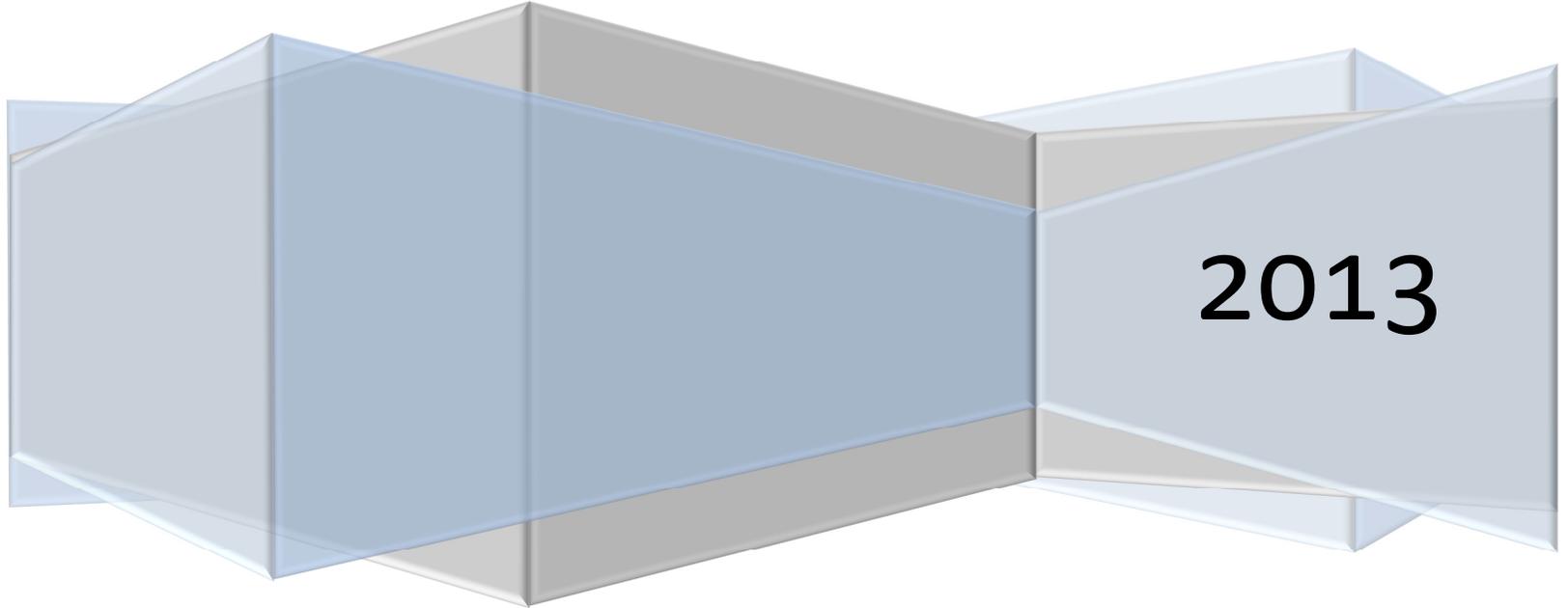


Community Health Needs Assessment (CHNA)

Benton, Buchanan, Cedar, Delaware, Iowa, Jones, Johnson
and Linn Counties



2013



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Section 1: Introduction

In 2010, the Patient Protection and Affordable Care Act (PPACA) was passed by congress which included many provisions including a requirement for not-for-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. Due to this, Linn County Public Health (LCPH) facilitated a CHNA for St. Luke's Hospital and Mercy Medical Center to support these new PPACA requirements. The assessment covered the Linn County hospitals' eight county region and was designed to identify the major health and socioeconomic issues that disproportionately impacted this region. Benton County Public Health was also active in process and co-facilitated this CHNA for the Virginia Gay Hospital.

Linn County Public Health utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework which was developed by the National Association of County and City Health Officials (NACCHO) and the Center for Disease Control and Prevention (CDC) to conduct the CHNA. Throughout this process an extensive amount of both qualitative and quantitative data associated with health indicators was collected, organized and analyzed to support each hospital's development of a health improvement or community benefit plan. Special care was taken to solicit involvement from a diverse representation of community leaders, organizations, and residents to satisfy the requirements established by the Patient Protection and Affordable Care Act. To further support this process and ensure that the hospitals' needs were being met, a CHNA Steering Committee was organized, which met regularly to discuss the implementation of the MAPP framework and the process of the assessment. A list of CHNA Steering Committee members can be found at the end of this document.

This document provides a brief overview of the framework and key findings of the MAPP assessment. It begins by providing background on the process and then describes each of the four components of the MAPP assessment. It is encouraged that community leaders use this document to identify local priorities, create SMART objectives based on those priorities, and if necessary, seek funding to support the implementation of tactics to address the objectives. An appendix with supporting documents accompanies this CHNA report which can be used to help support the identification of each hospital's regional health priorities, goals and objectives.

Section 2: Background

Patient Protection and Affordable Care Act

The passage of the Patient Protection and Affordable Care Act (PPACA), Pub. L., No. 111-148, 124 Stat. 119 by the U.S. Congress on March 23, 2010 established four new federal requirements for tax-exempt hospitals under section 501(r) of the Internal Revenue Code. One of the requirements states that not-for-profit hospitals must conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet needs identified in the assessment.

Section 6033(b)(15)(A), also amended by the PPACA, requires a hospital organization to report on its Form 990 a description of how the organization is addressing the needs identified in each CHNA and a description of any needs that are not being addressed with the reasons why the needs are not being addressed. To satisfy this requirement, the Department of Treasury and Internal Revenue Service (IRS) intend to require a hospital organization to attach the most recently adopted implementation strategy for each of its hospital facilities to its annual Form 990.

The purpose of the 2012/2013 CHNA process facilitated by Linn County Public Health (LCPH) is to collect and analyze available data that help prioritize community health needs in Linn, Benton, Buchanan, Cedar, Delaware, Iowa, Jones and Johnson counties for the purposes of meeting the hospital PPACA requirements. LCPH has also provided recommendations using best practices for addressing priority health issues within this document.

Local public health agencies are required to submit the CHNA for their jurisdictions to the Iowa Department of Public Health every five years, which is separate from the hospital's PPACA CHNA requirements. It is the responsibility of the Local Board of Health to assure this information is provided and assist in coordinating community efforts to address priority health needs. The intent of LCPH is to maintain communication with community partners and to inform them of current and emerging health issues as well as assist in facilitating a community response to improving population health within the public health system.

Description of CHNA process

As established by the PPACA, non-profit hospitals are required to take into account input from persons who represent the communities they serve, especially those with expertise in public health. Due to this requirement, LCPH facilitated the CHNA process through the use of the **Mobilizing for Action through Planning and Partnerships (MAPP)**, an evidence-based framework to conduct health needs assessments. The National Association of County and City Health Officials (NACCHO) developed MAPP in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). A work group composed of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000.

This tool helps gather both quantitative and qualitative data from a diverse group of individuals within an identified community. To do this, MAPP is broken down into four comprehensive processes:

1. **Community Health Status Assessment** (Collection of statistical data from major leading health indicators)
2. **Community Themes and Strengths Assessment** (Facilitated Dialogues/Focus groups that are conducted among diverse populations)
3. **Local Public Health Systems Assessment** (An event that brings together community members, agencies, and leaders to identify the public health *system's* strengths and weaknesses)
4. **Forces of Change Assessment** (An important brainstorming activity that identifies forces such as legislation, technology, and other impending changes that have the potential to affect health outcomes)

The following seven principles are integral to the successful implementation of MAPP:

- *Systems thinking* — to promote an appreciation for the dynamic interrelationship of all components of the local public health system required to develop a vision of a healthy community.
- *Dialogue* — to ensure respect for diverse voices and perspectives during the collaborative process.
- *Shared vision* — to form the foundation for building a healthy future.
- *Data* — to inform each step of the process.
- *Partnerships and collaboration* — to optimize performance through shared resources and responsibility.
- *Strategic thinking* — to foster a proactive response to the issues and opportunities facing the system.
- *Celebration of successes* — to ensure that contributions are recognized and to sustain excitement for the process.

For more information about MAPP, please go to www.naccho.org/topics/infrastructure/mapp/

Counties and Community Members Involved in the CHNA

The target area for the assessment included an eight county region of Linn County and seven of its contiguous counties (Buchanan, Delaware, Benton, Jones, Iowa, Johnson and Cedar). Public health and hospital representatives from each county were invited to serve on a steering committee to help guide the CHNA process from start to finish. Special attention was paid to recruiting diverse subsets of the population to help accurately identify the most critical issues in the area. A list of all the contributors for each step in the process is available by request.

Section 3: MAPP Process and Results

The following section highlights the CHNA process and findings that were identified through the MAPP framework. This information is intended to be used in conjunction with additional hospital data or assessments if available.

1. Community Health Status Assessment: Process of collecting quantitative data

A team of public health professionals at LCPH gathered available secondary data on community demographics, socioeconomic characteristics and major health indicators in order to establish public health priorities. In general, statistical data was limited to data that was relatively current, collected by a reliable source and available for each county within the eight county region. This data is available in an excel document that can be accessed by contacting LCPH.

Following the collection of all the statistical data, each health indicator was analyzed by comparing it regionally, to the state rates, and national rates to determine our community’s priority health concerns. Based on the analysis, the data was simplified into a table and broken into green, yellow, or red categories so that it could be used to identify priority health concerns for the hospitals’ CHNA [Table 1].

This table with the key and full description of data indicators used for each health issue can be found in the appendix of this document.

Table 1. County Health Priorities, 2013

Red=High CHNA Priority

Yellow=Medium CHNA Priority

Green=Low CHNA Priority

	Benton	Buchanan	Cedar	Delaware	Iowa	Johnson	Jones	Linn
Population	26,092	20,923	18,400	17,658	16,320	133,038	20,608	213,875
Obesity/Chronic Disease	Red	Red	Red*	Red*	Red	Yellow	Red	Red
Cancer	Yellow	Yellow	Red ²	Yellow	Yellow	Green	Yellow	Yellow
Substance Abuse	Green	Yellow [€]	Green	Yellow [€]	Yellow [€]	Red [§]	Yellow	Red [§]
Sexual Health	Green	Green	Green	Green	Green	Red [¶]	Green	Red [¶]
Violence	Green	Green	Green	Green	Green	Green	Green	Green
Injury Prevention	Green	Green	Green	Green [†]	Green [†]	Green	Green [†]	Green
Mental Health	Red [*]	Red [□]	Yellow	Green	Yellow	Green	Yellow	Yellow
Prenatal/Early Childhood	Green	Yellow ^µ	Green	Green	Green	Green	Green	Green
Health Care Provider Access	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Yellow	Green

Quantitative Data Results for Leading Health Indicators

Obesity/Chronic Disease: RED (high CHNA Priority): Benton, Buchanan, Cedar, Delaware, Iowa, Jones, and Linn counties; **YELLOW:** Johnson County

Obesity and related chronic disease (CVD, diabetes) were the clear health priority for the region based on available secondary statistical data. Obesity (BMI> 30) rates were the highest in Cedar County

(32.9%) and Delaware County (32.4%). Both of these counties were over 3% higher than the state obesity rate of 29.1%. Although all counties had high rates of diabetes, Linn and Buchanan counties tied for the highest rates of individuals diagnosed with diabetes at 7.8%. The only county that had relatively low rates for obesity and showed positive self-reported behaviors (such as eating recommended amounts of fruits and vegetables) was Johnson County. Their obesity rate was 23.6%, which is low compared to both the state and national rates, but can still be considered too high for the overall health of the community. Obesity and chronic disease are complex issues that involve many factors. It is essential that hospitals work with the local public health system to address the etiology of this epidemic at the individual, social, community and policy level to be able to make impact on obesity and chronic disease prevalence. For more information about strategies to address obesity/chronic disease, please refer to the health priority diagram in the appendix.

Cancer: **RED (high CHNA Priority):** Cedar County (Specifically due to *Lung Cancer Incidence*); **YELLOW:** Benton, Buchanan, Delaware, Iowa, Jones, and Linn counties

There are various forms of cancer, and each form is complex with its own risk factors and ability to screen and treat. Some known causes of cancer include genetic factors, lifestyle factors such as tobacco use, diet, and lack of physical activity, certain types of infections, and environmental exposures.

The age-adjusted cancer incidence rates for the eight county region tend to be similar to those of the state, which is slightly higher than the national rate. Cedar County data indicated a higher incidence of lung cancer (91.24 per 100,000 compared to the state's rate of 68.1 per 100,000). Due to this, cancer could be considered a health priority if hospitals have additional patient data to support geographically limited and targeted interventions. Although the overall rates tend to be slightly higher, both Linn and Johnson counties have advanced health care systems to help support cancer screening and treatment. Due to those extensive resources, interventions targeted to reduce cancer rates should focus on increased screening and access to treatment in rural communities as well as improved education and behavioral modification techniques to prevent cancer or increased mortality. Supporting efforts in reducing obesity can also help reduce the rates of cancer since diet and physical activity are connected to cancer incidence. For more information about strategies to address cancer, please refer to the health priority diagram in the appendix.

Substance Abuse: **RED (high CHNA Priority):** Johnson and Linn counties (Due to *Drug/Narc, DUI, Drunkenness Arrest Rates*); **YELLOW:** Buchanan (Due to *Youth Alcohol Use*), Delaware (*Youth Alcohol Use*), Iowa (*Youth Alcohol Use*), and Jones counties

Abuse of alcohol and drugs causes a huge social and financial burden on families and the community. Often abuse of alcohol or drugs is due to social norms, peer pressure, or underlying mental health conditions. Multiple counties, including Buchanan, Delaware, Iowa and Jones, showed higher rates of youth alcohol use according to the Iowa Youth Survey. Linn County, and in particular Johnson County, had high drug abuse, drunkenness and/or DUI arrest rates. Unfortunately data is limited on the rates of drug usage in the adult population; therefore it is difficult to estimate the magnitude of substance abuse

in each county. The Behavioral Risk Factor Surveillance System (BRFSS) does assess binge drinking rates in Linn County and estimates that 16.2% of adults engaged in binge drinking in the last 30 days (2010). In Iowa, both alcohol and marijuana tend to be the most frequently abused substances, but prescription drug misuse is also increasing. To address this issue the public health system should focus on prevention, screening, and detection of substance abuse issues as well as work towards shifting the social norm away from community events that revolve around alcohol use. Another important area that must be supported to help impact the substance abuse rate is addressing mental health in the community through increased access, support, and continuity of care. For more information about strategies to address substance abuse, please refer to the health priority diagram in the appendix.

Mental Health: RED (high CHNA Priority): Benton (Specifically due to *Youth Suicide Plans*) and Buchanan (Specifically due to *Youth Depression*); **YELLOW:** Cedar, Iowa, Jones, and Linn counties

Data for the incidence of mental illness is difficult to find, especially for smaller communities. Most of the data used for the CHNA included self-reported data and suicide incidence rates that give insight into potential mental health situation in communities. The Iowa Youth Survey asks multiple questions to middle and high school students about feelings of sadness, depression, perceived social support, and suicide ideations or plans. Due to these responses and reported youth and adult suicides it is clear that some counties should prioritize improving mental health services. For example, the state rate for 11th grade students who have created a suicide plan was 10%, but in Benton County the rate was 16% which is much higher than the state rate and a potential area of concern. Buchanan County 11th grade students also reported higher rates of depression or depressive symptoms compared to the state when reviewing the 2010 IYS. Although national data reveals that mental illness is an extensive health issue, it is difficult to identify the true impact of mental illness in each county due to limited county level data. Currently, mental health conditions are non-reportable and difficult to track from a statistical perspective. Individual data may assist in further defining the need and target populations for mental health interventions. Increased tracking through electronic medical records or other methods to collect aggregated data will help document the magnitude of this issue and may also help to further identify ways to address the modifiable causes of mental illness. As identified in the next section, Mental Health is closely aligned to access to care and reducing social stigmas associated with a diagnosis or receiving treatment for a mental illness.

Access to Care: YELLOW: Benton, Buchanan, Cedar, Delaware, Iowa, and Jones counties

Although this region is a resource rich area with multiple hospitals, specialty care clinics, and financial support programs, more work needs to be done through the public health system to improve access to these services for lower-income families, particularly in rural communities. Access to health care is complex and influenced by a person's health insurance status, cost, transportation to/from services, education about community resources, stigma, hours of operation, and complete lack of access due to waiting lists or unavailability of services. The rural counties studied in this CHNA (Benton, Buchanan, Cedar, Delaware, Iowa, and Jones) had significantly lower rates of physician or specialist to patient ratios when compared to Linn and Johnson counties, the state and national ratios. This may not be a problem

due to those counties proximity to Linn and Johnson counties services; however access issues specifically associated with transportation may become a barrier to receiving services. To address this, telemedicine or the provision of onsite specialty care services can improve some patients' access to care. Hospitals can also be excellent champions in communities to lead efforts in coordinating the system of health care. Working to create one point of entry for un- or under-insured patients is essential to connecting them to services and navigating the system efficiently. Expediting patients to necessary health and social services can also improve health outcomes and further reduce the burden of chronic diseases on the community.

Sexual Health: RED (high CHNA Priority): Johnson and Linn counties (High STD rates)

Sexually Transmitted Diseases/Infections (STD) and teen pregnancy rates were significantly lower for the majority of the counties in this CHNA when compared to state and national rates. For all the counties teen pregnancy rates were lower than the national rate, and the rates are decreasing. STD rates are also much lower than the state and national rate in all the counties except Linn and Johnson. Linn County Public Health further analyzed this data and conducted GIS mapping to determine where in the two counties the STD rates were concentrated. Specific pockets in both Cedar Rapids and Iowa City had very high STD rates. Public health departments in both Linn and Johnson counties are actively working to target initiatives in these areas; local hospitals can support this through increasing access to condoms and promoting evidence-based sexual health curriculums in schools or other appropriate settings. For more information about strategies to address sexual health, please refer to the health priority diagram in the appendix.

*Other key health priorities that were analyzed in this CHNA included **violence, injury prevention, environmental health and prenatal/early childhood health**. Although each of these health issues should be worked on from a community or agency perspective, they were not identified as priorities due to limited data and/or the lower incidence or prevalence rates when compared to state and national rates. For more information see data limitations.*

Data limitations:

The statistical data for this CHNA was limited to data that was accessible, available for multiple counties, relatively current and from credible sources. Some data that would have further supported this CHNA is currently not collected at all, is not collected for each county, or is not collected in a way that can be easily analyzed. The data, although abundant, is not fully comprehensive due to these limitations and does not incorporate individual hospital data. It is suggested that the hospitals incorporate their own credible data sets (such as rates, trend analysis, charity care priorities, ER usage, etc.) to further enhance their CHNAs and objectives to address priority health concerns. LCPH has extensive data for environmental health indicators for Linn County, but comparative data for some of those indicators is lacking for other counties in this CHNA. Oral health was identified multiple times during the facilitated dialogues as a community priority, but due to a lack of statistical data, it is difficult to assess the true need and identify the root cause of dental issues within the targeted region. As identified later in this

document, there is also a need for enhanced data collection and analysis capacity for our community. Due to this community-wide need (that was also identified in the Local Public Health System Assessment), Linn County Public Health will hire an epidemiologist in 2013 which will enhance the capacity to collect various forms of data.

For access to all of the statistical data collected by Linn County Public Health, please contact the Division of Assessment and Health Promotion at (319) 892-6000 to receive an electronic excel file.

2. Community Themes and Strengths Assessment: *Facilitation of various community dialogues*

The Community Themes and Strengths Assessment is a core component of gathering representative information (qualitative data) from the communities served. Over the course of a few months, 12 community dialogues were conducted to identify our geographic region's themes, strengths and barriers. Each dialogue followed the seven questions outlined by the MAPP Community Themes and Strengths Assessment process:

1. What do you believe are the 2-3 most important characteristic of a healthy community?
2. What makes you most proud of our community?
3. What are some specific examples of people or groups working together to improve health and quality of life in our community?
4. What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?
5. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?
6. What actions, policy, or funding priorities would you support to build a healthier community?
7. What would excite you enough to become involved (or more involved) in improving our community?

These questions are established by MAPP to solicit feedback from consumer and agency groups to identify the vision for a healthy community, current initiatives being implemented, barriers to good health, and efforts that individuals and groups would support moving forward. Specifically, this qualitative perceptual data is a method for evaluating the root cause of why a certain health issue is a problem within a specific geographical area. Without this additional information, effective strategies cannot be identified to target the underlying factors that lead to poor population health.

LCPH conducted a total of 12 dialogues with various groups, including: Mental Health Services Planning (MHSP) Committee, Women's Health Network, Family Violence Prevention Coalition, Partnership for Drug Free Community, Law Enforcement Intelligence Network housed in Benton County, residents in treatment at the Heart of Iowa, Safe Kids Coalition, Healthy Living Coalition/Blue Zones Project Subcommittees, Sexual Health Alliance of Linn and Johnson Counties, Providers with the Linn County Medical Society, and Environmental Public Health Work Group. Benton County Public Health also conducted two additional community dialogues within Benton County, meaning a total of 14 community dialogues were conducted for this CHNA process.

Throughout the community dialogues there were multiple reoccurring themes. Some frequently stated gaps included:

Obesity/Chronic Disease:

- Having recreation available to all ages
- Creating safer environments to promote physical exercise
- Access to affordable healthy food (Food Policy)
- Increasing health education to both youth and adults
 - Nutrition, Healthy Diet

Access to Care:

- Easier way to access health care
 - Transportation
 - Cost
- Disparity in availability across issues (ie. mental health providers and oral health providers are more difficult to find)
- Rural areas have greater issues with geographic inaccessibility; Resources are located in Linn and Johnson counties
- Low percentage of the population is uninsured, but many are underinsured and cannot afford deductible or co-pay (*Need for additional data on under-insured*)
- Access to Mental Health Services (DATA and SERVICE GAP)
 - Trauma informed care/Adverse Childhood Experiences (ACEs)

Mental Health

- Main issues: Access to services and stigma
- Reducing exposure to trauma in children – trauma informed care
- Lack of early intervention
- Access to Mental Health Services (DATA and SERVICE GAP)

- Trauma informed care/ACEs
- Primary Care Provider reporting of MH issue treatment (DATA GAP)
- Cannot determine magnitude of problem (DATA GAP)

Sexual Health

- Reduce stigma associated with sexual health
- Increase comprehensive sexual health education
- Increase access and use of condoms, increase use of testing services
- Increase the number of people tested for STDs/STIs
- Need to work with key community leaders in high-risk groups (Gay Males/MSMs, Young Adults, Minorities etc.)

Substance Abuse

- Increase accessibility of residential in-patient/outpatient
- Increase walk-in evaluations
- Substance-Free entertainment
- Provide substance abuse counselors in schools
- Work towards policies on alcohol density

Violence and Injury (*statistically not identified as priority*):

- Main Issues: Crime and gun control
- Strong community resources in this area, but still some siloed approaches
- Access to programming for sexual assault and domestic violence SERVICE GAP

Some of the strengths that were identified in the dialogues included:

- Multiple collaborations that benefit the community.
- A strong sense of community. An example that was brought up multiple times included how after the 2008 flood the community came together to rebuild.
- That specifically in the urban areas, we're a resource rich community for both health care and services. Examples of resources people were proud of in the community included access to breast cancer screenings, food banks, the farmers market, our trail network, NewBo, the medical mall, Metro Care Connection, Blue Zone Project, all of the active coalitions, and free monthly care seat checks.
- For the most part, our community does a good job at providing media coverage.
- People were fond of the friendly neighborhoods and how many have neighborhood organizations relating back to the community's theme to come together.

Please refer to the facilitated dialogue handout in the appendix to identify additional themes throughout the discussions.

*Potential actions identified through the **Facilitated Dialogues**. Items in black could help address priority health issues that have been identified as a priority. Actions in gray could address non-priority health problems.*

<p>Public Policy—National, state, local laws</p> <ul style="list-style-type: none"> • More providers accepting Title 19 • Gun control policies (Suicide prevention) • Enforcement of what laws we do have • Iowa Nutrient Management • Helmet law • Early health education to increase personal action • Mandatory wellness/health classes • Middle school physicals (access to healthcare) • Specific policies on alcohol density • Policy for funding multi-unit housing that is smoke free • Tobacco policy at schools • Policies/ordinances on tobacco and alcohol store density • Increase policies that enhance environment for physical activities, nutrition • Create a truck route - Create/require new technology for trucks to decrease emissions • Requirements to carry a gun • Stricter limitations on where pedophiles can live • Food Code updated to FDA - permitting fees/license Schools are now free • Better laws especially regarding elder abuse
<p>Community - relationships among organizations</p> <ul style="list-style-type: none"> • Promote Take Back (drugs) to prevent prescription drug misuse and to protect water

<p>supply</p> <ul style="list-style-type: none"> • More collaborations with law enforcement (Trainings, improved mental health outcomes) • Community awareness about trauma triggers (steps we can take to decrease) • Supporting healthy lifestyles, Blue Zone Project • Supporting public recreation facilities • Facility for intergenerational active living (physical activity, social support) • Implement trail plan and policy • Investment in public health and prevention • Availability of condoms outside of stores • Availability/ access to STD testing and education • I380 truck traffic – temp inversions, increase asthma, poor AQ • Timing traffic light: decrease emissions – mobile sources • Easier access to Sexual Assault and Domestic violence programs • Prompting on trails to remind people to wear helmets
<p>Organizational – organizations, social institutions</p> <ul style="list-style-type: none"> • Accepting low income • More leadership, collaboration from our hospitals • More in-home services (where needed) • Focus on prevention over treatment • Dual diagnosis women and children’s program (family involvement) • Hire mental health providers • Funding mental health services; different revenues (not just property taxes) • Encourage worksite wellness programs • Unlocking condoms at pharmacies, grocery stores • Increase use of STD testing for high risk groups • Suicide prevention initiatives • Adverse childhood experiences study – education, how applies in work • Encourage nutrition and health classes in school • Every school now has a health council – enhance capacity
<p>Interpersonal – family, friends, social networks</p> <ul style="list-style-type: none"> • Develop walking groups, other social support groups • Change social norms, increase social pressures to choose healthier behaviors/choices
<p>Individual – knowledge, attitudes, skills</p> <ul style="list-style-type: none"> • Increase education to youth, young adults, adults, or elderly (for all identified health priorities)

3. Forces of Change Assessment

The third component of MAPP answers two questions about external influences on the ability of the Local Public Health System to be effective:

1. What is occurring or might occur that affects the health of our community or the local public health system?
2. What specific threats or opportunities are generated by these occurrences?

Forces may include trends, events and other factors (i.e. migration, diversity, natural disasters, new legislation, etc.). Often these forces are associated with social, economic, environmental or political factors that can impact community health outcomes. The information identified through this process can be used to identify strategic ways to address some of these potential issues. A full list of external influences was compiled by the Local Public Health System Contract Advisory Board and can be found in the appendix. Below are the key themes mentioned in the Forces of Change Assessment.

- Changing diversity in Linn County
- Distribution and sustainability of state and federal resources
- Wealth and income disparities
- Shift from treatment to prevention
- Increase knowledge of services
- Affordable Care Act (ACA) impact on community health
- Increasing aging population
- Evolution of family structure
- Flood recovery, drought/climate change
- Farm Bill
- Increased use of technology
- Lack of community buy-in for best practices
- Adverse Childhood Experiences (ACEs)

4. Local Public Health System Assessment

Ideally, the local public health system works together through inter-organizational collaboration to improve the community's health. A public health system is a network of agencies working together to address public health issues in a community. Hospitals, non-profits, businesses, schools, the local public health agency, religious organizations, etc can all be part of the network that supports community health improvement. The final component of the MAPP process is the Local Public Health System Assessment which is based on the 10 essential public health services (<http://www.cdc.gov/nphsp/essentialservices.html>). The intent of this activity is to identify the perceived strengths and gaps within our public health system so that the community can work towards strengthening the capacity to make population level change.

During the Local Public Health System Assessment, the community members were asked to rank the public health system through a variety of questions on a percentage scale (0-25%, 25-50%, 50-75%, 75-100%). Based on these perceived rankings, LCPH was able to identify some key weaknesses in our current public health system. Below are the essential public health service priorities identified through this process.

Essential services 3.1 and 4.2 are ones that community members felt we have in place but there is a definite need for improvement or expansion, whereas the remaining three, 1.2, 6.2, and 10.3, are services that our community is not currently doing but are necessary for a well-functioning local public health system.

Identified Need of the Local Public Health System Assessment	Description of Need
1.2 Access to and Utilization of Current Technology to Manage and Communicate Population Health Data	<ul style="list-style-type: none"> • Population health data is available and in formats that allow for interpretation and communication • Use of GIS with data to identify spatial relationships, patterns and trends • Data is available in a web-based format • Use of state-of-the-art technology to collect, manage, integrate and display health databases • Integration of electronic health records and computerized provider order entry throughout the health care system
3.1 Health Education and Promotion	<ul style="list-style-type: none"> • Creates, communicates and delivers health information and health interventions • Support health improvement objectives based on the best available scientific evidence of effectiveness • Support strong working relationships with number agencies to engage in health promotion activities/interventions • Reinforces health promotion messages already within the community • Provides information on community health status and health needs • Identify community needs and assets • Conducts evaluation and research related to health education • Puts information into understandable terms
4.2 Community Partnerships	<ul style="list-style-type: none"> • Foster sharing of resources • Utilization of local public health departments to convene or facilitate the collaborative process • Supports networking, coordination, cooperation, and collaboration • Exchanges information, alters activities, shares resources, and enhances the capacity of another agency for mutual benefit or risk sharing • Increase communication within the local public health system • Broad based community partnerships and involvement • Assesses the effectiveness of community partnerships and strategic alliances • Pool together resources and tackle bigger community issues that one organization may not have handled on their own
6.2 Involvement in the	<ul style="list-style-type: none"> • Local Public Health System actively participated in the

<p>Improvement of Laws, Regulations and Ordinances</p>	<p>modification and formulation of existing laws, regulations, ordinances</p> <ul style="list-style-type: none"> • Identifies local public health issues not adequately addressed through existing laws, regulations, or ordinances • Provides technical assistance for drafting proposed legislations, regulations and ordinances
<p>10.3 Capacity to initiate or Participate in Research</p>	<ul style="list-style-type: none"> • Local Public Health System initiates or participates in research that contributes to epidemiological and health policy analyses • Supports health system research and options to improve performance • Examines factors related to the efficient and effective implementation of the Essential Public Health Services (public health systems research) • Study of variables that influence health care quality and service delivery • Increase availability of resources to facilitate research, including access to knowledgeable researchers • Disseminate and apply research findings to improve public health practice • Use research to improve patient safety, patient centered care, and equity to patients

Section 4: Community Resources

Linn County Public Health's CHNA Community Involvement

Linn County Public Health is composed of five divisions that focus on various public health issues. The Division of Assessment and Health Promotion collects epidemiologic data and conducts CHNAs as necessary to track and monitor the community's health. Below is a list of some of the current activities broken down by priority areas:

Obesity/Chronic Disease: Active partners in the local Blue Zone initiative; coordinates the Healthy Living Coalition; conducts worksite wellness assessments and co-hosts the Corridor Worksite Wellness Awards; involved with multiple community groups to increase community walkability or bikeability; works with multiple cities on complete street policies; work with schools to establish walking school buses; conducts nutrition presentations in schools or businesses; represented on the Food Policy Council; works with various community agencies to increase the amount of community gardens; promotion of the Live Health Iowa Challenges; Co-hosts Linn Health Linn 5K; and monitors population health changes through public health surveillance.

Cancer: Houses the Care for Yourself (CFY) and Iowa Get Screened (IGS) programs which provides cancer screening to eligible community members; offers services to landlords to make their multi-unit residences smoke-free; works with schools to implement vehicle idle reduction policies; regulates stationary sources of air pollution (factories); provides radon test kits and radon outreach; offers HPV vaccinations to public, and monitors population health changes through public health surveillance.

Substance Abuse: Coordinates the Partnership for Drug Free Communities Coalition; offers policy development services to landlords to make their multi-unit residences smoke-free; supports ASACs Youth Advisory Council (YAC); promotes responsible alcohol policies in workplaces; and monitors population health changes through public health surveillance.

Sexual Health: Coordinates the Sexual Health Alliance of Linn and Johnson Counties coalition; offers HIV tests (cost dependent on eligibility) and free STD examinations and treatment; conducts STD partner tracking follow-up services; offers free condoms, dental dams, and lubricant; provides offsite STD/HIV testing services to high risk community agencies and events with high-risk populations (colleges, LGBT, low-income, minority, etc.); and monitors population health changes through public health surveillance.

Mental Health: *Linn County Public Health does not provide any direct mental health services.*

Represented on multiple community groups that work on Mental Health issues: Mental Health Services Planning Committee, the Suicide Prevention Coalition, Systems of Care Youth Mental Health Advisory Board, and United Ways ACEs Training/Education. LCPH monitors population health changes through public health surveillance.

Access to Health Care: Provides free STD exams, HIV exams, physicals, immunizations, TB case management, pregnancy testing, access to breast and colorectal cancer screenings, and monitors population health changes through public health surveillance.

Other key services provided by LCPH: Health inspections and permitting (food, temporary events, public pools, tanning salons, tattoo, private wells, septic systems, minimum housing inspections, home assessments/CHAMP program, some pest, mold, stationary sources of pollution, open burning, nuisance complaints, etc.), various clinical services, onsite laboratory services, blood lead level monitoring and follow-up, disaster preparedness, air quality monitoring, coalition building, grant support, data collection and assessment, policy education/advocacy, health education, presentations, program implementation and evaluation, resource development, and coordinate services in the local Public Health System.

Community Assets

Below is a list of community assets *as identified by the participants of the facilitated dialogues.*

<p>Obesity: Nutrition/Physical Activity, Chronic Disease</p>	<ul style="list-style-type: none"> • Blue Zone Project (Select Cities) • Linn County Food System Council • Bicycle Advisory Committee, Linn County Trails Association • Health Living Coalition • Matthew 25 • Metropolitan Planning Organization (MPO), Comprehensive Trail Plan, current trail system • YMCA • Community gardens • Farmers Markets • Increase places that accept WIC, food stamps (farmers markets) • Sports clubs to keep kids active (baseball, football, soccer) • Parks • Worksite Wellness programs • Chronic Disease Self Management Program (CDSMP)
<p>Substance Abuse</p>	<ul style="list-style-type: none"> • Mentor programs for kids (ie Big Brothers, Big Sisters) • Treatment programs, Area Substance Abuse Council, AA/NA • Helping families through crisis (Four Oaks, ASAC, Foundation 2, Tanager Place, etc) • Advocates/counseling/Ryan White • Habitat for Humanity • Coalitions: Partnership for Drug Free Communities, RC Rail, Breathe Easy • Youth anti-substance abuse groups • Individual communities meeting • Prescription Drug Drop offs
<p>Access to Healthcare/Cancer</p>	<ul style="list-style-type: none"> • Healthcare provision to indigent – resources/network • Health screenings, cancer screenings • Breastfeeding support services: Linn County Breast Feeding Taskforce • Women’s Health Network • Women’s Leadership • Linn Community Care, free health clinics

	<ul style="list-style-type: none"> • Cancer conference (both hospitals, RCI) • Hospitals are available • Iowa Cancer Consortium
Mental Health	<ul style="list-style-type: none"> • Community Mental Health Agencies: Horizons, Witwer, Abbe Center, Foundation 2, Tanager Place, etc. • Programs focused on youth mental health interventions (J-FAST) • Serious Emotional Disturbance (SED) Wraparound Programs • Homeless Shelters (there are some, although not enough) • National Alliance on Mental Illness (NAMI) Local Chapter • Cedar Rapids Community School District, forward, promise (African American males) • VA supportive services for veteran families (SSVF) • Local Coalitions: Homeless Coalition, Suicide Prevention Coalition, Family Violence Coalition, etc. • United Way roundtable discussions • Linn County Continuum of Care • Aging and Disability Resource Center(s), disability and aging groups • Mercy’s stress/anxiety daytime group
Sexual Health	<ul style="list-style-type: none"> • Sexual Health Alliance of Linn and Johnson Counties • Health Department collaborating with different clinics, bars and colleges to promote testing and education • Family Violence Coalition (Intimate Partner Violence) • Linn Community Care • HIV advocacy groups: CHAIN, PITCH • LGBT Community Groups: Parents and Families of Lesbians and Gays (PFLAG) support groups, University of Iowa student groups, etc. • LGBT healthcare clinic at the Iowa River Landing • Alternative education centers (Polk) • Schools with wellness committees • Evidence-based sexual health curriculums through the CAPP grant • Metro Care Connection • Promoting healthy relationships among young people • Increased access to condoms (alternative bars, colleges, etc.)
Safety/Injury Prevention <i>(Not enough data to identify as health priority)</i>	<ul style="list-style-type: none"> • Helmet giveaways and car seat checks • Blue Zones (policies to improve environment) • Sleep out for the homeless • Safe Kids Coalition
Abuse/Violence: <i>(Data does not indicate violence as a priority. Potential data gap)</i>	<ul style="list-style-type: none"> • St. Luke’s Child Protection Center • Law Enforcement Intelligence Network • Child Death Review Team • Elder Abuse Multi-Disciplinary Team • Sexual Assault Response Team (SART) • Mobile Crisis Unit • Collaboration with hospitals • Linn County Family Violence Prevention Coalition • Elder Abuse Coalition • Child Abuse Prevention Coalition • Family Team Meetings • Halting Abuse with Knowledge and Skills (HAWKS)

Section 5: Next Steps

The hospitals and other community stakeholders are encouraged to use this community health needs assessment to plan strategies and establish objectives based on the identified health priorities. Each hospital should review this document and work with their local public health system to identify the area(s) that each hospital intends to address. To support in this effort it may be beneficial to:

1. Use the information provided in this CHNA to create SMART (Specific, Measurable, Achievable, Relevant and Time Sensitive) objectives. Example SMART objectives are listed below:
 - a. By the end of year one of the project, health education teachers will have taught the evidence based curriculum to 80% of the 11th grade students in the Smithville School District.
 - b. By the end of the event, 90% of participants will be able to identify at least three techniques that can lead to successful smoking cessation.
2. Create a formal strategic vision for the hospital's geographical region and/or counties within their geographic region.
3. Consider utilizing the local health departments and a private sector CHNA-HIP advisory committee to help coordinate community health improvement plan goals, objectives and tactics.
4. Mobilize community partners as needed to help address identified goals and objectives.
5. Be an active participant in the identification and modification of laws, ordinances, and regulations that will improve public health issues that are not being adequately addressed.
6. Support the local public health system by collecting and sharing health data that can be used, analyzed and communicated to improve population health.
7. Work with the public health system to develop messages and educational materials on the costs and benefits of the health decisions that the public makes (a cost-benefit analysis for the public). Use this information to further support CHNA objectives and policy development.

Linn County Public Health is available to the hospitals and community to help facilitate activities associated with CHNAs, coordinate community response efforts, and support the needs of agencies for data collection, analysis, and identification of best practices. For more information about utilizing these services, please contact the Division of Assessment and Health Promotion at (319) 892-6000.

This 2013 CHNA report was compiled by:

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Hayley Hegland obtained a Master of Public Health degree in Community and Behavioral Health. Her background is in community outreach, epidemiology, and health education. She has over three years of experience in community health data collection, analysis, needs assessments, and health improvement planning and six years of experience in public health.

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Stephanie Neff holds a Masters degree in Community Health Education and Promotion. She has held a leadership role in the last three CHNA-HIP processes in Linn County and has led community health improvement efforts for more than eight years.

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Appendix

2013 CHNA REPORT

County Health Priorities Based on Statistical Data

	Benton	Buchanan	Cedar	Delaware	Iowa	Johnson	Jones	Linn
<i>Population</i>	26,092	20,923	18,400	17,658	16,320	133,038	20,608	213,875
Obesity/ Chronic Disease	Red	Red	Red*	Red*	Red	Yellow	Red	Red
Cancer	Yellow	Yellow	Red [£]	Yellow	Yellow	Green	Yellow	Yellow
Substance Abuse	Green	Yellow [€]	Green	Yellow [€]	Yellow [€]	Red [®]	Yellow	Red [®]
Sexual Health	Green	Green	Green	Green	Green	Red ^β	Green	Red ^β
Violence	Green	Green	Green	Green	Green	Green	Green	Green
Injury Prevention	Green	Green	Green	Green ^π	Green ^π	Green	Green ^π	Green
Mental Health	Red [∞]	Red ^Ω	Yellow	Green	Yellow	Green	Yellow	Yellow
Prenatal/Early Childhood	Green	Yellow ^μ	Green	Green	Green	Green	Green	Green
Health Care Provider Access	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Yellow	Green

Data Used to Determine Color:

Obesity/CD: % Obese, CVD Mortality, % Diabetes, % 3 Servings of vegetables/day on rate (youth)
Cancer: (*age-adjusted*) Breast Cancer Mortality Rate, Colorectal Cancer Mortality Rate, Lung Cancer Incidence Rate
Substance Abuse: Youth’s past 30 day use of: Marijuana, Alcohol, Cigarette, or Prescription Drugs, Drug/Narc Arrest Rates, Drunkenness Arrest Rates, DUI Arrest Rates
Sexual Health: Chlamydia Rates, Gonorrhea Rates, Teen Pregnancy Rates: 15-19yrs (*Eyes Open Iowa*)
Injury Prevention: (*Available data is limited and dated*) Injury, Bone Fracture, and Poisoning Rates
Violence: Violent Crime Rate, Child Abuse Rate, Frequency of Physical Fights (11th grade), Perception of Violence (11th grade), and Homicide Rates
Mental Health: Suicide Rate, % of youth with suicide plans, % of youth with suicide attempts, % of youth with 14 continuous days of feeling sad or hopeless
Prenatal/Early Childhood: Infant Death Rate, Low Birth Weight Rate, Mother receiving prenatal care in first trimester (% of live births)
Health Care Provider Access: Dental, Family Practice, Primary Care Practice, ObGyn, Physician Assistants, Advanced Nurse Practitioners/per 10,000 population

Key
Green: Rates/Statistics are relatively good
Yellow: Rates/Statistics tend to be slightly worse than comparable data
Red: Rates/Statistics are worse than the state or are high compared to national data
*High obesity rates
£High lung cancer incidence
€Youth alcohol consumption
®Arrest rates and/or National College Health Assessment: High Risk Drinking data
βHigh reportable STD rates, Chlamydia rates
∞Youth suicide plans
ΩReported youth depression
μMothers receiving prenatal care in first trimester
πHigh unintentional death rates (older, limited data)

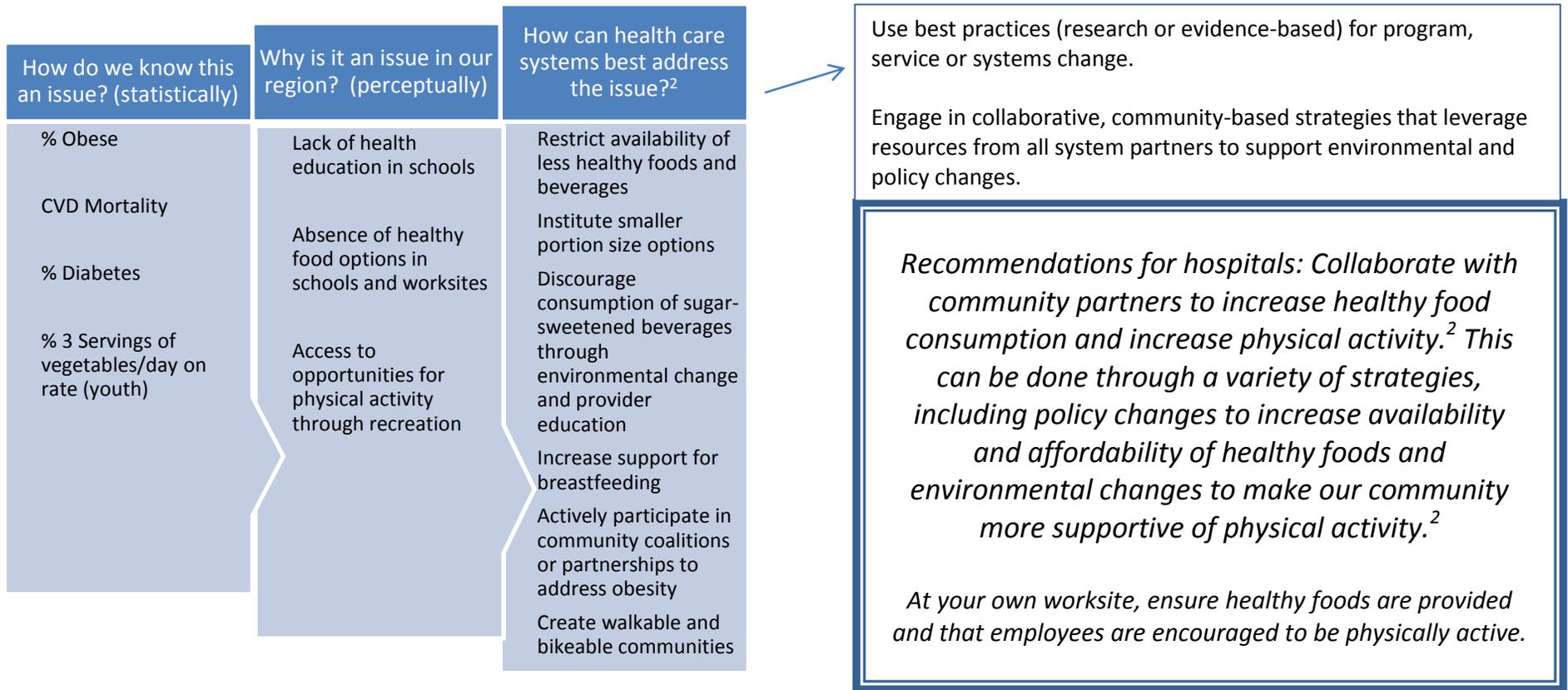
The intention of this document is only to provide guidance in selecting priority areas for a CHNA.

Obesity and Chronic Disease:

Less than 1 out of every 4 youth in Iowa get the minimum recommended daily intake of vegetables. Between 20 and 25% of adults do not get the minimum recommended amount of physical activity. Many youth and adults in our community are obese or overweight. Obesity-related conditions include heart disease, stroke, type 2 diabetes, and certain types of cancer.¹

CHNA Priority: Red (High Priority) for Benton, Buchanan, Cedar, Delaware, Iowa, Jones and Linn; yellow (medium priority) for Johnson

Healthy People 2020 Leading Health Indicators: 1) Adults who meet current Federal physical activity guidelines for aerobic physical and muscle-strengthening activity, 2) Adults who are obese, 3) Children and adolescents who are considered obese, and 4) Total vegetable intake for persons aged 2 years and older



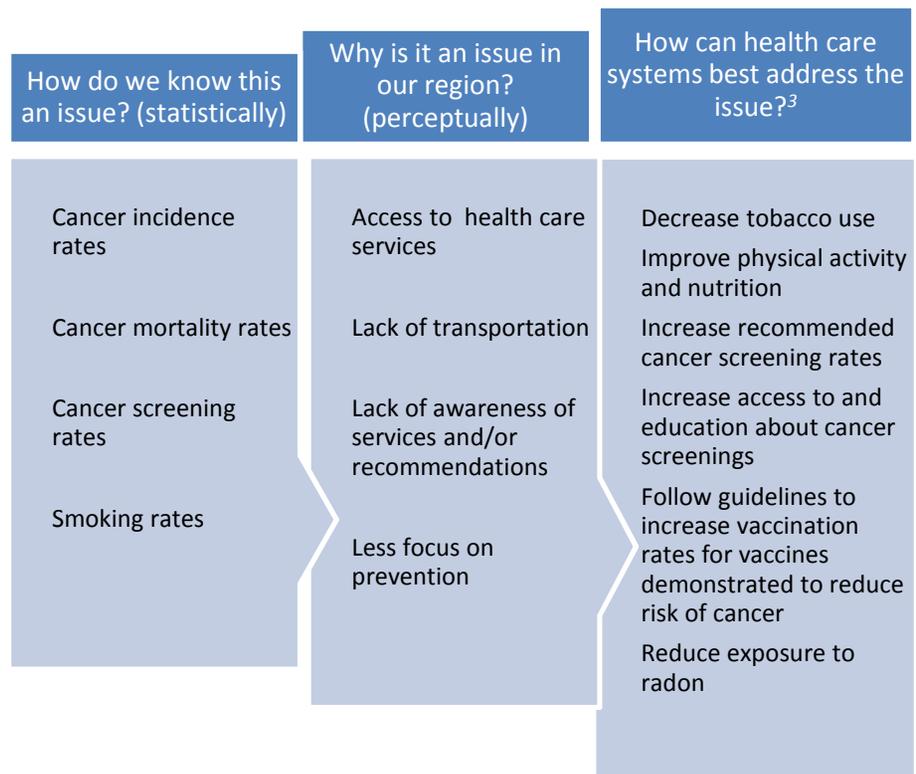
References:

- Centers for Disease Control and Prevention. Adult Obesity Facts. 2012. www.cdc.gov/obesity/data/adult.html. Accessed February 28, 2013.
- Keener, D., Goodman, K., Lowry, A., Zaro, S., & Kettel Khan, L. Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide. Centers for Disease Control and Prevention, Department of Health and Human Services. 2009. www.cdc.gov/obesity/downloads/community_strategies_guide.pdf. Accessed February 28, 2013.

Cancer: Cancer is the second leading cause of death in Iowa, narrowly following heart disease.¹ Cancer has many risk factors, including tobacco, alcohol, poor diet, lack of physical activity, sunlight, genetics, and age.² Lung cancer has both the highest incidence and highest mortality rate in our region. Tobacco is the leading cause of lung cancer and is generally the leading cause of preventable death. Breast, cervical and colorectal cancer tests have evidence-based, recommended screening tests that can help find the cancer early. The Iowa Cancer Plan outlines many different strategies and action steps to prevent cancer and reduce its burden.³

CHNA Priority: Red for Cedar; yellow for Benton, Buchanan, Delaware, Iowa, Jones, and Linn; green for Johnson

Healthy People 2020 Leading Health Indicators: for clinical preventive services: 1) Adults who receive a colorectal cancer screening based on the most recent guidelines; for tobacco: 1) adults who are current cigarette smokers and 2) adolescents who smoked cigarettes in the past 30 days



Use best practices (research or evidence-based) for program, service or systems change.

Engage in collaborative, community-based strategies that leverage resources from all system partners to support environmental and policy changes.

Recommendations for hospitals: For prevention, refer smoking patients to Quitline and work with community partners to improve physical activity and nutrition.

For screening, use client reminders to notify patients who are due for a screening and reduce structural barriers to screenings.³⁻⁴

Modifying hours of service, reducing time or distance between service delivery and population, or offering services in non-clinical settings are all ways to reduce structural barriers.⁴

References:

- Centers for Disease Control and Prevention. Iowa Fact Sheet. 2012. www.cdc.gov/nchs/pressroom/states/ia_2012.pdf. Accessed February 28, 2013.
- National Cancer Institute. Risk factors. 2006. www.cancer.gov/cancertopics/wyntk/cancer/page3. Accessed February 28, 2013.
- Iowa Cancer Consortium. Iowa Cancer Plan. 2011. www.canceriowa.org/Files/Cancer-Plan-Revision/InteractiveIowaCancerPlan2012-2017.aspx. Accessed February 28, 2013.
- Guide to Community Preventive Services. Cancer Prevention & Control. 2012. www.thecommunityguide.org/cancer/index.html. Accessed February 28, 2013.

Substance Abuse:

Substance abuse involves excessive alcohol use, tobacco use, and drug abuse. Drug abuse includes inappropriate use of pharmaceuticals and any use of illicit drugs. Substance abuse is associated with a wide array of destructive social conditions, ranging from lost productivity to domestic violence, and contributes to a number of negative health outcomes.¹ These health outcomes include cardiovascular conditions, pregnancy complications, homicide, suicide, motor vehicle crashes, sexually transmitted diseases (STDs), domestic violence, and child abuse.¹

CHNA Priority: Red for Johnson and Linn; yellow for Buchanan, Delaware, Iowa, and Jones; green for Benton and Cedar

Healthy People 2020 Leading Health Indicators: for substance abuse: 1) Adolescents using alcohol or any illicit drugs during the past 30 days and 2) adults engaging in binge drinking during the past 30 days; for tobacco: 1) adults who are current cigarette smokers; 2) adolescents who smoked cigarettes in the past 30 days.

How do we know this an issue? (statistically)	Why is it an issue in our region? (perceptually)	How can health care systems best address the issue? ²
Youth 30 day use of: Marijuana, Alcohol, Cigarette, or Prescription Drugs	Substances are available and accessible to youth.	Support more stringent alcohol control policies to reduce underage and excessive drinking.
Drug/Narcotic Arrest Rates	There is a lack of comprehensive assessment and treatment services.	Train providers to accurately identify addiction and assess substance abuse issues.
Drunkenness Arrest Rates	Alcohol retail outlet density.	Provide or expand treatment options for substance abuse (brief intervention, referral and treatment).
DUI Arrest Rates	Alcohol advertising.	Reduce inappropriate access to and use of prescription drugs.



Use best practices (research or evidence-based) for program, service or systems change.

Engage in collaborative, community-based strategies that leverage resources from all system partners to support environmental and policy changes.

Recommendations for hospitals: At your hospital, refer smoking patients to Quitline, screen adult patients for alcohol misuse and refer to treatment, and follow evidence-based guidelines for the safe and effective use of prescription painkillers.²⁻³

In the community, work with partners to reduce tobacco use and the misuse of alcohol and drugs, including prescription drugs.²

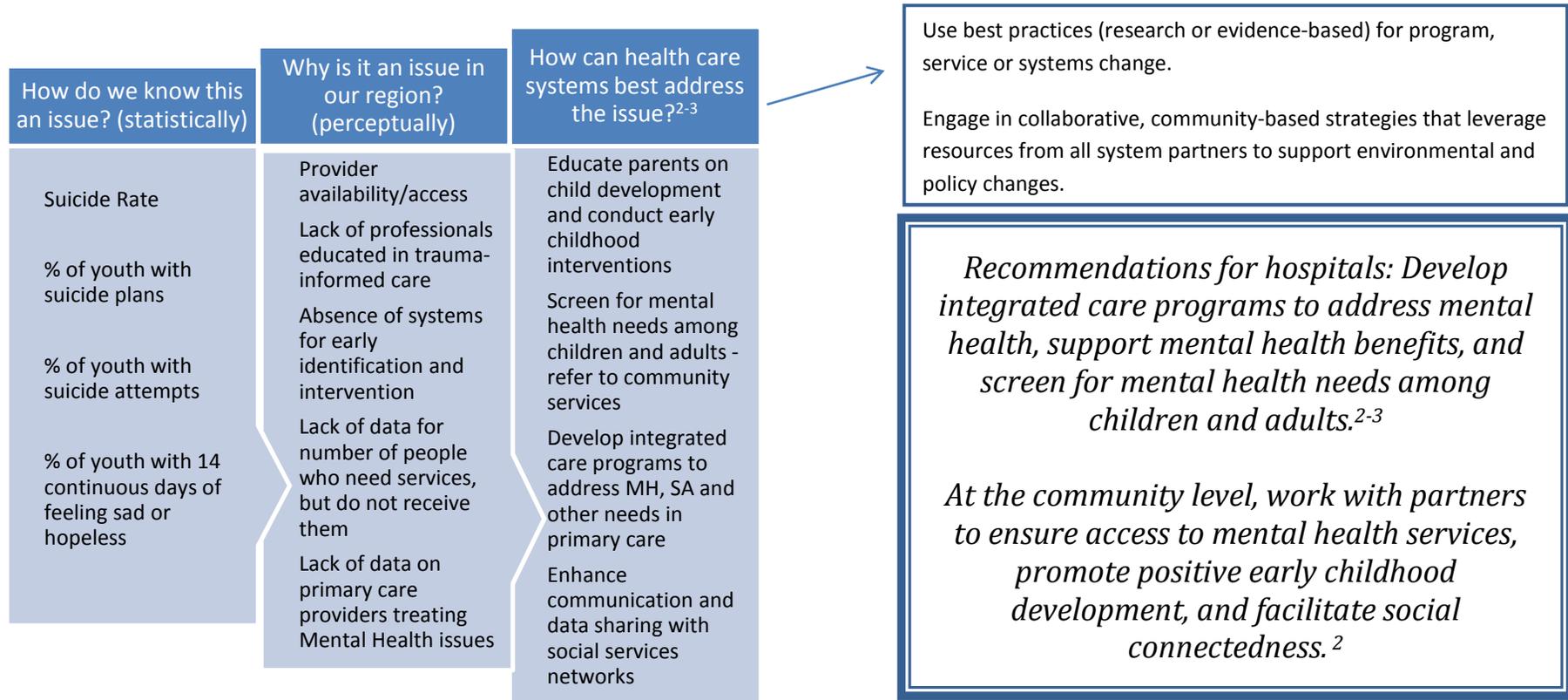
References:

1. Healthy People 2020. Leading health indicators: Substance abuse. 2013. www.healthypeople.gov/2020/LHI/substanceAbuse.aspx. Accessed February 28, 2013.
2. Preventing Drug Abuse and Excessive Alcohol Use: National Prevention Strategy. www.surgeongeneral.gov/initiatives/prevention/strategy/preventing-abuse.pdf Accessed February 28, 2013.
3. Centers for Disease Control and Prevention. Policy impact: Prescription painkiller overdoses. 2011. www.cdc.gov/homeandrecreationalafety/pdf/policyimpact-prescriptionpainkillerod.pdf. Accessed February 28, 2013.

Mental Health: According to a recent estimate, approximately 1 in 4 people in the United States had a mental health disorder in the past year; 1 in 17 had a serious mental illness.¹ Anxiety and depression are common mental illnesses in adults, and children can get mental illnesses too.¹ In fact, 1 in 5 children in the U.S. had a mental health disorder in 2010, with attention deficit hyperactivity disorder (ADHD) being the most common.¹ Mental health disorders can negatively impact an individual's physical health and quality of life, and can harm families, schools, workplaces, and communities.¹

CHNA Priority: RED for Benton and Buchanan; YELLOW for Cedar, Iowa, Jones, and Linn; GREEN for Delaware and Johnson.

Healthy People 2020 Leading Health Indicators: 1) Suicides and 2) adolescents who experience major depressive episodes.

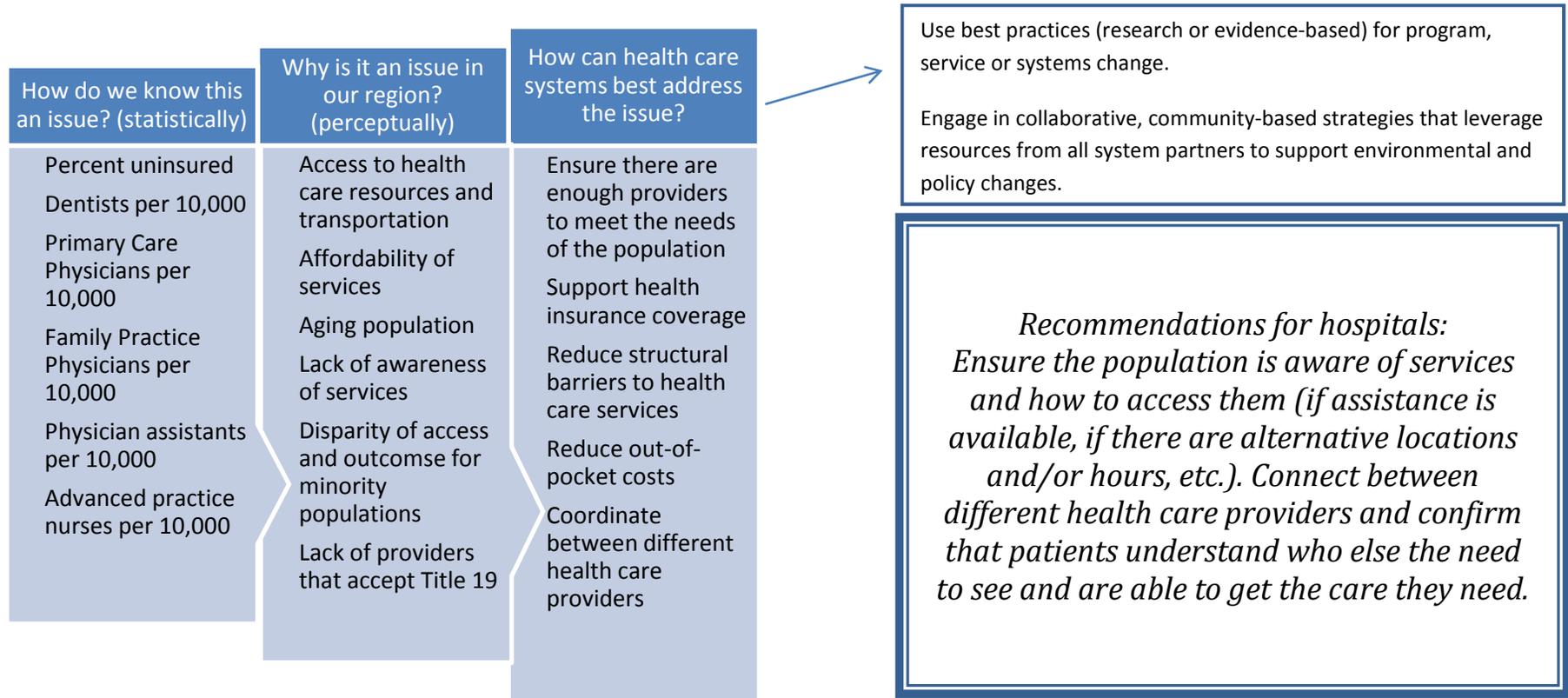


References:
 1. Healthy People 2020. Leading health indicators: Mental health. 2012. www.healthypeople.gov/2020/LHI/mentalHealth.aspx. Accessed February 28, 2013.
 2. Surgeon General's National Prevention Strategy to Improve Mental and Emotional Well-Being. www.surgeongeneral.gov/initiatives/prevention/strategy/mental-emotional-well-being.pdf. Accessed February 28, 2013.
 3. Guide to Community Preventive Services. Improving mental health and addressing mental illness. 2012. www.thecommunityguide.org/mentalhealth/index.html. Accessed February 28, 2013.

Health Care Access: The ability to access health services has a profound impact on an individual's health.¹ Access can include being able to physically get to the services as well as being able to afford them. Having health insurance is an important factor in access. In 2010, about 1 in 9 (10.7%) of lowans under the age of 65 were uninsured.² This figure includes children as well as adults; in fact, about 1 in 25 (4.1%) children under the age of 19 were uninsured in Iowa in 2010.² In addition to health insurance, having a primary care provider is important to ensuring access to health care.¹

CHNA Priority: Yellow for Benton, Buchanan, Cedar, Delaware, Iowa, and Jones; green for Johnson and Linn.

Healthy People 2020 Leading Health Indicators: 1) Persons with medical insurance and 2) Persons with a usual primary care provider.



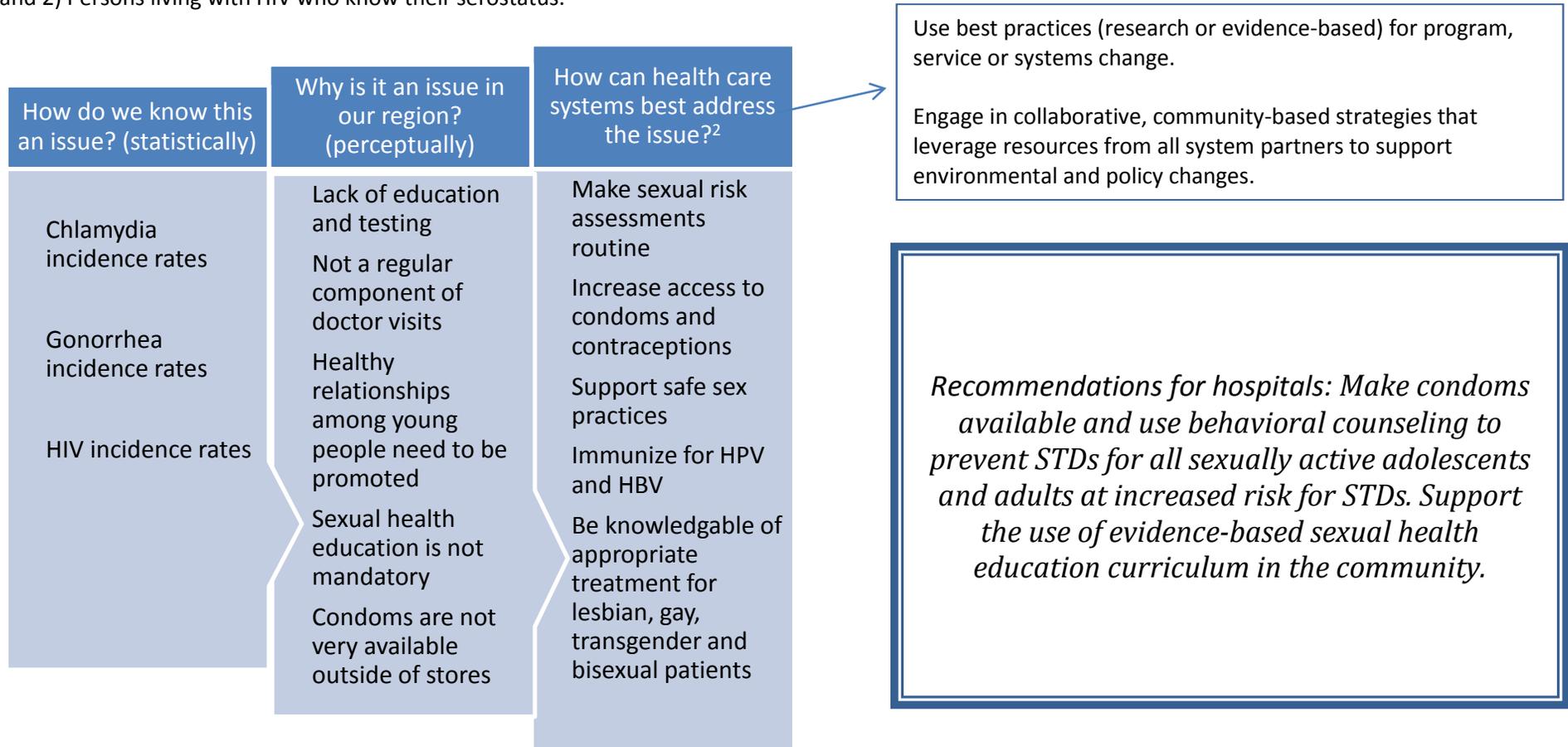
References:

1. Healthy People 2020. Leading health indicators: Access to health services. 2012. www.healthypeople.gov/2020/LHI/accessCare.aspx. Accessed February 28, 2013.
2. U.S. Census. Small area health insurance estimates. 2012

Sexual Health: Sexual health topics include sexually transmitted disease (STD) prevention, reproductive health, and sexual violence prevention.¹ The Centers for Disease Control and Prevention recommend using a holistic, prevention-focused public health approach to understanding and tackling sexual health issues.

CHNA Priority: Red for Johnson and Linn; green for Benton, Buchanan, Cedar, Delaware, Iowa, and Jones

Healthy People 2020 Leading Health Indicators: 1) Sexually active females aged 15 to 44 years who received reproductive health services in the past 12 months and 2) Persons living with HIV who know their serostatus.



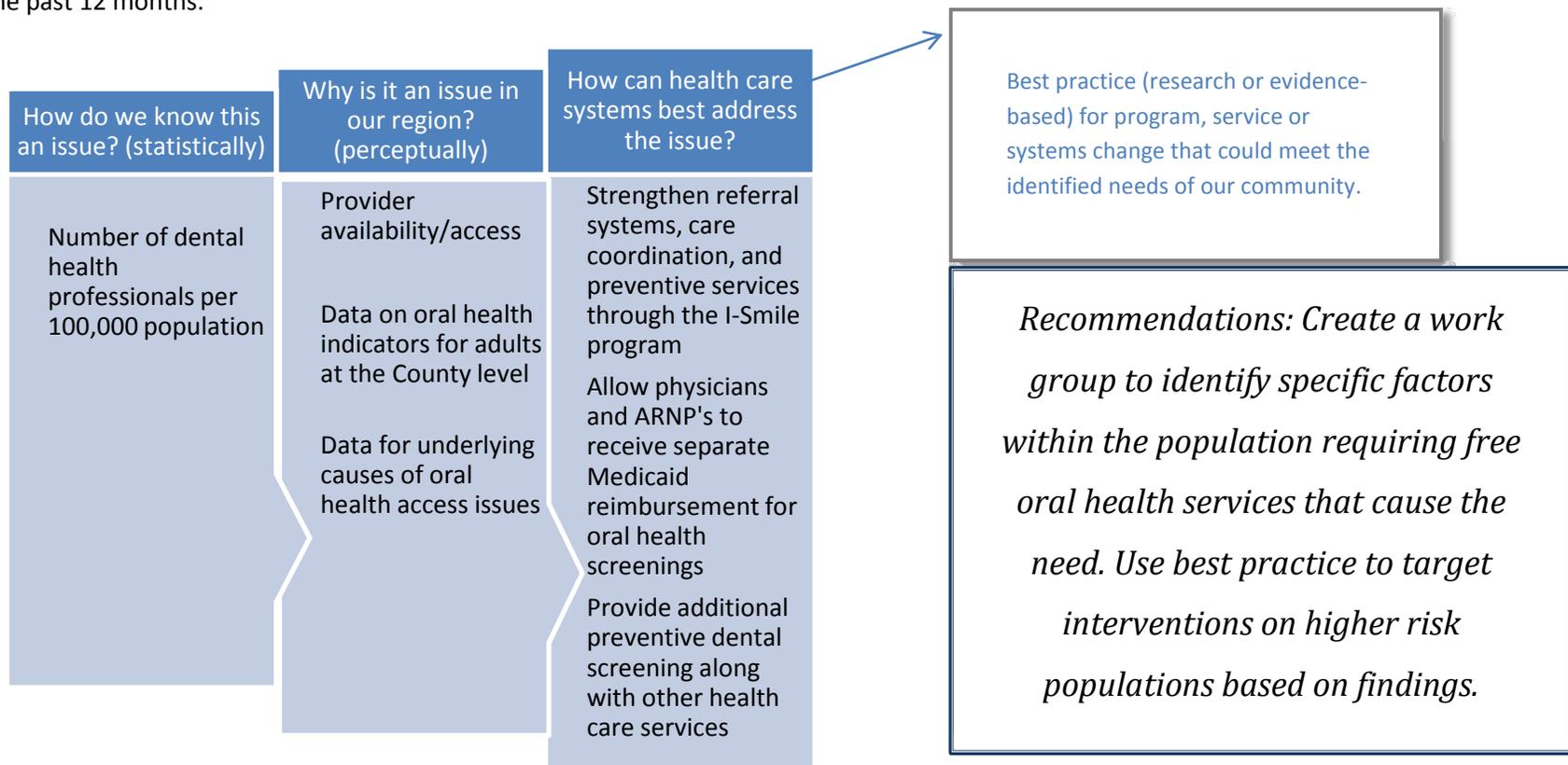
References:

1. Centers for Disease Control and Prevention. Sexual health. 2013. www.cdc.gov/sexualhealth/. Accessed March 5, 2013.

Oral Health: Reports from the Community Health Free Clinic and His Hands Free Medical Clinic suggest a large number of individuals requiring dental health services; however, this data has not been sufficiently analyzed to identify the root cause for the issue. Perceptual data suggests that a lack of providers, specifically those accepting Medicaid, is to blame; however, according to the Kaiser Family Foundation State Health Facts, none of Linn’s eight contiguous counties are identified as a dental health professional shortage area. Despite the apparent availability of providers, two-thirds of low-income children younger than three have never seen a dentist and less than 1% of Medicaid-enrolled children received a dental exam by the age of one in 2012.

CHNA Priority: More data is needed to assess the status of oral health in the region.

Healthy People 2020 Leading Health Indicators: Persons aged two years and older who used the oral health care system in the past 12 months.



What other considerations impact our ability to address this issue? Wealth and income disparity have a significant impact on oral health status. More than half of the dentists in Iowa are over the age of 50 without similar numbers of new dentists to replace them; this creates a significant workforce development concern. In addition, the available reimbursement for preventive oral health services, particularly for health care providers other than dentists, does not offer an incentive to provide these services leading to uncoordinated care between medical and oral health care providers. References: Iowa Public Health Association Position Paper. Accessed 2/4/13.

Facilitated Dialogue Themes: These topics were brought up by the general population or community professionals. The * symbol indicates how frequently it came up in dialogues.

Code	What do you believe are the most important characteristics of a healthy community?	What do you believe are the most important issues that must be addressed to improve the health and quality of life in our community?	What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?	What actions, policy, or funding priorities would you support to build a healthier community?	What are some examples of people or groups working together to improve health and quality of life in our community/region?
(ATC) Access to Care - insurance, providers, transportation, disparity	<ul style="list-style-type: none"> • Access to health care ***** • Health Care Resources ** • Transportation ** • Affordable Services ** 	<ul style="list-style-type: none"> • Transportation***** • Aging population***** • Cost** • Disparity of access and outcomes for minority populations • Consistent “rules” for providers 	<ul style="list-style-type: none"> • Lack of awareness to services • Difficult to navigate systems • Follow up (patient/client advocates) • Transportation assistance • No idling at hospitals • Medication • Amount of people in need - high volume, need to get health homes, and limited resources (clinics) • Lack of public transportation 	<ul style="list-style-type: none"> • More providers accepting Title 19 • Accepting low income • More leadership from our hospitals • Increase hospital collaboration • More in-home services • Go to patients for services • Health Care Reform for our community 	<ul style="list-style-type: none"> • Community Free Clinic • Linn County Continuum of Care • Linn Community Care • Healthcare provision to indigent - resources/ network • Schools with health departments • Collaboration with hospitals
(CPS) Clinical Preventive Services (Chronic and Communicable Disease) - immunizations,	<ul style="list-style-type: none"> • Adequate in prevention • Screenings and prevention 	<ul style="list-style-type: none"> • Rural and metro access to transport to screening • Early detection/ screenings 		<ul style="list-style-type: none"> • Focus on prevention over treatment • Prevention initiatives 	<ul style="list-style-type: none"> • Cancer Prevention Study • Health Screenings

<p>prevalence, mortality, screening</p>					
<p>(EQ) Environmental Quality – air</p>	<ul style="list-style-type: none"> • Healthier air, idle free buses • Lead paint in housing • Chemical safety • Bed bug free 	<ul style="list-style-type: none"> • Housing responsibility – education/ air quality 		<ul style="list-style-type: none"> • Timing traffic light: decrease emissions – mobile sources • I380 truck traffic – temp inversions, increase asthma, poor AQ • Create a truck route • Create/require new technology for trucks to decrease emissions • Promote Take Back (drugs) to protect water 	<ul style="list-style-type: none"> • Breathe Easy ** • Asthma Coalitions • Sierra Club • Climate Advisory • Izaak Walton
<p>(IV) Injury and Violence – child abuse, dependent adult/older abuse, domestic violence, community violence, unintentional injury</p>	<ul style="list-style-type: none"> • Safe Environment *** • Crime • No pedophiles • More education and training in schools regarding healthy relationships (Sexual abuse, prevention; dating violence, bullying, etc.) 	<ul style="list-style-type: none"> • Crime Issues • Increase qualifications for people to get license to carry • Gun control (availability) 	<ul style="list-style-type: none"> • Knowledge not just for the assumed “at risk” community but for everyone because you never know who could be affected by violence <ul style="list-style-type: none"> • Prosecutors willing to prosecute • Lack of awareness on the time involved on certain service calls that result in a lot of time lost and nothing to show for like change in people’s behavior • General support of law enforcement from the community 	<ul style="list-style-type: none"> • Requirements to carry a gun • Limitations on where pedophiles can live (stricter) • Gun control policies (Suicide prevention) • Better laws especially regarding elder abuse • More accountability for perpetrators • Enforcement of what laws we do have • Easier access to Sexual Assault and Domestic violence programs • More collaborations with law enforcement 	<ul style="list-style-type: none"> • Family Violence Coalition *** • Sexual Assault Response Team (SART) ** • Elder Abuse Multi-Disciplinary Team ** • Human Services with children assaults • Mobile Crisis Unit • Linn County Family Violence Prevention Coalition • Child Death Review Team • Elder Abuse Coalition • Child Abuse Prevention Coalition • Child Protection Center • Law Enforcement Intelligence Network
<p>(MIC) Maternal, Infant, Child – infant death, preterm birth</p>	<ul style="list-style-type: none"> • Affordable, 24-hour daycare (pick up and drop off) • Community care for children 	<ul style="list-style-type: none"> • Daycare transportation 		<ul style="list-style-type: none"> • Dual diagnosis women and children’s program (family involvement) 	<ul style="list-style-type: none"> • Juvenile and Family Assistance and Stabilization Track (J-FAST) ** • Stakeholder meetings – United Way • Family Services – Horizons

	<ul style="list-style-type: none"> Nutrition (female and family) 				<ul style="list-style-type: none"> Children's Therapy – Witwer SED Wraparound Car seat checks Women's Leadership Schools with Community Adolescent Pregnancy Prevention (CAPP) Program grantees Child Death Review Team Increase places that accept WIC
(MH) Mental Health – suicide, depression, anxiety (MH) Mental Health – suicide, depression, anxiety (Contd.)	<ul style="list-style-type: none"> Affordable mental health care Good and accessible mental health services 	<ul style="list-style-type: none"> Access to mental health services *** Understanding of mental health*** Trauma related mental health *** Issues with providers in mental health *** Programs for youth with mental health challenges (recreational, etc.) Behavior issues, energy efficiency Mental health 	<ul style="list-style-type: none"> Psychiatrists (recruitment) Exacerbates mental illness Lack of early intervention and access 	<ul style="list-style-type: none"> More mental health providers More mental health providers accepting Title 19 Suicide Prevention Adverse childhood experiences study – education, how applies in work (mentally ill because of bad choices) Community awareness about trauma triggers (steps we can take to decrease) Trainings – law enforcement – education on mental health, consistency in policies and procedures Funding mental health services; different revenues (not just property taxes) 	<ul style="list-style-type: none"> Mental Health Services Planning Committee (MHSPC) ** Advocates for counseling Mental Health Services – Abbe National Alliance on Mental Illness (NAMI) Suicide Prevention Coalition Human Services in Mental Health Mercy Hospitals stress and anxiety daytime group Education on mental health – Metro Care Connection
(NPA) Nutrition, Physical Activity, and Obesity – food consumption, physical activity, prevalence	<ul style="list-style-type: none"> Recreation – All ages ***** Food Accessibility** ***** 	<ul style="list-style-type: none"> Recreation options*** Food policies*** Education** Ongoing physicals Obesity/ 	<ul style="list-style-type: none"> Schools and Worksites incorporate healthier options Time (healthy choice = easy choice) 	<ul style="list-style-type: none"> Iowa Nutrient Management Food Code updated to FDA - permitting fees/license - Schools are now free 	<ul style="list-style-type: none"> Blue Zones ***** Churches Community Gardens *** Linn County Trails Association **

<p>(NPA) Nutrition, Physical Activity, and Obesity - food consumption, physical activity, prevalence (Contd.)</p>		<p>nutrition</p>		<ul style="list-style-type: none"> • Blue Zone Movement • Encourage worksite wellness programs • Supporting public recreation facilities • Nutrition and health classes in school • Every school now has a health council • Kids outside and away from video games • Bike helmet law • Incentive for kids who wear helmets (i.e. "I got caught" = free Wendy's Frosty) • Prompting on trails to remind people to wear helmets • Facility for intergenerational active living • Helmet law • Mandatory wellness exams and classes • Middle School physicals • Implement trail plan and policy • Early health education to increase personal action • Investment in physical health and prevention 	<ul style="list-style-type: none"> • RX for Fitness • School District (CR Wellness Committee) • Those providing food • "Fill the Plate" Marathon/ Donations • Linn County Food Systems Council • Bicycle Advisory Committee (BAC) • YMCA • Helmet giveaways • Farmers Market • Sports Clubs to keep kids active • Promotion of physical health through Metro Care Connection
<p>(OH) Oral Health</p>		<ul style="list-style-type: none"> • Dental Care • Dental services 			

(RSH) Reproductive and Sexual Health	<ul style="list-style-type: none"> • Low STI rate • Access to services (STI, recreational) / Contraceptives • Education and testing for all age groups • Evidence-based sexual education 	<ul style="list-style-type: none"> • Education*** • Testing*** • Regular component of doctor visits • No new HIV transmission • Promoting healthy relationships among young people 		<ul style="list-style-type: none"> • Unlocking condoms at pharmacies • Mandatory sexual health education curriculum – no opt out • Availability of condoms outside of stores • Availability/ access to testing and education • STI testing for 16-18 year olds 	<ul style="list-style-type: none"> • Promoting healthy relationship among young people • Health Department collaborating with different clinics and colleges to promote testing and education
(SA) Substance Abuse	<ul style="list-style-type: none"> • Substance-Free entertainment • High graduation rates 	<ul style="list-style-type: none"> • Detox facilities; residential in-patient/ outpatient (availability) • Substance Abuse counselors in schools • Increase walk in evaluations and evaluations (drops; worked with P.O.s) 		<ul style="list-style-type: none"> • Specific policies on alcohol density 	<ul style="list-style-type: none"> • Helping families through crisis (ASAC) • Partnership for a Drug-Free Community (PDFC) • Alcoholics Anonymous (AA) • Narcotics Anonymous (NA) • Rural Communities Rising Above the Influence in Linn (RC RAIL) • Substance abuse prevention – Metro Care Connection
(TU) Tobacco Use				<ul style="list-style-type: none"> • Policy for funding multi-unit housing that is smoke free • No tobacco policy at schools • Specific policies on tobacco density • Tobacco use 	
(SD) Social Determinants	<ul style="list-style-type: none"> • Sustainable education program • Education to increase 	<ul style="list-style-type: none"> • Education aim multi-ethnicity • Educations of kids to understand issues/ problems, make 			<ul style="list-style-type: none"> • Higher Learning Commission (HLC) • Mentor programs for kids (Big Brothers Big Sisters)

<p>(SD) Social Determinants</p>	<p>awareness (people available)</p>	<p>people more open-minded – teaching morals/ values</p> <ul style="list-style-type: none"> • Up to date information to people in the community - education • Educated professionals • Educating community members • Health literacy on illness, family education, and different culture • Help people turn education into behavioral change • in schools • Funding Issues • Funding (staff time and program support) • Grants for staff time 			<ul style="list-style-type: none"> • Habitat for Humanity • Helping families through crisis (Four Oaks) • Cedar Rapids Community School District (CRCSO) • CRCSO promise to African American Males • Youth Groups • Kirkwood Community College • Sleep out for the homeless • Safe Kids Coalition • Local Homeless Coalition • Working with schools (SHA) • Alternative Education Centers (Polk)
<p>(O) Other</p>					

Forces of Change Discussion/Key Themes

Diversity in Linn County (and other counties)	<ul style="list-style-type: none"> ▪ Race, ethnicity, culture, language, socio-economic, education ▪ Shift in population trend ▪ Access and attitudes ▪ Attitudes about government involvement
Distribution of state and federal resources	<ul style="list-style-type: none"> ▪ Budget surplus, but cutting services ▪ Shift form funding for vulnerable population ▪ Regionalization of services - decrease local resources ▪ Decrease understanding of impact
Wealth and income disparity	<ul style="list-style-type: none"> • Socio-economic contribution to health status
Shift from treatment to prevention	<ul style="list-style-type: none"> ▪ Agency reimbursement for services
Increase knowledge of services	<ul style="list-style-type: none"> ▪ Capacity to provide/sustain services with increase need ▪ Maintaining quality
Unknown about how Affordable Care Act (ACA) will impact organizations	<ul style="list-style-type: none"> ▪ Employees and clients
Aging Population	<ul style="list-style-type: none"> ▪ Baby boomers retiring
Evolution of Family Structure	<ul style="list-style-type: none"> • Grandparents raising grandchildren • Mixed families
Flood recovery, drought/climate change	<ul style="list-style-type: none"> • Ability to respond to and recover from natural disasters
Farm Bill	<ul style="list-style-type: none"> ▪ Income (less disposable) ▪ Cost of food/meal programs
Use of Technology	<ul style="list-style-type: none"> ▪ Provide services (no reimbursement) ▪ Younger generation use
Adverse Childhood Experiences (ACES)	<ul style="list-style-type: none"> ▪ Research on impact