Community Health Needs Assessment & Implementation Plan

July 1, 2016 – June 30, 2019

Collaborating Entities:
Wheaton Franciscan Healthcare – Iowa: Covenant Medical Center
UnityPoint Health – Allen
Black Hawk County Health Department
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Purpose
The Patient Protection and Affordable Care Act requires not-for-profit healthcare organizations to perform a Community Health Needs Assessment (CHNA) every three years and adopt an implementation strategy to meet the outstanding community health needs, identified therein, as a condition of maintaining the institution’s federal tax exemption. This requirement became effective in 2012.

Wheaton Franciscan Healthcare – Iowa (Wheaton Iowa) has spent the last three years implementing tactics based on strategies identified for all three hospital sites: Covenant Medical Center (CMC), Waterloo; Sartori Memorial Hospital (SMH), Cedar Falls; and Mercy Hospital (Mercy), Oelwein. In 2015, Wheaton Iowa worked in collaboration with other entities within BH County to conduct another CHNA to reassess the health disparities throughout the county and surrounding counties, those entities included: Black Hawk County Health Department (BH County Health Department), Unity Point Health – Allen, area schools, local agencies, and community leaders.

The purpose of a CHNA is to gather specific data on behaviors and lifestyles of Black Hawk County (BH County) residents so as to assess the health status of communities. All primary and secondary data is compared, where appropriate, to previous health studies, as well as county, state, and national measurements. The information provides better understanding of the prevalence of risk factors and disease conditions existing within the population.

All information was compiled and reviewed, culminating in an Implementation Plan for CMC. The documents were presented to and approved by the Covenant Medical Center Board of Directors in June 2016. Our value of stewardship calls us to focus our efforts and resources on identified health needs in which CMC can positively impact. Although progress was made over the past three years, work remains in the key areas identified previously: access and education, health behaviors and community wellness, mental health, cardiovascular disease, cancer and maternal, infant and child health. CMC used the framework below, (Figure 1) from the Catholic Health Association of the United States as a guide in conducting the CHNA and establishing tactics to impact disparities. CMC will broaden partnerships to continue to impact disparities in the key areas identified.

![Figure 1: Community Benefit Framework](source: catholichealthassociation.org)
Organization Overview

CMC is located in Waterloo, Iowa and traces its origins to 1912 when the Wheaton Franciscan Sisters founded St. Francis Hospital in Waterloo. In 1986, the Wheaton Franciscan Sisters consolidated St. Francis Hospital with neighboring Schoitz Medical Center to form CMC.

CMC is the hub of a three hospital, 26 clinic network serving eight counties throughout Northeast Iowa. CMC offers:

- 366-bed, full-service, multi-specialty hospital
- Accredited, regional and comprehensive inpatient rehabilitation program
- Accredited, inter-disciplinary Cancer Treatment Center
- Accredited Chest Pain Center offering full cardiovascular services with two catheterization labs and one electrophysiology lab
- A collaborative Neonatal team between CMC’s Level II NICU and the University of Iowa’s Level IV NICU
- An advanced Integrated Neonatal Intensive Care model
- The area’s only Level II Trauma Center and new 24-patient room, easy-access Emergency Department
- Advanced imaging services including advanced interventional radiology services

CMC, along with SMH, Mercy and Covenant Clinic, comprise Wheaton Iowa (see figure 2 above), part of Wheaton Franciscan Healthcare (WFH), a not-for-profit Catholic organization with nearly 100 health and shelter organizations in Wisconsin, Iowa, Colorado, and Illinois.

In fiscal year (FY) 15, CMC had 10,118 inpatient admissions and 277,079 outpatient visits. CMC had 45,687 emergency department visits. Nearly 5,000 patients were provided Charity Care, which includes CMC Clinic. The cost for Charity Care was over $2M in FY15. While Wheaton Iowa has two hospitals in BH County, CMC experiences the greatest share of inpatient discharges, and outpatient and emergency room visits.

According to the Iowa Hospital Association, in FY16, CMC had an economic impact of nearly $192M on the local economy in BH County. The hospital and the associates purchase a large amount of goods and services from local businesses. To get this value, the association uses the IMPLAN software tool which can analyze county level data using an economic input-output model. Employment and income (sum of payroll and employee benefits expense) are the important direct economic activities created from the hospital.
Our Mission
Wheaton Franciscan Healthcare is committed to living out the healing ministry of the Judeo-Christian tradition by providing exceptional and compassionate health care that promotes the dignity and wellbeing of the people we serve.

Commitment to our Community
CMC is dedicated to decreasing health disparities in our service area by creating programs and services to address the needs of the community. By collaborating with area agencies and surveying community members, CMC has been able to gather vital information necessary to impact various health issues, policies, and procedures.

CHNA/IP Progress Report
Access and Education

Men of Color Health Access (MOCHA) Project
The life expectancy for African Americans (AA) and Caucasians in the United States is 74.6 and 78.9 per 100,000 respectively; and 75.3 and 79.8 respectively in Iowa (Kaiser Family Foundation, 2009). According to the Centers for Disease Control and Prevention (CDC) (2010), the life expectancy for AAs was nearly four years lower than that of the white population; life expectancy for AA males was 4.7 years lower than white males. They attributed the difference in life expectancy to many preventable diseases such as heart disease, stroke, cancer, homicide, and perinatal conditions. The MOCHA Project was designed to educate AA men in BH County through the use of peer education models to help reduce health disparities. This program provides education and awareness of men’s health, specifically cancer (prostate, colon, lung), heart disease, stroke, diabetes, and obesity (other diet related conditions) while providing resources and opportunities for screening and preventative maintenance. To date, 160 AA men and the women who love them have received education, and will be invited to a Minority Health Summit to conclude the initiative.

Medical Leaders Program
With more than 20% of BH County youth living in poverty, and a hospital provider shortage area (HPSA) rate of 1,038:1 (RWJ Foundation, 2015) the need to support and encourage our future leaders is of great importance. A Medical Leaders program was offered at Hoover Junior High and provided a hands-on, real-life learning experience to help young people embrace their strengths, develop practical skills by using interactive learning, to ignite passion. This program has been very success with 100% of the students showed increased knowledge of the subject content after a pre and post-test.

Community Navigator Program with Burma Refugees
CMC collaborated with the Ethnic Minorities of Burma Advocacy and Resource Center (EMBARC) to enhance access and education for this new refugee population within our community. EMBARC provided a Lunch and Learn education program to teach health care providers about the culture of the Burma population, and how to care for this population and their health issues. EMBARC also received a $40,000 grant from Wheaton Iowa to support the development of a community health navigator program, a train-
the-trainer model to help six Burma leaders become community health navigators. The navigators received the education and then conducted learning circles within their community to teach refugees and their families about various health conditions (blood pressure, oral health, nutrition, etc.). The goal is to foster their understanding of health in the U.S. and how to access services, minimizing unnecessary use of the emergency department and finding a health home. This collaboration will be ongoing. To date nearly 100 staff has been educated on the refugee population from Burma, and over 250 refugees have participated in the Wheaton Iowa health programs.

**Medical (Med) School**
Med School is a spring break educational program designed to give Burma youth the opportunity to learn about health care careers through hands on training. The collaboration between CMC and SMH, Kaplan University, and EMBARC has provided nearly 100 students, and is intended to generate interest in health care careers.

**Girls Circle**
CMC collaborated with Club Les Dames to offer Girls Circle Program, a research based and best-practice curricula for female youth. Club Les Dames is a local club created in 1960 by area women to offer positive outlets for AA youth in the community. This program requires participants to attend a series of workshops on self-image, relationship building, diversity, and spirituality followed by the submission of an essay on how the program changed their life. The author of the winning essay received a $500 educational scholarship. Club Les Dames is a mentoring program that has helped guide hundreds of AA high school girls by acknowledging their accomplishments (academic and personal), and their dedication to their community.

**Health Behaviors & Community Wellness**

**Obesity & Physical Inactivity**
According to a 2011 article in the Waterloo-Cedar Falls Courier, 32% of Cedar Falls students and 45% of Waterloo public school students had a body mass index that ranked overweight or obese. Bruce Meisinger, director of the BHCHD, recognized in this same article the disparity between the two communities in the service area. In June 2014, CMC partnered with Variety, The Children’s Charity and Waterloo Schools to provide new bikes, helmets, and locks to 200 deserving children. The event included education and information about the importance of physical activity, eating healthy, and bike safety.

Every year, CMC partners with community organizations to support the Mayor’s Fun Run. On average, 800 fourth graders in the Waterloo School District participate in this event by running alongside the Mayor of Waterloo in the downtown area.

**Community Wellness**
CMC was one of several partners with the Iowa Dental Association to bring Iowa Mission of Mercy (IMOM) to Waterloo. This two-day, free dental clinic for any child or adult in need of dental care regardless of income or previous dental history, served more than 1,100 patients in just two days providing more than $760,000 in free dental care. Patients traveled from all over Iowa and surrounding
states to receive free dental care. In addition, approximately 1,000 volunteers gave their time to help with this mission, including associates from Wheaton Iowa.

Drug Disposal Drop Off Day
CMC has had a long standing partnership with Pathways Behavioral Services and the Tobacco Free and Clean Air Coalition on various initiatives including the distribution of Quit Kits and referrals to Quit Line Iowa (tobacco cessation program). Another annual initiative with Pathways is the DEA National Take Back Event (drug disposal day) collecting unused pills, inhalers, liquids, creams, and prescription drug paraphernalia as a way of decreasing prescription drug abuse.

Mental Health

Services & Education
In order to expand treatment and ensure the dignity of the patient, the Horizons’ substance abuse program moved from the Kimball Ridge Center to CMC. This allowed the organization to better address the needs of patients, enhance continuity of care, and treat patients with dual diagnosis. After 30 years in the Kimball Ridge building, away from other important hospital services, Horizons’ is now located on CMC’s fifth floor, improving efficiencies and enhancing access to behavioral health services. The trend of declining inpatient services freed up space for Horizons’ 19 residential beds and four detoxification beds. Horizons’, one of Iowa’s few hospital-based chemical dependency programs, serves roughly 32 individuals weekly.

Additionally, the hospital has integrated licensed social workers and mental health liaisons within the emergency department and family medicine offices to assess and address mental health concerns with patients. Within the community, CMC has collaborated with several community agencies, Cedar Valley United Way, and the Waterloo Human Rights Commission to address the critical issues surrounding mental health, working together to advance mental health programs and services. Multiple strategies and tactics are being defined and will be implemented in the coming years.

Cardiovascular Disease

Chest Pain Accreditation
CMC received Chest Pain Center Accredited in 2015 by the Society of Chest Pain Centers. This accreditation means CMC has the skills, team, and technology to support better outcomes for heart attack patients.

Telestroke Technology
Strokes are the third leading cause of death nationally, according to the Centers for Disease Control, claiming 140,000 lives annually. In addition, an estimated 795,000 people suffer a stroke each year, making it the leading cause of long-term disability. CMC, in partnership with the University of Iowa Hospitals and Clinics, now offers Telestroke making it possible for The University of Iowa Stroke Center neurologists to examine CMC Emergency Department stroke patients in real time by using a “robot” that features a video screen for teleconferencing, pan-tilt-zoom camera, and stethoscope. The U.S. has only
four neurologists for every 100,000 people, and CMC is the fourth Iowa hospital to offer a mobile InTouch Health Xpress robot.

Cancer

*Education, Prevention & Early Detection*

Over the last three years, Covenant Cancer Treatment Center (CCTC) and CMC’s breast center collaborated to offer cancer prevention education through 27 community events and conferences. Nearly 3,000 people received information on sun safety, the importance of mammograms for early detection, and prostate, lung, and colon cancer prevention through outreach efforts. CMC also collaborated with the Black Hawk County Tobacco and Clean Air Coalition and financially supported the creation and dissemination of Quit Kits to promote online counseling and free nicotine replacement therapy through Quit Line Iowa. The partnership also provided “Ask, Assess, Refer” (2As/R) training to more than 250 health care professionals at CMC and Sartori. By the end of this assessment period, the partnership distributed 2,285 quit kits, and nearly 409 BH County residents completed smoking cessation through Quit Line Iowa.

Maternal, Infant, and Child Health

*Women’s Health & Midwifery*

Covenant Midwives and Women’s Health Center (CMWHC) relocated and expanded in 2015. The center went from two midwives to seven, and added a nurse practitioner. This enabled the center to provide an outreach clinic to Fayette County providing access to prenatal care which resulted in healthy/term birthweight babies. CMWHC also offered a Centering Pregnancy Program, a best-practice model of health care and support to pregnant women including an individual prenatal health check-up, and time for group education and sharing. It allows pregnant women with similar due dates to gather and bond while experiencing the uniqueness of their pregnancies together.

The success stories outlined in this progress report section convey some of CMC’s work in the community, and allows for expansion of programs and partnerships that have begun to make an impact in BH County. The CHNA conducted late 2015 has revealed opportunities and the importance of ongoing efforts throughout FY13-16 outlined in the following plan.
Methodology

This report was compiled by Wheaton Iowa (representing both CMC and SMH) in partnership with Unity Point Health -Allen and the BH County Health Department. Wheaton Iowa and Unity Point Health – Allen are both health care systems serving BH County residents with three hospitals and a network of clinics. Representatives from the listed entities include Amy Hetherton, Director of Marketing and Communications for Wheaton Iowa; Keyah Levy, Community Health Coordinator for Wheaton Iowa; Jim Waterbury, VP of Institutional Advancement for Unity Point Health – Allen; and Bruce Meisinger, Director of Public Health for the BH County Health Department. The hospitals worked with the health department to develop the survey, and made it available to the public online and in paper form. The public was invited through publicity, websites, and mass emailing efforts on behalf of the partners, community chamber organizations, etc., to take the survey December 1-20, 2015. Paper surveys were made available at the hospitals and clinics, local food bank and other non-profit agencies. Information on how to access the link for the online survey was promoted heavily and emailed to internal and external audiences. Nearly 600 electronic and paper surveys were collected with additional efforts made to ensure a cross-section of residents completed the survey (see Appendix A).

Information was also collected through one-on-one interviews with local organizations and businesses to better understand the populations they serve, and the health needs of their clients and/or employees. This information was compared to existing secondary data, including a 2015 health assessment completed by BH County Health Department (see Appendix B). Working collaboratively with Unity Point Health – Allen, more than 20 interviews added a voice to data available through national, state, local and internal sources (see Appendix C).

Defining our Community

According to the U.S. Census Bureau from 2014, Iowa has a population of three million people with 132,897 living in BH County, the primary service area for Wheaton Iowa (including CMC), and comprise four percent of the state’s population. A total of nearly 269,500 live in the entire eight-county area as depicted below.

Figure 3: Population of BHC compared to surrounding counties

Source: RWJ, 2015; and Suburbanstats.org, 2015
Wheaton Iowa employs more than 100 physicians in this area and in the past five years has recruited 32 primary care providers to Black Hawk County to provide care in the 26 Covenant Clinic locations throughout the service area. However BH County is still considered a Health Professional Shortage Area (HPSA) as it relates to primary care providers. At the time of the assessment, BH County was short seven providers. If BH County was combined with the other seven counties that comprise the Wheaton Iowa total service area (Benton, Black Hawk, Bremer, Buchanan, Butler, Fayette, Grundy and Tama counties) the service area is short by 14 primary health care providers.

In addition to those in BH County, CMC serves a large number of rural Iowans with approximately 13.5% of BH County residents and 36% of Iowa residents living in a rural setting (Robert Wood Johnson Foundation, 2015). The health needs of rural Americans can be very different from those in metro areas. According to the National Rural Health Association (NRHA), rural Americans face a unique combination of factors that create disparities in urban areas. Economic factors, educational shortcomings, cultural and social differences, combined with the isolation of living in remote rural areas, conspire to impede the struggle for rural Americans to lead healthy lives. NRHA lists ten factors that can affect rural American’s access to health care:

- Shortage of health professionals in the area
- Unintentional accidents
- Lower income; poor
- Rely heavily on the Food Stamp Program
- Abuse of alcohol and tobacco
- Shortage of dentists in the area
- High incidence of hypertension
- Suicide rates among rural men is significantly higher
- Less likely to receive recommended treatments for acute Myocardial Infarctions (AMI) in rural hospitals
- Death and serious injury accidents account for 60% of total rural accidents versus 48% of urban

To address the access issue, Covenant Clinic has 26 family medicine and specialty offices within the surrounding rural communities to extend access throughout BH County, including its metro clinics. While focused on BH County, it is understood that efforts to improve overall health are not limited to county boundaries, and extend through the network to impact surrounding counties and their populations. BH County’s population grew three percent since the 2000 Census. Persons ≥ five years of age account for 6.3% of the population; persons under 11 account for 21.3%; and persons over the age of 65 account for nearly 14% of the population.

The majority of residents, 87%, are white with nearly nine percent AA, and nearly four percent of Hispanic or Latino origin. Persons of color account for 17% of the county’s population. Since early 2000, Iowa has seen a steady influx of refugees/minorities, especially from the Burma region. According to Clare
McCarthy, (2015), Iowa was the first state to offer resettlement assistance to refugees in 1975. Since then there has been a steady influx of refugees from Burma resettling in Iowa, mostly in Polk (Des Moines) and Black Hawk (Waterloo) counties. In 2014, 408 refugees from Burma came to Iowa, and since 2009, estimated 6,000-7,000 Burma refugees have settled in Iowa, which currently represents the largest group of refugees being resettled in Iowa (McCarthy, 2015).

According to the RWJ county snapshot (2015), BH County is 83% non-Hispanic white, eight percent non-Hispanic/AA, four percent Hispanic Native, and other as the remaining four percent (Hawaiian/Pacific Islander, Asian, American Indian/Alaskan Native). Slightly more than 51% of the population is female and 14.6% are 65 and older, while 21.4% are below 18 years of age. Figure 4 below illustrates the listed breakdown of demographics.

**Figure 5: Service area by ethnicity and age of population**

According to the 2015 Retail Trade Analysis Report produced by Iowa State University Department of Economics, unemployment rates have steadily decreased in BH County since 2010 (over six percent to below five percent), yet still above the state’s unemployment rate (slightly above six percent in 2010 to below four percent in 2015). In December of 2015, the unemployment rate was at 4.4% with 70,500 of BH County’s labor force employed, and 67,400 unemployed (Iowa Workforce Development Labor Market).

The per capita income in 2014 was $24,771 and median household income $47,002, a slight increase in both since 2010. The 2014 Census reports that 26.2% of those living in BH County had a Bachelor’s degree or higher; while 89.7% were high school graduates. The rate of people living below the federal poverty level in the state has increased from 11.6% in 2010 to 12.2% in 2014. In BH County this rate is higher at nearly 15%, a decrease from 2010 of nearly 17%. The number of BH County children living in poverty is 20% (RWJ Foundation, 2015), much higher than national or state averages. According to The Anne E. Casey Foundation (2016), 48.8% of the county’s children were eligible for the free/reduced lunch program in 2014, with 67% of those eligible living in the Waterloo school district (Waterloo Schools, 2014). This may be a direct correlation to the 34% of children living in single-parent households in the county where income is most likely a factor in health outcomes (see Appendix D for factors/outcomes).
Findings/Correlations

Wheaton, Iowa partnered with Unity Point Health – Allen and the BH County Health Department to distribute surveys that resulted in 638 responses. The survey was intended to assess the health of the community and each respondent based on their individual opinion, as well as capture the demographic profile of each respondent (see Table 1, page 14). In summary, respondents were mostly white (92%), college educated (80% college graduate), female (85%), with health insurance (97%).

The primary data, combined with secondary data, provided the basis for identifying opportunities to improve the health of BH County residents. Secondary data sources included, but were not limited to RWJ County Health Rankings & Roadmaps, previous data collected from an earlier BH County CHNA, the CDC, Healthy People 2020, the Iowa Hospital Association, internal planning and utilization data, Kaiser Family Foundation, and other sources noted herein.

The majority of respondents (more than 61%) ranked their community somewhat healthy, 14% ranked the community as unhealthy, and 24% ranked healthy/very healthy. Secondary data revealed that BH County ranks 73 out of 99 in health factors (RWJ, 2015), confirming survey responses of somewhat healthy. Health factors include health behaviors, clinical care, social economic factors, and environmental factors that affect overall well-being and quality of life.

When asked to identify the top five most important factors for a healthy community, respondents ranked access to health care, access to fresh/affordable food, affordable housing, healthy behaviors, and good jobs as most important to a majority of respondents. Of note, respondents appear to understand their role in practicing healthy behaviors to obtain or maintain good quality of life. This coincides with responses related to health concerns of children in the county, with 277 respondents citing access to health care as the top issue concerning children, followed by unstructured/unsafe or unsupportive living environments and access to mental health services.

Respondents identified gun violence (43%), limited or no access to mental health services (26%) obesity (22%) Cancer (22%) and aging, defined as arthritis, hearing/vision loss, dementia (20) as the top health issues in the community. Although 55% of respondents rated their personal health as healthy, another 28% answered somewhat healthy. The highest ranking healthy behaviors respondents would like to improve/start working on included getting more physical activity (68%), decreasing stress (56%), drinking more water (52%), eating more fruits and vegetables (51%), and receiving assistance in weight loss or improve health behaviors (24%). Respondents point to time constraints (59%), lack of motivation (50%), other priorities (38%), and the high cost of healthy food (23%) as reasons for not being healthier. If these health behaviors and barriers exist among educated females in the county (respondents), these challenges are likely amplified among families in need.

The socioeconomic status of BH County is important. Approximately 34% of households are single-parent, five percent higher than the state ranking of 29%. BH County contains highly-populated cities like Waterloo (according to Iowa Home Town Locator 2016) with a population of 69,552, making it the sixth...
largest city in Iowa as of July 1, 2015. Combined with Cedar Falls population of 40,740, the Cedar Valley is considered 97% urban and three percent rural. BH County is considered a HPSA with a Primary Care Provider (PCP) shortage ratio of 1,038:1 compared to the state’s ratio of 1,375:1. There is also a deficit among mental health professionals with a 920:1 provider/patient ratio, and a dentistry ratio of 1,541:1. Although the gap has decreased in BH County since 2013, provider shortages continue to impact access in the county.

Residents cited the top risky behaviors as violence (37%), dinking/abusing alcohol (25%), illegal drug use (22%), physical inactivity (20%) and driving while drunk/high (19%). This validates concerns among the respondents and aligns with findings related to poverty, jobs/economy, and challenges faced within the family unit. In one-on-one discussions with school officials and other service agencies, mental health and issues within the home are of concern. This validates concerns for children living in the county expressed by survey respondents. Despite a significant decrease in violence in both the state and county (280 in 2013 and 260 in 2015; 528 in 2013 and 407 in 2015, respectively), BH County’s crime rate nearly doubles that of the state at 407 crimes and 263 crimes per 100,000 respectively.

Forty one percent of residents ranked crime and violence as the top social factor facing their community. Among the other top social factors were poor parenting skills (21%), poverty (21%), lack of health education (17%), and single parent families (16%). This correlates with RWJ’s high ranking in BH County for overall quality of life (84 of 99) and health outcomes (68 of 99) (See table 4 below for demographics of survey respondents).
### Table 1: Demographics of Survey Respondents

<table>
<thead>
<tr>
<th>Demographics of Survey Respondents</th>
<th>Category &amp; number of individuals</th>
<th>%</th>
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<tbody>
<tr>
<td>Gender</td>
<td>Male (93)</td>
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<td>Female (530)</td>
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<td>Other (1)</td>
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<tr>
<td>Age</td>
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<td></td>
<td>19-29 (61)</td>
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<td>30-39 (120)</td>
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<td>40-49 (121)</td>
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<td>60-69 (134)</td>
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<td>70-79 (23)</td>
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<td>80+ (6)</td>
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<td>County</td>
<td>Benton (1)</td>
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<td></td>
<td>Black Hawk (508)</td>
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<td>Bremer (42)</td>
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<td>Buchanan (14)</td>
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<td>Butler (17)</td>
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<td>Fayette (8)</td>
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<td>Tama (12)</td>
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<td>White/Caucasian (571)</td>
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<td></td>
<td>Asian (2)</td>
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<td>African (3)</td>
<td>.48%</td>
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<td>Other (7)</td>
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<td>Education</td>
<td>Some High School (8)</td>
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<td>High School Graduate or GED (58)</td>
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<td>College Graduate (278)</td>
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<td>Advanced Degree (165)</td>
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Source: BHC County Community Health Needs Assessment (December 2015)
Overview
Throughout the process of researching the quantitative and qualitative data, the same disparities from three years ago prevailed with conversations around these key areas:

- Access and Education
- Transportation
- Health Behaviors & Community Wellness (Obesity, Physical Activity, Substance Abuse, Nutrition, etc.)
- Mental Health
- Geriatric Related Illnesses – Aging (Arthritis, Hearing Loss, Dementia, Alzheimer’s, etc.)
- Cardiovascular Disease
- Cancer
- Infectious Disease
- Maternal, Infant and Child Health
- Sexually Transmitted Infections
- Dental Care
- Unemployment
- Violence
- Environmental Health (Lead Poising, Radon, etc.)
- Children in poverty
- Lack of childcare
- Food Insecurity/Access to Healthy Foods

In nearly every focus group/interview, these areas were identified as topics where the health care industry could possibly affect change in our community. Not only are there gaps in these areas for BH County, but throughout the state of Iowa as well, represented in the Understanding the Community Health Needs in Iowa from the Iowa Department of Public Health (IDPH). CMC will continue to focus on the following: Access and Education, Health Behaviors & Community Wellness (Obesity, Physical Activity, Substance Abuse, etc.), Mental Health, Cardiovascular Disease, Cancer, Maternal, Infant and Child Health.

Listed below are key focus areas CMC anticipates addressing:

- Access and Education
- Health Behaviors & Community Wellness (Obesity, Physical Activity, Substance Abuse, etc.)
- Mental Health
- Cardiovascular Disease
- Cancer
- Maternal, Infant, and Child Health (specific to CMC)

We will share this work with SMH, located in BH County just nine miles west of CMC and serving much of the same geographic area and under the same leadership and sponsorship of WFH-IA. Together, we will work to collaborate with other community entities to make a positive impact.

Access to Healthcare
The Kaiser Family Foundation reports that in 2014, 319,700 residents of Iowa were considered poor, living 100% below the federal poverty guideline (a significant decrease from 2009 of 419,600). Of those, 114,900 were children, 167,900 were adults and 36,900 were elderly (increase from 31,200 in 2009). In the state, 598,400 people were Medicaid beneficiaries (an increase from 380,600 in 2009); 48% of them were children. With the passing of the Affordable Care Act, more people have Medicaid and only 191,800
Iowans are uninsured. Of that number, eight percent are adults’ age 19-64 years (a significant decrease from 85% in 2009). Medicare provided benefits to 531,209 people in 2012 (Kaiser, 2012).

The charts below detail the total number of people served through Medicaid (Table 2) and Medicare (Table 3) at CMC. The numbers also include Covenant Clinic visits. In FY12, the Medicaid cost was just over $4M, and the Medicare cost was $5.9M.

Table 2: Medicaid Served

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>People Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY10</td>
<td>69,655</td>
</tr>
<tr>
<td>FY11</td>
<td>70,140</td>
</tr>
<tr>
<td>FY12</td>
<td>73,344</td>
</tr>
<tr>
<td>FY13</td>
<td>29,476</td>
</tr>
<tr>
<td>FY14</td>
<td>32,785</td>
</tr>
<tr>
<td>FY15</td>
<td>43,916</td>
</tr>
</tbody>
</table>

Source: Wheaton Iowa

Table 3: Medicare Served

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>People Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY10</td>
<td>192,203</td>
</tr>
<tr>
<td>FY11</td>
<td>186,139</td>
</tr>
<tr>
<td>FY12</td>
<td>198,804</td>
</tr>
<tr>
<td>FY13</td>
<td>79,373</td>
</tr>
<tr>
<td>FY14</td>
<td>87,950</td>
</tr>
<tr>
<td>FY15</td>
<td>83,439</td>
</tr>
</tbody>
</table>

Source: Wheaton Iowa

The above charts show a sharp decline after FY12 likely due to more people becoming insured after the passage of the Affordable Care Act. The same impact is evident below in Table 4 with fewer people requesting assistance through CMC’s Charity Care program over the last six fiscal years. Charity Care provides free or discounted health services to those who cannot afford to pay and meet the criteria for financial assistance.

Charity Care is free or discounted health services provided to those who cannot afford to pay and who meet all of the criteria for financial assistance. Charity care is based on actual cost, not charges, and does not include bad debt. In FY 13-15, CMC provided over $7M in Charity Care to its patients that met the criteria. With the economy changing as it has over the past few years, the Charity Care program at CMC served over 16,000 in the community during that time. The table below provides a snapshot of the Charity Program over the last three fiscal years for patients at CMC.

Table 4: Charity Care

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>People Served</th>
<th>Charity Care Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY10</td>
<td>9,439</td>
<td>$2,900,000</td>
</tr>
<tr>
<td>FY11</td>
<td>8,646</td>
<td>$3,500,000</td>
</tr>
<tr>
<td>FY12</td>
<td>9,764</td>
<td>$3,900,000</td>
</tr>
<tr>
<td>FY13</td>
<td>6,280</td>
<td>$2,587,153</td>
</tr>
<tr>
<td>FY14</td>
<td>5,967</td>
<td>$2,634,945</td>
</tr>
<tr>
<td>FY15</td>
<td>4,535</td>
<td>$2,146,602</td>
</tr>
</tbody>
</table>

Source: Wheaton Iowa
The Charity Care guidelines were changed in January 2009 for underinsured patients. The qualifying eligibility went from 400% of Federal Poverty Guideline (FPG) to 300%, and the discount was changed. It was determined that underinsured people, falling between 300%-400% of FPG, already receive a discount through their insurance coverage. This information is outlined in Table 5 below.

**Table 5: Wheaton Iowa Poverty Guidelines**

*Applies to Uninsured Individuals with income levels and/or corresponding discounts based on 2016 poverty income guidelines*

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Poverty Guidelines</th>
<th>200% FPL (100% Discount)</th>
<th>240 % FPL (90% Discount)</th>
<th>280% FPL (80% Discount)</th>
<th>320% FPL (70% Discount)</th>
<th>360% FPL (55% Discount)</th>
<th>400% FPL (40% Discount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11880</td>
<td>23760</td>
<td>28512</td>
<td>33264</td>
<td>38016</td>
<td>42768</td>
<td>47520</td>
</tr>
<tr>
<td>2</td>
<td>16020</td>
<td>32040</td>
<td>38448</td>
<td>44856</td>
<td>51264</td>
<td>57672</td>
<td>64080</td>
</tr>
<tr>
<td>3</td>
<td>20160</td>
<td>40320</td>
<td>48384</td>
<td>56448</td>
<td>64512</td>
<td>72576</td>
<td>80640</td>
</tr>
<tr>
<td>4</td>
<td>24300</td>
<td>48600</td>
<td>58320</td>
<td>68040</td>
<td>77760</td>
<td>87480</td>
<td>97200</td>
</tr>
<tr>
<td>5</td>
<td>28440</td>
<td>56880</td>
<td>68256</td>
<td>79632</td>
<td>91008</td>
<td>102384</td>
<td>113760</td>
</tr>
<tr>
<td>6</td>
<td>32580</td>
<td>65160</td>
<td>78192</td>
<td>91224</td>
<td>104256</td>
<td>117288</td>
<td>130320</td>
</tr>
<tr>
<td>7</td>
<td>36730</td>
<td>73460</td>
<td>88152</td>
<td>102844</td>
<td>117536</td>
<td>132228</td>
<td>146920</td>
</tr>
<tr>
<td>8</td>
<td>40890</td>
<td>81780</td>
<td>98136</td>
<td>114492</td>
<td>130848</td>
<td>147204</td>
<td>163560</td>
</tr>
</tbody>
</table>

For families with more than 8 persons, add $4,160 for each additional person (revised 2/08/2016)

Source: Wheaton Iowa
**Indicators**
The RWJ County Health Rankings & Roadmaps are a collaborative effort between the RWJ Foundation and the University of Wisconsin Population Health Institute, measuring the health of nearly all counties in the nation and ranking them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

These Rankings, found on the following page, are based on counties and county equivalents (ranked places). Any entity that has its own Federal Information Processing Standard (FIPS) county code is included in the Rankings. These organizations only rank counties and county equivalents within a state. The major goal of the Rankings is to raise awareness about the many factors that influence health, and that health varies from place to place; not to produce a list of the healthiest 10 or 20 counties in the nation and only focus on the healthiest.

The County Health Rankings are based on mortality, morbidity, health behaviors, clinical care, social/economic factors and physical environment. Counties are ranked in both Outcomes and Factors from the 2015 RWJ study and are meant to give direction and focus to efforts in improving community health compared to 2013. *Health Outcomes* (measure length of life and quality of life which are results from health factors) represent how healthy a county is; while the *Health Factors* (determined by health behaviors) represent what influences the health of the county. RWJ Foundation ranks 99 Iowa Counties: the lower the ranking, the healthier the county; a high ranking indicates an unhealthy county and signals improvement is needed. See Appendix E for the complete ranking list for BH County.

**Process**
The compilation of this CHNA had two primary phases. The first was a review of commonly available secondary data from a variety of sources, which was quantitative in nature, including the RWJ County Health Rankings & Roadmaps, BH County Community Health Improvement Plan (CHIP), the BH County Health Department, the Iowa Hospital Association, and internal planning and utilization data. Much of this data forms the basis for identification of the top community health needs and our implementation plan.

The second phase included a joint effort between CMC, SMH, Unity Point Health – Allen, and the BH County Health Department and interviews were conducted with more than 25 area organizations. Those interviews added voice to the data, and directly led to many of the specific recommendations in this plan.
Black Hawk County (Government Entity)

Additionally, the BH County CHIP, 2011-2015), approved in February 2016, seeks to address community-wide health needs and priorities in alignment with its 12 goals:

- Provide education, information, and resources to protect and promote the public’s health (Healthy Behaviors)
  - a. Low Birth Weight and Very Low Birth Weight (IDPH-Data Warehouse 2009)
  - b. Percent of Medicaid enrolled children
  - c. Percent of children eligible for free or reduced school lunch
  - d. Percent of Children enrolled in 1st Five- Healthy Mental Development Initiative
  - e. Percent of high school students smoking before age 13
  - f. Mortality rate for female breast cancer in African Americans
  - g. Income and educational level of women more likely to obtain a mammogram

- Advocate for and develop strategies to address gaps in health promotion and prevention services (Healthy Behaviors)

- Promote promising and best practices, and/or evidence based injury prevention interventions (Preventing Injury)

- Support and advocate for strategies to reduce intentional and unintentional injuries (Preventing Injuries)

- Engage community stakeholders in the process of reviewing health data and recommending action such as further investigation, new program efforts, or policy direction (Protect Against Environmental Hazards)

- Provide clear, culturally appropriate, timely and effective education, information and consultation about prevention, management and control of communicable diseases to the public and health care community (Prevent Epidemics and the Spread of Disease)

- Maintain communication infrastructure (Prepare for, Respond to, and Recover from Public Health Emergencies)

- Maintain an information technology infrastructure (Public Health Infrastructure)

- Secure funding for local public health through federal, state, local and other sources (Public Health Infrastructure)

- Assure an adequate public health workforce (Public Health Infrastructure)

- Assure a competent public health workforce (Public Health Infrastructure)

- Identify health priorities and develop policy, as it relates to policy and environmental change, using results of the community health needs assessment and report from the designated local public health agency (Public Health Infrastructure)
Black Hawk County Health Department

The BH County Health Department has identified six key focuses that include overlapping priorities identified in the hospitals’ CHNA:

- **Promote Healthy Living**
  - Compliance to asthma action plan for children ages 5-14
  - Limited health literacy specific to preventive measures and early warning signs of cardiovascular disease and stroke in disproportionate low-income populations
  - Prevalence of mental health conditions within the community sectors of K-12 education, correctional and health care systems

- **Prevent injuries & violence**
  - Promote evidence-based injury prevention interventions targeting older adults ages 65 and older

- **Protect against environmental hazards**
  - Provider education on public health laws to promote food safety
  - Ensure uniformity in the application of local environmental health laws and regulations

- **Prevent epidemics & the spread of disease**
  - Control the spread of communicable disease (Chlamydia) to protect adolescents, ages 12-19
  - Control the spread of communicable disease (Gonorrhea) by increasing the partner index value

- **Prepare for, respond to, and recover from public health emergencies**
  - Enhance capacity for public health non-pharmaceutical strategies for disease and exposure control

- **Strengthen the health infrastructure**
  - Reduce food insecurity and increase access to nutritious foods (fruit & vegetables)
  - Promote policy and environmental change strategies in support of pedestrian master plan and complete streets (Appendix F)
Many of the needs identified by these health assessments overlap with several priorities identified by Healthy People 2020 (See Table 6 below).

**Table 6: Reoccurring Health Priorities**

Ten Most Frequently Cited Healthy People 2020 Categories

<table>
<thead>
<tr>
<th>Community Health Need</th>
<th># Counties Citing it as a Need</th>
<th>IDPH Focus Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔Access to Health Services</td>
<td>92</td>
<td>Health Infrastructure</td>
</tr>
<tr>
<td>✔Maternal, Infant and Child Health</td>
<td>87</td>
<td>Healthy Behaviors</td>
</tr>
<tr>
<td>✔Environmental Health</td>
<td>83</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>✔Injury and Violence Prevention</td>
<td>79</td>
<td>Prevent Injuries</td>
</tr>
<tr>
<td>✔Nutrition and Weight Status</td>
<td>77</td>
<td>Healthy Behaviors</td>
</tr>
<tr>
<td>✔Immunizations-Infectious Disease</td>
<td>72</td>
<td>Prevent Epidemics</td>
</tr>
<tr>
<td>✔Preparedness</td>
<td>66</td>
<td>Emergency Response</td>
</tr>
<tr>
<td>✔Mental Health and Mental Disorders</td>
<td>61</td>
<td>Healthy Behaviors</td>
</tr>
<tr>
<td>✔Substance Abuse</td>
<td>58</td>
<td>Healthy Behaviors</td>
</tr>
<tr>
<td>✔Chronic Disease</td>
<td>48</td>
<td>Healthy Behaviors</td>
</tr>
</tbody>
</table>

Source: Understanding the Community Health Needs in Iowa, IDPH, May 2011

A need identified by 92 of the 99 counties, and also a category in *Healthy People 2020*, was Access to Health Services. Nearly 50% of those counties also identify this as an unmet need. Unfortunately, some of the same issues that have been raised in BH County have been raised throughout the state and the nation. The BH County Health Department listed some of the items below on their CHNA/HIP as areas to address as well.
Detailed Findings & Implementation Plan
Key Finding #1 - Access and Education

Access
Through the community health needs assessment interviews, it was evident that nearly all organizations recognize access and education issues among their students, parishioners, clients and elderly residents.

According to the National Rural Health Association, rural Americans face a myriad of access issues when it comes to their healthcare. Geographic isolation, socio-economic status, health risk behaviors and limited job opportunities contribute to health disparities in rural communities. While over 20% of the United States population lives in rural areas, higher rates of chronic illness and poor overall health are found in those communities when compared to urban populations. Nearly 15% of Iowa is considered rural, and in 2015, 36% of Iowa residents lived in rural areas (RWJ Foundation, 2015). Rural residents tend to be older, poorer, and have fewer physicians in their communities to provide the necessary health care services needed. This inequality is intensified as rural residents are less likely to have employer-provided health care insurance coverage; hence the need for Charity Care as identified on page 4. These factors inhibit access to health care.

Specific to education and truly understanding how to access services, there were two main themes: navigating the healthcare system and health literacy, especially among people 65+, and at time of discharge from a hospital or leaving a physician’s office. Local agencies identified a real need to enhance communication and education to this group.

Health Literacy
Access issues can also be attributed to lack of education or understanding of healthcare systems, and the language used to communicate diagnosis, treatment, medications and overall care. Many patients and families faced with healthcare issues struggle with comprehension of the communication given by the system in terms of the availability of care, treatments, medications and resources.

Strategies

1:1 Provide community education to consumers 40+ related to health care access, enhanced decision-making skills and health behaviors

1:2 Support efforts to develop community transportation initiatives to improve health care access

1:3 Support initiatives by other non-profit organizations to educate/assist elderly and underinsured/underserved populations

1:4 Improve health care communication/understanding among health care providers, patients, and caregivers

1:5 Maintain growth of Patient-Centered Medical Home care model to improve health outcomes
Health Literacy by Nielson-Bohlman et al. (2004) defines health literacy as “the degree to which individuals have the capacity to obtain process and understand basic health information and services needed to make appropriate decisions. According to the Literacy Project Foundation, (2016), 45 million people are functionally illiterate and read below a 5th grade level, 50% of adults cannot read at the eighth grade level. Although Iowa is one state with increasing high school graduations rates, it is also a state with a high influx of refugees and other new comers. With the addition of more diverse cultures, the states’ overall literacy rates will continue to be a focus for many agencies.

The Office of Disease Prevention and Health Promotion, (2016), identify seven key steps in improving the nation’s health literacy, many of which we can use to improve health literacy in our service area:

1. Develop and disseminate health and safety information that is accurate, accessible, and actionable
2. Promote changes in the health care system that improve health information, communication, informed decision-making, and access to health services
3. Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level
4. Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community
5. Build partnerships, develop guidance, and change policies
6. Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy
7. Increase the dissemination and use of evidence-based health literacy practices and interventions

Consequences & Risks
Disparities in access/education to health information, services and technology according to HP2020 can result in:

- Limited participation in preventive health/decrease in rate of preventive services
- Lack of knowledge of chronic disease management
- Increased preventable hospitalization
- Unmet health needs
- Increased health costs
- Delays in appropriate/timely health care
Gaps

- Lack of focused effort on helpful education to enhance health literacy or planning for general population, but even more so for the underserved/uninsured.
- Lack of strong transportation options through the city and especially in rural communities.

Table 7 outlines potential access issues and priorities among various Iowa counties since 2011.

Table 7: Details for Access to Health Services

<table>
<thead>
<tr>
<th>Access to Health Service</th>
<th># Counties Citing it as a Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Transportation</td>
<td>41</td>
</tr>
<tr>
<td>Lack of Mental Health Services/ Providers</td>
<td>35</td>
</tr>
<tr>
<td>Lack of Insurance/ Underinsured</td>
<td>23</td>
</tr>
<tr>
<td>Economic Barriers to Health Access</td>
<td>21</td>
</tr>
<tr>
<td>Lack of Dental Services/ Providers</td>
<td>17</td>
</tr>
<tr>
<td>Lack of General Services/ Providers</td>
<td>13</td>
</tr>
<tr>
<td>Lack of Services/ Infrastructure</td>
<td>11</td>
</tr>
</tbody>
</table>

Source: Understanding the Community Health Needs in Iowa, IDPH, May 2011

Continuously Impacting the Community

To address access to health care and health literacy, CMC will continue to engage with area organizations such as, but not limited to, EMBARC, Unity Point Health – Allen, and BHCHD, to reach under-served populations through programs and services to increase health literacy and access to health care.
Key Finding #2 - Health Behaviors and Community Wellness

Lack of healthy behaviors throughout Iowa and BH County is a concern identified during the data collection process. Reduced physical activity and poor eating habits can contribute to a multitude of health issues including, but not limited to, obesity, diabetes, heart disease, etc., including an increased prevalence of substance abuse including alcohol, tobacco, and illegal drugs, as well as mental health issues.

**Obesity**

According to The State of Obesity in Iowa (2016), Iowa has the 16th highest adult obesity rate in the nation. More than 30% of Iowa adults are obese, double since 1990. This problem extends to Iowa’s youth population as well, with 14.4% of Iowa youth obese, ages 2-4; and 13.6% ages 10-17. Although BH County rates align with national and state averages, it is concerning that 29% of adults in the County are obese, as well as 39% of Waterloo public school students, (Bradley M. McCalla, 2016).

Contributing to these numbers are lifestyle behaviors with one in five adults reporting no leisure activities, and only one in five eating the recommended five or more fruits and vegetables a day (BH County Health Department, CHNA and HIP, 2010-2011). These statistics clearly highlight the need for lifestyle changes to improve the health of our families and children. A renewed focus on policies and programs/education are underway in the state through: The Healthiest State Initiative, Northeast Iowa Food & Fitness Initiative, Live Healthy Iowa, the Healthy Kids Act (to improve nutrition and activity in the schools), the Iowans Fit for Life initiatives, as well as receiving the Blue Zone designation in the Waterloo/Cedar Falls metro. Throughout the CHNA process, residents felt such programs would likely have a positive impact on future health outcomes.

According to the RWJ County Health Rankings, 11% of the population in BH County, or 6% in the state, are living in poverty and have limited access to healthy foods (fruits and vegetables). Living
close to a grocery store is defined differently in metro and non-metro counties. In metro counties, it means living less than one mile from a grocery store, and in non-metro counties, less than 10 miles, (RWJ Foundation, 2016). This measure comes from the United States Department of Agriculture (USDA) Food Environment Atlas, a resource which assembles statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality. Nearly 15% of individuals in BH County are food insecure, lacking consistent access to a nutritious, well-balanced diet (Feeding America, 2016).

Conversely, 41% of all restaurants in BH County are fast food restaurants (RWJ Foundation, 2013), further contributing to the obesity problem facing Iowans. Studies show an increase in obesity and diabetes prevalence correlates directly with increased access to fast food outlets in a community. Obesity also affects the state’s economy. According to the CDC’s Iowa State Nutrition, Physical Activity, and Obesity Profile, (2012) among adults, the medical costs associated with obesity are estimated at 147 billion dollars. A RWJ Foundation article suggested that reducing the body mass index (BMI) in the state by five percent could bend the obesity cost curve in Iowa by more than two billion in 10 years and five billion in 20 years.

**Physical Activity**

Per the RWJ County Health Rankings, BH County has nine per 100,000 recreational facilities. This measure represents the number of recreational facilities per 100,000 populations in a given county. Recreational facilities are defined as establishments primarily engaged in operating fitness and recreational sports activities, featuring exercise and other physical fitness conditioning or recreational sports activities such as swimming, skating or racquet sports.

The availability of recreational facilities can influence individuals’ and communities’ choices to engage in physical activity. Proximity to places with recreational opportunities is associated with higher physical activity levels, which in turn is associated with lower rates of adverse health outcomes associated with poor diet, lack of physical activity and obesity.

Using the Behavioral Risk Factor Surveillance System (BRFSS) data (2009), a survey question was asked of 5,692 adult Iowans regarding their physical activity – how much physical activity (20+ minutes of vigorous physical activity) do you get three or more days per week? Seventy-eight percent answered negatively, noting they do not get physical activity three or more days per week. The BRFSS data show that in 2014, 36% of non-pregnant adult Iowans were overweight and 30.9% were obese, based on BMI. From this same report, 76.8% of the adult population reported they had engaged in physical activity other than their regular job duties in the past month, while 22.6% reported they did not engage in physical activity (America’s Health Rankings, 2016). From this information alone, we can suggest that physical inactivity, along with poor nutrition, plays a large role in the obesity prevalence in Iowa.
The lack of physical activity, coupled with the obesity rate in BH County and the state, is cause for alarm. These two health behaviors go hand in hand, as the lack of physical activity can ultimately lead to obesity.

**Substance Abuse**

Under the RWJ County Health Rankings, 20% of the population in BH County, as compared to the national benchmark of 8%, reported they either binge drink, defined as consuming more than four (women) or five (men) alcoholic beverages on a single occasion in the past 30 days, or drink heavily, defined as drinking more than one (women) or two (men) drinks per day on average. According to a study by the CDC, researchers found the costs of excessive alcohol use in the United States reached $249 billion in 2010; largely resulted from losses in workplace productivity (72% of the total cost), health care expenses for problems caused by excessive drinking (11% of the total cost), law enforcement and other criminal justice expenses related to excessive alcohol consumption (10% of the total cost), and motor vehicle crash costs from impaired driving (5% of the total cost). The study did not consider a number of other costs such as those due to pain and suffering by the excessive drinker or others who were affected by the drinking, and thus may be underestimated. Researchers reported that excessive drinking costs $807 per person in the United States (CDC, 2016).

Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence and motor vehicle crashes. During local interviews, substance abuse was noted as a key issue impacting families both mentally and financially, while leading to abuse, divorce, etc. Businesses noted the loss of productivity often impacted their labor force.

According to the Iowa Drug Use Profile, (2011), screening and admittance for substance abuse treatment has generally increased since 1992. While most clients enter treatment for alcohol abuse (more than 50%), followed by marijuana abuse (more than 20%), others enter treatment for methamphetamine, cocaine/crack, or other drug use. IDPH reported 47,974 clients were screened and admitted in FY11, more than double the number 19 years ago, and the highest number of clients ever admitted. The percent of clients primarily abusing alcohol reached an all-time low of 55.2% in 2011, while the percent of marijuana clients reached an all-time high of 25.7%. Meth admissions are back on the rise, up to 9.6%. Crack/cocaine admissions reached an all-time low of 1.9%, while heroin admissions reached an all-time high of .9%. The “other or unknown” category of admissions includes inhalants, synthetics, prescription drugs, other opiates, and unknown drugs. This category reached an all-time high in 2011 at 6.7% (iowa.gov, 2012).
The newest and fastest growing form of substance abuse by Iowans involves prescription and over-the-counter medicines. Teenagers tend to view these drugs as “safe,” and many parents are not yet aware of their potential for abuse. According to the Partnership at Drugfree.org, 2010 Partnership Attitudes Tracking Survey (PATS), one in four teens (25%) nationally report intentionally abusing prescription drugs to get high at least once in their lives (Drugfree.org, 2011).

According to the 2010 National Survey on Drug Use and Health (NSDUH), there were 2.4 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 6,000 initiates per day. In 2010, initiation of prescription drugs exceeded that of marijuana (iowa.gov, 2012).

According to the CDC, tobacco use remains the single largest preventable cause of disease, disability and death in the U.S. In 2014, 16.8% of U.S. adults (40 million people) were current cigarette smokers; each day, thousands of people begin the addictive behavior of smoking. Worldwide, tobacco use causes nearly 6 million deaths per year, and current trends show that tobacco use will cause more than 8 million deaths annually by 2030 (CDC, 2015).

In nearly 7 in 10 (68%) of adult cigarette smokers wanted to stop smoking, while more than 4 in 10 (42%) of adult cigarette smokers made an attempt in the past 12 months (CDC, 2015). However 16.8% (40 million people) of adults 18 and older were current smokers in 2014 at the time of the survey. The CDC states that smoking prevalence was highest in the Midwest at 20.7% (a slight decrease since 2010 - 21.8%), attributing to more chronic disease such as heart disease, lung cancer and emphysema, as well as low birth weight.

Stated by the CDC, (2015), the total economic cost of smoking is more than $300 billion a year; $170 billion in direct medical care for adults and more than $156 billion in lost productivity due to premature death and exposure to secondhand smoke.

Of hindrance to the work around community health is the mass amount of money spent on promotion and advertising of cigarettes alone. In 2010, more than $25 million/day ($1 million every hour or total of $9.17 billion) was spent. This did not even include other systems of tobacco delivery (E-Cig, vapor, etc.). Unfortunately, only a small amount of funds reserved from tobacco taxes and the tobacco industry legal settlements are used on prevention of tobacco related deaths, (CDC, 2015). It is estimated that in FY16, states will collect $25.8 billion from tobacco taxes and legal settlements but will only spend $46 million (less than 2%) on prevention and cessation. Although this impedes state and local efforts, we will continue to work with partners on reducing tobacco use through education and advocacy.
Consequences & Risks

- Chemical affects – change brain/gene components
- Alters behavior
- Inability to make voluntary decisions, addiction
- Cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis, mental health, prenatal affects, and lung disease
- Negative impact on life – social, financial, emotional, educational aspect

Continuously Impacting the Community

CMC has partnered with UNI and local farmers markets to create a Free Fruit and Vegetable Program to enable families to increase consumption for improved health, and reduce risk of disease. Continued partnerships with community organizations to promote healthy behaviors, and educate on preventive care are a goal of CMC.
Key Finding #3 - Mental Health

Mental health and mental illness are commonly interchanged, and is becoming a growing health disparity throughout the country. Because of its explosive growth, experts believe a point of differentiation is necessary, as they represent two different psychological states. The Centers for Disease Control and Prevention (CDC) defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”, (CDC, 2013). It is estimated that only about 17% of U.S. adults are considered to be in a state of optimal mental health, (CDC, 2013). There is emerging evidence that positive mental health is associated with improved health outcomes.

The CDC defines mental illness as “collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.” Depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population. It is estimated by 2020, depression will be the second leading cause of disability throughout the world, (CDC, 2013). Evidence has shown that mental disorders, especially depressive disorders, are strongly related to the occurrence, successful treatment, and risky behaviors that lead to chronic disease.

Mental illness was the number one health need assessed during local interviews, impacting every age group, from the youth to the elderly. Social and economic pressures have greatly impacted the number of residents seeking mental health services throughout the state. Access to services was identified by 92 of the 99 counties in Iowa with more than 41% of the counties noting lack of transportation as a need (RWJ Foundation, 2015). Another issue is the lack of mental health providers, beds and services, cited by 35 counties.

Strategies

3:1 Participate in community-wide initiative to create awareness of signs/symptoms, and reduce stigma of mental health

3:2 Participate in legislative efforts to maintain programs for crisis intervention

3:3 Work collaboratively with community efforts to enhance recruitment of mental health professionals
According to an article published in The Gazette, (2014), there is a nationwide shortage of child psychiatrists, and the demand for services is expected to double by 2020, yet we are facing health care provider shortages. According to the Office of Research & Public Affairs, (2010), Iowa is among the states with the fewest beds at 4.9 per 100,000. This is exacerbated by the reduction in mental health facilities within the state of Iowa, greatly impacting bed availability for those in need of services. Lower reimbursement rates cripple hospitals throughout the state expected to fill the gap of services for patients presenting at local emergency departments. This shortage has made Iowa’s emergency departments a ‘revolving door’ to highly-acute patients in desperate need of advanced mental health services.

<table>
<thead>
<tr>
<th>Mental Health</th>
<th># Counties Citing it as a Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Mental Health</td>
<td>35</td>
</tr>
<tr>
<td>General Mental Health</td>
<td>25</td>
</tr>
<tr>
<td>Suicide Prevention</td>
<td>22</td>
</tr>
<tr>
<td>Youth Mental Health</td>
<td>9</td>
</tr>
</tbody>
</table>

Table 8: Mental Health in Iowa
Understanding the Community Health Needs in Iowa, IDPH, May 2011

Consequences & Risks
- Susceptible to poverty and disease
- Stigma and exclusion
- Unnecessary disability (psychiatric)
- Unemployment
- Decrease social, and economic means
- Stages of coping – denial/isolation, bargaining, depression, acceptance

Continuously Impacting the Community
Ongoing efforts are being made to educate and treat community members and patients. Youth Mental Health First Aid (YMHFA) and Adult Mental First Aid (AMHFA) are being offered to various individuals and organizations in the community. These mental first aid education programs are tools used as a bridge to services until a person experiencing a mental illness can seek appropriate professional help in addressing the mental health issues they may be experiencing. The concept of these programs correlates with physical CPR/First Aid, and can help health care professionals, teachers, and others in the community assess and guide people in need. CMC is also collaborating with Cedar Valley United Way and the Waterloo Commission on Human Rights, serving on committees working to address mental health issues throughout the community. Over the past few years, CMC has made significant investments to improve the behavioral health unit (5 East) and relocate the substance abuse program (Horizons – 5 General) to enhance services and efficiencies, especially for those with dual diagnosis.
Key Finding #4 - Cardiovascular Disease

Annually in the United States, an estimated 610,000 people die of heart diseases, (CDC, 2015). According to the Iowa Chronic Disease Report Supplement, 2011, the IDPH reported nearly 7,000 Iowans died of heart disease in 2009. Coronary Heart Disease (CHD) has been the leading cause of death in Iowa since 1920 and is responsible for one of every five deaths in Iowa. The Kaiser Family Foundation found that the rate of death due to heart disease in the US is 167.0 per 100,000 while the rate of death due to heart disease in Iowa is 157.3 per 100,000. More specifically, in BH County, people die at a rate of 319.1 per 100,000, slightly lower than the state and nation at 327.1 and 332.7 per 100,000, respectively. When taking into consideration race, African Americans die at a higher rate than others; rate of 481.5 per 100,000; (whites at 313.1 per 100,000), (CDC, 2013). Other disadvantaged populations such as low income, also face health disparities in cardiovascular disease burden.

These are astounding statistics relevant to Iowa and BH County when the poor health behaviors of residents in both the state and the county far surpass the national benchmark outlined in the RWJ County Health Rankings. Smoking, obesity, physical inactivity and drinking are prevalent among adults ages 18 and older, putting residents at high risk for cardiovascular disease.

The IDPH reported the trends in chronic heart disease are still of concern despite the overall decrease in CHD deaths in Iowa. The death rates for males aged 35-44, and both males and females aged 45-54, show an average 2% and 1% increase, respectively, over the past ten years. In 2009, the Iowa CHD death rate was higher than the new national Healthy People 2020 objective by 31 deaths per 100,000 (131.6/100,000 vs. 100.8/100,000). If Iowa could reduce CHD by three deaths per 100,000 people in each of the next ten years, the goal will be met.

Strategies

4:1 Improve education of signs/symptoms of cardiovascular disease including Early Heart Attack Care (EHAC) and Acute Coronary Syndrome (ACS) among residents in the service area, specifically low-income populations.

4:2 Provide diabetes education among residents in the service area, specifically low-income populations.
It can be reasonably assessed that lower education and income levels could lead to unhealthy food choices with little to no physical activity (page 15). With 43% of the restaurants in BH County being fast food restaurants, it is a lot easier for those with lower income to access unhealthy food quicker and cheaper, which can ultimately contribute to heart disease. This proves that much of our efforts should focus on the awareness of heart disease for this demographic as it’s the number one cause of death in BH County with a rate of 29%.

**Consequences & Risks**
- Loss of life
- High cost of medication
- Depression and other health issues as a result of disease/treatment
- Other chronic illnesses
- Limited mobility
- Lifestyle changes
- Increased chances of comorbidities

**Continuously Impacting the Community**
CMC received Chest Pain Accreditation from the Society of Chest Pain Centers in March 2015 affirming that the organization has the skills, team and technology to support better outcomes for heart attack patients. As a recent grant recipient of the Mission Life Grant from the American Heart Association, CMC will work to ensure all EMS services in the area can transmit EKGS from the field, and participate in an Action Registry to share data for high effectiveness. CMC will also continue to invest in life saving measures, as well as collaborate with various area organizations to educate and promote heart care.
Key Finding #5 - Cancer

Cancer has a tremendous impact in the state of Iowa. It is the second leading cause of death in BH County and in the state. The state cancer death rate is 22.6% and 17.7% in BH County. In 2010, an estimated 6,400 Iowans died from cancer, 14 times the number caused by auto fatalities (The University of Iowa, 2010). These projections are based upon mortality data the State Health Registry of Iowa receives from the IDPH. BH County leads the state in the number of new cancers and cancer deaths as compared to any other county. Statistics can be viewed in Table 8 on the following page outlining new cancers in Iowa females and males; and the rate of all cancer-related deaths in Iowa females and males. The new cancers for both groups are consistent with national numbers.

Per the American Cancer Society, AAs are most adversely affected by cancer than any other racial group. Although declining, the mortality rate of AAs is higher than any other racial group. The CDC estimated that in 2011, AA women would make up 34% of the new cases of breast cancer patients. It also projected that AA women would make up 22% of the estimated lung cancer deaths. The CDC estimated that AA men would make up 40% of the new prostate cancer diagnosis; and would be 29% of the lung cancer deaths. For AAs, the death rates for lung cancer, the leading cause of cancer, are the highest in the Southern states and the Midwest (including Iowa).

While risk factors like family history or age cannot be avoided, the National Cancer Institute estimates that 50% to 75% of cancer deaths are caused by human behaviors (obesity, smoking, etc.), with 90% of all lung cancer cases being directly correlated with smoking alone, (CDC, 2015).

During interviews with community members, cancer was prevalent in multiple conversations. Many felt the cancer incident rates were important enough to address as part of our efforts. CMC has actively collaborated with area entities to support cancer outreach efforts such as Ignite the Cancer Conversation, and various cancer walks and support groups. The Iowa Cancer Consortium, (2015), states doctors
often cannot explain why one person develops cancer and another does not. The table below depict Iowa’s cancer cases and deaths, as well as the top five diagnosed cancers at Wheaton Iowa as of 2013.

Table 9: 2012 Cancer Cases & Cancer Deaths

<table>
<thead>
<tr>
<th>2012 New Cancers in Females</th>
<th>2012 Cancer Deaths in Females</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
<td><strong># of Cancers</strong></td>
</tr>
<tr>
<td>Breast</td>
<td>2250</td>
</tr>
<tr>
<td>Lung</td>
<td>1060</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>850</td>
</tr>
<tr>
<td>Uterus</td>
<td>600</td>
</tr>
<tr>
<td>Non- Hodgkin Lymphoma</td>
<td>370</td>
</tr>
<tr>
<td>Thyroid</td>
<td>350</td>
</tr>
<tr>
<td>Skin Melanoma</td>
<td>340</td>
</tr>
<tr>
<td>Leukemia</td>
<td>250</td>
</tr>
<tr>
<td>Ovary</td>
<td>240</td>
</tr>
<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>230</td>
</tr>
<tr>
<td>All Others</td>
<td>1960</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2012 New Cancers in Males</th>
<th>2012 Cancer Deaths in Males</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
<td><strong># of Cancers</strong></td>
</tr>
<tr>
<td>Prostate</td>
<td>2250</td>
</tr>
<tr>
<td>Lung</td>
<td>1300</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>850</td>
</tr>
<tr>
<td>Bladder (invasive and noninvasive)</td>
<td>640</td>
</tr>
<tr>
<td>Non- Hodgkin Lymphoma</td>
<td>420</td>
</tr>
<tr>
<td>Skin Melanoma</td>
<td>420</td>
</tr>
<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>350</td>
</tr>
<tr>
<td>Leukemia</td>
<td>270</td>
</tr>
<tr>
<td>Oral Cavity</td>
<td>250</td>
</tr>
<tr>
<td>Pancreas</td>
<td>240</td>
</tr>
<tr>
<td>All Others</td>
<td>1970</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9000</td>
</tr>
</tbody>
</table>

Source: State Health Registry in Iowa, “Cancer in Iowa 2012”

Health disparities exist in cancer services among every population in Iowa, including those based on geography, age, socioeconomic status, race, ethnicity, and culture. The top five cancers diagnosed within the Wheaton Iowa system were breast, lung, prostate, bladder and melanoma, which strongly correlate to the chart above.

The Iowa Cancer Plan sets forth four goals:

- Whenever possible, prevent cancer from occurring.
- If cancer does occur, find it in its earliest stages.
- Improve the accessibility, availability, and quality of cancer treatment services and programs.
- Ensure optimal quality of life for people impacted by cancer.
CMC and SMH, as part of the Wheaton Iowa system, will focus on providing education to various populations throughout the service area, as well as support advocacy efforts to change policy. Because there are a substantial number of cancers that could be prevented through action, our efforts will be focused in many of the areas listed below.

Cancers that could be prevented (caused by external factors and viruses):
- Tobacco use
- Heavy alcohol consumption
- Overweight/obesity
- Physical inactivity
- Poor nutrition
- HPV (human papillomavirus)
- HBV (hepatitis B virus)
- HIV (human immunodeficiency virus)
- Helicobacter pylori
- Excessive sun exposure
- Indoor tanning

During the 2014 and 2015 years the Wheaton Iowa Cancer Program has been focusing on Skin Cancer Prevention and Skin Safety. Derma Flash, a visual assessment tool, has been valuable in showing participants sun damage that has occurred and allows for education on proper skin care. Wheaton Iowa’s partnership with American Cancer Society lead to the distribution of education to more than 1,000 people at several events, including 2,000 packets of sunscreen and 800 lip balm with SPF protection. Expansion of skin cancer prevention and sun safety education to area youth will be ongoing from grade school through college. Current trends report that 32.1% of adults use sunscreen, while only 10.1% of high school students reported using sunscreen routinely. Rates on indoor tanning show high school tanning use among white females is 30.7% and 6.1% of white males. (CCTC: Annual Report, 2015).

According to the American Cancer Society, in 2016, there will be an estimated 1,685,210 new cancer cases diagnosed and 595,690 cancer deaths in the U.S. It is evident we need to continue to educate community members on the benefit of following a healthy lifestyle, comply with recommended screening guidelines, and seek regular medical attention.

**Consequences & Risks**
- Financial impact through loss of job, cost of care, etc.
- Emotional hardship
- Depression and other health issues as a result of disease/treatment – loss of life

**Continuously Impacting the Community**
CMC will continue to build partnerships with area agencies to reduce tobacco use, and promote tobacco cessation and prevention programs. Our collaboration with the Tobacco Free and Clean Air Coalition has made some progress, with a renewed focus on policy-related tactics including smoke free multi-unit housing and smoke free parks.
Key Finding #6 - Maternal, Infant and Child Health

According to the Kaiser Foundation, (2015), low birth weight is defined as a birth weight of less than 2,500 grams (5lb. 8oz.) regardless of gestational age, and is considered at risk for developing properly due to a lack of oxygen during labor.

The percentages of low birth rates in Iowa range from 4.1% to 8.8%; Iowa’s average is 6.8% while BH County has 7.9% of births low birthweight babies; the national benchmark is 6.0%, (RWJ Foundation, 2015). This indicates a need to focus on some of the contributing factors identified - maternal exposure to health risks and an infant’s current and future mortality.

Another issue cited in the Maternal and Child Health Services, Title V Block Grant, State Narrative for Iowa - Application for 2016/Annual Report for 2014, was access to prenatal care and labor and delivery services/providers in rural communities. Needs relating to a lack of providers/services included roughly equal numbers of counties where no labor and delivery services are available and those facing a lack of services and providers because of cuts in funding for maternal and child health. Rural residents are forced to urban hospitals for these services amplifying the access/transportation issue.

<table>
<thead>
<tr>
<th>Table 10: Maternal, Infant, &amp; Child Health as need</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Detail for Maternal, Infant and Child Health</strong></td>
</tr>
<tr>
<td>Maternal, Infant and Child Health</td>
</tr>
<tr>
<td>Family Planning</td>
</tr>
<tr>
<td>Prenatal Care</td>
</tr>
<tr>
<td>Lack of Providers/ Services</td>
</tr>
<tr>
<td>Breastfeeding</td>
</tr>
<tr>
<td>Parental Education-Child Wellness</td>
</tr>
<tr>
<td># of Counties Citing it as a Need</td>
</tr>
<tr>
<td>29</td>
</tr>
<tr>
<td>14</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>6</td>
</tr>
</tbody>
</table>

Understanding the Community Health Needs in Iowa, IDPH, May 2011
Consequences & Risks

- Medicaid programs pay for only a portion of preterm birth expenses
- Overwhelming costs associated with – delivery, complications, medications, and treatments
- Unhealthy behaviors and conditions of the mother may lead to other illnesses
- Lack of prenatal care, proper nutrition

Continuously Impacting the Community

CMC will continue to support programs such as Centering Pregnancy (currently being implemented at CMWHC, to create a positive learning environment for expectant mothers.

Exclusions

While every area in which we had findings is of concern, the call to show focused, measureable results as a long term outcome of this plan, along with our organizational value of stewardship, means not every identified disparity/need will be part of this plan. However, we seek opportunities to collaborate and sponsor related work:

- Violence - outside the scope of our provider mission. However we are serving on community committees to support ongoing efforts (Cedar Valley United Way, Waterloo Commission on Human Rights, etc.). Some of this collaborative work falls within the mental health work.
- Geriatric Related Illnesses (Dementia, Alzheimer’s, etc.) – Ongoing sponsorship support of others focused in these areas, advanced directives, etc.
- Family Planning – CMC follows the Social Responsibilities of Catholic Healthcare Services
- Sexually Transmitted Infections
- Dental Care - outside the scope of our provider mission, however support the Iowa Mission of Mercy Dental Clinic (rotates through Waterloo every three years).
- Environmental Health (Lead Poisoning, Radon, etc.) - outside the scope of our provider mission; with consideration to support efforts related to cancer

Exclusions indicate the areas in which CMC is not best suited to lead efforts; rather we will work to align sponsorship and volunteer efforts in support of initiatives that impact health disparities identified throughout the community health needs assessment.
Conclusion

The CHNA survey results confirmed the expected concerns for the collaborators. This information was also correlated with the data obtained from the various sources throughout this document. Key areas of improvement were identified using community input, and strategies were formed to address the issues. Stakeholders from BC County, including but not limited to Unity Point Health – Allen, BC County Health Department, Waterloo Community Schools, Waterloo Commission on Human Rights, Cedar Valley United Way, Blue Zones, and many others will work collaboratively to impact the health of the counties we serve. We anticipate improved RWJ County Rankings at the end of the assessment period due to enhanced partnerships and unified resources. Covenant will continue to support these efforts with financial and human resources, and will encourage ongoing community feedback throughout the year via the website. This section can be found here: http://www.wheatoniowa.org/about-us/community-outreach-benefit/community-health-needs-assessment.aspx.

This plan has been adopted into practice to help guide our efforts in community involvement. Our implementation process will help drive our community benefits under the six key findings in both the quantitative and qualitative data in the CHNA process. We feel this will make our communities stronger and better.
References


Black Hawk County Health Department. 2016. Community health needs assessment snapshot. Waterloo, IA.


Appendix A

Survey Results

Community Health Needs Assessment

Q1 How would you rate the overall health of your community?

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Percentage</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Healthy</td>
<td>1.4%</td>
<td>0</td>
</tr>
<tr>
<td>Healthy</td>
<td>37.4%</td>
<td>117</td>
</tr>
<tr>
<td>Somewhat Healthy</td>
<td>46.8%</td>
<td>339</td>
</tr>
<tr>
<td>Unhealthy</td>
<td>14.8%</td>
<td>10</td>
</tr>
<tr>
<td>Very unhealthy</td>
<td>0.4%</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>465</td>
</tr>
</tbody>
</table>
## Appendix B

### Black Hawk County Plan CHNA & Plan Progress

**FY2015 CHNA&HIP Progress Report**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategies</th>
<th>Progress on Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Provide education, information and resources to protect and promote the public’s health (Healthy Behaviors).</strong></td>
<td>Complete a crosswalk of this goal to the Iowa/Healthy People 2020 document.</td>
<td>Ongoing through family practice and maternal and child health care providers. Live births weighing less than 5 lb at birth (low birth weight) declined from an average of 3% - 5% over the previous four years (2006 - 2010) to an average of 4.1% during the last reportable period (2012-2013).</td>
</tr>
<tr>
<td><strong>Pediatrics (Ages 1 - 12):</strong> Complete health risk assessments and facilitate integrated wellness curricula. Focus areas include healthy behaviors, addition-free lifestyle, nutrition, oral health, anti-bullying, mental health, and fetal alcohol spectrum disorder (FASD).</td>
<td>The Full Time Family Clinic continues to be promoted with local providers and NIC clinics. An average of 89% (2012-2013) of Medicated enrolled children were linked to “Healthy and Whole” services compared to 54% in the previous year of data (2011). Only two percent (2%) of children navigated to services were under the age of six years. Children receiving at least one well child checkup annually was 93% (compared to 88% state-wide and national 88%). Vital child encounters include physical exams, immunizations, dental check-ups and other age-appropriate services. Two years of data with scheduled immunizations continues to improve from 72% (2011) to 79% (2013).</td>
<td></td>
</tr>
<tr>
<td>Adolescents (Ages 13 - 17): Complete health risk assessments and facilitate evidence-based health promotion. Focus areas include behavioral health, substance use/abuse, FASD, obesity, diabetes, and reproductive life planning, including S tate informing, health, living &amp; Improving (SHLI) intervention. Refer also to strategies outlined in the national Healthy Youth/Youth Risk Behavior Survey (CDC, Division of Adolescent School Health, 2009).</td>
<td>Together For Youth [Only Farm] is a strong partner through Success at School based clinics and other venues to provide sexual health prevention education and outreach with serving for Goshen and Clearwater. Teen births at an all time low and have decreased over 50% since 1999 (total teen births in 2013 were 119); however a disproportionate number of births are seen in the American African population (29% total population 16%) and compared to the Caucasian population (18% total population 18%). Children receiving at least one well child checkup annually was 93% (compared to 88% state-wide and national 88%). Vital child encounters include physical exams, immunizations, dental check-ups and other age-appropriate services. Two years of data with scheduled immunizations has been sustained at 79%.</td>
<td></td>
</tr>
</tbody>
</table>

[http://idph.iowa.gov/Portals/1/userfiles/91/CHNA%26HIP/CHNA%20Progress%20Reports/Black%20Hawk%20County.pdf](http://idph.iowa.gov/Portals/1/userfiles/91/CHNA%26HIP/CHNA%20Progress%20Reports/Black%20Hawk%20County.pdf)
Appendix C
Black Hawk County, Iowa
Interviewed Area Agencies – 2015

- Allen Child Protection Center
- Allen’s Women’s Health
- Big Brothers Big Sisters of NE Iowa
- Black Hawk County Gaming Association
- Black Hawk County Health Department
- Black Hawk – Grundy Mental Health
- Care Initiatives Hospice
- Cedar Valley Friends of the Family
- Cedar Valley Promise
- Cedar Valley United Way
- Covenant Prenatal & Women’s Health Clinic
- Family & Children’s Council
- Guernsey Charitable Foundation
- Hawkeye Community College
- Healthy Cedar Valley Coalition
- I-HOPE Free Clinic
- KWWL
- Martin Luther King, Jr. Center
- McElroy Trust
- Northeast Iowa Food Bank
- Salvation Army
- Success Street Inc.
- Together 4 Families
- University of Northern Iowa
- Waterloo Community Schools
- Waterloo Human Rights Commission
- YWCA
Appendix D
Agency Interview Key Concerns

Allen Child Protection Center
- Recognition & prevention of child abuse
- Access to mental health services for children
- Prevention of unplanned pregnancy
- Transportation and access to services
- Increase body safe education for students and parents

Allen's Women's Health
- Increase mental health services
- Increase/better transportation for patients to high-risk clinic at UIHC in Iowa City
- Increase opportunity & method for patients to be screened (confidentially) for STIs (sexually transmitted infections)
- Clearer information on insurance coverage and options for Medicaid patients
- More effective ways to communicate tobacco cessation/drug treatment programs and education to teens and pregnant women

Big Brothers Big Sisters of NE Iowa
- Mental health needs
- Public safety - gun violence
- School attendance and low graduation rates
- Drug and alcohol use/abuse

Black Hawk County Gaming Association
- Reduce gun violence
- Increase access to mental health services
- Increase/improve child care services

Black Hawk – Grundy Mental Health
- Increase care coordination, and transportation through Integrated Health home (IHH)
- Increase providers, increase access/delivery of services (increase clarity from Medicaid MCO’s to patients)
- Mobile crisis team, peer support services for patients in crisis, improve addiction services
- Safe housing

Care Initiatives Hospice
- Awareness and education – disease related to old age (dementia, Alzheimer’s), COPD, diabetes, cancer
- Advanced directives – end of life education (will, funeral arrangement information, DNR)

Cedar Valley Friends of the Family
- Access/transportation to appointments
- Access to mental health services
- Women’s health services

Cedar Valley Promise
- Improve vaccination (including flu shot) rates for BH County children
- Provide adequate dental care to BH County children
- Provide better registration and tracking of BH County childcare services
- Address the unhealthy food choices being made in Waterloo
Cedar Valley United Way
- Mental health services
- Increase graduation rates
- Pathway out of chronic poverty
- Better care coordination: clinical providers- schools, clinical providers- judicial system

Covenant Prenatal & Women’s Health Clinic
Family & Children’s Council
- Reduce sexual abuse against children
- Increase awareness of lifelong effects of child abuse
- Respite care for caregivers to dependent children

Guernsey Charitable Foundation
- Improve graduation rates among students in the Waterloo Community School District
- Increase service and access to area free clinics & urgent care
- Promote prevention rather than treatment (proactive)
- Increase collaborations & address hidden healthcare needs – NAMBI, Larabee Clinic, Veterans, Consolidation services

Hawkeye Community College
- Financial health
- Mental health (trauma- physical, mental, sexual)
- Sleeping issues
- Spiritual health
- Access to fresh foods/ healthy eating habits
- Transgendered health

Healthy Cedar Valley Coalition
- Mental health education and training in schools & for (breast) cancer patients
- Transportation issues
- Cancer
- Overall well-being, health/fresh foods
- Sustainable clean air, water, & soil
- Violence

I-HOPE Free Clinic
- Transportations
- Staffing
- Provide insurance navigation
- Provide education to help change health behaviors

KWWL
- Increase vaccination rate in school-age children
- Address gun violence/use among teens and bullying
- Mental health and substance use/abuse treatment – in youth and adults
- Advanced directives – end of life education
- Transportation
- Address high school dropout rate

Martin Luther King, Jr. Center
- Transportation
- Mental health
- Physical health – fitness, healthy behaviors
McElroy Trust
- Improve high-school graduation rates & collaborate to offer healthcare interest programs
- Reduce gun violence among teens and young adults
- Mental health – identify students at risk for ACES: Adverse Childhood Experiences and correlate it with poor adult health
- Identify causal link between parental depression and student absences from school

Northeast Iowa Food Bank
- Food insecurity – fresh & nutritious
- Mental health & substance abuse
- Low/fixed income
- Transportation
- Crisis interventions – people are in survival mode, need life skills, financial/health literacy

Salvation Army
- Emergency shelter & county wide response education
- Address discharge of unstable patients – mental health
- Transportation
- Pharmaceutical education
- Substance abuse services

Success Street Inc.
- Expand school-based health services
- Expand mental health services and access
- Address poverty in Waterloo
- Reduce incidence of preventable disease & STIs in students
- Improve school attendance and graduation rate in Waterloo Community School District

University of Northern Iowa
- Mental health – stress (students & families)
- Sexual assault/health education – education on STIs
- Nutrition and wellness programs
- Substance use and abuse
- Address sleeping/eating disorders

Waterloo Community Schools
- Mental health – alcohol/substance use and abuse, parental consent for treatment
- Transportation
- Continuation of care coordination – clinician > school professional
- Vaccination/ sports physical information
- Access to in school health is limited

Waterloo Human Rights Commission
- Mental health & recidivism (cycle of going to jail due to unaddressed/untreated mental health issues)
- Increase Trauma Informed Care

YWCA
- Weight and nutrition management/information
- Education to children on health/self-esteem – mental health
- Transportation
### Black Hawk (BH)

#### County Demographics +

<table>
<thead>
<tr>
<th></th>
<th>Black Hawk County</th>
<th>Error Margin</th>
<th>Top U.S. Performers</th>
<th>Iowa</th>
<th>Rank (of 99)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>8,126</td>
<td>5,645-6,607</td>
<td>5,200</td>
<td>5,911</td>
<td>68</td>
</tr>
<tr>
<td><strong>Quality of Life</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>12%</td>
<td>10-14%</td>
<td>10%</td>
<td>11%</td>
<td>84</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>2.8</td>
<td>2.5-3.1</td>
<td>2.5</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>3.0</td>
<td>2.5-3.5</td>
<td>2.3</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td>Low birthweight</td>
<td>7.9%</td>
<td>7.4-8.4%</td>
<td>5.9%</td>
<td>6.8%</td>
<td></td>
</tr>
</tbody>
</table>

#### Additional Health Outcomes (not included in overall ranking) +

| **Health Factors**             |                   |              |                     |      |              |
| **Health Behaviors**           |                   |              |                     |      |              |
| Adult smoking                  | 21%               | 1823%        | 14%                 | 18%  | 74           |
| Adult obesity                  | 29%               | 26-32%       | 25%                 | 30%  |              |
| Food environment index         | 7.0               | 8.4          | 7.8                 |      |              |
| Physical inactivity            | 22%               | 20-25%       | 20%                 | 24%  |              |
| Access to exercise opportunities| 66%               | 92%          | 79%                 |      |              |
| Excessive drinking             | 19%               | 17-22%       | 10%                 | 20%  |              |
| Alcohol-impaired driving deaths| 27%               | 14%          | 23%                 |      |              |
| Sexually transmitted infections| 667               | 138          | 370                 |      |              |
| Teen births                    | 27                | 25-29        | 20                  | 30   |              |

#### Additional Health Behaviors (not included in overall ranking) +

| **Clinical Care**             |                   |              |                     |      |              |
| Uninsured                     | 10%               | 9-11%        | 11%                 | 10%  | 14           |
| Primary care physicians       | 1,038:1           | 1,045:1      | 1,375:1             |      |              |
| Dentists                      | 1,541:1           | 1,377:1      | 1,670:1             |      |              |
| Mental health providers       | 920:1             | 396:1        | 904:1               |      |              |
| Preventable hospital stays    | 56                | 51-58        | 41                  | 56   |              |
| Diabetic monitoring           | 87%               | 83-92%       | 90%                 | 89%  |              |
| Mammography screening         | 75.0%             | 69.9-80.0%   | 70.7%               | 66.4%|              |
### Social & Economic Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>10th/100th Percentile</th>
<th>10th/100th Percentile</th>
<th>10th/100th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>84%</td>
<td>93%</td>
<td>89%</td>
</tr>
<tr>
<td>Some college</td>
<td>65.0%</td>
<td>62.1-67.9%</td>
<td>71.0%</td>
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<tr>
<td>Unemployment</td>
<td>4.7%</td>
<td>4.0%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>20%</td>
<td>16-24%</td>
<td>13%</td>
</tr>
<tr>
<td>Income inequality</td>
<td>4.3%</td>
<td>4.1-4.5%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>34%</td>
<td>31-37%</td>
<td>20%</td>
</tr>
<tr>
<td>Social associations</td>
<td>13.2%</td>
<td>22.0%</td>
<td>15.6%</td>
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<tr>
<td>Violent crime</td>
<td>407</td>
<td>50</td>
<td>263</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>48</td>
<td>42-53%</td>
<td>50</td>
</tr>
</tbody>
</table>

### Additional Social & Economic Factors (not included in overall ranking)

<table>
<thead>
<tr>
<th>Physical Environment</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air pollution - particulate matter</td>
<td>11.3%</td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>0%</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>15%</td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>82%</td>
</tr>
<tr>
<td>Long commute - driving alone</td>
<td>9%</td>
</tr>
</tbody>
</table>

2015
^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
Appendix F

Black Hawk County Health Department CHNA Snapshot

BLACK HAWK COUNTY
FEBRUARY 28, 2016
COMMUNITY HEALTH NEEDS ASSESSMENT SNAPSHOT

**Promote Healthy Living**

Priority #1: Compliance to asthma action plan for children ages 5 - 14.

Priority #2: Limited health literacy specific to preventive measures and early warning signs of cardiovascular disease and stroke in disproportionate low-income populations.

Priority #3: Prevalence of mental health conditions within the community sectors of K-12 education, correctional and health care systems.

**Prevent Injuries & Violence**

Priority #1: Promote evidence-based injury prevention interventions targeting older adults ages 65 and older.

**Protect Against Environmental Hazards**

Priority #1: Provide education on public health laws to promote food safety.

Priority #2: Ensure uniformity in the application of local environmental health laws and regulations.

**Prevent Epidemics & the Spread of Disease**

Priority #1: Control the spread of communicable disease (Chlamydia) to protect adolescents ages 12 - 19.

Priority #2: Control the spread of communicable disease (Gonorrhea) by increasing the partner index value.

**Prepare for, Respond to, & Recover from Public Health Emergencies**

Priority #1: Enhance capacity for public health non-pharmaceutical strategies for disease and exposure control.

**Strengthen the Health Infrastructure**

Priority #1: Reduce food insecurity and increase access to nutritious foods (fruits and vegetables).

Priority #2: Promote policy and environmental change strategies in support of a pedestrian master plan and complete streets.