2019
Community Health Needs Assessment
Winona County, Minnesota

Winona County
Health & Human Services

Winona Health
Healthy starts here.

Table of Contents

2019 Community Health Needs Assessment

Executive Summary

In 2019 Winona Health partnered with Winona County Health & Human Services to conduct 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 and move towards a more equitable and sustainable healthy community

Through the Community Health Needs Assessment process, Winona Health and Winona County Health & Human Services 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 2019 CHNA 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 at Winona Health by request.

Priority 1: Address and help reverse/prevent the unhealthy behaviors that contribute to obesity/overweight and subsequent chronic disease

Priority 2: Strive for health equity given the current inequitable distribution of social determinants of health

Priority 3: Improve mental health

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 given the significant proportion of services provided to residents in the county (as a proportion of all Winona Health volumes).

Celebrating 125 years in 2019, Winona Health is a testament to the community's long commitment to keeping healthcare local. Founded in 1894, Winona Health continues to be one of the city's largest employers with a staff of nearly 1,100 people including approximately 90

physicians and associate providers, providing care through its 49-bed hospital, primary and specialty care clinics, urgent care and 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, Minnesota. Winona Health also offers a broad range of specialty services including general 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); and hospice services. Refer to Appendix A for a complete list of service areas.

Winona Health is focused on continuous improvement and innovation and uses a robust performance improvement system and lean principles to examine processes in order to eliminate waste and add value to the community served. This supports Winona Health in providing safe, high-quality care, and fulfilling its mission and vision.

Our Mission

Winona Health is devoted to improving the health and well-being 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

About Winona County Health & Human Services

Health & Human Services is the umbrella agency for Community Health and Human Services programming. Health & Human Services works collaboratively with partners throughout the communities of Winona County.

On behalf of the Winona County Board of Commissioners, this department administers various services in the areas of community health and social services. These services are administered pursuant to state law and rule under the supervision of the State of Minnesota.

Our Mission

Fosters healthy and stable communities

Our Vision

Enhances the health, wellbeing, and self-sufficiency of all members of our communities

Our Values

Excellence: We achieve excellence in all aspects of service delivery
Integrity: We are dedicated to honesty, responsibility, and accountability
Compassion: We serve our communities and each other with compassion, dignity, and respect

Winona County Health & Human Services
Maternal-Child Health Nursing Services

Providing quality health care and educational services to Winona County.

Prenatal and Postpartum Care

A Maternal Child Health Nurse can come to your home to teach about:

Pregnancy, labor and delivery
Maternal mental health and postpartum feelings
Self-care and nutrition
Breastfeeding support
Pregnancy prevention
Community resources

Infant and Child Development

A Maternal Child Health Nurse can come to your home to address concerns about:

Newborns and children
Health, growth and development
Parenting
Infant/children's mental health
Community resources and referrals
Infants/children with special health needs

Child and Teen Checkups (C&TC) Outreach

Child and Teen Checkups (C&TC) are complete health screenings for children ages 0-21 years who are on Medical Assistance. C&TC screenings include:

Height and weight • Physical exam
Hearing and vision • Immunizations
Development • Health information
Nutrition • Lab tests

Follow Along Program

A program to follow infants and children from birth to age 3 to help parents know if their child is playing, growing, talking, moving, and acting like other children the same age. Maternal Child Health nurses make follow–up visits when concerns are noted and help with referrals to area providers

Dental referral

Help with scheduling C&TC appointments, transportation, or interpreters is available.

Child Passenger Safety

Maternal Child Health Nurses provide:

Individual instruction on correct use and installation of child passenger safety restraints (by appointment)
Car seat distribution program
Training to child and foster care providers

Women, Infants and Children (WIC)

WIC is a program that provides nutrition education and healthy foods for:

Women who are pregnant, breastfeeding or have recently had a baby
Infants—from birth to 1 year
Children—from 1 to 5 years

Families qualify according to income guidelines and nutritional need.

Immunizations

Low-cost immunizations for qualifying adults and children.

Cost

Maternal Child Health services may be covered by private insurance, Medical Assistance or grant funds. Fees may also be based on the individual's ability to pay

Winona County Human Services

Programs Available:

Adolescent Parent Counseling
Adoption
Adult Protective Services
Cash Assistance
Chemical Dependency
Chemical Dependency Counseling
Child Maltreatment Investigation
Child Protective Services
Child Support Collection
Collection of Parental Fees
Commitments
Counseling
Custody Studies
Day Care Assistance
Day Care Licensing
Developmentally Disabled Services
Emergency Assistance
General Assistance Medical Care
Group Care
Guardianship
Information-Referral
License Adult Foster Homes
License Child Foster Homes
License Family Day Care
Locating of Absent Parents
Medical Assistance
Mental Health Counseling
MFIP (Minnesota Family Investment Program
Minnesota Supplemental Aid
Nursing Home Pre-admission Screening
Parent Support Outreach Program (PSOP)
Pre-petition screening of mental health commitments
Residential Treatment

Enforcement of Child Support Orders
Establishment of Paternity
Family & Children Services
Financial Aid for Repairs of Homes
Food Stamps
Foster Care
General Assistance
Securing Support Orders
TANF (Temporary Assistance for Needy Families)
Transportation for Those in Need
Volunteer Services
Vulnerable Adult Investigation
Vulnerable Adults Services
Welfare Fraud Investigation

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 health 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.

The environment and conditions in which people work, live, learn and play have a large effect on a wide range of health risks and outcomes are known as social determinants of health (SDOH).

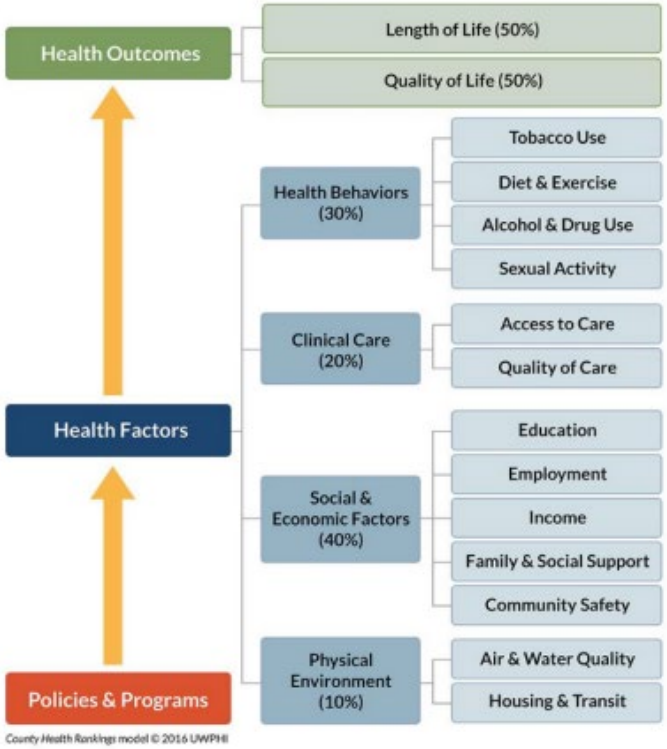

Figure 1. County Health Rankings & Roadmaps
SOURCE: Reprinted from County Health Rankings & Roadmaps, http://www.countyhealthrankings.org/our-approach (accessed June 2019)

By applying what is known about SDOH and their impact on health status, gains can be made in improving both individual and population health and advancing equity. Ultimately the goal of a focus on SDOH is creating an environment where social and environmental structures in the Winona community promote good health for all.

This is all the more reason why Winona Health and Winona County Health & Human Services are 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. Refer to Appendix B to view a comparison of Winona County's health rankings as compiled by the County Health Rankings & Roadmaps. Refer to Appendix C for Winona County demographic information.

Evaluating Impact

When considering the preceding 2016 and 2013 CHNA documents, many of the same opportunities were identified in 2019 and will continue to be focused on. Winona Health and Winona County Health & Human Services strive to improve community health by implementing a diverse array of community benefit programs, and by partnering with other community organizations and entities to impact positive change. These programs provide vital services and resources for the entire community.

Community Care Network (CCN) Care Coordination Program

Winona Health's inaugural Community Care Network (CCN) Care Coordination Program started in June of 2013 with the goal of empowering patients to better self-manage their health and well-being. The program's focus was decreased utilization of the emergency room and hospital, while improving quality of life and reducing total cost of care. This is all done in collaboration with the team of CCN staff both in and outside the walls of the clinic, connecting in a setting most comfortable to the patient. Our integrated clinical and social support care model is comprised of nurses and social workers who help patients reach their goals by providing a linkage between primary care, wellness, prevention, self-management and community services.

Out of Winona Health's longstanding relationship with Winona State University grew a unique collaborative opportunity with the CCN. When the CCN was established in 2013, a student health coaching class was initiated at this partner institution resulting in a new class of trained student health coaches each semester. As a complement to the care coordination services provided out of the clinic, these student coaches fulfill a one or two semester practicum afterwards by being paired with patients enrolled in the program. In weekly home visits, they offer the opportunity for socialization and support in achieving patients' personal goals.

The primary goal of the CCN team is to develop relationships with clients to help them identify barriers and develop creative ways to achieve their health goals. The CCN is one of the ways Winona Health is looking at community healthcare differently. It's a proactive approach that provides nonmedical and medical support, resources and education for people managing chronic illnesses such as COPD, diabetes, or mental health issues. The program helps people remain independent in their homes and avoid unnecessary hospitalization by providing care tailored to their unique needs.

Gr8 Kids

In 2005 Winona Health collaborated with area nonprofit organizations to develop the Healthy Kids Club to address the rise in childhood obesity. Utilizing Winona Health's continuous improvement methodology, this program has evolved over the last 14 years from a periodic event for kids to a multiweek program held in the classroom at several local elementary schools. The new program, Gr8 Kids, is an eight-week wellness program for 4th grade students led by Live Well Winona in partnership with Winona State University. Eight weekly classes promote age-appropriate education in proper nutrition and active living. Each week students learn positive health behaviors and have positive role models in the Winona State University students who volunteer to lead these activities. In the most recent iteration of the program, a sixth step of "kindness" was incorporated to begin impacting mental health (whether depression or anxiety in youth). Each class is 45-minutes and held in the respective school's gymnasium. According to cumulative program data from January 2016-May 2019 two key improvements were seen: an increase of 21.17% of students who exercise at least 60 minutes and an increase of 15.02% in students who get the recommended 5 servings of fruits and vegetables every day. Opportunities continue to exist related to screen time and managing stress. Winona Health and local schools view the

Gr8Kids program as an opportunity to improve the overall quality of life for young individuals in our community. The Gr8 Kids program brings high-quality education on nutrition and active living directly children in order to empower them in making their own healthy choices.

Winona Wellbeing Collaborative

In 2016, recognizing that approximately 80% of health outcomes are determined by factors outside clinic walls, a group of community partners convened to establish the Winona Wellbeing Collaborative (WWC). In referring to the 2016 Winona County Community Health Needs Assessment (CHNA) and through discussion with its partners, food insecurity emerged as a central issue to Winonans. Refer to Appendix D for an infographic on food insecurity in Winona County. Food insecurity directly correlated with two CHNA priority areas: healthy behaviors (obesity) and addressing issues of inequity. The WWC began work to address these issues through further data analysis and 11 listening sessions. This identified that families, particularly female-headed households, are at increased risk of food insecurity. Powerful themes emerged from the listening sessions including: chronic stress about financial pressures and locating affordable housing; social and other support services are siloed and difficult to navigate; expressions of stigma; and being stuck in an endless cycle.

The WWC identified lack of service provider coordination and communication as a barrier it could directly impact. After over a year of research, the *Pathways Community HUB (HUB)* model emerged as the blueprint for WWC's systems change initiative to impact this issue. The HUB is an evidence-based model of community care coordination that focuses on addressing social determinant of health (SDOH) risk factors in food insecure or other high-risk individuals. The WWC has recently launched a live model in June of 2019. Further discussion of this model, and the next steps in the Winona Community are discussed later in this report.

WWC partners include: Winona Health, Winona County Health & Human Services, Winona Volunteer Services (Winona's food and emergency services nonprofit), Project FINE (Winona's immigrant services nonprofit), Winona Area Public Schools, Live Well Winona, and Bluff Country Co-op. There are further community partners in-waiting and ready to engage as referral processes grow.

Winona County Parent Support Outreach Program (PSOP)

Winona County Health & Human Services Parent Support Outreach Program (PSOP) is an early intervention program that provides short-term voluntary support for at risk children and families identified through screened out child maltreatment reports, community or self-referrals. This voluntary services program can connect people to support and assistance for many types of issues, which may include: Basic needs (food, clothing and housing); Family health concerns (medical care, mental and chemical health services); Parenting; Transportation; Child care; Financial needs (budgeting and financial assistance); and Overall support. PSOP focuses on a family's strengths and needs, and helps parents who want to do what is best for their children. This program can connect families with community resources that provide the specific kind of help families may want or need. Participation is voluntary.

Winona County Evidence Based Family Home Visiting

Winona County Health & Human Services, in collaboration with eight other counties, received a grant to bring the Healthy Families America (HFA) evidence based home visiting model to our region. HFA is designed for parents facing challenges such as low income, childhood history of abuse and neglect, current or previous issues related to substance abuse, mental health issues, and/or domestic violence. HFA is an effective and proven early childhood home visiting model with positive impacts in the lives of children, families and the community. The collaborative, HFA of Southeast Minnesota, is rooted in the belief that early, nurturing relationships are the foundation for life-long, healthy development. Interactions between nurses and families are relationship-based and designed to promote positive parent-child relationships and healthy attachment. HFA of Southeast MN benefits parents by helping them be the best parents they can be and helps parents reach personal goals (such as furthering their education and gaining employment). Families are enrolled prenatally or within three months of birth. Once enrolled, services are offered until the child's third birthday. Rigorous studies in multiple states have shown the positive outcomes of the HFA program.

Continuous Improvement, Collaboration and Measurement

With this third round of assessments, trending data is now available from 2013 to 2019 for many of the measurement questions. Integral to these CHNAs, has been data collection through local surveys, examination of data through national and state sources, and feedback from community stakeholders. In 2019, there was effort to expand the scope of the questions in the CHNA while still retaining many core questions to allow for comparison across CHNAs. Based on the findings of the CHNA, a Community Health Improvement Plan (CHIP) is developed by Winona County Health & Human Services and works to align efforts across organizations. Conducting a CHNA is an important step in monitoring and improving community health, a goal Winona Health and Winona County Health & Human Services share 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 this community's history of interagency collaboration.

Process and Methodology

In conducting the 2019 Winona County CHNA, a systematic process was used 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 the community. The CHNA process involved collecting population data and community input. Additional indicators of community health status using existing local, state, and national secondary data sources were identified.

It was essential that information was gathered 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, translated

surveys were administered and interpreted to immigrant and refugee populations in the community. 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.

Survey Instrument

The survey instrument content was largely taken from similar surveys conducted by Winona County in 2013 and 2016. Modifications to the 2016 survey questions were developed by Winona Health and Winona County Health & Human Services with technical assistance from the Minnesota Department of Health Center for Health Statistics. The survey was formatted by the survey vendor, Survey Systems, Inc. of Shoreview, Minnesota, as a scannable, self-administered English-language questionnaire.

Sample

A two-stage sampling strategy was used for obtaining a probability sample of adults living in Winona County. For the first stage of sampling, a random sample of Winona County residential addresses was purchased from a national sampling vendor (Marketing Systems Group of Horsham, PA). Address-based sampling was used so that all households would have an equal chance of being sampled for the survey. Marketing Systems Group obtained the list of addresses from the U.S. Postal Service. For the second stage of sampling, the "most recent birthday" method of within-household respondent selection was used to specify one adult from each selected household to complete the survey.

Survey Administration

An initial survey packet was mailed to 4,000 sampled households that included a cover letter, the survey instrument, and a postage-paid return envelope. One week after the first survey packets were mailed, a reminder postcard was sent to all sampled households, reminding those who had not yet returned a survey to do so, and thanking those who had already responded. Three weeks after the reminder postcards were mailed, another full survey packet was sent to all households that had still not returned the survey. The remaining completed surveys were received over the next four weeks.

Completed Surveys and Response Rate

Completed surveys were received from 1,231 adult residents of Winona County; thus, the overall response rate was 30.8% (1,231/4,000).

Data Entry and Weighting

The responses from the completed surveys were scanned into an electronic file by Survey Systems, Inc. To ensure that the survey results are representative of the adult population of Winona County, the data were weighted when analyzed. The weighting accounts for the sample design by adjusting for the number of adults living in each sampled household. The weighting also includes a post-stratification adjustment so that the gender and age distribution of the survey respondents

mirrors the gender and age distribution of the adult population in Winona County according to U.S. Census Bureau American Community Survey 2013-2017 estimates.

***Sampling Non-English Speaking Households*:** In addition to the above methodology, Winona Health and Winona County Health & Human Services contracted with Project FINE to have an additional 200 surveys administered to individuals whose primary language is not English. They offer language interpretation and translation services, as well as opportunity for education, information, referral, and empowerment for immigrants and refugees. The surveys were either completed privately or with assistance from representatives and/or translators from Project FINE. Data from these surveys are shared adjacently to the larger sample to understand barriers from different perspectives.

***Listening Sessions*:** After reviewing the survey results, a series of listening sessions were hosted at a variety of locations to ensure feedback and discussion among the findings from the survey data. Session attendees included community members and area professionals, and key stakeholders like Project FINE and the Winona County Community Services Advisory Committee. Listening session feedback and priority areas expressed by community stakeholders were summarized, in general terms, in comparison to County Health Rankings & Roadmaps and the CHNA data in Figure 2 below.

Organizations that provided input/participated in conversations:

- Project FINE
- Winona County Staff and Commissioners
- Winona Family YMCA
- Winona Post
- Winona County Alliance for Substance Abuse Prevention
- Winona Volunteer Services
- Catholic Charities
- Winona Friendship Center
- Winona State University
- Winona County Board
- Winona Health
- Live Well Winona
- Engage Winona
- Winona Community Services Advisory Board
- Hiawatha Valley Mental Health
- Diocese of Winona
- Bluff Country Coop
- Winona County Health & Human Services

Prioritization Process and Criteria

Winona Health is committed to its role in improving the health and well-being 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.

Determining top priorities involved not only gaining an understanding of community health needs from a variety of perspectives, but also 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.

Figure 2 summarizes identified community health needs as voiced on the Community Health Needs Assessment, voiced during community listening sessions, and evidenced by local and state level data.

Figure 2. Summary of Identified Community Health Needs
Winona County, Minnesota

		Voiced by CHNA Data	Voiced by Community Listening Sessions	County Health Rankings below MN Average*	Evidence of Inequity**
Health Outcomes	Premature death (newborns)			X	
	Premature age-adjusted mortality				
	Low birthweight				
	Life expectancy			X	
	Frequent mental distress	X	X	Same as MN avg.	X
	Diabetes Prevalence		X		X
	HIV prevalence				
Health Behaviors	Food insecurity/unhealthy eating	X	X	X	X
	Obesity	X	X	X	X
	Physical inactivity	X	X	X	
	Tobacco Use	X	X		
	Drug Use				
	Alcohol Use	X	X	X	
	Alcohol-impaired deaths			X	
	STDs			X	
	Teen births				
Clinical Care	Uninsured				X
	Access to care	X	X	X	X
	Dentists			X	X
	Affordability	X	X	No Data	X
	Mammography screening			X	
Social and Economic Factors	High School Graduation				
	Unemployment		X		X
	Children in poverty		X	X	X
	Income inequality		X	X	X
	Children in single-parent households				
	Social associations				
	Violent crime				
	Injury deaths				
	Median household income			X	X
	Cultural Competency		X	No Data	X
Physical Environment	Air pollution			X	
	Drinking water violations			X	
	Severe housing problems	X	X	X	X
	Homeownership		X	X	X
	Severe housing cost burden		X	X	X

*County Health Rankings & Roadmaps is a Robert Wood Johnson Foundation Program. Data used is from 2019 reporting of Winona County. Several County Health Ranking metrics are inverse; an "x" indicates a problem area for Winona County.
**Inequity was measured via comparison between Weighted Respondents and Translated Surveys (indicating racial and ethnic disparities), in additional to income disparities amongst all populations.

Based on the above data, listening session feedback, and analysis of overlaps and disparities between state and community voiced needs, **three strategic priorities were identified as the community's health needs.** A fourth area, related to at risk behaviors, was also highlighted but not prioritized at this time. Further discussion is included below.

Top Priorities based on 2019 CHNA

Priority 1: Address and help reverse/prevent the unhealthy behaviors that contribute to obesity/overweight and subsequent chronic disease

Priority 2: Strive for health equity given the current inequitable distribution of social determinants of health

Priority 3: Improve mental health

Priority 1: Obesity and Overweight

Rates of obesity and overweight continue to climb in Winona County. At this time 69.3% of Winona County is classified as obese or overweight as defined by BMI standards. This has increased from 63.9% of respondents in the 2016 survey period (an increase of more than 5% over three years). Similarly, 74.2% of translated surveys by Project FINE indicated a BMI indicative of being overweight or obese. This has increased from 69.3% of respondents in the 2016 survey period.

Outlined below are rates of obesity and overweight, both cumulatively and by age range:

Weight Status According to BMI		
	Weighted Data	**Individuals Needing Translation Services**
Not overweight	30.7%	25.8%
Overweight but not obese	36.5%	37.9%
Obese	32.8%	36.3%

Weight status according to BMI * Age group

		Age group						Total
		18-34	35-44	45-54	55-64	65-74	75+	
Weight status according to BMI	Not overweight	36.6%	20.3%	30.2%	27.1%	26.9%	30.7%	30.7%
	Overweight but not obese	35.7%	35.4%	34.2%	37.6%	38.1%	41.3%	36.5%
	Obese	27.7%	44.3%	35.6%	35.2%	35.0%	28.0%	32.8%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

As seen above, obesity and overweight status is prevalent across all age cohorts with a higher proportion of overweight/obese adults seen in midlife. It's important to note that while the BMI calculation does not take into account muscle mass, it provides a general guideline for the composition of the population. Rates of obesity and overweight are closely linked with other chronic diseases, including cardiovascular disease, cancer and diabetes, and a myriad of additional health conditions. There are also potential linkages between emotional and social issues.

Rates of exercise also decreased in Winona County for this reporting period. When asked if you "get moderate or vigorous activity," only 40.2% of the standardized survey respondents indicated that they did. This is a decrease of over 20% in three years. Data from individuals needing translation services indicated similar declining levels of moderate or vigorous activity, with only 24.3% answering in the affirmative, down from 59.1% and 50.4% respectively from the last two survey periods (2016, 2013).

Of those surveyed 50.2% indicated a desire to lose weight, which is slightly above 2016 rates. Of those translated by Project FINE, 45.5% indicated a desire to lose weight. This is up significantly from 27.5% in 2016.

Additionally, data from the Minnesota Department of Health indicates that "nearly one-third of children ages two to five years of age who participate in the Women, Infants, and Children (WIC) Program are at an unhealthy weight (overweight and obese)."

Pathway for Improvement

Given the concerning data above of the rising rates of obesity/overweight in this community, which are known to increase rates of chronic disease and morbidity, Winona Health and community partners will strive to expand existing services to combat and prevent weight gain as well as support community resources to tackle root causes. Moving forward, it will continue to be imperative to determine root causes of weight gain and identify community resources to support people on their journey to achieving and maintaining a healthy weight.

At this time, Winona Health continues to offer support via outpatient dietetics and via a weight management program called HealthyFit. HealthyFit is a group program that uses a peer support model and 1:1 sessions to build both an accountability and support system.

One recent addition for Medicare beneficiaries has been the change in coverage for a program called Intensive Behavioral Therapy for Obesity (IBT). This intensive program is available to Medicare beneficiaries at no cost if their BMI is greater than or equal to 30.

It includes the following:

- One face-to-face visit every week for the first month;
- One face-to-face visit every other week for months 2-6;
- One face-to-face visit every month for months 7-12, if the beneficiary meets the 3kg weight loss requirement.

Other possible solutions and support processes available at Winona Health and in the community include:

- 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.
- Increase partnerships within the community to affect policy, system and environmental change to remove barriers to and increase access to healthy options.
- Partner with the Winona Family YMCA to identify collaborative programming as a new facility is being built on the Winona Health campus.
- Support evidence-based chronic disease self-management programs led by Catholic Charities.
- Support Winona County Statewide Health Improvement Program (SHIP) initiatives.

While there is a myriad of resources available, it is important that programs are offered in the context of significant community level change that addresses the powerful and complex root causes related to social determinants of health. Therefore, discussions and projects created to address obesity/overweight in this community should include community members affected and interdisciplinary stakeholders, and be driven by evidence-based, data-oriented solutions. While many programs attempt to impact a discrete behavior, when placing the individual into the same environment that shaped that initial condition, change can be difficult and the outcome poor. There would be opportunity to evaluate policy changes across Winona County that support community level change and ensure an equitable distribution of opportunity.

Priority #2: Health Equity

The Winona Wellbeing Collaborative (WWC) discussed earlier in this report is an example of the work Winona Health and partners have initiated to focus on health equity. Health equity means that every person in the community has the opportunity to attain their highest level of health. A simple analogy to explain the definition of health equity is “health equity is not giving everyone a pair of shoes; it is giving everyone a pair of shoes that fit.” When discussing health equity, it

becomes essential to discuss social determinants of health (SDOH). This can include health outcome disparities and differential experiences based on race, gender, income, education, family structure, housing, or geographic region. The 2019 CHNA incorporated more questions related to social determinants of health to better gauge the needs of the community and underlying root causes to poor health. Questions on food access remained the same, with a key question being "during the past 12 months, how often did you worry that your food would run out before you had money to buy more?" 19.9% of general survey respondents and 53.2% of individuals needing translation services expressed this was a concern at some point during the last year. The difference between the percentage of individuals who expressed this concern and the rate of individuals using the community food shelf would merit further investigation to understand how food insecure community members access nutritious foods during challenging times. New questions added to this survey period reflect a deep dive into the housing needs in Winona County. A key question being "during the past 12 months, how often did you worry about not having enough money to pay your rent, mortgage, or other housing costs?" 33.9% of general survey respondents and 49.8% of those individuals needing translation services indicated worry. Further questions dive into the extent of housing issues and quality of housing available. Nearly 30% of all community members expressed some type of housing problem. Knowing the interconnectedness of SDOH and the importance of meeting basic needs (e.g., housing, food), one can assume these community members are experiencing other barriers to well-being.

	Weighted Data 2019	Individuals Needing Translation Services 2019
Fruits and Vegetables Cost a Lot	47.2%	62.2%
Used the Community Food Shelf	4.4%	22.5%
Worried about Running out of Food	19.9%	53.2%
Own Home	72.4%	29.6%
Worry about not being able to pay rent/mortgage/housing costs	33.9%	49.8%
Threat of services being shut off in past 12 months	4%	13%
Problems with insect infestation	4.80%	10.30%
Problems with mold	7.10%	3.90%
Problems with water leaks	8.20%	3%
Problems with housing	24.4%	28.1%

Pathway for Improvement

The Winona Community HUB implemented in June of 2019, is a key strategy to impact these opportunities. Though this work was initiated in 2016, systems level change across the community takes significant time, and work will continue over this 2019-2021 CHNA period to ensure success.

Core elements of the HUB model include: **Find:** Identify individuals at greatest risk and provide a comprehensive assessment of health, social, and behavioral health risk factors, **Treat:** Ensure each identified risk factor is assigned to a specific pathway ensuring that risk factors are addressed with an evidence-based or best practice intervention (e.g., parenting education, housing, food, clothing), and **Measure:** Completion of each pathway confirms that risk factors have been successfully addressed. Measurement includes other outcomes that involve multiple risk factors (e.g., improvement in chronic disease, reduction in emergency department visits, stable housing, and employment).

For implementation of the HUB, one full-time Community Health Worker (CHW) was hired. WWC community partners use standardized screening for food insecurity in their clients with children in the household. Plans are in place to expand beyond food insecurity and provide pathways for other SDOH markers over the next year. If at-risk, the participating partner refers the client to the CHW for follow-up using a HIPAA-compliant care coordination platform. This platform also serves to track clients' progress though their pathway(s). The CHW arranges to meet with the family, conducts a comprehensive SDOH screening, and initiates pathways for each risk factor identified. A pathway is an evidence-based intervention or service that addresses a specific SDOH risk factor to improve their outcomes. Each individual household member is assessed and treated in the same manner knowing that the downstream impacts of SDOH and poverty affect all members of the family.

An example of a potential HUB client may be a student with a lunch program unpaid balance at school. The school social worker determines that a parent has lost a job, so he or she refers the household into the HUB. The CHW receives the referral. After CHW assessment, pathways are identified. For this family, potential pathways are Employment, Education, Social Services, and Health Insurance. The CHW helps the family with applications and coordinates with involved agencies. Each service agency at the end of each pathway has access to the HUB platform and can "close" the case when the family has resolved its issues.

CHW referrals are managed by a HUB Coordinator who is housed in a non-service providing agency (Live Well Winona). The HUB Coordinator performs multiple administrative functions including central tracking of client progress, monitoring of CHW performance, and communication and training with partner agencies. At scale, full-time CHWs may be housed in four or more partner agencies.

WWC Pathways Community HUB Goals:

1) To ensure the complex needs of Winona families experiencing food insecurity are systematically identified, assessed and treated through evidence-based interventions to improve their outcomes;
2) To ensure seamless, effective, and unduplicated care is provided by service agencies
3) Improving financial and health security for Winona families in need.

The Pathways Community HUB ensures that Winona's most vulnerable families' complex needs are addressed in an equitable, unduplicated and meaningful way. Of the pathways included in the HUB model, nearly all directly or indirectly address a household's economic stability. Pathways examples include: Behavioral Health, Employment, Education, Health Insurance, Housing, Medical Services, Pregnancy, and Social Services.

As an example, in 2016 Robert Wood Johnson County Health Rankings identified that 28% of Winona County children are eligible for free lunch alone. Using U.S. census data, this is approximately 2,601 children. Additionally, the Winona Area Public Schools data indicates that only 1,239 students are receiving free or reduced-price lunches, which identifies a service gap that the HUB addresses. Healthy children are better equipped to obtain higher education, enter the workforce, and contribute to the community. Without a coordinated approach to address SDOH, early gaps can cascade into economic, health and other consequences later in life. With HUB implementation, the WWC aims to move beyond a fragmented approach to caring for the community's most vulnerable members and bring forth a new system of coordinated care.

Additional concerning data from the 2019 CHNA highlight gaps in equity:

- 4.4% of residents stated they used the community food shelf compared to 22.5% of respondents whose surveys were translated. This is an increase from 14.3% in the 2016 CHNA.
- 80.2% of residents state they "never have to worry about running out of food" while 46.8% of residents whose surveys were translated "never worry about running out of food."
- 30.4% of all people have delayed medical care, 30.2% have delayed dental care, and 17.5% have delayed mental health care in the past year. Affordability continues to be a key challenge.

Winona Health plans to continue to provide the Community Care Network (CCN) Care Coordination services with the Winona Community HUB being a key adjacent strategy. The Winona Community HUB has the ability to create community level systems change and be the future of community care coordination.

Winona County Health & Human Services recognizes that a strong family unit is key to the long-term health and success of a child and will pursue opportunities to include parent child relationship strengthening and skill building in programming in subsequent years. The Winona County Parent Support Outreach Program (PSOP) and Winona County Evidence Based Family Home Visiting services will continue to be offered. As noted earlier, these programs provide the needed support to at-risk families and children by assisting parents with personal goal setting, decision making for their family, and resource connection.

Additionally, over the last two years and planned well into 2019 and 2020, is work to enhance the cultural competency within Winona Health. Winona Health continues to work with a consultant to better understand how each employee, patient or visitor feels when entering Winona Health. A champion team is initiating an audit of space in Winona Health to understand how dominant culture is validated and changes that can be made to be more inclusive and welcoming. A half day training on cultural competency is planned in October of 2019 for all directors and senior leaders.

These trainings use the Intercultural Development Inventory (IDI), an assessment of intercultural competence. In Spring of 2019, Winona Health sent the Director of Learning and Development to a seminar to become certified in facilitating the IDI. These skills will prepare leaders and front-line staff to best meet the needs of our served populations in a culturally sensitive way.

Priority #3: Mental Health

The World Health Organization defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution in her or his community."

Mental health is interconnected with many of the other areas of opportunity in the community, and rates of mental health conditions expressed by community members continue to increase.

There were several key concerning points in the 2019 CHNA related to mental/behavioral health:

	2019 Standardized Survey	2019 Individuals Needing Translation Services
Depression	22.3%	20.3%
Anxiety or Panic Attacks	20.1%	12.4%
Other Mental Health Problems	8.1%	7.9%
Any Mental Health Condition	28.8%	27.7%
Suicidal Thoughts	5.6%	7.1%

Of particular concern is the increase of individuals who indicated they have "seriously considered killing themselves in the last 12 months." Winona Health is undergoing work to better understand the needs of our employees and community and to screen and provide resources as needed.

Pathway for Improvement

One of the key efforts underway within Winona Health to address these troubling statistics is a Behavioral Health Integration within Primary Care. Space planning is in progress to physically integrate Outpatient Behavioral Health into the Primary Care Clinic and expected to be complete in 2020. The pilot soon includes having a Psychiatrist embedded in the clinic to increase collaboration among peer providers, discuss patient cases and treatment options, and support clinic patients real time. Additionally, work continues in 2019-2020 to improve depression remission within primary care. Using lean quality improvement principles, new workflows are being developed to obtain PHQ9s outside of clinic visits to assess effectiveness of therapies.

Additionally, Primary Care continues to offer a clinic social worker embedded in Primary Care for immediate utilization and access. The CCN Care Coordinators are available within primary care to assist with psychosocial needs of complex patients; perform home visits to assess safety; and

evaluate medication compliance, home needs, nutritional needs (meals on wheels), cleanliness, safety, other people living in the home/area, fall risks, stability/safety of environment, pets, etc.

The Pediatrics department is now completing a post-partum screening on new moms at two-week infant checks (using the Edinburgh Postpartum Screening), if this screening is not already completed by the Women's Health department to better capture postpartum depression prevalence and direct new mothers to resources. In addition, there is a question on all well-child screening forms (development assessment forms) through nine months inquiring about "any concerns for maternal/caregiver depression (sadness, crying a lot)."

For Winona Health employees to provide high caliber service to patients, it is essential caregivers and support personnel also have access to the tools and resources to support them in living their most resilient and best lives. While many employers have begun offering worksite wellness programing to some extent at their organization, national evidence does not support the effectiveness or return on investment of existing traditional worksite wellness models. Instead, Winona Health has been innovative in offering a new model of wellness through the Employee Wellbeing HUB, which offers resources to individuals who may be struggling with one of the many dimensions of wellness. The HUB attempts to personalize wellness by providing the right resource(s) that are unique to each person and aligns with their goals. Within many departments at Winona Health, leaders have expressed direct care team members reporting feelings of anxiety, depression and being overwhelmed. Collaborating with the internal Employee Wellbeing program will better educate team members on self-care as well as support programs offered by the organization. Work is underway to include the 1) specific resources that will be available under each of the different dimensions of wellness, 2) target outcomes or measurement for each resource and 3) development of an incentive structure.

Several additional efforts underway that link to efforts to impact mental health include:

- More frequent and improved depression screening, education, and referral processes within inpatient services. Implementation of a postpartum depression screening process between Family Birth Center, Family Medicine, Women's Health and Pediatrics.
- Winona Health Journey Retreat for professional and personal development
    - Initiated in summer of 2019, and planned through 2020 is a "Journey Retreat" offered for all front-line staff at Winona Health. The Journey Retreat is an 8-hour workshop focused on personal and professional growth of that employee. Self-development is integral in resiliency skill building.
- Winona Community HUB and CCN, as previously mentioned

  The integrated clinical and social support care model of the CCN is comprised of nurses and social workers who help patients reach their goals by providing a linkage between primary care, wellness, prevention, self-management and community services. This service continues to be offered in parallel to the Winona Community HUB.

*Of Note: At Risk Behaviors (*Alcohol and Tobacco Use)

Alcohol use continues to be a concern in the community, with similarly high levels of use reported over several CHNA reporting periods. 11.3% of respondents indicated regular heavy drinking compared to 11.2% in 2016, and 30.5% of respondents indicated they binge drink compared to 31.1% in 2016. Rates remain consistent, however are concerning.

Outlined below are rate of heavy drinking and binge drinking by age range. Heavy drinking rates are consistent across all age ranges through age 74, while binge drinking rates peak between ages 18-44, and taper with age.

Heavy drinking * Age group

		Age group						
		18-34	35-44	45-54	55-64	65-74	75+	Total
Heavy drinking	No drinking or not heavy	87.1%	90.3%	87.3%	88.1%	88.3%	97.9%	88.7%
	Heavy drinking	12.9%	9.7%	12.7%	11.9%	11.7%	2.1%	11.3%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Binge drinking * Age group

		Age group						
		18-34	35-44	45-54	55-64	65-74	75+	Total
Binge drinking	No drinking or no binge	55.0%	61.1%	78.4%	77.8%	88.6%	95.6%	69.5%
	Any binge drinking	45.0%	38.9%	21.6%	22.2%	11.4%	4.4%	30.5%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Other rates of substance abuse were identified in the CHNA. For example, 3.5% of the population indicated a “non-medical use of pain relievers in the past 30 days”, and 6.6% of the population reported a “non-medical use of marijuana in the last 30 days”.

Most important to note, is the <u>increased utilization of tobacco products by individuals 18-34</u>. The charts below more clearly articulate where increased utilization is occurring and in which product sectors. There is a significant uptick in e-cigarette use, with 13% of 18-34-year-old respondents indicating they currently use e-cigarettes. That same demographic reports a cumulative 34.5% rate of tobacco use, higher than any other age range.

E-cig status * Age group

		Age group						
		18-34	35-44	45-54	55-64	65-74	75+	Total
E-cig status	Non-user	87.0%	95.5%	94.1%	97.2%	98.6%	100.0%	92.8%
	Current user	13.0%	4.5%	5.9%	2.8%	1.4%	0.0%	7.2%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Any tobacco use (incl. e-cig) * Age group

		Age group						
		18-34	35-44	45-54	55-64	65-74	75+	Total
Any tobacco use (incl. e-cig)	Current non-user of tobacco	65.5%	67.6%	82.1%	83.9%	82.1%	95.5%	75.1%
	Current user of tobacco	34.5%	32.4%	17.9%	16.1%	17.9%	4.5%	24.9%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Smoking status * Age group

		Age group						Total
		18-34	35-44	45-54	55-64	65-74	75+	
Smoking status	Current smoker	9.3%	15.7%	11.6%	11.7%	11.4%	3.4%	10.5%
	Former smoker	10.4%	27.5%	13.2%	27.6%	36.2%	36.4%	20.3%
	Never smoked	80.2%	56.9%	75.3%	60.7%	52.3%	60.2%	69.2%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Cigar smoking status * Age group

		Age group						Total
		18-34	35-44	45-54	55-64	65-74	75+	
Cigar smoking status	Non-smoker	83.6%	94.9%	98.4%	96.4%	96.2%	99.2%	91.5%
	Current smoker	16.4%	5.1%	1.6%	3.6%	3.8%	0.8%	8.5%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Smokeless status * Age group

		Age group						Total
		18-34	35-44	45-54	55-64	65-74	75+	
Smokeless status	Non-user	83.2%	89.1%	95.9%	98.4%	96.6%	99.2%	90.6%
	Current user	16.8%	10.9%	4.1%	1.6%	3.4%	0.8%	9.4%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Although utilization of alcohol and tobacco use is a pressing issue for the community, Winona Health has not prioritized this as an actionable item at this time. Providers will continue to provide counseling and guidance, and cessation resources are made available to any patients interested in quitting. Winona Health believes that by focusing on mental/behavioral health, oftentimes the core of substance abuse issues, will impact rates of alcohol and tobacco use. Winona Health continues to act as the fiduciary for the Winona County Alliance for Substance Abuse Prevention (ASAP), and will support efforts to educate and create awareness in the community.

Next Steps and Implementation Plan

Results from the 2013, 2016, and 2019 CHNAs indicate very similar results. The lack of change or worsening of some measures indicate that policy, systems, and environmental factors need to change more aggressively to halt continued downward trends in the health of the community. It becomes essential that strategies to impact these priorities are not simple programs, but deeply ingrained changes in the foundation of how Winona Health and the community operates. Collaboration with the community is key, and must be done on a broader level than before.

Common in many communities is unaligned work that causes organizations to compete against each for funding to sustain similar work. The scale of the root of the issue (SDOH) is so vast that "no single organization is responsible for any major social problem, nor can any single organization cure it." *(Stanford Social Innovation Review, Accessed August 2019, https://ssir.org/articles/entry/collective_impact).* The goal is to address adaptive problems rather than technical problems, and adaptive problems require multi-agency, integrated involvement.

Winona Health's Implementation Plan to address the health needs in our community as identified in the CHNA over the next three years is outlined below in **Appendix E**. Winona Health will leverage existing relationships with community organizations and work collaboratively with key partners to address unmet needs to avoid the risk of overlapping, wasteful work as outlined above. The Implementation Plan will focus on the objectives and strategies stated for each of the three priority goals by working to impact the rates of obesity/overweight, raise health equity, and improve mental health among our community members.

Evaluation

The implementation strategies will be evaluated throughout the three-year cycle as part of Winona Health's continuous systems improvement processes. The information included in this report will inform the strategic planning process for Winona Health, which monitors progress and course corrects based on findings and community needs. Winona Health and Winona County Health & Human Services appreciate all community partners and voices that contributed to this report and the continued collaboration in striving for more equitable and sustainable health!

Appendix A

Healthy starts here — with local healthcare services

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

Primary Care Services
- Family Medicine
- Internal Medicine
- Pediatrics/Adolescent Medicine
- Rushford Clinic
- Psychiatric and Counseling Services (outpatient)
- Dialysis
- Anticoagulation/Coumadin Clinic
- Cardiopulmonary Rehabilitation
- Community Care Network
- Conservative Management Clinic
- Diabetes/Nutrition Education

Wellness Services
- Employer Services
  - Occupational Health
  - HealthyBalance
- Healthy Kids
- Inspiring Women
- Wellness Classes

Specialty Services
- Anesthesia Services
- Cancer Care
- Dermatology and Mohs Surgery
- Durable Medical Equipment (DME)
- Eye Care Clinic
  - Optometry
  - Ophthalmology
  - Glasses & Contact Lens Services
- General Surgery
- Imaging Services
  - Mammography
  - Dexa
  - Ultrasound
  - Diagnostic Radiology (X-ray)
  - MRI
  - CT
  - Echocardiogram
  - Nuclear Medicine
- Infusion Services
- Laboratory/Pathology
- Orthopedics & Sports Medicine
- Pain Management
- Plastic, Cosmetic, Reconstructive and Hand Surgery
- Podiatry
- Sleep Lab & Sleep Advisor Services
- Spa Services

Specialty Services *continued*
- Rehabilitation Services
  - Physical & Sports Therapy
  - Occupational Therapy
  - Speech-Language Pathology
  - Massage Therapy
- Women's Health
  - OB/GYN
  - Midwifery
- Wound Care

Inpatient Services
- Intensive Care Unit
- Medical/Surgical/Pediatric Unit
- Family Birth Center
- Behavioral Health Unit

Senior Services
- Chaplain Services
- Skilled Nursing
  - Lake Winona Manor
  - Transitional Care Unit
- Assisted Living
  - Senior Living at Watkins, Adith Miller & Roger Metz Manors

Hospice Services

Retail Pharmacy Services
- Winona Clinic Pharmacy with drive-up window

To learn more about services, healthcare providers, career opportunities and upcoming events, visit *winonahealth.org* or call us at 507.454.3650.

Find us online: winonahealth.org

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Appendix B

Winona County – County Health Rankings & Roadmaps, Comparison to Minnesota Average

	Winona County	Trend	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87)
Health Outcomes						44
Length of Life						43
Premature death	5,800		4,900-6,700	5,400	5,300	
Quality of Life						47
Poor or fair health	12%		11-12%	12%	12%	
Poor physical health days	2.8		2.7-3.0	3.0	3.0	
Poor mental health days	3.1		2.9-3.3	3.1	3.2	
Low birthweight	6%		5-7%	6%	7%	
Additional Health Outcomes (not included in overall ranking) –						
Life expectancy	80.1		79.3-80.9	81.0	80.9	
Premature age-adjusted mortality	270		250-300	280	270	
Child mortality	60		40-90	40	40	
Infant mortality	7		4-10	4	5	
Frequent physical distress	9%		9-9%	9%	9%	
Frequent mental distress	10%		9-10%	10%	10%	
Diabetes prevalence	8%		7-10%	9%	8%	
HIV prevalence	32			49	171	
Health Behaviors						49
Adult smoking	15%		14-16%	14%	15%	
Adult obesity	30%		26-34%	26%	28%	
Food environment index	8.5			8.7	9.0	
Physical inactivity	21%		18-24%	19%	19%	
Access to exercise opportunities	96%			91%	87%	
Excessive drinking	24%		23-26%	13%	23%	
Alcohol-impaired driving deaths	35%		23-47%	13%	29%	

Sexually transmitted infections	465.8			152.8	413.2
Teen births	7		6-8	14	16
Additional Health Behaviors (not included in overall ranking) –					
Food insecurity	10%			9%	9%
Limited access to healthy foods	4%			2%	6%
Drug overdose deaths	9		5-15	10	12
Motor vehicle crash deaths	8		6-12	9	8
Insufficient sleep	30%		29-31%	27%	30%

	Winona County	Trend	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87)
Clinical Care						15
Uninsured	5%		4-6%	6%	5%	
Primary care physicians	2,430:1			1,050:1	1,120:1	
Dentists	1,700:1			1,260:1	1,410:1	
Mental health providers	550:1			310:1	430:1	
Preventable hospital stays	4,327			2,765	5,703	
Mammography screening	50%			49%	46%	
Flu vaccinations	58%			52%	49%	
Additional Clinical Care (not included in overall ranking) –						
Uninsured adults	5%		4-6%	6%	5%	
Uninsured children	3%		2-4%	3%	3%	
Other primary care providers	1,375:1			726:1	955:1	

	Winona County	Trend	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87)
Social & Economic Factors						**22**
High school graduation	87%			96%	83%	
Some college	77%		72-82%	73%	75%	
Unemployment	3.1%			2.9%	3.5%	
Children in poverty	13%		9-16%	11%	12%	
Income inequality	4.5		4.0-4.9	3.7	4.3	
Children in single-parent households	22%		19-26%	20%	28%	
Social associations	13.3			21.9	13.0	
Violent crime	95			63	236	
Injury deaths	61		52-71	57	64	
Additional Social & Economic Factors (not included in overall ranking) –						
Disconnected youth				4%	4%	
Median household income	$55,600		$52,100-59,100	$67,100	$68,400	
Children eligible for free or reduced price lunch	37%			32%	38%	
Residential segregation - Black/White	46			23	62	
Residential segregation - non-white/white	28			15	49	
Homicides				2	2	
Firearm fatalities	9		6-14	7	8	

Physical Environment					87
Air pollution - particulate matter	8.6			6.1	6.9
Drinking water violations	Yes				
Severe housing problems	16%		14-18%	9%	14%
Driving alone to work	77%		75-78%	72%	78%
Long commute - driving alone	22%		20-24%	15%	31%
Additional Physical Environment (not included in overall ranking) –					
Homeownership	70%		69-71%	80%	72%
Severe housing cost burden	12%		10-14%	7%	11%

County Health Rankings & Roadmaps
SOURCE: Reprinted from County Health Rankings & Roadmaps, a Robert Wood Johnson Foundation Program, https://www.countyhealthrankings.org/app/minnesota/2019/rankings/winona/county/outcomes/overall/snapshot **(accessed August 3, 2019)**

Appendix C

Winona County Demographic Data

PEOPLE	
Population	
Population estimates, July 1, 2018, (V2018)	50,825
Population estimates base, April 1, 2010, (V2018)	51,461
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	-1.2%
Population, Census, April 1, 2010	51,461
Age and Sex	
Persons under 5 years, percent	4.8%
Persons under 18 years, percent	18.0%
Persons 65 years and over, percent	17.0%
Female persons, percent	50.5%
Race and Hispanic Origin	
White alone, percent	93.7%
Black or African American alone, percent (a)	1.9%
American Indian and Alaska Native alone, percent (a)	0.5%
Asian alone, percent (a)	2.7%
Native Hawaiian and Other Pacific Islander alone, percent (a)	Z
Two or More Races, percent	1.3%
Hispanic or Latino, percent (b)	3.1%
White alone, not Hispanic or Latino, percent	91.0%

Income & Poverty	
Median household income (in 2017 dollars), 2013-2017	$53,975
Per capita income in past 12 months (in 2017 dollars), 2013-2017	$27,200
Persons in poverty, percent	13.8%

United States Census Bureau
SOURCE: Reprinted from United States Census Bureau,
https://www.census.gov/quickfacts/fact/table/winonacountyminnesota/MAN450212 **(accessed June 25, 2019)**

Appendix D

FOOD INSECURITY IN WINONA COUNTY

Low-income families are significantly more likely to have reduced access to affordable and nutritious food

1 in 10 residents of Winona County is **food insecure**[1]

1 in 4 hospitalized children in the U.S. come from food insecure households[2]

Single women with children are almost **twice as likely** to experience food insecurity than married couples with children[3]

22% of Winona children live with a single parent[4]

WHY DOES THIS MATTER?

People **without reliable access** to a sufficient quantity of affordable and nutritious **food** may have a **higher risk** of developing:

- Depression
- Anxiety
- Obesity
- Heart disease
- Hypertension
- Diabetes[5]

We spoke to **49 low-income parents** at **8 community locations** to better understand barriers to accessing affordable and nutritious food[6]

My child was **embarrassed** of the free summer meals program

If we don't have enough, I tell the **kids not to eat so much**

I'm at my **job** because I don't have a **high school diploma** and I can't go anywhere else

Healthcare is expensive. Sometimes I go to the doctor but then **can't afford the medicine**

It's hard to get **good, safe housing** in Winona

First I **pay my bills**, even if that means I don't have enough to **eat**

I could have more variety of jobs if **transportation** was better

Summer is harder because kids are way more active so they **need more food**

References

(1) (4) Robert Wood Johnson Foundation (2018). RWJ County Health Rankings & Roadmaps. http://www.countyhealthrankings.org/

(2) Susman, K. (2016). Food Insecurity, Health Equity & Essential Hospitals. Washington D.C.: Essential Hospitals Institute.

(3) Minnesota Department of Health, Healthy Minnesota Partnership (2012). The Health of Minnesota (Statewide Health Assessment: Part One). Saint Paul, MN: Minnesota Department of Health.

(5) US National Library of Medicine National Institutes of Health (2014). The Intersection between Food Insecurity and Diabetes: A Review. https://www.ncbi.nlm.nih.gov/pmc/

(6) Listening Sessions conducted by Winona Wellbeing Collaborative (2016)

Winona County PartnerSHIP is the local grantee of the Statewide Health Improvement Partnership, and collaborates with partners to help people live longer, healthier, better lives

http://winonacountypartnership.com/

Appendix E - Implementation Plan

Priority 1: **Address and help reverse/prevent the unhealthy behaviors that contribute to obesity/overweight and subsequent chronic disease**
Priority 2: **Strive for health equity given the current inequitable distribution of social determinants of health**
Priority 3: **Improve mental health**

Strategies/Activities	Partners		Partners	CHNA Priority Area Impacted		
	Lead	Partner		Obesity/ Overweight	Health Equity	Mental Health
Partner with local schools on the GR8 Kids program to increase and promote healthy behaviors in youth; continue to offer program x2 a school year (fall and spring semesters).		X	Live Well Winona, Winona area elementary schools, Winona State University	X	X	X
Support and grow the Winona Community HUB to connect vulnerable populations with the resources needed to live their best life. Impact root causes to wellbeing, and understand and influence the role of social determinants of health. HUB implemented in June of 2019; continue to grow and expand in the community.	X	X	Winona County, Live Well Winona, Winona Volunteer Services, Winona Area Public Schools, Hiawatha Valley Mental Health, Bluff Country Co-op, Project FINE, Family and Children's Center	X	X	X
Support the growth of Winona Health's group weight management program, and other dietetic/weight management offerings and processes.	X		YMCA	X		
Actively participate in Statewide Health Improvement Program collaboration with Winona County.		X	Live Well Winona, Winona County, other local agencies	X	X	X
Recognize and support businesses and organizations in worksite wellbeing (internally and externally).	X		Live Well Winona, local business community	X	X	X
Deploy cultural competency training and learning plan across the organization, including training for all leadership, dissemination into different service lines, and an environmental audit to ensure welcoming space at Winona Health.	X	X	Project FINE, Live Well Winona		X	
Behavioral health integration in primary care.	X					X
Examine opportunities to "make the easy choice the healthy choice" on the WH campus, to ensure alignment of our mission with the health	X			X		

of our employee population; examine healthy food and beverage guidelines for meetings and events at or through Winona Health						
Expand the capability of appropriate Winona Health staff to advise patients on options for healthcare coverage or financial assistance, and to assist in navigating healthcare as needed or answering questions.	X				X	
Standardized clinical process in place within Winona Health to ensure depression screening and referral to resources. Embedded social work resources within primary care.	X				X	X
Identify collaborative programming opportunities between the Winona Family YMCA and Winona Health on the new shared campus to meet community needs.	X		YMCA	X		
Support evidenced based chronic disease programs in Southeast Minnesota		X	Catholic Charities	X		X

Appendix F

WINONA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT


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	○	○	○
b. Diabetes	○	○	○
c. Overweight	○	○	
d. Cancer	○	○	
e. Chronic lung disease (including COPD, chronic bronchitis or emphysema)	○	○	
f. Heart trouble or angina	○	○	
g. Stroke or stroke-related health problems	○	○	
h. High cholesterol or triglycerides	○	○	
i. Depression	○	○	
j. Anxiety or panic attacks	○	○	
k. Other mental health problems	○	○	
l. Obesity	○	○	
m. Asthma	○	○	

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

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?	○	○	○	○	○
b. your blood cholesterol checked? *Blood cholesterol is a fatty substance found in the blood.*	○	○	○	○	○
c. any screening for colon cancer? *Examples include colonoscopy, stool test for blood (FIT Test), stool test for DNA (Cologuard), fecal occult blood test, proctoscopic exam, sigmoidoscopy and barium enema*	○	○	○	○	○

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? *A mammogram is an x-ray of each breast to look for breast cancer.* Mark "not applicable" if you have had a double mastectomy.	○	○	○	○	○	○
b. performed a breast self-exam? Mark "not applicable" if you have had a double mastectomy.	○	○	○	○	○	○
c. had a Pap smear? *A Pap smear is a test for cancer of the cervix.* Mark "not applicable" if you have had a complete hysterectomy.	○	○	○	○	○	○

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 2 years
- ○ Within the past 5 years
- ○ 5 or more years ago
- ○ Never

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		
b. Health insurance or coverage bought directly by you or your family	○	○
c. Indian or Tribal Health Service		
d. Medicare	○	○
e. Medicaid, Medical Assistance or PMAP		
f. MinnesotaCare or BadgerCare	○	○
g. CHAMPUS, TRICARE or Veterans' benefits		
h. Other health insurance or coverage	○	○
i. NO health insurance coverage		

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

0 1 2 3 4 5 6 7 8 9 10 11 12+ servings

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

0 1 2 3 4 5 6 7 8 9 10 11 12+ servings

15. A serving of vegetables–not including French fries–is one cup of salad greens or a half cup of vegetables. How many servings of vegetables did you have yesterday?

0 1 2 3 4 5 6 7 8 9 10 11 12+ servings

18. How often did you drink the following beverages in the past week?	Never or less than 1 time per week	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 or more times per day
a. Fruit drinks (such as Snapple, flavored teas, Capri Sun, and Kool-Aid)	○	○	○	○	○	○	○
b. Sports drinks (such as Gatorade; PowerAde); these drinks usually do not have caffeine.	○	○	○	○	○	○	○
c. Regular soda or pop (include all kinds such as Coke, Pepsi, 7-Up, Sprite, root beer)	○	○	○	○	○	○	○
d. Energy drinks (such as Rockstar, Red Bull, Monster, and Full Throttle); these drinks usually have caffeine	○	○	○	○	○	○	○

19. Please mark the extent to which you agree or disagree with each of these statements:	Strongly agree	Agree	Disagree	Strongly disagree
a. Fruits and vegetables are difficult to prepare.	○	○	○	○
b. Fruits and vegetables cost a lot.				

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

○ Yes ○ No

21. 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

22. During the past 12 months, how often did you worry about not having enough money to pay your rent, mortgage or other housing costs?

○ Often ○ Sometimes ○ Rarely ○ Never

23. Do you own or rent your home?

○ Own ○ Rent ○ Other arrangement

24. During the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?

○ Yes ○ No ○ Already shut off

25. Think about the place where you live. Do you have problems with any of the following? (*Mark ALL that apply*)

○ Insect infestation
○ Mold
○ Lead paint or pipes
○ Inadequate heat
○ Oven or stove not working
○ Smoke detectors missing or not working
○ Water leaks
○ None of the above

26. Please indicate whether you use the following resources and facilities in your community.	I use this	I do not use this	My community does not have this
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.)	○	○	○

27. 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

28. 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.)*

○ 0 days ○ 1 day ○ 2 days ○ 3 days ○ 4 days ○ 5 days ○ 6 days ○ 7 days

29. 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.)*

○ 0 days ○ 1 day ○ 2 days ○ 3 days ○ 4 days ○ 5 days ○ 6 days ○ 7 days

30. 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	○	○	○
b. Lack of programs, leaders, or facilities	○	○	○
c. Lack of support from family or friends	○	○	○
d. No one to exercise with	○	○	○
e. The cost of fitness programs, gym memberships, or admission fees	○	○	○
f. Public facilities (schools, sports fields, etc.) are not open or available at the times I want to use them	○	○	○
g. Not having sidewalks	○	○	○
h. Traffic problems (excessive speed, too much traffic)	○	○	○
i. Long-term illness, injury, or disability	○	○	○
j. Fear of injury	○	○	○
k. Distance I have to travel to fitness, community center, parks or walking trails	○	○	○
l. No safe place to exercise	○	○	○
m. The weather	○	○	○
n. I don't like to exercise	○	○	○
o. Lack of self-discipline or willpower	○	○	○
p. I don't know how to get started	○	○	○
q. Other reasons	○	○	○

31. 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 35

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

33. 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 or more
○ 3 drinks	○ 7 drinks	
○ 4 drinks	○ 8 drinks	

34. 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	FOR MALES: 5 or more drinks on an occasion
Times	Times

35. 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	○	○
b. Motorcycle		
c. Boat	○	○
d. Snowmobile/ATV/Jet Ski		

36. During the past 30 days, which of the following substances have you used at least once for non-medical purposes? *(Mark ALL that apply)*

○ Marijuana
○ Pain relievers (Oxycodone, Vicodin, Acetaminophen with Codeine, etc.)
○ Tranquilizers or sedatives (Xanax, Ativan, Valium, etc.)
○ Stimulants (methamphetamine or other amphetamines)
○ Cocaine or crack
○ Heroin
○ Hallucinogens (Ecstasy, MDMA, PCP, etc.)
○ Inhalants
○ None

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

○ Yes ○ No ▶ IF NO, GO TO QUESTION 40

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

○ Every day ▶ GO TO QUESTION 39
○ Some days ▶ GO TO QUESTION 39
○ Not at all ▶ GO TO QUESTION 40

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

○ Yes ○ No

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

	Yes	No
a. Cigars	○	○
b. Pipes		
c. Snuff, snus or chewing tobacco	○	○
d. E-cigarettes, vaping pen, JUUL, etc.		
e. A hookah water pipe	○	○
f. Any other type of tobacco product		

41. 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

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

○ Yes ○ No

a. 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?

	No problem	Minor problem	Moderate problem	Serious problem
Child Growth and Development				
a. Parents with inadequate/poor parenting skills	○	○	○	○
b. Children's health problems going untreated	○	○	○	○
c. Children not getting regular check-ups	○	○	○	○
d. Children and adolescents unsupervised after school	○	○	○	○
e. Adolescents becoming sexually active	○	○	○	○
f. Lack of early childhood learning programs	○	○	○	○
g. Poor quality of early childhood learning programs	○	○	○	○
Adult Disability and Aging				
a. Isolation and loneliness	○	○	○	○
b. Adults not able to:				
1. Care for themselves	○	○	○	○
2. Do routine household chores or home repairs	○	○	○	○
3. Take medications they need	○	○	○	○
c. Lack of services to allow people to stay at home	○	○	○	○
d. Lack of affordable housing (assisted living)	○	○	○	○
e. Lack of support and services for caregivers	○	○	○	○
Environment				
a. Peeling lead-based paint in homes with children	○	○	○	○
b. Indoor air pollution related to:				
1. Radon				
2. Second hand smoke	○	○	○	○
3. Carbonmonoxide				
c. Unsafe drinking water	○	○	○	○
d. Public nuisances:				
1. Improperly disposed garbage, litter, etc.				
2. Pests such as rats and cockroaches	○	○	○	○
e. Environmental contamination from frac (silica) sand				

Alcohol, Tobacco, and Other Drugs	No problem	Minor problem	Moderate problem	Serious problem
a. Tobacco use by underage youth	○	○	○	○
b. Tobacco use by adults	○	○	○	○
c. Alcohol use by underage youth	○	○	○	○
d. Alcohol abuse by adults	○	○	○	○
e. Adults allowing or tolerating underage youth alcohol use	○	○	○	○
f. Drinking and driving	○	○	○	○
g. Use of illegal drugs	○	○	○	○
h. Abuse of over-the-counter and prescription drugs	○	○	○	○
i. Difficulty obtaining alcohol and drug abuse treatment:				
1. For youth	○	○	○	○
2. For adults	○	○	○	○

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

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

Economics				
a. Lack of affordable housing	○	○	○	○
b. Lack of affordable health insurance	○	○	○	○
c. Lack of transportation	○	○	○	○
d. Hunger	○	○	○	○
e. Unemployment	○	○	○	○
f. Homelessness	○	○	○	○
g. Lack of adult opportunities for education/training	○	○	○	○

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

○ Yes ○ No

45. Your age group:

○ 18-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65-74 ○ 75 or older

46. Are you:

○ Male ○ Female

47. Are you of Hispanic or Latino origin?

○ Yes ○ No

48. 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: _____

49. How tall are you without shoes? → Feet (0–7) Inches (0–11)

50. Approximately how much do you weigh? → Pounds (000–999)

51. Including yourself, how many adults live in your household? → Adults (00–99)

52. 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

53. Household income per year?

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

54. Are you currently... *(Mark ALL that apply)*

- ○ Employed ▶ GO TO QUESTION 55
- ○ Self-employed or farmer ▶ GO TO QUESTION 55
- ○ Unemployed or out of work
- ○ A homemaker or stay-at-home parent
- ○ A student
- ○ Retired
- ○ Unable to work because of a disability

55. 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!

DO NOT WRITE IN THIS BOX

Appendix G

Community Health Needs Assessment Survey Results

Winona County 2019 Adult Health Survey

Demographic Characteristic		Standardized Data		Individuals Needing Translation Services	
		Frequency	Percent	Frequency	Percent
Gender	Male	601	49.2	82	40.6
	Female	620	50.8	120	59.4
Age Group	18-34	626	51.3	94	47.2
	35-44	172	14.1	29	14.6
	45-54	192	15.7	32	16.1
	55-64	127	10.4	30	15.1
	65+	104	8.5	14	7
Race	White			17	8.4
	Hispanic	49	4	116	57.8
	American Indian			1	
	Hmong/Laotian			74	36.5
	Other Asian			2	
	Black			7	
	Other			38	
Education, recoded	High school graduate/GED	232	19.2	129	64.8
	Trade/Voc, Associate	464	38.4	55	27.6
	Bachelor's degree	330	27.3	14	7
	Graduate/professional	182	15.1	1	.5
Income					
Income	<$20,000	145	12.6	50	26.6
	$20,000-$34,999	132	11.5	58	30.9
	$35,000-$49,999	125	10.8	42	22.3
	$50,000-$74,999	253	22	20	10.6
	$75,000-$99,999	185	16	13	6.9
	$100,000+	312	27.1	5	2.7
	Missing: 7.8%			16	
Employment status					
(These do not add up to 100% because respondents could choose more than one status)	Employed	786	65	106	52.2
	Self-employed	120	9.9	4	2
	Unemployed	30	2.5	7	3.4
	Homemaker/stay at home	39	3.3	33	16.3
	Student	72	6	26	12.8
	Retired	221	18.3	8	3.9
	Unable to work	66	5.5	23	11.3

Winona County 2019 Survey Results	Weighted Data	Individuals Needing Translation Services
1. In general, would you say that your health is:		
Poor	1.7	5.5
Fair	7.0	21.4
Good	32.4	38.3
Very good	40.8	28.4
Excellent	13.2	6.5
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	28.8	17.3
b. Diabetes	8.4	21.8
c. Overweight	36.9	23.8
d. Cancer	9.2	3.5
e. Chronic lung disease	3.9	5
f. Heart trouble or angina	6	4
g. Stroke or stroke-related health problems	2.7	5.9
h. High cholesterol or triglycerides	25	20.8
i. Depression	22.3	20.3
j. Anxiety or panic attacks	20.1	12.4
k. Other mental health problems	8.1	7.9
l. Obesity	14.4	14.9
m. Asthma	10.5	7.9
3. Are you now trying to lose weight?		
Yes	50.2	45.5
No	49.8	54.5
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	56.8	49.5
A hospital outpatient clinic	10.3	17.6
Some other health center	1.3	7.4
An emergency room	1.9	14.2
An urgent care clinic	26.8	11.8
No usual place	7.3	15.2
Some other place	4.3	2

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?	Weighted Data	Individuals Needing Translation Services
Yes	30.4	27.2
No	69.6	72.8

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

Could not get appointment	13.6	16.4
Did not think it was serious	43.9	29.1
Transportation problems	7.4	18.2
Cost too much	52.3	40
I don't have insurance	6	40
My insurance didn't cover it	13.8	5.5
Other reason	17.7	1.8

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	17.5	19.4
No	82.5	80.6

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

Could not get appointment	9.2	17.9
Did not think it was serious	31	12.8
Too nervous or afraid	23.1	20.5
Transportation problems	3.7	7.7
It cost too much	45.1	48.7
Don't have insurance	2.6	17.9
My insurance didn't cover it	17.1	10.3
I didn't know where to go	26.7	43.6
Other reason	17.5	0

9. During the past 12 months, have you postponed dental work?	Weighted Data	Individuals Needing Translation Services
Yes	30.2	32.5
No	69.8	67.5

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

Could not get appointment	6.4	4.7
Too nervous or afraid	15.2	3.1
Transportation problems	2.7	9.4
Cost too much	52.2	68.8
Don't have insurance	25.9	34.4
Dentist wouldn't accept my insurance	5.3	14.1
Other reason	23.7	7.8

Have never had…

11.a. Blood pressure checked	3.3	14
11.b. Blood cholesterol checked	20.2	25.9
11.c. Screening for colon cancer	55.3	82.4
12.a. Mammogram (female only)	44	57.5
12.b. Breast self-exam (female only)	12.1	43.2
12.c. Pap smear (female only)	8.4	36.4
13. Prostate exam (male only)	52	76.3

*Age break down is available for the above screening data

14. Types of Health insurance

Currently insured	97.7	75
Currently uninsured	2.3	25

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

0 servings	20.1	10.4
1-2 servings	42.9	20.3
3-4 servings	26.5	22.9
5+ servings	10.5	46.4

	Weighted Data	Individuals Needing Translation Services
17. Number of vegetables yesterday		
0 servings	13.6	10.9
1-2 servings	54.4	35.8
3-4 servings	25.4	33.2
5 or more servings	6.6	20.2
18. Agree or strongly agree with the following statements		
Fruits and vegetables are difficult to prepare	7.4	29.5
Fruits and vegetables cost a lot	47.2	62.2
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	2.4	6
Sometimes	8	26.4
Rarely	9.5	20.9
Never	80.1	46.8
20. During the past 12 months, have you used a community food shelf program?		
Yes	4.4	22.5
No	95.6	77.5
21. Use the following resources in the community		
a. Walking trails	64.8	57.8
b. Bike paths	56.8	34.7
c. Swimming pool	25.3	32.3
d. Rec centers	28.5	43.8
e. Parks	61.4	38.9
f. Schools open for public use	18.3	20.1
g. Shopping mall for physical activity	11.8	35.5
h. Health club	29.3	14.1
i. Creeks, rivers, lakes	55.1	18.9
23. How many days do you get at least 30 minutes of moderate physical activity in an average week?		
0 days	12	44.8
1-4 days	61.3	45.8
No answer	0	0

	Weighted Data	Individuals Needing Translation Services
24. How many days do you get at least 20 minutes of vigorous physical activity in an average week?		
0 days	36.9	45
1-2 days	32	31.2
3-7 days	31.1	23.8

*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	29.8	10.2
b. Lack of programs	4.5	10.9
c. Lack of support	3.6	8.3
d. No one to exercise with	10.3	10.3
e. Cost of fitness program	25.6	20.2
f. Public facilities not open or available at times I want to use	11.1	10.3
g. No sidewalks	5.2	9.8
h. Traffic problems	4.6	6.2
i. Long-term illness, injury or disability	10.1	9.2
j. Fear of injury	4.3	10.8
k. Distance I have to travel to fitness options	8.1	9.8
l. No safe place	3.2	7.3
m. Weather	18.7	22.6
n. I don't like to exercise	13	7.3
o. Lack of self-discipline or willpower	25	18.7
p. Don't know how to get started	5.2	8.3
q. Other reasons	5.7	8.0

27. At least one drink of any alcoholic beverage in the past 30 days.		
No drinking	30	68.8
Any drinking	701	31.2

Drinking habits		
Heavy drinker	11.3	6.9
Binge drinker	30.5	78.1

31. Ridden in a vehicle when driver had too much to drink		
a. Car or truck	7.1	12.8
b. Motorcycle	.2	6
c. Boat	1.7	4.3

d. Snowmobile/ATV	.5	5.5

Smoking Status

Nonsmoker (percentage of total)	69.2	80.1

Weight status according to BMI

Not overweight	30.7	25.8
Overweight but not obese	36.5	37.9
Obese	32.8	36.3