

Community Health Needs Assessment Burgess Health Center - FY19

1. Description of the community served by the hospital:

Monona County is a nonmetropolitan county in west central Iowa. It is composed of ten incorporated communities and their surrounding rural areas. In 2018, 71.2% of Monona County is rural, with the state being 36%.

Monona County's population is predominately white. There is a lower percentage of young people (18 or younger) and a higher percentage of older people (65+). In 2018, the county percentage of residents 65+ is 25.1, with the state percentage being 16.4. There is a lower percentage of individuals age 25+ with a bachelor's degree or higher in Monona County when compared to the state.

Median earnings for county residents is \$44,400, lower than the state mean of \$56,400. The unemployment rate is 4.2% for the county compared to state rate of 3.7%. The percentage of children in single-parent homes is 34 for Monona County; state percentage is 29. Children eligible for free lunches in Monona County is 52% with the state at 41%.

2. Description of the process and methods used to conduct the assessment:

Burgess Health Center performed an assessment of the county's health ranking data, its Health Improvement Plan and Monona County Public Health's Health Improvement Plan. Data was reviewed with county stakeholders. Discussions focused on understanding impact of health rankings and the current health improvement plans on the overall health of the county.

3. Description of how the hospital took into account input from persons who represented the broad interests of the community served by the hospital including a public health agency and special population groups:

Input regarding the status of county health, as well as opportunities for health improvement, mobilizing support and identifying resources included multiple stakeholders. Stakeholders included Monona County Board of Supervisors, Monona County Board of Health, Monona County Public Health administration and staff, Iowa Department of Public Health's Regional Public Health Consultant, Burgess Health Center administration and clinical leaders, mental health services, primary care providers, specialty physicians, dentists, school administration, business leaders and community members.

4. Prioritized description of all the community health needs and the process for identifying health priorities:

Stakeholders utilized qualitative data from County Health Rankings and Roadmaps to objectively understand the health status of Monona County (Attachment A). The Rankings are based on a model of

population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

Monona County's Health Outcomes ranking has been the lowest in the state, 99 out of 99, for calendar years 2018, 2017 and 2016. Stakeholder discussions focused on the rankings and data trends Attachment A. Stakeholders concluded significant improvement efforts were needed to better the health for Monona County and its residents.

5. Description of the potential resources and measures to address the priorities:

Focus discussions regarding Monona County's public health infrastructure and its ability to collaboratively meet county health needs occurred between the Monona County Board of Supervisors and Board of Health, the Regional Public Health Consultant, and Burgess Health Center. These county and state stakeholders proposed to Burgess Health Center's administration an integration of public health services with Burgess's services. The medical staff and board of directors for Burgess Health Center support integration of services.

Based on stakeholder consensus, the focus of the Community Health Needs Assessment will be the transition of Monona County Public Health services to Burgess Health Center. After the transition is complete, strategy planning will begin with stakeholders to establish the measurable goals and objectives needed for county health improvement.

Attachment A - Monona County Health Rankings:

Ranking (out of 99)	Iowa 2018	2018	2017	2016
Health Outcome rank		99	99	99
Length of Life rank		99	99	99
Quality of Life rank		78	92	78
Fair or poor health	13%	14%	13%	13%
Poor physical health days	2.9	3.1	3.4	3.1
Poor mental health days	3.3	3.4	3.3	3.0
Frequent physical distress	9%	10%	10%	9%
Frequent mental distress	10%	11%	11%	9%
Diabetes prevention	10%	12%	12%	11%
Low birthweight	7%	7%	8%	8%
Health Factors rank		76	78	67
Health Behaviors rank		63	61	22
Adult smoking	17%	16%	17%	17%
Excessive drinking	22%	18%	17%	17%
Adult obesity	32%	34%	33%	30%
Limited access to healthy food	6%	4%	4%	4%
Physical inactivity	25%	31%	30%	29%
Access to exercise opportunity	83%	79%	39%	39%
Clinical Care rank		76	75	54
Uninsured	6%	7%	8%	11%
Primary care provider	1,360:1	1,120:1	1120:1	1140:1
Dentists	1,560:1	2,970:1	2,990:1	3,000:1
Mental health providers	760:1	2,220:1	2,990:1	4,500:1
Mammography screenings	69%	67%	67%	72%
Diabetes monitoring	90%	93%	93%	94%
Health care costs	\$8,572	\$10,438	\$9,224	\$8,905
Social and Economic Factors rank		84	89	87
Social associations	15.2	16.7	17.8	16.4
Injury deaths	65	124	130	122
Physical Environment rank		44	71	79
Air pollution	9.6	9.6	9.6	10.7
Drinking water violations		No	Yes	Yes
Severe housing problem	12%	8%	%	8%

Source – County Health Rankings and Roadmap, 2018, 2017, 2016. www.countyhealthrankings.org