
Buchanan County Health Center

Community Health
Needs Assessment

March 2012

Buchanan County Health Center Community Health Needs Assessment

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Introduction

In meeting the requirement of the Patient and Protection and Affordable Care Act §9007 for nonprofit hospitals, Buchanan County Health Center participated in a community engagement project. This project includes a community health needs assessment (CHNA), key informant interviews, and secondary data analysis.

The goal of the project was to produce a current profile of health status, wellness, health delivery and public-sourced options about health in Buchanan County. The process used a compilation of the most recent local, state and national data, as well as the opinions of representatives from area human service health agencies and members of the community. The report that follows is to be understood as a summary of the findings and observations from all sources.

A CHNA is a process that describes the state of the local community, enables the identification of the major risk factors and causes of poor health, and enables the identification of the actions to address these. At its most basic level, a community needs assessment of this type is a valuable tool for planning. The information gathered during this process will enable Buchanan County Health Center to identify and prioritize problems for action.

The community health needs assessment that is presented in this report is just the beginning of a dynamic, ongoing process and long-term goal of improving the community's health. This data collection is the first step in the overall community needs assessment process, which includes the following steps: community profiling, deciding on priorities for action, planning public health and health care programs to address the priority issues, implementing the planned activities, and the evaluation of health outcomes. Community health needs assessments should be part of a continuous process that seeks to improve the health and well-being of the community.

The health issues identified in the report will be reviewed, prioritized, and incorporated into a new strategic action plan that will be used by BCHC and others to target activities for investment and action over the course of the next three to five years.

Methodology

Both quantitative and qualitative data was relied upon to ensure the most complete picture of community needs, the target audience as well as the strengths, challenges and opportunities facing the county.

Quantitative

BCHC has gathered data from a variety of sources, including, but not limited to the United States Census Bureau, the Centers for Disease Control & Prevention (CDC), Iowa Work Force Development, Iowa Hospital Association, Buchanan County Public Health Department, the U.S. Department of Health & Human Services- Community Health Status Indicators (CHSI), Buchanan County Economic Development Commission and The 2011 Iowa Health Fact Book. This collection of these resources served as the basis for the needs assessment, including:

- Most recent available estimates of demographic, educational attainment, and socioeconomic opportunity information for the service area.
- Estimates of chronic disease and high-risk health behaviors for the service area.
- Ratios of populations to care providers in the service area.

Qualitative

Focus groups comprising a cross-section of key stakeholders (e.g., public health, healthcare providers, school, business and community leaders and community members) were conducted. Facilitated by Hellman's, marketing company, staff, the focus groups followed the same agenda and format, collecting input from participants on three areas relevant to community health and well-being:

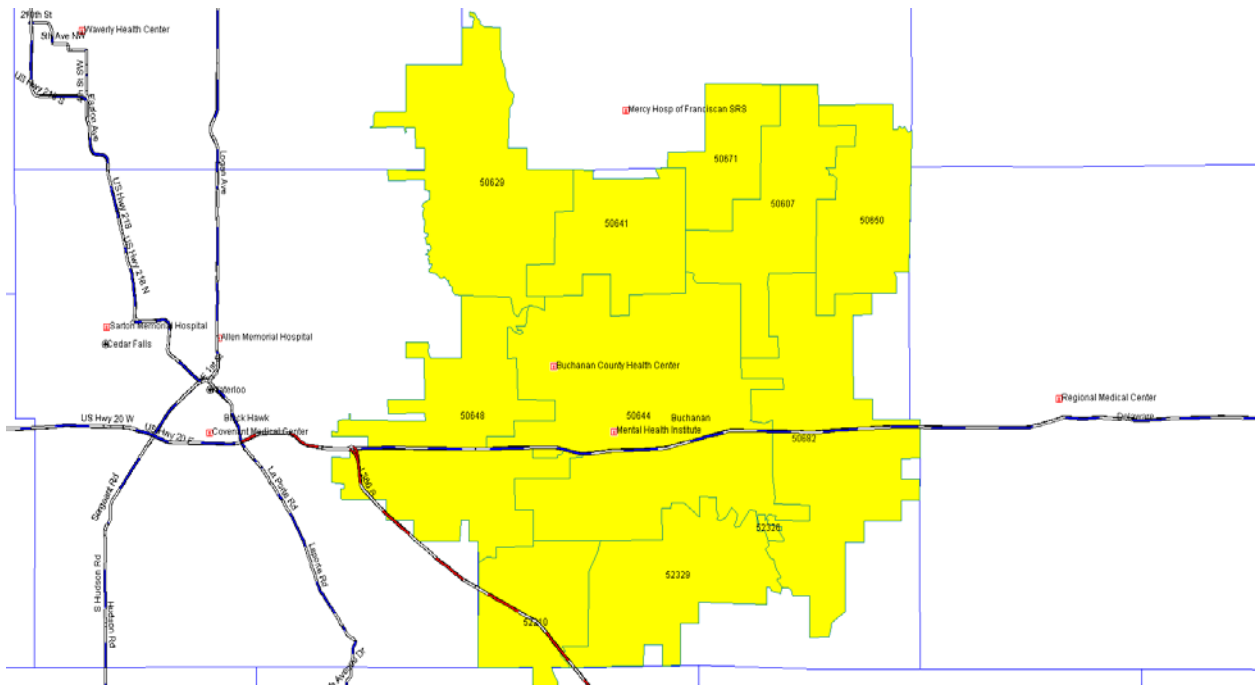
- Access to care
- Hospital/emergency services
- Barriers to healthcare

Findings

Demographic and Socioeconomic Data

Buchanan County Health Center is located in Independence, IA and serves Buchanan County.

Buchanan County is located in northeast Iowa. It is 18 miles east of Waterloo, IA and 61 mile west of Dubuque, IA. Buchanan County is split by Highway 20 and is surrounded by counties: Fayette, Clayton, Delaware, Linn, Benton, Blackhawk and Bremer.



The population of Buchanan County was 22,213 in 2009, according to the U.S. Census Bureau. Approximately 40% of the population lives in the Independence zip code. The remaining population lives in the cities of Aurora, Fairbank, Hazleton, Jesup, Lamont, Stanley, Winthrop, Brandon, Quasqueton and Rowley. The racial makeup was approximately 97% white, 0.4% African-American or black, 1% Hispanic or Latino and 1.5% Other.

The service area population has a higher percentage of high school graduates and a lower percentage of four-year college graduates than the state overall with 10% with no high school diploma, 42% with high school educations, 31% with some college and 18% with a four year degree or more.

The median age in the county is 38.7 years. The population age groups are spread out, with 27% under the age of 18, 30% between the ages of 18 and 44, 27% between the ages of 45 and 64, and 15% age 65 and older.

The median household income is \$47,235. Nine percent (9%) of the population is uninsured and the population below poverty level 2009 is 11%.

According to the Iowa Workforce Development, Buchanan County's unemployment rate is for 2011 was 6.3%.

The Laborshed Analysis, commissioned by the Buchanan County Economic Development Commission, reported that in Buchanan County, 16.5% of employed residents are employed in education, 15.3% are employed in wholesale and retail trade, 15% in healthcare and social services and 13% in manufacturing. 7.9% of employed residents are employed by government and public administration, 7.5% in professional services and 6.3% in construction. The remaining 18.5% are in transportation, communications and utilities, finance, insurance and real estate, personal services, agriculture, forestry, recreation and active military duty.

Health Morbidities

Diabetes. Buchanan County residents have a diabetes prevalence rate (those who currently have diabetes) of 8%, which is slightly higher than the state of Iowa rate of 7%. The national rate is 7.8%. There is no distinction in the data between Type 1 and Type 2 diabetes prevalence.

Cardiovascular Disease. The crude death rate in the United States from cardiovascular disease in 2007, the most recent year for which data is available, was 204.3 deaths per 100,000 population. The state of Iowa's crude rate was higher, with 242.1 deaths per 100,000. Buchanan County had a rate of 220.1 per 100,000. It is important to keep in mind that these figures are crude rates, and are not age-adjusted.

Cancer Incidence Rate. Buchanan County's cancer death rate per 100,000 people was 235.4. Iowa rate was 214.6 deaths per 100,000. The national rate was 538.8 per 100,000 population.

Low Birth Weight Rates. The percent of live births that fall in the low birth rate category (2500 grams or less) 6.3% of births considered low birth rate. This is slightly lower than the state of Iowa (6.7%) and to the national rate (8.2%).

Injuries. The all transportation death rate was 17.3 deaths per 100,000 people, is higher than the state of Iowa average of 15.5 deaths per 100,000 people.

Sexually Transmitted Diseases. The rate of new chlamydia cases per 100,000 population in Buchanan County (228 per 100,000) was lower than the state of Iowa rate (290 per 100,000). Buchanan County was also lower than the national average of 401.3 new cases per 100,000 population.

Teen Pregnancy. The teen birth rate, measured as number of births per 1,000 female population aged 15-19 years, is significantly lower in Buchanan County (26 per 1,000) than the national (41.9 per 1,000) and state (32 per 1,000) rates.

Health Behaviors

Immunizations. Iowa county-level data was not available for this category. The state of Iowa flu immunization rate is 45.3%.

Smoking. The rate of adults the report smoking in Buchanan County is 20% which the same as the state of Iowa rate also at 20%. The national rate is 18.3%.

Alcohol Use. Binge drinking rates were higher than respective state and national averages. The national binge drinking rate (defined as five or more drinks on one occasion for males and four or more drinks on one occasion for females) is 8%. Buchanan County is higher than the state and national averages at 26%. The state of Iowa percentage is 20.2%.

Obesity. Buchanan County reports 29% of the adult population as obese. The state of Iowa is lower, at 27.8%, and the national rate is 26.9%.

Environmental Data

Lead poisoning. Lead poisoning remains a pervasive issue in the area and throughout the state of Iowa. According to the Iowa Department of Public Health, 3.7% of children in Buchanan County tested for elevated lead levels greater than 10 µg/dl. The state of Iowa has one of the highest lead poisoning rates in the country, with 4% of tested children in the state registering blood lead levels above 10 µg/dl.

Health Care

Preventable hospital stays. The preventable hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees was significantly higher than both state (68) and national (52) rates at 79.

Primary care physicians. The ratio of population to primary care population was significantly higher than both state (984:1) and national (631:1) ratios at 2,337:1.

Mental health providers. The ratio of population to mental health providers for Buchanan County at 5,258:1 is lower than the state of Iowa ratio at 14,190:1. Although it is important to note the impact of MHI to the concentration of mental health providers.

Community Member Focus Groups

Key Informant Findings

Key Finding #1- The Health Center is an asset to the community.

Focus group participants felt positive about virtually every aspect of the Health Center- from its services and staff to its facilities and leadership.

Services

“It’s wonderful. It is really nice to have it in a community this size. I don’t think people realize how fortunate we are.”

“I think they do a really good job in that area (role as healthcare provider) as far as providing the clinics where you have a variety of physicians.”

“From a community standpoint, looking at our community versus others our size, we’re probably spoiled with the services we get, in my opinion, from the clinics.”

“Such a wide variety of services covering the whole person. And I think our hospital looks at the whole person, too, because we’re small.”

Staff

“Respect. Whether it be the minute I walk into the door, or if I need help outside getting somebody in, or registering... the nurses... I’ve never been treated with disrespect or rudeness. It’s always been kind and professional. They’re professional.”

“Whenever I see someone from the hospital, they are so kind. They ask how you are. They ask how your relatives are. You know, what’s new. And they carry that through in their work ethic.”

Facilities

“I think we have not only very good services, but I think it’s a beautiful facility. And I understand that’s not what keeps people healthy, but if you are there waiting for somebody you care about, it’s nice to be in a clean, comfortable environment.”

“Psychologically, when you’re in places that are more homelike, our anxiety is down and we’re better able to cope with recovery. It’s positive, mentally.”

Key Finding #2: The Health Center, as a healthcare provider, is expected to provide services close to home.

Care close to home was important to almost everyone. However, close to home meant different things to different people- from accessibility to convenience to cost savings.

Accessibility

“I work more specifically with a low-income population and I know transportation is an issue. I think it’s really important to have access to an ER.”

“But keep in mind the people that don’t drive out of town or are not able to drive out of town, we have those services here, and I think it’s great.”

“You think of all of the people that cannot do that (travel). They have no way of getting there (other towns).”

Convenience

“I think it’s great to have all of the different clinics and outreach opportunities so people don’t need to drive quite as far to see specialists.”

“Bringing in specialists, so people don’t have to travel outside the town to make those arrangements.”

Cost Savings

“The more available, the lesser cost that comes out of the consumer’s pocket with travel expenses.”

“I had to go to Oelwein to pulmonary rehab... Because there were 36 sessions, and you can imagine the cost of that, that drive to Oelwein. I mean it’s not very far, but three times a week.”

Key Finding #3- Preventive health programs for children, as well as more promotion of existing programs, services and events, are opportunities.

Connecting with Children, Partnering with Schools

Many participants felt that connecting with children- particularly with preventive programs- was important.

“I’d like to echo what (name of focus group member) said about talking about obesity, not only in children, but in adolescents and all of this, and look at that as an epidemic, perhaps. And so the obesity... any preventive health services that we could do. Any teaching or classes... she mentioned nutrition... any of the educational opportunities that could be offered there as far as parenting.”

“Be sure to write down, if you haven’t already, prevention- preventive services as we look into the future. It touches on everything we’ve said. We need to prevent what happens to us. Why do we need respiratory care? Why do we need cardiology? Why are we becoming obese? Any of the preventive teaching or services we can add.”

“I guess one of the areas I’d like to see them do is if we become a community of all ages... is maybe look at something... we have boot camp, we have seniors and they’re active and creating positive health situations. But maybe for young people, is that something we can create opportunities for young families to interact with their children that are healthy? So, I mean you’re focusing on healthy diets, activities and stuff. If you look at America, it’s important for us to eat better, exercise more and do all those things. So, is that an opportunity for the Health Center, also, to maybe hit on a void that doesn’t hardly exist?”

“The library. Get to kids. Partner in the community.”

“Are they going to the schools at all? Because there’s another partnership if you want it.”

“The second thing is an opportunity in the new school ... the schools came out with this new wellness initiative and certain requirements. I think there’s an opportunity for the hospital to partner with the school district in order to do some training or education on wellness and different fitness resources that are available.”

“And I think it would be awesome to extend that into having more activities available for children. Some more programming. I personally love the SPARK program. (Another focus group participant asks the person speaking to explain the SPARK program.) The SPARK program was through the wellness center. They received private grant money to provide education on health and nutrition, exercise and nutrition, specifically targeted to preschool children. And I just thought it was awesome, and I would love to see it taken up another level. They had an obstacle course. They offered different things to bring kids into the community. I would love to see that, especially with the high, high rates of obesity. I think it has to be addressed. And if we want to grow young families in the community and we’re building a school, I think that would just be awesome. If there was some kind of partnership or something that could do that.”

More Promotion

Focus group participants wanted to know more about what’s going on at the Health Center. Some were surprised by all that was going on which they didn’t know about.

“Publicize. Publicize. Publicize.”

“You know, maybe the hospital needs to publicize a little more. I was not aware of this SPARK class. You know, how did you find out about that? Of course, you know about it because your daughter was in preschool. But I didn’t know about it to brag to somebody else or use that. I mean, I don’t know all that they offer, I guess.”

“I think our hospital has to be bragging a little more about what they do offer. I’m just amazed at this little SPARK thing that I didn’t know about. And the fact about the health fair, I didn’t know about your healthy cooking.”

Key Finding #4: The addition of obstetric services and an urgent care clinic would better meet the needs of the community.

Seven participants suggested obstetric services. Four participants mentioned an urgent care clinic. Two participants said palliative care/pain management. Oncology, pulmonary rehabilitation, in-home elder care, and geriatrics were each mentioned once.

Obstetric Services

“I know we lost over the time the ability to have birthing and those types of things here. So, if we could add that at some of the special clinics that we do that would be a tremendous asset to us. Hoping to bring our median age down. I know that we had some families move to us that have been ... they’ve recently had births ... And if we could create something where we could have those visits be here, that would be a nice addition.”

“All three of our children were born there. Fortunately, before they ended those services. It was great to be in town. I ran to the office. Back to the hospital. Back to the office. If I had done that in Waterloo, we wouldn’t have been able to do that. You know, my other kids got to stay home at night. There was very little transition.”

“The one area I would say that definitely needs improvement, is our last child, we had to go to Waterloo. And it’s difficult with a 25-minute drive, to get through traffic, to speed over there. So, it’s certainly something we wish was here. Because as our community looks to grow (inaudible).”

“I think there may not be a pediatric component. That seems very noticeable. And I know there are no deliveries ... babies ... and I don’t know that should change. But I think it means that young families in the county have to go elsewhere, so they may not think of coming back to the county hospital because they’ve already established something somewhere else.”

Urgent Care

“One more quick thing that I just thought of, it would be nice if they had like some kind of after-hours where you don’t have to pay ... they have these in bigger cities. You don’t have to pay a doctor’s fee. You don’t have to pay the \$500 for the emergency room. I know for our employees, there’s a lot of them that would like to go, but to make an appointment and then they have to go pay the high fee for the emergency room. If they could have some kind of walk-in ... something like that would be a big plus.”

“On that same point, my daughter broke her arm about a month ago. And we thought it was probably broken. To avoid the double charge of going to a local hospital and paying the emergency room, we took her straight to Waterloo and they diagnosed it. So those were opportunities where they’re missing out on revenue. Plus, you’re being forced to travel, have surgery at four in the morning, and be there all night. It’s just something that could be offered.”

“Also, if there was a way to have something like another area hospital where it has longer hours than traditional hours, but it has the convenience of ER care without the cost. I think that would be helpful.”

Key Finding #5: The Health Center would be best described to friends and family as convenient with a wide variety of services.

Participants most frequently spoke about convenience and a wide variety of services from which to choose.

Convenience

“Comfortable. Efficient. Conveniently located, quality health center.”

“Convenience is a huge factor.”

“It’s real nice to have the specialists come to you ...”

Wide Variety of Services

“Well-rounded and progressive facility.”

“ ... I’m just pleased they have so many things that they offer for a small community.”

“Such a wide variety of services covering the whole person. And I think our hospital looks at the whole person, too, because we’re small.”

“I think they do a really good job in that area (role as healthcare provider) as far as providing the clinics where you have a variety of physicians.”

Conclusion

Overall, the findings show Buchanan County is healthy. Access to health care services was identified as the primary factor for a health community. Diabetes, obesity and alcohol use were identified as the three most serious health concerns in the county by data analysis. The high frequency of obesity is cited in the focus groups as a community concern along with the need of preventive wellness specifically in the school systems. Buchanan County Health Center received high accolades relating to high quality, comprehensive care provided, based on the focus group feedback.

Recommendations

- Access to care- ratio of population to primary care providers (BCPH partnership)
Urgent Care
Emergency Department Coverage
- Form strategic partnerships i.e. public health, school system, clinic, etc., to gather input on how to collectively address needs identified from the survey. Assess if any non-health related organization could support the health needs of the community.
- Provide/support community wellness and education opportunities to improve health behaviors specific to Buchanan County (Blue Zones)
 - Diabetes education and disease management
 - Obesity
 - Alcohol Use
- Pursue an ongoing dialogue with the communities served regarding the value of local utilization and grow Buchanan County Health Center's existing reputation for providing excellent care with customer-friendly service.
- Incorporate developed goals into the organizations strategic plan and communicate and share assessment results with the communities service

References

Behavioral Risk Factor Surveillance System Survey

<http://www.cdc.gov/brfss/>

Buchanan County Public Health Department

Appendix B

Buchanan County Economic Development Commission

<http://dl.dropbox.com/u/14678903/Laborshed%202011/Laborshed%20with%20Cover%20-%20Independence.pdf>

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/>

County Health Rankings

<http://www.countyhealthrankings.org/>

Iowa Work Force Development

<http://www.iowaworkforce.org/>

Iowa Hospital Association

<http://www.ihaonline.org/>

National Center for Health Statistics

<http://www.cdc.gov/nchs/>

2011 Iowa Health Fact Book

<http://www.idph.state.ia.us>

U.S. Census Bureau

<http://www.census.gov/>

U.S. Department of Health & Human Services- Community Health Status Indicators (CHSI)

<http://www.communityhealth.hhs.gov>