruiting to a rural setting is difficult for critical access hospital creating a lack of healthcare access. Some of these factors, and their effects, are listed below.

According to North Carolina Rural Health Research Program, across many important population characteristics, the rural-urban divide is considerable. Residents of rural areas are disadvantaged in several aspects, including socioeconomics, health behaviors, and health outcomes. By understanding these differences, policymakers, researchers, and local stakeholders will be better equipped to address the challenges facing their particular community. There are several different ways to measure rurality, and rural-urban comparisons using different definitions may yield different conclusions. The Patient to Clinician ratio for Fayette Clinic continues to increase proving that rural medicine providers are becoming less for the rural healthcare need presented by the communities.

POPULATION CHARACTERISTICS [1]				
	Urban (Metropolitan)	**Rural** (Non-Metropolitan)		
		All Non-Metro	Micropolitan	Neither/Non-Core
Counties (% in 2015) [2]	**37.1**	**62.9**	20.9	41.9
Population (% in 2015) [2]	**85.7**	**14.3**	8.6	5.7
Population change (%, 2010 to 2015) [2]	**4.6**	**-0.3**	0.3	-1.2
People aged 65 and over (% in 2014) [3]	**14.0**	**17.8**	16.8	19.2
Household income (median in 2014) [3]	**$58,229**	**$43,616**	$44,801	$41,852
Children in poverty (% in 2014) [3]	**21.0**	**25.4**	24.6	26.6
Adults with some college (% of adults aged 25-44 with some post-secondary education) [3]	**64.9**	**53.7**	55.5	51.2
MORTALITY [4] (Age Adjusted Rate per 100,000)				
All-cause (2014)	**703.5**	**830.5**	819.7	846.0
Suicide (2014)	**12.4**	**16.8**	16.3	17.5
Unintentional injury (2014)	**38.3**	**54.4**	51.4	58.7
Drug poisoning (2014)	**14.7**	**15.6**	16.0	15.0

HEALTH BEHAVIORS [1,3]				
	Urban (Metropolitan)	**Rural** (Non-Metropolitan)		
		All Non-Metro	Micropolitan	Neither/Non-Core
Binge or heavy drinking (% in 2014)	**17.9**	**16.4**	16.8	15.9
Physically inactive (% reporting no leisure-time physical activity in 2012)	**22.3**	**27.8**	27.0	28.9
Chlamydia rate (per 100,000 in 2013)	**457.1**	**340.2**	367.5	299.4
Food insecure (% in 2013)	**14.5**	**15.8**	15.7	15.9
Insufficient sleep (% averaging <7 hours in 2014)	**34.3**	**33.4**	33.5	33.3
CLINICAL CARE [1,3]				
Primary care physician (per 100,000 in 2013)	**79.3**	**55.1**	60.1	47.5
Mental health provider (per 100,000 in 2013)	**213.1**	**135.1**	158.0	101.1
Health care costs (price-adjusted Medicare reimbursements per enrollee in 2013)	**$9,644**	**$9,260**	$9,142	$9,434
Preventable hospitalization (hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees in 2013)	**50.6**	**64.6**	60.5	70.6
HEALTH INSURANCE [5]				
Uninsured under age 65 (2014) [2]				
Total number	**30,728,920**	**5,285,050**	3,102,754	2,182,296
Percent of population	**13.4**	**14.5**	14.0	15.2
Medicare beneficiaries with parts A and B (2014) [6]				
Total number	**41,362,309**	**9,508,017**	5,517,933	3,990,084
Percent of population	**15.2**	**20.6**	19.9	21.7
Health insurance marketplace enrollees (2015) [2]				
Total number	**7,565,824**	**1,271,961**	721,470	550,491
Percent of population	**2.7**	**2.8**	2.6	3.0

Source: North Carolina Rural Health Research Program, Cecil G. Sheps Center for Health Services Research, 2017



Source: Data USA, Fayette County Profile

Health Characteristics

Overall

According to the County Health Rankings & Roadmaps (www.countyhealthrankings.org) and shown in the summary table below, Fayette ranked #37 in Overall Health Outcomes of 99 Iowa counties (down from #63 in 2016), and #69 in Health Factors (same as 2016). In addition, obesity and overweight numbers in Fayette County continue to increase.

County Health Rankings (rank of 99 Iowa Counties)	**County Health Rankings 2019**	**Fayette County 2016**
Health Outcomes	37	63
Length of Life	42 (Mortality)	69
Quality of Life	37 (Morbidity)	56
Health Factors	69	69
Health Behaviors	61	73
Clinical Care	61	50
Social & Economic Factors	82	71
Physical Environment	42	31

Health Characteristic Demographic Data

Source: County Health Rankings, Fayette County, 2019

County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

Fayette (FA)
2019 Rankings

County Demographics

	County	State
Population	19,796	3,145,711
% below 18 years of age	20.6%	23.3%
% 65 and older	21.1%	16.7%
% Non-Hispanic African American	1.3%	3.6%
% American Indian and Alaskan Native	0.3%	0.5%
% Asian	1.2%	2.6%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	2.3%	6.0%
% Non-Hispanic white	93.8%	85.7%
% not proficient in English	0%	2%
% Females	49.5%	50.3%
% Rural	70.6%	36.0%

	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	
Social & Economic Factors					82
High school graduation	95%		96%	91%	
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%	

	Fayette County	Error Margin	Top U.S. Performers ^	Iowa	Rank (of 99)
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					42
Air pollution - particulate matter **	9.4		6.1	9.0	
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%	80%	71%	
Severe housing cost burden	8%	7-10%	7%	10%	

^ 10th/90th percentile, i.e., only 10% are better.
** Data should not be compared with prior years
Note: Blank values reflect unreliable or missing data

Adults who have obesity

Iowa

Year: All Available Years | 2018

View by: Total

Iowa - 2018

Percent of adults aged 18 years and older who have obesity †

View by: Total

	Total
Value	35.3
95% CI	34.2 - 36.5
Sample Size	8,428

Footnotes

† Obesity is defined as body mass index (BMI) ≥ 30.0; BMI was calculated from self-reported weight and height (weight [kg]/ height [m²]). Respondents reporting weight < 50 pounds or ≥ 650 pounds; height < 3 feet or ≥ 8 feet; or BMI: <12 or ≥ 100 were excluded. Pregnant respondents were also excluded.

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Adults who have an overweight classification

Iowa

Year: All Available Years | 2018

View by: Total

Iowa - 2018

Percent of adults aged 18 years and older who have an overweight classification †

View by: Total

	Total
Value	34.1
95% CI	33.0 - 35.3
Sample Size	8,428

Footnotes

† Overweight is defined as body mass index (BMI) ≥ 25.0 but <30.0; BMI was calculated from self-reported weight and height (weight [kg]/ height [m²]). Respondents reporting weight < 50 pounds or ≥ 650 pounds; height < 3 feet or ≥ 8 feet; or BMI: <12 or ≥ 100 were excluded. Pregnant respondents were also excluded.

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Adolescents who have obesity

Iowa

Year: All Available Years | 2017

View by: Total

Iowa - 2017

Percent of students in grades 9-12 who have obesity †

View by: Total

	Total
Value	15.3
95% CI	12.0 - 19.5
Sample Size	1,616

Footnotes

† Obesity is defined as body mass index (BMI)-for-age and sex ≥95th percentile based on the 2000 CDC growth chart; BMI was calculated from self-reported weight and height (weight [kg]/ height [m²]).

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Adolescents who have an overweight classification

Iowa

Year: All Available Years | 2017

View by: Total

Iowa - 2017

Percent of students in grades 9-12 who have an overweight classification †

View by: Total

	Total
Value	16.0
95% CI	13.8 - 18.4
Sample Size	1,616

Footnotes

† Overweight is defined as body mass index (BMI)-for-age and ≥85th percentile but < 95th percentile based on the 2000 CDC growth chart; BMI was calculated from self-reported weight and height (weight [kg]/ height [m²]).

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

WIC 2-4 year olds who have obesity

Iowa

Year: All Available Years / 2014

View by: Total

Iowa - 2014

Percent of WIC children aged 2 to 4 years who have obesity †

View by: Total

	Total
Value	14.7
95% CI	14.3 - 15.2
Sample Size	24,835

Footnotes

† Obesity is defined as body mass index (BMI)-for-age and sex ≥95th percentile based on the 2000 CDC growth chart; BMI was calculated from measured weight and height (weight [kg]/ height [m^2]). Children with missing values of height, weight, and BMI were excluded. In addition, children with biological implausible values for height, weight, and BMI defined as the following z-scores values, were excluded from the analyses: height-for-age < -5.0 or > 4.0, weight-for-age < -5.0 or > 8.0, and BMI-for-age < -4.0 or > 8.0.

Data Source: Women, Infants, and Children Participant and Program Characteristics (WIC)

WIC 2-4 year olds who have an overweight classification

Iowa

Year: All Available Years / 2014

View by: Total

Iowa - 2014

Percent of WIC children aged 2 to 4 years who have an overweight classification †

View by: Total

	Total
Value	17.1
95% CI	16.7 - 17.6
Sample Size	24,835

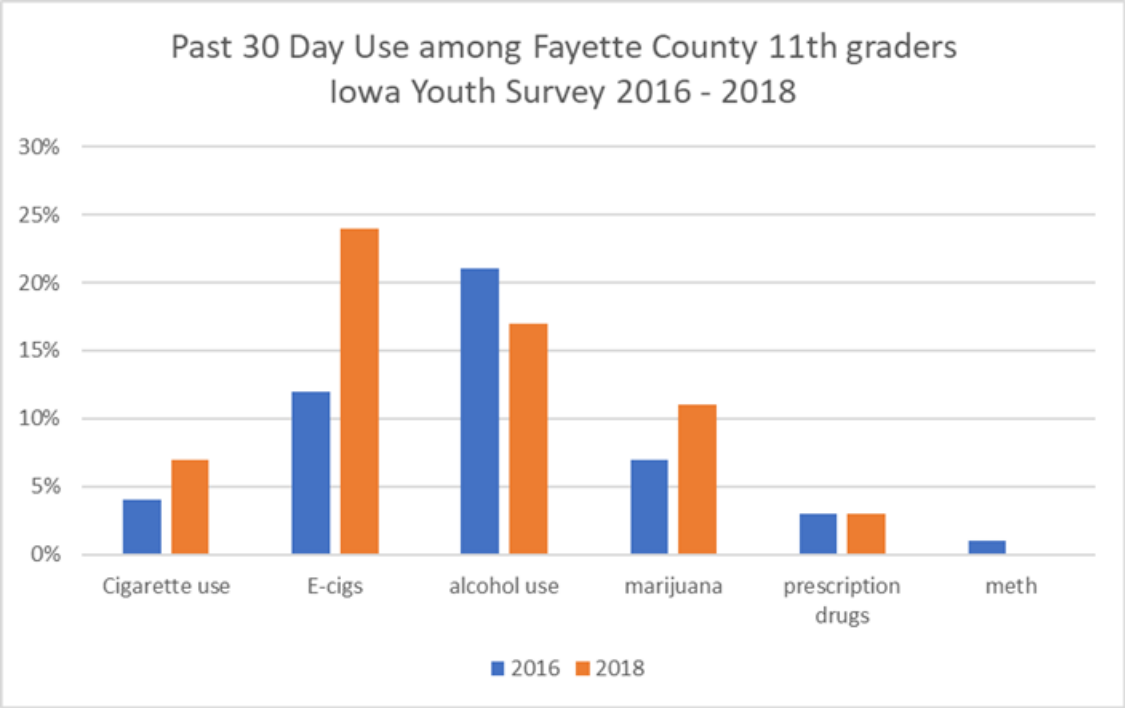
Footnotes

† Overweight is defined as body mass index (BMI)-for-age and sex ≥85th but < 95th percentile based on the 2000 CDC growth chart; BMI was calculated from measured weight and height (weight [kg]/ height [m^2]). Children with missing values of height, weight, and BMI were excluded. In addition, children with biological implausible values for height, weight, and BMI defined as the following z-scores values, were excluded from the analyses: height-for-age < -5.0 or > 4.0, weight-for-age < -5.0 or > 8.0, and BMI-for-age < -4.0 or > 8.0.

Data Source: Women, Infants, and Children Participant and Program Characteristics (WIC)

Substance Abuse

As Fayette County has a high proportion of youth, below 18, the following data was collected by North Fayette Valley Community Coalition regarding the use of cigarettes, e-cigs, alcohol, marijuana, prescription drugs and meth among 11th grade students in Fayette County indicating the use of certain items has increased while others have decreased.



Past 30 Day Use among Fayette County 11th graders
reported by the Iowa Youth Survey

	2016	2018
Cigarette use	4%	7%
E-cigs	12%	24%
alcohol use	21%	17%
marijuana	7%	11%
prescription drugs	3%	3%
meth	1%	0%

Senior Population

As Fayette County has a high proportion of seniors, age 65+, the following data was collected by Northeast Iowa Area Agency on Aging in 2015 regarding the burden of chronic disease among Iowa Seniors. While updated information is not available, these numbers are an accurate portrayal of current trends within Fayette County.

Senior (65+) Data		
Chronic Disease	**Northeast Iowa**	**Iowa**
Hypertension	44.2%	58.5%
Diabetes	20.4%	19.9%
Cancer	32.2%	27.1%
Arthritis	50.6%	50.9%
Asthma	7.5%	9.5%
Overweight/Obese	72.3%	70.7%
Not Meet Fruit/Vegetable Servings	84.8%	86.2%
Not Exercise in Last 30 Days	30.4%	31.6%

Fayette County School Youth Obesity Numbers

As Fayette County has a high proportion of children, under 18, the following data was collected by Food and Fitness in 2015 from two local schools regarding the burden of obesity and overweight children in Fayette County. While updated information is not available, these numbers are an accurate portrayal of current trends within Fayette County.
(Source: Food and Fitness Community Needs Assessment 2015)

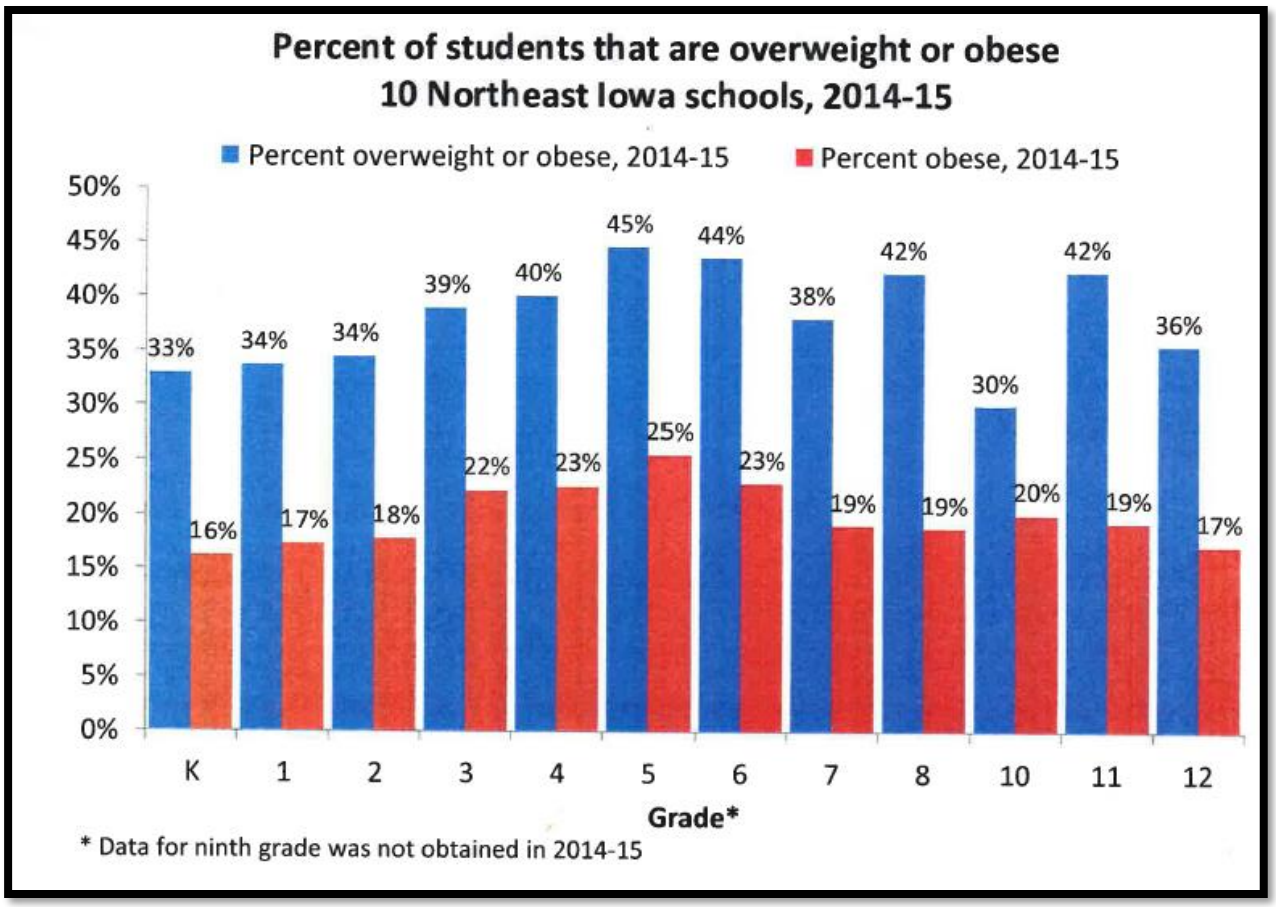
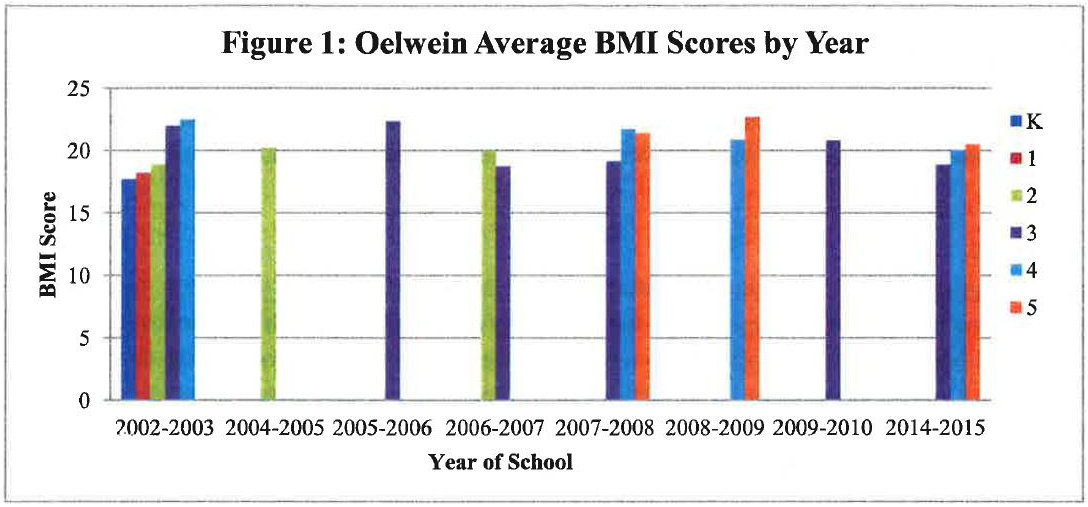
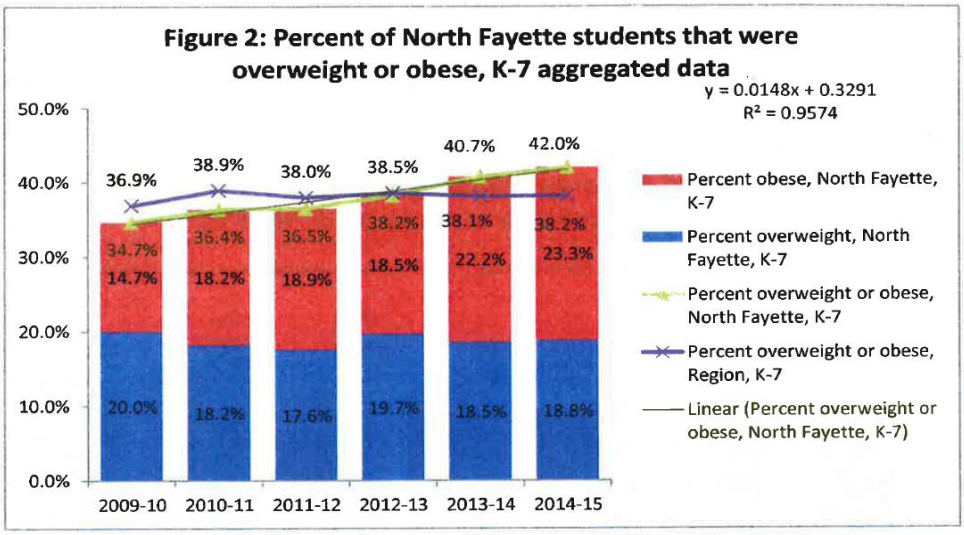


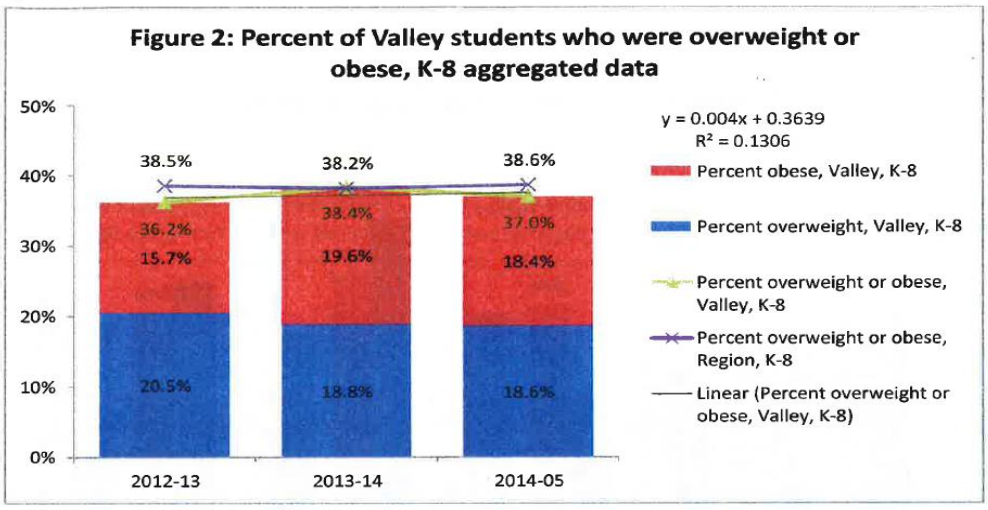
Figure 1 shows the average BMI score of each class for each year shared. For all years, except 2006-07 and 2007-08, older grades, on average, have higher BMI scores than younger grades, which is to be expected as children's' BMI scores tend to rise as they get older.





North Fayette's obesity rate was lower than that of the region until 2013-14, at which time it surpassed that of the region, shown in Figure 3.

According to the CDC, 17 percent of students ages two to 19 were obese nationwide in 2011-12, the most recent year for which data is available. Therefore, North Fayette's obesity rate was higher than that of the nation for all years except 2009-10. However, this is not a perfect comparison, because the age range of students included in the national data set is wider than that of North Fayette and the CDC data is from only one year.



Valley's obesity rate was lower than that of the region in 2012-13 and 2014-15, shown in Figure 3.

According to the CDC, 17 percent of students ages two to 19 were obese nationwide in 2011-12, the most recent year for which data is available. Therefore, Valley's obesity rate was higher than that of the nation in 2013-14 and 2014-15, but lower in 2012-13. However, this is not a perfect comparison, because the age range of students included in the national data set is wider than that of Valley and the CDC data is from only one year and that year is earlier than the data collected from Valley.

Select Findings – Community Survey

Select Finding – 2019 Community Survey

As rated by 201 Respondents:

OVERALL HEALTH OF COMMUNITY

- Healthy 37.88%
- Somewhat healthy 54.04%
- Unhealthy 6.57%

THREE MOST IMPORTANT FACTORS FOR A HEALTHY COMMUNITY

Access to healthcare (ex. Family doctor, hospital, other health services)	72.00%	144
Healthy behaviors and lifestyles	48.50%	97
Good jobs and healthy economy	45.00%	90

TOP HEALTH PROBLEMS IN THE COMMUNITY

Obesity	75.88%	151
Aging (arthritis, hearing/vision loss, dementia, etc.)	49.25%	98
Cancer	48.24%	96
Limited or no success to mental health services	41.21%	82

MOST IMPORTANT RISKY BEHAVIORS

Illegal drug use	69.19%	137
Alcohol abuse	57.58%	114
Texting or using cell phone while driving	46.46%	92

TOP HEALTH CONCERNS RELATED TO CHILDREN

Bullying (physical, emotional, cyber)	63.00%	126
Screen time	55.00%	110
Healthy diets	37.50%	75

THREE MOST IMPORTANT SOCIAL ISSUES FACING YOUR COMMUNITY

Poor parenting skills	65.99%	130
Single parent families	52.79%	104
Poverty	41.12%	81

THREE MOST IMPORTANT ENVIRONMENTAL ISSUES FACING YOUR COMMUNITY

Chemicals/pesticides	70.74%	133
Safe housing	44.15%	83
Outdoor air quality (asthma triggers)	32.45%	61

Community Health Needs Prioritization

Our mission and vision call us to focus efforts and resources on identified health needs in which Gundersen Palmer can positively impact. Gundersen Palmer has chosen to address improving health care initiatives related to Access to Health Care, Healthy Behaviors and Lifestyles with a focus on obesity, and Risky Behavior Education (Alcohol and Drug Abuse). Gundersen Palmer is committed to supporting area agencies to promote prevention programs and services.

Priorities in Fayette County

Obesity, Physical Activity & Stress

- 34% of Fayette County residents are obese.
- 75.88% of survey respondents cite obesity as the leading health problem in the community.
- 37.50% of survey respondents are concerned about the diets of local children.
- 34% of survey respondents cited Decreasing Stress as a healthy behavior priority to improve.
- 49.24 % of respondents self-reported no time for a healthier lifestyle.
- 53.00 % survey responses indicated getting more physical activity as a personal place to improve.
- 39.39% of survey participants cited physical inactivity as a top risky behavior.

Sources: RWJF County Health Rankings & Roadmaps

Obesity is a major health crisis in the country and in Fayette County and contributes to health issues cited as concerns by survey participants including access to health food, park and rec options, stress impact, nutrition, cancer, mental health, aging population, heart disease/stroke, and diabetes. In addition, survey participants cited healthy diets, physical inactivity and screen time as concerns for our youth. Many of the health issues can be minimized by focusing on better nutrition, increased education and increasing activity. In addition to improving physical well-being, eating better and increasing exercise will help in reducing stress and improving mental health.

With survey respondents citing not enough time, lack of motivation and other priorities as the top factors preventing a healthy lifestyle, residents need education on simple ways to increase physical activity during their daily lives, ways to eat healthy, and how to decrease stress and learn how these three changes can positively impact their mental health and wellbeing.

Expanding Access to Clinical Care

Health Professional Shortage Areas (HPSA) are an issue throughout Iowa, and widen in rural counties like Fayette, greatly impacting much of the measured data. Fayette County is a HPSA:

• The deficit grows wider with a 2,830:1 ratio for mental health providers compared to state's ratio of 700:1.

• Primary care provider shortage ratio equals 2,860:1 compared to the state's ratio of 1,390:1.

Source: RWJF County Health Rankings & Roadmaps

Access to health care providers continue to improve in Fayette County. In the last few years, Gundersen Palmer has added numerous providers to the primary care setting. In addition, Gundersen Palmer manages three local clinics, West Union, Postville and Fayette, with primary care provider recruitment as a priority to increase access. Expanding Walk-In Clinic to 7 days a week has also filled a void with primary care access.

Excessive drinking & drug use

• Excessive alcohol use costs the U.S. $249 billion (2010), leading to continued costs from lost workplace productivity, health care expenses, law enforcement and criminal justice expenses, and motor vehicle crashes.

• 19% of the Fayette County population reported they binge drink (4-5 drinks at single occasion or drink heavily 1-2 drinks per day), as compared to 13% nationally.

• 17% of the Fayette County population reported to alcohol-related driving deaths as compared to 13% nationally.

- There was no report on the roadmap for drug overdose reports.

• Survey participants pointed to drug and alcohol abuse as the most risky behavior, 39.19% and 57.58% respectively.

- Fayette County 11th graders reported an increase of e-cigarettes and marijuana in the last two years. Alcohol use is down.

Sources: RWJF County Health Rankings & Roadmaps & North Fayette Valley Community Coalition

Risky Behavior Education

- Survey Results indicated risky behaviors as a large concern within our community. Citing the following concerns:
    - Alcohol abuse 57.58%
    - Illegal drug use 69.19%
    - Driving while drunk or high 19.70%
    - Prescription drug use 9.60%
    - Texting or using cell phone while driving 46.46%

- As Fayette County ranks lower than Iowa average in Excessive Drinking (19% to Iowa's 22%) and Alcohol-Impaired Driving Deaths (17% to Iowa's 28%), these behaviors aren't as much of a top priority as the first two improvement plans.

- Fayette County 11th graders reported a decrease of alcohol use in the last two year indicating a lower priority of this improvement plan.

- Fayette County 11th graders reported an increase of e-cigarettes and marijuana in the last two years proving a focus on drug abuse as a priority for risky behavior.

Our Commitment to Change

• Educate our community on Adverse Childhood Experiences (ACES) and Trauma Informed Care (TIC).

• Continue to recruit providers to the rural setting.

• Gundersen Palmer will continue to look at increasing Walk-In Clinic providers and expanding hours.

• Provide education and access to wellness screenings and community events.

• Educate community on how to achieve a healthier lifestyle through increasing awareness of healthy eating, physical activity, health trends, and how to improve their overall health.

• Partner with Community Health and the school system on creating awareness and providing resources.

• Continue partnership with Helping Services to educate about the negative effects of alcohol and drug abuse.

• Partner with schools to provide children and families with education focused on healthy lifestyle choices, safety, respect, and support of each other.

• Partner with local entities (County Social Services, inpatient facilities, and other agencies) on mental health education, awareness and access locally.

Refer to Gundersen Palmer Lutheran Hospital and Clinics Health Improvement Plan for detailed action plans.

Dissemination of the CHNA Results

Availability of the CHNA

Gundersen Palmer will make its Community Health Needs Assessment and Health Implementation Plan available by request without charge at Gundersen Palmer Lutheran Hospital and Clinics website or through the Marketing Department.