2015 Community Health Assessment
Forces of Change Assessment
Linn County, IA

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Forces of Change Assessment

On April 21st, 2015 Linn County conducted the Forces of Change Assessment associated with the 2015 iteration of the Community Health Assessment. Members from multiple sectors within Linn County’s local public health system were invited or self-elected to participate in the assessment. The ideal participants for the Forces of Change Assessment are community leaders and officials with insight on factors, events, and trends (i.e. forces) that may potentially impact the health of the public or the operation of the local public health system.

Purpose

The Forces of Change assessment is intended to provide an analysis of the positive and negative external forces that impact the promotion and protection of the public’s health. This assessment focuses on issues that are broader reaching, such as factors that impact the environment in which the local public health system operates, state and federal legislation, rapid technological advances, changes in the organization of health care services, funding shifts, etc. The information gained from the assessment will reflect the factors that either directly or indirectly affect the health and quality of life in the community and the effectiveness of the public health system.

This assessment is guided by two questions:

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

Method

Participants were sent an agenda and Forces of Change Worksheet (Appendix A) the week prior to the assessment to prepare for the assessment and help generate ideas about the potential events, trends, and/or factors that affect the health of Linn County and the local public health system. On the day of the assessment, participants were then reminded of the purpose and process of the assessment. Two quality improvement tools, an affinity diagram and force field diagram, were used to obtain the information associated with the guiding questions of the Forces of Change Assessment. The Forces of Change Assessment was facilitated by three members of the Core MAPP team, Kaitlin Emrich, Amy Lepowsky, and Nicole Fields.

Affinity diagram. To begin the process, the question “What is occurring or might occur that affects the health of our community or the local public health system?” was written on the board in the front of the room to remind participants of the primary question the group would be answering for the first part of the assessment. Participants were then asked to use the sticky notes and markers in front of them to silently brainstorm as many forces (events, trends, or factors) as they could think of in the 5 minutes allotted. After 5 minutes, participants were then asked to place the sticky notes on the white board (in no particular order). Once all members had the chance to transfer their forces of change to the board, the group was asked to group like items. The group was then asked to assign a title or phrase to
each of the categories, which represented the overall force to be analyzed in the second part of the assessment (Appendix B).

**Force-Field Analysis.** The second part of the assessment was to identify the threats and opportunities for the public health system or community created by each category. Using a smart board, one-by-one the title of each category (force) was transferred onto the board with two columns beneath the title. The left column signified the potential opportunities created by the force being analyzed, where the right column signified the potential threats posed by the same force. Each of the force-field analysis diagrams developed on the smart board were scanned to a laptop with the associated software and saved as individual PDF files.

A second iteration of the assessment occurred via email on April 30th, 2015. The second iteration of the assessment was opened up to the Together! Healthy Linn Steering Committee members and additional members with pertinent knowledge about the public health system and the potential impacts each force may have on the system as well as on the public the public health system serves. This additional assessment approach reduced the ability of participants to build off one another’s thoughts and ideas, but provided an opportunity for increased feedback from the categories already assessed and those still needed to be assessed for threats and opportunities created. Members individually identified potential threats posed and opportunities created by each of the force categories, based on individual expertise of each force category. Feedback was obtained using the Forces of Change worksheet provided (Appendix C).

**Results**

During the initial brainstorming session, the group identified seventy-five unique forces that may potentially impact the health of our community and/or the local public health system. The seventy-five forces were categorized into seventeen force categories, including:

- Mental Health
- Violence
- Changing Demographics
- Substance Abuse
- Healthcare Policy
- IT
- Sexual Health
- Socioeconomic
- Global Issues
- Funding
- Healthcare Workforce
- Politics
- Air
- Water
- ACEs
- Climate-related Events
- Healthy Behaviors
In the initial Forces of Change assessment that occurred on April 21\textsuperscript{st}, 2015, the participants assessed nine of the seventeen force categories identifying the potential threats posed and opportunities created to impact the health of the public or local public health system for each of these force categories. The remaining eight categories were assessed during the second iteration of the assessment, which occurred between April 30\textsuperscript{th}, 2015 and May 22\textsuperscript{nd}, 2015. This second assessment allowed participants significant time to independently review the categories and identify potential threats and opportunities posed to the health of the public and the local public health system. Responses from both assessments were combined into a single document for analysis (Appendix D); answers in black were from the initial assessment and those in green were from the second assessment.
Key Findings

To facilitate analysis, the seventeen force categories were organized into four force categories including Political, Social, Environmental, and Technological Forces. The discussions under each category and sub-category represent the main themes that surfaced from the forces of change discussions. Sub-categories with an “*” denotes that the issue is of a higher level of importance as indicated by the frequency of reoccurrence and/or an increased number of threats identified throughout the assessment associated with the issue. The most consistent theme that continued to reappear throughout the forces of change assessment was a clear disparity in health and health care experienced by low-income individuals. This disparity was noted in conversations related to lack of access to transportation, health services, healthy foods, and safe-affordable housing as well as in regards to increased rates of mental health issues, barriers to engaging in physical activity, and a lack of neighborhood safety.

Political Forces

- Healthcare Policy*
  - There are many changes occurring within the healthcare system in Iowa that pose both opportunities and threats to the public’s health. The shift in Medicare reimbursements to be based on outcome as opposed to fee-for-service and increased engagement and competition among Managed Care Organizations has the potential to improve the quality, affordability, and coordination of health care provided to Medicare and Medicaid enrollees. However, the extreme pace at which Iowa is moving toward privatizing Medicaid has the potential to create unexpected consequences following implementation. The adaptation required for recipients in this new system of MCO’s poses the risk of limiting access to services that are outside of the approved provider network resulting in higher costs to Medicaid recipients. Likewise, increased focus on outcome measurements threatens the efficiency of providing care, due to increased time and resources spent reporting, tracking, and completing paperwork. With the passing of the Affordable Care Act (ACA), an increased number of individuals are covered by medical insurance, which provides an increased opportunity to educate community members on improving their health and wellbeing. Increased funding for prevention through the Prevention Fund has set the stage to expand health promotion initiatives and provide emphasis on preventative care. However, misconceptions about the ACA and potential disagreements regarding healthcare policy may result in the revoke of ACA and loss of progress made toward improving the health of the population.

- Funding reductions
  - Despite the increased interest in health among politicians of all parties, deadlock pertaining to health-related policies threatens funding for needed health programs. Due to substantial cuts in federal and state budgets and decreased governmental revenue, there is a threat of continued reduction in the funding of social and public health services. This can cause competition for funding and resources; however, it may also provide the opportunity to increase collaboration and resource sharing toward achieving a common goal.

- Substance use policies*
  - Despite progress in reducing teen smoking rates and local adoption of ordinances prohibiting nicotine use, an increasing number of new and ever-shifting drug options continue to be available to the public (i.e. synthetics, consumables, e-cigarettes, prescription medications, alcohol). Of particular concern are the lack of regulations and...
laws placed on controlling these new and evolving products and a lack of understanding regarding the potential harms posed by these drugs. With the legalization of marijuana in Alaska, Colorado, Oregon, Washington, and the District of Columbia, as well as the recent expansion of medical marijuana laws in Iowa pertaining to treatment of multiple conditions, legislators are actively engaged in conversation regarding the potential implications of marijuana law. However, many concerns were voiced regarding the increased access to marijuana due to legalization in surrounding states and whether negative lessons learned from other states that have legalized marijuana are being heeded by policymakers to inform their decisions regarding legalizing marijuana in the state of Iowa.

Social Forces

- **Global diseases**
  - Increased connection and ease of travel to other parts of the world brings with it an increased risk of transmitting diseases from other countries. Continued collaboration provides an opportunity to address disease threats and outbreaks through coordinated efforts.

- **Adverse Childhood Experience (ACE)**
  - Increased understanding and resources devoted to addressing ACEs provides the opportunity for early identification of people at risk for health complications related to ACEs. However, with increased awareness of ACEs and their role in health there is a possibility that ACEs score will pose a negative connotation for the individual (demotivate).

- **Poverty and Disparities***
  - Despite a recent reduction in the unemployment rate in Linn County, the increasing number of working poor, homeless, and students on free and reduced lunches poses a significant threat to the health and well-being of our residents leading to increased levels of food and housing insecurity as well as growing mental health needs. Limited accessibility to affordable and reliable transportation (bus schedule or ability to access bus stop) threatens the ability of low-income populations to access needed food (food insecurity), attend medical appointments, and connect to employment. Likewise, a lack of affordable housing and the associated barriers related to obtaining adequate housing may result in an increase in the number of individuals in our community who experience housing insecurity and homelessness. With an increased understanding and awareness of social determinants of health among public health partners, there is an opportunity to work together to reduce the burden of poor health experienced by low-income populations in our community.

- **Changing Healthcare Workforce***
  - With a higher educated workforce, there is an opportunity to provide residents with the best possible care. However, the growing number of individuals who are or will be retiring from the workforce without available replacement will likely result in a significant shortage of health care workers and in turn, a decreased access of care for residents. This trend will only compound the current shortage of health care workers, particularly among the rural areas. The high stress workload coupled with low pay and
lack of adequate training among the current healthcare workforce results in high burnout rates, which increases the demand for continual replacement. Potential opportunities to increase access to care within the rural areas are added incentives provided to recruit new healthcare workers.

**Changing Demographics**
- The increasingly diverse and growing population creates an opportunity for new services, added economic benefit, and increased cultural diversity and acceptance. However, the current lack of available resources for diverse populations and rural and elderly residents as well as a lack of understanding of the diverse cultures within the county poses a significant threat in accommodating our growing population.

**Sexual Health**
- The collaborative efforts of partners within the Sexual Health Alliance of Linn & Johnson Counties have provided the opportunity to positively impact the rates of sexually transmitted infections through strategic placement of free condom dispensers throughout the community and targeted STI testing and outreach initiatives. Concentration of high STI rates in these targeted locations increases the likelihood of re-infection and widespread infection in a short period. Primary barriers related to obtaining optimal sexual health is a lack of knowledge regarding STIs and safe relationships as well as the stigma related to seeking treatment. While some schools within the county provide evidence-based comprehensive sexual health education, many do not; delivery of evidence-based comprehensive sexual health education provides an opportunity to reduce teen pregnancy, STI, and intimate partner violence rates through increased understanding of safe and healthy relationships and potential repercussions and knowledge of how to protect one’s self. Supported by an increased awareness of the Human Papilloma Virus (HPV) and importance of HPV vaccination, release of the new HPV-9 vaccine enables a reduction in cervical cancer across the population. However, low HPV rates threaten to reduce the number of individuals who protect themselves from HPV and cervical cancer.

**Mental Health**
- A significant threat posed to mental health in Linn County is an extreme lack of mental health facilities (inpatient and acute) and providers available to address the growing number of individuals with a mental health diagnosis, particularly among rural, low-income, and adolescent residents as well as those within the jail system (juvenile and adult). In the absence of needed mental health services, there is an increased risk individuals will choose to self-medicate through use of prescription pain medications, illicit drugs, and alcohol. Despite improved awareness of mental health issues and the capability to provide mental health services through integrated health homes and as a result of the Affordable Care Act, there is additional need to strengthen connections between primary care and mental health providers to facilitate patient referrals. With the recent mental health redesign, there are opportunities to use the financial surplus gained from the efficiencies to increase accessibility and improvement of the mental health system. In addition, community education needs to be leveraged to reduce the stigma associated with seeking mental health services as well as to increase awareness of the full-spectrum of mental health issues.
Environmental Forces

• Crime and Violence
  o Increased awareness and national coverage of community violence has posed both positive and negative outcomes. A growing number of national, state, and local conversations are occurring surrounding the topic of violence prevention, role of policing, and potential reform of school policies providing opportunities for improved community policing, reducing violence related incidents, and a reduction in disparities among offenders. Increased understanding and knowledge of violent episodes across the country has influenced the provision of active shooter trainings provided, which prepares our population on how to react to a mass shooting. Likewise, a greater emphasis is being placed on firearm safety, which provides an opportunity for reduced causalities related to firearm accidents; however, with discussions about firearm safety there is potential for controversy related to misconception of gun control intent. Reduction in homicide rates across the county poses the opportunity for improved well-being and health among residents. However, the continued presence of violence in larger areas such as Marion and Cedar Rapids, particularly related to domestic homicides and suicide poses significant risk to the health, wellbeing, and safety of residents in areas of higher concentration.

• Neighborhood and Built Environment*
  o With the passing of the ACA and the local health promotion efforts driven by the Blue Zones Project (Cedar Rapids and Marion), there is an increased opportunity to enhance community health and well-being and address rising obesity and chronic disease rates across the county. Policy changes within the Cities of Cedar Rapids and Marion promote opportunities for engaging in physical activity through establishment of complete streets policies, which set the stage for more built environment changes to occur in the future. Likewise, adoption or consideration of urban agriculture policies as well as an ever growing number of community gardens (schools, churches, community-owned, food pantry) and increased attendance at farmer’s markets across the county provides opportunity for individuals to access affordable, locally grown healthy foods and produce. Despite current efforts, many barriers still exist toward improving the health of residents, particularly among those of lower income. Among the most significant threats impacting the health of Linn County residents is a lack of access to safe walking conditions (lack of sidewalks and increased violence), affordable healthy foods (food deserts, excessive cost of produce at stores), and an inadequate knowledge or understanding of how to make healthy decisions (food preparation, exercise, steps for disease prevention). With an increasing number of working poor and food insecure individuals, the demand for affordable food outweighs the supply available. Even when accessible, there continues to be a gap in knowledge, time, and equipment necessary to prepare healthy foods. Similarly, there is an overwhelming lack of knowledge among drivers, bicyclists, and pedestrians about how to use the increasing number of bike lanes being implemented.

• Environmental Conditions
  o Establishment of the watershed partnerships and presence of the county-level air quality branch coupled with the new (EPA) regulations pertaining to greenhouse gas emissions and potential for added commuting options (Iowa DOT) provides the
opportunity for protection and monitor improvement of the air and water quality in Linn County. However, the increased number of commuters and lack of current alternative options for public transit between cities and counties there is an increased threat toward attaining the highest possible level of air quality. Significant concern was also voiced regarding the threat of climate-related events on population health particularly with regards to the effect climate changes has had on an increased vector-borne diseases, high-heat days, allergies, potential extreme weather events, and Lyme disease.

Technological Forces

- **Technology**
  - With the availability of new technology and devices, there is a concern that level of physical activity among children and adults will continue to decline encouraging a sedentary lifestyle and higher obesity rates.

- **Health Tracking**
  - Emerging technological advances have provided individual opportunity to monitor health (health-based apps and fitness trackers) and set health-related goals. Likewise, the implementation of electronic medical records and use of telemedicine within the healthcare facilities have provided the opportunity to improve patient care through increased tracking of patient outcomes and needs, reduction of medication errors, and increased access to rural patients. However, the cost of purchasing improved technology deters clinics from updating their system, which may threaten the ability of the clinics to provide the best possible patient care.
APPENDIX A: Forces of Change Brainstorming Worksheet

Forces of Change Brainstorming Worksheet

This two-page worksheet is designed to help participants in preparing for the Forces of Change brainstorming session on April 21, 2015 and 2:00pm-4:00pm. In preparation for the meeting, please reflect on any events, trends, or factors that affect the health of our community or the local public health system.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.
- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community’s large ethnic population, an urban setting, or a jurisdiction’s proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:
- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How To Identify Forces of Change

Think about forces of change outside of your control that affect the local public health system or community.
1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Forces of Change Brainstorming Worksheet
(Page 2)

Using the information from the previous page, list all brainstormed forces, including factors, events, and trends. Continue onto another page if needed. Bring the completed worksheet to the brainstorming session

1. _______________________________________________________________________

2. _______________________________________________________________________

3. _______________________________________________________________________

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8. _______________________________________________________________________

9. _______________________________________________________________________

10. ______________________________________________________________________
APPENDIX B: Brainstorming and Categorization Session

**Mental Health**
- Mental Health Facility Closures (x3)
- Increased Mental Health Needs
- Need for additional first aid classes for mental health professionals

**Violence**
- Possible increased gun violence
- Law enforcement conversations/National Events

**Changing Demographics**
- Increased number of older folks
- Lack of resources for rural areas and all cultures
- Increased corridor population
- Increasing diversity
- Increasing consumer involvement in decision-making
- Increase in number of immigrants/Undocumented families
- Aging population (x3)
- Population movement affecting size of school districts

**Substance Abuse**
- Legislation for marijuana
- E-cigarettes and new tobacco products
- Availability of synthetic drugs
- New substance products and lack of education on them

**Healthcare Policy**
- Medicaid, managed care
- Massive Medicaid reform
- Managed Care Organizations (MCOs)
- Medicaid expansion
- Affordable Care Act (x4)

**Information Technology (IT)**
- IT - Social Media etc.
- Technological changes (x2): Smart phones, apps, devices (fitbits), entertainment
- Telemedicine

**Sexual Health**
- Rising STIs
- Lowering teen pregnancy
Socioeconomic

- Rates of Free and Reduced Lunch
- Socioeconomic changes
- Economic Development
- Changing Downtown Landscape (CR)
- Affordable Housing
- Increased number of homeless folks and families
- Great recession and recovery
- Global Economic Trends

Global Issues

- Spread of global diseases
- Global health - Ebola, etc.
- Nomadic lifestyle (ease of moving around)
- Terrorism
  - Food
  - Water
  - Air

Funding

- Social service groups all seeking the same funding
- Decreased funding
- Lack of funding for prevention efforts
- Gov't support for environmental programs is waning and leaving many preventative programs under funded

Healthcare Workforce

- Decreased capacity for institutional facilities for elderly
- Shortage of healthcare workers
- Healthcare workers getting older

Politics

- Potential for first women U.S. president
- Elections at all levels
- Public health not well known

Air

- Seeing a positive trend in reducing air pollution
- Air/Water Pollution
Water

- Water Quality Legislation
- With growth of urban agriculture, it is unclear if there are unintended environmental affects
- Our local deep drinking water aquifer (Jordan) is not recharging at the rate we are using it.

Healthy Behaviors

- Blue Zones (x2)
- Increasing focus on wellness and healthy lifestyles
- Increased focus on prevention - wellness
- Increased obesity/chronic disease
- Chronic diseases
- Interest in healthy foods & being physically active - walking, cycling, etc.
- Increased fast causal restaurants and processed foods marketed as healthy
- Proximity and density of unhealthy items: food, substances, etc...
- Walking school buses
- Trail system
- Increased bicycle lanes and designated bike streets
- CHA CHIP!
- Third Street corridor & NewBo
- Health in All Policies: Increased integration of public health and planners

Adverse Childhood Experiences (ACEs)

- Increased conversations about ACEs
- ACEs

Climate-related Events

- Climate is driving environmental changes with vectors, high heat days
- Climate change (x4)
- Weather issues - flood draught
- Natural disasters
- 2008 flood & recovery
- Dry weather - increase in allergies
APPENDIX C: Forces of Change Assessment Worksheet

2015 Forces of Change Assessment Worksheet

Linn County, IA
**Instructions:** For each of the seventeen force categories listed in this document, please reflect on what opportunities are presented and threats posed to the health of Linn County as well as to the Public Health System as a whole. As you are reflecting on the categories think of the force categories as an overall guide in your reflection. For instance, as you approach the “Healthy Behaviors” category you will respond on the aspects that may hinder our population from engaging in healthy behaviors despite a potentially changing environment that promotes wellness as well as those aspects that enable our population to engage in healthy behaviors in this same changing environment. In each of the tables, the force that you are reflecting on will be listed at the top with two columns. The column on the left will be where you list the opportunities that the force presents for improved health and for the public health system. On the right, you will list the threats that the respective force poses to the health of the public and to the public health system. If you do not have any feedback or insight about a particular force, do not feel obligated to fill in opportunities and threats posed by that force; simply move on to the next force category.

For your reference, the information obtained from the initial in-person Forces of Change Assessment including the brainstorming and Threats/Opportunities activities is listed in Appendix A and B. For the “Healthy Behaviors” force category, the group decided to break this category down into two sub-categories, “Healthy Behaviors – Physical Activity” and “Health Behaviors – Food System”. Please return your worksheet to Amy Lepowsky with your feedback on the force categories by the end of day on May 22\(^{nd}\), 2015. If you have any questions or comments about completing this assessment please contact Amy Lepowsky via email at amy.lepowsky@linncounty.org or telephone at 319.892.6082.
# Forces of Change Assessment Worksheet

## Mental Health

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## Global Issues

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## Funding

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<td>Healthy Behaviors – Physical Activity</td>
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## APPENDIX D: Threats Posed/Opportunities Created by Forces

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<th>Force Category</th>
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<tr>
<td>Mental Health</td>
<td>• Integration of health and mental health</td>
<td>• Loss of treatment options with loss of facilities</td>
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<td>• Increased community-based services</td>
<td>• Jail system as it relates to mental health</td>
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<td>• Integration of mental health in jails</td>
<td>• Not enough funding</td>
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<td>• Creative menu of services (managed care)</td>
<td>• Mental health for juvenile offenders</td>
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<td>• More people insured</td>
<td>• Lack of accessibility of services</td>
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<td>• Health homes being established</td>
<td>• Stigma of accessing mental health services – afraid to admit or tell others</td>
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<td>• Greater empathy and awareness of mental health issues</td>
<td>• Rural accessibility</td>
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<td>• Earlier intervention - more eyes and ears</td>
<td>• Mental health workforce shortage</td>
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<td>• Improved services through the integrated health homes model</td>
<td>• Lack of awareness of full-spectrum of issues</td>
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<td>• Affordable Care Act increased number of individuals covered</td>
<td>• Fragmented services, unreliable funding,</td>
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<td>• Poverty and access to services</td>
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<td>• Stringent commitment guidelines</td>
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<td>• Lack of inpatient and acute beds</td>
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<td></td>
<td>• Lack of child mental health resources</td>
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<td>• Uncertainty of the impact of the Medicaid Managed Care RFP on services and providers</td>
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<td>• Mental Health Facility Closures</td>
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<td>• Increased mental health needs</td>
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<td></td>
<td></td>
<td>• Lack of inpatient hospital beds in State of Iowa</td>
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<td>• Lack of education/awareness of community resources on the part of providers</td>
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<td>• Connections between primary care providers and mental health providers are insufficient in terms of numbers and quality – important when it comes to referrals</td>
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| Violence | • Neighborhood watch and neighborhood associations  
• Violence (homicide) rates have been dropping in Linn County = improved wellbeing and health  
• New national, state, and local-level conversations about violence prevention, role of policing, reforming school policies (to address school-to-prison pipeline) = opportunities for improved community policing, reducing disparities  
• Greater concern and efforts centered on firearm safety  
• New trainings exist on how the public can more effectively react to a mass shooting  
• Violence in a community can sometimes be followed by solidarity – increased possibilities to strengthen neighborhoods and proactively work together to address issues  
| Scarce funding for DV resources  
• Fear of retaliation for reporting violence (by perpetrator or landlord)  
• Increase in gun violence  
• Reductions in funding for domestic violence program  
• Still some violence happening, especially in Cedar Rapids & Marion – homicide, especially domestic homicide, is an issue  
• Suicide remains a big public health issue in the community & a leading cause of death  
• National environment/press coverage  
• Firearm safety can be controversial if perceive it as being linked to greater gun control  
• People are unable to exercise outside if they don’t feel safe |

| Changing Demographics | • Increasing diversity and population size  
• Potential increased economic benefit from new businesses  
• Greater diversity of ideas and experiences leads to better decisions  
• More aligned with and prepared for relationship building in a networked, global economy  
• Greater pool of resources for business and civic roles  
• Increased diversity  |

| Cultural incompetence  
• Lack of resources for culture, rural, and elderly  
• Lack of diversity and resources for diverse populations  
• Shrinking rural population  
• Shifting resources out of rural area  
• Illegal activities and products occurring at incoming businesses (ex: hooka, pipes, etc.) |
| Substance Abuse | - Teen smoking rates are declining  
- Engaged legislators pertaining to marijuana legislation  
- Local ordinances prohibiting nicotine use | - Lack of regulations and laws related to new products  
- Negative lessons learned from other states in regards to legalization of marijuana  
- Increased hostility and aggression among drug users due to differences in the make-up and potency of drugs on the streets  
- Less funding for prevention despite increase in products available  
- Lack of education about what is being talked about  
- Ever-shifting drug options (consumables, e-cigarettes, etc.)  
- Increased access due to legalized marijuana in other states  
- Continued availability and perceived harmlessness of prescription drugs  
- Iowa has one of highest racial disparities for arrest & incarceration rates for drug charges in the country (drug use rates are similar between races but African American Iowans are disproportionately arrested & incarcerated) – this affects health of minority communities  
- E-cigarette use/misunderstanding as smoking cessation device  
- Availability of synthetic drugs  
- Legalization of marijuana  
- Cheap alcohol  
- Lack of walkability of communities which can lead to people drinking and driving  
- Lack of mental health resources leading to people self-medicating |
| Healthcare Policy | • Affordable Care Act  
• Increased funding for prevention (prevention fund)  
• Cost shifts for hospitals  
• Increased people are insured  
• Increased engagement and competition among MCO’s  
• Policies are working toward enhancing public health  
• More residents with health insurance; greater focus on preventative care  
• Employee wellness initiatives  
• Blue Zones-inspired environmental changes (complete streets, etc.)  
• Outcomes-based Medicare reimbursements  
• Increase in number of insured individuals equals more opportunities to educate members to improve health |
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<tr>
<td>• Crack-down on pain management which can lead people to seek relief with inappropriate medicine use/ “street” drugs</td>
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| Sexual Health | • STI testing and outreach initiatives  
• New HPV-9 vaccine, increased awareness of importance of HPV vaccine  
• Reduced teen pregnancy rate  
• Rising use of long-acting reversible contraception  
• More condom dispensers/sites for free condoms in the community  
• Some schools offering evidence-based comprehensive sexual health education |
| • Need greater availability, subsidy of long-term birth control options  
• Stigma & misconceptions remain  
• Low HPV vaccine rates  
• Rising STI rates  
• HIV still an issue – later diagnosis common in Iowa  
• Some schools still don’t offer/require evidence-based comprehensive sexual health education – education varies by school |
| Sexual Health Alliance of Linn & Johnson Counties continues collaborative efforts | Rates of long-acting reversible contraception usage remain low despite its benefits  
|---|---|
| Concentration of STIs in specific areas  
| Sexual Health can be a politicized issue – deadlocking of government funding/support of programs due to small provisions within larger program, particularly surrounding abortion.  
| Socioeconomic  
| Recovery in unemployment rate (lowering)  
| Impact of global economy on local economy  
| Increased awareness of social determinants of health  
| Dual-track DHS reporting should help more families connect with resources  
| The great recession  
| Income inequality/disparity  
| Global economy  
| Increased mental health needs  
| Food insecurity  
| Homelessness/housing insecurity  
| Poverty  
| Veterans issues  
| Stagnant minimum wages  
| Increased number of “working poor”  
| Mobility and transience  
| Homelessness  
| Limited transportation, food deserts, food insecurity  
| Number of students on free and reduced lunches  
| Lack of affordable housing and/or barriers to experiencing housing  
| Affordable transportation not always accessible (i.e. due to bus schedule or accessing bus stop)  
| Global Issues  
| Continued opportunities for collaboration to address disease outbreaks  
| Globally, violence levels are decreasing and some disease rates are lowering (polio near eradication due to coordinated effort)  
| Ebola and bird flu outbreaks  
| Risk of major pandemics due to ease of international travel  
| More interconnected world makes diseases easier to travel between countries  
| Some global health risks are increasing,
including anti-biotic resistant bacteria and tropical vector diseases to the US (linked to climate change)
- Spread of disease (i.e. Ebola)
- Terrorism/fighting in Middle East and some African countries
- Increased globalization has resulted in a need for U.S. to be prepared to handle disease outbreaks (i.e. Ebola) that affect other parts of the world

| Funding               | Learning to work with less money  
|                       | Emphasizing the importance of collaboration  
|                       | Increased opportunity for funding (ACA)  
|                       | Board of supervisor support for public health initiatives  
|                       | Quality measures tied to funding requiring hospitals to demonstrate effectiveness  
|                       | Surplus fund from mental health redesign  
|                       | Efficiencies gained from redesign  
|                       | Through increased collaboration we are getting better at doing more with less!  
|                       | Lack of funding  
|                       | Funding spread thin across organizations  
|                       | Unintended consequences of quality measures  
|                       | Increased reliance on “outcomes” means more resources spent on reporting, tracking, and paperwork  
|                       | Reliance on grants limits services to grant-related activities; gaps in funding  
|                       | Increased number of individuals covered under the ACA may increase the need for additional funding to provide coverage  
|                       | Medicaid Managed Care is an unknown that could impact patient care  
|                       | Funding to health programs in State of Iowa continues to decline  

| Healthcare Workforce       | • Incentives for serving in rural areas  
|                          | • Degrees in public health gaining popularity  
|                          | • More educated workforce                          | • Burnout, lack of training, low wage and high stress workload, increased demand  
|                          | • Aging workforce – many workers retiring or near retirement  
|                          | • Brain drain (Iowa graduates leaving Iowa)  
|                          | • Lack of health care providers in rural areas  
|                          | • Need for more primary care physicians versus specialists  
|                          | • Shortage of healthcare workers  
|                          | • Aging RN population  
|                          | • Shortage of primary care providers in general leading to decreased access in care  
|                          | • Shortage of providers in rural areas leading to decreased access in care |  
| Information Technology    | • Healthcare apps and fitness trackers make it easier to monitor health  
|                          | • Ongoing changes in technology may result in increased ease of completing routine tasks  
|                          | • New health-based apps and devices becoming more popular and available (fit bit, etc)  
|                          | • Telemedicine helps rural populations access care  
|                          | • Electronic medical records required by Affordable Care Act – generally help track patient outcomes & needs, reduce some harms (like if medications conflict)  
|                          | • Continuance of increased Electronic Health Record use - will hopefully lead to better care  
|                          | • Screen time encourages sedentary lifestyle  
|                          | • Lack of funding to purchase improved technology  
|                          | • Children seem to be outside less, playing electronic devices/too much screen time  
|                          | • Electronic medical records often expensive, can be difficult for some health clinics to get high-quality ones |
| Adverse Childhood Experiences | • Increased understanding and resources devoted to ACEs  
• Increasing awareness in community, local efforts continue  
• Increased number of community conversations regarding ACEs  
• Early identification of people whose health is at risk due to ACEs experienced | • Don’t want people to feel “destined” for poor health due to ACE score - This could demotivate people |
|---|---|---|
| Politics | • Health is a bipartisan issue, many politicians are interested in it  
• 2016 elections at all levels | • Attempts to repeal ACA, give less funding to public health agencies  
• 2016 elections at all levels  
• Deadlocked congress – unable to predict budget/funding available – could lead to delay in needed programs |
| Air | • Linn County’s air quality improved over past few years  
• Linn County fortunate to have 1 of 2 county-level air quality branches in state  
• New EPA regulations on greenhouse gas emissions  
• Iowa DOT planning new commuting options in Linn and Johnson Counties | • Many parts of Linn County still very car-dependent, lots of commuters (Urban Sprawl) |
| Water | • Watershed partnerships | --- |
| Climate-related Events | • Increased awareness about climate changes  
• Fueling proposal and adoption of environmental laws and policies (ex: Clean power rules)  
• Anticipated increased growing capacity | • Need to respond to new hazards  
• Increase in natural disasters  
• Increased vector-borne diseases, high-heat days, allergies, and Lyme disease  
• Extreme weather events |
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<tr>
<th>Healthy Behaviors – Physical Activity</th>
<th>Healthy Behaviors – Food System</th>
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<tbody>
<tr>
<td>• Setting up for more built environment changes</td>
<td>• Sustainability of blue zones</td>
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<tr>
<td>• Increased interest in physical activity</td>
<td>• Sedentary lifestyles</td>
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<tr>
<td>• Policy changes enhancing the sustainability of blue zones project efforts</td>
<td>• Increasing obesity rates</td>
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<tr>
<td>• Additional funding for multi-use transportation (CMPO)</td>
<td>• Weather impact ability to engage in physical activity</td>
</tr>
<tr>
<td>• Complete streets policies</td>
<td>• Neighborhood violence deter citizens from walking where they live</td>
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<tr>
<td>• Blue Zones initiatives and sustainability</td>
<td>• Safety</td>
</tr>
<tr>
<td>• Increased focus on prevention and wellness with ACA</td>
<td>• Lack of knowledge about bike lanes and how to use them</td>
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<tr>
<td>• Implementing change among older adolescents</td>
<td>• Socioeconomic status</td>
</tr>
<tr>
<td>• Still gaps in sidewalks and bus shelters</td>
<td>• Deceptive nutrition among processed foods and at restaurants</td>
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<tr>
<td>• Overscheduling kids in and after school – no recess little free play</td>
<td>• Waste from restaurants, grocers – could be captured and redistributed (i.e. Iowa City’s Table to Table)</td>
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<tr>
<td>• Lack of sidewalks in Cedar Rapids (reduced walkability)</td>
<td>• Lack of know-how, time and equipment for healthy cooking</td>
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<tr>
<td>• Tightened school lunch hours encouraging unhealthy eating habits</td>
<td>• Rising obesity, chronic disease (diabetes) rates in children and adults</td>
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<td>• Many people with pre-diabetes don’t know they</td>
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<td>have it or that there are steps they can take to reduce likelihood of developing diabetes</td>
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<td>Lots of quick-fix dieting advertising/products that can be harmful – misinformation about healthy nutrition</td>
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<td>Socioeconomic barriers still exist – some people can’t afford healthy food and lack skills/knowledge/time/equipment to prepare healthy foods</td>
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<td>Increased demand on food pantries</td>
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