

2018 Community Health Assessment

Executive Summary

Linn County, IA



Together! Healthy Linn

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Executive Summary

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

On February 1, 2018 the *Together! Healthy Linn* Steering Committee launched a comprehensive community health assessment and planning process. This *Together! Healthy Linn* Steering Committee, initially formed to oversee the 2015 CHA and the 2016-2018 CHIP, convened to lay the groundwork to create a new steering committee to work on the next iteration of the CHA/CHIIP. The group brainstormed organizations and individuals to represent multiple sectors of the community to invite to serve on the new *Together! Healthy Linn* Steering Committee.

Vision

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

Method

The community health assessment process is based on the national Mobilizing for Action through Planning and Partnerships (MAPP) model, an evidence-based community wide strategic planning process for improving community health. This framework is community-driven, emphasizes strategic thinking and focuses on the local public health system (LPHS).

The six phases of the framework include:

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

Community Health Assessments

The community health assessment consisted of four unique assessments, each measuring different aspects of the health of Linn County and existing assets available within the county. The four assessments include Community Themes and Strengths, Community Health Status, Forces of Change and Local Public Health System. Each assessment had a specific target population, or stakeholder group of focus and was guided by distinct methodologies. Together, these assessments will be utilized to inform the identification of priority strategic issues the community will seek to address in the 2019-2021 CHIP.

Community Themes and Strengths Assessment (CTSA)

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

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

Method. Methods selected included a sticker board with an open-ended question, community survey, windshield survey and focus groups. In addition to the methods selected by the subcommittee, Linn County Public Health also explored the use of Vox Pop and a Street Stall (also known as Wailing Wall). Data obtained through this comprehensive community assessment were synthesized into a single report and broken down into logical categories to relay assessment findings.

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

Perception of quality of life throughout Linn County is captured throughout the assessment in reflection of what is healthy and unhealthy about the community as well as what might be contributing to poor health. Perception of livability was specifically captured for Cedar Rapids and Marion, although only available for these two Linn County cities, through the

National Citizen Survey (The National Citizen Survey, 2017 & 2018). According to the results of the Community Livability Surveys conducted in the City of Marion in 2017 and the City of Cedar Rapids in 2018, residents generally report a high quality of life in both locations.

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

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

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

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

Community Health Status Assessment (CHSA)

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

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

- Demographic Characteristics
- Socioeconomic Characteristics
- Health Resource Availability
- Social and Mental Health
- Maternal and Child Health
- Death, Illness and Injury

- Quality of Life
- Behavioral Risk Factors
- Environmental Health Indicators
- Communicable Disease
- Sentinel Events

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

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

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

Forces of Change Assessment (FOCA)

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

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

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

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

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

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

Local Public Health System (LPHSA)

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

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

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

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

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

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

Next Steps

Together, these four MAPP assessments make up the *Together! Healthy Linn* Community Health Assessment (CHA). The CHA will be used to inform the identification and prioritization for issues to be included in the 2019-2021 Community Health Improvement Plan (CHIP).

The *Together! Healthy Linn* Steering Committee will reconvene on August 10 of 2018 to explore the convergence of the results of the assessments and determine how identified issues can affect the achievement of the shared vision. Effective community health improvement is part of a continuous cycle of measurement, planning, action and evaluation. Additional information may be found at: <https://www.linncounty.org/753/Together-Healthy-Linn>.



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

– ROBERT WOOD JOHNSON FOUNDATION