Community Health Needs Assessment & Implementation Plan

July 1, 2016 – June 30, 2019

Collaborating Entities:
Wheaton Franciscan Healthcare – Sartori Memorial Hospital
UnityPoint Health – Allen
Black Hawk County Health Department
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 effective March 21, 2012.

Wheaton Franciscan Healthcare – Iowa (Wheaton Iowa) has worked to develop a stand-alone assessment and implementation plan for each of its three hospitals: Mercy Hospital (Mercy), Oelwein; Sartori Memorial Hospital (SMH), Cedar Falls and Covenant Medical Center (CMC), Waterloo. This plan is specific to SMH, however resources and community needs may overlap, therefore plans were created and implemented based on work for all three site specific documents. It is designed to be a planning tool to assist in developing measurable strategic initiatives that can, over time, be improved and documented through third party data sources.

This plan, its findings and recommendations, are a result of the community health needs assessments (CHNA) collected throughout calendar 2015, and the resulting implementation plan. Consistent with the organizational mission, history and heritage the plan reviews health need findings and proposed implementation plans for an eight-county area focused primarily on Black Hawk County (BH County) where the needs of the community were clear, and the ability of SMH and Wheaton Iowa to make a difference align.

All information was compiled and reviewed, culminating in an Implementation Plan for SMH. The documents were presented to and approved by the Wheaton Board of Trustees in May 2016. Our value of stewardship calls us to focus our efforts and resources on identified health needs in which SMH 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, and cardiovascular disease. This plan will include focus on cancer as well. SMH 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. SMH will broaden partnerships to continue to impact disparities in the key areas identified.

Figure 1: Community Benefit Framework

Source: Catholic Health Association, 2015
**Organizational Overview**

SMH, is a 100-bed, full service hospital providing acute, sub-acute, and outpatient care to the people living in and near Cedar Falls, Iowa. In 1996, SMH became a part of Wheaton Iowa system.

- 100-bed, full-service hospital
- Accredited, regional and comprehensive bariatric program
- 24-hour emergency care and ambulance transportation
- Intensive care
- Surgery and ambulatory care
- Sartori Ambulance Department 911 emergency responder for the City of Cedar Falls

SMH and Wheaton Iowa are part of Wheaton Franciscan Healthcare (WFH), a Catholic, and not-for-profit organization with nearly 100 health and shelter organizations in Wisconsin, Iowa, Colorado and Illinois.

In fiscal year (FY) 15, SMH had 1,462 inpatient discharges, and 41,630 outpatient visits. Combined these services represent a 1.3% decrease over the prior year. Emergency visits for SMH were just over 7,111 visits. There were 496 people served by Charity Care; the cost was $360,772.

According to the Iowa Hospital Association, in FY 16, SMH had an economic impact of over $18M 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 well-being of the people we serve.

**Commitment to our Community**

SMH is dedicated to decreasing health disparities in the service area by creating programs and services to address the needs of the community. By collaborating with area agencies and surveying community members, SMH has been able to gather vital information necessary to impact various health issues, policies, and procedures.
CHNA/IP Progress Report

Access and Education

Community Education
Healthcare 101 is an online educational program created and provided by Wheaton Iowa, and feature topics such as but not limited to: solutions for joint pain (hip & knee), Early Heart Attack Care (EHAC), consequences/risks of not vaccinating, benefits of fitness, and dietary needs/ good nutrition. These videos are meant to provide additional education to patients and families, allowing them to access these topics via our website.

Transportation Initiatives
Care-A-Van is a free service providing safe and efficient transportation for clients who may have no other means of getting to and from medical services provided by Wheaton Iowa. Care-A-Van has operated in Cedar Falls since July of 2014 transporting patients to and from the Waterloo and Cedar Falls area to SMH and Covenant Clinic offices in Cedar Falls.

Health Behaviors & Community Wellness

Physical Activity
In December of 2015, SMH was the host site of Bikes for Kids; a joint partnership between the hospital and Variety - The Children’s Charity, and the Cedar Falls School System. This partnership provides fully assembled bikes specifically labeled for underprivileged children to enhance their physical activity.

Health Behaviors
In the previous CHNA one key finding was the need to decrease the incidence of binge drinking on campus, and among students in the SMH service area. From the mentioned findings, we partnered with the University of Northern Iowa – Healthy Campus Coalition to provide drinking safety education. The first two educational sessions were held at UNI’s recreational center, we provided education to over 80 members of a campus sorority. The sessions included several stations with various information; two Cedar Falls officers were present to conduct sobriety tests to students while wearing vision impaired goggles. Other information included but was not limited to: the recovery position – how to lay someone if they are intoxicated and you are too, storyline – story of a University student who died of alcohol poisoning, as well as think it through education to help students go through the process of preventing, assisting, or being impaired by alcohol.

Mental Health

Mental Health Education
In February of 2015, SMH collaborated with the University of Northern Iowa to start a conversation surrounding mental health. Kevin Hansen, author of Secret Regrets: You are not alone, was brought to campus to present on mental health issues and coping strategies. Secret Regrets consist of a series of
books that discusses secret regrets, why we regret, and how we can learn from and let go of the regrets we may face. Wheaton Iowa purchased 100 copies of Hansen’s book *Secret Regrets Volume 1: What if you had a second chance*, to distribute to the audience.

**Infrastructure**

Sartori’s Health Care Foundation exists to help bridge the gap between what advances in medical technology currently offer and what the realities of the hospital’s budget will allow. The Foundation is blessed to have generous financial and volunteer support from the community, matched by equally generous support from Wheaton Iowa and the employees. Funding from Sartori Health Care Foundation has helped SMH to meet the needs of its patients and the community. In FY15, SMH celebrated its 100th birthday and was able to collect gifts of more than $300,000 to obtain new beds for the Senior Behavioral Health unit.

**Cardiovascular Disease**

**Cardiovascular**

SMH has improved cardiovascular monitoring and communication systems in the field through enhanced technology for patients in transport to SMH Emergency Department through the purchase, installation, and use of the EKG systems in emergency vehicles. As of FY16, all SMH ambulance crews were able to produce and transmit filed EKGs to the hospital.

**Obesity**

In 2015 an elite bariatric patient (weighing over 500 lbs.) presented at SMH with severe obesity. This patient also had other comorbidities including Sleep Apnea, Hyperlipidemia, Type 2 diabetes, Lymphedema, Anxiety, and Gastroesophageal Reflux Disease (GERD). Prior to surgery the patient was unable to get out of his residence; one year post-op, the patient has lost over 120 pounds and is able to walk 3-5 miles per day.
Community Health Needs Assessment

Methodology
In early 2012, SMH focused on creating a CHNA that combined existing, secondary data with primary interview and organizational experience. In 2015 SMH focused on reassessing the previous work identified in the 2012 CHNA. Working collaboratively with Allen Memorial Hospital and BH County Health Department, over 25 interviews were conducted, and over 600 survey responses were received from community members, which added voices to the national, state and local data sources, as well as internal sources. The work, completed in about nine months, resulted in the trend analysis and problem identification as outlined in this plan. Throughout this process it was understood by the SMH team that the CHNA would result in three implementation plans, one for each hospital in the Wheaton Iowa system, as required by the Patient Protection and Affordable Care Act. SMH and CMC provide services in BH County, the primary service area in this report.

Objective
The CHNA section of this study is intended to outline issues in the SMH service area for the purpose of creating a factual basis on which our improvement implementation plan will be written and executed. In the first part, we look at the broadest issues and definitions of ‘community’.

Defining our Community
According to the U.S. Census Bureau, estimates 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 SMH); and comprises four percent of the state’s population. A total of nearly 269,000 people live in the entire eight county service area, (Robert Wood Johnson Foundation, 2015). The population distribution for the Wheaton Iowa service area is depicted in Figure 3 below:

Figure 3: Population Distribution

Source: RWJ, 2015
In addition to those in BH County, SMH 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

According to Robert Wood Johnson Foundation (RWJ Foundation), 2015, Iowa’s population has increased by nearly 100,000. The population will continue to shift from rural areas to urban areas. The majority of BH County residents, 83%, are white with eight percent African American and four percent of Hispanic or Latino origin (RWJ Foundation, 2015). Persons of color account for a mere 15% of the county’s population. Fifty one percent of the population is female (compared to 50% of Iowa’s female population), and over 21% of BH County residents are below the age of 18 with nearly 15% age 65 and older.

Figure 4: Service area by ethnicity and age of population

Source: RWJ, 2015
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 E 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 3, page 13). 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>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male (93)</td>
<td>14.90%</td>
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<tr>
<td></td>
<td>Female (530)</td>
<td>84.94%</td>
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<td>Other (1)</td>
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<tr>
<td>Age</td>
<td>0-18 (2)</td>
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<tr>
<td></td>
<td>19-29 (61)</td>
<td>9.70%</td>
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<tr>
<td></td>
<td>30-39 (120)</td>
<td>19.08%</td>
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<tr>
<td></td>
<td>40-49 (121)</td>
<td>19.24%</td>
</tr>
<tr>
<td></td>
<td>50-59 (162)</td>
<td>25.76%</td>
</tr>
<tr>
<td></td>
<td>60-69 (134)</td>
<td>21.30%</td>
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<td></td>
<td>70-79 (23)</td>
<td>3.66%</td>
</tr>
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<td></td>
<td>80+ (6)</td>
<td>0.95%</td>
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<tr>
<td>County</td>
<td>Benton (1)</td>
<td>0.16%</td>
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<tr>
<td></td>
<td>Black Hawk (508)</td>
<td>80.89%</td>
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<tr>
<td></td>
<td>Bremer (42)</td>
<td>6.69%</td>
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<tr>
<td></td>
<td>Buchanan (14)</td>
<td>2.23%</td>
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<tr>
<td></td>
<td>Butler (17)</td>
<td>2.71%</td>
</tr>
<tr>
<td></td>
<td>Fayette (8)</td>
<td>1.27%</td>
</tr>
<tr>
<td></td>
<td>Grundy (16)</td>
<td>2.55%</td>
</tr>
<tr>
<td></td>
<td>Tama (12)</td>
<td>1.91%</td>
</tr>
<tr>
<td></td>
<td>Other (10)</td>
<td>1.59%</td>
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<tr>
<td>Race</td>
<td>American/Indian (3)</td>
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</tr>
<tr>
<td></td>
<td>Black/African American (30)</td>
<td>4.82%</td>
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<tr>
<td></td>
<td>Native Hawaiian/Pacific Islander (3)</td>
<td>0.48%</td>
</tr>
<tr>
<td></td>
<td>Hispanic/Latino (4)</td>
<td>0.64%</td>
</tr>
<tr>
<td></td>
<td>White/Caucasian (571)</td>
<td>91.65%</td>
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<tr>
<td></td>
<td>Asian (2)</td>
<td>0.32%</td>
</tr>
<tr>
<td></td>
<td>African (3)</td>
<td>0.48%</td>
</tr>
<tr>
<td></td>
<td>Other (7)</td>
<td>1.12%</td>
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<tr>
<td>Education</td>
<td>Some High School (8)</td>
<td>1.28%</td>
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<td></td>
<td>High School Graduate or GED (58)</td>
<td>9.29%</td>
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<tr>
<td></td>
<td>Some College (115)</td>
<td>18.43%</td>
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<tr>
<td></td>
<td>College Graduate (278)</td>
<td>44.55%</td>
</tr>
<tr>
<td></td>
<td>Advanced Degree (165)</td>
<td>26.44%</td>
</tr>
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</table>

Source: BHC County Community Health Needs Assessment (December 2015)
Overview

Throughout the process of researching and collecting the quantitative data and qualitative data, we found several disparities in our community that need to be addressed. They fit within these thematic areas:

- Access and Education
- Cancer
- Cardiovascular Disease
- Children in Poverty
- Dental Care
- Environmental Health (Lead Poisoning, Radon, etc.)
- Family Planning
- Food insecurity/Access to Health Foods
- Geriatric Related Illnesses (Dementia, Alzheimer, etc.)
- Health Behaviors & Community Wellness (Obesity, Physical Activity, Substance Abuse, etc.)
- Health Care for Veterans
- Infectious Disease
- Lack of childcare
- Maternal, Infant and Child Health
- Mental Health
- Sexually Transmitted Infections
- Transportation
- Unemployment
- Violence

In nearly every focus group/interview these areas were identified as topics where the healthcare industry could possibly affect change in our community. Not only are there gaps in these areas for BH County, but there are gaps across the state of Iowa. It is in these areas that we feel WFH-IA, specifically SMH, could have the greatest impact.

Listed below are key focus areas SMH anticipates sharing implementation plans with CMC, also located in Black Hawk County, serving much of the same geographic area and under the same leadership and sponsorship of WFH-IA.

- Access and Education
- Health Behaviors & Community Wellness (Obesity, Physical Activity, Substance Abuse, etc.)
- Mental Health
- Cardiovascular Disease
- Cancer

Access to Healthcare

The Kaiser Family Foundation reports that in 2009, 419,600 residents of Iowa were considered poor, living 100% below the federal poverty guideline. Of those, 144,000 were children, 244,000 were adults and 31,200 were elderly. In the state, 380,600 people were Medicaid beneficiaries; 60% of them are children. Contrary to the Medicaid numbers, 341,200 people are uninsured; 85% are adults. As for Medicare, 485,519 people received Medicare benefits. Eighty-seven percent were 65 and older.
In fiscal year (FY) 15, SMH had 1,462 inpatient discharges, and 42,416,630 outpatient visits. Combined these services represent 1.3% decrease over the prior year. Emergency visits for SMH were just over 7,111 visits. The charts below detail the total number of people served through the Medicaid and Medicare programs at SMH. Payments received from the government fall below the cost of treating public beneficiaries. The shortfall experienced for treating beneficiaries in FY 15 for the Medicaid program was just over $100K; the shortfall for the Medicare program was just over $2M.

Table 2: People Served through Medicaid & Medicare

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>People Served through Medicaid</th>
<th>People Served through Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 10</td>
<td>1,768</td>
<td>20,039</td>
</tr>
<tr>
<td>FY 11</td>
<td>1,863</td>
<td>19,961</td>
</tr>
<tr>
<td>FY 12</td>
<td>1,951</td>
<td>20,624</td>
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<td>FY 13</td>
<td>1,902</td>
<td>20,884</td>
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<tr>
<td>FY 14</td>
<td>2,296</td>
<td>21,772</td>
</tr>
<tr>
<td>FY 15</td>
<td>3,145</td>
<td>20,823</td>
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</table>

Source: Wheaton Iowa

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, SMH provided over $100K 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 has served nearly 2,500 in the community. The table below provides a snapshot of the Charity Program over the last three fiscal years for patients at SMH.

Table 3: Charity Care

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>People Served</th>
<th>Charity Care Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 10</td>
<td>572</td>
<td>$200,876</td>
</tr>
<tr>
<td>FY 11</td>
<td>627</td>
<td>$300,372</td>
</tr>
<tr>
<td>FY 12</td>
<td>1,292</td>
<td>$379,698</td>
</tr>
<tr>
<td>FY 13</td>
<td>570</td>
<td>$345,517</td>
</tr>
<tr>
<td>FY 14</td>
<td>566</td>
<td>$484,741</td>
</tr>
<tr>
<td>FY 15</td>
<td>496</td>
<td>$360,772</td>
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</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 7 below.
Table 4: 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>
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<tr>
<td>1</td>
<td>11880</td>
<td>23760</td>
<td>28512</td>
<td>33264</td>
<td>38016</td>
<td>42768</td>
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<table>
<thead>
<tr>
<th>Family Size</th>
<th>Poverty Guidelines</th>
<th>200% FPL (100% Discount)</th>
<th>250% FPL (75% Discount)</th>
<th>300% FPL (50% Discount)</th>
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<td>85320</td>
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<td>8</td>
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<td>81780</td>
<td>102225</td>
<td>122670</td>
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</table>

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

Source: Wheaton Franciscan Healthcare

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, SMH serves a large number of rural Iowans. 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 rate among rural men is significantly higher
- Less likely to receive recommended treatments for 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 several offices within the Waterloo/Cedar Falls metro, as well as 13 clinic locations in surrounding rural communities extending access to the SMH service area. For this report, while focused on BH County, it is understood that efforts to improve overall health are not limited to county boundaries and may through this network, impact surrounding counties and their populations.

**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 was collaboration in which CMC, SMH, Unity Point Health – Allen, and the BH County Health Department conducted interviews with more than 25 area organizations. In this phase, the group conducted a number of organizational interviews regarding the health of our community. 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
  o Compliance to asthma action plan for children ages 5-14
  o Limited health literacy specific to preventive measures and early warning signs of cardiovascular disease and stroke in disproportionate low-income populations
  o Prevalence of mental health conditions within the community sectors of K-12 education, correctional and health care systems
• Prevent injuries & violence
  o Promote evidence-based injury prevention interventions targeting older adults ages 65 and older
• Protect against environmental hazards
  o Provider education on public health laws to promote food safety
  o Ensure uniformity in the application of local environmental health laws and regulations
• Prevent epidemics & the spread of disease
  o Control the spread of communicable disease (Chlamydia) to protect adolescents, ages 12-19
  o Control the spread of communicable disease (Gonorrhea) by increasing the partner index value
• Prepare for, respond to, and recover from public health emergencies
  o 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 2 below).

<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 and 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 are 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 13. 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.
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), identified 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 6 outlines potential access issues and priorities among various Iowa counties since 2011.

<table>
<thead>
<tr>
<th>Access to Health Service</th>
<th># Counties Citing it as a Need</th>
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<tbody>
<tr>
<td>Lack of Transportation</td>
<td>41</td>
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<tr>
<td>Lack of Mental Health Services/ Providers</td>
<td>35</td>
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<tr>
<td>Lack of Insurance/ Underinsured</td>
<td>23</td>
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<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, SMH will continue to engage with area organizations such as, but not limited to, EMBARC, Unity Point Health – Allen, and BH County Health Department, to reach underserved 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

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**Strategies**

2:1 Increase access to healthy foods and education to improve health behaviors and overall health

2:2 Support programs to increase physical activity among school-aged children, and community members

2:3 Support programs aimed at reducing tobacco use
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

SMH 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 SMH.
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.
According to an article published in The Gazette, (2014), there is 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 exasperated 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 7: 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. SMH 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.
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 in 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**

Wheaton Iowa 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, SMH 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. SMH 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).

In the focus groups/interviews with community members, cancer was at the very core of most conversations. Many were concerned with the cancer diagnosis rates in the community, and thought important enough to address as part of our efforts. SMH has actively collaborated with area entities to support cancer outreach efforts such as Ignite the Cancer Conversation and various cancer walks and support groups.
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.

---

**Table 8: 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>Type</strong></td>
</tr>
<tr>
<td><strong># of Cancers</strong></td>
<td><strong># of Cancers</strong></td>
</tr>
<tr>
<td><strong>% of Total</strong></td>
<td><strong>% of Total</strong></td>
</tr>
<tr>
<td><strong>Breast</strong></td>
<td><strong>Lung</strong></td>
</tr>
<tr>
<td>2250</td>
<td>750</td>
</tr>
<tr>
<td>26.5</td>
<td>25.0</td>
</tr>
<tr>
<td><strong>Lung</strong></td>
<td><strong>Breast</strong></td>
</tr>
<tr>
<td>1060</td>
<td>410</td>
</tr>
<tr>
<td>12.5</td>
<td>13.6</td>
</tr>
<tr>
<td><strong>Colon &amp; Rectum</strong></td>
<td><strong>Colon &amp; Rectum</strong></td>
</tr>
<tr>
<td>850</td>
<td>320</td>
</tr>
<tr>
<td>10.0</td>
<td>10.7</td>
</tr>
<tr>
<td><strong>Uterus</strong></td>
<td><strong>Pancreas</strong></td>
</tr>
<tr>
<td>600</td>
<td>200</td>
</tr>
<tr>
<td>7.1</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Non-Hodgkin Lymphoma</strong></td>
<td><strong>Ovary</strong></td>
</tr>
<tr>
<td>370</td>
<td>180</td>
</tr>
<tr>
<td>4.3</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Thyroid</strong></td>
<td><strong>Non-Hodgkin Lymphoma</strong></td>
</tr>
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<td>350</td>
<td>120</td>
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<td>4.1</td>
<td>4.0</td>
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<tr>
<td><strong>Skin Melanoma</strong></td>
<td><strong>Leukemia</strong></td>
</tr>
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<td>340</td>
<td>110</td>
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<tr>
<td>4.0</td>
<td>3.7</td>
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<td><strong>Uterus</strong></td>
</tr>
<tr>
<td>225</td>
<td>100</td>
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<tr>
<td>2.9</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Ovary</strong></td>
<td><strong>Brain</strong></td>
</tr>
<tr>
<td>240</td>
<td>80</td>
</tr>
<tr>
<td>2.8</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>Kidney &amp; Renal Pelvis</strong></td>
<td><strong>Multiple Myeloma</strong></td>
</tr>
<tr>
<td>230</td>
<td>60</td>
</tr>
<tr>
<td>2.7</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>All Others</strong></td>
<td><strong>All Others</strong></td>
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<tr>
<td>1960</td>
<td>670</td>
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<tr>
<td>23.1</td>
<td>22.3</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
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<tr>
<td>8500</td>
<td>3000</td>
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<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>Type</strong></td>
</tr>
<tr>
<td><strong># of Cancers</strong></td>
<td><strong># of Cancers</strong></td>
</tr>
<tr>
<td><strong>% of Total</strong></td>
<td><strong>% of Total</strong></td>
</tr>
<tr>
<td><strong>Prostate</strong></td>
<td><strong>Lung</strong></td>
</tr>
<tr>
<td>2250</td>
<td>990</td>
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<tr>
<td>25.0</td>
<td>29.1</td>
</tr>
<tr>
<td><strong>Lung</strong></td>
<td><strong>Colon &amp; Rectum</strong></td>
</tr>
<tr>
<td>1300</td>
<td>310</td>
</tr>
<tr>
<td>14.4</td>
<td>9.1</td>
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<tr>
<td><strong>Colon &amp; Rectum</strong></td>
<td><strong>Prostate</strong></td>
</tr>
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<td>850</td>
<td>300</td>
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<tr>
<td>9.4</td>
<td>8.8</td>
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<tr>
<td><strong>Bladder (invasive and noninvasive)</strong></td>
<td><strong>Pancreas</strong></td>
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<td>200</td>
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<tr>
<td>7.1</td>
<td>5.9</td>
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<tr>
<td><strong>Non-Hodgkin Lymphoma</strong></td>
<td><strong>Leukemia</strong></td>
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<tr>
<td>420</td>
<td>150</td>
</tr>
<tr>
<td>4.7</td>
<td>4.4</td>
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<tr>
<td><strong>Skin Melanoma</strong></td>
<td><strong>Esophagus</strong></td>
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<td>4.1</td>
<td>4.1</td>
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<tr>
<td><strong>Kidney &amp; Renal Pelvis</strong></td>
<td><strong>Bladder</strong></td>
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<td>350</td>
<td>130</td>
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<tr>
<td>4.7</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Leukemia</strong></td>
<td><strong>Non-Hodgkin Lymphoma</strong></td>
</tr>
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<td>270</td>
<td>130</td>
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<td>3.0</td>
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<tr>
<td><strong>Oral Cavity</strong></td>
<td><strong>Kidney &amp; Renal Pelvis</strong></td>
</tr>
<tr>
<td>250</td>
<td>110</td>
</tr>
<tr>
<td>2.8</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Pancreas</strong></td>
<td><strong>Brain</strong></td>
</tr>
<tr>
<td>240</td>
<td>100</td>
</tr>
<tr>
<td>2.7</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>All Others</strong></td>
<td><strong>All Others</strong></td>
</tr>
<tr>
<td>1970</td>
<td>840</td>
</tr>
<tr>
<td>21.9</td>
<td>24.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>9000</td>
<td>3400</td>
</tr>
</tbody>
</table>

Source: State Health Registry in Iowa, “Cancer in Iowa 2012”
SMH and CMC, 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
SMH 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.
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 – SMH 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 SMH 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, BH 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. SMH 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 Choices</th>
<th>Responses</th>
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</thead>
<tbody>
<tr>
<td>Very healthy</td>
<td>1 (0.4%)</td>
</tr>
<tr>
<td>Healthy</td>
<td>110 (47%)</td>
</tr>
<tr>
<td>Somewhat healthy</td>
<td>68 (28%)</td>
</tr>
<tr>
<td>Unhealthy</td>
<td>16 (6%)</td>
</tr>
<tr>
<td>Very unhealthy</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>245</td>
</tr>
</tbody>
</table>

1/31
## Appendix B

### Black Hawk County Plan CHNA & Plan Progress

#### FY2015 CHNA&HIP Progress Report

**Instructions**
1. Click on the green heading below. In the text box above, type the County name in the spot that says <<Insert>>.
2. From the Community health improvement plan submitted by the IOH in 2011, copy and paste all the goals and strategies into the corresponding sections on this document.
3. Complete the Progress on strategies section for any strategies that have occurred since May 2013.
4. Email the completed form by June 3, 2013 to Louise.Lovrich@iowa.gov

#### Community Health Improvement Plan

<table>
<thead>
<tr>
<th>GOAL</th>
<th>STRATEGIES</th>
<th>PROGRESS ON STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ongoing through family practice and maternal and child health care providers. Live births weighing less than 5 lbs at birth (low birth weight) declined from a range of 8 – 8.6% over the previous four years (2008 – 2011) to an average of 6.5% during the last report period (2012-2013).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Dental by 1 initiative continues to be promoted with local providers and PCP clinics. An average of 50% (2013-2015) of Medicaid enrolled children were linked to a “dental or oral health” services as compared to 54% in the previous year of data (2011). Substantive percent (62%) of children navigated to services were under the age of six years. Children receiving at least one well-child check-up annually was 90% (compared to 81% state-wide and national 60%). Infant child encounters include physical exams, immunizations, dental check-ups and other age-appropriate services. Seventy-five percent of children with scheduled immunizations continues to improve from 72% (2013) to 75% (2015).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Together For Youth (Early Years) is a strong partner through Success Street school-based clinics and other venues to provide social health prevention education and assist with screening for Substance Abuse and Obesity. Teen births are at an all-time low and have decreased over 50% since 1996 (total teen births in 2013 were 319); however a disproportionate number of births are seen in the African American population (29% total population 9%) as compared to the Caucasian population (58% total population 8%). Children receiving at least one well child check-up annually was 90% (compared to 81% state-wide and national 60%). Infant child encounters include physical exams, immunizations, dental check-ups and other age-appropriate services. Adolescent up to date with scheduled immunizations has been maintained at 90%.</td>
</tr>
</tbody>
</table>

[http://idph.iowa.gov/Portals/1/userfiles/91/CHNA%26HIP/HIP%20Progress%20Reports/Black%20Hawk%20County.pdf](http://idph.iowa.gov/Portals/1/userfiles/91/CHNA%26HIP/HIP%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
# Appendix E

Robert Wood Johnson Foundation County Rankings & Roadmaps

## Black Hawk (BH)

### County Demographics

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Black Hawk County</th>
<th>Error Margin</th>
<th>Top U.S. Performers</th>
<th>Iowa</th>
<th>Rank (of 99)</th>
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<tbody>
<tr>
<td>Length of Life</td>
<td>6,126</td>
<td>5,645-6,607</td>
<td>5,200</td>
<td>5,911</td>
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<table>
<thead>
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<tbody>
<tr>
<td>Poor or fair health</td>
<td>12%</td>
<td>10-14%</td>
<td>10%</td>
<td>11%</td>
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<tr>
<td>Poor physical health days</td>
<td>2.6</td>
<td>2.5-3.1</td>
<td>2.5</td>
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<tr>
<td>Poor mental health days</td>
<td>3.0</td>
<td>2.5-3.5</td>
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<td>2.6</td>
<td></td>
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<tr>
<td>Low birthweight</td>
<td>7.9%</td>
<td>7.4-8.4%</td>
<td>5.9%</td>
<td>6.6%</td>
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### Health Factors

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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult smoking</td>
<td>21%</td>
<td>18-23%</td>
<td>14%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Adult obesity</td>
<td>20%</td>
<td>26-32%</td>
<td>26%</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Food environment index</td>
<td>7.0</td>
<td></td>
<td>8.4</td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>22%</td>
<td>20-25%</td>
<td>20%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>66%</td>
<td></td>
<td>92%</td>
<td>79%</td>
<td></td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>19%</td>
<td>17-22%</td>
<td>10%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
<td>27%</td>
<td></td>
<td>14%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>667</td>
<td></td>
<td>138</td>
<td>370</td>
<td></td>
</tr>
<tr>
<td>Teen births</td>
<td>27</td>
<td>25-29</td>
<td>20</td>
<td>30</td>
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</tr>
</tbody>
</table>

### Clinical Care

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>10%</td>
<td>9.1-11%</td>
<td>11%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>1,038:1</td>
<td></td>
<td>1,045:1</td>
<td>1,375:1</td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>1,541:1</td>
<td></td>
<td>1,377:1</td>
<td>1,670:1</td>
<td></td>
</tr>
<tr>
<td>Mental health providers</td>
<td>920:1</td>
<td></td>
<td>380:1</td>
<td>904:1</td>
<td></td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>55</td>
<td></td>
<td>51-58</td>
<td>41</td>
<td>56</td>
</tr>
<tr>
<td>Diabetic monitoring</td>
<td>87%</td>
<td>83-92%</td>
<td>90%</td>
<td>89%</td>
<td></td>
</tr>
<tr>
<td>Mammography screening</td>
<td>75.0%</td>
<td></td>
<td>69.9-80.0%</td>
<td>70.7%</td>
<td>66.4%</td>
</tr>
</tbody>
</table>
### Social & Economic Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Low Percentile</th>
<th>10th Percentile</th>
<th>90th Percentile</th>
<th>High Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>84%</td>
<td>62.1-67.9%</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>Some college</td>
<td>65.0%</td>
<td>71.0%</td>
<td>69.1%</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>4.7%</td>
<td>4.0%</td>
<td>4.6%</td>
<td></td>
</tr>
<tr>
<td>Children in poverty</td>
<td>20%</td>
<td>16-24%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>Income inequality</td>
<td>4.3</td>
<td>4.1-4.5</td>
<td>3.7</td>
<td>4.2</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>34%</td>
<td>31-37%</td>
<td>20%</td>
<td>29%</td>
</tr>
<tr>
<td>Social associations</td>
<td>13.2</td>
<td>22.0</td>
<td>15.6</td>
<td></td>
</tr>
<tr>
<td>Violent crime</td>
<td>407</td>
<td>59</td>
<td>263</td>
<td></td>
</tr>
<tr>
<td>Injury deaths</td>
<td>48</td>
<td>42-53</td>
<td>50</td>
<td>59</td>
</tr>
</tbody>
</table>

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

#### Physical Environment

<table>
<thead>
<tr>
<th>Factor</th>
<th>Low Percentile</th>
<th>10th Percentile</th>
<th>90th Percentile</th>
<th>High Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air pollution - particulate matter</td>
<td>11.3</td>
<td>9.5</td>
<td>10.9</td>
<td></td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>0%</td>
<td>0%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>15%</td>
<td>14-16%</td>
<td>9%</td>
<td>12%</td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>82%</td>
<td>81-84%</td>
<td>71%</td>
<td>80%</td>
</tr>
<tr>
<td>Long commute - driving alone</td>
<td>9%</td>
<td>8-10%</td>
<td>15%</td>
<td>19%</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.