

*We are a community collaboratively building a healthy, safe and accepting environment*

# Cerro Gordo County Community Health Improvement Plan

-Annual Update Year 1-

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YEAR IN REVIEW: MAY 13, 2016 - MAY 12, 2017

CREATED: MAY 12, 2017



## -INTRODUCTION-

This annual update represents progress made in the first year of the Cerro Gordo County's Community Health Improvement Plan (CHIP). The Cerro Gordo County CHIP was developed from the fall of 2015 through spring of 2016 and utilized key findings from the Cerro Gordo County Community Health Assessment (CHA). The CHA used multiple methods of qualitative data gathering as well as quantitative data from local, state and national indicators to inform CHIP health priority areas. The CHIP is an action-oriented plan that outlines community-driven goals, objectives, strategies and measures for addressing the five identified priority areas:

- Social Determinants of Health
- Health Care Accessibility
- Health Behaviors
- Preventable Disease/Injury
- Systems Change

The CHIP's intent is to improve the health and wellbeing of Cerro Gordo County. The CHIP implementation began officially on May 13, 2016 and the first year of efforts concluded on May 12, 2017. Partners and stakeholders in multiple disciplines, with varied backgrounds are working on the CHIP's goals, objectives and strategies with shared vision. The CHA original Steering Team remains the foundation of the workgroups working on individual CHIP initiatives; however, the effort is shared between the network of stakeholders and residents in the community. It is through the community CHA/CHIP process that the vision, mission and shared values were developed to guide the project.

**Vision:** We are a community collaboratively building a healthy, safe, and accepting environment

### Shared Values:

- A community that recognizes the connection between body, mind, & spiritual health and provides opportunity for healthy choices and behaviors.
- A community where people have access to affordable resources, services, and health care to meet basic needs and attain lifelong wellness.
- A community that provides the foundation for people to be self-sufficient, and resourceful to minimize disease and substance abuse while increasing emotional health.
- A community that embraces best practices, creativity, lifelong learning, advocacy and peer support that is inclusive and accepting.
- A community with a commitment for clean, safe, healthy environments including homes and neighborhoods.
- A community where working together is embraced to build engagement, inclusivity, resiliency, and community-wide engagement and pride.
- A community that recognizes early childhood as the foundation for lifelong health.

## -PURPOSE-

This annual report provides the Steering Team, residents and others interested, an overview of actions taken during the past year, which advance the CHIP's strategies and ultimately, goals. Interested parties are encouraged to use this update as a resource. With this update, the following information is provided for a comprehensive overview for each of the priority areas in the CHIP.

- Background - this section indicates each goal's background on the importance of the issue.
- Indicator progress - this section includes the best indicator available to demonstrate progress made in each goal area.

 <p>Data for this measurement was unavailable at the time the report was written</p>	 <p>Community has not made positive progress towards achieving the target</p>	 <p>Community has made positive progress to achieve the target</p>
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- Successes, including stories as applicable - this provides updated information provided by partner agencies over the past year.
- Feasibility and effectiveness of strategies will include barriers - this section indicates issues that may be hindering progress or describes why measuring progress in each area is difficult.
- Next steps- this describes initiatives that the partners will pursue in the next year of the CHIP as well as any changes to the objectives or strategies.

This report along with the CHA/CHIP is available at <http://cghealth.com/community-health-needs-assessment-and-health-improvement-plan/>

**-GOALS & PROGRESS-**

**GOAL 1: INCREASE SAFE, STABLE, NURTURING RELATIONSHIPS AND ENVIRONMENTS FOR CHILDREN**

Objective 1: Reduce the child abuse rate in Cerro Gordo County.

**Background**

Experiencing abuse or neglect is one of the adverse childhood experiences that hinders healthy development — physical, mental and cognitive — and can affect well-being far into adulthood.

A four-year estimate (2009-2013) showed that Cerro Gordo County had a founded child abuse case rate of 24.1 per 1,000 population. Annual data from 2014 indicated that Cerro Gordo County had a child abuse rate of 13.1 per 1,000; 2015 data showed a rate of 17.8 per 1,000. This is a greater than 35% increase between the years. Iowa data indicated an average rate of 10.2 and 11.4 per 1,000 respectively<sup>1</sup>.

**Indicator and Progress**

<b>HIP Objective</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>Target 2021</b>
Objective 1: reduce the child abuse rate in Cerro Gordo County	Cases of founded child abuse and neglect per Iowa Department of Public Health statistics	24.1/1,000 (2009-2013 IDPH data)	21.1/1,000
<b>Progress</b> 			

**Success**

Annual data indicates a lower rate than the four year estimate (2014 data 13.1/1,000; 2015 17.8/1,000 vs. 24.1/1,000 for 2009-2013); however, multiyear estimates are based on larger sample sizes and will therefore be more reliable. Regardless, Iowa statewide data is significantly lower than Cerro Gordo County data. A better comparison between multi-year data sets will be available in future years.

The past year provided many instances activities that will lead to more successes. Wellsource staff members have compiled area screening tools used for development and social-emotional screening for children ages 0-5. With this collection, they are working with Opportunity Village to create a matrix of

screening tools that is inclusive of autism screening tools as well. This matrix provides a snapshot of screening tools used and where critical screening gaps exist.

United Way has been researching a system for data collection that will synthesize non protected health information from multiple partner agencies that will be available for use for partner agencies.

Over the past year, partners located all of the parenting/caregiver/teacher, etc. trainings or programs being utilized in Cerro Gordo County. Several Nurtured Heart trainings have been given and are ongoing, as are youth mental health and No Drama trainings. Additionally North Iowa Community Action Organization offers Head Start and pre Head Start that teaches both the parents and children positive behaviors. Through Mason City and Clear Lake schools, several positive parenting skill building interventions and positive behavior change for children are occurring to include Positive Behavior Interventions and Supports, Character Counts, Teacher or Parent Child Interaction Therapy. Wellsource is working through the school systems to teach at-risk children to deal with stress. Additionally, the Mason City Youth Task Force has a One-on-One Mentoring Program to promote relationship building and social skill development, thereby reducing high-risk behaviors.

During the past year, a child abuse prevention/child advocacy center opened in Mason City for one day per week. They provide a team of people specifically trained to investigate child abuse claims; conduct forensic interviews; provide medical and mental health services; and be advocates for the child.

#### **Feasibility**

Momentum is building with the activities in this objective; however, the looming impact of the changes to the Affordable Care Act, Medicaid managed care organizations and Iowa's State budget.

#### **Next Steps**

Work will continue according to the Health Improvement Plan; there were no revisions to this objective.

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## GOAL 2: INCREASE ACCESS TO SAFER HOUSING

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Objective 1: Reduce substandard housing in Cerro Gordo County.

Objective 2: Reduce carbon monoxide emergency department visits.

### Background

Poor housing conditions greatly affect a wide range of known health issues including respiratory issues, poisonings, injuries, mental health and more.

Approximately 24.5% of occupied housing in Cerro Gordo County is considered substandard due to lacking complete plumbing, lacking complete kitchen or owner/renter costs at greater than 30% of household income<sup>ii</sup>. In Cerro Gordo County, 87% of area homes were built prior to 1979 and 43.37% were built before 1950 when lead paint had a higher concentration of lead than newer built homes<sup>iii</sup>.

### Indicator and Progress

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 1: By 2021, reduce the proportion of substandard housing in Cerro Gordo County from 24.51% to 22%.	The percent of homes considered substandard by criteria set by the American Community Survey (ACS) in Cerro Gordo County	24.51% (2009-2013 ACS data)	22%
<b>Progress</b> 			

### Success

The Cerro Gordo County Department of Public Health was awarded a large grant from the Housing and Urban Development agency; this multi-year grant will focus on increasing healthy homes in Cerro Gordo County. United Way of North Central Iowa has provided some matching dollars to allow for more work on selected low-income homes. The grant funding will outflow to eligible families to remediate homes to make them lead-safe and healthy. Global Information Systems (GIS) maps with layers representing poverty, children younger than age five, no plumbing, no kitchen and race are being used to target homes for intervention. Weatherization continues their long history of work for low-income residents to increase energy efficiency and safety (air quality carbon monoxide, smoke detectors, etc.).

Department staff has provided targeted education for landlords regarding bed bug control, treatment and guidance.

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 2: By 2021, reduce the emergency department carbon monoxide poisoning visit rate from 19.07 per 100,000 population to 10 per 100,000 population in Cerro Gordo County.	The rate of Cerro Gordo carbon monoxide emergency department visits collected by the Iowa Department of Public Health	19.07 per 100,000	10 per 100,000
<b>Progress</b> 			

### Successes

One task developed from the community health assessment was to advocate for a legislative bill to increase carbon monoxide detector requirements in homes. Senate File 2219 requires carbon monoxide detectors in certain Iowa single-family homes and multi-unit residential buildings as of July 1, 2018. This includes existing structures and new construction. This bill was signed by the governor in 2016. Annually the Cerro Gordo County Health Department’s marketing and public information officer in tandem with the Healthy Homes Coordinator conduct a consumer education campaign to build community awareness. Newspaper, television, website and social media posts were conducted in the fall of 2016. The HUD program has a specific healthy housing pot of funding that can be used to address carbon monoxide issues in enrolled homes. Moreover, North Iowa Community Action Organization and North Iowa Area Council of Governments both have grant programs for low-income persons/families to replace furnaces and water heaters, both of which could leak carbon monoxide.

### Feasibility

The gravity of housing issues discovered through the HUD inspection process is just being explored. Linking programs such as HUD, Weatherization and other similar initiatives is difficult with the funder constraint and low income residents are in need of so much more than the current funding can provide.

### Next Steps

Seek additional funding to aid in healthy homes initiatives and expand the work we are able to do. Work will continue according to the Health Improvement Plan with slight adjustments noted below.

Timeline adjusted for one activity within the second objective.

1. Assess current code requirements for cities and rural areas in Cerro Gordo County (moved from December 2016 to December 2018)

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## GOAL 3: BROADEN HEALTH CARE TO INCLUDE MENTAL HEALTH AND PROMOTE HEALTH OUTSIDE THE MEDICAL SYSTEM

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Objective 1: Integrate psychiatry into a holistic medical care model in Cerro Gordo County.

Objective 2: Expand community care coordination.

### Background

Several subsets of health care, like dental, ocular and mental, have been treated separately from other health care needs. This addresses only parts of each patient instead of the patient as a whole. Additionally, health care often does not include addressing social determinants of health like housing, poverty, crime, connections or education. All of these determinants can greatly contribute to a person’s health.

Cerro Gordo County adults report an average of 3.2 poor mental health days in the past 30 days and 10% report 14 or more days of poor mental health per month. The County has a 3.9% unemployment rate and 15% of children ages 18 and younger live in poverty<sup>iv</sup>.

### Indicator and Progress

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 1: By 2021, integrate psychiatry into a holistic medical care model in Cerro Gordo County.	A model to be tested	No model exists	1 model to use
<b>Progress</b> 			

### Success

Wellsorce has led this initiative by researching multiple evidence-based models and providing input to various organizations regarding integration. Two efforts are currently underway. Mercy-North Iowa is building an in/outpatient psychiatry center with space for community resources/organizations to meet with patients. Prairie Ridge Integrated Health will be hiring a nurse practitioner to address primary health care needs for their clients. Prairie Ridge’s clients often face co-morbidities of substance use/abuse and mental health issues.

Building community awareness to local health needs has been at the forefront of initiatives this past year. Four Oaks, Crisis Intervention Services, Mason City Youth Task Force, Wellsource and United Way of North Central Iowa teamed up to provide awareness, education and assessment of trauma principles and practices in north Iowa. They worked to build a trauma-informed community to every community sector (business, healthcare, community services, public policy, education, first responders, cultural, etc.) by providing multiple trainings and assessments. A local college, Buena Vista University has a mental health counseling program with three current cohorts working on internships and practicums within the County. This allows partners to recruit mental health professionals to stay in the area and provide additional access to levels of care.

The county jail and Mason City Police Department are using the same mental health therapist to divert people from jail or commitment through use of past calls for services and if they end up at the jail, to discontinue recidivism.

### Indicator and Progress

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 2: By 2021, expand the organizations actively engaged in the Cerro Gordo County community care coordination (CCC) model to impact better health outcomes.	Actively engaged organizations are defined by partnership on the Steering Team.		
<b>Progress</b> 			

### Success

The Community Care Coordination (CCC) project began in 2013 with Mercy North Iowa, North Iowa Community Action Organization and Cerro Gordo County; the next year, Prairie Ridge and Wellsource partnered with the initiative. Over the years, this partnership has thrived on helping people obtain health insurance coverage, be assigned a primary care provider, assist the patient with identification of their own patient-centered goals and identification of socio/economic barriers and connecting people with what they need. Coordinated efforts have diverted inappropriate emergency room visits, improved quality of care, enhanced patient experience of care, and increased access to health insurance and medical providers.

Over the past year, the Steering Team has determined that the program is self-sustaining and new members are being added as needed. Partners hold a daily community huddle for problem solving with persons as they are discharged from the Mercy system. The focus has evolved to proper handoffs and medication safety. The CCC program has connected with law enforcement for direct referrals to care,

too. The Team is currently completing risk stratification of appropriate patients with each patient organized into risk levels (e.g. critical, moderate, etc.). This is being piloted in the CCC and will directly connect with the law enforcement mental health initiatives. This is being piloted currently to ensure that primary care providers can see updated data.

### **Feasibility**

Successful integration requires the support of a robust primary care delivery system and truly collaborative work. Changes to the health care structure and payment sources hinder progress. Mental health and primary health are still seen as separate functions partially due to specialties and partly due to funding sources.

### **Next Steps**

Work will continue according to the Health Improvement Plan. There were no revisions to this objective; however, success for the CCC project needs to be better defined.

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## GOAL 4: REDUCE SUBSTANCE ABUSE AMONG ADULTS

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Objective 1: Reduce adult alcohol consumption.

Objective 2: Reduce adult smoking.

### Background

Alcohol use is a part of American culture and belief system. Many people do not understand what heavy use is versus appropriate alcohol consumption. More and more people accept the social norm of drinking and of drinking to get drunk, but the statistics prove that Cerro Gordo County has a serious alcohol consumption problem. Additionally, there are several other adverse outcomes associated with alcohol use such as sexually transmitted disease, hypertension, sudden infant death syndrome, suicide liver disease, drunken driving, crime, etc.

Approximately 19% of Cerro Gordo County adults report excessive drinking. Excessive Drinking is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average<sup>v</sup>. Seventeen percent of Cerro Gordo County motor vehicle crash deaths have alcohol involvement. Cerro Gordo County currently ranks tenth of the 99 Iowa counties for gallons of alcohol sold by county and second for gallons consumed per adult. According to the Iowa Alcoholic Beverages Division (2015), the quantity rests at 3.5 gallons per adult in fiscal year 2014, up 5.74% from the previous year. The rate of beer, wine and liquor stores per 100,000 is 4.53 in Cerro Gordo County; this is higher than Iowa's rate of 4.17<sup>vi</sup>.

### Indicator and Progress

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 1: In Cerro Gordo County, reduce the heavy alcohol consumption rate from 21.5% to 19.5% by 2021.	Heavy alcohol consumption defined as more than 2 drinks/day on average for men and 1/day for women (Community Commons data)	21.5%	19.5%
<b>Progress</b> 			

### Success

The focus on youth/underage alcohol use prevention is strong in the community with Mason City Youth Task Force and Prairie Ridge both increasing awareness of the issue. Currently, an adult focus on

awareness and education is not strong. Often education or intervention is occurring after a crisis or crime. Prairie Ridge has been working on creating messaging that focuses on adults. Much effort has been focused on adoption and use of SBIRT (screening, brief intervention, referral and treatment) throughout all of the Mercy North-Iowa’s wholly owned clinics. Prairie Ridge has been receiving some referrals through this process, but partners would like to see this increase with a stronger linkage. On the youth forefront is the Mason City Youth Task Force Youth Action Teams who bring awareness to issues in their schools (Mason City High & Alternative Schools along with Newman) like alcohol, drugs and violence.

**Indicator and Progress**

<b>HIP Objective</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>Target 2021</b>
Objective 2: In Cerro Gordo County, reduce the adult smoker percentage from 19.6% to 16% by 2021.	Percentage of adults in Cerro Gordo County who are current smokers.	19.6%	16%
<b>Progress</b> 			

**Success**

There is a strong ally to the community health improvement plan in the Partnership for a Tobacco Free North Iowa. This collaborative works to prevent or quit tobacco/nicotine use. The Tobacco Partnership is utilizing a mass media calendar to ensure saturation of quarterly tobacco prevention messages. The tobacco prevention coordinator at the Cerro Gordo County Health Department disseminates statewide coalition information locally and the Partnership campaigns together for advocacy issues. She also sends data through the IowaMapper tool to allow for drilled down layered tobacco data to determine next steps. Prairie Ridge & the Cerro Gordo County Health Department offer quarterly Freedom from Smoking (FFS) clinics. Additionally, two staff members at Wellsource were trained in FFS and the North Iowa Transition Center is researching providing this service as well.

Through Trinity statewide, Mercy North Iowa is participating in advocacy to pass Tobacco-21, a law requiring the minimum age for tobacco purchase to be 21 years of age. The tobacco prevention coordinator has created packets of information for parents and disseminated via child care providers. These packets focus on smoke-free homes and provide information on cessation services available. To prevent youth from starting tobacco use, the Mason City school district researched tobacco prevention curriculum for K-12 and is determining if this is a possibility for the next school year. The school and other locations hosted “Hidden In Plain Sight” room displays to increase parent and staff awareness of emerging products and how tricky they and their paraphernalia are designed. Prairie Ridge moved some block grant funding to address early prevention. With this, they identified and served 500 at-risk kids to teach the Nurtured Heart Approach and interpersonal skills for K-4.

### **Feasibility**

Changing a culture of acceptance and even embracement of alcohol use is a difficult challenge. The team will continue to work on discovering why this behavior is acceptable and educating the public and patients. Successful tobacco/nicotine cessation is a process for users. Having a support system in place through immediate opportunity for cessation classes is not fully developed. Often, people must wait for the next clinic to begin as the facilitators volunteer to do this and/or have other job responsibilities.

### **Next Steps**

Work will continue according to the Health Improvement Plan. Revisions to the objective are described below.

Timeline adjusted for three activities within the first objective.

1. Increase outreach and education on adult binge drinking through environmental strategies, identification and referral to treatment (moved from June 2017 to June of 2018)
2. Determine why adults are consuming alcohol heavily (as defined by data source) (moved from June 2017 to June of 2018)
3. Bring awareness of alcohol use/abuse with the adult population (moved from December 2016 to December 2018)

Timeline adjusted for one activity within the second objective.

1. Develop a standard plan of care to identify tobacco/nicotine (T/N) users, address T/N use and refer for services; the plan should be applicable to multiple organizations (moved from December 2016 to December 2018)

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## GOAL 5: DECREASE CHRONIC DISEASE PREVALENCE

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Objective 1: Reduce adult obesity.

Objective 2: Decrease adult leisure time in-activity.

Objective 3: Reduce food insecurity.

Objective 4: Ensure food access is healthy food access.

Objective 5: Reduce adult diabetes.

Objective 6: Maintain adult cardiovascular mortality rate.

Objective 7: Reduce emergency department asthma visit rates.

### Background

Chronic diseases often lead to premature death. They also carry a significant economic burden with increased health care spending and lost earnings. Several risk factors contribute to this; however, the highest ones may be sedentary lifestyles and non-healthy food consumption along with social determinants of health. The means of preventing and controlling many chronic diseases are well established; however, chronic disease rates continue to climb.

Obesity is at epidemic proportions with Iowa ranking 12<sup>th</sup> in the nation for the highest obesity rate<sup>vii</sup>. Approximately 33% of Cerro Gordo County adults are obese which is higher than the state average of 31%. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status. Like the rest of the state and nation, Cerro Gordo County's rate has been continually increasing. The incorporation of physical activity into peoples' daily lifestyles is essential in reducing obesity. Higher participation of physical activity may be increased by providing access to safe neighborhoods, walkways, parks and other sites. Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Updated data shows that 27% of adults report no leisure-time activity<sup>viii</sup>.

### Indicator and Progress

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 1: Reduce the proportion of Cerro	Obesity is measured as the percent of adults age 20 and	30.1%	28%

Gordo County adults, aged 20 and older, who are obese from 30.1% to 28% by 2021.	over with a body, mass index of 30 or higher as self-reported.		
Objective 2: Reduce the proportion of Cerro Gordo County adults, aged 20 and older, who engage in no leisure time activity from 26.5% to 22% by 2021.	Physical Inactivity is the percentage of adults age 20 and over reporting no leisure-time physical activity.	26.5%	22%
<p><b>Progress</b></p> 			

**Success**

There are several initiatives occurring to increase access, educate, change systems, etc. so that opportunities for increased physical activity and better nutrition occur. The Cerro Gordo County Health Department expanded their healthy eating smartphone app to include trails, parks, fitness facilities, farmers’ markets, and community gardens. This provides access at people’s fingertips. The Cerro Gordo County Department of Public Health is working with Plymouth & Meservey to make physical activity easy, safe and accessible. The City of Plymouth has determined several park updates to work on (new basketball courts, walking path, pickleball court, disc golf course) and the disc golf course should be installed in the summer of 2017. Via a grant, fruit orchards are also being planned for Plymouth and Clear Lake in summer 2017. The City of Mason City’s East Park expanded their Frisbee golf course and installed exercise equipment. The Cerro Gordo County Health Department is also co-hosting the Mason City Bike Rodeo to encourage bicycling.

Cerro Gordo County Health Department staff assisted County Conservation in locating and applying for funding to expand the county-wide trail system. Edible landscaping will be placed along the Lime Creek Nature Center Trails in the summer of 2017. The public health dietitian updates recipe handouts for distribution at Community Kitchen and Hawkeye Harvest Food Bank and is working with a local group to offer cooking classes to low income population out of a commercial church kitchen in Mason City. Hy-Vee continues to offer DISH program for groups for a fee to increase nutritional intake

The public health dietitian will be assisting in providing cooking demos at the North Iowa and Clear Lake Farmer’s Markets this coming season, using budget-friendly recipes. Cerro Gordo County Health Department staff are collaborating with Clear Lake schools to support garden development at the elementary school and exploring farm-to-school options. Clear Lake Schools also implemented a Snack Shack which offers healthier alternatives for student athletes to focus on performance improvement. Mercy Medical Center has developed a media blitz focusing on youth to eat like a champion. Cerro Gordo County Health Department staff offers child care trainings to teachers and kitchen staff.

Several area stakeholders sit on the North Iowa Local Foods Coalition to advocate for food policies, programs, etc. to improve food landscape of north Iowa. Upcoming, in conjunction with the Iowa Planning Association, the Cerro Gordo County Health Department is hosting a health in all policies workshop focused on educating decision makers to consider economics for implications. Partners continue to collaborate on several initiatives like the Healthiest State Walk, Mason City Walking School Bus and Bike Safety Program, Blue Zones initiatives, increasing walkable/bikeable communities and so much more.

**Indicator and Progress**

<b>HIP Objective</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>Target 2021</b>
Objective 3: Reduce the Cerro Gordo County household food insecurity rate from 13.34% to 10% by 2021 by increasing access to healthy food.	Percent of food insecure people in Cerro Gordo County. Food insecurity refers to USDA’s measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.	13.34%	10%
<b>Progress</b> 			

**Success**

Each of the partners has pledged to increase access to healthful foods; we felt this very important to shift the focus from filling the hunger gap to feeding people what they deserve. As noted above, several partners sit on the North Iowa Local Foods Coalition and work to align initiatives where they can. Several agencies like Elderbridge, Women Infants & Children program and others support purchasing of healthy foods for their enrollees. North Iowa Community Action Organization provides healthy recipes to their clients which are usually 4 ingredient healthy recipes. Hy-Vee offers non-pristine fruits and vegetables at a lower cost and offers free fruit to children while parents shop.

Initiatives working with grocers to purchase and sell local produce continue through North Iowa Fresh, a group of stakeholders as to discussions to meet school kids hunger at school and at home. Clear Creek in Clear Lake is working on implementing a school garden for education and consumption of healthy options. These will teach children to grow and eat healthy foods.

**Indicator and Progress**

<b>HIP Objective</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>Target 2021</b>
Objective 4: Ensure that food access is “healthy” food access in all related	None	None	None

strategies.			
<b>Progress</b> 			

**Success**

Several programs and activities work to educate target audiences on what healthy food is. School gardens, healthy host menus in select restaurants, school classrooms, lunch and learn education at worksites, 1:1 nutrition coaching, grocery store projects, diabetes prevention programming, etc. all use education to prompt change. The second activity is about promoting healthful diets to those who may be restricted in some way or another (e.g. diabetes, celiac disease, etc.). This is done as needed.

**Indicator and Progress**

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 5: In Cerro Gordo County, by 2021, reduce by 2% the percent of adults who have been told by their medical provider that they have diabetes (baseline 9.4%)	Percent of adults who are told they have diabetes (Community Commons Report)	9.4%	7.4%
<b>Progress</b> 			

**Success**

Mercy North Iowa has several diabetic educators that see patients who are diagnosed with diabetes. The Cerro Gordo County Health Department is working on becoming a certified site that prevents diabetes through the Centers for Disease Control and Prevention. Teams are working together to develop a comprehensive diabetes prevention and treatment program. Cerro Gordo County Health Department staff is working with state and national diabetes leaders to integrate planning initiatives and activities along with securing funding sources to provide these services on an expanded community level. The YMCA has expressed interest in providing diabetes prevention services and has become a strong partner organization.

**Indicator and Progress**

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 6: With a large aging population, maintain Cerro Gordo	Rate of Cerro Gordo County deaths from coronary heart disease as provided by the Iowa	188.54/100,000	188.54/100,000

County coronary heart disease death rate at 188.54 per 100,000.	Department of Public Health Vital Statistics annual reports.		
<b>Progress</b> 			

**Success**

Mercy Cardiovascular Instituted is providing education to the residency program for cardiovascular disease. Beyond that, there is no routine concentrated education of target populations regarding heart disease. Annually the Cerro Gordo County Health Department campaigns in Heart Health Month to increase awareness of ways the public can improve their heart health. Mason City grade school children participate in the jumping for heart disease campaign annually also. The Cerro Gordo County Health Department offers services to worksites that include biometric monitoring, educational sessions, grocery store tours, Freedom from Smoking and Diabetes Prevention services; however, the biometrics and management determine the path that each worksite wellness program takes. To date, there has not been much work on activities in this objective.

**Indicator and Progress**

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 7: In Cerro Gordo County for those aged 5-64, reduce emergency department asthma visit rate from 165.3 per 10,000 to 145 per 10,000, by 2021.	Rate of Cerro Gordo County emergency department visit rate as reported by IDPH.	165.43/10,000	145/10,000
<b>Progress</b> 			

**Success**

There has been little to no work on this objective yet.

**Feasibility**

There has been a large amount of work over the past year addressing proper nutrition and increased physical activity for several target audiences like children, teachers, child care providers, etc. on individual to systems level; however, the data shows that the problem is getting worse. There is no steady source of funding for many agencies to focus on initiatives to prevent chronic disease. As national and state budgets get cut along with health care reimbursement, prevention efforts are being squeezed out.

## Next Steps

Work will continue according to the Health Improvement Plan. Revisions to the objectives are described below.

Objectives one and two (combined).

1. Create & encourage use of educational waiting room videos and easy recipes in health care & community facilities (i.e. Ped's clinic, NICAQ, etc.) (moved from January 2017 to January of 2018)
2. Create or adapt an existing tool for primary care physicians (e.g. eating healthy on a budget booklet or prescription for nutrition: providers give patients packaged meal with instructions, etc.) (moved from December 2016 to December 2018)
3. Develop standard practice to identify & engage individuals who are obese or at-risk for obesity (e.g. poor diet, inactivity, etc.) through multiple community agencies (moved from June 2017 to June 2019)
4. Target the high-risk families coming through primary care facilities & begin the discussion (moved from December 2017 to December 2019)

Discontinue work on Objective 4: activity one, educate the public on what healthy food is being done already by multiple agencies, each with their guidelines to follow. This has been incorporated through other initiatives outlined in the HIP. Activity two, develop promotional items/tools for use to reach people who need to eat healthfully but eat a special diet is mainly out of scope for community change. This effort would be more appropriate on an individual basis. Additionally, the objective is not measurable; therefore, success cannot be gained.

Objective five:

1. Ensure access to medication/consumable supplies for at-risk populations (move from June 2017 to December 2018)
2. Investigate working with pharmacies and other wellness providers to provide screening assessment and referral into diabetes prevention programming (move from June 2017 to December 2018)

Objective six:

1. Identify and assess current heart disease education in Cerro Gordo County (move from June 2017 to December 2017)
2. Identify barriers to access to healthy food and fitness activities & address these (move from July 2017 to December 2017)

Objective seven: Move all activities back one year from initial date

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## GOAL 6: IMPROVE THE HEALTH, FUNCTION AND QUALITY OF LIFE OF OLDER ADULTS

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Objective 1: Implement an aging in place model.

Objective 2: Reduce falls.

### Background

There is increasing urgency with aging in place to ensure we are prepared to manage the unprecedented demographic impact of the baby boom generation and the aging shift Cerro Gordo County is producing. Most adults when asked, would prefer to remain in their own home as long as possible. This may lead to an increased need for health and social services along with increased social connections.

Nearly 20% of the County population is ages 65 and older (Iowa=15%, U.S.=14.1%)<sup>ix</sup> and between the 2000 and 2010 Census, Cerro Gordo County lost 4.7% of its population. It's no surprise that micropolitan areas like Mason City, Iowa, are responsible for maintaining the employment, retail, medical, education and services hub for very rural areas in surrounding counties. However, in these micropolitan areas in Iowa, the median household income and employment is lower and poverty level is higher than in Iowa rural or metropolitan areas. It is this climax of conditions that is leading to the urgency to address aging in Cerro Gordo County.

### Indicator and Progress

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 1: By 2021, create and implement an aging-in-place, financially supported model in Cerro Gordo County.	This is measured by an established, self-sustaining program.	No program	Program is self-sustaining
<b>Progress</b> 			

### Success

The Cerro Gordo County Health Department has researched and created an experimental model of comprehensive care (safety, health and well-being) for the aging population set in a micropolitan/rural location. Our community will be more aging-friendly and link older individuals to inclusive,

comprehensive, coordinated care. The Health Director has engaged several individuals and organizations to set the wheels in motion for further developing the model and establishing a funding stream to begin.

**Indicator and Progress**

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 2: reduce the number of emergency department visit falls among older adults (65-84) from 3,975 to 3,775 per 100,000 population.	Cerro Gordo County rate of older adults who fall and visit the emergency department according to the Iowa Department of Public Health.	3,975/100,000	3,775/100,000
<p><b>Progress</b></p> 			

**Success**

There has been no work to date on this objective.

**Feasibility**

Activities are slated to begin in 2018; currently with the large HUD grant that the Health Department has and the developing Aging in Place model, additional staff will be needed to focus on fall prevention. This is a part of future Department planning.

**Next Steps**

Work will continue according to the Health Improvement Plan; there are no revisions.

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## GOAL 7: IMPROVE THE COUNTY'S ABILITY TO PREPARE FOR AND RECOVER FROM A MAJOR INCIDENT

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Objective 1: Increase disaster readiness.

### Background

Iowa's primary hazards are those associated with severe weather including heavy rains and flooding, tornadoes and high winds, ice storms and blizzards. Iowa has also been affected by hazardous materials spills both at fixed facilities and those associated with transportation accidents. Often, families are not prepared for surviving these hazards.

In a survey conducted by the Cerro Gordo County Department of Public Health, only 50.4% of respondents felt they were prepared for a natural or man-made disaster. Disasters can strike when people are at home, alone, with families, at school or any other location. That is why it is vital for each family to have a plan and to be ready.

### Indicator and Progress

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 1: Increase from 50% to 60% the percentage of Cerro Gordo County residents who self-report they are ready for a disaster by 2021.	The percent of respondents from a Cerro Gordo County survey who indicate disaster readiness.	50%	60%
<p><b>Progress</b></p> 			

### Success

Cerro Gordo County community organizations work together well to communicate and collaborate for exercises and preparedness activities. Emergency Management hosts monthly meetings for organizations to be together and move forward initiatives. In May of 2016, a community-wide tornado disaster exercise was held. Additionally, the Cerro Gordo County Health Department conducts its own exercises with partners to practice for outbreaks or other specific events. A mock foodborne illness exercise was conducted in the fall of 2016. Several marketing efforts focus on preparedness awareness were created and released in the fall to include social media, guest editorials and radio interviews. Staff attended community events like National Night Out, Fun and Sun and others to encourage family communication plans.

### **Feasibility**

Disaster preparedness is innately difficult to measure and ensure. It relies on each person or family to take onus in educating themselves and putting the resources in place that will help their family get through and emergency. Conducting community-wide exercises is a huge endeavor that takes weeks of planning and multiple resources to conduct; however, the value in these outweighs the cost.

### **Next Steps**

Work will continue according to the Health Improvement Plan. Revisions to the objective are described below.

Timeline adjusted for one activity within the first objective.

1. Support the Emergency Management Authority in organizing as a 501(c)3 for funding (moved from December 2017 to June of 2019)

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## GOAL 8: STRENGTHEN COMMUNITY ORGANIZATION & INDIVIDUAL PARTNERSHIPS

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Objective 1: Collaboratively change policy.

### Background

There is a shift happening in the way our community makes decisions about policies, programs, and the allocation of its resources and, ultimately, in the way it delivers services to its citizens. Organizations are beginning to work in partnership versus silos and truly collaborate on initiatives if we are to positively impact the health of Cerro Gordo County residents.

There are eight organizations, with ten staff members and one community member who serve on the Steering Team. Please see Appendix A for current membership list.

### Indicator and Progress

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 1: By 2021, as a partnership, change one policy or program to better serve constituents' needs.	This will be measured by group work toward a selected policy change	0	1
<b>Progress</b> 			

### Success

The CHIP Steering Team meets quarterly to discuss projects, progress, new assets and services, and arising issues in the community. Outcomes include funding opportunity collaboration, increased awareness of services and programs and greater trust. The Team has determined that multiple agencies conducting individualized community health assessments and health improvement plans is a waste of resources. Individuals are working on developing a system that will allow for one assessment could lead to fewer improvement plans. Work has begun on discussing community-wide messaging and promotion activities and for utilizing a data sharing platform.

### Feasibility

The Steering Team is a dedicated group of individuals who are experts in their field, but willing to work across funding requirements and new territory to improve the health of people living in north Iowa. Continued work relies on this dedication and goodwill.

## Next Steps

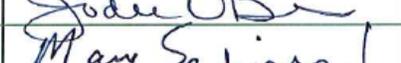
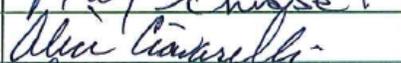
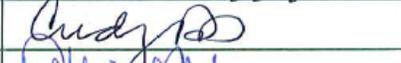
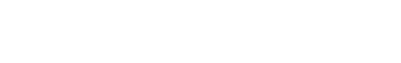
Work will continue according to the Health Improvement Plan; there are no revisions.

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- <sup>i</sup> Iowa Department of Human Services. (2015) <https://dhs.iowa.gov/reports/child-abuse-statistics>
- <sup>ii</sup> American Community Survey. (2015). <https://www.census.gov/acs/www/data/data-tables-and-tools/index.php>
- <sup>iii</sup> Iowa Department of Public Health. (2015). Childhood lead poisoning prevention program <http://idph.iowa.gov/lpp>
- <sup>iv</sup> County Health Rankings. (2017) <http://www.countyhealthrankings.org/app/iowa/2017/rankings/cerro-gordo/county/factors/overall/snapshot>
- <sup>v</sup> County Health Rankings. (2017) <http://www.countyhealthrankings.org/app/iowa/2017/rankings/cerro-gordo/county/factors/overall/snapshot>
- <sup>vi</sup> State of Iowa Alcoholic Beverages Division (2017). <https://abd.iowa.gov/annual-reports>
- <sup>vii</sup> Trust for America's Health. (2017). <http://stateofobesity.org/states/ia/>
- <sup>viii</sup> County Health Rankings. (2017) <http://www.countyhealthrankings.org/app/iowa/2017/rankings/cerro-gordo/county/factors/overall/snapshot>
- <sup>ix</sup> American Community Survey. (2017). <https://www.census.gov/acs/www/data/data-tables-and-tools/index.php>

# Cerro Gordo County Health Improvement Steering Team/Coalition Membership

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April 28, 2017

Name	Organization	Signature
Ronald Osterholm	Cerro Gordo County Department of Public Health	
Andrew Eastwood	Wellsource	
Jodee O'Brien	United Way of North Central Iowa	
Mary Schissel	Cerro Gordo County citizen	
Alice Ciavarelli	Mason City Youth Task Force	
Cindy Davis	North Iowa Community Action Organization	
Debbie Abben	Mercy Medical Center North Iowa	
Kelly Grunhovd	Prairie Ridge Integrated Health Services	
Alyse DeVries	Cerro Gordo County Department of Public Health	
Janette Powell	Cerro Gordo, Hancock, Worth Early Childhood Area	
Kara Vogelson	Cerro Gordo County Department of Public Health	