



2016 Community Health Needs Assessment

WH
Winona Health
Healthy starts here.

2016 Community Health Needs Assessment

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2016 Community Health Needs Assessment

Executive Summary

In 2016, Winona Health implemented a strategic approach to conducting a Community Health Needs Assessment (CHNA) to identify unmet needs in Winona County. The process engaged a wide range of community members and stakeholders with the intent of building commitment for ongoing collaboration to address these needs.

Through the Community Health Needs Assessment process, Winona Health examined community demographics, socioeconomic factors and health service utilization trends. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of Winona County.

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. This assessment is available on the Winona Health website at www.winonahealth.org/chna. Paper copies are also available in the Winona Health Community Engagement Department.

About Winona Health

Winona Health is a nonprofit, technologically advanced, integrated healthcare system that delivers personalized, high-quality clinical care to residents of southeastern Minnesota and Trempealeau and Buffalo counties in Wisconsin. In conducting a Community Health Needs Assessment, Winona Health focused on communities in Winona County.

Winona Health is a testament to the community's long commitment to keeping healthcare local. Founded in 1894, Winona Health is now one of the city's largest employers with a staff of nearly 1,100 people including approximately 100 physicians and associate providers, providing care through its 100-bed hospital, primary and specialty care clinics, urgent care, assisted living and long-term care residences. With state-of-the-art technology and highly-trained staff, Winona Health delivers services tailored to meet each person's needs through all stages of life.

In addition to its hospital, the healthcare system provides primary care, including pediatrics, family medicine, internal medicine, and health and wellness services, through clinics in Winona and Rushford, Minn. Winona Health also offers a broad range of specialty services including general surgery; oral and maxillofacial surgery; mental health services; ophthalmology; orthopedic and sports medicine; plastic, cosmetic and reconstructive surgery; podiatry; rehabilitation therapy; women’s health; and an accredited cancer care program. Winona Health’s Senior Services include Senior Living at Watkins (assisted living apartments); Lake Winona Manor (adjacent to the hospital and clinic for long-term and transitional care); Roger Metz and Adith Miller Manor (assisted living memory care residences); palliative care; and hospice services. Refer to appendix A for a complete list of service areas.

In providing high-quality, high-value healthcare services, Winona Health is focused on continuous improvement. We use a robust performance improvement system and lean principles to examine processes in order to eliminate waste throughout the healthcare system while increasing value to the people we serve. In providing safe, high-quality care, Winona Health fulfills its mission:

Our Mission

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

Our Vision

To be a recognized leader in the revolutionary transformation of community healthcare.

Our Golden Circle

We believe in taking extraordinary measures to build and sustain a healthy community.

Our services are relationship driven, innovative, and designed for healing.

We provide excellent primary healthcare services one person at a time.

Our Strategic Focus

Enhance the patient experience

Improve health and health outcomes

Reduce and/or control costs

Spotlight on Community Benefit

In addition to its broad range of inpatient and outpatient care, and in keeping with its mission, Winona Health strives to improve community health by implementing a diverse array of community benefit programs. These programs provide vital services and resources for the entire community, including substantial charity care/financial assistance for the underinsured and uninsured population.

In addition to these forms of financial support, Winona Health provides programs that assist in the education of healthcare professionals and promotes overall wellbeing among the general public. Evidence-based methodologies leverage internal and external stakeholder relationships and resources to target health-related disparities and address the physical, social and economic contributors to suboptimal health. For example, our Community Care Network (CCN) is available to community members identified as being at high risk for frequent emergency department visits and hospital re-admissions. The goal of CCN is to improve the quality of life for individuals who have difficulty managing chronic health conditions and avoid unnecessary emergency department visits and hospital re-admissions.

Taking the Pulse of the Community: CHNA Guiding Principles and Framework

Winona Health has a history of checking the pulse of community health by identifying, prioritizing and responding to health needs as they emerge. For example, in 2005 Winona Health collaborated with area nonprofit organizations to begin developing Healthy Kids Club (now Healthy Kids) to address the rise in childhood obesity.

Winona Health is committed to developing and offering community benefit programs to address real and tangible needs in the community. These programs are an example of how Winona Health uses a variety of resources and expertise to address barriers to good health.

A Community Health Needs Assessment (CHNA) is a valuable and logical tool in guiding this type of work, further enabling us to assume a proactive stance towards community health improvement. Moreover, the process of conducting an assessment is an appropriate time for Winona Health—and the communities it serves—to reflect on the value of the organization's contributions to the region's quality of life.

Conducting a CHNA is an important step in monitoring and improving community health, a goal Winona Health shares with various community organizations and stakeholders. The assessment process opens doors for greater collaboration among community partners by strengthening relationships and promoting a more efficient use of resources. These relationships are highly valued, as evidenced by Winona Health’s history of partnering with local organizations and agencies such as local and regional government offices, area schools, Live Well Winona, Winona Volunteer Services and many others.

A Snapshot of Winona County

Winona County is located along the Mississippi River in southeastern Minnesota. It’s a beautiful, rural area nestled among bluffs and water. The area is large enough to support many industries, including several of national and international distinction, and is home to three institutions of higher education. The community offers a variety of cultural events, beautiful parks, educational opportunities and community services. There are many opportunities for recreation, entertainment and sightseeing.

There is a strong correlation between the status of a community’s health and the social, economic, and environmental dynamics that define where people live—be it a specific neighborhood, an entire city, or a larger geographic area.

The characteristics that define a community—including variables such as crime rate, access to healthy food, social connectedness and many others—contribute significantly and in diverse ways to the overall health of the entire community. These characteristics can influence the rate at which healthcare systems are used and the specific services that are needed—from primary care checkups and health screenings to emergency room visits and everything in between.

This is all the more reason why Winona Health is dedicated to understanding the unique characteristics of the communities served and why resources are devoted to evaluating these factors during the early stages of the assessment process. Winona Health is one of the cornerstones in the community. In addition to our role as the area’s primary healthcare provider, we are one of the largest employers in the community and a major contributor to community-driven projects and initiatives. Refer to Appendix B for Winona County demographic information.

Process and Methods

In conducting our CHNA, we used a systematic process to get a comprehensive overview of Winona County residents, examining indicators of population health, identifying critical issues, gathering input from community members and determining strategic priorities to improve the health of Winona County residents. The CHNA process involved collecting population data and community input. We identified additional indicators of community health status using existing local, state, and national secondary data sources. Refer to Appendix C for a list of secondary data resources.

We were careful to gather information about community members whose voice and health status may not be represented through local, regional and national secondary data sources, specifically the Hmong, Laotian and Hispanic populations. By working with Project FINE, we were able to administer the survey through translation and interpretation to our immigrant and refugee populations. Project FINE is a local nonprofit organization that helps newcomers integrate into the community. They provide foreign language interpreters and translators as well as education, information, and referral to resources to engage and empower immigrants and refugees.

Winona Health conducted a survey (a copy of which can be found in Appendix D) using two delivery methods. A complete list of results for both survey methods can be found in Appendix E.

Survey Method A: Six thousand surveys were mailed to a random sample of the general population residing in Winona County. Respondents returned their completed survey in a postage-paid envelope to an independent tabulation site located in Minneapolis, Minn. A total of 1,817 surveys were returned (a response rate of 30%).

Survey Method B: Through a variety of methods, including distribution to targeted households, hosting focus groups at central locations and one-on-one surveying, 200 survey responses were gathered from the immigrant population. The surveys were either completed privately or with assistance from representatives and/or translators from Project FINE.

Focus Groups: After reviewing the survey results, we conducted open focus groups with community members and area professionals. Focus group questions and responses can be found in Appendix F.

Based on a combination of survey data and focus group feedback, we identified **three strategic priorities** that align with Winona Health's mission and the community's health needs.

Prioritization Process and Criteria

Winona Health is committed to its role in improving the health and wellbeing of the community it serves. This responsibility brings with it the need to first understand and then develop a plan to address persistent and emergent health needs. The CHNA brought into focus several health needs across the community, including access to care, culturally and linguistically competent care, mental health services, preventable chronic diseases and substance abuse.

Determining our top priorities involved not only gaining an understanding of community health needs from a variety of perspectives, but also took into account Winona Health's strengths within the context of these priorities. We also considered criteria such as current collaborative efforts, partnership opportunities and availability of evidence-based approaches. At the nexus of these components, we identified the priorities we will focus on to improve the health of our community.

Although alcohol use and abuse was identified as a significant issue in our community, Winona Health has not chosen this as one of the top priorities to focus on. Mental health is at the core of substance abuse issues. Winona Health provides counseling services, however, those services are not specifically related to chemical dependency or substance abuse. We believe our role is to support and refer to existing substance abuse treatment options in the community and to focus on the mental health issues that may contribute to substance abuse.

Top 3 Priorities based on 2016 CHNA

Priority 1: Healthy Behaviors

Priority 2: Emotional Wellbeing

Priority 3: Health Equity

Priority 1: Healthy Behaviors

Influencing healthy behaviors requires ensuring that people understand what healthy behaviors are, their benefits and how to incorporate them into their lives.

Goal: Promote healthy lifestyles and improve access to nutritious food and physical activity in order to increase the percentage of people living at a healthy weight.

Data: Framing the issue based on primary and secondary data sources for Winona County

- 64% of adults are clinically overweight or obese.
- 24% of children are considered overweight or obese.
- 26% of adults have been diagnosed with high cholesterol.
- 26% of adults have been diagnosed with high blood pressure.
- 51% of adults are currently trying to lose weight.
- People who have diabetes have medical expenditures that are 2.3 times higher than those who have other chronic diseases.

Current and Future Programing

- Continue to offer nutritional services referral for all patients with a BMI >25 and expand program by providing benefit checks for eligible services and educational materials about programs and resources in the community.
- Provide programs, events, classes, and groups, with a primary focus on partnerships and collaborations that support and/or encourage healthy eating and activity levels at all ages and stages of life (Current programs include: Farmer's Market, HealthyFit, Group Weight Management Classes, Healthy Kids, GR8 Kids wellness program.)
- Increase partnerships within the community to affect policy, system and environmental change to remove barriers to and increase access to healthy options.
- Deliver evidence-based chronic disease self-management programs.
- Conduct smoking cessation classes.
- Increase communication between youth health stakeholders in the community to collaborate and increase awareness of resources.
- Support Winona County Statewide Health Improvement Program (SHIP) initiatives.
- Strengthen education of youth in areas of health and wellness.

Anticipated Outcomes for Healthy Behaviors

- Increased percentage of people meeting physical activity minimum requirements.
- Decreased percentage of people who are clinically overweight or obese.
- Decreased percentage of people diagnosed with diabetes or pre-diabetes.

Key Partners

- Live Well Winona
- Winona County
- City of Winona
- Statewide Health Improvement Program (SHIP)
- Winona Family YMCA

Priority #2: Emotional Wellbeing

Emotional wellbeing encompasses factors that influence overall quality of life. It enhances people's ability to successfully deal with, react to and manage their relationships and life circumstances.

Goal: Improve awareness of emotional wellbeing and factors that affect it, and increase access to mental health, education and support services.

Data: Framing the issue based on primary and secondary data sources for Winona County

- 20% of adults have reported having anxiety or panic attacks.
- 21% of adults report having depression.
- 6% report having some other mental health issue.
- 12.5% of children are affected by anxiety disorders.
- 11% of children have been diagnosed with chronic depression.
- 23% of women and 16% of men report their stress level at an 8, 9, or 10 on a 10-point scale.
- 14% of women experienced frequent postpartum depression symptoms.
- 31.1% of adults have engaged in binge drinking in the last 30 days.

Current and Future Programming

- Improve education and awareness related to emotional wellbeing for youth through the Healthy Kids and Gr8 Kids wellness programs.
- Increase awareness of and education about emotional wellbeing in community members.
- Assess current behavioral health services in order to respond and adapt to changing community needs.
- Increase partnerships within the community to affect policy, system and environmental change related to emotional wellbeing.
- Develop services to address mental health issues by the Community Care Network.
- Participate in community-based coalitions, partnerships and projects to improve access to and awareness of services.

- Decrease the stigma of asking for and receiving mental health care, especially in youth.

Anticipated Outcomes for Emotional Wellbeing

- Reduced emergency department visits and readmissions related to behavioral health conditions.
- Increased number of patients referred to and participating in behavioral health support groups and programs.
- Decrease in the percentage of adults and children affected by depression and anxiety.

Key Partners

- Mental health service providers
- Support group facilitators
- Community Care Network volunteer health coaches
- Schools/GR8 Kids partners
- Live Well Winona

Priority #3: Health Equity

Everyone deserves access to healthcare services and information to help them lead a healthy life. No one should be denied access to preventive care or necessary health care services due to barriers such as lack of insurance or underinsurance, language or proximity to healthcare services.

Goal: Reduce disparities in access to and quality of care to improve health outcomes across populations and communities.

Data: Framing the issue based on primary and secondary data sources for Winona County

- Approximately 10% of residents have been told they have diabetes, while 24% of the immigrant and refugee population have been told the same.
- 72.5% of residents state they never have to worry about running out of food while 46.97% of the immigrant and refugee population never worry about running out of food.
- 28% of all people have delayed medical care, 32% have delayed dental care, and 15% have delayed mental health care in the past year. The top two reasons given were high cost of care and unable to get appointment.
- The ratio of Winona County primary care providers is one to every 2,050 people, while the average for Minnesota is one primary care provider for every 1,040 people. The ratio for dentists is 1:1,890 (1:1,500 in Minn.) and mental health provider ratio is 1:630 (1:490 in Minn.).

- Three of the top five concerns for immigrant and refugees were related to adequate access: lack of affordable health insurance; language barriers in healthcare; and lack of provider knowledge of health needs.

Current and Future Programming

- Continue to provide the Winona Health Community Care Network, a service available to community members identified as being at high risk for frequent emergency department visits and hospital admissions.
- Assess and revise financial assistance guidelines and processes as needed to adequately respond to changing healthcare needs and financial resources.
- Increase knowledge of cultural and racial issues concerning health and healthcare for immigrant and refugee population
- Maintain and improve partnerships with other community organizations to address health equity issues within the community.
- Address needs specific to rural healthcare through a continued presence in rural community health and wellness initiatives.
- Provide opportunities for cultural competency awareness training for Winona Health primary care providers.
- Increase partnerships within the community to affect policy, system and environmental change related to health equity.

Anticipated Outcomes for Health Equity

- Improved access to care.
- New or improved community policies, systems, or built environment that improve access and remove barriers to care.
- Reduced number of people reporting difficulty accessing primary care.
- Increased education and preventive care through health screenings offered in various community venues.
- Reduced emergency department visits and readmissions for primary care, dental care, mental health issues, and chronic conditions.

Key Partners

- Project Fine
- Winona County
- Winona Volunteer Services
- Area Schools
- Live Well Winona

Next Steps

The implementation strategy is a roadmap for effectively allocating community benefit resources to address the health needs identified through the CHNA. Winona Health has an extensive track record of identifying and testing promising practices for replication throughout the system by leveraging the expertise of staff and working collaboratively with community partners. The implementation strategy, or the action plan that guides the overall strategy, is an extension of the work Winona Health carries out regularly to promote community health.

To begin developing an implementation strategy, staff members were or will be responsible for:

- Reviewing the existing community benefit programs.
- Identifying what other community organizations, both locally and regionally, are doing in regards to health priority areas.
- Creating a work plan to ensure coordination across the entire health system.
- Developing specific goals and metrics to monitor and measure progress and outcomes.
- Communicating short-term and long-term results of the action plan with the community.

Implementation Plan

The following is Winona Health's Implementation Plan to address the health needs in our community over the next three years. This plan was developed with significant contributions from Winona Health leaders, staff, and healthcare providers, as well as community partners and area residents.

Winona Health will use both internal and external resources to address the community health needs focusing on the three priority areas identified through the CHNA process that align with our mission. We first looked internally to assess expertise and determine how our existing organizational strategies can best be aligned to support our work in the community.

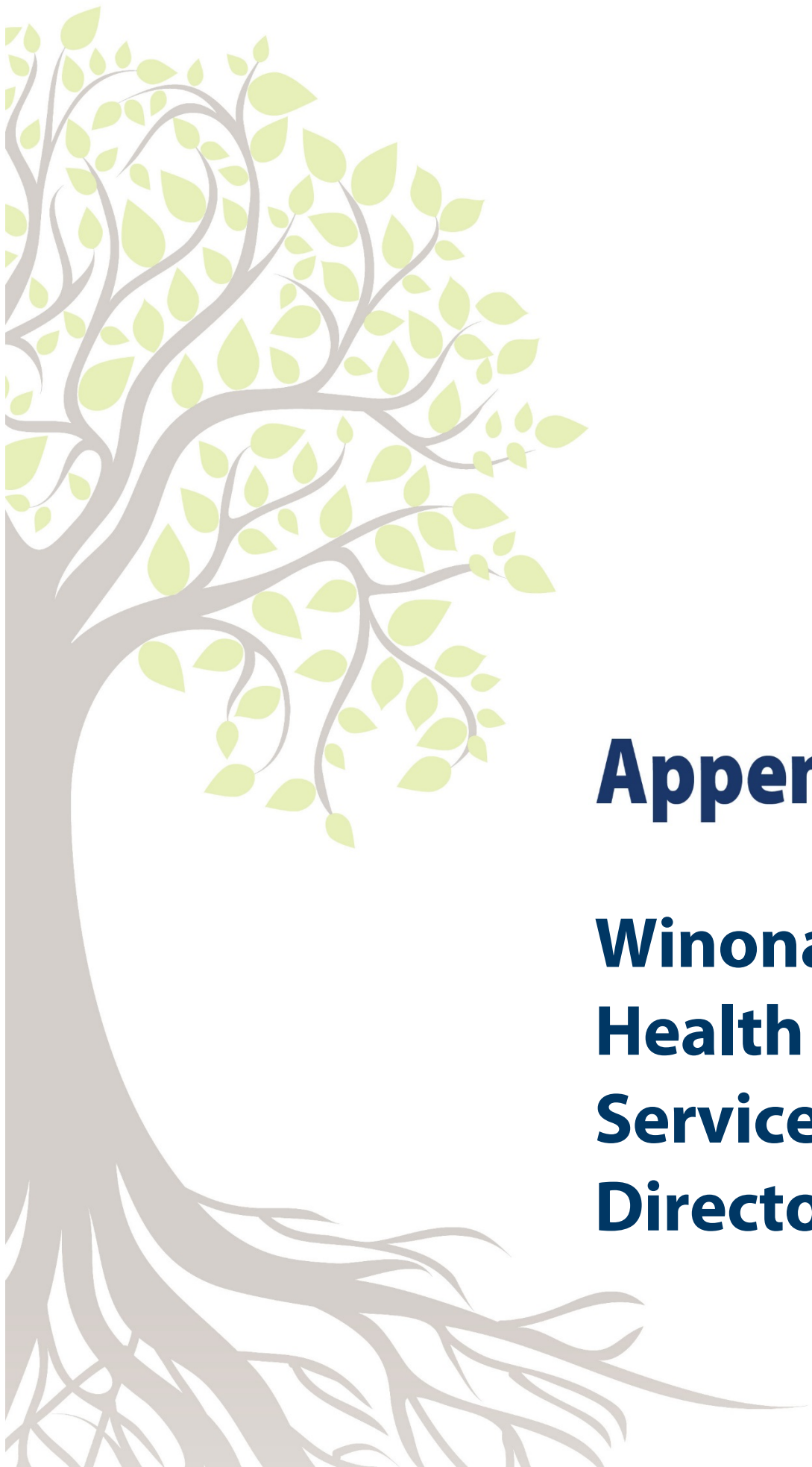
Additionally, Winona Health will leverage existing relationships with community organizations to address unmet needs. These organizations include the Winona Family YMCA, city and county governments, school systems, Project FINE, Live Well Winona and SHIP.

Focusing on the objectives and strategies outlined for each of the three priority goals, we will work collaboratively with identified key partners to increase healthy behaviors, improve emotional wellbeing, and reduce health disparities to improve overall health among our community members. A number of strategies included in the implementation plan also address other

community health concerns identified during the assessment process, but not elevated as priority issues. The Winona Health Implementation Plan for 2017-2019 can be found in Appendix G.

Evaluation

The implementation strategies will be evaluated throughout the three-year cycle. Annual evaluations will support continuous quality improvement efforts to enhance how implementation plans are executed. The Implementation Plan will be incorporated into Winona Health's strategic planning process to monitor progress on our Implementation Plan and to provide ongoing recommendations related to achieving outcomes, developing programs, pursuing partnership opportunities, and improving the overall implementation process.



Appendix A

Winona Health Service Directory

Healthy starts here — with local healthcare services.

Primary Care

- Anticoagulation/Coumadin Clinic
- Cardiopulmonary Rehabilitation
- Dialysis
- Conservative Management Clinic
- Family Medicine
- Internal Medicine
- Diabetes/Nutrition Education
- Occupational Health
- Outreach Clinic (specialty providers from neighboring healthcare organizations)
- Pediatrics/Adolescent Medicine
- Rushford Clinic
- Therapy Services: Physical & Sports, Occupational, Speech-Language Pathology, and Massage

Wellness Services

- Employer Services
 - Occupational Health
 - HealthyBalance
- Healthy Kids
- Spirit of Women

Inpatient Services

- Intensive Care Unit
- Medical/Surgical/Pediatric Unit
- Family Birth Center
- Behavioral Health Unit
- Psychiatric and Counseling Services (Outpatient)
- Sleep Medicine
- Community Care Network (Outpatient)

Emergency/Urgent Care Services

- Emergency Department
- Imaging Services
- Urgent Care Clinic
- Winona Area Ambulance Service

Surgical/Specialty Services

- Anesthesiology
- Cancer Care
- Chemotherapy/Infusion
- Cosmetic Surgery
- Dermatology
- Durable Medical Equipment (DME)
- Eye Care
- General Surgery
- Laboratory/Pathology
- Oral and Maxillofacial Surgery
- Ophthalmology
- Orthopedic & Sports Medicine
- Pain Management
- Plastic, Reconstructive and Hand Surgery
- Podiatry
- Sleep Advisor Service
- Spa Services
- Women's Health – OB/GYN
- Wound Care

Senior Services

- Skilled Nursing
 - Lake Winona Manor
 - Transitional Care Unit
- Assisted Living
 - Senior Living at Watkins, Adith Miller and Roger Metz Manors
- Home Care
- Hospice
- Palliative Care

Retail Pharmacy services:

- Parkview Office Building
- Winona Clinic



507.454.3650.

Find us online:
winonahealth.org








Appendix B

Winona County Demographics

Winona County, MN

The following Summary Comparison Report provides an “at a glance” summary of how the selected county compares with **peer counties** on the full set of **Primary Indicators**. Peer county values for each indicator were ranked and then divided into quartiles.

	<div>Better</div> <div></div> <div>(most favorable quartile)</div>	<div>Moderate</div> <div></div> <div>(middle two quartiles)</div>	<div>Worse</div> <div></div> <div>(least favorable quartile)</div>
Mortality	<div>Cancer deaths</div> <div>Chronic kidney disease deaths</div> <div>Chronic lower respiratory disease (CLRD) deaths</div> <div>Coronary heart disease deaths</div> <div>Diabetes deaths</div> <div>Female life expectancy</div> <div>Male life expectancy</div> <div>Motor vehicle deaths</div> <div>Stroke deaths</div> <div>Unintentional injury (including motor vehicle)</div>	<div>Alzheimer's disease deaths</div>	
Morbidity	<div>Adult diabetes</div> <div>Adult overall health status</div> <div>HIV</div> <div>Older adult asthma</div> <div>Preterm births</div> <div>Syphilis</div>	<div>Adult obesity</div> <div>Alzheimer's diseases/dementia</div> <div>Gonorrhea</div>	<div>Older adult depression</div>
Health Care Access and Quality	<div>Cost barrier to care</div> <div>Older adult preventable hospitalizations</div> <div>Uninsured</div>		<div>Primary care provider access</div>
Health Behaviors	<div>Adult physical inactivity</div> <div>Adult smoking</div> <div>Teen Births</div>	<div>Adult binge drinking</div> <div>Adult female routine pap tests</div>	
Social Factors	<div>Children in single-parent households</div> <div>Inadequate social support</div> <div>Poverty</div> <div>Unemployment</div> <div>Violent crime</div>	<div>On time high school graduation</div>	<div>High housing costs</div>
Physical Environment	<div>Access to parks</div> <div>Limited access to healthy food</div> <div>Living near highways</div>	<div>Annual average PM2.5 concentration</div>	<div>Housing stress</div>

Winona County, Minnesota

July 1, 2015

<i>Population</i>	
Population estimates, July 1, 2015	50,885
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015	-1.1%
Population, Census, April 1, 2010	51,461
<i>Age and Sex</i>	
Persons under 5 years, percent, July 1, 2015	4.6%
Persons under 18 years, percent, July 1, 2015	18.4%
Persons 65 years and over, percent, July 1, 2015	15.5%
Female persons, percent, July 1, 2015	50.3%
<i>Race and Hispanic Origin</i>	
White alone, percent, July 1, 2015, (a)	94.1%
Black or African American alone, percent, July 1, 2015, (a)	1.6%
American Indian and Alaska Native alone, percent, July 1, 2015, (a)	0.5%
Asian alone, percent, July 1, 2015, (a)	2.6%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2015, (a)	0.0%
Two or More Races, percent, July 1, 2015	1.2%
Hispanic or Latino, percent, July 1, 2015, (b)	2.8%
White alone, not Hispanic or Latino, percent, July 1, 2015	91.6%
Foreign born persons, percent, 2010-2014	3.8%
<i>Housing</i>	
Housing units, July 1, 2015, (V2015)	20,974
Housing units, April 1, 2010	20,760
Owner-occupied housing unit rate, 2010-2014	70.3
Median value of owner-occupied housing units, 2010-2014	\$154,700
Median gross rent, 2010-2014	\$629
<i>Families and Living Arrangements</i>	
Households, 2010-2014	19,081
Persons per household, 2010-2014	2.46
Language other than English spoken at home, percent of persons age 5 years+, 2010-2014	6.7%
<i>Education</i>	
High school graduate or higher, percent of persons age 25 years+, 2010-2014	90.4%
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	27.5%
<i>Health</i>	
With a disability, under age 65 years, percent, 2010-2014	6.7%
Persons without health insurance, under age 65 years, percent	6.8%
<i>Economy</i>	
In civilian labor force, total, percent of population age 16 years+, 2010-2014	70.9%
In civilian labor force, female, percent of population age 16 years+, 2010-2014	67.1%
<i>Income and Poverty</i>	
Median household income (in 2014 dollars), 2010-2014	48,476
Per capita income in past 12 months (in 2014 dollars), 2010-2014	24,050
Persons in poverty, percent	15.8%

(a) Includes persons reporting only one race

(b) Hispanics may be of any race, so also are included in applicable race categories



Appendix C

Secondary Data

Secondary Data Collection

Secondary data was collected from a variety of local, county, state and national sources to establish an overall picture of the community including the community profile, birth and death characteristics, access to healthcare data, chronic diseases, social issues, and school and student characteristics.

Secondary data sources include:

- US Census Bureau, www.factfinder.census.gov/ (2014)
- Trends, Minnesota Department of Health Center for Health Statistics (1994-2013), 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 (2015), www.positivelyminnesota.com/
- Minnesota County Health Tables (2015), <http://www.health.state.mn.us/divs/chs/countytables/>
- County Health Rankings and Roadmaps/Robert Wood Johnson Foundation (2016), <http://www.countyhealthrankings.org/>
- La Crosse Medical Health Science Consortium Health Scorecard Project, <http://www.lmhscscorecard.com/>
- Winona Health, internal reports
- Institute for Health Metrics and Evaluation, http://www.healthdata.org/sites/default/files/files/county_profiles/US/County_Report_Winona_County_Minnesota.pdf
- Minnesota Compass, <http://www.mncompass.org/>
- Kids Count Data Center, <http://datacenter.kidscount.org/data#MN/5/0>
- The Henry J. Kaiser Family Foundation, <http://kff.org/statedata/?state=MN>
- American Diabetes Association, <http://care.diabetesjournals.org/content/31/3/596.full>
- U.S. Department of Health and Human Services, Community Health Status Indicators, <http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MN/Winona/>



Appendix D

Community Health Needs Assessment Survey



January, 2016

Dear Winona County Resident:

This is your opportunity to help improve the health of your community!

Your household has been randomly selected to participate in the Winona County Community Health Needs Assessment survey. This is a study to gather information which will help us to complete an in-depth Community Health Assessment.

Participation in this survey is completely voluntary. All answers to the questions are strictly confidential and no identifying information will ever be linked to any of the responses. The number on this survey is used only to record that the survey was returned so that you won't be bothered with reminder letters.

This survey is designed for **adults age 18 or older**. In order to get a mix of the population, **please give the survey to the ADULT (age 18 or older) in your household who has most recently had a birthday**. Since a limited number of people will be receiving this mailing, it is **very important** that someone in every household receiving a survey completes it and mails it back. Please take a few minutes to complete the enclosed survey form and return it in the postage-paid envelope provided.

By completing this survey, your household will make a valuable contribution to improving the health of people living in your community. If you have any questions about the survey, please contact Nicole Schossow at (507) 457-4161.

Thank you very much for your participation.

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Wilms".

Beth Wilms
Community Health Services Administrator,
Winona County

A handwritten signature in black ink, appearing to read "Rachelle H. Schultz".

Rachelle Schultz
President & CEO, Winona Health

WINONA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

SURVEY INSTRUCTIONS



Correct marks



Incorrect marks

- Please use #2 pencil or blue or black pen to complete this survey.
- Do not use red pencil or ink.
- Do not use X's or check marks to indicate your responses.
- Fill response ovals completely with heavy, dark marks.

INSTRUCTION: Please give the survey to the adult (age 18 or over) in the household who most recently had a birthday.

1. In general, would you say that your health is:

- ☐ Excellent
 ☐ Very good
 ☐ Good
 ☐ Fair
 ☐ Poor

2. Have you ever been told by a doctor, nurse, or other health professional that you had any of the following health conditions?

	No	Yes	Yes, but only during pregnancy
a. High blood pressure or hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Overweight	<input type="radio"/>	<input type="radio"/>	
d. Cancer	<input type="radio"/>	<input type="radio"/>	
e. Chronic lung disease (including COPD, chronic bronchitis or emphysema)	<input type="radio"/>	<input type="radio"/>	
f. Heart trouble or angina	<input type="radio"/>	<input type="radio"/>	
g. Stroke or stroke-related health problems	<input type="radio"/>	<input type="radio"/>	
h. High cholesterol or triglycerides	<input type="radio"/>	<input type="radio"/>	
i. Depression	<input type="radio"/>	<input type="radio"/>	
j. Anxiety or panic attacks	<input type="radio"/>	<input type="radio"/>	
k. Other mental health problems	<input type="radio"/>	<input type="radio"/>	
l. Obesity	<input type="radio"/>	<input type="radio"/>	
m. Asthma	<input type="radio"/>	<input type="radio"/>	

3. Are you now trying to lose weight?

- ☐ Yes
 ☐ No

4. What kind of place do you usually go to when you are sick or need advice about your health?

- ☐ A doctor's office
☐ A hospital outpatient clinic
☐ Some other health center
☐ An emergency room
☐ An urgent care clinic
☐ No usual place
☐ Some other place _____

5. During the past 12 months, was there a time when you thought you needed medical care but did not get it or delayed getting it?

- ☐ Yes
 ☐ No ► IF NO, GO TO QUESTION 7

6. Why did you not get or delay getting the medical care you thought you needed? (Mark ALL that apply)

- ☐ I could not get an appointment
☐ I did not think it was serious enough
☐ Transportation problems
☐ It cost too much
☐ I do not have insurance
☐ My insurance did not cover it
☐ Other reason _____

7. During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about emotional problems such as stress, depression, excess worrying, troubling thoughts or emotional problems, but did not or delayed talking with someone?

- ☐ Yes
 ☐ No ► IF NO, GO TO QUESTION 9

DO NOT WRITE IN THIS BOX



8. Why did you not get or delay getting the care you thought you needed? (Mark ALL that apply)

- ☐ I could not get an appointment
- ☐ I did not think it was serious enough
- ☐ Too nervous or afraid
- ☐ Transportation problems
- ☐ It cost too much
- ☐ I do not have insurance
- ☐ My insurance did not cover it
- ☐ I did not know where to go
- ☐ Other reason _____

9. During the past 12 months, have you postponed dental work?

- ☐ Yes ☐ No ► IF NO, GO TO QUESTION 11

10. Why did you postpone dental work? (Mark ALL that apply)

- ☐ I could not get an appointment
- ☐ I was too nervous or afraid
- ☐ Transportation problems
- ☐ It cost too much
- ☐ I do not have insurance
- ☐ The dentist would not accept my insurance
- ☐ Other reason _____

11. Have you had...

	Within the past year	Within the past 2 years	Within the past 5 years	Five or more years ago	Never
a. ...your blood pressure checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...your blood cholesterol checked? <i>Blood cholesterol is a fatty substance found in the blood.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...any screening for colon cancer? <i>Examples are fecal occult blood test, proctoscopic exam, sigmoidoscopy and barium enema</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FEMALES ONLY, MALES GO TO QUESTION 13

12. Have you...

	Within the past year	Within the past 2 years	Within the past 5 years	Five or more years ago	Never	Not applicable
a. ...had a mammogram? <i>A mammogram is an x-ray of each breast to look for breast cancer. Mark "not applicable" if you have had a double mastectomy.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...performed a breast self-exam? Mark "not applicable" if you have had a double mastectomy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...had a Pap smear? <i>A Pap smear is a test for cancer of the cervix. Mark "not applicable" if you have had a complete hysterectomy.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MALES ONLY, FEMALES GO TO QUESTION 14

13. Have you had a prostate exam? *This is commonly called a digital rectal exam. A prostate exam is when a doctor or other health professional inserts a finger in the rectum to check the prostate for problems.*

- ☐ Within the past year ☐ Within the past 5 years ☐ Never
☐ Within the past 2 years ☐ 5 or more years ago

14. Do you currently have any of the following types of health insurance?

(Please answer yes or no for each.)

	Yes	No
a. Health insurance or coverage through your or someone else's work	<input type="radio"/>	<input type="radio"/>
b. Health insurance or coverage bought directly by you or your family	<input type="radio"/>	<input type="radio"/>
c. Indian or Tribal Health Service	<input type="radio"/>	<input type="radio"/>
d. Medicare	<input type="radio"/>	<input type="radio"/>
e. Medicaid, Medical Assistance, PMAP or GAMC	<input type="radio"/>	<input type="radio"/>
f. MinnesotaCare or BadgerCare	<input type="radio"/>	<input type="radio"/>
g. CHAMPUS, TRICARE or Veterans' benefits	<input type="radio"/>	<input type="radio"/>
h. Other health insurance or coverage	<input type="radio"/>	<input type="radio"/>
i. NO health insurance coverage	<input type="radio"/>	<input type="radio"/>

15. A serving of fruit is one medium-sized piece of fruit or a half cup chopped, cut or canned fruit. How many servings of fruit did you have yesterday?
(Do NOT include fruit juice.)

Servings

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Write the number in the boxes, then fill in the appropriate circle beneath each box. ►

16. A serving of 100% fruit juice is 6 ounces. How many 6 ounce servings of 100% fruit juice did you have yesterday?

Servings

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

17. A serving of vegetables -not including french fries- is one cup of salad greens or a half cup of any other vegetables. How many servings of vegetables did you have yesterday?

Servings

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

18. Please mark the extent to which you agree or disagree with each of these statements:

- a. Fruits and vegetables are difficult to prepare.
b. Fruits and vegetables cost a lot.

Strongly agree	Agree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. During the past 12 months, how often did you worry that your food would run out before you had money to buy more?

- ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

20. During the past 12 months, have you used a community food shelf program?

- ☐ Yes ☐ No

21. Please indicate whether you use the following resources and facilities in your community.

- a. Walking trails
b. Bicycle paths, shared use paths, or bike lanes
c. Public swimming pools or water parks
d. Public recreation centers
e. Parks, playgrounds, or sports fields
f. Schools, colleges, or universities that are open for public use for exercise or physical activity
g. A shopping mall for physical activity or walking
h. Health club, fitness center, or gym (YMCA, Curves, Bally's, Snap, LA Fitness, etc.)
i. Nearby waterways, such as creeks, rivers, and lakes for water-related activities (canoeing, swimming, kayaking, etc.)

I use this	I do not use this	My community does not have this
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. During the past 30 days, other than your regular job, did you participate in any physical activity or exercise such as running, calisthenics, golf, gardening or walking for exercise?

- ☐ Yes ☐ No

23. During an average week, other than your regular job, on how many days do you get at least 30 minutes of *moderate* physical activity? (Moderate activities cause only light sweating and a small increase in breathing or heart rate.)

- ☐ None ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days

24. During an average week, other than your regular job, on how many days do you get at least 20 minutes of *vigorous* physical activity? (Vigorous activities heavy sweating and a large increase in breathing and heart rate.)

- ☐ None ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days

25. Where do you usually exercise or do physical activities? (Mark all that apply.)

- ☐ At home
☐ At work
☐ At a health club, fitness center, or gym (YMCA, Curves, Bally's, Snap, LA Fitness, etc.)
☐ At a public recreation facility or community center
☐ Somewhere outdoors (park, trails, etc.)
☐ Some other place
☐ Not applicable – I do not do or I am unable to do physical activities

26. How much of a problem are the following factors for you in terms of preventing you from being more physically active?

	Not a problem	A small problem	A big problem
a. Lack of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack of programs, leaders, or facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of support from family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. No one to exercise with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The cost of fitness programs, gym memberships, or admission fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Public facilities (schools, sports fields, etc.) are not open or available at the times I want to use them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Not having sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Traffic problems (excessive speed, too much traffic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Long-term illness, injury, or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Fear of injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Distance I have to travel to fitness, community center, parks or walking trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. No safe place to exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I don't like to exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Lack of self-discipline or willpower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I don't know how to get started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Other reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

- ☐ Yes ☐ No ► IF NO, GO TO QUESTION 31

28. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage? →

		Days
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

29. A drink is one can of beer, one glass of wine, or a drink with one shot of liquor. On the days that you drank during the past 30 days, about how many drinks did you drink on the average?

- ☐ 1 drink ☐ 5 drinks ☐ 9 drinks
☐ 2 drinks ☐ 6 drinks ☐ 10 drinks
☐ 3 drinks ☐ 7 drinks or more
☐ 4 drinks ☐ 8 drinks

30. Considering all types of alcoholic beverages, how many times during the past 30 days did you have...?

FOR FEMALES:
4 or more drinks
on an occasion

		Times
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

FOR MALES:
5 or more drinks
on an occasion

		Times
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

31. During the past 12 months, did you ride in any of the following types of vehicles when you thought that the driver had too much to drink?

	Yes	No
a. Car or truck	<input type="checkbox"/>	<input type="checkbox"/>
b. Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>
c. Boat	<input type="checkbox"/>	<input type="checkbox"/>
d. Snowmobile/ATV/Jet Ski	<input type="checkbox"/>	<input type="checkbox"/>

32. Have you smoked at least 100 cigarettes in your entire life? (100 cigarettes = 5 packs)

- ☐ Yes ☐ No ► IF NO, GO TO QUESTION 35

33. Do you now smoke cigarettes every day, some days, or not at all?

- ☐ Every day ► GO TO QUESTION 34
☐ Some days ► GO TO QUESTION 34
☐ Not at all ► GO TO QUESTION 35

34. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?

- ☐ Yes ☐ No

35. During the past 12 months, have you used any of the following tobacco products?

	Yes	No
a. Cigars	<input type="radio"/>	<input type="radio"/>
b. Pipes	<input type="radio"/>	<input type="radio"/>
c. Snus, Snuff or chewing tobacco	<input type="radio"/>	<input type="radio"/>
d. E-cigarettes	<input type="radio"/>	<input type="radio"/>
e. A hookah water pipe	<input type="radio"/>	<input type="radio"/>
f. Any other type of tobacco product	<input type="radio"/>	<input type="radio"/>

36. During the past 7 days, how many days did anyone (including yourself) smoke cigarettes, cigars, or pipes anywhere inside your home?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Days

37. During the past 7 days, have you been in a car with someone (other than yourself) who was smoking?

- ☐ Yes ☐ No

38. Winona County is planning for community health services that will be provided in the next several years. We need you to help us make good decisions about where to focus our public health efforts.

In your opinion, how much of a problem is each of the following issues in Winona County?

Pregnancy and Birth

	No problem	Minor problem	Moderate problem	Serious problem
a. Poor eating habits during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol/drug use during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Tobacco use during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Unplanned pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Difficulty obtaining family planning services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Pregnant women not getting prenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Premature babies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Babies born with a disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Child Growth and Development

a. Parents with inadequate/poor parenting skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Children's health problems going untreated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Children not getting regular check-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Children and adolescents unsupervised after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Adolescents becoming sexually active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Lack of early childhood learning programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Poor quality of early childhood learning programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adult Disability and Aging

a. Isolation and loneliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Adults not able to:				
1. Care for themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do routine household chores or home repairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Take medications they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lack of services to allow people to stay at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Lack of affordable housing (assisted living)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Lack of support and services for caregivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Environment

	No problem	Minor problem	Moderate problem	Serious problem
a. Peeling lead-based paint in homes with children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Indoor air pollution related to:				
1. Radon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Second hand smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Carbon monoxide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Unsafe drinking water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Public nuisances:				
1. Improperly disposed garbage, litter, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Pests such as rats and cockroaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Environmental contamination from frac (silica) sand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Alcohol, Tobacco, and Other Drugs

a. Tobacco use by underage youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tobacco use by adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Alcohol use by underage youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Alcohol abuse by adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Adults allowing or tolerating underage youth alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Drinking and driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Use of illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Abuse of over-the-counter and prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Difficulty obtaining alcohol and drug abuse treatment:				
1. For youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. For adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mental Health

a. Depression among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Depression among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Suicide among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Suicide among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Anxiety/stress among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Anxiety/stress among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Eating disorders (anorexia, bulimia, binge eating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Difficulty obtaining mental health services for youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Difficulty obtaining mental health services for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. People not taking prescribed medication for mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Chronic Health Problems

a. High blood pressure among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Unhealthy eating habits among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Unhealthy eating habits among children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Lack of exercise (physical activity) among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Lack of exercise (physical activity) among children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Obesity (overweight) among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Obesity (overweight) among children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Diabetes among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Diabetes among children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. People not getting recommended check-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. People not getting recommended dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Infectious Disease

	No problem	Minor problem	Moderate problem	Serious problem
a. Children not getting their shots or immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Adults not getting their shots or immunizations (flu, tetanus, pneumonia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lack of proper hand washing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sexually transmitted infections (Chlamydia, HIV/AIDS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Mosquito-transmitted diseases (West Nile virus, LaCrosse encephalitis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Tick-transmitted diseases (Lyme disease, human anaplasmosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Injury

a. Falls among the elderly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Home injuries (burns, poisoning, choking, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Unsafe work environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gun/firearm injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Traffic injuries (car, motorcycle, pedestrian, bicycle, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Recreational vehicle injuries (ATV, snowmobile, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Improper use of or not using child car seats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Not using seat belts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Not using safety helmets (motorcycle, bike, ATV, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Farm injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Violence

a. Domestic abuse or sexual/relationship abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gang violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Violence in schools (physical, weapon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Abuse/neglect of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Abuse/neglect of adults unable to care for themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Lack of services that address violence/abuse/neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Economics

a. Lack of affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lack of affordable health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lack of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Hunger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Unemployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Lack of adult opportunities for education/training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Service Delivery Systems

a. County government's lack of preparation for a disaster, disease outbreak or terrorist event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ambulance/rescue squad response time to 911	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Community's lack of knowledge of first aid/CPR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. People without insurance or medical coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. People don't know where or how to get health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Language barriers in getting health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Lack of provider knowledge about the health care needs of different cultures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Lack of transportation to health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. During the past 12 months, did you seriously think about killing yourself?

☐ Yes ☐ No

40. During the past 12 months, did you try to kill yourself?

☐ Yes ☐ No

41. Your age group:

☐ 18-24 ☐ 35-44 ☐ 55-64 ☐ 75+
☐ 25-34 ☐ 45-54 ☐ 65-74

42. Are you:

☐ Male ☐ Female

43. Are you of Hispanic or Latino origin?

☐ Yes ☐ No

44. Which of the following best describes you?

(Mark ALL that apply)

☐ American Indian
☐ Hmong or Laotian
☐ Other Asian or Pacific Islander
☐ Black or African American or African
☐ White
☐ Other: _____

45. How tall are you without shoes?

Feet Inches

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
	8
	9
	10
	11

46. Approximately how much do you weigh?

Pounds

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

47. Including yourself, how many adults live in your household?

Adults

0	0
1	1
	2
	3
	4
	5
	6
	7
	8
	9

48. Your education level:

☐ Did not complete 8th grade
☐ Did not complete high school
☐ High school diploma/GED
☐ Trade/Vocational school
☐ Some college
☐ Associate degree
☐ Bachelor's degree
☐ Graduate/Professional degree

49. Household income per year?

☐ Less than \$20,000 ☐ \$50,000 - \$74,999
☐ \$20,000 - \$34,999 ☐ \$75,000 - \$99,999
☐ \$35,000 - \$49,999 ☐ \$100,000 or more

50. Are you currently... (Mark ALL that apply)

☐ Employed ► GO TO QUESTION 51
☐ Self-employed or farmer ► GO TO QUESTION 51
☐ Unemployed or out of work
☐ A homemaker or stay-at-home parent
☐ A student
☐ Retired
☐ Unable to work because of a disability

51. When you are at work, which of the following best describes what you do? (Mark only ONE)

☐ Mostly sitting or standing
☐ Mostly walking
☐ Mostly heavy labor or physically demanding work

**Thank you for
your participation!**



Appendix E

Survey Results

Winona County 2016 Adult Health Survey

Demographic Characteristic		Standardized Data		Project FINE	
		Frequency	Percent	Frequency	Percent
		1770	100.00%	195	100.00%
Gender	Male	860	48.61%	100	51.28%
	Female	910	51.39%	95	48.72%
Age Group	18-34	708	40.01%	77	38.90%
	35-44	211	11.91%	48	24.24%
	45-54	269	15.19%	38	19.19%
	55-64	273	15.40%	21	10.60%
	65+	309	17.50%	14	7.07%
Race	White	1694	95.68%	0	0.00%
	Not white	76	4.32%	0	0.00%
	Hispanic			69	35.20%
	American Indian			0	0.00%
	Hmong/Laotian			129	70.88%
	Other Asian			5	2.75%
	Black			2	1.10%
	Other			23	12.64%
Education, recoded	High school graduate/GED	417	23.60%	151	79.06%
	Trade/Voc, Associate	670	37.97%	33	17.28%
	Bachelor's degree	464	26.30%	6	3.14%
	Graduate/professional	214	12.12%	1	0.52%
Income					
Income	<\$20,000	222	13.21%	50	26.32%
	\$20,000-\$34,999	227	13.50%	85	44.74%
	\$35,000-\$49,999	288	17.10%	44	23.16%
	\$50,000-\$74,999	386	23.00%	9	4.74%
	\$75,000-\$99,999	292	17.40%	2	1.05%
	\$100,000+	268	15.90%	0	
	Missing: 7.4%				
Employment status					
(These do not add up to 100% because respondents could choose more than one status)	Employed	1169	66.37%	111	56.35%
	Self-employed	172	9.76%	3	1.52%
	Unemployed	55	3.14%	27	13.71%
	Homemaker/stay at home	48	2.73%	12	6.09%
	Student	108	6.12%	11	5.58%
	Retired	310	17.57%	10	5.08%
	Unable to work	71	4.04%	23	11.68%

Winona County 2016 Survey Results

Weighted Data	Project FINE
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1. In general, would you say that your health is:

Poor	1.82%	5.26%
Fair	9.18%	18.43%
Good	36.83%	43.16%
Very good	37.77%	27.89%
Excellent	14.41%	5.26%

2. Have you ever been told by a doctor, nurse, or other health professional that you had any of the following health conditions? (indicated yes)

a. High Blood pressure or hypertension	26.18%	28.64%
b. Diabetes	9.71%	30.41%
c. Overweight	34.20%	24.88%
d. Cancer	6.88%	2.54%
e. Chronic lung disease	3.27%	3.55%
f. Heart trouble or angina	6.89%	7.11%
g. Stroke or stroke-related health problems	2.65%	4.64%
h. High cholesterol or triglycerides	26.38%	20.73%
i. Depression	21.31%	19.80%
j. Anxiety or panic attacks	20.30%	10.47%
k. Other mental health problems	6.07%	4.15%
l. Obesity	14.91%	5.13%
m. Asthma	11.60%	7.14%

3. Are you now trying to lose weight?

Yes	51.21%	27.49%
No	48.79%	72.51%

4. What kind of place do you usually go to when you are sick or need advice about your health? (Check all that apply)

A doctor's office	58.42%	48.70%
A hospital outpatient clinic	7.55%	17.10%
Some othr health center	2.11%	3.35%
An emergency room	3.50%	17.10%
An urgent care clinic	23.83%	11.52%
No usual place	10.85%	1.11%
Some other place	3.19%	1.11%

5. During the past 12 months, was there a time when you thought you needed medical care but did not get it or delayed getting it?

Yes	28.38%	27.04%
No	71.62%	72.96%

Winona County 2016 Survey Results

Weighted Data	Project FINE
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6. Why did you not get or delay getting the medical care you thought you needed? (select all that apply)

could not get appointment	23.80%	28.30%
did not think it was serious	39.50%	20.75%
transportation problems	2.60%	3.77%
cost too much	45.60%	50.94%
I don't have insurance	5.60%	33.96%
my insurance didn't cover it	13.10%	3.77%
other reason	14.50%	15.09%

7. During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about emotional problems such as stress, depression, excess worrying, troubling thoughts or emotional problems, but did not or delayed talking with

Yes	14.90%	9.85%
No	85.10%	90.15%

8. Why did you not get or delay getting the care you thought you needed? (select all that apply)

could not get appointment	14.30%	47.37%
did not think it was serious	38.00%	31.58%
too nervous or afraid	28.00%	15.79%
transportation problems	2.10%	5.26%
it cost too much	31.30%	36.84%
don't have insurance	6.90%	36.84%
my insurance didn't cover it	14.10%	15.79%
I didn't know where to go	27.80%	26.32%
other reason	12.40%	5.26%

9. During the past 12 months, have you postponed dental work?

Yes	32.68%	23.71%
No	67.32%	76.29%

10. Why did you postpone dental work? (select all that apply)

could not get appointment	9.00%	30.43%
too nervous or afraid	16.20%	15.22%
transportation problems	1.50%	2.17%
cost too much	47.50%	54.35%
don't have insurance	21.80%	36.96%
dentist wouldn't accept my insurance	10.70%	26.09%
other reason	21.40%	2.17%

Winona County 2016 Survey Results

Weighted Data	Project FINE
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Have never had...

11.a.blood pressure checked	1.80%	13.58%
11.b. blood cholestrol checked	20.90%	19.75%
11.c. screening for colon cancer	60.00%	66.67%
12.a. mammogram (female only)	44.90%	29.17%
12.b. breast self exam (female only)	9.30%	29.17%
12.c. pap smear (female only)	4.10%	41.66%
13. prostate exam (male only)	50.30%	93.46%

*Age break down is available for the above screening data

14. Types of Health insurance

Currently insured	98.26%	86.44%
Currently uninsured	1.74%	13.66%

*Breakdown available by type of insurance

15/16. Number of fruits and fruit juice servings yesterday

0 servings	16.05%	15.68%
1-2 servings	44.94%	41.39%
3-4 servings	28.03%	31.62%
5-9 servings	9.67%	10.27%
10 or more servings	1.31%	1.03%

17. Number of vegetables yesterday

0 servings	13.09%	3.58%
1-2 servings	56.65%	43.87%
3-4 servings	24.04%	37.25%
5 or more servings	6.25%	15.30%

18. Agree or strongly agree with the following statements

Fruits and vegetables are difficult to prepare	9.18%	30.81%
Fruits and vegetables cost a lot	51.39%	83.77%

19. During the past 12 months, how often did you worry that your food would run out before you had money to buy more?

Often	3.88%	3.54%
Sometimes	9.49%	21.21%
Rarely	14.12%	28.28%
Never	75.52%	46.97%

20. During the past 12 months, have you used a community food shelf program?

Yes	4.87%	14.29%
No	95.13%	85.71%

Winona County 2016 Survey Results

Weighted Data	Project FINE
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21. Use the following resources in the community

a. walking trails	62.74%	58.74%
b. bike paths	54.28%	33.33%
c. swimming pool	26.77%	21.43%
d. rec centers	28.34%	27.41%
e. parks	59.87%	46.43%
f. schools open for public use	22.80%	18.78%
g. shopping mall for physical activity	16.25%	19.42%
h. health club	24.11%	14.21%
i. creeks, rivers, lakes	49.03%	15.74%

23. How many days do you get at least 30 minutes of moderate physical activity in an average week?

0-2 days	13.08%	37.93%
3-7 days	62.16%	62.07%
No answer	24.75%	0.00%

24. How many days do you get at least 20 minutes of vigorous physical activity in an average week?

0 days	38.82%	59.10%
1-2 days	31.35%	24.75%
3-7 days	29.82%	16.15%

*Additional data is available regarding where this exercise typically occurs.

26. The following factors are a big problem in preventing physical activity

a. lack of time	26.70%	18.18%
b. lack of programs	5.20%	4.02%
c. lack of support	5.60%	4.04%
d. no one to exercise with	9.20%	4.02%
e. cost of fitness program	22.90%	18.09%
f. public facilities not open or available at times I want to use	6.20%	6.47%
g. no sidewalks	5.50%	3.22%
h. traffic problems	5.80%	2.01%
i. long-term illness, injury or disability	8.70%	3.55%
j. fear of injury	4.70%	5.42%
k. distance I have to travel to fitness options	5.70%	5.16%
l. no safe place	2.00%	2.55%
m. weather	8.50%	6.00%
n. I don't like to exercise	10.00%	7.11%
o. lack of self-discipline or willpower	18.90%	9.71%
p. don't know how to get started	3.60%	3.54%
q. other reasons	5.60%	5.06%

Winona County 2016 Survey Results

Weighted Data	Project FINE
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27. At least one drink of any alcoholic beverage in the past 30 days.

No drinking	29.15%	69.47%
Any drinking	70.85%	30.53%

Drinking habits

Heavy drinker	11.2	17.95%
Binge drinker	31.10%	7.18%

31. Ridden in a vehicle when driver had too much to drink

a. car or truck	8.10%	10.42%
b. motorcycle	0.30%	0.53%
c. boat	1.50%	0.53%
d. snowmobile/ATV	0.20%	0.53%

Smoking Status

Non smoker (percentage of total)	86.84%	82.36%
Trying to quit (of percentage that are current smokers)	58.40%	22.50%

*More data is available for tobacco use

Weight status according to BMI

Not overweight	36.07%	29.00%
Overweight but not obese	33.67%	48.68%
Obese	30.26%	20.60%

Winona County 2016 Adult Opinion Survey

	Weighted Data Moderate or Serious problem	Project FINE Moderate or Serious problem
<i>Pregnancy & Birth</i>		
a. poor eating habits	43.3%	25.5%
b. alcohol/drug use	42.8%	22.3%
c. tobacco use	50.8%	25.0%
d. unplanned pregnancy	57.1%	29.9%
e. teen pregnancy	49.3%	26.5%
f. difficulty obtaining family planning	27.8%	28.1%
g. not getting prenatal care	28.0%	20.7%
h. premature babies	21.4%	18.8%
i. born with disability	24.0%	14.2%
<i>Child Growth & Development</i>		
a. parents with inadequate/poor parenting skills	75.7%	36.4%
b. children's health problems untreated	46.3%	22.2%
c. not getting regular check ups	44.3%	19.4%
d. unsupervised at school	51.0%	26.4%
e. becoming sexually active	66.2%	24.1%
f. lack of early learning programs	27.8%	21.4%
g. poor quality of early learning programs	22.4%	19.3%
<i>Adult Disability & Aging</i>		
a. isolation and loneliness	60.2%	39.4%
b.1. adults not able to care for themselves	50.9%	41.4%
b.2. adults not able to do household chores	52.6%	36.2%
b.3. adults not able to take their own medications	49.2%	37.2%
c. lack of services to keep them home	49.2%	36.2%
d. lack of affordable housing	53.7%	35.0%
e. lack of support for caregivers	50.3%	25.3%
<i>Environment</i>		
a. peeling lead-based paint in homes	23.4%	7.0%
b.1. indoor air pollution related to radon	30.1%	8.6%
b.2. indoor air pollution related to second hand smoke	55.0%	10.1%
b.3. indoor air pollution related to carbon monoxide	21.7%	11.1%
c. unsafe drinking water	19.8%	14.4%
d.1. public nuisance: improperly disposed garbage	26.4%	12.7%
d.2. public nuisance: pests such as rats and cockroaches	13.2%	8.7%
e. environmental contamination from frac sand mining	32.8%	7.7%
<i>Alcohol, Tobacco, & Other Drugs</i>		
a. tobacco use by underage youth	63.4%	49.8%
b. tobacco use by adults	65.3%	57.0%
c. alcohol use by underage youth	72.8%	48.5%

	Weighted Data	Project FINE
	Moderate or Serious problem	Moderate or Serious problem
d. alcohol abuse by adults	69.1%	49.7%
e. adults allowing underage alcohol use	59.1%	27.2%
f. drinking and driving	73.6%	50.8%
g. use of illegal drugs	76.7%	47.3%
h. abuse of over the counter drugs	66.4%	43.5%
i.1. difficulty obtaining alcohol treatment for youth	51.0%	19.1%
i.2. difficulty obtaining alcohol treatment for adults	48.3%	26.0%
Mental Health		
a. Depression among youth	64.5%	36.6%
b. Depression among adults	65.7%	47.7%
c. Suicide among youth	59.4%	33.5%
d. Suicide among adults	51.9%	25.8%
e. anxiety/stress among youth	67.8%	34.5%
f. anxiety/stress among adults	65.6%	43.4%
g. eating disorders	38.9%	27.8%
h. difficulty obtaining mental health for youth	51.2%	25.9%
i. difficulty obtaining mental health for adults	50.3%	25.6%
j. people not taking prescribed meds	55.1%	24.2%
k. bullying	67.7%	38.0%
Chronic Health Problems		
a. high blood pressure among adults	62.6%	54.1%
b. unhealthy eating habits among adults	79.5%	48.2%
c. unhealthy eating habits among children	79.6%	48.2%
d. lack of exercise among adults	77.4%	53.2%
e. lack of exercise among children	75.0%	50.0%
f. obesity among adults	81.8%	58.0%
g. obesity among children	75.6%	55.9%
h. diabetes among adults	60.9%	63.1%
i. diabetes among children	48.0%	58.0%
j. people not getting recommended check ups	56.3%	42.8%
k. people not getting recommended dental care	62.9%	43.8%
Infectious Disease		
a. children not getting their shots	35.3%	12.3%
b. adults not getting their shots	36.7%	17.4%
c. lack of proper hand washing	58.1%	14.9%
d. sexually transmitted infections	42.6%	19.5%
e. Mosquito-transmitted illness	27.1%	12.9%
f. tick-transmitted disease	53.8%	11.0%
Injury		
a. falls among the elderly	60.9%	24.4%
b. home injuries	31.0%	25.5%
c. unsafe work environment	24.7%	37.0%

	Weighted Data	Project FINE
	Moderate or Serious problem	Moderate or Serious problem
d. gun/firearm injuries	20.3%	26.3%
e. traffic injuries	56.6%	33.3%
f. recreational vehicle injuries (ATV)	33.7%	22.0%
g. improper use or not using child car seats	33.6%	17.8%
h. not using seat belts	39.8%	19.0%
i. not using safety helmets	47.8%	17.0%
j. farm injuries	32.0%	27.0%
Violence		
a. domestic abuse	63.5%	26.3%
b. gang violence	31.8%	13.0%
c. violence in schools	36.1%	21.9%
d. abuse/neglect of children	55.3%	20.8%
e. abuse/neglect of adults unable to care	44.7%	19.0%
f. lack of services that address violence	45.1%	14.6%
Economics		
a. lack of affordable housing	49.0%	65.5%
b. lack of affordable health insurance	68.3%	65.8%
c. lack of transportation	36.4%	38.1%
d. hunger	37.5%	24.5%
e. unemployment	41.9%	30.1%
f. homelessness	30.0%	23.5%
g. lack of adult opportunities for education	29.6%	27.3%
Service Delivery Systems		
a. county gov't lack of disaster prep	28.2%	20.4%
b. ambulance response time to 911	15.0%	18.5%
c. community's lack of first aid/CPR	31.0%	15.8%
d. people without insurance	54.4%	53.5%
e. people don't know where to get health care	32.6%	49.8%
f. language barriers in health care	24.4%	59.7%
g. lack of provider knowledge of health needs	26.6%	59.2%
h. lack of transportation to health care	27.4%	40.8%



Appendix F

Focus Groups

Focus Group Feedback by Category

Focusing on specific health issues, what would you say are the biggest health problems in our community?

- Activity/Exercise
 - Sitting more and moving less, across all generations – inactivity leads to a lot of other problems
 - Shocked by slide that health clubs are expensive – what about all our free resources in our communities – people need more awareness for this
 - Do they know what the requirements are for physical activity?
 - Some don't consider being active (farming, walking around town) to be exercise
 - Make exercise fun
 - School system has taken away more exercise time and home economics classes so kids don't get physical outlets and don't know how to cook healthy
 - Culture has changed – more kids drive to school/work – not as much bike riding
 - "Soup can" exercises – bring in cans to donate to WVS, but before donate, PE teacher shows how to "lift weights" with the soup cans
 - Inactivity/lack of movement, sitting around more and moving less
 - For many, including Project FINE population, going to the park is something not traditional or natural in their community/culture
- Mental health issues
 - Depression left untreated often leads to inactivity, inability to be employed, and many other things
 - Surprising mental health didn't show up in list of concerns at all since it was in the top 3 last time, not even in the top 10
 - You see mental health concerns across the community, not just in the health care setting. You hear it in the lines in the store. People may not call it mental health concerns but the problem is definitely there
 - Mental health is usually a reason for alcohol abuse
 - See an increase in the school system in both students and parents with mental health issues and lack of access
 - Mental health services are still a stigma service, maybe that is why they do not access the care
 - Maybe the statistic is underreported
 - Lack of resources for people whose plates are too full – school education classes, child mental health
- Alcohol
 - I'm curious – if you compared our results to a community of similar size as alcohol seems to be a major problem in the community compared to other communities this size

- Do you compare and contrast between other counties?
 - Curious that binge drinking tripled in last 3 years. Break this down into ages and groups – who are they
- Overweight/Obese
 - I was surprised to see that obesity was the #1 concern for standardized and not in Hispanic
 - Obesity was mentioned a lot – people are more worried about this
 - People are attempting to lose weight
 - Lack of knowledge as to what is available for free
 - Aren't aware of scholarships for fitness centers – there are more for children than adults
 - Can obesity numbers be broken down by income?
- Food/Food Insecurity
 - The standardized group would have more money to buy better, healthier food. Healthy food is so expensive right now.
 - Who's growing their own food to eat or eating from a community garden? If they don't have the money, are they growing their own? Are they healthier that way?
 - Unhealthy food is cheaper than healthy food – we need to flip this around
 - Some of our rural areas do not have grocery stores
 - Community garden on YMCA campus
 - Classes – how to eat healthy on a budget
 - Policy changes within workplaces and schools to clean up the junk food out of the vending machines
 - MN Food Charter options – works with children in nutrition classes
 - Disheartening when programs (food or activity) are cut by school budgets
 - SHIP tokens for farmer's markets – we need to get the EBT machines working
- Child abuse/trauma
 - The biggest public health crisis according to the CDC is child abuse and people deal with that in many different ways.
 - ACES – Adverse Childhood Experiences – the more ACES they have, the more correlations they have to depression, cancer, teen pregnancy, etc.
 - Child abuse huge public health issue right now
- Insurance
 - Cost of health insurance is still high
 - May be insured but underinsured
 - Even if meet deductible, they still end up with high medical bills
 - May be cause of delayed service
 - Preventative care should all be 100% covered but do consumers know this
 - Lack of education on HRA and FSA – what does it cover
 - Having insurance does not = better health
 - Health literacy – educate people about insurance, how to interpret, work with

- Access to MN Care – consumers are not prepared for actual cost of services once they are no longer covered by MN Care
- Lack of financial preparation for medical expenses – hard to budget for but hospitals also do not disclose expected charges before procedure
- Tax credits still don't cover health care premiums
- Consumers need to be given more knowledge about health care costs and more transparency about what will be covered or not
- Healthy Living
 - Haven't established healthy living patterns and lack a conducive environment
 - Flipped into an unhealthy living pattern and this is the norm
 - Many policy, environment, and personal changes have to take place to make healthy living the norm
 - Economic development, workplace wellness, housing, infrastructure, water structure, active living, sidewalks, parks, open space, high risk communities – is being healthy something that is encouraged?
 - Prevention – how does the built environment work into that, how can we make it easier
 - Turn the norm around so healthy living is acceptable and desirable – start with the kids
- General health
 - Interested in the screening results and if people are aware of the requirements for preventive screening services – there seems to be a lack of knowledge\
 - Point of care – it may not be worth an emergency visit but they want it taken care of immediately
 - Really need to start with children in every classroom of every school
 - Bring in healthy food and active living
 - Some of the things that they are worried about, they aren't sure how to prevent
 - MN – leading cause of deaths is falls – leading cause of injury among elderly and injuries at work is falls
- Shortage of care for older adults
 - Lack of transportation resources in the community for older adults with medical needs. Insurance plans put limitations on what transportation you can use, when and how often
 - Appointments with provider are hard to get and there is a long wait

What do you believe are the biggest barriers to being healthier in our community?

- Lack of Education
 - Health literacy education

- People don't realize that almost everything we do impacts our health.
Educate decision makers and community at large to help impact community
- Conflicting information – mammograms, pap smears, etc.
- People don't have the knowledge or the energy to manage all of the different facets of their life, not to mention health care and insurance
- Lack of knowledge re: community resources
- Mental health
 - Lack of resources and providers
 - Support groups – lack of awareness and stigma to attending
 - Some mental health resources are outside the community but patient and/or family does not have transportation to access resources
 - Mental health disguised as ATOD abuse
 - Chemical dependency and mental health go hand in hand
 - High youth suicide risk
 - Mental health needs to be addressed in the schools
 - Need more school counselors - Don't have funds to hire enough/qualified staff
 - Inpatient providers are struggling in ED and inpatient services with ATOD abuse – patients don't feel comfortable sharing their ATOD problems with providers
 - How educated are providers about ATOD issues
- Insurance
 - Patients don't come to the Dr. as they do not have insurance. Wait too long then really hard to treat
 - You can't get what you need but you can get something
 - Underinsured, have to spend a lot of money to cover deductible or co-pays
 - Even if you are insured, you aren't getting the services you need
 - Consumers struggle to understand what their coverage is and it's hard to navigate system
 - Preventive services are not emphasized enough in insurance and health care
 - Patients don't come in because they don't have insurance or enough insurance so don't catch issues early enough to completely treat
 - Insurance making healthcare decisions, not my doctor
- Lack of preventive care or focus on preventive care to catch disease sooner
- General health
 - Normalization of poor health behaviors
 - Alcohol/ DUIS
 - Large acceptance of behaviors
 - We need more compassion instead of judgement
 - Provider network is shrinking – having problems keeping primary care provider
 - Drug companies are leading healthcare decisions – “ask your doctor...”
- Normalization of unhealthy behaviors
 - We are not helping each other as we used to

- Poor health behaviors are accepted – “whisky tags” are no big deal here
 - Healthy lifestyles are not reinforced or respected by community members
 - People have gotten so busy, and it’s “cool” to be so, that they can’t get it all done – meal prep, fitness, clean house, etc.
 - So connected to technology (phones and tablets) that we are less caring and compassionate, less connected with neighbors, quick to judge
- Built environment
 - Have to cross multi-lane highways to get to healthy foods
 - No sidewalks in some areas of town
 - Heavy vehicle use in the community, not just large trucks, but heavy use of cars
 - Need more safe or normalized walking/biking paths
 - Winona has lots of public land but access to and between is difficult
 - Transportation for some is difficult, especially safe transport – lots of vehicles and multi-lane roads
- Fitness
 - Lack of affordable fitness
 - Free options available but don’t know what they are
 - Stigma to use reduced cost programs
 - Cutting more P.E. and active programs in schools or after school sports are getting way too costly
 - People don’t know they may be eligible for insurance kick back for fitness center
 - Not enough affordable fitness options for seniors
- Mentality of a quick fix to all problems – don’t change my lifestyle, just give me a pill
- Access to providers with preventive care – PT or dietitians
 - Not covered by insurance
 - Insurance limits what you can use and how much
- Food
 - Access to healthy foods even in rural areas
 - Some people think it’s someone else’s job to get them healthy food, rather than finding the resources on their own and using them
 - Healthy food is not cheap, it is really expensive, especially in Winona and rural areas
 - Unhealthy food is cheaper and easier to access than healthy food
- Healthcare costs
 - Get insurance out of our healthcare decisions
 - There needs to be transparency in pricing and it needs to be easy to understand
 - Insurance is meant for catastrophic events but basic and preventive care is making people go bankrupt
 - Insurance companies are making tons of money on diabetes so are not incentivized for health

- Average consumer assumes insurance company is looking out for best interests but insurance companies do not look at healthy lifestyles, only if you are taking your medicines
- Winter – people to not get out of their houses – another barrier to active living
- Making the healthy choices is actually harder than just going with the unhealthy choices – you have to make very conscientious and intentional effort to step outside the norm and live a healthy lifestyle

If you had one suggestion for improvement, what would it be?

- Get people to change their behaviors
 - Advertisement – use reverse psychology – tell them what they CAN do
 - What messages do we send? Change those messages
 - Make the healthy choice the easy choice
 - Make walking and biking the cool thing to do
 - Give people an activity vital signs – similar to blood pressure, you don't know it's a concern until you get in measured and then you work with doctor to improve it
 - Incentivize healthy choices
- Support groups for every topic
- Understand all capabilities and capacities and talk directly to each one
- Begin with kids – instead of trying to break bad habits, start young and hopefully start good habits from the beginning and reinforce throughout
 - Start over as we are not successful now
 - Focus on mental and physical health
 - Understand basic healthy level
 - Avoid/prevent childhood trauma to prevent issues later in life - ACES
- People in leadership roles need to understand prevention
- Change healthcare to focus on prevention
 - Go to the doctor to get good news, and continued good news
 - We only go to Dr when it's bad
 - Be proactive about your health
- Improve built environment to remove barriers and make it easier to bike and walk
- Increase access to quality mental health care
 - Address symptoms of mental health as exactly that - Obesity is mental health issue at its core, as is ATOD, and many other diseases
 - All aspects of care but especially crisis care
 - Currently can't get apt for 3 months but NEED intervention now – may not be around in 3 months to address it
 - Awareness that other issues (obesity, ATOD) can be linked to mental health
 - Hard for providers to address mental health as they only have a few minutes for each appointment but how can they actually assist someone who needs it if they have to rush to the next person

- More education and awareness of mental health so people do not stigmatize and you can get help when you need it rather than avoid it
 - Less stigma – or get rid of NIMBY (Not in my back yard)
- More compassion and neighborly concerns – active bystanders
- Education so lack of knowledge is not excuse – empower people to make lifestyle changes to be healthier
 - You can reduce your reliance on X drug by walking the lake twice
 - You add x years to your life by walking the lake 3 days each week
 - Health is at the top of everyone's mind, they just don't know what to do about it
 - Hierarchy of needs – if your main concern is survival, you aren't much concerned about anything else, much less able to handle it
 - Teach people what healthy food looks like and how to prepare it
- There is not enough follow up to make sure patients are making changes
- Work with local businesses to make sure they are helping employees be healthier
- Grow free programs through park & rec and/or community education
- Mobile grocery stores
- Get out in the community and be vocal about it – get your message out there
 - Change the norm in the community to a healthy one
 - Engage community in helping itself

What is your vision for a healthy community?

- Better numbers for all statistics
- Universal access for all health aspects
- Start with children as we already have a large amount of overweight children – work as a team to address mental and physical health
- Look at the parents and how we can provide long-term support for them to parent better
- Change the environment to encourage healthy behaviors
- Extend CCN out into the community more
- Extend ACES and mental health first aid
- Child abuse and drug abuse have both gone up recently – work on prevention
- People are becoming more proactive in their mission in life – taking ownership for their own health
- Define healthy community for everyone
- Tobacco Free
- Star community for active transportation
- Learn to best use our natural beauty and recreation
- Community Gardens that truly bring people together
- Better access to healthier options
 - Food

- Activity
 - More connected to each other - find a way to get people off the computers and actually involved in the activities
- Healthier options for stress reduction and socializing
- Businesses that embrace wellness concepts among all workers
 - Buy/invest more in wellness options
 - Lunch and learns
 - Active working
 - Supplement fitness opportunities
- Collaborative efforts to make Winona known as a place to not be dealing drugs, stealing bikes, etc.
- Every child always has access to healthy food every day
 - Kids can't adequately grow and learn without it
- Affordable housing
- More awareness of community resources
- A comprehensive effort to address obesity – one appointment at the clinic will not address obesity
 - Work with different community resources
 - Surround the person by healthy options and choices
 - Provide the support and accountability
 - Affordable and easy to access
- Shift awareness to health = strength
- People with highest need are shopping at Walmart – get a dietitian and more health information there
- Encourage people to be proactive about their health – prevention
- Compassionate care without stigmatization
- Eliminate disparity levels – should be able to be healthy without having ton of money
- A process for mental health similar to the ER
 - Triage LPN and PA that can screen all crisis or short term needs
 - Can refer in for appointments with providers if need is less severe or refer for more services
 - Currently people are being told they have to wait 3 months but by the time they call, they truly are in need of services and cannot wait 3 months

What can Winona Health do specifically to improve the overall health in our community?

- Awareness of preventive screenings – take Winona Health out to the community
- Winona Health should be the one organization you can go to for resources in our community – even if they don't "own" the resource, they can still refer to it
- Build and support partnerships and collaborations to address different issues in the community – kids, obesity, mental health, etc.

- Bridge the gap – connect resources
 - Bring more awareness to community
 - Keep community focused on goal
- Be a source of accountability for people dealing with these issues
- Work with insurance companies to deal with issues such as health literacy, understanding health finances, special rates or reductions, consistent pricing, etc
- Advocate for healthier options
 - Complete streets
 - Active commuting
 - Fresh, healthy food for everyone
 - Walk/bike to school
 - School lunches
 - School activity levels – stop cutting P.E. and recess
- Lead by example with healthy employees – allow more exercise options, remove unhealthy options from menu
- “Safety Town”
 - An event for kids that draws in all sorts of safety events - bike rodeo, sun awareness, walking safety, eating fruits and veggies, staying active, drink water
- Focus back on the kids – start early to prevent trends
- Winona Health has the power to flip the model of community health so that this town is focused on prevention and healthy lifestyles rather than on disease treatment
- Think outside the box about how to provide more/better mental health care – we are all short on providers and we can’t let that be our excuse anymore
- For both mental and physical health, one 15-minute appointment will not “fix” a person’s problem – we need to surround them with the solutions
- Community-wide bike rentals
- Increase focus on emotional and spiritual health
- Be a leader for the community in terms of education and awareness – TELL people what healthy living is, how much exercise they should get, what mental health looks like, normalize issues that are attached to stigmas
- Integrate secondary education into more projects and events
- Share the WH vision with everyone – more people will be on board

Focus Group Attendees

Project FINE Board of Directors	
Winona County	Staff and commissioners
Helen Bagshaw	Winona County Primary Prevention Project & Stop Sexual & Domestic Violence

Janneke Sobeck	Live Well Winona, Director
Joette Gillett	Home & Community Options
Marcia Ratliff	Winona Daily News
Phil Huerta	Winona County Alliance for Substance Abuse Prevention
Margaret Schild	Winona Area Public Schools
Sandra Burke	Winona Volunteer Services
Angela Johannes	Winona Health Surgical Services
Sue Degallier	Common Good RSVP, Catholic Charities
Lori Garlock	MediAppS Caseworker, Catholic Charities
Laura Hoberg	Elder Network
Ross Greedy	AD - WSU Outdoor Recreation Center
Linda Jacobs	WAPS – Community Education
Marcia Ward	Winona County Board
Paul Double	Winona City Council
Lynn Theurer	Winona Health Volunteer Board
Marie Kovecsi	Winona County Board
Marsha Yancy	Winona County, Senior Services
Natalie Siderius	Winona County, Economic Development Director
Jean Lauer	Active community member
Tammy Kronebush	Winona Agency
Trisha Hinze	Novo Nordisk
Mike Medick	Novo Nordisk
Kay Peterson	Winona Volunteer Services
Linda Health	WSU – Nursing
Roxanne Borkowski	Winona Health Volunteer
Robin Hoeg	Winona Health, VP Inpatient Services
Sandy Gruszynski	Winona Health, Cancer Care
Deb McClellan	Live Well Winona, Program Manager
Kate Hudson	WSU Health & Wellness Services
Kelsey Solum	WSU Health & Wellness Services
Connie Kamara	WSU Health & Wellness Services
Christina Uribe Nitti	WSU Nursing Department
Rita Berthelsen	Dean, Nursing & Allied Health, Southeast Technical College
Jessica Remington	Winona Health, Director of Wellness



Appendix G

Implementation Plan

Priority 1: Healthy Behaviors

Goal	Strategies/Activities	Hospital Role			Partners	Progress and Key Results		
		Lead	Collaborate	Participate		FY 2017	FY 2018	FY 2019
Increase healthy living behaviors in community members through education and support for proper nutrition and active living.	Maintain and expand partnerships and programming for the Healthy Kids program.	Wellness	x		Schools, YMCA, Park & Rec, Community Groups			
	Partner with local schools on wellness initiatives to increase and promote healthy behaviors (including improvement and expansion of GR8 Kids).	Wellness	x		Schools			
	Implement media and other public education efforts to educate on healthy behaviors.	Marketing	Wellness					
	Expand Winona Health's group weight management program.		DNE, Wellness					
	Support, promote and expand the Live Well, Eat Well program.		Wellness, Marketing	x	Live Well			
	Host, participate, and support community health fairs and events to share health information and resources with the community.		All WH, Wellness	x	Community groups and businesses			
	Ensure resources on wellbeing and healthy living topics are accessible for all community members.		x	x	Live Well			
	Explore opportunities to improve food skills, affordability, availability, accessibility, and infrastructure in the community.	Wellness	x		Community groups and businesses			
	Support and promote community activities that increase access and remove barriers to physical activity.		Community Engagement	x	Community groups and businesses			
	Actively participate in Statewide Health Improvement Program collaboration with Winona County.			x	SHIP			
	Recognize and support businesses and organizations in worksite wellness (internally and externally).	Wellness, Occ Health		x	Businesses/ Organizations			
	Create and adopt healthy food and beverage guidelines for meetings and events at or through Winona Health.	Food & Nutrition, Wellness						
	Ensure a variety of healthy food offerings in the cafeteria for Winona Health employees and visitors.	Food & Nutrition						

Priority 2: Emotional Wellbeing

Goal	Strategies/Activities	Hospital Role			Partners	Progress and Key Results		
		Lead	Collaborate	Participate		FY 2017	FY 2018	FY 2019
Improve emotional wellbeing of all members of the community.	Recognize and support Winona Health employees, businesses, local organizations in worksite wellness; address and provide education about emotional wellbeing.	Wellness, Occ Health		x	Businesses/ Organizations			
	Partner with local schools on wellness initiatives around emotional wellbeing, including GR8 Kids - sixth step of "kindness."		Wellness	x	Schools			
	Participate in advisory meetings at Winona State University; engage in workforce grant to implement an advanced practice psychiatric nursing program.		DBM	x	WSU			
	Host a quarterly tri-county Adult Mental Health Services Taskforce; participate in other community taskforces as needed.	DBM			Community groups and businesses			
	Expand addiction and chemical dependency resources.	Psych & Counseling Services, Primary Care			Hazelden			
	Evaluate and continuously improve new telepsych services.	Psych & Counseling Services						

Priority 3: Health Equity

Goal	Strategies/Activities	Hospital Role			Partners	Progress and Key Results		
		Lead	Collaborate	Participate		FY 2017	FY 2018	FY 2019
Increase access and remove barriers to health equity throughout the community.	Ensure translations on healthcare documents and educational materials into Hmong and Spanish.	Primary Care	x		Community resources, Project FINE			
	Provide cultural competency training to primary care providers.		x		Project FINE			
	Incorporate more health coaching/health literacy training for appropriate Winona Health employees.	Primary Care - CCN						
	Expand the capability of appropriate Winona Health staff to advise patients on options for healthcare coverage or financial assistance.	Financial Counselors & Patient Account Reps						
	Build alliances with governmental agencies, community groups, and committees to develop solutions that address health equity.		x	x	Community groups and businesses			
	Actively participate in Statewide Health Improvement Program in collaboration with Winona County.		x	x	SHIP			
	Ensure resources about wellbeing and healthy living topics are accessible for all community members.	x		x	Live Well			
	Partner with local schools on wellness initiatives to reach all children (including improvement and expansion of GR8 Kids).	Wellness	x		Schools			
	Continue to provide the Winona Health Community Care Network; enhance existing collaborations with community partners (including WSU).	Primary Care - CCN			WSU, community partners			
	Explore the impact of health equity on food skills, affordability, availability, accessibility, and infrastructure in the community (particularly affecting the pediatric population); implement solution(s) to impact.	Wellness	x		Community groups and businesses			



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