

Community Health Needs Assessment

Adams County, Wisconsin • June 2013



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A Partnership Between
Adams County Public Health and Moundview Memorial Hospital & Clinics



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 Appendix I (County Health Rankings)

 Appendix II (2011 UW Extension Needs Assessment)

 Appendix III (Improving the Health of Local Communities)

 Appendix IV (Hospital Survey and Focus Group Results)

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Purpose of Community Health Needs Assessment

Community Health Needs Assessment and Improvement Plan

What are the significant health issues facing our county? That is the question leaders and representatives of area businesses and organizations intend to answer when completing a Community Health Needs Assessment.

The purpose of a needs assessment is to:

- Collect and provide updated information on the community's health status
- Create a process to encourage public and community input
- Identify and prioritize the health and wellness needs of area residents
- Use this information as the basis for developing a health improvement plan
- Mobilize members of community organizations and businesses to work together to address the community's identified health needs

Local health departments are required by State Statute HFS 140.04 to complete a community health needs assessment and participate in the development of a new local health improvement plan every five years.

As of March 23, 2012, all not-for-profit hospitals are required to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the identified health needs under the Affordable Care Act, IRS Code 501(r)(3).

Adams County Public Health and Moundview Memorial Hospital & Clinics both serve the Adams County area. Recognizing their common goals and the importance of working together to effect change, they formed a partnership to create a county-wide community health improvement process by the end of June 2013. The overall health priorities discovered during the needs assessment are universal; however each organization will have its own implementation plan that will be either attached or included within the needs assessment document. The needs assessment and improvement plan documents will also be posted on the County's website at www.co.adams.wi.gov and Hospital's website at www.moundview.org.

Following is a summary of the process, community priorities, goals and strategies that will provide a framework for future implementation of the Adams County Community Health Improvement Plan.

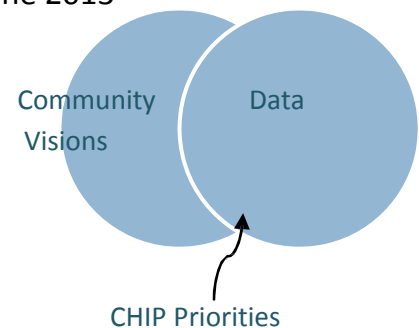
The Community Needs Assessment Process

Step 1: Establishing a Community Team

In the summer of 2012, Adams County Public Health and Moundview Memorial Hospital & Clinics began a county-wide needs assessment and health improvement process. Key stakeholders and community representatives were identified and invited to join a “Community Team”. A roster of 20 team members that live, serve and/or work in Adams County was assembled. They represented a broad cross section of the residents and the organizations within Adams County. As the community’s “voice,” these members were critical to the process. This team was considered to represent the perceptions, interests, and needs of the entire county. Additional input from the general community was sought through surveys and focus groups.

The planning process involved several steps that occurred between June 2012 and June 2013:

- Once the community team representatives were identified, a kickoff meeting was held in June 2012. Local and state data was presented including the county health rankings.
- Due to the county's significantly low health ranking (Adams County ranks 69 out of 72 counties in health outcomes), the team decided it would be appropriate to hold an initial ranking of health issues. A Healthy Community Visioning Session was held in July 2013 with community members asked to identify the key requirements of a healthy community. Six themes were chosen.
- Local data was further researched and presented to understand the health issues identified in the local statistics and trends for the six themes chosen. Additional data was collected through a survey and focus groups regarding the community’s perception of the top county health priorities.
- Data and vision themes were used to identify the key community priorities that would be included in the community health improvement plan.
- The three identified health priorities were aligned with the Adams County Promise Neighborhood Work Groups
- The Needs Assessment final report was completed in June 2013



Step 2: Data Collection & Review

Primary and secondary data was collected throughout the needs assessment process. Prior to the community team meeting, public health and hospital representatives reviewed statewide and local data. Statewide data included "Healthiest Wisconsin 2020: Wisconsin State Health Plan" and the Robert Wood Johnson *County Health Rankings* report from the University of Wisconsin School of Medicine and Public Health (Appendix I). The *County Health Rankings* rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income and environment play in how healthy people are and how long they live. In 2012 Adams County was ranked 69 out of 72 counties for health outcomes and 70 for health factors.

The results of the University of Wisconsin Extension's 2011 Adams County Needs Assessment survey were also reviewed (Appendix II). In late July 2011, Adams County UW-Extension mailed surveys to a random sample of 2,000 Adams County households. Four hundred and ninety-seven surveys were processed for a response rate of 29 percent. The needs assessment is completed every few years to ensure the work of UW-Extension is meeting the needs of the county. The survey focused on family living, community education, food and nutrition, leadership and volunteer development, community development, agriculture and wellness.

The most recent Adams County census data showed that in 2010 county residents averaged 45.8 years of age, in 2020 will average 49.1 years, and in 2030 will average 51.7 years. Adams County's population increased 11.5 percent between 2000 and 2010. The county grew at a slightly slower rate than the state over the last decade, but the components of change were very different. Population change is made up of two components: 1) natural change (births minus deaths) and 2) migration. Natural change is fairly stable and easy to predict because it is largely a function of the age of the population. Migration is more volatile. Population growth in Adams County was a result of migration rather than natural increase. The reliance on migration is consistent with an older population. It also suggests that Adams County was a destination for retirees.

Findings from the above data were presented to the "Community Team" at its initial meeting in June 2012. The team noted the county's health rankings were significantly low across all areas except physical environment. Due to the wide spread need for many health factors to change, the team decided it would be appropriate to hold a visioning session to first identify the key requirements of a healthy community. This session was

held in July 2012 and was based on the "Improving the Health of Local Communities: The Wisconsin Way" (Appendix III).

The visioning session was led by a facilitator and involved the Community Team answering questions about their county. The questions were meant to spark each member's view of the health of the community. Questions used included:

- Are you satisfied with the quality of life in this community?
- What do you think a healthy community looks like?
- What should (or should not) be done to change Adams County?
- Where are there opportunities for beneficial change in the community?

The key themes were rated and scored by the Community Team and six themes surfaced which are listed below. The six vision areas provided the foundation for the remainder of the needs assessment process.

1. *Social Support*
2. *Physical Activity*
3. *Employment*
4. *Health Literacy*
5. *Access to High quality care (tie)*
6. *Healthy Nutrition (tie)*

Over the course of several meetings the Community Team reviewed data from the six visioning areas. Expert facilitators for each of the six health focus areas were identified by Adams County Public Health to lead discussions at a large group meeting. An effort was made to pair content experts from local and state areas as expert facilitators on the priority topics.

Additional data was collected from the general population through Moundview Memorial Hospital's community opinion survey and focus groups conducted in August 2012 (Appendix IV). There were 375 telephone surveys and 78 online surveys conducted. The survey was statistically valid for the greater Adams County area, meeting demographic quotas for the areas surveyed. The focus groups, though not statistically relevant, provided an opportunity to gain more qualitative data. Each focus group included 6-12 people. The make-up of the groups included: those who did not use local primary care, current hospital patients, community leaders, community residents, members of the hospital's association, and former hospital employees.

Both the survey and focus groups were asked a question about the community's greatest health needs. Respondents were presented with nine issues that may impact the health of people in the community and were asked to rate the seriousness of these issues on a seven point scale with 1 being "not a problem at all" and 7 being "a very serious problem". These nine issues were:

- Access to healthcare
- Quality of healthcare
- Cost of healthcare
- The public health system
- Employment/Income opportunities
- Environmental quality
- Physical activity and nutrition
- Substance abuse/dependency
- Poverty

Similar results surfaced for both the survey and focus group participants with both identifying the top four health issues ranked in the following order:

1. Poverty
2. Employment/Income opportunities
3. Substance abuse and dependency
4. Cost of healthcare

These findings were presented to the Community Team. Please see the appendix for further details on these rankings.

Priority Focus Areas

Following several data review meetings, the Community Team met on February 20, 2013 to vote on the top three priority health areas for Adams County. A discussion was held on how the Community Needs Assessment and Community Health Improvement Plan could be coordinated with the recently awarded Adams County Promise Neighborhood Planning Grant. Adams County was one of two rural communities in the nation to receive this grant. The community organizations and businesses that would be involved in the county's health improvement plan would also be working on the goals for the Promise Neighborhood grant. It was noted that the needs assessment priorities could be aligned with the work groups that were designated as part of the planning grant. This would avoid duplication of efforts and be more likely to effect change by focusing needs

assessment and grant efforts on common goals. Therefore goals and strategies for implementation of the Community Health Improvement Plan will be developed as part of the grant's work group objectives.

The three health priority areas for Adams County that were identified through the Community Team and aligned with a Promise Neighborhood Work Group include:

1. **Social Support and Social Cohesion**- aligned with the Thriving Families Promise Neighborhood Work Group
2. **Employment** - aligned with the Career and Sustainable Living Promise Neighborhood Work Group
3. **Adequate, Appropriate, and Safe Food and Nutrition** - aligned with the Health Living Promise Neighborhood Work Group

Next Steps

Implementation planning for the three health priorities will be completed through the Promise Neighborhood work groups as listed above. One page action step documents were prepared for each priority area. The documents, which include state and local data, are presented in the three pages that follow. The work groups will consider these documents as well as evidence based best practices and known community resources when developing the plans and objectives for each priority area. A summary presentation on the health improvement plan will be reported to stakeholders, associates and the general community. The goal will be to generate excitement, recruit community members to the work groups and align efforts among stakeholders to help move the strategies and objectives forward. An action plan will be used to actively track progress, evaluate outcomes and provide updates to the community. The action plan will be revised as needed based on evaluation results.

Both Adams County Public Health and Moundview Memorial Hospital & Clinics will provide staff and resources to support the overall efforts of the work groups addressing the three health priorities through the Promise Neighborhood Grant. Additionally, each organization may choose to address additional priorities and objectives based on their own strengths, weaknesses and existing resources. Adams County Public Health and Moundview have each drafted their own specific implementation plans which are attached to the needs assessment document following the appendix. This information can also be found at their websites at www.co.adams.wi.gov and www.moundview.org.

Priority Focus Areas in Depth

Adequate, Appropriate and Safe Food and Nutrition

Adams County

Healthy diet reduces risk of:

- ▶ Overweight/obesity
- ▶ Malnutrition
- ▶ Anemia
- ▶ Heart disease
- ▶ High blood pressure
- ▶ Type 2 diabetes
- ▶ Osteoporosis
- ▶ Oral disease
- ▶ Diverticular disease
- ▶ Some cancers

At healthy weight one is less likely to:

- ▶ Have complications during pregnancy
- ▶ Die at an earlier age

Good nutrition in children is important:

- ▶ To healthy growth & development
- ▶ To maintaining appropriate weight

Good nutrition is important across the life span beginning with breastfeeding and resulting in access to high quality nutrition foods as we age.

Annual health care costs are \$1400 higher for people who are obese than for those are not.

Food insecurity, or assured access to enough food to lead a healthy life style is also important. Ten percent of Wisconsin households are food insecure.

Sources: Healthiest Wisconsin 2020; Healthy People 2020

Key Findings

- The rate of overweight and obese residents is growing faster than the state average.
- Adams County ranks 66 out of 72 counties for adult obesity rates.
- Over 50% of the county area has been designated a food desert by the USDA.
- Parents are relying on assistance to provide enough food for their families.
- Locations for food assistance and education are limited to one food stamp application site, four senior nutrition sites, and three WIC clinics, and one food pantry.
- The Adams-Friendship Area School District students had a free and reduced lunch rate of 74% in 2012.

Indicator	Adams County	Wisconsin
Percentage of population receiving food stamps	23%	19%
Percentage of child population receiving food stamps	50%	30%

Wisconsin Food Security Project, 2011

Social Support and Social Cohesion

Family and social support includes:

- The quality of relationships (among family members, friends, colleagues, acquaintances)
- Involvement in community life

Social isolation includes:

- Poor family support
- Minimal contact with others
- Limited involvement in community life

There is a strong association between social isolation and poor health outcomes. One study found that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking in terms of adverse health outcomes.

Both adults and children in single-parent households are at higher risk for:

- ▶ Unhealthy behaviors - smoking and excessive alcohol use
- ▶ Adverse health outcomes - substance abuse, depression, suicide
- ▶ Early death

Self-reported health among single parents (both male and female) were found to be worse than for parents living as couples, even after controlling for socioeconomic characteristics.

Source: County Health Rankings

Adams County

Key Findings

- There is a higher percentage of people living alone over the age of 65 than the state average.
- There is a higher rate of single parent households compared to the state average.
- Adams residents were more likely than the rest of the state to report they didn't get the social support they needed (20% compared with 18% in WI).
- There is a high rate of volunteerism perceived by community partners.
- The large retired population represents a community asset for social support.

Indicator	Adams County	Wisconsin
Households Living Alone	28.2%	27.7%
Age 65+	12.6%	9.5%

U.S. Census Bureau American Community Survey, 2009-2011

Employment

Almost 25% of adults in the United States earn less than \$27,000 a year in jobs that offer no health care, vacation, or paid sick leave.

40% of all households in the US earn below 250% of the federal poverty level.

These workers often struggle to afford food, rent, childcare, and transportation.

Unemployment and under-employment affect health outcomes in several ways:

Unemployment leads to an increase in unhealthy behaviors:

- alcohol use
- tobacco use
- diet
- exercise

These behaviors, in turn, can lead to higher risk of disease and death.

Some studies indicate that unemployment can lead to physical illness and even death (especially by suicide).

Unemployment can also reduce access to health care (because insurance is often tied to employment).

Sources: County Health Rankings; United Way Worldwide

Adams County

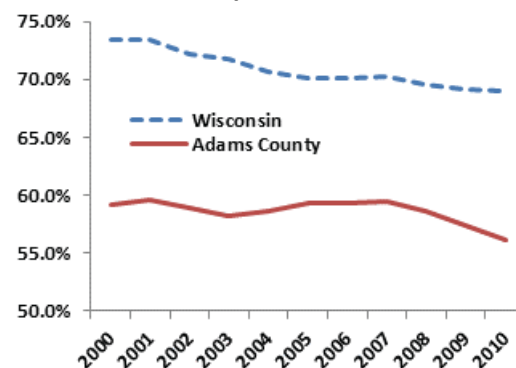
Key Findings

- The Adams County Population is older than the statewide population.
- Ten– year population growth was highly dependent on migration.
- The unemployment rate is higher and the labor force participation rate is lower than the statewide rates.
- Key industries include: Natural Resources and Mining, Leisure and Hospitalities, Trade, Transportation and Utilities, Education and Health Services, and Manufacturing.
- Over half of employed Adams County residents commute to jobs outside of the county.
- Adams county has a high rate of children living in poverty (29% compared with 19% in WI).
- Projected employment growth varies by industry and occupation, but job openings will be available even in occupations with declining employment.

Adams County Civilian Labor Force Data			
	2000	2010	% Change 2000-2010
Labor Force	8,522	8,286	-2.8
Employed	7,859	7,545	-4.0
Unemployed	663	741	11.8
Unemployment Rate	7.8%	8.9%	14.1
Participation Rate	78.5%	72.5%	-7.6

Source: Source: U.S. Census Bureau, 2008-2010 American Community Survey; and NCWRPC

Labor Force Participation Rates



Source: WI DWD, OEA Special Tabulation