

# 2018 Community Health Needs Assessment

## Linn County, IA



Together! Healthy Linn



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**Mercy Medical Center  
2018 – 2020 Tax Years Covered  
Community Health Needs Assessment**

This document is a summary of the community health assessment (CHA) and strategic issue prioritization that was conducted between February and August of 2018 to aid in the development of a community health improvement plan (CHIP) that targets the priority health concerns for those who work, reside, worship, go to school, or seek entertainment in Linn County.

**Community Served**

Linn County is located in East Central Iowa and is the second most populated county in Iowa, with a population of 224,115 in 2017. Linn County is comprised of urban and rural areas, including 18 incorporated communities. Linn County is one of the fastest growing counties in Iowa, with a predicted 10 percent population increase each decade through 2030.

Linn County is Iowa's largest manufacturing center. A variety of industries, including agriculture and services also contribute significantly to the local economy. Linn County is one of the three counties that comprise the Cedar Rapids Metropolitan Statistical Area, along with Benton and Jones counties. Cedar Rapids, the county seat, is the largest city in Linn County, and part of the Cedar Rapids-Iowa City Corridor.

In Linn County, 6.4% of the population is under age 5, 23.5% are under age 18, and 15.4% are 65 years and over. Females comprise 50.7% of the population, and 49.3% are male. Race and ethnicity is as follows: 88.9% White, 5.6% Black or African American, 0.3% American Indian and Alaska Native, 2.5% Asian, 0.1% Native Hawaiian and Other Pacific Islander, 2.6% two or more races, and 3.3% Hispanic or Latino. 4.0% of the population are foreign-born, and 5.0% of the population age 5 or older speak a language other than English at home. 94.7% of the population age 25 and older are high school graduates, and 32.3% of the population has a bachelor's degree or higher. 6.8% of the population under age 65 live with a disability. 3.6% of the population under age 65 do not have health insurance.

*Mercy Medical Center serves a primary service area (PSA) of Linn County and a secondary service area (SSA) of eight counties (Benton, Buchanan, Cedar, Delaware, Iowa, Johnson, Jones and Tama). The majority of Mercy's patients for both inpatient and outpatient services live in Linn County. The community additionally includes those counties adjacent to Linn County and within a reasonable driving time to the hospital. The total population of Linn County in 2017 was 224,115. The total population of both primary and secondary service areas was 509,562. The projected 10 year population growth for the PSA is 2% and the SSA, 1%, annually.*

*Demographics for the combined service area are as follows:*

- 50.1% male, 49.9% female
- 93.7% Caucasian
- 2.1% African American
- 1.2% Native American
- 1.4% Asian/Pacific
- 1.5% two or more races
- 3.4% Hispanic
- 17.6% of persons living in Mercy's combined service area are age 65 or older
- 92.6% are high school graduates while 23.7% hold a bachelor's degree or higher
- The median household income is \$57,692
- The percentage of people living below poverty level is 10.1% as compared to 10.7% for all of Iowa
- 13% of Mercy's patients use Medicaid and the number of uninsured individuals under age 65 in Iowa is 5.5% according to the US Census Bureau
- The average persons per household are 2.43
- Federally-designated medically underserved areas are present in Benton, Buchanan, Delaware, Iowa, Jones, Linn and Tama counties  
(<https://datawarehouse.hrsa.gov/tools/analyzers/mafind.aspx>)

*As of September 2018, the unemployment rate for Linn County is 2.4%. The eight contiguous unemployment rates range from 1.5-2.0%. Linn County features a diverse employer base including manufacturing, trade, education, service, finance and agriculture.*

*UnityPoint Health - St. Luke's Hospital is located in Linn County and serves a similar geographic service area as Mercy Medical Center. Additionally, the University of Iowa and Mercy Iowa City are located in Johnson County, Regional Medical Center is located in Delaware County, UnityPoint Health - Jones Regional Medical Center is located in Jones County, and Virginia Gay Hospital is located in Benton County.*

## **Participants**

The 2018 iteration of the CHA and CHIP were led by Linn County Public Health and conducted in partnership with a multitude of community partners, including both Linn County hospitals, Mercy Medical Center and UnityPoint-St. Luke's Hospital, and Eastern Iowa Health Center, Linn County's Federally Qualified Health Center. The alignment of the CHA and CHIP for all four entities in Linn County minimizes duplication and maximizes impact, as all aforementioned organizations are required under law or by funders to assess the health of the community and develop an implementation plan for meeting identified needs of the community.

The 2018 iteration of the CHA and CHIP process engaged 1,589 residents and 112 community partners from 53 organizations. The Together! Healthy Linn Steering Committee consists of the following partners: AbbeHealth, Alliant Energy, Area Substance Abuse Council, Bethany Lutheran Church, Cedar Rapids City Council, Cedar Rapids Community School District, City of

Cedar Rapids, City of Marion Police Department, Eastern Iowa Health Center, Greater Cedar Rapids Community Foundation, Iowa State University Extension & Outreach, Kirkwood Community College, Linn County Board of Supervisors, Linn County Public Health, Mercy Medical Center, Mount Mercy University, State of Iowa Senator, The Gazette, United Way of East Central Iowa, and UnityPoint Health: St. Luke's Hospital and Jones Regional Medical Center.

*In addition, the SSA public health departments were contacted by Mercy Medical Center to better understand their county needs through utilizing their most recent community health assessment.*

### **Method for Conducting CHA and CHIP**

The Together! Healthy Linn collaborative uses the Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide the CHA and CHIP process. The MAPP framework is a nationally recognized framework for conducting community-wide strategic planning to improve community health. The MAPP framework consists of six phases, and allows for the community to consider social determinants of health and health equity as important factors which influence the overall health of the community. The six phases of the MAPP framework are:

1. Organize for Success & Partnership Development
2. Visioning
3. Four MAPP Assessments (Community Health Assessment)
4. Identifying Strategic Issues
5. Identifying Goals and Strategies (Community Health Improvement Plan)
6. Action (Implementation, Evaluation)

### **Vision**

In March of 2018, the Together! Healthy Linn Steering Committee participated in a visioning workshop and expressed mutual commitment to a healthy community where, ***“The local public health system is collaborative, engaged in the community, responsive to community needs, easy to navigate, focused on prevention, and creates access for all. The system is designed for a culture of health, and promotes an active, safe, empowered, resilient, and connected community that embraces diversity and equity.”*** This shared community vision was created to guide the development of the CHA and CHIP. In conjunction with the vision, the steering committee also identified shared values to help attain the vision, which are **collaboration, open communication, engagement with the community and accountability.**

### **Community Health Assessments**

The community health assessment consisted of four unique assessments, each measuring different aspects of the health of Linn County and existing assets available within the county. The four assessments include Community Themes and Strengths, Community Health Status, Forces of Change and Local Public Health System. Each assessment had a specific target

population, or stakeholder group of focus and was guided by distinct methodologies. Together, these assessments will be utilized to inform the identification of priority strategic issues the community will address in the 2019-2021 CHIP. *For the full community health assessment reports prepared by Linn County Public Health, please visit: <http://www.linncounty.org/613/Reports-and-Publications>*

### **Community Themes and Strengths Assessment (CTSA)**

The CTSA is a qualitative analysis of perceptions, thoughts and opinions community members have regarding health. Of particular interest was identifying needs of the community, perceived quality of life and assets available that may be used to improve community health. For this assessment, the target audience included community members who work, reside, worship, go to school, or seek entertainment in Linn County. To obtain high quality information from the community regarding their needs, barriers and health perceptions, the subcommittee utilized multiple assessment strategies.

The assessment process was guided by a CTSA subcommittee with representation from multiple entities and organizations within the LPHS and was associated with the larger *Together! Healthy Linn* Steering Committee. To begin, the subcommittee reviewed the current data available and identified gaps in data from specific populations and information still needing to be obtained. The gap analysis informed the need to gain additional data from older adults, disabled/special needs, LGBTQ+, rural, young children, parents, low-income, middle to lower-middle income, recent college graduates and minority populations. Once identified, the group selected methods and strategies to reach the aforementioned populations.

**Method.** Methods selected included a sticker board with an open-ended question, community survey, windshield survey and focus groups. In mid-June, members of the MAPP Core Group conducted two focus groups. The populations were selected based on the gaps in information for specific populations noted by the subcommittee and decision to oversample low-income and minority populations. Populations of interest included residents at Geneva Tower located in downtown Cedar Rapids and the LGBTQ+ community, which was held at Linn County Public Health. In addition to the methods selected by the subcommittee, Linn County Public Health also explored the use of Vox Pop and a Street Stall (also known as Wailing Wall). Data obtained through this comprehensive community assessment were synthesized into a single report and broken down into logical categories to relay assessment findings.

**Findings.** Numerous themes emerged during the assessment including policy, access to healthcare, mental health and social support related to mental health, substance use, obesity, safety/violence, natural environment, built environment, transportation/public transit system, education/awareness of health issues, affordable housing and specific concerns affecting low-income residents.

Perception of quality of life throughout Linn County is captured throughout the assessment in reflection of what is healthy and unhealthy about the community as well as what might be contributing to poor health. Perception of livability was specifically captured for Cedar

Rapids and Marion, although only available for these two Linn County cities, through the National Citizen Survey (The National Citizen Survey, 2017 & 2018). According to the results of the Community Livability Surveys conducted in the City of Marion in 2017 and the City of Cedar Rapids in 2018, residents generally report a high quality of life in both locations.

When asked what the three most important factors are for a healthy community, respondents overwhelmingly selected low crime/safe neighborhoods as the most important factor. Following low crime/safe neighborhood, respondents rated quality schools, a good place to raise children, good jobs/healthy economy and access to healthcare as the top five factors that contribute to a healthy community.

According to the results of the community health survey, residents of Linn County predominantly identify mental health issues as the most important health problem in Linn County followed by obesity, neighborhood and community violence, cost of health care and substance abuse. In addition, concerns related to low-income residents, such as affordable housing, homelessness and an unsupportive transportation system was a consistent theme throughout the assessment.

When reflecting on needed community improvements, an overwhelming number of residents note a need for improved mental health support and awareness. Awareness was also noted in relation to the need for increased education in the community and within schools for a variety of health issues. Some other improvements include the need to address connectivity in the built environment and the deficiencies of the public transit system. In addition, residents note a need for increased availability of affordable housing and healthy foods for all residents and a need to prioritize protection and restoration of the natural environment. Finally, residents would like increased action to address drug use, gun violence and gang activity concerns in Linn County.

Residents generally noted an abundance of available services in the community. Some services specifically mentioned include community-wide testing for sexually transmitted infections/diseases, preventive medication and education. The ARC, Goodwill, Salvation Army and Cedar Valley Friends of the Family were mentioned for providing key services. These agencies offer unique personal supports such as arranging transportation to appointments, the grocery store, or YMCA for exercise or providing clothing and food.

## **Community Health Status Assessment (CHSA)**

The Community Health Status Assessment (CHSA) is a quantitative analysis which answers the questions, “How healthy are our residents?” and “What does the health status of our community look like?” Results of the CHSA provide an understanding of the community’s health status and ensure that the community’s priorities consider specific health status issues, such as rates of increasing chronic disease and sexually transmitted infections.

In 2015, during the previous iteration of the CHA, an initial CHSA subcommittee planned the assessment and identified a list of specific indicators and sources that may be used to access the data points associated with the eleven core indicators:

- Demographic Characteristics
- Socioeconomic Characteristics
- Health Resource Availability
- Quality of Life
- Behavioral Risk Factors
- Environmental Health Indicators
- Social and Mental Health
- Maternal and Child Health
- Death, Illness and Injury
- Communicable Disease
- Sentinel Events

Data from these categories was compiled and presented as a dashboard, identifying trends, health inequities and compared Linn County rates to state and national rates, when applicable. In the 2018 CHSA, the dashboard concept was used again, but a subcommittee did not convene to inform the data points to be included on the dashboard, as Linn County Public Health had just completed the 2017 Health of Linn County report, a comprehensive quantitative analysis of the health of Linn County.

**Findings.** The primary areas of concern identified in the CHSA are among increasing rates of chronic disease, sexually transmitted infections, injury and violence, suicide and substance use. Each of the areas pose unique challenges to address. The leading causes of death in Linn County are attributed to chronic diseases including cancer, heart disease, chronic lower respiratory diseases, stroke, Alzheimer’s disease and diabetes. Likewise, prevalence of adults and children who are overweight or obese is increasing. Of particular concern is the increase in the percentage of kindergarten students in Linn County’s largest school district who are overweight or obese. Increased overweight and obesity status in a population is a major predictor for the development of further chronic conditions and increased risk for worsening chronic disease related mortality rates. Alternately, sexually transmitted infections continue to increase overtime with Chlamydia and Gonorrhea significantly increasing from year to year. While Chlamydia rates have consistently been high, Gonorrhea was on a decline during the previous iteration of the CHSA. Unfortunately, the Gonorrhea rates in 2017 was nearly three times as high as that in 2013 (160.2 vs. 58.0 per 100,000 population, respectively).

Additional areas of concern are among unintentional and intentional injuries and substance use. Over the last couple of years, the rate of deaths related to unintentional injuries has been on a rise, continuing to be the second leading cause of years of potential life lost among individuals younger than 65 years of age. While mortality rates related to unintentional falls among the entire population decreased between 2015 and 2016, the mortality rates among individuals 75 years of age and older have significantly increased over time. However, the rate among individuals 85 years and over is more than 2 times greater than the next highest rate, among people 80 to 84 years of age. Overtime, mortality rates related to unintentional poisonings and opioid overdoses has improved. However, outpatient hospitalizations for opioids has increased significantly from 2013 to 2016. Likewise, binge drinking continues to be an issue in Linn County; however, the rates have improved among adolescents. In addition to unintentional injury, violence or intentional injury poses a significant health burden on residents. Of greatest concern is in the rates of child maltreatment and suicide. Rates of child maltreatment cases had been on a steady decrease prior to 2016; however, maltreatment rates

are now on an incline particularly related to child neglect. Overtime, the suicide mortality rate has demonstrated a significant increase, most commonly found among men. However, equally concerning is the high rate of hospitalizations due to suicide-related incidents, which is more common among females.

## **Forces of Change Assessment (FOCA)**

On May 24, 2018 Linn County conducted the Forces of Change Assessment (FOCA) at Indian Creek Nature Center in Cedar Rapids. Members from multiple sectors within Linn County's LPHS were invited or self-elected to participate in the assessment. The ideal participants for the FOCA are community leaders and officials with insight on factors, events and trends that may potentially impact the health of the public or the operation of the LPHS. This assessment focuses on issues that are broader reaching, such as factors that impact the environment in which the LPHS operates, state and federal legislation, rapid technological advances, changes in the organization of health care services, or funding shifts. Methods selected for this assessment included an affinity diagram, prioritization activity and force field analysis.

**Method.** Participants were asked to brainstorm a list of unique forces, trends, or events that might impact the health of the community. Participants then created an affinity diagram which resulted in thirteen separate ideas or "clusters." Each participant received ten stickers to vote on the specific forces they believed to be most critical to the health of the community and were not allowed to vote for a force more than once. The facilitators tallied the results and transferred the final categories onto large flip chart paper in preparation for the force field analysis, the final activity of the FOCA. The analysis aims to identify both opportunities and threats posed by each force category. The ten forces were written on flip chart paper and placed throughout the conference room where each participant had five minutes to write a list of specific opportunities or threats associated with each force category.

**Findings.** The top ten forces identified by participants through the affinity diagram and prioritization activity were:

1. Socioeconomic Determinants of Health & Related Impacts (25)
2. Mental Health Accessibility (22)
3. Education System Impacts (22)
4. Health Equity and Access (22)
5. Legislation/Funding (21)
6. Demographic Shift (19)
7. Food Systems & Insecurity (18)
8. Natural Environment (18)
9. Substance Abuse (18)
10. Built Environment (17)

The number in parenthesis behind the force title is the number of votes received during the prioritization activity.

Members of the MAPP Core Group identified themes which were mentioned throughout the force field analysis. The six themes which emerged were **active transportation, child health, crime/violence, housing, mental health** and **policy**.

### **Local Public Health System (LPHSA)**

Linn County conducted the Local Public Health System Assessment (LPHSA) between the months of May and July of 2015. Members from multiple sectors within Linn County's LPHS were invited to participate in the assessment. Entities within the LPHS include all organizations who may impact the health of the community such as community centers, employers, elected officials, transit, public health agency, home health, laboratories, faith-based organizations, non-profits, community health clinics, hospitals, doctors, nursing homes, drug treatment, mental health, schools, neighborhood organizations, corrections, law enforcement, fire and EMS.

**Method.** The intent of the LPHSA is to assess how organizations within the system are doing in addressing the ten essential public health services and is completed using the local instrument of the National Public Health Performance Standards (NPHPS; CDC, 2015). This instrument helps communities measure not only how they are doing in addressing the overarching essential public health services, but also the competencies and sub-competencies that fall under each service. The LPHSA subcommittee decided to take a targeted approach in gaining feedback on each of the essential public health services by splitting partners within the LPHS into five workgroups each focusing on two of the essential public health services. An initial survey covering the targeted public health services was sent to the members of the workgroups in June of 2015. The workgroups were then convened in July of 2015 to engage in facilitated discussions that covered the components falling under each of the targeted essential public health services. Following discussion, members then rated how well the LPHS is doing in addressing the essential public health services. All components with a "Minimal Activity" or "Moderate Activity" rating were highlighted in a report as a needed area of improvement for the LPHS to address moving forward.

**Findings.** Of the fifteen core competencies evaluated in the facilitated discussions, five received a rating of either "Minimal Activity" or "Moderate Activity", indicating an identified need to address these issues to improve the LPHS. The lowest rated core competency, with a rating of "Minimal Activity", was the availability of "Current Technology to Manage and Communicate Population Health Data" within the LPHS. The low rating was attributed to the inability of the LPHS to share data between health systems and among partners.

The remaining four of the lowest rated core competencies receiving a rating of "Moderate Activity" include "Population-Based Community Health Assessment (CHA)", "Health Communication", "Ensuring People are linked to Personal Health Services" and "Evaluating Population-Based Health Services".

Three main themes were also highlighted in facilitated discussions associated with the LPHSA. The themes include:

- Data Accessibility and Partnership
- Accessing Vulnerable Populations
- Emergency and Public Health Threats

*In addition, Mercy Medical Center did not receive any written comments on the hospital facility's most recently conducted CHNA or implementation strategy. However, on the CHNA and implementation strategy webpage of the Mercy website, there is a "Contact Us" form that can be filled out by any individual. The submitted online form goes to Mercy's Marketing department and would be forwarded to Mercy's Community Benefit office. Any mailed written comments would be forwarded to the Community Benefit office.*

### **Significant Health Needs**

Data obtained from the community health assessments were analyzed and synthesized into four community health assessment reports. Upon request from the steering committee, Linn County Public Health staff synthesized the findings of the assessments and categorized them into 13 potential strategic issue categories. A one to two-page summary of the related assessment data for each category was created and provided to the steering committee prior to the strategic issue prioritization session. The categories were:

- Access to Healthcare
- Access to Healthy Food
- Access to Mental Health Services
- Affordable Housing
- Built Environment
- Chronic Disease
- Mental Health
- Natural Environment
- Obesity
- Safety and Violence
- Sexual Health
- Substance Use
- Transportation

Additionally, recurring cross-cutting themes were identified that emerged across multiple assessments which were important considerations to be integrated into the CHIP. These themes were policy, systems, and environmental change; health equity; education and awareness; and transportation. As the CHIP was developed, these cross-cutting themes were incorporated into goal and strategy development.

### **Process for Prioritizing Needs**

The Together! Healthy Linn Steering Committee used a series of prioritization tools in combination with data reflection at an individual level, asset and community mapping, small and large group discussion, and an agreed upon set of prioritization criteria to determine which three issues needed to be addressed before the community vision could be realized. The steering committee was limited to the top three issues to maintain a realistic, focused scope of work. The prioritization criteria for strategic issues were:

- The issue is data driven, appearing in two or more of the assessments
- Addressing the issue requires a collaborative, multi-sector approach

- Alignment with the Together! Healthy Linn Vision
- Assets are available within the local public health system to impact the issue
- The issue reflects a need that Together! Healthy Linn has the ability to influence
- The size and significance of the issue has large impact

At the end of the prioritization session, three broad issues were identified, in rank order: Mental Health, Obesity, and Safety.

### **Mental Health**

Mental health is an important part of overall health, and well-being is a vital component for healthy communities. Mental Health includes emotional, psychological, and social well-being. Mental Health occurs on a continuum, much like physical health, and the two are closely interrelated. Physical health conditions can influence mental health status, and vice versa.

In Linn County, diagnosis of mental health conditions are increasing among youth and adults. Suicide rates are increasing, and suicide is the eighth leading cause of death in Linn County. In 2016, 13.2% of Linn County youth reported suicidal thoughts. Mental Health was the top health concern voiced among all demographic groups and across all assessment methods in the Community Themes and Strengths assessment. Anxiety was also noted as a concern among residents participating in the assessments.

Access to mental health services and supports were also identified as a need in Linn County. The Community Health Assessment findings reflect a need for more providers who accept Medicaid, the availability of timely appointments, and a need for more mental health care facilities. However, the increasing number of providers offering a trauma-informed care approach and telehealth services offers opportunities to increase access to mental health services. *All of the SSA counties also identified mental health as a priority need.*

### **Obesity**

Obesity is a significant health concern in Linn County. Among adults, 63% are overweight or obese (32.2% obese, 31.3% overweight). In the Cedar Rapids Community School District, the largest district in Linn County, 31.8% of kindergarteners are reported to be overweight or obese (12.3% obese, 19.5% overweight) and 35% of 5th grade students are reported as overweight or obese (16.5% obese, 18.5% overweight). The state of Iowa ranks fourth in the nation for obesity, with 36.4% of adults obese.

Obesity increases the risk of chronic diseases such as diabetes, hypertension, heart disease, arthritis, and some types of cancer. The primary contributors to obesity are lack of physical activity and unhealthy eating. In Linn County, 11.1% of all residents are food insecure, and 14.5% of children are food insecure. Residents report barriers to accessing healthy food options. Only 29% of adolescents get at least 1 hour of physical activity per day. Barriers exist for all residents to engage in exercise, especially individuals who are low-income, have a disability, chronic pain, or existing medical condition. However, many Linn County organizations are working on increasing access to healthy, affordable, and/or locally grown food, which is one strategy for reducing obesity for everyone. *All SSA counties also identified obesity as a priority need.*

## **Safety**

Safety is a broad term for a variety of concerns, including domestic and interpersonal abuse, bullying, and violence within the community. In Linn County, child maltreatment rates are increasing, particularly related to child neglect. Over one third of youth (34.1%) reported being bullied in the last 30 days. Youth reporting bullying are more likely to be younger (in 6th grade vs. 9th or 11th grade). Youth report social media use as a form of youth on youth bullying and to instigate violent activities.

Community violence emerged as a perceived need in the Community Health Assessment. While there is a general feeling of safety in Linn County; there is an increased concern of gang activity, homelessness, human trafficking, and shootings that reduces the feeling of safety. In Linn County, several grassroots efforts have developed and formed partnerships with established programs or organizations to increase safety in Linn County. An example of such efforts is the Safe, Equitable, and Thriving (SET) task force, which includes county, city, and school district collaboration, among others. *Cedar and Johnson Counties also identified safety as a priority need.*

## **Potentially Available Resources – Mercy Medical Center**

*Each community partner will identify the resources their organization is able to commit to address health priorities. Mercy Medical Center will identify in its implementation strategy the resources available to address the significant health needs. These resources include: staffing to provide education, screening, interventions, and outreach; materials, supplies and equipment to complete the identified strategies; and cash and in-kind contributions to nonprofit organizations working on identified priority needs in partnership with Mercy or those needs which Mercy is not able to address. Mercy's efforts will complement the work being done by other active partners in the community.*

## **Evaluation of Impact**

From 2016-2018, the health priorities of the community were Behavioral Health (Mental Health, Suicide, and Substance Abuse), Health Promotion (Data Sharing, Chronic Disease, and Community Education), and Social Determinants of Health (Safe and Affordable Housing, Access to Care, and Adverse Childhood Experiences, or ACEs). Measurable objectives were identified and tracked for each priority using a dashboard widely available to the community.

**Behavioral Health**

**Mental Health- Increase access to mental health services**

Objective	Indicator	Source	Baseline Year	Baseline Value	Current Year	Current Value	Target Year	Target Value	Progress (2017)
1-1: By January 1, 2019, increase the percentage of healthcare prescribers who provide mental health services in Linn County by 10%.	Number of healthcare providers in Linn County who also provide mental health services	Linn County Public Health Assessment	2016	37	2017	43	2018	41	
1-2: By January 1, 2019 there will be a 10% increase in the number of successful mental health referrals through the TAVhealth system.		TBD	2016	0	2018	24	2019	1	
1-3: By January 1, 2019, there will be a 2% reduction in adults who report poor mental health.	Percentage of adults who report poor mental health	BRFSS	2013	29.6%	2016	33.5%	2019	31.9%	

**Suicide- Decrease the rate of suicide in Linn County**

Objective	Indicator	Source	Baseline Year	Baseline Value	Current Year	Current Value	Target Year	Target Value	Progress
2-1: By January 1, 2019, suicide rates will decrease by 10%.	Number of individuals who die of suicide over the total number of deaths per 100,000 population	Linn County Death Data	2015	12.9 per 100,000	2017	14.4 per 100,000	2019	11.6 per 100,000	
2-2: By January 1, 2019, there will be a 25% increase in the number of Adult and Youth MHFA classes in Linn County compared to the baseline year.	Number of Adult and Youth MHFA classes in Linn County.	Subcommittee	2016	15			2019	25%	

**Substance Abuse- Decrease the rate of substance abuse among adults and adolescents**

Objective	Indicator	Source	Baseline Year	Baseline Value	Current Year	Current Value	Target Year	Target Value	Progress
3-1: By January 1, 2019, the rate of binge and underage drinking will be reduced by 2%.	Percent of 6th, 8th, and 11th grade students who currently use alcohol	Iowa Youth Survey	2014	8%	2016	8%	2019	6% Adolescent	
	Percent of adults who report binge drinking in previous 30 days	BRFSS	2013	17.9%	2016	19.1%	2019	17.5% Adult	
3-2: By January 1, 2019, the rate of marijuana use among adolescents will be reduced by 2%.	Percent of 6th, 8th, and 11th grade students who currently use marijuana	Iowa Youth Survey	2014	5%	2016	4%	2019	3%	
3-3: By January 1, 2019, the rate of prescription drug abuse and misuse will be maintained	Percent of 6th, 8th, and 11th grade students who use prescription medication without	Iowa Youth Survey	2014	4%	2016	4%	2019	≤4%	
3-4: By January 1, 2019, reduce the percentage of adults and adolescents who currently use nicotine delivery products including cigars, cigarettes, smokeless tobacco and electronic smoking devices by 2%.	Percentage of Youth who use E-Cigarettes	Iowa Youth Survey	2014	5.0%	2016	3.0%	2019	3%	
	Percentage of Youth who use Cigars	Iowa Youth Survey	2014	2.0%	2016	1.0%	2019	0%	
	Percentage of Youth who use Cigarettes	Iowa Youth Survey	2014	3.0%	2016	4.0%	2019	1%	

**Social Determinants of Health**

<b>Safe and Affordable Housing-</b> Increase access to properly maintained and affordable housing									
<b>Objective</b>	<b>Indicator</b>	<b>Source</b>	<b>Baseline Year</b>	<b>Baseline Value</b>	<b>Current Year</b>	<b>Current Value</b>	<b>Target Year</b>	<b>Target Value</b>	<b>Progress</b>
1-1: By June 30, 2017, a plan will be created to address the barriers that hard to house populations and those living under 30% of the area median income (AMI) face in relation to obtaining affordable housing.	Finalized plan.	Linn County Continuum of Care (CoC) Committee -- Ann Hearn	2016	0% Complete	2017	100%	2018	100% Complete	
1-2: Between January 1, 2017 and December 31, 2017, 50% of individuals attending Tenant Education courses will report an increased knowledge of tenant rights, proper housing maintenance (cleaning) and building a positive rental resume.	Tenant Academy participant information and program evaluation.	Waypoint -J'Nae Peterson	2016	0 sessions n=0 participants	2017	9 sessions n=109 participants 100% of participants indicated they have an increased knowledge on tenant rights and responsibilities from attending the training.	2018	<9 sessions 100+ participants	
1-3: By December 31, 2018, 50% of participants from social service agencies who complete basic housing hazards training will demonstrate increased knowledge of potential in-home hazards. The training will result in an increased capacity of agencies providing in-home services to provide resources to partners and clients in order to mitigate general unsafe home conditions.	Participant information and program evaluation.	LCPH -- Ann Olson, Ruby Perin	2016	0% (no trainings held in 2016)	2017	1 session held (11/7/2017) 16 participants An increase in knowledge demonstrated by all participants.	2018	1 session held (5/24/2018) TBD	
<b>Access to Care and Resources-</b> Increase access to care and community resources for vulnerable populations									
<b>Objective</b>	<b>Indicator</b>	<b>Source</b>	<b>Baseline Year</b>	<b>Baseline Value</b>	<b>Current Year</b>	<b>Current Value</b>	<b>Target Year</b>	<b>Target Value</b>	<b>Progress</b>
2-1: By December 31, 2018 a plan will be implemented to address the gaps in transportation services and the barriers to transportation experienced by community members.	Completed MPO Transportation Improvement Plan (TIP)	Brandon Whyte- Corridor MPO	2016	0%	2017	100%	2018	100%	
2-3: Increase the number of Linn County residents who access insurance through Medicaid, Medicare, or Healthcare Marketplace.			2015	0	2016	0	2018	0	
2-4: By January 31, 2018 a referral system will be in place to connect vulnerable populations with needed resource and support services.	Presence and launch of a system to coordinate patient referrals between partnering Linn County health and social service agencies.	Cindy & Haley - SIM C3 Project	2016	0 internal; 0 external referrals in TAV	2018		2018	89 internal; 39 external referrals in TAV (as of 5/15/2018)	
<b>Adverse Childhood Experiences (ACE's)-</b> Decrease the number of children who are negatively impacted by risk factors associated with Adverse Childhood Experiences (ACE's)									
<b>Objective</b>	<b>Indicator</b>	<b>Source</b>	<b>Baseline Year</b>	<b>Baseline Value</b>	<b>Current Year</b>	<b>Current Value</b>	<b>Target Year</b>	<b>Target Value</b>	<b>Progress</b>
3-1: By December 31, 2018, 30% of child and youth based organizations, school buildings, and primary healthcare providers in Linn County will have completed the trauma-informed practices survey.	Survey results.	Nate Pruett - IowaBIG	2016	0%	2017	0%	2018	<30%	
3-2: By December 31, 2018 there will be a 50% increase of knowledge by primary care providers and behavioral health care service providers in regards to ACEs and the effective strategies that support improving adult health management.	# ACEs trainings held for healthcare providers; pre/post-evaluation	Diana Strahan - HACAP	2016	5	2017	1	2018	2	

**Health Promotion**

<b>Data Sharing</b> - Increase data sharing and effective use of technology among the local public health system in order to identify and address emerging health trends									
Objective	Indicator	Source	Baseline Year	Baseline Value	Current Year	Current Value	Target Year	Target Value	Progress
1-1: By January 1, 2019 a written process for data sharing among partners within the local public health system will be established		LCPH	2016	0%	2017	10%	2019	100%	
<b>Community Education</b> - Decrease preventable diseases through health education in the community									
Objective	Indicator	Source	Baseline Year	Baseline Value	Current Year	Current Value	Target Year	Target Value	Progress
2-1: By January 1, 2019, increase the number of people reached through substance abuse prevention education by 2%.	Number of people reached through substance abuse prevention education by ASAC	ASAC - Erin Foster	2016	19,423	2017	14,371	2018	19,811	
2-2: By January 1, 2019, stabilize the positivity rate of Chlamydia, Syphilis and HIV.	Rate of Chlamydia in Linn County per 100,000 population	IDPH - CADE	2014	486 per 100,000	2016	550.2 per 100,000	2018	≤486 per 100,000	
	Rate of Syphilis in Linn County per 100,000 population	IDPH - CADE	2014	10.1 per 100,000	2016	9.5 per 100,000	2018	≤10.1 per 100,000	
	Rate of HIV in Linn County per 100,000 population	IDPH - CADE	2014	6.9 per 100,000	2016	9.0 per 100,000	2018	≤6.9 per 100,000	
<b>Chronic Disease</b> - Decrease the incidence of chronic disease in Linn County									
Objective	Indicator	Source	Baseline Year	Baseline Value	Current Year	Current Value	Target Year	Target Value	Progress
3-1: By January 1, 2019, the percentage of residents who are overweight or obese will be stabilized.	Percent of Adults in who are Overweight	BRFSS	2013	33%	2016	36.2%	2017	≤33%	
	Percent of Adults in who are Obese	BRFSS	2013	32%	2016	32.2%	2017	≤32%	
3-2: By January 1, 2019, the percentage of adults with type 2 diabetes will be stabilized.	Percent of Adults with a type 2 diabetes diagnosis	BRFSS	2013	9.7%	2016	8.30%	2017	≤9.7%	
3-3: By January 1, 2019, the mortality rate attributed to heart disease and stroke among adults will be stabilized.	Age-Adjusted Mortality Rate for Heart Disease	CDC WONDER	2014	155.7 per 100,000	2017	143.4 per 100,000	2018	≤155.7 per 100,000	
	Age-Adjusted Mortality Rate for Stroke	CDC WONDER	2014	28 per 100,000	2017	22.0 per 100,000	2018	≤28 per 100,000	



Health begins where we live, learn, work and play. Opportunities for health start at home, in our neighborhoods and work places. And all people—regardless of background, education or money—should have the chance to make choices that lead to a long and healthy life.

– ROBERT WOOD JOHNSON FOUNDATION

***The Community Health Assessment was adopted by Mercy Medical Center’s Board of Trustees on 4/4/2019.***

*Note: All italicized information within document provided by Mercy Medical Center.*

## Acknowledgements

The Community Health Assessment (CHA) prepared and presented by Together! Healthy Linn, reflects the contributions of many of the participating groups and individuals, but does not necessarily reflect the position of any particular organization or individual. In addition to members, various boards, committees, and subject matter experts within the community also provided input on plan development activities. The following individuals and organizations have dedicated their time and expertise to the identification of strategic issues.

### MAPP Core Group

The MAPP Core Group designs and plans the CHA process according to the MAPP framework.

Kaitlin Emrich	Linn County Public Health
Amy Hockett	Linn County Public Health
Tricia Kitzman	Linn County Public Health
Melissa Monroe	Linn County Public Health
Robin Rajjean	Linn County Public Health
Katie Reasner	Linn County Public Health
Rachel Schramm	Linn County Public Health

### Steering Committee

The steering committee guides and oversees the CHA-CHIP process.

Name	Organization	Sector
Jeffrey Hanson	Alliant Energy	Business
Joe McHale	City of Marion Police Department	Criminal Justice & Law Enforcement
Nichelle Cline	Kirkwood Community College	Education
Stephanie Neff	Cedar Rapids Community School District	Education
Mary Tarbox	Mount Mercy University	Education
John Harris	Linn County Board of Supervisors	Elected Officials
Liz Mathis	State of Iowa Senator	Elected Officials
Dale Todd	Cedar Rapids City Council	Elected Officials
Ashley Vanorny	Cedar Rapids City Council	Elected Officials
RaeAnn Gordon	Iowa State University Extension & Outreach	Environmental Organization
Ronda Anderson	Bethany Lutheran Church	Faith Community
Pramod Dwivedi	Linn County Public Health	Government
Sandi Fowler	City of Cedar Rapids	Government
Melissa Cullum	Mercy Medical Center	Medical Providers
Joe Lock	Eastern Iowa Health Center	Medical Providers
Lori Weih	UnityPoint Health: St. Lukes Hospital and Jones Regional Medical Center	Medical Providers
Kathy Horan	AbbeHealth	Mental Health & Aging
Barb Gay	Area Substance Abuse Council	Substance Abuse
Lynda Waddington	The Gazette	Media
Karla Twedt-Ball	Greater Cedar Rapids Community Foundation	Philanthropy
Leslie Wright	United Way of East Central Iowa	Philanthropy

