

GUNDERSEN

PALMER LUTHERAN HOSPITAL AND CLINICS

Community Health Needs Assessment



2023-2025

<https://www.gundersenhealth.org/community-assessment>

Introduction and Purpose

The Patient Protection and Affordable Care Act requires non-profit healthcare organizations to perform a Community Health Needs Assessment (CHNA) every three years and adopt an implementation strategy, known as a Health Improvement Plan (HIP), to meet the outstanding community health needs and to continue to qualify for federal tax exemption.

Gundersen Palmer Lutheran Hospital and Clinics began its Community Health Needs Assessment process in mid-2022, with a target completion date for the plan of December 31, 2022. The Health Improvement Plan will then be implemented during Gundersen Palmer's fiscal years 2023-2025 with a yearly reporting update.

The CHNA-HIP process does three things:

- Describes the health state of a local population;
- Enables the identification of the major risk factors and causes of ill health, and;
- Enables the creation of actions needed to address these factors.

The purpose of a community health needs assessment is to gather data on lifestyles and behaviors of Fayette County residents to assess the health status of communities. All primary and secondary data is compared, where appropriate, to previous health studies, as well as county, state, and national measurements. The information provides a better understanding of the prevalence of risk factors and disease conditions existing within the population.

After conducting the Community Health Needs Assessment, Gundersen Palmer's identified numerous areas of concern with three significant need categories on which to focus. These areas are similar to previous CHNA categories as they continue to be the main concerns for the community:

- 1. Prevention**
- 2. Access to Healthcare (with particular focus on mental health)**
- 3. Nutrition**

Actions are outlined in the Health Improvement Plan focusing on the three above priorities. These actions will occur over a 3-year period, 2023-2025. The Gundersen Palmer Lutheran Hospital and Clinics' Board of Trustees approved this Community Health Needs Assessment and Health Improvement Plan December 2022.

Organization Overview

Gundersen Palmer Lutheran Hospital and Clinics is a not-for-profit 25-bed Critical Access Hospital in northeast Iowa. With clinics located in West Union, Postville, and Fayette, Gundersen Palmer also houses Fayette County Public Health. Located in West Union, Iowa, the seat of government for Fayette County, the hospital serves a population base in excess of 20,000. The hospital is a regional center of the Gundersen Health System, LaCrosse, WI and is devoted to providing excellence in medical care in a compassionate, caring atmosphere.

Mission:

We will provide the healthcare and education we would want our loved ones to receive.

Vision:

We will enhance the health and well-being of our communities, while enriching every life we touch, including patients, families, and staff.

Values:

Respect, Innovation, Integrity, Compassion, Excellence

According to the Iowa Hospital Association, in fiscal year 2021, Fayette County hospitals, including MercyOne and Gundersen Palmer, had a significant economic impact on the local economy in Fayette County, indicating the hospital and staff purchase a large amount of goods and services from local businesses. Employment and income (sum of payroll and employee benefits expense) are important direct economic impact created from the hospital. Hospitals are vital assets to communities; providing access to essential health care services.



Previous Community Health Needs Assessments

Gundersen Palmer's first Community Health Needs Assessment was completed in 2013 with additional completed in 2016 and 2019. It revealed health needs within Fayette County, and through evaluation of data, opportunities to make positive health impacts were identified. With a focus on increasing healthcare access and partnering with organizations on education for healthy lifestyle choices, Gundersen Palmer's current Community Health Needs Assessment shows progress; however, work is still required in those same areas after the most recent assessment was performed.

In addition, Gundersen Palmer was highly involved with Fayette County Public Health Community Health Assessment in 2022. Iowa Public Health agencies are required to conduct a Community Health Assessment and Health Improvement Plan every five years. From the Public Health Assessment, Gundersen Palmer aligned priorities to ensure the greatest impact for the community. As Fayette County Public Health is a department of Gundersen Palmer, the hospital was greatly involved in the planning and implementation of Public Health's Improvement Plan.

Progress Report 2020-2022

Gundersen Palmer is proud of achievements made from the last Community Health Needs Assessment and knows our organization must continue to identify and create collaborative relationships to advance our efforts. Gundersen Palmer is committed to providing resources (both time and financial) during the assessment and the development of the implementation plan. The expertise of our staff adds perspective in creating strategies to advance efforts. With outside partners, Gundersen Palmer has the ability to support area agencies and programs to continue to make progress in the improvement plans.

Highlights of 2020-2022 Health Improvement Plans include increasing healthcare access for the community by adding additional same-day appointments and providers. In addition, beginning a mental health service in addition to other outpatient services increased access locally. Gundersen Palmer has increased visibility within the community partnering with Fayette County Public Health and other local healthcare entities on COVID-19 education and vaccination. Due to COVID-19, many services and events were forced to pause, so Gundersen Palmer is anticipating increased offering for services and potential community and organizational partnerships post-pandemic.

No comments were received from the 2020-2022 Community Health Needs Assessment or Health Improvement Plan. For more information on the progress made by Gundersen Palmer, contact Gundersen Palmer's Population Health Department for the full Community Health Needs Assessment Health Improvement Plan with updated results.

Assessing the Community's Health Needs

Our Assessment Process

There were several components in assessing the community to ensure we were identifying the needs of the community that Gundersen Palmer serves. This report was compiled by Gundersen Palmer Lutheran Hospital and Clinics using data collected and reviewing past assessment outcomes of surrounding hospitals, affiliated hospitals, local organizations, and Fayette County Public Health. Using many of the same tools, resources, and data for Gundersen Palmer's assessment, we found the results to be similar to local hospitals and Public Health's assessments. Additional insight came from various meetings with health partners from numerous organizations and partners involved with local initiatives.

Methodology

In partnership with Fayette County Public Health, Gundersen Palmer developed a survey to disseminate within the service area- See Appendix A. The Fayette County Health Assessment data collection process was conducted by first surveying the citizens of Fayette County at the Fayette County Fair in July of 2022. A team consisting of a University of Iowa College of Public Health Strike Team and a community health intern utilized social media, iPads, and paper surveys in order to connect with the public at the county fair. Following the fair, the survey was disseminated within the Fayette County community and sent the survey out through social media and email, where community members and organizations continually shared it. For the assessment, Gundersen Palmer partnered with the University of Iowa College of Public Health, the Iowa Department of Public Health, Fayette County Public Health, the Healthy Fayette County Coalition, and MercyOne. In addition to utilizing the data collected for our assessment, we have also referenced MercyOne's, another hospital within our county, community health assessment and improvement plan. Information provided by partners at local organizations, Gundersen Health System, Iowa Department of Public Health, Helping Services, North Fayette Valley Community Coalition, and Fayette County Public Health was utilized as well.

During the assessment process, input was gathered from a number of sources working as public health professionals, including individuals employed at Fayette County Public Health and the Iowa Department of Public Health, as well as an individual working in the University of Iowa College of Public Health. Input for the survey was gathered by sending out drafts of the assessment for feedback, along with conducting zoom meetings to go over potential revisions.

Information on how to access the on-line survey, with opportunities for paper copies, was promoted and emailed to internal and external audiences, chamber members, personal contacts, and numerous other individuals and organizations throughout the service area. A total of 193 electronic and paper surveys were collected, with paper responses being entered into the electronic survey database. Attempts were made to ensure a cross-section of residents completed the survey.

The collected data from the survey, combined with secondary data collected, helped in identifying opportunities to improve the health of Fayette County. Secondary data sources include, but are not limited to, Robert Wood Johnson Foundation (RWJF) County Health Rankings & Roadmaps; previous data collected from Fayette County Community Health Needs Assessment; other local hospital Health Needs Assessment; Iowa Department of Public Health; the Center for Disease Control and Prevention; US Census Bureau; Gundersen Health System;

North Fayette Valley Community Coalition; Data USA; North Carolina Rural Health Research; Iowa Hospital Association; and other sources noted within the report.

Gundersen Palmer leaders contributed expertise in evaluating data, research, and other information, while taking into account trends within the community and individualized practice setting, patient feedback and hospital utilization data to help finalize the strategies.

Survey results will be included as an appendix to the CHNA-HIP.

Impacting the Community

Gundersen Palmer will devote resources and expertise to undertake the health needs we feel most qualified to address. With a focus on defined strategies as determined by senior leadership and the hospital Board of Directors, we expect to have a positive impact on specific health concerns and the overall health of our community.

Participants who took the survey and data-centered discussions represented a broad spectrum of the community. A number of planning meetings and follow-up communications were held with Fayette County Public Health, hospital senior leadership, key partner leaders, focus groups, a Patient Family Advisory Council, Gundersen Health System representatives, and the Community Health Needs hospital committee.

General public, hospital/clinic staff, other primary care providers, dentists, optometrists, chiropractors, public health professionals, mental health professionals, healthcare workers, schools, government, and business leaders were invited to partake in survey. In addition, uninsured, low-income, and minority populations were represented as community members in various discussions and survey results in addition to numerous entities that deal directly with this category of the populations were invited and/or in attendance (i.e., DHS, local youth-centered organizations, school officials, etc.).

Evaluation

Gundersen Palmer is committed to tracking all efforts and progress in the Health Improvement Plan, which was reviewed and approved by the Gundersen Palmer Lutheran Hospital & Clinics Board of Directors. Progress will be recorded and reported on a yearly basis.

Partnerships

- Gundersen Health System
- Fayette County Public Health
- MercyOne
- Community Leaders/ Chamber of Commerce
- Educational Systems
- Northeast Iowa Agency Area on Aging
- North Fayette Valley Community Coalition
- Helping Services of Northeast Iowa
- Local Park & Recreation Departments
- Various Other Health-Related Agencies

Approval

All information was compiled and reviewed and a Health Improvement Plan for Gundersen Palmer was created. The assessment and plan will be presented to Gundersen Palmer Patient and Family Advisory Council for feedback and continually monitored by this group. The Community Health Needs Assessment and Health Improvement Plan was approved by the Gundersen Palmer Lutheran Hospital & Clinics Board of Directors in December 2022. We appreciate the Council and Board's guidance and input in the Community Health Needs Assessment process, as well as its dedication to both the hospital and the community.

Our mission and vision call us to focus efforts and resources on identified health needs in which Gundersen Palmer can positively impact. Although progress was made over the past three years, work remains in the key areas identified previously. Gundersen Palmer will adjust tactics, broaden partnerships, and continue efforts to reduce gaps impacting key areas while addressing new priorities that resulted from the current Community Health Needs Assessment.

Health Improvement Plan

Please refer to Gundersen Palmer Lutheran Hospital and Clinics Health Improvement Plan for the Implementation Strategy of the three determined goals.

Annually, through the course of the 3-year period, Gundersen Palmer will assess the impact by re-measuring perceptions of the problems identified in the 2023-2025 Community Health Needs Assessment.

Community Served

Gundersen Palmer is a primary healthcare provider for Fayette County. Another hospital, MercyOne Hospital, is located in Oelwein and also serves the population of Fayette County. Gundersen Palmer draws patients from neighboring counties within a 30-mile radius of West Union, IA, including small parts of- Winneshiek, Allamakee, Clayton, Buchannan, Bremer, and Chickasaw; however, our primary focus is on Fayette County. We have six school districts within our current service area.

All Topics	Iowa	Fayette County, Iowa
Population estimates, July 1, 2018, (V2018)	3,156,145	19,660
PEOPLE		
Population		
Population estimates, July 1, 2018, (V2018)	3,156,145	19,660
Population estimates base, April 1, 2010, (V2018)	3,046,872	20,882
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	3.6%	-5.9%
Population, Census, April 1, 2010	3,046,355	20,880

Source: United States Census Bureau, Quick Facts, 2018

In addition, as shown below from 2018 Iowa Hospital Association Dimension Data, the majority of Gundersen Palmer inpatient and Emergency patients come from Fayette County, with the city of West Union in particular.



Patient Type: Inpatient
 Template Name: Market and Facility
 Report Name: Inpatient 2018 4 quarters
 Facility: Gundersen Palmer Lutheran Hosp & Clinics
 Market Area: Allamakee, Clayton, Fayette, Winneshiek
 Time Period: 2018 Q1 through 2018 Q4

State/County/Zip	Allamakee, Clayton, Fayette, Winneshiek					Gundersen Palmer Lutheran Hosp & Clinics					Market Share
	Discharges	% of Col.	LOS	ALOS	Avg. Charges	Discharges	% of Col.	LOS	ALOS	Avg. Charges	
Iowa											
Allamakee											
52140	16	0.3	88	5.50	\$18,454						
52146	29	0.6	111	3.83	\$17,287						
52151	72	1.5	354	4.92	\$12,421						
52160	6	0.1	34	5.67	\$13,075						
52162	201	4.1	727	3.62	\$15,856	66	21.0	154	2.33	\$5,532	32.8
52170	34	0.7	147	4.32	\$14,649						
52172	354	7.2	1,638	4.63	\$12,801						
Allamakee Total	712	14.4	3,099	4.35	\$14,025	66	21.0	154	2.33	\$5,532	9.3
Clayton											
52035	104	2.1	493	4.74	\$32,416						
52042	155	3.1	626	4.04	\$27,776						
52043	204	4.1	1,042	5.11	\$31,253	3	1.0	7	2.33	\$5,334	1.5
52044	8	0.2	49	6.13	\$32,246						
52047	58	1.2	303	5.22	\$28,248						
52048	29	0.6	122	4.21	\$35,141	1	0.3	3	3.00	\$14,455	3.4
52049	147	3.0	818	5.56	\$32,002						
52052	370	7.5	1,794	4.85	\$28,571						
52066	23	0.5	150	6.52	\$45,641						
52072	45	0.9	276	6.13	\$32,182	2	0.6	4	2.00	\$5,496	4.4
52076	181	3.7	759	4.19	\$30,547						
52077	36	0.7	176	4.89	\$31,167	2	0.6	7	3.50	\$10,442	5.6
52156	36	0.7	324	9.00	\$25,909	6	1.9	36	6.00	\$9,976	16.7
52157	38	0.8	257	6.76	\$48,931						
52158	2	0.0	3	1.50	\$20,691						
52159	74	1.5	297	4.01	\$18,437	1	0.3	2	2.00	\$5,018	1.4
Clayton Total	1,510	30.5	7,489	4.96	\$30,192	15	4.8	59	3.93	\$8,480	1.0
Fayette											
50606	91	1.8	473	5.20	\$42,561	3	1.0	3	1.00	\$3,094	3.3
50655	84	1.7	311	3.70	\$29,547	3	1.0	5	1.67	\$3,403	3.6
50662	877	17.7	4,164	4.75	\$32,804	4	1.3	10	2.50	\$6,285	0.5
50664	6	0.1	16	2.67	\$28,917						
50671	15	0.3	57	3.80	\$27,425						
50681	42	0.8	193	4.60	\$46,924						
52135	63	1.3	250	3.97	\$14,885	26	8.3	70	2.69	\$4,692	41.3
52141	91	1.8	410	4.51	\$20,414	26	8.3	195	7.50	\$12,881	28.6
52142	116	2.3	938	8.09	\$32,861	25	7.9	61	2.44	\$7,232	21.6
52147	83	1.7	422	5.08	\$28,087	20	6.3	130	6.50	\$11,642	24.1
52164	21	0.4	120	5.71	\$30,387	2	0.6	27	13.50	\$18,803	9.5
52166	22	0.4	56	2.55	\$9,245	6	1.9	14	2.33	\$5,940	27.3
52169	33	0.7	194	5.88	\$28,130	7	2.2	108	15.43	\$28,537	21.2
52171	63	1.3	210	3.33	\$19,365	1	0.3	3	3.00	\$7,221	1.6
52175	233	4.7	1,040	4.46	\$21,773	101	32.1	488	4.83	\$9,076	43.3
Fayette Total	1,840	37.2	8,854	4.81	\$29,718	224	71.1	1,114	4.97	\$9,429	12.2
Winneshiek											
52101	575	11.6	2,379	4.14	\$16,580	2	0.6	5	2.50	\$6,938	0.3
52132	65	1.3	228	3.51	\$12,645						
52133	21	0.4	47	2.24	\$8,368						
52144	74	1.5	352	4.76	\$20,283	2	0.6	4	2.00	\$5,000	2.7
52161	88	1.8	290	3.30	\$16,440	5	1.6	17	3.40	\$7,850	5.7
52165	34	0.7	256	7.53	\$29,810	1	0.3	2	2.00	\$4,825	2.9
52168	24	0.5	97	4.04	\$12,504						
Winneshiek Total	881	17.8	3,649	4.14	\$16,790	10	3.2	28	2.80	\$6,795	1.1
Iowa Total	4,943	100.0	23,091	4.67	\$25,298	315	100.0	1,355	4.30	\$8,484	6.4
Report Totals:	4,943	100.0	23,091	4.67	\$25,298	315	100.0	1,355	4.30	\$8,484	6.4



Patient Type: Outpatient
Place of Service: ER
Template Name: Market and Facility
Report Name: ER 2018
Facility: Gundersen Palmer Lutheran Hosp & Clinics
Market Area: Allamakee, Clayton, Fayette, Winneshiek
Time Period: 2018 Q1 through 2018 Q4

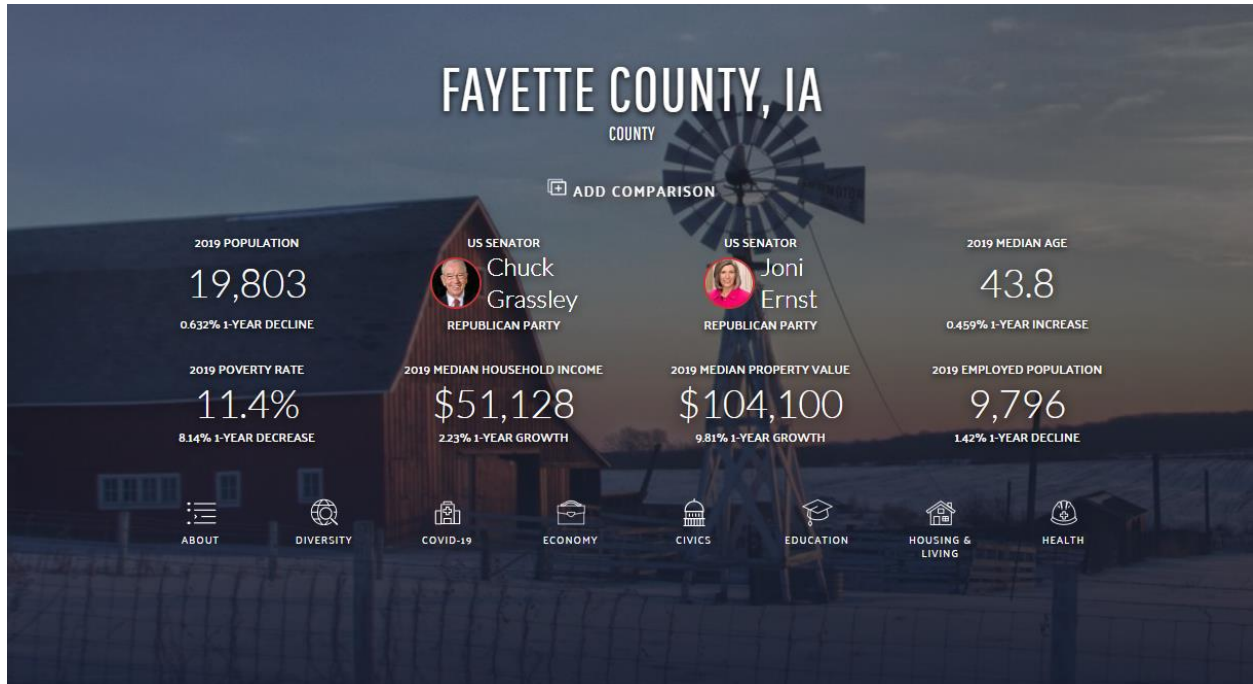
State/County/Zip	Allamakee, Clayton, Fayette, Winneshiek			Gundersen Palmer Lutheran Hosp & Clinics			Market Share
	Measures	% of Col.	Avg. Charges	Measures	% of Col.	Avg. Charges	
Iowa							
Allamakee							
52140	120	0.5	\$1,334				
52146	165	0.7	\$2,281				
52151	430	1.7	\$1,788	2	0.1	\$917	0.5
52160	91	0.4	\$1,573				
52162	1,498	6.0	\$1,454	279	9.7	\$2,153	18.6
52170	144	0.6	\$1,769				
52172	2,602	10.3	\$1,699	6	0.2	\$780	0.2
Allamakee Total	5,050	20.1	\$1,644	287	10.0	\$2,116	5.7
Clayton							
52035	264	1.1	\$3,504	1	0.0	\$1,389	0.4
52042	427	1.7	\$3,250				
52043	704	2.8	\$3,285	12	0.4	\$2,565	1.7
52044	28	0.1	\$3,003	1	0.0	\$312	3.6
52047	110	0.4	\$3,493	3	0.1	\$798	2.7
52048	97	0.4	\$3,712	2	0.1	\$859	2.1
52049	372	1.5	\$3,526	4	0.1	\$2,272	1.1
52052	969	3.9	\$3,663	1	0.0	\$4,119	0.1
52066	39	0.2	\$3,211				
52072	96	0.4	\$3,896	5	0.2	\$1,508	5.2
52076	625	2.5	\$3,419	6	0.2	\$3,144	1.0
52077	113	0.4	\$3,733	9	0.3	\$1,241	8.0
52156	192	0.8	\$2,314	24	0.8	\$2,770	12.5
52157	104	0.4	\$2,762	5	0.2	\$1,144	4.8
52158	4	0.0	\$2,656				
52159	428	1.7	\$2,198	17	0.6	\$3,560	4.0
Clayton Total	4,572	18.2	\$3,293	90	3.1	\$2,445	2.0
Fayette							
50606	269	1.1	\$2,778	33	1.1	\$2,542	12.3
50655	205	0.8	\$2,923	51	1.8	\$2,283	24.9
50662	3,836	15.3	\$2,698	30	1.0	\$2,268	0.8
50664	39	0.2	\$2,726				
50671	73	0.3	\$2,716				
50681	137	0.5	\$3,109	10	0.3	\$832	7.3
52135	222	0.9	\$2,528	128	4.4	\$2,696	57.7
52141	412	1.6	\$2,498	254	8.8	\$2,575	61.7
52142	487	1.9	\$2,480	340	11.8	\$2,233	69.8
52147	396	1.6	\$2,648	223	7.7	\$2,496	56.3
52164	68	0.3	\$2,736	32	1.1	\$1,918	47.1
52166	59	0.2	\$1,801	16	0.6	\$3,775	27.1
52169	139	0.6	\$2,673	97	3.4	\$2,765	69.8
52171	288	1.1	\$2,001	51	1.8	\$2,470	17.7
52175	1,439	5.7	\$2,054	1,109	38.5	\$2,076	77.1
Fayette Total	8,069	32.1	\$2,537	2,374	82.5	\$2,279	29.4
Winneshiek							
52101	5,201	20.7	\$1,770	25	0.9	\$2,444	0.5
52132	606	2.4	\$1,407	15	0.5	\$1,419	2.5
52133	176	0.7	\$1,398	14	0.5	\$2,295	8.0
52144	437	1.7	\$1,538	29	1.0	\$2,138	6.6
52161	495	2.0	\$1,890	35	1.2	\$2,685	7.1
52165	338	1.3	\$1,644	1	0.0	\$3,353	0.3
52168	198	0.8	\$1,582	8	0.3	\$2,018	4.0
Winneshiek Total	7,451	29.6	\$1,715	127	4.4	\$2,283	1.7
Iowa Total	25,142	100.0	\$2,252	2,878	100.0	\$2,268	11.4
Report Totals:	25,142	100.0	\$2,252	2,878	100.0	\$2,268	11.4

Population Make-Up

Due to the majority usage of our facility by Fayette County residents, the primary focus for the Community Health Needs Assessment was this county. The county population has a high proportion of children, under 18, and seniors, age 65+, who are of white ethnic origin as shown in the tables below. There is not enough data information to significantly represent minority groups and low-income populations. However, the survey was offered in paper form in Spanish and Somalian languages for community members in the Postville area, approximately 25 miles away.

All Topics	Fayette County, Iowa
Population Estimates, July 1 2021, (V2021)	19,258
PEOPLE	
Population	
Population Estimates, July 1 2021, (V2021)	19,258
Population estimates base, April 1, 2020, (V2021)	19,509
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	-1.3%
Population, Census, April 1, 2020	19,509
Population, Census, April 1, 2010	20,880
Age and Sex	
Persons under 5 years, percent	5.6%
Persons under 18 years, percent	21.0%
Persons 65 years and over, percent	21.5%
Female persons, percent	49.6%
Race and Hispanic Origin	
White alone, percent	95.5%
Black or African American alone, percent (a)	1.5%
American Indian and Alaska Native alone, percent (a)	0.3%
Asian alone, percent (a)	1.2%
Native Hawaiian and Other Pacific Islander alone, percent (a)	Z
Two or More Races, percent	1.5%
Hispanic or Latino, percent (b)	2.7%
White alone, not Hispanic or Latino, percent	93.1%

Source: United States Census Bureau, Quick Facts, 2021



Source: Data USA

Household Income Population

According to Data USA, in 2019, the median household income of the 8.2k households in Fayette County, IA grew to \$51,128 from the previous year's value of \$50,015; however, this is still below the United States median annual income of \$65,712. The following chart displays the income and poverty levels within households in Fayette County, IA.



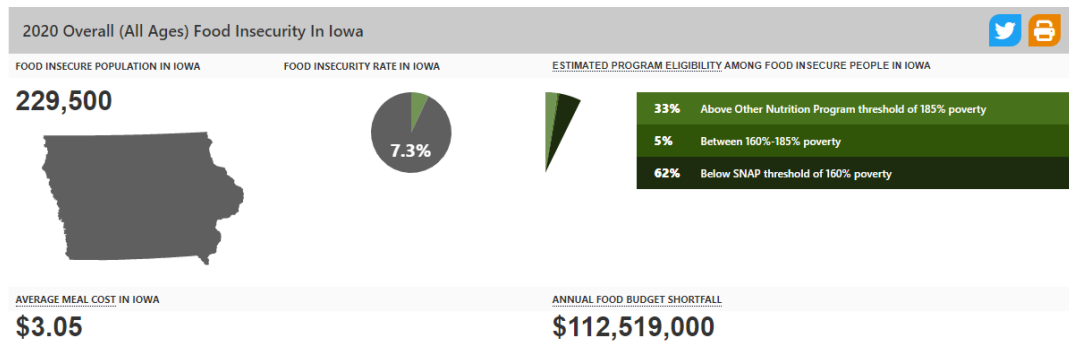
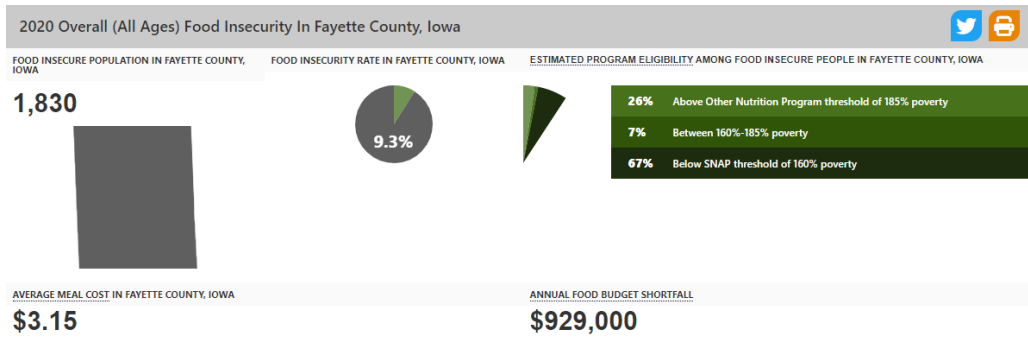
Source: Data USA, Fayette County Profile

Income & Poverty	
Median household income (in 2020 dollars), 2016-2020	\$49,834
Per capita income in past 12 months (in 2020 dollars), 2016-2020	\$28,269
Persons in poverty, percent	11.8%

Source: U.S. Census Bureau, American Community Survey 2020

Food Insecurity Population

According to Feed America, in 2020, Fayette County has a higher rate of Overall Food Insecurity than Iowa in general.



Source: "Map the Meal Gap" Feeding America

Access and Rural Healthcare Obstacles

According to Healthy People 2030 (Office of Disease Prevention and Health Promotion), access to preventive health care can help prevent disease and early death. Although the number of people getting preventive care today has increased, there continues to be disparities by race/ethnicity, age, and economical status. Access to quality healthcare has been a focus. According to their data, about 1 in 10 people in the United States do not have health insurance. Individuals without insurance are less likely to have a primary care doctor and less likely to participate in preventive health care, such as screenings. Rural hospitals, such as Gundersen Palmer, continue to provide Charity Care to those individuals who encounter financial challenges, offering financial assistance to cover remaining costs. Gundersen Palmer has patient advocates who work to assist patients in enrollment into eligible programs to reduce/eliminate out of pocket expenses.

The obstacles faced by health care providers and patients in rural areas are vastly different than those in urban areas. Rural Americans face a unique combination of factors that create disparities in health care not found in urban areas. Economic factors, cultural and social differences, educational shortcomings, lack of recognition by legislators and the sheer isolation of living in remote rural areas all conspire to impede rural Americans in their struggle to lead a normal, healthy life. In addition, rural healthcare providers are scarce as the graph below shows. Recruiting to a rural setting is difficult for critical access hospital creating a lack of healthcare access. Some of these factors, and their effects, are listed below.

According to North Carolina Rural Health Research Program, Rural Health Snapshot, across many important population characteristics, the rural-urban divide is considerable. Residents of rural areas are disadvantaged in several aspects, including socioeconomics, health behaviors, and health outcomes. By understanding these differences, policymakers, researchers, and local stakeholders will be better equipped to address the challenges facing their particular community. There are several different ways to measure rurality, and rural-urban comparisons using different definitions may yield different conclusions. The Patient to Clinician ratio for Fayette Clinic continues to increase proving that rural medicine providers are becoming less for the rural healthcare need presented by the communities.

Workforce Shortage Problems

- Ease of access to a physician is greater in urban areas. The patient-to- primary care physician ratio in rural areas is only 39.8 physicians per 100,000 people, compared to 53.3 physicians per 100,000 in urban areas. This uneven distribution of physicians has an impact on the health of the population.^[2]
- There are 30 generalist dentists per 100,000 residents in urban areas versus 22 per 100,000 in rural areas.^[3]

Socioeconomic Factors

- Rural residents tend to be poorer. On average, per capita income in rural areas is \$9,242^[4] lower than the average per capita income in the United States, and rural Americans are more likely to live below the poverty level. The disparity in incomes is even greater for minorities living in rural areas. About 25 percent of rural children live in poverty.^[5]
- People who live in rural America rely more heavily on the Supplemental Nutrition Assistance Program (SNAP) benefits program. According to the Center for Rural Affairs, 14.6 percent of rural households receive SNAP benefits, while 10.9 percent of metropolitan households receive assistance. In all, 1.1 million households receive SNAP benefits.^[6]
- Rural residents have greater transportation difficulties reaching health care providers, often traveling great distances to reach a doctor or hospital.
- Tobacco use is a significant problem among rural youth. Rural youths over the age of 12 are more likely to smoke cigarettes (26.6 percent versus 19 percent in large metro areas). They are also far more likely to use smokeless tobacco, with usage rates of 6.7 percent in rural areas and 2.1 percent in metropolitan areas.^[7]
- Fifty-three percent of rural Americans lack access to 25 Mbps/3 Mbps of bandwidth, the benchmark for internet speed according to the Federal Communications Commission.^[8] Lack of high-speed internet access can be a hindrance to accessing information, representing another challenge rural Americans face.
- Rural communities have more uninsured residents, as well as higher rates of unemployment, leading to less access to care.

Health Inequity



- More than 50 percent of vehicle crash-related fatalities happen in rural areas, even though less than one-third of miles traveled in a vehicle occur there.^[9]
- In rural areas there is an additional 22 percent risk of injury-related death.^[10]
- Rural areas have more frequent occurrences of diabetes and coronary heart disease than non-rural areas.^[11]
- Mental health creates new challenges in rural areas, such as:
 - Accessibility: Rural residents often travel long distances to receive services, are less likely to be insured for mental health services, and less likely to recognize the illness.
 - Availability: Chronic shortages of mental health professionals exist, as mental health providers are more likely to live in urban centers.
 - Acceptability: The stigma of needing or receiving mental health care and fewer choices of trained professionals create barriers to care.^[12]
- Rural youth are twice as likely to commit suicide.^[13]

National Rural Health Snapshot	Rural	Urban
Percentage of population	19.3%	80.7%
Number of physicians per 10,000 people	13.1	31.2
Number of specialists per 100,000 people	30	263
Population aged 65 and older	18%	12%
Average per capita income	\$45,482	\$53,657
Non-Hispanic white population	69-82%	45%
Adults who describe health status as fair/poor	19.5%	15.6%
Adolescents who smoke	11%	5%
Male life expectancy in years	76.2	74.1
Female life expectancy	81.3	79.7
Percentage of dual-eligible Medicare beneficiaries	30%	70%
Medicare beneficiaries without drug coverage	43%	27%
Percentage covered by Medicaid	16%	13%
<i>All information in this table is from the Health Resources and Services Administration and Rural Health Information Hub.</i>		

Source: North Carolina Rural Health Research Program. Rural Health Snapshot (2017)

Health Factors







Health Behaviors

Adult smoking	i 19%	16-23%	15%	17%	
Adult obesity	i 38%	36-40%	30%	34%	
Food environment index	8.8		8.8	8.4	
Physical inactivity	i 29%	26-32%	23%	26%	
Access to exercise opportunities	63%		86%	73%	
Excessive drinking	i 23%	22-24%	15%	25%	
Alcohol-impaired driving deaths	29%		16-43%	10%	27%
Sexually transmitted infections	356.2			161.8	508.5
Teen births	19		16-24	11	16



Additional Health Behaviors (not included in overall ranking) -

Food insecurity	10%		9%	9%	
Limited access to healthy foods	2%		2%	6%	
Drug overdose deaths			11	11	
Motor vehicle crash deaths	18		12-27	9	11
Insufficient sleep	i 33%		32-35%	32%	33%




Clinical Care

Uninsured	6%		5-7%	6%	6%
Primary care physicians	2,810:1			1,010:1	1,350:1
Dentists	1,930:1			1,210:1	1,440:1
Mental health providers	1,750:1			250:1	570:1
Preventable hospital stays	1,934			2,233	3,134
Mammography screening	53%			52%	53%
Flu vaccinations	42%			55%	54%

Additional Clinical Care (not included in overall ranking) -

Uninsured adults	7%		6-8%	7%	7%
Uninsured children	3%		2-4%	3%	3%
Other primary care providers	800:1			580:1	840:1


Social & Economic Factors

High school completion	92%		90-93%	94%	92%
Some college	63%		56-69%	74%	71%
Unemployment	5.5%			4.0%	5.3%
Children in poverty	15%		9-20%	9%	12%
Income inequality	4.4		3.7-5.1	3.7	4.2
Children in single-parent households	17%		11-23%	14%	21%
Social associations	18.3			18.1	14.8
Violent crime	279			63	282
Injury deaths	103		83-123	61	70

Additional Social & Economic Factors (not included in overall ranking) –

High school graduation	89%		96%	91%
Disconnected youth			4%	6%
Reading scores	3.1		3.3	3.1
Math scores	3.3		3.4	3.1
School segregation	0.04		0.02	0.19
School funding adequacy	\$384			\$1,880
Gender pay gap	0.82	0.74-0.89	0.88	0.78
Median household income	\$53,300	\$46,200 to \$60,300	\$75,100	\$62,400
Living wage	 \$35.15			\$37.38
Children eligible for free or reduced price lunch	50%		32%	42%
Residential segregation - Black/white	67		27	62
Residential segregation - non-white/white	40		16	45
Childcare cost burden	 23%		18%	24%
Childcare centers	 11		12	8
Homicides			2	3
Suicides	21	12-32	11	16
Firearm fatalities			8	10
Juvenile arrests	34			37

Physical Environment

Air pollution - particulate matter	8.8		5.9	8.2
Drinking water violations	No			
Severe housing problems	10%	8-12%	9%	12%
Driving alone to work	79%	77-82%	72%	80%
Long commute - driving alone	22%	19-25%	16%	21%

Additional Physical Environment (not included in overall ranking) –

Traffic volume	76			260
Homeownership	74%	72-76%	81%	71%
Severe housing cost burden	10%	7-12%	7%	10%
Broadband access	77%	75-80%	88%	83%

Source: County Health Rankings, Fayette County, 2022

2020
Percent of adults aged 18 years and older who have obesity †
View by: Total

Total	
National	
Value	31.9
95% CI	31.6 - 32.3
Sample Size	353,841
Iowa	
Value	36.5
95% CI	35.3 - 37.7
Sample Size	8,692

2020
Percent of adults aged 18 years and older who have an overweight classification †
View by: Total

Total	
National	
Value	34.8
95% CI	34.5 - 35.2
Sample Size	353,841
Iowa	
Value	35.3
95% CI	34.1 - 36.5
Sample Size	8,692

2019
Percent of students in grades 9-12 who have obesity †
View by: Total

Total	
National	
Value	15.5
95% CI	13.8 - 17.3
Sample Size	1,214
Iowa	
Value	17.0
95% CI	14.1 - 20.4
Sample Size	1,500

2019
Percent of students in grades 9-12 who have an overweight classification †
View by: Total

Total	
National	
Value	16.1
95% CI	14.9 - 17.5
Sample Size	1,214
Iowa	
Value	15.9
95% CI	14.7 - 17.2
Sample Size	1,500

2018
Percent of WIC children aged 2 to 4 years who have obesity †
View by: Total

Iowa	
Value	15.6
95% CI	15.1 - 16.1
Sample Size	23,331

2018
Percent of WIC children aged 2 to 4 years who have an overweight classification †
View by: Total

Iowa	
Value	17.1
95% CI	16.6 - 17.6
Sample Size	23,331

Source: CDC, 2022

Mental Health Assessments

Gundersen Health System utilized a survey tool for areas in which they serve to assess mental health challenges and stress faced by the Gundersen community in order to provide the community with ideas for how to manage these challenges and stressors. 724 respondents completed the survey with the following demographics and overall results.

Gender Breakout	n-size	Error Range
Male	229	± 6.5%
Female	495	± 4.4%

GundersenENGAGE Segment Breakout	n-size	Error Range
Pragmatic Parents	10	± 31.0%
Proactive Parents	42	± 15.1%
Early Upstarts	15	± 25.3%
Mid-Life Advocates	150	± 8.0%
Successful Seniors	149	± 8.0%
Sensible Seniors	311	± 5.6%
Reluctant Bachelors	4	± 49.0%
Reactive Independents	32	± 17.3%

Age Breakout	n-size	Error Range
26-34	14	± 26.2%
35-44	32	± 17.3%
45-54	57	± 13.0%
55-64	138	± 8.3%
65+	482	± 4.5%

Urban/Rural Breakout	n-size	Error Range
Urban	331	± 5.4%
Rural	393	± 4.9%

Executive Summary

Respondent's Stress

- Overall, 14% of respondents report experiencing stress 'very much' or 'rather much', 26% of respondents 'to some extent', and 60% 'only a little' or 'not at all'. When segmenting by gender, 28% of males, compared to 19% of females, indicated they do not at all feel stress. Respondents aged 65+ feel less stress than respondents aged 64 with respondents aged 35-44 reporting feeling the most stressed. Urban and rural respondents report feeling the same levels of stress.
- When asked to write in how they keep their stress levels under control, some top ways respondents manage their stress included exercise or physical activity; spending time outside; engaging in their hobbies; spending time or staying in touch with friends, family, and their community; and meditating, practicing deep breathing, and relaxing.

Child's Mental Health/Stress Level

- When asked to describe their child(ren)'s current mental health, 48% indicated it was excellent or very good, 35% good, and 17% fair or poor. For their child(ren)'s stress levels, 45% reported it was excellent or very good, 37% good, and 18% fair or poor. Females reported worse mental health and stress levels in their children than males. Urban respondents reported worse mental health and stress levels in their children than rural respondents.
- In an open-ended response to the question of how they support their children when they're stressed, respondents noted that they listen to and have a conversation with them; engage in activities or spend quality time with them; give them space to process and later check in; and minimize stressors.

Obesity, Nutrition, & Healthy Eating

According to the 2020 Cares Engagement Data:

- Adults with >30 BMI: 38%, state average 34.4%
- Adults with no leisure time physical activity: 25.9%, state average 21.7%.

2021 Robert Wood Johnson Foundation - Youth ages 10 to 17 that are obese: 15.3%, Iowa ranks 22 among the 50 states and D.C. (<https://stateofchildhoodobesity.org/states/ia/>).

Since 2011, the percentage of overweight adults in Iowa has stayed about the same (35%), while the percentage of obese adults has increased from 28% in 2011 to 36.6% in 2020. Every demographic group has high percentages of being overweight or obese. Some have even higher percentages compared to others – e.g., females, people with lower incomes, people of color, people with disability. Youth (ages 10-17) with a healthy body weight decreased from 65.4% (2016) to 60.5% (2019-2020). Adults (ages 18+) with a healthy body weight decreased from 34.9% (2011) to 27.1% (2020).

Iowans with Healthy Body Weight 2019-2020⁴

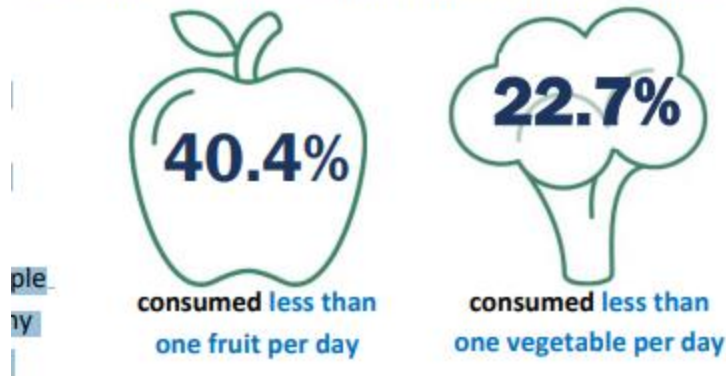


Source: Healthy Iowans, Iowa's State Health Assessment, Iowa Department of Public Health, 2022

According to Healthy Iowans Health Assessment:

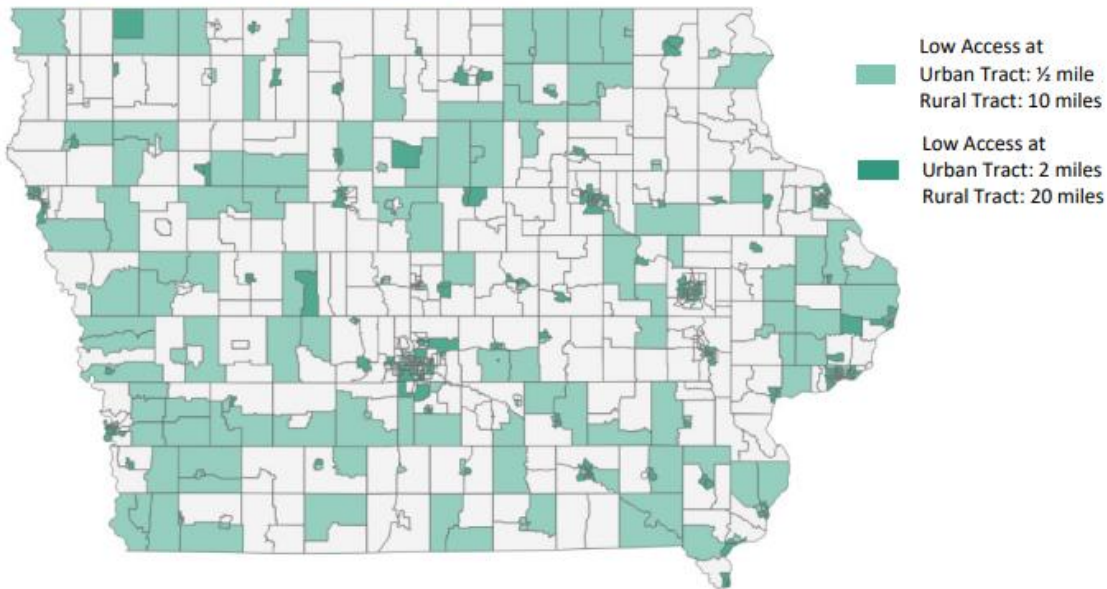
Diets high in fruit and vegetables reduce the risk of chronic diseases such as obesity, Type 2 diabetes, heart disease, and certain cancers. The 2020 Dietary Guidelines recommends a healthy diet at every age including adolescents and adults having 2 ½ to 4 cups of vegetables and 1 ½ to 2 ½ cups of fruit each day. Added sugars in foods and drinks can make it hard for people to get the nutrients they need without consuming too many calories. People who eat too much added sugar may be at higher risk for obesity. Many people in the United States consume too much added sugar. In Iowa, sugar sweetened drinks are a common source of added sugars for many high school students. In 2019, 72% of students reported having any soda or pop in the last seven days. Over 17% had one or more sodas every day. Nearly 11% had two or more sodas per day. In Iowa, 89 out of 99 counties have areas identified as having low food access, including Fayette County. Low food access is defined as urban census tracts that are at least half a mile from the nearest supermarket and rural census tracts that are at least 10 miles from the nearest supermarket. In the map below, the light green represents low access at half a mile and 10 miles, while the darker green represents lower access at 2 miles and 20 miles. Due to inflation, food today is 8% more expensive on average than it was a year ago. In Iowa, a family of four - two adults and two children - can expect to spend an average of \$8,885 on food in 2022.

Fruit and Vegetable Consumption by Iowa Adults, 2019⁹



Source: *Healthy Iowans, Iowa's State Health Assessment, Iowa Department of Public Health, 2022*

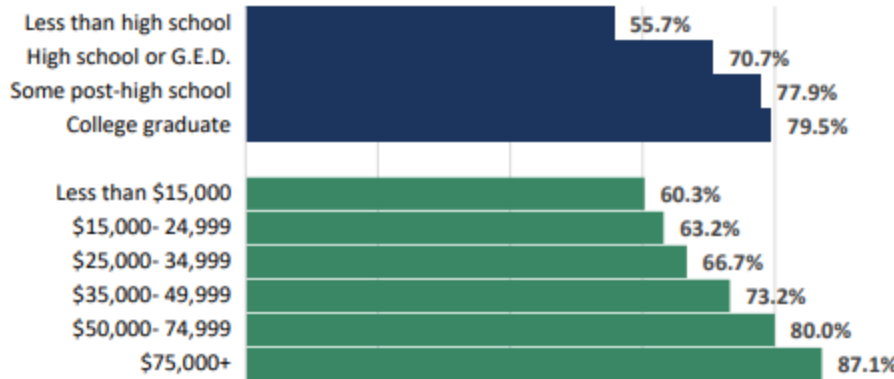
Areas of Low Food Access by Census Tract, 2019¹⁰



Source: *Healthy Iowans, Iowa's State Health Assessment, Iowa Department of Public Health, 2022*

Most Iowans are participating in some physical activity; however, only about one in five are meeting the recommended guidelines for physical activity. In 2020, the percentage of adult Iowan's reporting engaging in no physical activity or exercise other than their regular job in the past 30 days was slightly higher than national average, 23.6% versus 22.4% respectively. People of color, people with lower incomes, people with disabilities, and people with lower levels of education have higher rates of physical inactivity. Access to recreational facilities such as walking trails, playgrounds, parks, and sports fields is not distributed evenly across the state. In Iowa, 61.7% of adults reported using recreational facilities. Walking is a simple form of physical activity and having access to safe spaces to walk can encourage individuals to walk. There is also a disparity of access to sidewalks among rural and urban areas - 54% of rural residents reported having access to sidewalks compared to 73% percent of urban residents.

Percent of Iowa Adults Reporting Any Leisure-Time Physical Activity by Education and Income, 2020¹¹



Source: *Healthy Iowans, Iowa’s State Health Assessment, Iowa Department of Public Health, 2022*

Select Findings – Community Survey

Select Finding – 2022 Community Survey

As rated by 193 Respondents:

THREE MOST IMPORTANT FACTORS FOR A HEALTHY COMMUNITY

Access to healthcare (ex. Family doctor, hospital, other health services)	65.6%	126
Good job and healthy economy	41.1%	79
Healthy behaviors and lifestyles	40.6%	78

TOP HEALTH PROBLEMS IN THE COMMUNITY

Obesity	75.4%	144
Limited or no success to mental health services	46.6%	89
Aging (arthritis, hearing/vision loss, dementia, etc.)	34.6%	66
Poor nutrition	34.1%	67

MOST IMPORTANT RISKY BEHAVIORS

Alcohol use	71.6%	136
Illegal drug abuse	62.1%	118
Physical Inactivity	39.5%	75

TOP HEALTH CONCERNS RELATED TO CHILDREN

Bullying (physical, emotional, cyber)	58.5%	110
Screen time	49.5%	93
Healthy diets	43.1%	81

Community Health Needs Prioritization

Our mission and vision call us to focus efforts and resources on identified health needs in which Gundersen Palmer can positively impact. Gundersen Palmer has chosen to address improving health care initiatives related to Prevention, Access to Healthcare, and Nutrition. Gundersen Palmer is committed to supporting area agencies to promote prevention programs and services.

Priorities in Fayette County

Health Factors and Outcomes

Fayette County ranks 71 in Health Outcomes and 73 in Health Factors out of 99 counties in Iowa. These are in the middle to lower section of Iowa counties, making both a priority for Fayette County with special attention to obesity and preventative care based on specific outcomes and factors.

Obesity, Physical Activity & Nutrition

- 38% of Fayette County residents are obese.
- 75.4% of survey respondents cite obesity as the leading health problem in the community.
- 43.1% of survey respondents are concerned about the diets of local children.
- 39.5% of survey participants cited physical inactivity as a top risky behavior.
- 42.2% of survey participants has a household member who suffers from a chronic medical condition.

Obesity is a major health crisis in the country and in Fayette County and contributes to health issues cited as concerns by survey participants including access to health food, park and rec options, stress impact, nutrition, cancer, mental health, aging population, heart disease/stroke, and diabetes. In addition, survey participants cited healthy diets, physical inactivity and screen time as concerns for our youth. Many of the health issues can be minimized by focusing on better nutrition, increased education and increasing activity. In addition to improving physical well-being, eating better and increasing exercise will help in reducing stress and improving mental health.

With survey respondents citing not enough time, lack of motivation and other priorities as the top factors preventing a healthy lifestyle, residents need education on simple ways to increase physical activity during their daily lives, ways to eat healthy, and how to decrease stress and learn how these three changes can positively impact their mental health and wellbeing.

Expanding Access to Clinical Care

Health Professional Shortage Areas (HPSA) are an issue throughout Iowa, and widen in rural counties like Fayette, greatly impacting much of the measured data. Fayette County is a HPSA:

- 46.6% of survey respondents cited mental health access as a top concern.
- 65.6% of survey respondents cited family doctor, hospital, and other health services access as the top factor for a healthy county.

- Rural Iowa has 13.1 physicians per 10,000 people compared to 31.2 in urban populations. Rural Iowa has 30 specialist per 100,000 people compared to 263 in urban populations.
- Fayette County has a provider ratio of 2809 people to 1 provider.

The deficit for providers per population in rural Iowa, such as Fayette County, continues to grow. Access to health care providers continue to improve in Fayette County. In the last few years, Gundersen Palmer has added numerous providers to the primary care setting. In addition, Gundersen Palmer manages three local clinics, West Union, Postville and Fayette, with primary care provider recruitment as a priority to increase access. Expanding same-day clinic to 7 days a week has also filled a void with primary care access.

Our Commitment to Change

- Continue to recruit providers to the rural setting.
- Gundersen Palmer will continue to look at increasing same-day clinic and specialty providers and expanding hours.
- Provide education and access to wellness screenings and community events.
- Develop and maintain partnerships to educate and provide resources the community on how to achieve a healthier lifestyle through increasing awareness of healthy eating, physical activity, health trends, and how to improve overall health.
- Partner with schools to provide children and families with education focused on healthy lifestyle choices, immunizations, wellness topics, and other youth-related healthcare topics.
- Partner with local entities (organizations, healthcare facilities, inpatient facilities, and other agencies) on mental health education, awareness, and access locally.

Refer to Gundersen Palmer Lutheran Hospital and Clinics Health Improvement Plan for detailed action plans.

Dissemination of the CHNA Results

Availability of the CHNA

Gundersen Palmer will make its Community Health Needs Assessment and Health Implementation Plan available by request without charge at Gundersen Palmer Lutheran Hospital and Clinics website or through the Population Health Department.

References

Center for Applied Research and Engagement Systems. *2020 Cares Engagement Data*. 2020.

<https://www.communitycommons.org/entities/97daac2a-0476-4c9b-be05-c87d59c7b8ba>

Center for Disease Control. *Obesity Data*. 2022.

<https://www.cdc.gov/obesity/data/childhood.html#:~:text=Prevalence%20of%20Childhood%20Obesity%20in%20the%20United%20States&text=The%20prevalence%20of%20obesity%20was,14.7%20million%20children%20and%20adolescents>

County Health Rankings. *Fayette County*. 2022. <https://www.countyhealthrankings.org/explore-health-rankings/iowa/fayette?year=2022>

Data USA. *Fayette County Profile*. <https://datausa.io/profile/geo/fayette-county-ia>

Healthy Iowans. *Iowa's State Health Assessment*. Iowa Department of Public Health. 2022.

<https://idph.iowa.gov/healthy-iowans>

Fayette County Public Health. *Community Health Assessment*. 2022.

Fayette County Public Health. *Health Improvement Plan*. 2022.

Feeding America. *Map the Meal Gap*. 2022.

<https://map.feedingamerica.org/county/2020/overall/iowa/county/fayette>

Gundersen Health System. *Engage Stress Data*. 2022

Iowa Hospital Association. *Hospital Impact Report*.

<https://www.ihaonline.org/information/economic-impact-commuity-benefits/>

North Carolina Rural Health Research Program. *Rural Health Snapshot (2017)*.

https://www.shepscenter.unc.edu/wp-content/uploads/dlm_uploads/2017/05/Snapshot2017.pdf

United States Census Bureau. *American Community Survey 2020*.

<https://www.census.gov/programs-surveys/acs/data.html>

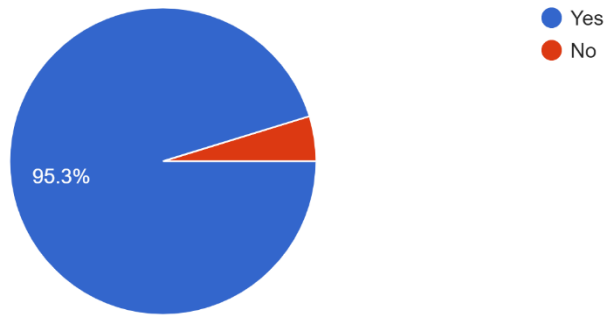
United States Census Bureau. *Fayette County Quick Facts*. 2021.

<https://www.census.gov/quickfacts/fact/table/fayettecountyiowa,fayettevillecityarkansas,fayettecountyalabama,US/PST045221>

Appendix A – Community Survey

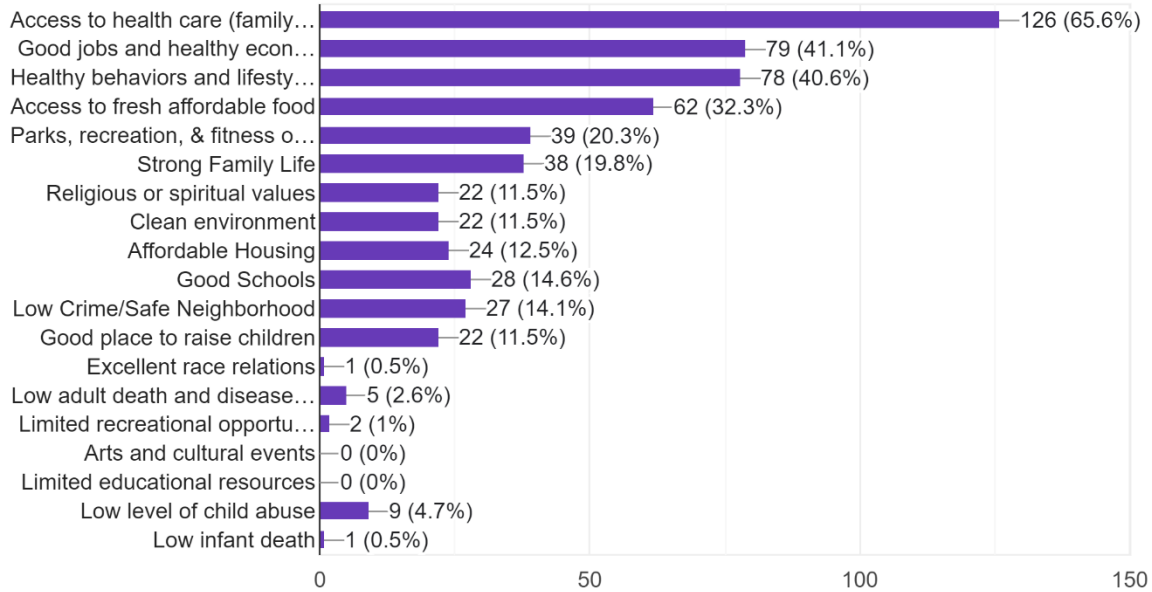
Are you a resident of, work, &/or attend school in Fayette County?

190 responses



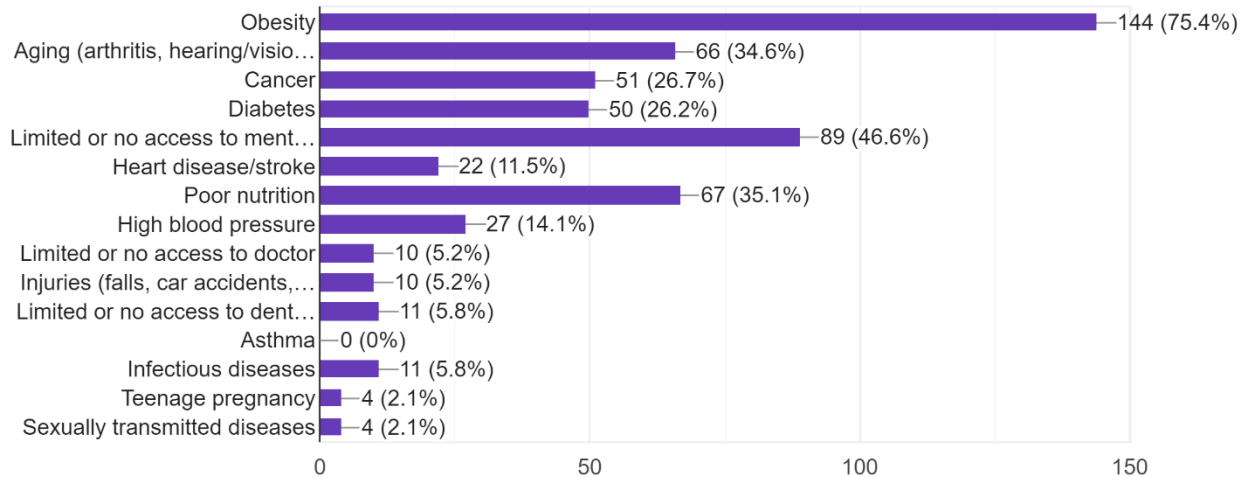
What do you think are the TOP THREE (3) most important factors for a "healthy county"?

192 responses



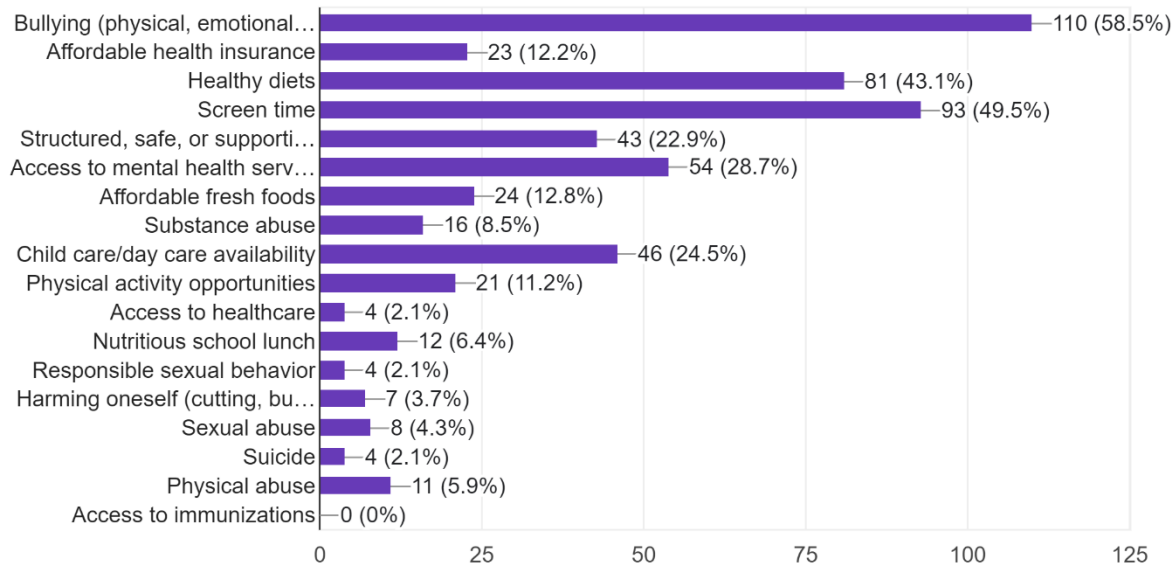
What do you think are the TOP THREE (3) HEALTH PROBLEMS in your county?

191 responses



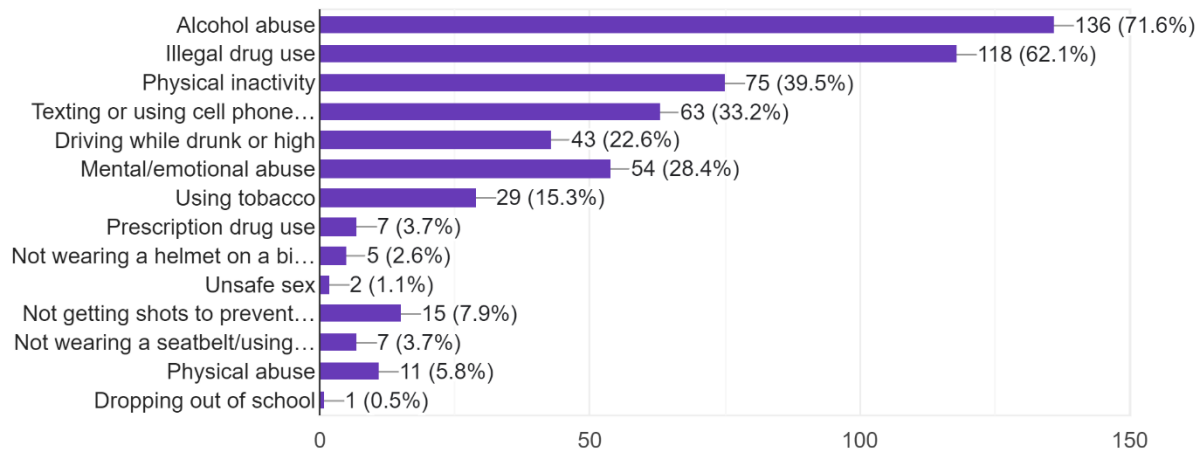
What do you think are the TOP THREE (3) health concerns related to CHILDREN'S HEALTH in your county?

188 responses



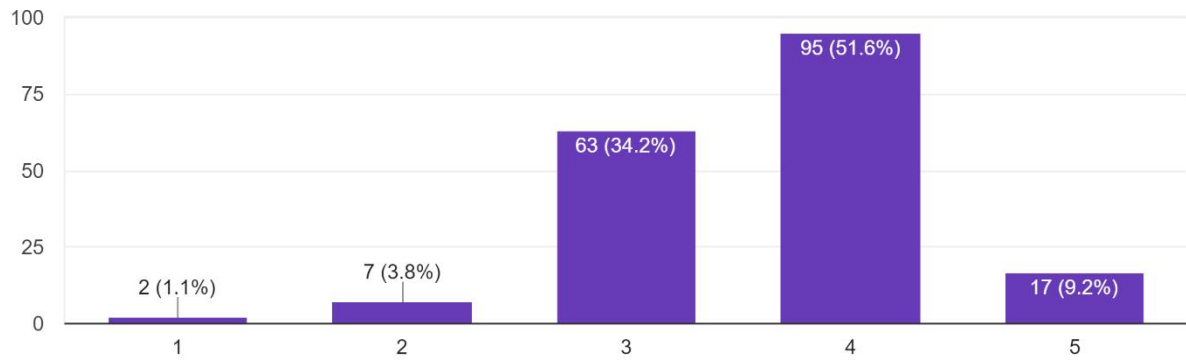
What do you think are the TOP THREE (3) "risky behaviors" in your county?

190 responses



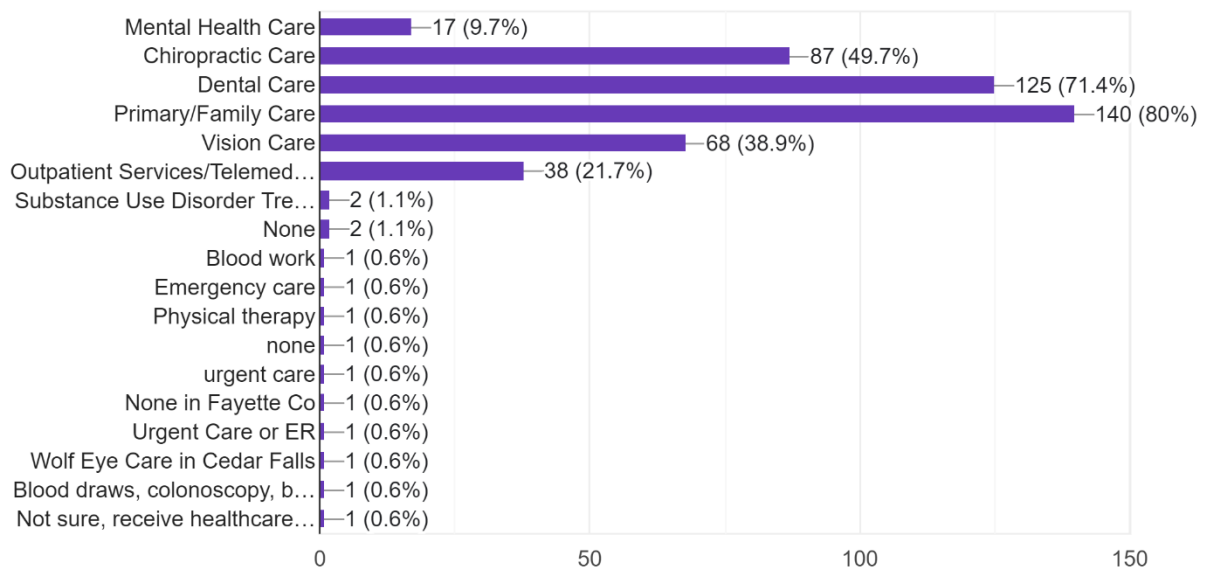
On a scale of 1 to 5, how would you rate your personal health?

184 responses



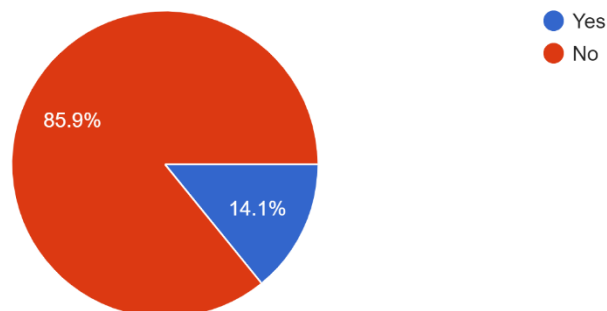
What types of healthcare do you access in Fayette County?

175 responses



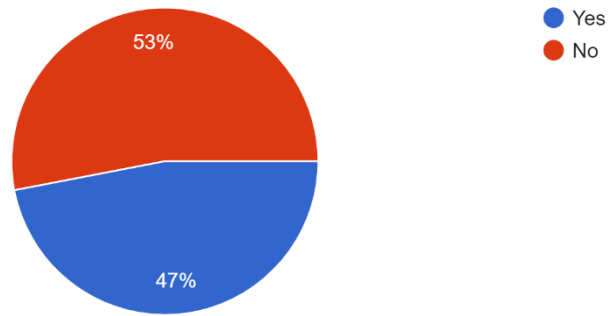
Does anyone in your household have a disability?

184 responses



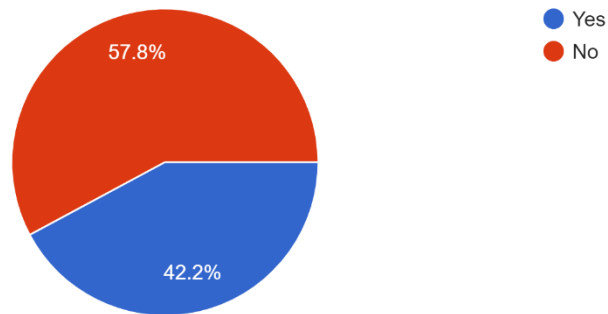
If so, do they have access to adequate resources to address their needs within your county?

66 responses



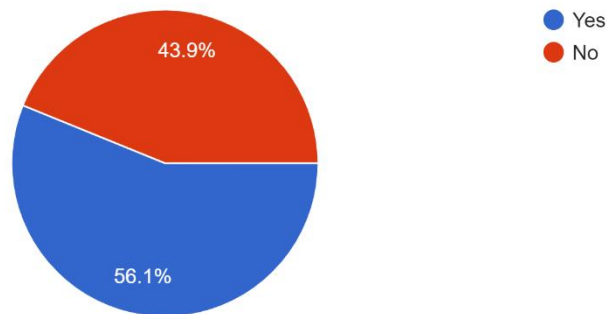
Does anyone in your household suffer from a chronic condition or disease?

185 responses



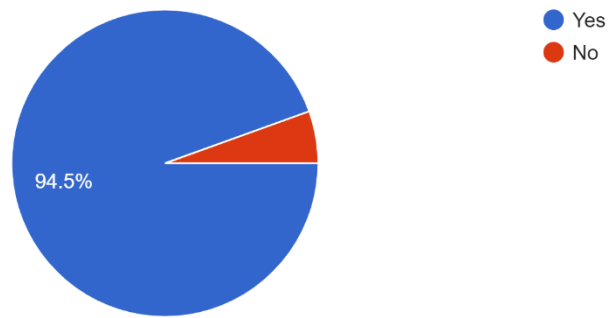
If so, do they have access to adequate resources to address their needs within your county?

114 responses



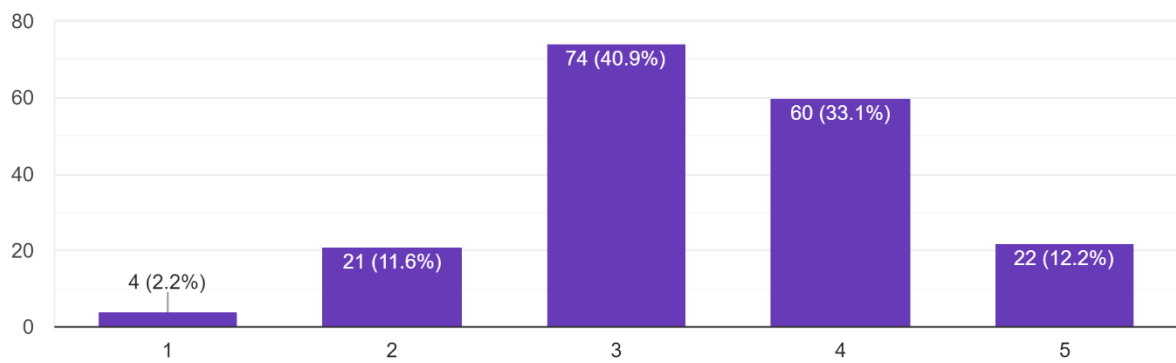
Is everyone in your household covered by health insurance?

182 responses



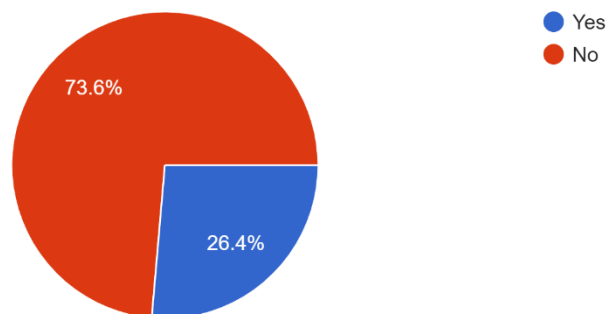
On a scale of 1 to 5, how prepared do you believe you and your family are for a disaster/emergency situation?

181 responses



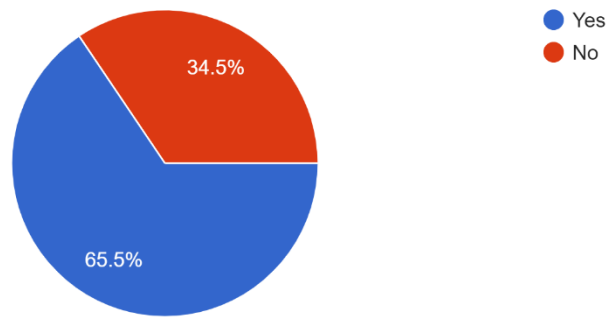
Has the COVID-19 pandemic affected your access to healthcare?

182 responses



Do you have access to mental health resources in your county?

177 responses

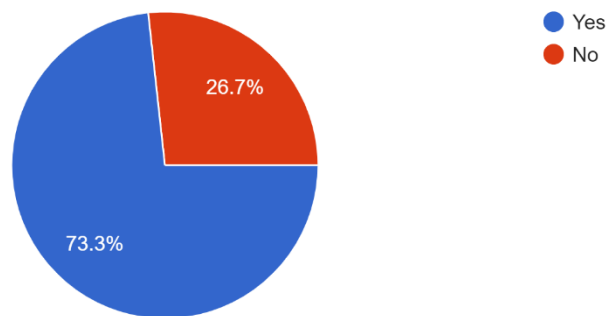


What additional resources are needed to address mental health in your county?

Main answer: more providers and access

Do you know of resources to address your own mental wellness needs?

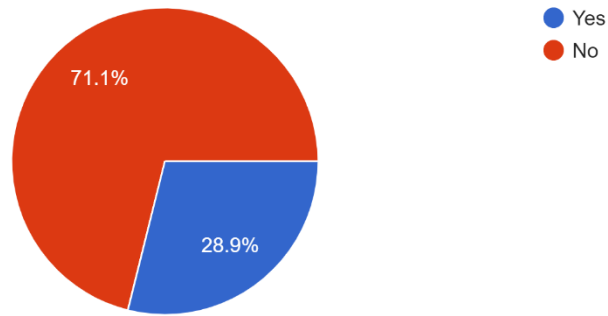
172 responses



What do you believe to be the biggest barrier to a person accessing mental health services in your county? Main answers: Stigma, availability, money.

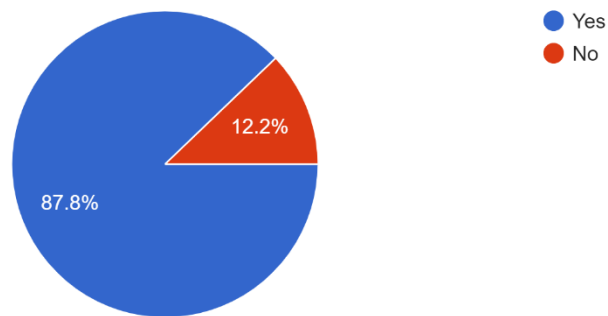
Have you heard of Your Life Iowa?

180 responses



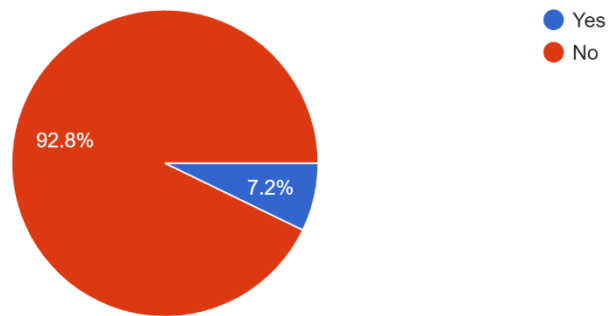
Do you feel you have access to nutritious food in your county?

181 responses



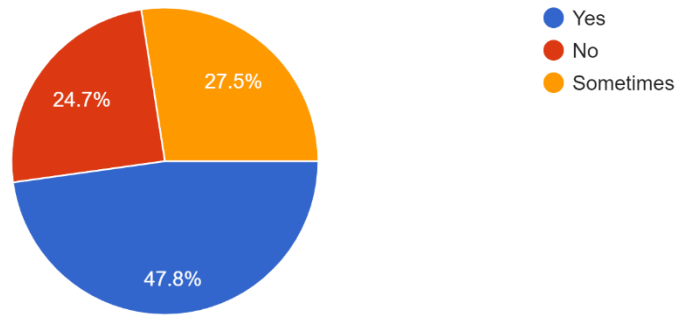
Have you ever been worried that you didn't have enough to eat?

181 responses



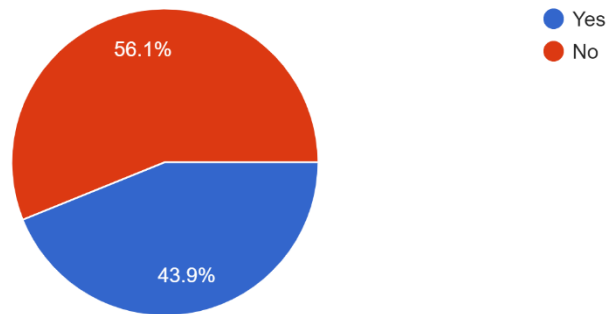
Do you grow your own produce or utilize a garden?

182 responses



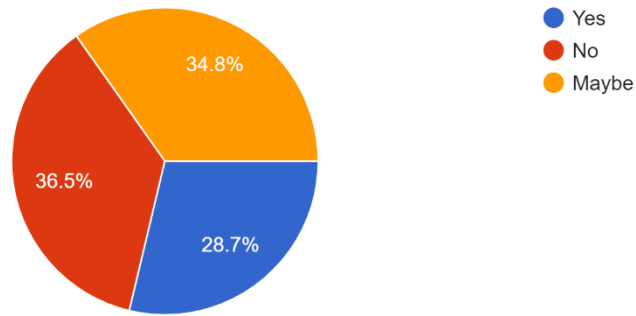
Do you have access to a community garden?

180 responses



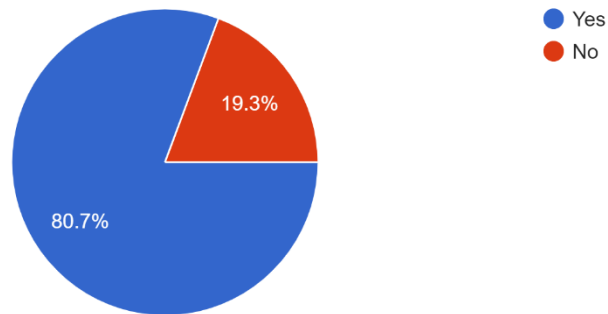
Would you use a community garden if given access?

181 responses



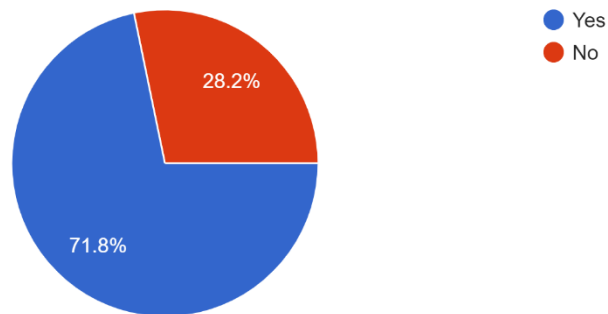
Do you have access to a food pantry or food bank in your community?

176 responses



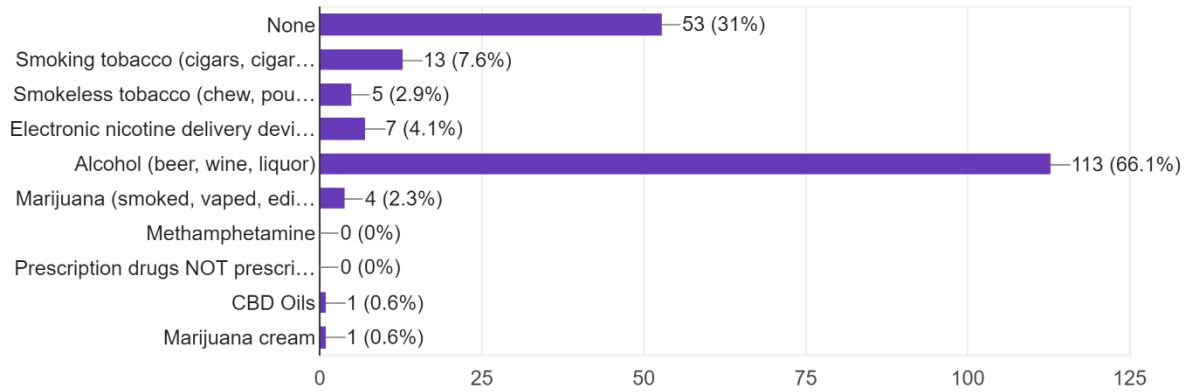
Are you aware of the locations of summer meal sites or free food options in your community?

177 responses



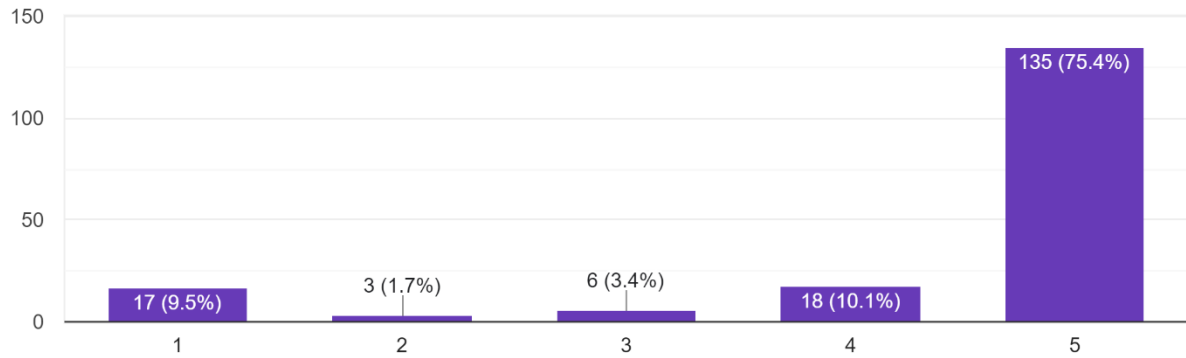
What types of substances and/or products have you used in the past year? Check all that apply.

171 responses



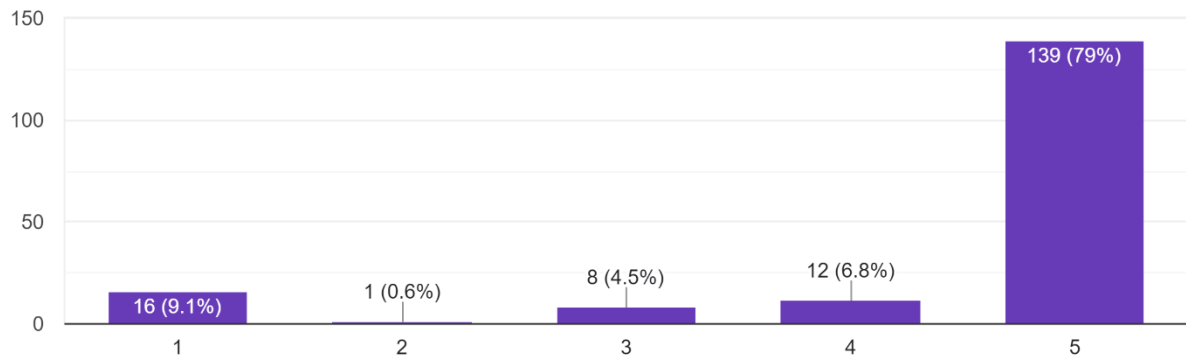
On a scale of 1 to 5, do you believe that there is risk in using tobacco?

179 responses



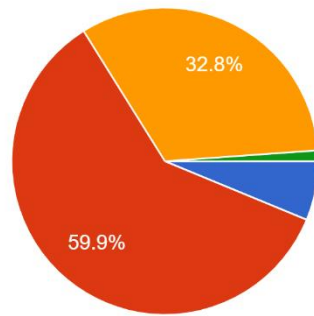
On a scale of 1 to 5, do you believe that there is risk in utilizing vaping products such as e-cigarettes, vape pens, or personal vaporizer mods?

176 responses



How old are you?

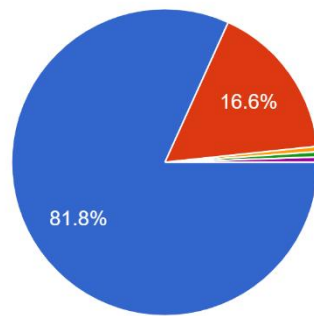
177 responses



- 18 yrs-26 yrs
- 27 yrs-55 yrs
- 56 yrs-79 yrs
- 80 yrs+

What is your gender?

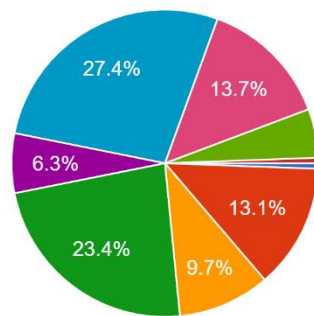
181 responses



- Woman
- Man
- Transgender
- Non-binary/non-conforming
- Prefer not to respond

What is your highest educational level attained?

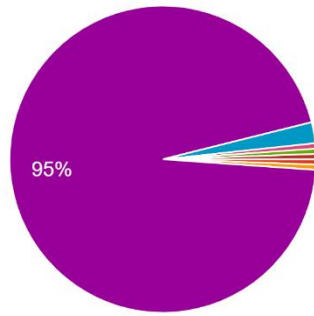
175 responses



- Did not complete high school
- High school or equivalent
- Technical or occupational certificate
- Associate degree
- Some college coursework completed
- Bachelor's degree
- Master's degree
- Doctorate
- RN

How would you describe your primary race/ethnicity?

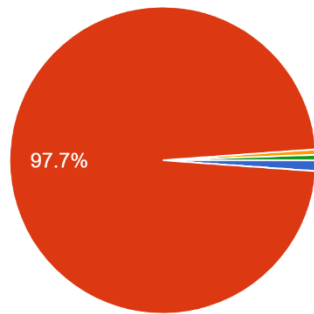
180 responses



- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to respond
- Irish
- White af
- American

Are you Hispanic or Latino?

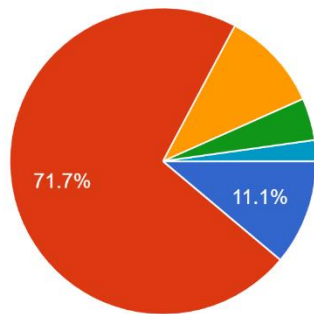
176 responses



- Yes
- No
- American
- Will not allow.me to choose NO

How many adults (18 older) are in your household?

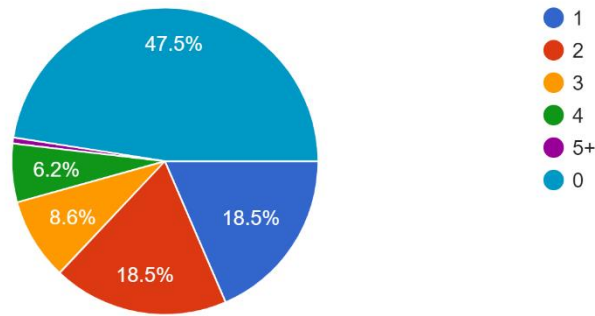
180 responses



- 1
- 2
- 3
- 4
- 5+
- 0

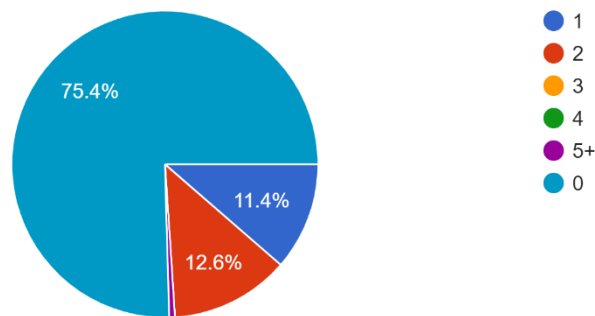
How many children (under 18) are in your household?

162 responses



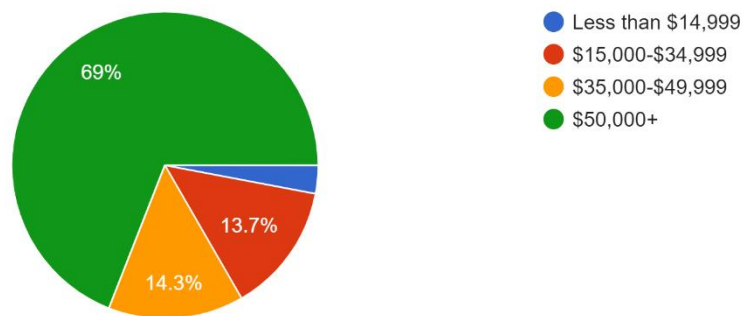
How many individuals in your household are of retirement age or older (65+)?

167 responses



What is your household income?

168 responses



Are there any other health-related topics that you are concerned about in your county?

Answers included: family structure, cheap cooking, exercise class, mental health providers, outdoor activities, mental health, childcare, COVID, transportation, specialty clinics, vaccinations.