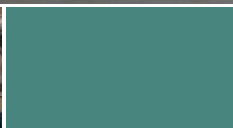
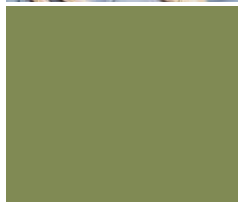


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Winona Health 2013 Community Health Needs Assessment



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Introduction

During 2012 and 2013, Winona Health organized a thoughtful and strategic approach to facilitating a community health needs assessment that would identify current and unmet needs in Winona County. Collaborating with Winona County Public Health and a number of local organizations in Winona County, the process engaged a wide range of community stakeholders with the intent of building commitment for ongoing involvement.

The process examined community demographics, socio-economic factors and health service utilization trends. Input from community coalitions, focus groups, and surveys is incorporated into the report in the 'community voice' sections. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of Winona County using the zip code 55987.

The 2010 Affordable Care Act requires that all 501(c)(3) hospitals conduct a community health needs assessment. The Winona Health report is in alignment with the federal IRS community benefit reporting requirements and priorities identified have come from the perspective of the community. The assessment is available to the public on the Winona Health website at www.winonahealth.org/chna. Paper copies are also available in the Winona Health Community Engagement Department.

Winona Health is a nonprofit healthcare organization providing healthcare services to southeastern Minnesota. Winona Health will utilize this assessment as a guide over the next three years to provide programs and services to address identified unmet community health needs. Winona Health will involve other community organizations to combine resources and expertise to achieve desired outcomes that provide assistance to populations of greatest needs.

Winona Health Mission Statement

Winona Health is devoted to improving the health and well-being of our family, friends and neighbors.

Winona Health Community Health Needs Assessment

Our Vision

To provide a high quality of life, health, and well-being for all people in Winona County.

Our Mission

To empower the people of Winona County to achieve lifelong physical, mental and social well-being through:

- Equal access to high quality, affordable healthcare.
- A coordinated system of care that is local, preventive, holistic, and patient centered.
- An environment that supports healthy living for all.

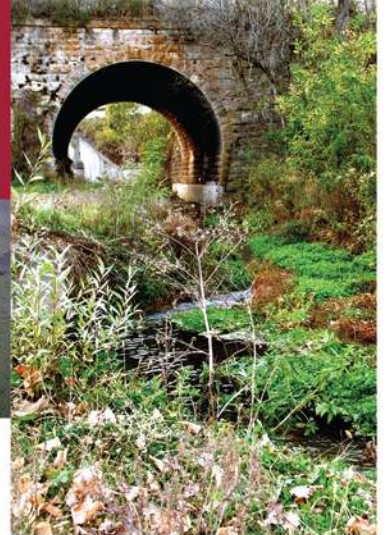
The 2013 Community Health Needs Assessment was prepared by:
Betsy Midthun, Vice President, Community Engagement, Winona Health

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Executive Summary

Winona Health Community Health Needs Assessment



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Executive Summary

The Winona Health Community Health Needs Assessment (CHNA) was a systematic process for involving community partners in examining indicators of health in the population, gathering input from community members, identifying strategic issues, and identifying strategic priorities that would improve the health of Winona County residents.

Community partners included Winona County Public Health and many other organizations that impact health and wellness issues in our region. The Minnesota Center for Health Statistics of the Minnesota Department of Health was contracted to facilitate the survey process of the community health needs assessment of Winona County.

The intent of the CHNA process is to ensure that people of Winona County are empowered to achieve lifelong physical, mental and social wellbeing through 1) equal access to high quality, affordable healthcare; 2) a coordinated system of care that is local, preventive, holistic, and patient centered; and 3) an environment that supports healthy living for all.

In order to achieve this mission, population data and community input was collected. Additional indicators of health were identified utilizing existing local, state, and national secondary data sources. A comprehensive overview of the health status across populations within Winona County was undertaken. Other data collection methods gathered information about community members whose voice and health status may not be represented through local, state, and national secondary data sources, specifically the Hmong, Laotian and Hispanic populations.

Two surveys were conducted and are identified as **Survey A and Survey B:**

Survey A: Six thousand surveys were mailed to the general population residing in zip code 55987. Respondents returned their completed survey in a postage-paid envelope to an independent tabulation site located in Minneapolis, MN. Nearly 2000 surveys were returned and the response rate was 28%.

Survey B: Two hundred surveys were distributed to the immigrant population through a variety of methods including distribution to targeted households, hosting focus groups at central locations and one-on-one surveying. The surveys were either completed privately or by assistance from representatives and/or translators of Project FINE. 30% of the immigrant population completed the survey.

After a review of the survey findings, six different issues were initially identified as major priorities through a careful review of the survey data and rankings. Both survey groups believed that overweight/obesity was a serious health issue for children and adults. Based on focus group input, two other issues were added. Using a structured prioritization process, **three strategic priorities** were chosen that align with Winona Health's mission and vision. These community health needs will be addressed through a community health improvement plan developed in the next phase of this project.

Identified Community Health Needs

The top three needs identified from **Survey A** were:

- Overweight/obesity
- Mental health access
- Binge drinking

The top four needs identified from **Survey B** were:

- Overweight/obesity
- Access to health care due to lack of transportation
- Health care costing too much or lack of health insurance
- Running out of food before had money to buy more.

Additional needs identified through the focus group process were:

- Need for preventive care and education of access and benefits of preventive care
- Lack of adequate dental care for the underprivileged population

Winona Health: Next Steps

As a result of the research, surveys and focus group recommendations that appear in this assessment report, as well as further dialog with the Winona Health Board of Directors, the following three top community health needs will be the focus of Winona Health leadership in the next three years:

Priority #1: Mental Health Services

- Develop collaborative approach with area organizations to focus attention and resources on behavioral health issues in Winona County.
- Identify strategies to improve fragmentation of behavioral health services to Winona County residents.
- Increase mental health awareness and education.

Priority #2: Preventive Care Services

- Reduce the disparity of preventive screenings in the minority or disadvantaged populations, supporting cultural factors and promoting healthy living for all county residents.
- Work with Winona providers to identify patients with preventive screening needs.
- Increase educational efforts on the value of preventive care.
- Investigate transportation solutions to enhance care to underserved populations.
- Explore opportunities to provide preventive dental care to the underserved population.

Priority #3: Obesity/Overweight:

- Identify opportunities to promote healthy lifestyles, recreational opportunities, healthy eating and wellness behaviors by partnering with area organizations, schools, businesses and Live Well Winona.
- Educate community on 'what is obesity', the impact of overweight on health and well-being, understanding important 'health numbers', and offering viable solutions.

COMMUNITY VOICES: (Comments from focus group participants on top issues:)

Mental Health Access and Care:

- *Access to mental health, especially psychiatry, is an issue.*
- *Significant use of community resources.*
- *It is a fragmented system with limited resources.*
- *There is still a stigma about mental health.*

Preventive Care Services:

- *There are a lot of opportunities around this issue.*
- *Many people are afraid of having their blood pressure and do not understand the reasons for this simple screening.*
- *There are significant limitations for the disadvantaged to get proper dental care.*

Overweight/obesity

- *People need to understand and recognize the problem.*
- *Overweight/obesity is definitely a problem but how many people are told by their doctor that this is true and the consequences?*
- *This is an uncomfortable conversation that the community doesn't want to have.*
- *There is a need for expanded access for dietitian consults/services.*

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Key Findings

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Summary of Key Findings

In the following review of the survey respondents, the first group of respondents (displayed as percentages) are individuals who filled out the mailed survey (SURVEY A); the second group of respondents (displayed by percentages) are members of Winona County's immigrant populations, interviewed by the Project FINE staff and/or translators (SURVEY B).

Key Findings: PERSONAL HEALTH STATUS

Winona County residents said their personal health status was generally good but not excellent. There is a high percentage of the population responding that they are overweight or trying to lose weight.

- 56% of respondents (survey A) thought their **general health was very good to excellent** versus 28% (survey B).
- 34% of respondents have been told by their doctor they are **overweight** versus 27%.
- 14% of respondents were told by their doctor they are **obese** versus 9%.
- 51% of respondents said they are **trying to lose weight** versus 43%.
 - 61% of mailed survey respondents are classified as overweight or obese according to their BMI (body mass index) versus 69%.
- 23% of respondents were told by their care provider they had **high blood pressure** versus 17%.
- 22% of respondents were told by their care provider they are suffering from **depression** versus 23%.
- 10% of respondents said they have been **binge drinking** in the past 30 days (four or more drinks of alcoholic beverage in one sitting for women, 5 drinks for men) versus a very low drinking rate among survey B respondents.
- 56.2% said tobacco use among adults is a problem yet only 10.3% said they are daily smokers; smoking is very low among survey B respondents.

Community voice:

- *This is a big ongoing problem in the ED and clinics.*
- *I could employ 20 people if they would show up, pass the drug test and have a good attitude.*
- *Tobacco usage is higher than indicated. Many people buy cigarettes versus necessities*
- *For some employees, their health is at the bottom of the list.*

Key Findings: HEALTHCARE ACCESS & RESOURCES

- 33% said in the past twelve months, there was a time when they thought they **needed to seek medical care** but did not get it or delayed it as it wasn't serious enough (48%) or the cost was too high (40%) versus 29% of survey B respondents who also noted lack of insurance as a barrier.
- 34% said in the past twelve months, there was a time when they thought they **needed to seek dental care** but did not get it or delayed it due to costs or lack of insurance versus 33% of survey B respondents who noted the same reasons.
- 13% said in the past twelve months, there was a time when they thought they **needed to seek behavioral health care** but did not get it or delayed getting it as they were too

nervous or afraid or didn't know where to go; versus 29% of survey B respondents who cited cost or lack of insurance.

- 64% said they normally get their medical care in the **doctor's office** versus 67%.
- 17% said they normally get their medical care at the **Urgent Care Clinic** versus 12%.

Community voice:

- *Mobile health care would be a benefit for rural or low-income.*
- *Take education to the people; education in the schools, start with children for life-long behaviors.*
- *Instead of 'artist in schools', put health professional in schools for a residency.*
- *College kids have good access to healthcare on campus.*
- *Bus stops are not marked and difficult to get tickets, access. Need more education and access.*
- *There are distinct populations in Winona; all with different needs.*

Key Findings: HEALTHCARE INSURANCE

Respondents to Survey A have less insurance needs than Survey B respondents as evidenced below:

- 71% said they have **insurance through work** versus 33%.
- 25% said they have **self-purchased insurance** versus 7%.
- 22% said they have **Medicare** versus 6%.
- 7% said they have **Medicaid** versus 21%.
- 6% said they are **uninsured** versus 18%.

Community voice:

- *Jobs are the key. If people have jobs, it takes care of insurance, transportation, food...*
- *Sometimes people don't want to know what they have...or they aren't motivated.*
- *They don't have access or don't know where to do this.*
- *Lack of insurance means people don't do preventive care and wait too long for medical help.*

Key Findings: HEALTHCARE SCREENINGS

There are opportunities related to education and facilitation of key healthcare screenings in both populations surveyed:

- 20% said they have never had a **cholesterol check** versus 41%.
- 16% said they have never had a **colon cancer screening** versus 84%.
- 13% said they have never had a **mammography screening** versus 41%.
- 5% said they have never had a **pap screening** versus 35%.
- 2% said they have never had their **blood pressure checked** versus 30%.

Community voice:

- *Jobs are the key, it takes care of insurance, transportation, food...*
- *We need to make jobs #1 priority for minority populations.*
- *Sometimes people don't want to know what they have...or they aren't motivated...*
- *They don't have access or don't know where to do this.*

- *Lack of insurance means people don't do preventive care and wait too long for medical help.*

Key Findings: FOOD & NUTRITIONAL NEEDS

There are opportunities to increase the availability of affordable, nutritious food in the county including increased nutritional information:

- 6% said they had **no servings of fruit and/or vegetables** in the past 24 hours versus 9%.
 - 56% said they had 1 to 4 servings versus 72%.
 - 38% said they had 5 or more servings versus 13%.
- 51% agreed or strongly agreed that **fresh fruit and vegetables cost too much** for their budget versus 66%.
- 18% said they sometimes and often **worry about food running out or hunger** versus 38%.
- 4% said they have **used the community food shelf** in the past twelve months versus 29%.

Community voice:

- *Need more education on resources and how to prepare good food.*
- *Health Promotions major at WSU could be a great resource for this.*
- *Backpack food programs could be a good thing to implement.*
- *Food shelves need more healthy foods versus starches.*

Key Findings: USE OF COMMUNITY RECREATIONAL RESOURCES

Winona County residents have a high knowledge and usage of their recreational resources and facilities as evidenced by the following responses but further education of these resources could be provided to underserved populations:

- 64% said they use the **parks, playgrounds and sports fields** versus 49%.
- 63% said they use the **walking trails** versus 56%.
- 62% said they use the **biking trails** versus 37%.
- 48% said they use the **waterways** versus 29%.
- 31% said they use the **Rec Center** versus 37%.
- 29% said they use the **swimming pools** versus 27%.
- 26% said they use a **health club** versus 24%.

Community voice:

- *One thing to relieve stress is exercise. If we start encouraging exercise, it may start impacting health issues.*
- *I think more access should be given to the disadvantaged population at recreation facilities.*
- *You can't assume everyone knows about the recreational options. More promotions needed.*

Winona Health Community Health Needs Assessment 2013

Ranking of Survey Questions from Survey A Respondents

A portion of the survey asked respondents rate questions on a range of 'no problem' to 'serious problem'. The survey centered on a wide range of questions on eating and exercise habits, alcohol, tobacco and drug use, teen pregnancy, family and prenatal care, mental health access and care, aging and senior care, environmental concerns, chronic diseases, economic and insurance issues, infectious diseases and injuries, violence and crime and environmental problems.

SURVEY A: TOP-RATED MODERATE to SERIOUS PROBLEMS:

	No problem	Minor	Moderate	Serious	Moderate & Serious
Obesity among adults	4.2%	10.8%	38.6%	46.5%	85.5%
Unhealthy eating habits/children	4.5%	12.0%	40.7%	42.7%	83.5%
Obesity among children	4.4%	13.1%	37.9%	44.6%	82.5%
Unhealthy eating habits/adult	4.3%	13.6%	41.6%	40.5%	82.1%
Lack of exercise/children	4.7%	13.8%	39.4%	42.1%	81.5%
Lack of exercise/adults	4.6%	14.2%	42.7%	38.5%	81.3%
Alcohol use by underage youth	5.6%	15.0%	39.7%	39.7%	79.4%
Use of illegal drugs	5.6%	16.7%	36.9%	40.8%	77.7%
Drinking and driving	5.3%	20.7%	38.0%	36.0%	74%
Alcohol abuse by adults	6.9%	19.7%	44.2%	29.2%	73.4%
Adolescents becoming sexually active	8.5%	19.5%	36.4%	35.6%	72%
Lack of affordable health insurance	9.9%	18.2%	27.0%	45.0%	71.9%
Tobacco use by underage youth	7.2%	22.5%	41.0%	29.4%	70.3%

SURVEY A: The NEXT LEVEL of moderate to serious problems:

	No problem	Minor	Moderate	Serious	Moderate & Serious
Poor parenting	4.7%	25.6%	39.5%	30.2%	69.6%
Bullying	7.0%	23.6%	32.6%	36.8%	69.4%
Prescription drug abuse	8.0%	24.1%	35.7%	32.2%	67.9%
Chronic high blood pressure	8.4%	24.6%	43.9%	23.1%	67.0%
Tobacco use/adults	8.8%	24.8%	38.2%	28.2%	66.4%
Chronic diabetes/adults	7.9%	26.3%	40.5%	25.2%	65.8%
No dental care	10.1%	24.5%	40.5%	24.8%	65.4%
Mental anxiety/adults	7.3%	27.5%	44.0%	21.2%	65.2%
Mental anxiety/children	8.3%	26.8%	40.6%	24.3%	65.0%
Tolerating underage	8.3%	27.3%	39.4%	25.0%	64.4%
Mental depression/adults	6.3%	31.9%	44.4%	17.4%	61.8%
Unplanned pregnancy	10.4%	28.9%	36.7%	24.0%	60.7%
Domestic violence	9.8%	30.3%	39.8%	20.0%	59.9%
Infections/lack of proper hand washing	13.1%	28.1%	31.5%	27.3%	58.8%

Mental depression/youth	6.8%	34.5%	39.2%	19.5%	58.7%
Unsupervised children/teens	11.4%	32.6%	38.8%	17.2%	56.6%
Aging/isolation	11.6%	34.9%	40.2%	13.3%	53.5%

Winona Health Community Health Needs Assessment 2013 Ranking of Survey Questions from Survey B Respondents

SURVEY B: TOP-RATED MODERATE to SERIOUS PROBLEMS:

	No problem	Minor	Moderate	Serious	Moderate & Serious
Lack of provider knowledge of health needs	13.6%	15.3%	29.4%	41.8%	71.2%
Language barriers in healthcare	14.7%	15.3%	27.3%	42.6%	69.9%
Lack of transportation to health care	18.4%	20.1%	37.4%	24.1%	61.5%
Alcohol use by underage adults	13.9%	24.7%	31.2%	30.1%	61.3%
Lack of transportation	20.4%	18.8%	33.1%	27.6%	60.7%
Tobacco use by underage youth	11.7%	27.9%	31.3%	29.1%	60.4%
Unemployment	18.2%	21.5%	25.4%	34.8%	60.2%
Obesity among children	13.4%	26.8%	29.9%	29.9%	59.8%
Children unsupervised at school	18.6%	23.2%	33.3%	24.9%	58.2%
High blood pressure among parents	13.6%	28.3%	36.2%	22.0%	58.2%

SURVEY B: The NEXT LEVEL of moderate to serious problems:

	No problem	Minor	Moderate	Serious	Moderate & Serious
Adults not able to take meds	21.4%	20.8%	33.5%	24.3%	57.8%
Unhealthy eating habits among children	19.3%	23.2%	31.5%	26.0%	57.5%
Lack of exercise among children	23.8%	18.8%	32.0%	25.4%	57.4%
Adults unable to care for themselves	20.1%	24.0%	29.6%	26.3%	55.9%
Adults unable to do household chores	21.8%	21.3%	32.8%	24.1%	56.9%
People don't know where to get health care	27.7%	18.5%	19.1%	34.7%	56.8%
People without insurance	25.4%	19.2%	16.4%	39%	55.4%
Anxiety/stress among adults	19.6%	25.1%	34.6%	20.7%	55.3%
Lack of affordable housing	25.4%	20.9%	31.6%	22.0%	53.6%
Tobacco use by adults	17.6%	30.1%	31.8%	20.5%	52.3%

For a complete review of all responses, see the following:

- Appendix C: Survey A Responses
- Appendix D: Survey B Response

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Process & Methods

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Process and Methods

The 2013 Community Health Profile is a comprehensive compilation of data about health and well-being in Winona County. This profile was produced as part of Winona Health's Community Health Needs Assessment (CHNA) process, which is an ongoing practice that involves a systematic examination of the community health needs in our service area. The ultimate goal of this process is to identify Winona County's most pressing priority health needs. These needs will become the focus of our community health improvement plan, which will lay out strategies for improvement around each priority through community collaborations and partnerships.

Winona Health's Community Health Needs Assessment draws from a variety of tools and best practices, including the Association for Community Health Improvement's Community Health Assessment Toolkit and the National Association of County and City Health Officials' *Mobilizing for Action* planning and partnership process. See Appendix A for more information.

Key steps in the development of the Winona Health community health needs assessment process included:

- Engaging stakeholders with a shared interest in community health needs assessment
- Engaging a neutral partner to facilitate the assessment process
- Developing a Community Health Needs Assessment plan and timeline
- Engaging a broad group of partners and stakeholders that represent the community and public health system in Winona County
- Establishing a vision and mission
- Developing workgroups
- Gathering population data
- Gathering community input
- Reviewing data to identify key strategic issues
- Identifying priority health issues through a democratic process

Community engagement and collaborative participation are vital to the Community Health Needs Assessment process. A list of community partners is included in Appendix E.

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Primary Data Collection

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Primary Data Collection: Gathering Community Input

Winona Health collaborated with Winona County Public Health who engaged the resources of Ann Kinney, PhD, Senior Research Scientist, Minnesota Center for Health Statistics, Minnesota Department of Health in St. Paul, MN. Dr. Kinney guided the survey tool process and helped determine questions that were comparable to other CHNA surveys throughout the state. Specific questions were also included as requested by Winona Health and Winona County Public Health. A direct mailing list was purchased using a random sample of households in Winona County. Six thousand surveys were mailed to Winona County residents requesting the survey be completed by the person in the household, eighteen years and over, with the most recent birthday. The “two stage sample” was utilized; household and person (adult). Results were statistically weighted to gain accurate results and to account for this specific sample design. The Winona County sample was post-stratified by gender and age so the final survey sample would mirror the actual population demographically as much as possible.

The first mailing was distributed on January 25, 2013, followed by a reminder postcard on February 4. A second mailing of the survey instrument was mailed on February 18 and then returns were closely watched to receive an appropriate sampling number. On March 18, a mailing/survey firm in Minneapolis scanned all returned surveys and work began on interpreting the data and calculating the weighting variables. Initial results were available for review in April. After a review of those initial results, additional analyses were requested to complete the report.

Reaching immigrant populations. In order to reach immigrant populations in Winona County, the services of Project FINE were contracted. Project FINE is a local, private, non-profit, tax exempt organization that helps newcomers integrate into the community and also provides foreign language interpreters and translators for immigrants and refugees. Our CHNA survey was translated into Hmong, Laotian and Spanish and 200 surveys were available through a variety of distribution methods. Employees of Project FINE implemented the surveys at special events, by phone and by home visits. Translators were available to answer questions as the surveys were being completed. The completed surveys represent 30% of the immigrant population in Winona County. Surveys were hand inputted and calculated since this data set was acquired in a different manner than the original mailed survey; results were tabulated separately to maintain the accuracy of the survey.

Focus Groups. Contributions by focus group members were a critical component of understanding the health in Winona County through their comments and reactions to the survey. A diverse group of participants were identified who were given a general overview of the key findings and then asked their opinions of the results. Focus groups included a representation of the general population and of groups representing a population of concern. Fifteen focus groups were conducted and attendees represented the following constituencies:

- Project FINE Board of Directors and staff, an organization representing individuals of diverse ethnic populations
- Winona County Chamber of Commerce, board members representing different segments of business and organizations in the county
- Winona County United Way; board members representing a variety of businesses and service agencies in the county

- Winona County United Way, agency directors and staff, representing the needs of the many diverse populations and problems they serve
- Winona Health Senior Executive Team, including top administrative leaders of clinical and support areas and physician service line leaders
- Winona Health Business Department staff, reporting the needs of individuals without health insurance or without appropriate resources to pay for their medical care;
- Winona Health clinical providers, reporting the needs of individuals utilizing our Free Community Care Clinic, Urgent Care and Emergency Department
- Winona Health Behavioral Health staff, providing care to individuals with behavioral health needs, including an in-depth knowledge of community and region resources;
- Winona County Health staff, providing assistance to individuals with a diverse variety of needs; financial hardship, mental health issues, welfare recipients, young mothers and families, senior citizens, Medicare and Medicaid recipients
- Winona Health Community Engagement Committee, a sub-committee of the Board of Directors, including a diverse group of involved community leaders
- Winona Health Community Engagement Department, comprised of marketing, foundation, volunteers, switchboard and valet staff, individuals who assist a wide demographic of customers on a daily basis
- Winona Health Board of Directors, including individuals in administrative positions and members of our medical staff, who provide overall strategic direction for Winona Health
- Members of the Winona County Criminal Justice Department which includes law enforcement, county legal staff and attorneys, and social and case workers
- Winona Health clinic staff who provide care to the pediatric population and their families.
- Winona Community Foundation Board of Directors whose mission is to improve the quality of life in the Winona area by connecting people and causes that can advance the public good.

Winona Health Community Health Needs Assessment 2013

Focus Group Input

Participants who contributed through the focus group segment for the community health needs assessment represented a cross-section of individuals and agencies serving Winona County.

Focus group participants were asked to share their perspectives on a number of topics, including:

- Biggest Issues or Concerns in Winona County
- Trends in Community Health Status
- Problems or Barriers to Obtaining Health Care
- Services that are Lacking to Meet Community Need
- Opportunities to Increase the Partnership with Winona Health
- Role(s) that Winona Health Could or Should Play in the Community
- Recommendations for Improving Health Care Access and Community Health Status

Below is a summary of responses and trends in responses to each of these topics.

Biggest Issues or Concerns in Winona County

By far, the issue of greatest concern to the interview participants was access to medical, mental and dental health services due to lack of available services, low-cost services, or transportation.

- A number of people commented on trends in health care that people with or without insurance are experiencing. These include:
 - Many people go out of the area for specialty care which is very difficult for patients without resources.
 - It has become difficult to find dentists who take Medicaid or self pay who are greatly in need of dental services.
 - Lack of transportation to and from appointments is a problem as well as finding funds for people that have no resources.

Trends in Community Health Status:

The most frequently reported trend was the increase in childhood and adult obesity which was identified as a major problem in all focus groups. Other negative trends in community health status included increases in:

- People without health insurance
- Fewer people accessing preventive care or screenings due to lack of insurance, higher deductibles, or lack of income
- Lack of mental health access
- Stress and depression
- Alcohol use and drug abuse

Some positive trends in community health status include:

- People are eating healthier and exercising more, becoming more health conscious and aware, and making more thoughtful lifestyle choices
- Healthy lifestyle options in the Winona region

Problems or Barriers to Obtaining Health Care

The most frequent problem related to obtaining health care is lack of health insurance or ability to pay for care and/or medications.

- Young adults often cannot afford health insurance so they go without.
- People do not get preventive care or they wait to obtain health care until their problems are very serious. This sometimes results in needing emergency care
- There is a lack of information and communication about available, free/low-cost services.
- Transportation to medical services was also identified as a barrier by several participants.
- Barriers for seniors include transportation issues and also the difficulty in accessing care due to cost and lack of assistance for coordinating care and helping to manage medications.
- Cuts in funding and services were also identified as barriers, including:
 - Huge cuts in county mental health services
 - Overall funding for nonprofit organizations is stagnant or decreased
- It was noted that some people do not know where to go when they need help. However, the most frequently identified places where people go include:
 - The Emergency Room
 - The ER is often the place people go for mental health crises.
 - The ED is getting more dangerous for staff, more difficult patients.
 - Urgent Care Clinic
 - Personal doctor (for those with insurance)

Services that are Lacking to Meet Community Need

- A mobile medical unit with nurses and physician assistants that can provide exams and can write prescriptions when needed.
- Mental health. Every focus group mentioned this need.
- Dental care.
- Vision care
- Provide lab work for patients for free and medications for free in conjunction with a local pharmacy
- Demonstrate healthy cooking and healthy snacks for youth
- Provide screenings for youth

Opportunities to Increase Partnerships with Winona Health

- Private businesses in town can support Hospital fundraisers
- Local businesses and nonprofit organizations could offer space for classes or community outreach
- Charity Care Clinic services enlarged, collaboration with more county services
- Provide community health education at schools and community organizations

Role(s) that Winona Health Could or Should Play in the Community

- Offer education classes to prevent/manage diabetes, heart disease and other chronic diseases, as well as on prevention
- Provide free cholesterol testing, blood pressure checks, cancer screening, carotid artery testing as well as other free screenings
- Provide education in schools about nutrition and exercise, including ideas for school

- lunches and education on how to order when you go out to eat
- Support and promote primary and urgent care health services for very low-income, working people. It was noted that this would benefit the hospital by reducing unneeded emergency department visits.
- Support health fairs and career days to teach young kids about career options.
- Provide flu shots onsite at community agencies where transportation is a barrier
- Sponsor a farmer's market on the Hospital grounds.

Recommendations for Improving Health Care Access and Community Health Status

- Institute 24-hour "Ask a Doctor/Nurse" line to help determine who needs ER services
- Embark on a healthy lifestyles, healthy living, self-care program
- Educate kids in the schools so they learn about health issues while they are young
- Educate adults about chronic disease prevention (all languages needed)
- Promote vaccines. Educate people on how they protect the public's health and that they are safe
- Provide community outreach and services in the community (e.g., immunization clinics, medical screenings, preventive services)
- Develop an information/education campaign to help people find services that are relevant for their needs.

For more focus group comments, see Appendix F.

Healthy starts *here.*



Secondary Data Collection

Winona Health Community Health Needs Assessment



855 Mankato Avenue, Winona, MN 55987
1.800.944.3960

winonahealth.org

Winona Health Community Health Needs Assessment 2013

Secondary Data Collection: Gathering Local, State and National Statistics

Secondary data was collected from a variety of local, county, state and national sources to establish a variety of data; community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and school and student characteristics. When applicable, these data sets are presented in the context of how Winona County compares to the state of Minnesota and the United States using accepted benchmarks, framing the scope of an issue as it relates to the broader community. A map of Winona County is included in Appendix G.

Data for Winona County and the state of Minnesota was collected from the following sources:

- US Census Bureau, www.census.gov (2010)
- Trends, Minnesota Department of Health Center for Health Statistics (2005-09), www.health.state.mn.us/divs/chs/trends/index.html
- Minnesota Department of Health Center for Health Statistics (2010 data), www.health.state.mn.us/divs/chs/
- Minnesota Department of Health/Women, Infant, Children (2012)
- Trends, Minnesota Department of Health Center for Health Statistics (2005-09), www.health.state.mn.us/divs/chs/trends/index.html
- Minnesota Student Survey (2010), www.health.state.mn.us/divs/chs/mss/
- Minnesota Department of Employment and Economic Development (2013), www.positivelyminnesota.com/
- Minnesota County Health Tables (2013), <http://www.health.state.mn.us/divs/chs/countytables/>
- County Health Rankings and Roadmaps/Robert Wood Johnson Foundation (2012), <http://www.countyhealthrankings.org/>
- La Crosse Medical Health Science Consortium Health Scorecard Project, <http://www.lmhscscorecard.com/>
- US Criminal Watch, www.criminalwatch.com data (2011)
- US Disaster Center, www.disastercenter.com data (2011)
- Winona Health, internal reports
- Live Well Winona – Get the Facts, <http://www.livewellwinona.org/get-the-facts/>
- Minnesota Compass, <http://www.mncompass.org/>
- Winona Chamber of Commerce, www.Winonachamber.org
- United States Department of Commerce, US Census Bureau, <http://quickfacts.census.gov/qfd/states/27/27169.html>
- <http://www.usacityfacts.com/mn/winona/winona/economy/>
- Kids Count Data Center, <http://datacenter.kidscount.org/data#MN/5/0>
- The Henry J. Kaiser Family Foundation, <http://kff.org/statedata/?state=MN>

Winona Health Community Health Needs Assessment 2013
Winona County
As Ranked by County Health Rankings & Roadmaps 2012

The *County Health Rankings & Roadmaps* program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Much of what influences our health happens outside of the doctor's office—in our schools, workplaces and neighborhoods. *County Health Rankings & Roadmaps* help communities create solutions that make it easier for people to be healthy in their own communities, focusing on specific factors that we know affect health, such as education and income.

<http://www.countyhealthrankings.org/app#/minnesota/2013/winona/county/outcomes/overall/snapshot/by-rank>

**HEALTH OUTCOMES: Winona County Ranks #6
out of 87 MN counties**

Health outcomes in the *County Health Rankings* represent how healthy a county is and is measured by two types of health outcomes: how long people live (mortality) and how healthy people feel while alive (morbidity).

- Mortality: Mortality (or death) data is examined to find out how long people live and more specifically, premature death rates (deaths before age 75) are measured.
- Morbidity: Morbidity is the term that refers to how healthy people feel while alive. Specifically, we report on the measures of their health-related quality of life (their overall health, their physical health, their mental health) and we also look at birth outcomes (in this case, babies born with a low birth weight).

HEALTH FACTORS: Winona County Ranks #37

Health factors represent what influences the health of a county. Four types of health factors are measured: health behaviors, clinical care, social and economic, and physical environment factors.

- Health behaviors include alcohol use, diet and exercise, sexual activity, tobacco
- Clinical Care include access to care, quality of care
- Social and economic factors include community safety, education, employment, family and social support, income
- Physical environment includes built environment, environmental quality

HEALTH BEHAVIORS: Winona County Ranks #43

Health behaviors rankings are based on alcohol use, diet and exercise, sexual activity, and tobacco use.

- Alcohol use: binge plus heavy drinking, motor vehicle accidents involving alcohol
- Diet and exercise: Percentage of people with BMI>30, no exercise or activity
- Sexual activity: Chlamydia rates, teen birth rates
- Tobacco use: Percentage of people who report they are currently smoking.

CLINICAL CARE: Winona County Ranks #56

Clinical care is measured on access to care and quality of care.

- Access to care: Percentage of population <65 without insurance; ratio of population to primary care providers
- Quality of care: Ratio of population to dentists Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees, percent of diabetic Medicare enrollees that receive HbA1c screening, percent of female Medicare enrollees that receive mammography screening

SOCIAL & ECONOMIC: Winona County Ranks #25

Social and economic factors include community safety, education, employment, family and social support and income.

- Community safety: Violent crime rate per 100,000 population
- Education: Percent of ninth grade cohort that graduates in 4 years, Percent of adults aged 25-44 years with some post-secondary education
- Employment: Percent of population age 16+ unemployed but seeking work
- Family & social support: Percent of adults without social/emotional support, Percent of children that live in household headed by single parent
- Income: Percent of children under age 18 in poverty

PHYSICAL ENVIRONMENT: Winona County Ranks #61

Physical environment includes measuring built environment and environmental quality.

- Built environment includes rate of recreational facilities per 100,000 population, percent of population who are low-income and do not live close to a grocery store, percent of all restaurants that are fast-food establishments
- Environmental quality includes the average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county, percentage of population exposed to water exceeding a violation limit during the past year

Winona Health Community Health Needs Assessment 2013

Demographics of Winona County

Winona County is located in southeastern Minnesota and borders the Mississippi River on the eastern edge. Out of 87 counties in the state, Winona County is the 29th largest population center in the state. The county is composed of 38 cities and covers 679 square miles. Its county seat is Winona.

Residents of Winona have great access to facilities providing a wide range of medical care. Winona Health employs more than 120 physicians and mid-level providers in twenty specialties, with over 1200 employees and 400 volunteers who serve the community's healthcare needs. Winona Health provides a variety of services through the hospital, emergency department and other care facilities; Winona Clinic, Family Medicine, Urgent Care, Community Free Clinic, and specialty clinics as well as senior care including long term care (Lake Winona Manor), assisted living (Watkins Senior Living) and memory care facilities (Roger Metz and Adith Miller Manors).

Other medical and health care services in Winona are extensive. The Winona County Health Department provides nursing services, home health and other related services. Other healthcare services are available through non-profit and community-based organizations. Mayo Clinic is within 45 miles of Winona and health care services through Gundersen Health System and Mayo Franciscan Health are available within 40 miles of Winona.

Winona County is a diverse community and offers a wealth of cultural, religious, and recreational opportunities. Winona County is also home to three colleges and universities: Winona State University, Saint Mary's University and Minnesota State College - Southeast Technical.

Population Statistics of Winona County

POPULATION	WinCo.	MN	US
Total population (2012):	51,461	5,303,925	313+M
Percent change in population from 2010 to 2012	0.3%	1.4%	1.7%

- .97% of Minnesota's population lives in Winona County.
- Winona County is growing at a slower rate than Minnesota and the United States overall.

Source: 2010 US Census Bureau www.census.gov

Population Percentage by Age and Gender	Win.Co. #s	Win.Co. %s	MN	US
Persons Age 0-4	2,710	5.3%	6.7%	6.4%
Age 5-19	10,872	21.1%	20.3%	19%
Age 20-39	15,498	30.1%	26.4%	23%
Age 40-64	15,490	30.1%	33.7%	32%
Age 65 years and over	6,891	14.1%	12.9%	13.7%
Female persons	26,193	50.9%	50.3%	50.8%
TOTAL	51,461			

- Winona County's age demographics are very similar to Minnesota overall, with a slightly older population ages 65 and above.

Source: 2010 US Census Bureau www.census.gov

Population by Race and Ethnicity	Win.Co. #’s	Win.Co. %’s	MN	US
White alone	48,573	92.9%	83.0%	72%
Black or African American alone	650	1.3%	5.0%	12%
Asian alone	1,103	2.1%	4.0%	5.1%
Hispanic or Latino	1,244	2.4%	4.6%	16.9%
American Indian	133	.03%	1.1%	1%
Two or more races	601	1.1%	3.1%	3%
TOTAL:	52,304			

- Winona County has a slightly less percentage of ethnic populations versus Minnesota and a more significant difference of ethnic populations versus the United States percentages; especially in the Black and Hispanic categories.

Source: 2010 US Census Bureau www.census.gov

COMMUNITY VOICES:

- For those of us who grew up in the U.S. I think our standard for health and wellness and how we have access to health and wellness could mean something completely different from someone who grew up in a country other than the United States.

Socio-Economic Characteristics of Winona County

EDUCATION	Win.Co.	MN	US
Percent of population with high school degree or equivalent	89.1%	91.6%	85.4%
Percent of population age 25 and over with less than or equal to a high school diploma or equivalent (GED)	41.5%.	37.1%	—
Percent of population with bachelor’s degree or higher	25.3%	31.8%	28.2%

- Winona County has a higher average of high school graduates than the US statistics overall but a lower average of college graduates than the MN or US average.
- Source: 2010 U.S. Census Bureau, www.census.gov and 2011 MN County Health Tables.

INCOME	Win.Co.	MN	US
Percentage of population living below poverty guidelines (2007 to 2011)	16%	11%	14.3%
Per capita money income in the last 12 months	\$22,327	\$30,310	\$27,915
Median household income	\$44,848	\$58,476	\$52,762

- Winona County has a lower per capita and median household income than the average in MN and the US.

POVERTY LEVELS	Win.Co.	MN
People under 18 living in poverty	13%	13.9%
People of all ages living in poverty	16.4%	10.9%
People of all ages living at or below poverty	33.1%	25.5%

- The percentage of children living in poverty in Winona County has remained very similar to the MN percentage for five years.

- The percentage of people of all ages living in poverty (16.4%) is greater than the state average (10.9%).
- The percentage of people of all ages living at or below the 200% Federal Poverty Level is 33.1% for Winona County which is higher than the MN percentage.

Source: 2010 U.S. Census Bureau, www.census.gov

UNEMPLOYMENT	Win.Co.	MN	US
Unemployment rate (June 30, 2013)	4.4%	5.4%	7.6%

- Winona County's unemployment rate has remained steady when comparing April 2012 at 4.5% to the current unemployment rate of April 2013 at 4.4%.
- Minnesota has the ninth lowest unemployment rate in the US.

Source: 2013 Minnesota Department of Employment and Economic Development

LANGUAGE	Win.Co.	MN
Percentage of population ages 5 and over that speak another language than English primarily at home	4.7%	10.5%

Source: 2010 U.S. Census Bureau, www.census.gov

Quality of Life in Winona County

ACCESS TO HEALTH CARE – Winona Health	
	2012
Total Number of Patients	11,387
Total Number of ER Patients without Health Insurance	7.4%
Total Number of Clinic Patients without Health Insurance	2,736

Source: Winona Health

HOUSING and HOUSEHOLDS	Win.Co.	MN
Percent of housing occupied by owner	71%	73.6%
Percent of children under 18 living in single parent household	21.3%	26.1%
Percent of households in which the resident is 65-plus and living alone	10.4%	9.7%

- There are 19,292 households in Winona County. Most of the housing in the county consists of single family dwellings.

Source: 2011 Minnesota County Health Tables (MCHT) and 2010 U.S. Census Bureau, www.census.gov

CRIME Rate per 100,000 persons	Win.Co.	MN
Violent	NR*	221.2
Property	1640	2549
Murder	0	1.4
Forcible rape	NR*	31.1
Robbery	28.8	63.4
Aggravated Assault	82.7	125.4
Burglary	241	481
Larceny – Theft	1323	1915

Motor Vehicle Theft	75	153
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- Crime statistics indicate that Winona County has a much lower rate of crime than the State of Minnesota. The highest rates of crime in Winona County are for property and larceny -theft.

- NR: not reported

Source: www.criminalwatch.com & www.disastercenter.com data from 2011

Maternal and Child Health in Winona County

BIRTH CHARACTERISTICS	Win.Co.	MN
Number of births (2011)	454	68,416
Percentage of births considered low birth rate	5.4%	4.8%
Percentage of pregnant women receiving care in the 1 st trimester	86.2%	85.9%
Percentage of births delivered by C-section	19.2%	27.7%
Percentage of births to unmarried mothers	31.9%	---
Percentage of children 2-5 years of age that are obese (BMI)	14.4%	---
Average for teen pregnancy birth rates per 1000 births for 15-17 year old females	9.0%	10.1%

- There is a lower percentage of births delivered by C-sections (19.2%) in Winona County compared to the state of Minnesota (27.7%)
- The leading cause of death for children under 4 is perinatal conditions.
- The rate of teen pregnancy is considerably less than the average found from 2004-2006.
- Winona County has a slightly higher rate of low birth weight (5.4%) when compared to the state of Minnesota (4.8%).

Source: 2012 Minnesota Department of Health WIC & 2013 Minnesota Department of Health Center for Health Statistics

CHILDHOOD IMMUNIZATIONS	Win.Co.	MN
Series (includes DTaP, Polio, MMR, Hib, Hepatitis B, Varicella and PCV)	33.8%	55.7%
Rotavirus	40%	64.6%
Hepatitis A	59.9%	51.8%

- In 2011, Winona County had a much lower percent of children, ages 24 - 35 months, who received the recommended immunizations as compared to the State statistics

Source: 2010 Minnesota Department of Health, Center for Health Statistics

CHILDHOOD OBESITY	Win.Co.	MN
Percentage of 9 th graders who are obese according to BMI	8%	9%
Percentage of 12 th grade students who are obese according to BMI	7%	12%
Youth who feel they are overweight – 6 th grade	20%	17%
Youth who feel they are overweight – 9 th grade	22%	21%
Youth who feel they are overweight 0 12 th grade	23%	23%

Source: 2010 Minnesota Student Survey (MSS)

Youth Issues in Winona County

The Minnesota Student Survey includes questions about a wide variety of youth behaviors, including alcohol, tobacco and other drug (ATOD) use every three years to regular public elementary and secondary schools, charter schools and tribal schools. The surveys are anonymous and students can decline to take the survey if they choose.

YOUTH ALCOHOL, TOBACCO USE	Win.Co.	MN
Alcohol use on one or more days in last 30 days – 6 th graders	2%	4%
Alcohol use - 9 th graders	25%	19%
Alcohol use - 12 th graders	42%	41%
Engaged in binge drinking on 1 or more days/last 30 days – 6 th grd	0%	0%
Binge drinking - 9 th graders	11%	10%
Binge drinking - 12 th graders	23%	24%
Chewing tobacco , snuff/dip on 1 or more days etc. 6 th graders	0%	1%
Use of chewing tobacco, etc. - 9 th graders	6%	5%
Use of chewing tobacco, etc. – 12 th graders	11%	12%
Marijuana use on 1 or more days in last 30 days 6 th graders	0%	1%
Marijuana use - 9 th graders	11%	10%
Marijuana use - 12 th graders	21%	20%
YOUTH SOCIAL ISSUES	Win.Co.	MN
Hit or beat up another person 1 or more x's in the last 12 mo. 6 th	21%	26%
Hit or beat up, etc. – 9 th graders	23%	22%
Hit or beat up, etc. – 12 th graders	11%	15%
Skipped school one or more of last 30 days – 6 th grade	17%	22%
Skipped school – 9 th graders	21%	21%
Skipped school – 12 th graders	26%	35%
Pushed or shoved on school property in last 12 mos. 6 th graders	53%	40%
Pushed/shoved – 9 th graders	40%	37%
Pushed/shoved – 12 th graders	21%	23%
Their property was stolen/damaged on school property/6 th grd.	31%	35%
Property stolen, etc. – 9 th graders	35%	30%
Property stolen, etc. – 12 th graders	23%	25%
Have had sexual intercourse - 6 th graders	0%	0%
Sexual intercourse – 9 th graders	24%	20%
Sexual intercourse – 12 th graders	54%	51%
YOUTH MENTAL HEALTH ISSUES	Win.Co.	MN
Felt under great stress/pressure /more than can handle – 6 th gd	17%	18%
Stress – 9 th graders	29%	30%
Stress – 12 th graders	36%	41%
Felt sad all or most of the time 6 th graders	11%	11%
Sad – 9 th graders	17%	14%
Sad – 12 th graders	13%	11%
Tried to kill themselves in last year– 6 th graders	3%	2%
Kill themselves – 9 th graders	6%	3%

Kill themselves – 12 th graders	4%	2%
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Source: 2010 Minnesota Student Survey (MSS)

Student and School Characteristics In Winona County

Winona County has 8 school districts including 4 Charter Schools, 10 Elementary Schools, 3 Middle Schools and 4 High Schools. In the 2010/2011 school year the enrollment of pre-kindergarten through 12th grade for Winona County was 5,635 students while the State had 837,640 students enrolled.

	Win.Co.	MN
Number of students eligible for free/reduced lunch program, prekindergarten through 12 th grade	34.8%	35.5%
High school graduation rate	81.8%	76.8%
High school dropout rate	4.3%	4.8%

- Winona County school districts are comparable to the state for free/reduced lunch program but some school districts might have higher or lower percentages of students eligible for the free and reduced lunch program.
- Winona County has a slightly higher graduation rate than the State. It does; however, have a very comparable dropout rate compared to the state of Minnesota.

Source: 2010 U.S. Census Bureau, www.census.gov and 2013 Minnesota Department of Health, Center for Health Statistics

Communicable & Chronic Diseases in Winona County

Chronic Diseases (Age Adjusted)	Win.Co.	MN
Cancer incidence per 100,000 population (age adjusted rate per 100,000)	447.2	475.6
Breast cancer incidence (age adjusted rate per 100,000)	139.9	126.4
Heart attack hospitalizations (age adjusted rate per 10,000)	33.1	41.9

- Data on chronic diseases are available by county.
- About 18% of all deaths in Minnesota in 2010 were due to heart disease, making it the second-leading cause of death in the state behind cancer.
- In Winona County, heart disease is the leading cause of death followed closely by cancer.

Source: 2010 Minnesota Department of Health, Center for Health Statistics

STD (Sexual Transmitted Disease) Cases	Win.Co.	MN
Chlamydia	108	15,294
Gonorrhea	10	2,119

- Both Winona County and the state of Minnesota have low rates of Chlamydia and Gonorrhea.

- Winona County had no cases of Tuberculosis cases in 2010 and the state had a very low number of cases.

Source: 2010 Minnesota Department of Health, Center for Health Statistics

Death and Mortality Stats: Rates (per 100,000 persons)	Win.Co.	MN
Crude	869.8	611.9
Age-Adjusted	717.8	650.9
Heart disease mortality	97	7,144
Cancer mortality	94	9,599
Stroke mortality	27	2,154
Suicide rate	7	600
Unintentional injury deaths	15	2087

- Heart disease, cancer and stroke were the top three leading causes of death. The top causes of death for the state were the same including heart disease, cancer and stroke.

*Source: 2010 Minnesota Department of Health, Center for Health Statistics, US Census Bureau
www.census.gov & 2005-2009 Trends*

For more statistical information on Winona County, see Appendix G.