Executive Summary:

2015 Community Health Assessment - Community Health Improvement Plan

Linn County, IA

Together! Healthy Linn

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Executive Summary

In January 2015, the Together! Healthy Linn steering committee was formed to create a community health improvement plan that targets the priority health concerns for those who live, work, worship, or attend school in Linn County. This committee is composed of various organizations and groups who serve the Linn County area. Development of the community health improvement plan was informed by a comprehensive community health assessment conducted between March and August of 2015. Based on the data obtained through the assessment, the Steering Committee selected three strategic priorities to focus on as a community for the next three years. The strategic priorities include Social Determinants of Health, Behavioral Health, and Health Promotion. Under each of the priority areas, there are three associated goals. Full reports may be accessed at: http://bit.ly/LCReportsandPublications

Methodology

Both the community health assessment and community health improvement plan were guided by the strategic planning process, Mobilizing for Action through Planning and Partnership (MAPP). The framework encompasses six phases, including:

1. Creation of the steering committee
2. Development of a community vision
3. Conducting a community health assessment
4. Identifying strategic issues
5. Development of the Community Health Improvement Plan
6. Implementation of the strategies and tactics to address the strategic issues identified

At the initial steering committee meeting in January, the committee defined the community vision that would guide the development of the community health assessment and community health improvement plan. The committee envisioned a community where: **"The local public health system is accessible, affordable, collaborative, holistic, inclusive, and works to achieve a culture of health through collective impact. The community is active, empowered, diverse, knowledgeable, and lives in an environment that is sustainable, and supports an optimal quality of life for all."**

Community Health Assessment

The community health assessment consisted of four unique assessments, each assessing different aspects of the health condition of Linn County residents and existing assets available in Linn County. The four assessments include Community Themes and Strengths, Community Health Status, Forces of Change, and Local Public Health Systems. Each of the assessments had a specific target population or stakeholder group of focus and was guided by differing methodologies. All four assessments were guided by the work of an assessment specific subcommittee.

Community Themes and Strengths Assessment (CTSA). The CTSA is a qualitative analysis of the perceptions, thoughts, and opinions community members have regarding health. Of particular interest was identifying the needs of the community, perceived quality of life, and the assets available that may be used to improve community health. For this assessment, the target

audience included community members who work, reside, worship, or go to school in Linn County. In order to obtain high quality information from the community regarding their needs, barriers, and health perceptions the subcommittee utilized multiple assessment strategies. To begin, the subcommittee reviewed the current data available and identified gaps in data from specific populations and information still needing to be obtained. Gap analysis informed the need to target older adult, disabled, LGBT, rural, and minority populations and those with language barriers. Once identified, the group selected methods and strategies to reach the aforementioned populations. Methods selected included a sticker board, community survey, and focus groups. Use of a wide array of assessment methods was thought to improve the likelihood of obtaining response from a larger number of individuals throughout the county. Data obtained through this comprehensive community assessment were synthesized into a single report and broken down into logical categories to relay assessment findings.

- **Sticker Boards:** The sticker boards were a simple tool to obtain feedback from the community. A single question was posed for community members to reflect upon, "What do you think are the three most important factors for a healthy community?" Participants were asked to select three of fifteen possible options on the board indicating their answers using three stickers provided to them by the facilitator. The order the stickers were placed on the board was not significant or ranked for importance. Along with the sticker board, there was also an opportunity for participants to answer the question "What are the most important health issues or concerns in Linn County?" These boards were hosted by subcommittee members at various community events and locations.

- **Community Survey:** For a more in-depth understanding of quality of life, health perception, and perceived community assets, an electronic community survey was also disseminated across Linn County. Linn County's Community Health Survey consisted of sixteen primary questions relating to each of the three questions that drive the CTSA, with the final nine questions assessing the demographic characteristics of the respondent. Implementation of the survey occurred between April 2015 and June 2015 and utilized the Survey Monkey platform. Survey questions gained both quantitative and qualitative data related to the perceptions of the individual regarding individual and community health. The survey link was disseminated through community partners, social media, and print media. Once the survey was closed, the data was extracted from the Survey Monkey site into an excel format by Linn County Public Health's Epidemiologist. Overall, four-hundred and four respondents completed the Community Health Survey in the aforementioned timeline. Quantitative data was coded to allow for analysis. Definitions for the codes are provided in an associated codebook, which was created to provide community partners and others the ability to use and analyze the data as desired. Qualitative data was systematically organized into common themes and recoded to allow for analysis.

- **Focus Groups:** Throughout the month of May and early June of 2015, the CTSA subcommittee conducted five focus groups at four different sites in Linn County. The locations were selected based on the gaps in information for specific populations noted by the subcommittee and decision to oversample low-income and minority populations. Focus group sites included the Heart of Iowa, Oakhill-Jackson Neighborhood Association, Catherine McAuley Center, and Geneva Towers. Each focus group was

guided by a primary and secondary facilitator. Primary facilitators used a standardized script that was designed to explore the perceptions of the individuals being interviewed regarding the health of the community, community assets, barriers experienced, and how the community should be improved to support health. All data gathered from the assessment were systematically organized into common themes by question and recoded for analysis and presentation by a third party analyst not involved with the focus groups.

Community Health Status Assessment (CHSA). The CHSA is a quantitative assessment of how healthy Linn County is as a whole and identifies potential areas of concern. The CHSA was guided by analysis of 11 core indicators, with multiple data points falling under each:

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

Data to address each of the selected indicators were gathered from multiple sources between March and August of 2015. Sources included partnering local public health agencies such as Mercy hospital, Linn County Public Health, Cedar Rapids School District, and the Linn County Continuum of Care Planning and Policy committee. In addition, data was obtained from the Behavioral Risk Factor Surveillance System (BRFSS), Iowa Department of Public Health, Iowa Youth Survey, Feeding America, U.S. Census Bureau, County Health Rankings, National Survey on Drug Use and Health, Iowa Public Health Tracking Portal, Uniform Crime Reporting Statistics, Iowa Department of Human Services, Centers for Disease Control and Prevention (CDC), and the Surveillance Epidemiology and End Results (SEER) Program. Following data gathering, the data was synthesized into a comprehensive report and presented using tables and graphs that would best allow for understanding of information by multiple audiences.

Forces of Change (FoC). On April 21st, 2015 Linn County conducted the Forces of Change 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 that may potentially impact the health of the public or the operation of the local public health system. 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. Using an affinity diagram, the members first identified seventy-five unique forces, trends, or events that might impact the health of the community and consolidated them into seventeen categories. Using the identified categories, the members brainstormed potential opportunities and threats posed by each category. Data obtained during this session and an informal follow-up assessment was documented and analyzed into a larger report.

Local Public Health System (LPHS). The intent of the LPHS is to assess how organizations within the system are doing in addressing the 10 essential public health services. Entities within the local public health system include all organizations who may impact the health of the

community such as community centers, law enforcement, fire, elected officials, public health agency, transit, home health, laboratories, faith-based organizations, non-profits, community health clinics, hospitals, doctors, employers, corrections, nursing homes, drug treatment, mental health, schools, neighborhood organizations, and EMS. This assessment is completed using the local instrument of the National Public Health Performance Standards (NPHPS; CDC, 2015). This instrument helps communities assess not only how they are doing in addressing the overarching essential public health services but also the competencies and sub-competencies that fall under each service. As such, this is intended to be a very iterative and in-depth assessment requiring long-term planning. Due to the short turnaround time between planning and conducting the LPHA, the subcommittee decided to take a targeted approach in gaining feedback on each of the essential public health services by splitting partners within the local public health system into five workgroups each focusing on two of the essential public health services. An initial survey covering the targeted public health services was sent to the members of the workgroups in June of 2015. The workgroups were then convened in July to engage in facilitated discussions that covered the components falling under each of the targeted essential public health services. Following discussion, members then rated how well the local public health system is doing in addressing the essential public health services. All components with a "Minimal Activity" or "Moderate Activity" rating were highlighted in a report as a needed area of improvement for the local public health system to address moving forward.

Selection of Priority Strategic Areas

Data obtained from the community health assessments were analyzed and synthesized into four community health assessment reports. Using the information from the assessments, the Together! Healthy Linn steering committee began to identify the pressing health issues that the community needs to target over the next 3 years in order to improve the overall health of Linn County residents. Prioritization occurred across two steering committee meetings held in the month of October. Common themes and data points from each of the four assessments were first identified, and then grouped into ten logical overarching categories.

- Chronic Disease
- Collaboration
- Prevention through education
- Crime and Violence
- Quality of Life
- Access to Care
- Vulnerable Populations
- Substance Abuse
- Child/Adolescent Wellbeing
- Mental Health

After much discussion, the committee reduced the ten strategic categories into five renamed categories: Behavioral Health, Social Determinants of Health, Quality of Life, Health Promotion, and Collaboration. These categories were then prioritized using a nominal group technique that required each member to select three categories using a rank of 1 (most important), 2, or 3. The rankings each held a reverse weight (ex: Rank of 1 = 3 pts). Once all members voted on the priority areas, the rankings were tallied and the three priorities were identified. Using the data points under each of the priority areas, three goals for each area were selected. In addition, subcommittees were formed to identify objectives and strategies for each of the goals that fell under the respective priority areas.

Findings and Results

The most consistent theme that appeared throughout the four assessments was a clear disparity in health and health care experienced by low-income individuals. This disparity was related to lack of access to transportation, health services, healthy foods, and safe-affordable housing as well as in regard to increased rates of mental health issues, barriers to engaging in physical activity, and a lack of neighborhood safety. Other common health issues that arose throughout the four assessments were an increased rate of obesity, diabetes, substance abuse, and engaging in unhealthy behaviors (poor diet, sedentary lifestyle, and poor decisions). From the perspective of the local public health system, a significant area of needed improvement is in sharing community health data between partners and collaborating on common community initiatives rather than continuing to operate in individual silos. In improving these areas of collaboration, the local public health may be strengthened to better meet the health needs of the community through collective impact.

Access to Health Services

There are many changes occurring within the healthcare system in Iowa that pose both opportunities and threats to the public's health. With the passing of the Affordable Care Act (ACA), an increased number of individuals are covered by medical insurance providing increased opportunity to educate community members on improving their health and wellbeing. However, significant concern was expressed among health system partners in regard to the potential impact privatization of Medicaid will have on health care systems as well as the patients they serve. Other areas of concern are a lack of mental health and healthcare providers in Linn County and a subsequent inability of patients to obtain timely appointments for needed services.

Vulnerable Populations

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 Linn County residents. Among the most significant threats impacting the health of Linn County residents is a lack of access to affordable and reliable transportation (limited bus schedule, ability to access bus stops, and cost), 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). Limited accessibility to affordable and reliable transportation 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. Finally, 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.

Mental Health and Substance Abuse

Mental health issues were described as a shortage of mental health providers, lack of available mental health services, stigma related to seeking help, and an inability to schedule a timely appointment with a provider. With an increase in the number of children and adults with diagnosed and undiagnosed mental health issues, resources available for these individuals are dwindling and often inadequate to fit the needs of those seeking care. Of particular note is the shortage of psychiatrists and hospital beds to meet the demand of mental health patients in the area, particularly among rural, low-income, and adolescent residents as well as those within the jail system (juvenile and adult). Another concern noted is a lack of access to services due to an inability to afford services even when covered by health insurance. Even if individuals are able to afford services, long waiting lists to see a provider creates a significant barrier for those trying to seek help in addressing their mental illness.

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. With increasing numbers of additional illicit drug options available, there is a concern that there is a lack of community understanding regarding these substances and the impact the substance may have on Linn County. Compounding the issue of a poor understanding of illicit drugs is the poor regulation of these and other types of substances. This is particularly evident in the increased rates of deaths in Linn County resulting from accidental poisonings (12.1 deaths per 100,000 population). In addition to an increase in accidental poisonings, there was also an increase in the level of binge drinking among adults and illicit drug use among adolescents. Related to the social environment, community members were particularly vocal about the desire to move away from an apparent culture of alcoholism in the community to provide more family friendly restaurants and recreation options. Likewise, community members highlighted a need for the community and families to model healthy behaviors for children to help support positive development.

Chronic Disease

The top two leading causes of death are similar to that of Iowa and the United States, with cancer being the number one cause of death and heart disease being the second. While cancer is the leading cause of death, the cancer rate is improving. However, the rate of deaths attributed to heart disease continues to increase. Likewise, the rate of diabetes has demonstrated a significant increased overtime. A common risk factor for these and all chronic diseases is excess weight. Like other parts of the country, there is an increased occurrence of overweight and obese adults and children in Linn County. Of particular concern is the parallel increase in overweight and obese adults and the significant increase in overweight kindergarteners. Increased rates of obesity were attributed to unhealthy behaviors such as poor diet, lack of physical activity, and poor decision making. Some barriers that were discussed related to this topic were inaccessibility of affordable healthy foods, lack of healthy food options in the community, lack of walkability and bikeability, poor sidewalk conditions, and neighborhood safety concerns. Overall, the high cost of healthy foods was the most consistent barrier noted associated with engaging in a healthy diet particularly among mid to low-income residents.

Infectious Disease

A lack of infection prevention was noted among multiple audiences. However, parents and families were the most vocal about this issue. The biggest concern was in the continued cycle of illness and increased rates of pink eye and respiratory syncytial virus in daycares and schools. Another issue noted was in the inadequate cleaning techniques and education provided at these locations to prevent further infection. Other issues related to infectious disease is a significant increase in the rates of sexually transmitted infections (STIs), particularly Chlamydia, Syphilis, and HIV. 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.

Strategic Priorities, Goals, and Objectives

Priority Area: Social Determinants of Health
Goal: Increase access to properly maintained and affordable housing **Objective:** By June 1, 2017 a plan will be implemented to address the barriers that hard to house populations and those living under 30% of the area median income (AMI) face in relation to obtaining affordable housing. **Objective:** Between January 1, 2018 and January 1, 2019, 50% of individuals and families who enter into lease agreements associated with the affordable housing stock (section 8 vouchers, transitional housing) will have received tenant education on tenant rights, proper housing maintenance (cleaning), and building a positive rental resume. **Objective:** By January 1, 2019 50% of the social service agencies in Linn County providing in-home services will be trained to identify potential hazards within a client's home and will have the capacity to refer cases to applicable agencies or to provide education to clients in order to mitigate unsafe home conditions.
Goal: Increase access to care and community resources for vulnerable populations **Objective:** By January 1, 2019 a plan will be implemented to address the gaps in transportation services and the barriers to transportation experienced by community members. **Objective:** By January 1, 2019 increase the number of practicing healthcare providers who accept Medicaid by 5%. **Objective:** Increase the number of social and health outreach services available to vulnerable populations by 10% prior to January of 2019. **Objective:** By January 1, 2019 the utilization of primary and specialized care services among Medicaid patients will be increased by 10%.
Goal: Decrease the number of children who are negatively impacted by risk factors associated with Adverse Childhood Experiences (ACEs) **Objective:** By January 1, 2019, 30% of child and youth-based organizations, school buildings, and primary healthcare providers in Linn County will have implemented a comprehensive program to prevent and mitigate the impact of ACEs. **Objective:** By January 31, 2018 a referral system will be in place to connect vulnerable populations with needed resource and support services.
Priority Area: Behavioral Health
Goal: Increase access to mental health services **Objective:** By January 1, 2019, increase the percentage of healthcare prescribers who provide mental health services in Linn County by 10%. **Objective:** By January 1, 2019 there will be an increase in the number of available resources linking individuals to mental health services. **Objective:** By January 1, 2019, there will be a 2% reduction in adults who report poor mental health.
Goal: Decrease the rate of suicide in Linn County **Objective:** By January 1, 2019 adult suicide rates will be decreased by 10%. **Objective:** By January 1, 2019 increase community awareness and response to risk factors related to serious mental illness through education provided to 25% of middle and high schools, colleges/universities, local government, and healthcare providers in Linn County.
Goal: Decrease the rate of substance abuse among adults and adolescents **Objective:** By January 1, 2019, the rate of binge and underage drinking will be reduced by 2% **Objective:** By January 1, 2019 the rate of marijuana use among adolescents will be reduced by 2% **Objective:** By January, 1 2019 the rate of prescription drug abuse and misuse will be stabilized. **Objective:** By January 1, 2019, reduce the percentage of adults and adolescents who currently use nicotine delivery products including cigars, cigarettes, smokeless tobacco, and electronic cigarettes by 2%.

Priority Area: Health Promotion
Goal: Increase data sharing and effective use of technology among the local public health system in order to identify and address emerging health trends **Objective:** By July 1, 2016 the Together! Healthy Linn steering committee will approve an initial list of community health data and GIS mapping resources available within the local public health system **Objective:** By January 1, 2017 a written process for data sharing among partners within the local public health system will be established **Objective:** By January 1, 2019 community health data will be shared with community partners.
Goal: Decrease preventable diseases through health education in the community **Objective:** By January 1, 2019 increase the number of people reached through substance abuse prevention education by 2% **Objective:** By January 1, 2019 stabilize the positivity rate of Chlamydia, Syphilis, and HIV
Goal: Decrease the incidence of chronic disease in Linn County **Objective:** By January 1, 2019 the percentage of residents who are overweight or obese will be stabilized **Objective:** By January 1, 2019 the percentage of adults with type 2 diabetes will be stabilized. **Objective:** By January 1, 2019 the mortality rate attributed to heart disease and stroke among adults will be stabilized.

Next Steps

In February of 2016, the priority specific subcommittees will meet to develop a work plan assigning specific organizations to the task of making progress toward the set objectives and strategies outlined in the 2016-2018 Community Health Improvement Plan. These subcommittees will continue to meet monthly throughout the next 3 years to ensure progress is being made and assessment of the objectives and strategies is being conducted. Likewise, the Together! Healthy Linn Steering Committee and priority specific subcommittees will also continue assessment of the community's health to inform the need to focus on additional areas of need in the community or to augment identified objectives and strategies.