

Community Health Improvement Plan Progress Report

Cerro Gordo County, Iowa | 6-month progress report

December 2, 2016

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Introduction

The Cerro Gordo County Community Health Improvement Plan (CHIP) was developed to address concerns shown in the Community Health Assessment. This community-owned, joint health improvement plan considers social determinants of health, causes of health risks and health inequity.

The CHIP was adopted May 13, 2016, and work began June 1st. Progress is tracked using an Excel workbook that includes goals and strategies, responsible partner and the results to date. Please see the following narrated highlights of progress our community has made in the first 6 months to reach our goals.

Cerro Gordo County Guiding Statement

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

Call to Action: If you would like to join the team working on the Health Improvement Plan, please email Kara kvogelson@cghealth.com

Goal 1: Increase safe, stable, nurturing relationships & environments for children

Activities focused on gathering data and information to understand the community's baseline for childhood behavior, social and emotional screening programs and where to access relevant data. There is a compilation of social-emotional screening tools currently used to assess children ages 0-5 within the community. By knowing what tools are being used, the group will have more comprehension of what data can be gathered and in turn, what issues can be addressed through focused interventions. Laterally, partners focused on promoting the use of screening tools in health care and other settings and then gathering and using the data.

Work began on developing a system for data collection regarding childhood mental health and well-being. Partners met with representatives for data gathering systems to discuss demographic, participation, attendance, behavior and other relevant data on school-aged children.

In a parallel effort, supporting nurtured heart approach and other available trainings that focus on increasing parenting skills, increasing self-calming abilities and increasing emotional capability. Several organizations offer and have institutionalized these trainings including Head Start curriculum, Character Counts, teacher/parent child interaction therapy, positive behavioral interventions and supports along with nurtured heart.

Goal 2: Increase access to safer housing

Understanding how housing and other socio-economic factors influence health is concentrated in this goal, but affects all CHIP goals. Several Global Information System (GIS) layers have been produced to display relationships between diseases and locations. Layers include home value, multi-unit housing, poverty level, race, percent of population younger than 5 years of age, vacant housing, percent of homes lacking kitchens and plumbing, percent of homes built before 1980. People are using this data to prioritize highest-need areas based on indicators or risk factors. This data will inform targeted outreach for specific programming like lead poisoning.

Cerro Gordo County was awarded a Housing and Urban Development grant to address healthy housing issues with attention on childhood lead poisoning prevention and safe housing. Within this initiative, several community partners are functioning together.

Due to several hospitalizations, carbon monoxide was separated from other healthy homes issues and spotlighted. Increasing community awareness began with media interventions including newspaper articles and television interviews along with website and social media messages to increase awareness regarding the dangers of carbon monoxide poisoning. Carbon monoxide detectors and education are a part of the grant outlined in the previous paragraph.

Goal 3: Broaden health care to include mental health and promote health outside the medical system

The community felt strongly that health care should not separate mental health from its auspices and increasing access to mental health interventions is vital to a healthy Cerro Gordo County. Additionally, health care needs to evolve in our community to include interventions outside of the traditional medical system. Health care should include prevention, acute care, resiliency, treatment, and sustainability to be a comprehensive system that is truly citizen-focused.

To this goal, the group has been investigating use of telemedicine and blanketing the community with trauma informed care training. The North Iowa Trauma Initiative brought together multiple sectors to build a trauma-informed region. The goal is to provide awareness, education and assessment of trauma principles and practices to north Iowa to directly impact the livelihood of Cerro Gordo County. Additionally, the local jail has been working with a therapist through the mental health center to reduce recidivism. This same therapist will begin working with the local police department as a mental health liaison to potentially divert people from incarceration or commitment.

The local Buena Vista University has a mental health counseling program; the benefit of having a local education program is that mental health providers may decide to locate in the area. This program is offering the chance for placement in local agencies for practicums and internships which may increase access to mental health professionals in the community.

The Cerro Gordo County Community Care Coordination program continues to work on addressing social determinants of health, mental health and chronic care conditions to improve the health status of the community. Shared software allows for increased communication and addressing social needs.

Goal 4: Reduce substance abuse among adults

Wholly-owned Mercy Medical Center-North Iowa clinics utilize the Screening, Brief Intervention, Referral and Treatment (SBIRT) form with appropriate patients. Qualifying individuals are being

referred to Prairie Ridge Integrated Health whereupon they can choose to seek treatment. The Health Department has been increasing awareness of alcohol consumption in North Iowa. Our high rate and acceptance of alcohol abuse is a culture shift that is being addressed through this intervention.

The Tobacco Partnership, a local coalition, is using a mass media calendar to ensure saturation of quarterly tobacco use prevention messaging. The Partnership is campaigning and advocating together from multiple organizations to provide the constant message to prevent or cease tobacco use. The Partnership is influencing local school systems in their research to provide tobacco prevention curriculum. Additionally, two community agencies are holding quarterly Freedom from Smoking clinics to provide an evidence based method to help people quit.

Through non-governmental partners, lobbying and advocacy is occurring to pass the Tobacco 21 initiative.

Goal 5: Decrease chronic disease prevalence

One of the largest CHIP goals, this one addresses increasing healthful diets and physical activity while reducing disease. Work has begun on creating new GIS layers to map parks, fitness facilities, farmer's markets and community gardens. Through a public health smartphone app, the public can easily locate healthy places to eat and places to exercise. The City of Mason City has placed multiple new pieces of exercise equipment in numerous City parks to increase access to free exercising options.

Meservey and Rock Falls are working on identifying options to increase physical activity specifically within in their communities through a prescribed method of assessment, gap identification, strategizing and deploying activities. Goals in their plans align with CHIP goals to make physical activity easy, safe and accessible. Each has completed an assessment, identified gaps and is strategizing about options that will work in their communities. Committees in each community are leading this grassroots effort for environmental change. Through County Conservation, the Cerro Gordo County trail system is continually adding mileage or increasing opportunities for healthy eating or exercising along the trail.

Several sites were targeted due to their unique populations to increase healthy food options or to increase nutritional choices as well.

- Community Kitchen and Hawkeye Harvest Food Bank were targeted to increase access to healthful food; to this end, dietitians create simple, affordable recipe handouts coordinated with the food available so people can cook at home.
- Childcare centers have been taking trainings to learn how to increase nutritious options for the children they teach and care for.

- In the fall of 2016, one school worked with a dietitian to provide healthier snack options for student athletes. These options are specified for athletic performance (i.e. protein for weight lifters or healthy high carb options for runners).
- Farmer's Markets have been targeted for future healthy cooking demonstrations and to increase vendor acceptance of EBT low income program dollars.
- Local schools are working on school gardens for education and consumption of healthy options.

Additionally, Mercy Medical Center is presently hosting a media blitz to target youth and compel them to eat like a champion.

The community has begun creating a comprehensive diabetes prevention, management and treatment system with several entities working together. There is an ongoing Diabetes Prevention Program hosted by the health department where eligible area at-risk citizens can learn how to reduce their chances of developing type 2 diabetes and the local medical system is teaching self-management of those with type 2 diabetes. Each program refers to the other as appropriate.

Goal 6: Improve the health, function & quality of life of older adults

Cerro Gordo County has a large population of older citizens who suffer disproportionately from isolation, health issues and the inability to stay in their homes safely as long as they would like. Several individuals and organizations have been meeting to develop a comprehensive innovative system to help people age in place. Individuals have been working on researching effective models and adapting those for Cerro Gordo County. Additionally, work on falls prevention began this past autumn with the Iowa Agency on Aging.

Goal 7: Improve the County's ability to prepare for and recover from a major incident

In the past six months, there have been a few instances of community involvement in preparedness efforts. In May of 2016, a community-wide tornado disaster exercise commenced involving over twenty agencies and hundreds of people. Scenarios played out and partners responded collaboratively. Preparedness awareness was delivered in September via multiple methods. In November of 2016, another exercise was held, this time addressing foodborne illness issues. Several local and state agencies worked through a table-top exercise to gauge readiness for response. Moreover, the County Emergency Management Agency hosts a coalition representing multiple area agencies that meets monthly to prepare for disasters.

Goal 8: Strengthen community organization & individual partnerships

This goal provides an arching umbrella over all other goals within the CHIP. Its sole focus is to compel local organizations to work truly collaboratively. Determined efforts not to duplicate programs or compete for funding have been made over the past six months and the group voted to align agency community health needs assessments and health improvement plans. This moves the community one step closer to cohesion on initiatives. The CHIP coalition has been meeting regularly to discuss advancements and other pertinent or emerging community issues or strategies. Agencies are working toward speaking with one voice, advocating on similar issues and multiplying all of our efforts.

Please see Appendix A for the adopted original Cerro Gordo County Health Improvement Plan work plan. If you have any questions about the plan or this report, please contact Kara Vogelson, CHIP coordinator at the Cerro Gordo County Department of Public Health: kvogelson@cghealth.com or 641.421-9343.

| GOAL #1: Increase safe, stable, nurturing relationships and environments for children. | | | |
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| Tie to National or State Improvement Plans, if any | Healthy People 2020: Prevent violence and reduce its consequence. | | |
| Objective 1: By 2021, reduce the child abuse rate from 24.1 per 1,000 population to 21.1 per 1,000 population in Cerro Gordo County. | | | |
| <i>Brainstormed root causes, if available: poor parenting, limited resilience in children</i> | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| Adopt the CDC's Essentials for Childhood Framework | July 2016 | All | Evidence Based http://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html |
| Build awareness to 1.) adopt the vision to assure safe, stable, nurturing relationships and environments for every child, and 2.) make the connection with alcohol/drug abuse | June 2017 | Wellsorce & Prairie Ridge | |
| Identify all development and social-emotional screening tools that are being used to assess children ages 0-5 (e.g. Ages & Stages) | June 2017 | Wellsorce | |
| Develop a system to gather and synthesize relevant data from the tools | June 2017 | Wellsorce | |
| Identify critical screening gaps | December 2017 | Wellsorce | |
| Promote use of screening in healthcare & other settings and ensure that the data collected is used | June 2018 | Wellsorce & Prairie Ridge | |
| Support the use of Nurtured Heart Approach (NHA) and other programs for children, parents, caregivers, teachers and other stakeholders | July 2016 | North Iowa Community Action Organization | Neither, but working toward recognition: http://difficultchild.com/nurtured-heart-approach/nha-research/ |
| Support NHA area trainings & other trainings that specifically focus in 1.) increasing parenting skills, 2.) increasing self-calming abilities, and 3.) increasing emotional capability - encourage attendance for parents and caregivers | July 2018 | North Iowa Community Action Organization | |
| Inventory current & support promising practice or evidence based parenting programs | June 2017 | Prairie Ridge & All | |

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| Teach children to deal with stress through school-based and health care interventions | December 2019 | Wellsource | |
| Develop a model to show opportunities for building resiliency along the continuum (determine all points in life for intervention) along with hand-offs to different agencies | July 2018 | Wellsource | |

| GOAL #2: Increase access to safer housing. | | | |
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| Tie to National or State Improvement Plans, if any | Healthy People 2020: Promote health for all through a healthy environment | | |
| Objective 1: By 2021, reduce the proportion of substandard housing in Cerro Gordo County from 24.51% to 22%. | | | |
| <i>Brainstormed root causes, if available: Mason City serves as a regional hub for low-skilled people who are seeking work & health services which may be causing higher demand for housing, including substandard</i> | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| Assess current code requirements for cities and rural areas in Cerro Gordo County | December 2016 | Cerro Gordo County Department of Public Health | |
| Locate and/or create GIS Mapping of substandard housing, socioeconomic factors, housing age, HUD supported homes & other pertinent health factors (Prioritize by highest percentage Census tracts N&W MC-1 st , N&E MC-2 nd , then county-wide) | December 2017 | Cerro Gordo County Department of Public Health | |
| Provide targeted education and/or training for landlords, tenants and owners regarding housing concerns in identified area(s) | December 2018 | Cerro Gordo County Department of Public Health | |
| Seek funding sources to address healthy homes (including lead) issues for residents via methods that are evidence based | December 2017 | Cerro Gordo County Department of Public Health | National Center for Healthy Housing: http://www.nchh.org/Portals/0/Contents/Housing%20Interventions%20and%20Health.pdf |

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| As necessary, work with local officials to develop policy and methods for enforcement | December 2018 | Cerro Gordo County Department of Public Health | |
| Partner with traditional and non-traditional area agencies to pool resources and funding to address substandard housing needs | December 2017 | Cerro Gordo County Department of Public Health | |
| 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. | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| Advocate for a bill in legislature to increase carbon monoxide detector requirements in homes | June 2018 | Cerro Gordo County Department of Public Health | Policy implication: To improve public health outcomes, evidence-based policy is developed through a continuous process that uses the best available quantitative and qualitative evidence |
| Work with insurance companies to change their policy to allow for discount on premiums if you can prove it | June 2018 | Cerro Gordo County Department of Public Health | |
| Educate the public on the dangers of carbon monoxide poisoning and sources of it to increase awareness of, demand for, and appropriate use of detectors. The messages will be delivered through multiple channels, one of which must be mass media, to provide multiple opportunities for exposure | December 2016 | Cerro Gordo County Department of Public Health | Community Guide http://www.thecommunityguide.org/healthcommunication/campaigns.html |
| Locate funding to purchase and give-away carbon monoxide and/or combination detectors | December 2017 | Cerro Gordo County Department of Public Health | |

| GOAL #3: Broaden health care to include mental health and promote health outside the medical system | | | |
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| Tie to National or State Improvement Plans, if any | | Healthy People 2020: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services. | |
| Objective 1: By 2021, integrate psychiatry into a holistic medical care model in Cerro Gordo County. | | | |
| <i>Brainstormed root causes, if available: N/A</i> | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| Research existing models for primary & mental health integration | December 2017 | Wellsource & Mercy North Iowa | |
| Select a model to utilize and develop a plan for the whole-health approach/integration | December 2019 | Wellsource & Mercy North Iowa | Select evidence-based model: http://www.integration.samhsa.gov/integrated-care-models https://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Downloads/HH-IRC-Collaborative-5-13.pdf |
| Pilot the integration; <ul style="list-style-type: none"> At a minimum the piloted project will emphasize a shift to prevention and coping versus prescription use for treatment. | December 2020 | Wellsource & Mercy North Iowa | |
| Bring community awareness to local mental health needs | December 2017 | Wellsource | |
| Work with economic expansion leaders and legislators to make Cerro Gordo County attractive to mental health providers | December 2019 | Wellsource | |
| Develop relationships with schools where mental health graduates could be recruited | June 2017 | Wellsource | |

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| Determine expansion of mental health services at other sites where the integration is not being targeted <ul style="list-style-type: none"> Integrate use of ACES tool across multiple programs/organizations Investigate expansion of tele-health Determine a plan of action for expansion | June 2017 | Wellsorce | |
| Objective 2: By 2021, expand the organizations actively engaged in the Cerro Gordo County community care coordination (CCC) model to impact better health outcomes. | | | |
| Seek funding source and/or support self-sufficiency to support the current CCC model for all partners | December 2019 | Mercy North Iowa | |
| Add new Steering Team members/stakeholders and convene at least quarterly | December 2019 | Mercy North Iowa | |
| Work as a team for patient care in community based and clinical settings | December 2019 | Mercy North Iowa | |
| Maintain utilization of TAV Connect for share documentation of CCC efforts | December 2019 | Mercy North Iowa | |

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| GOAL #4: Reduce substance abuse among adults. | | | |
| Tie to National or State Improvement Plans, if any | Healthy People 2020: Reduce substance abuse to protect the health, safety, and quality of life for all, especially children. | | |
| Objective 1: In Cerro Gordo County, reduce the heavy alcohol consumption rate from 21.5% to 19.5% by 2021. | | | |
| <i>Brainstormed root causes, if available: N/A</i> | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| Increase outreach and education on adult binge drinking through environmental strategies, identification and referral to treatment | June 2017 | Prairie Ridge | |
| Determine why adults are consuming alcohol heavily (as defined by data source) | June 2017 | Prairie Ridge | |
| Adopt use of SBIRT throughout Mercy system and independent providers; make referrals out (this applies | December 2017 | Mercy North Iowa | |

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| to the next objective as well) | | | |
| Promote and encourage use of adult coping skills via available counseling and treatment | | June 2018 | Prairie Ridge |
| Bring awareness of alcohol use/abuse with the adult population | | December 2016 | Prairie Ridge |
| Tie to National or State Improvement Plans, if any | Healthy People 2020: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure. | | |
| Objective 2: In Cerro Gordo County, reduce the adult smoker percentage from 19.6% to 16% by 2021. | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| 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 | December 2016 | Mercy North Iowa | |
| Support & enhance the Cerro Gordo County comprehensive tobacco control program: <ul style="list-style-type: none"> • Provide assistance to the coalition to pursue programming and policies to reduce T/N use & policy • Implement a mass-reach health communication intervention to inform individual and public attitudes about T/N use and second-hand smoke; share messaging across organizations & include e-cigarette information | December 2016 | Cerro Gordo County Department of Public Health | The Community Guide: http://www.thecommunityguide.org/tobacco/comprehensive.html |
| Promote and expand existing evidenced-based cessation services (e.g. Freedom from Smoking) by training more individuals to teach as well as increasing & enhancing screening to improve referrals & attendance | December 2016 | Cerro Gordo County Department of Public Health | The Community Guide: http://www.thecommunityguide.org/tobacco/comprehensive.html |
| Write relevant policies (i.e. a retailer/outlet maximum number policy) and advocate for change | December 2017 | Cerro Gordo County Department of Public Health | |
| Lobby to pass Tobacco-21 through Trinity Health across Iowa | January 2020 | Mercy North Iowa | https://www.legis.iowa.gov/le |

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| | | | gislation/BillBook?ba=SF2016&ga=86 |
| Research and review existing family-focused cessation programming. If relevant, consider implementing in Cerro Gordo County & target homes with parents who smoke | December 2017 | Cerro Gordo County Department of Public Health | |
| Prevent youth from starting via after-school programs and supporting in-school curriculum | August 2017 | Cerro Gordo County Department of Public Health | |

| Goal #5: Decrease chronic disease prevalence. | | | |
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| Tie to National or State Improvement Plans, if any | Healthy People 2020: Promote health and reduce chronic disease risks through the consumption of healthful diets & achievement & maintenance of healthy body weights. | | |
| Objective 1: Reduce the proportion of Cerro Gordo County adults, aged 20 and older, who are obese from 30.1% to 28% by 2021. | | | |
| 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. | | | |
| <i>Brainstormed root causes, if available: lack of accessibility with food & physical activity, knowledge/education</i> | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| <i>Physical Activity</i> | | | |
| Advocate for alternative leisure time activities available in the county (i.e. yoga, parks & rec, fitness centers, Lime Creek—biking trails, cross-country skiing, pickle ball, Frisbee, etc.) | December 2017 | Cerro Gordo County Department of Public Health & Mason City Youth Task Force | |
| Encourage additions of exercise equipment to local parks to encourage cardiovascular activities | December 2017 | Mason City Youth Task Force | CDC: recommended community strategies & measurements to prevent obesity #16: www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm |

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| Support and coordinate efforts with the City of Mason City, City of Clear Lake, County Conservation and other entities to implement built environment and related plans, including trail development | December 2016 | Cerro Gordo County Department of Public Health | CDC: recommended community strategies & measurements to prevent obesity #17 & #18: www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm |
| <i>Nutrition</i> | | | |
| Provide education on cooking healthy food on a budget to targeted populations (e.g. crockpot program at the Food Bank, recipe handouts at Community Kitchen, etc.) | December 2017 | Cerro Gordo County Department of Public Health | |
| Initiate Farm-to-School Program(s) & expand farm-to-table programs | September 2018 | Cerro Gordo County Department of Public Health | CDC: recommended community strategies & measurements to prevent obesity #5: www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm |
| Work with and support schools for more healthy school food options | September 2018 | Cerro Gordo County Department of Public Health | |
| Support & expand community gardens and Farmer's Markets to ensure residents have access to fresh produce | June 2017 | North Iowa Food Coalition | CDC: recommended community strategies & measurements to prevent obesity #5: www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm |
| Increase access to healthy food choices for food subsidy program users (WIC, SNAP, etc.) and decrease unhealthy options (e.g. reduce usage at convenience stores) | June 2019 | Cerro Gordo County Department of Public Health | Policy implication |
| Create & encourage use of educational waiting room videos and easy recipes in health care & community facilities (i.e. Ped's clinic, NICA0, etc.) | January 2017 | Cerro Gordo County Department of Public Health | |

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| 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.) | December 2016 | Cerro Gordo County Department of Public Health | |
| <i>Both</i> | | | |
| 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 | June 2017 | Mercy North Iowa | |
| Target the high-risk families coming through primary care facilities & begin the discussion | December 2017 | Mercy North Iowa | |
| Advocate for change in food system (lower subsidies for healthy foods) & built environment | June 2019 | North Iowa Community Action Organization | Policy implication: To improve public health outcomes, evidence-based policy is developed through a continuous process that uses the best available quantitative and qualitative evidence |
| Support Health in All Policies; assess current policies that support healthy lifestyles | June 2018 | Cerro Gordo County Department of Public Health | |
| Coordinate physical activity & nutrition initiatives with groups working to make Cerro Gordo County healthier (e.g. Blue Zones) | December 2016 | All | |
| Objective 3: Reduce the Cerro Gordo County household food insecurity rate from 13.34% to 10% by 2021 by increasing access to healthy food. | | | |
| <i>Brainstormed root causes, if available: N/A</i> | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| Pledge to increase access to foods in healthful ways | December 2016 | All | |
| Align initiatives with the North Iowa Local Foods Coalition Strategic Plan & support each other | December 2016 | All | |
| GIS map related food locations & data (listed above and additional items) to show gaps and/or needs | June 2017 | Cerro Gordo County Department of Public Health | |

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| Develop a plan based on those needs to include at a minimum working with local grocers to increase local food purchase and sale | August 2017 | Cerro Gordo County Department of Public Health & North Iowa Local Foods Coalition | |
| Bring awareness to food insecurity as an issue and speak with one voice | August 2017 | Cerro Gordo County Department of Public Health | |
| Work with the food banks to educate staff, volunteers and donators on what healthy food is and to implement environmental changes at the bank | August 2017 | Cerro Gordo County Department of Public Health | |
| Develop an initiative/plan to teach children to grow and eat healthy foods by working with the school systems to 1.) ensure that no child begins a school day on an empty stomach, 2.) support schools to offer healthy foods, & 3.) educate regarding what healthy food is | June 2017 | Cerro Gordo County Department of Public Health | |
| Objective 4: Ensure that food access is “healthy” food access in all related strategies. | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| Educate the public on what healthy food is | June 2017 | Cerro Gordo County Department of Public Health | |
| Develop several promotion items and/or tools for organizations to use to reach people who need to eat healthily, but eat a special diet (i.e. food allergy, diabetic, etc.) | June 2017 | Cerro Gordo County Department of Public Health | |
| Tie to National or State Improvement Plans, if any | Healthy People 2020: Reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM. IDPH Diabetes Statewide Plan: Prevent diabetes from occurring in lowans (primary prevention) | | |
| 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%) | | | |
| <i>Brainstormed root causes, if available: N/A</i> | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| Align with existing statewide prevention-focused efforts including the State Innovation Model | December 2020 | Mercy North Iowa | |

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| Collaborate with partners & stakeholders to support and implement effective primary prevention efforts | December 2017 | Cerro Gordo County Department of Public Health | |
| Develop standard care guidelines to assess readiness for diabetes programs for community organizations and health care facilities | December 2020 | Mercy North Iowa | |
| Increase participation in diabetes primary prevention programs (National Diabetes Prevention Program) <ul style="list-style-type: none"> Educate providers & consumers about the purpose and locations of services; this includes shared messaging for community partners via social media & community educational materials distribution (e.g. grocery, drug & convenience stores) Increase provider early identification and referral to primary prevention programming | June 2017 | Cerro Gordo County Department of Public Health | NDPP: http://www.cdc.gov/diabetes/prevention/index.html |
| SDH: Remove barriers to care: Ensure access to medication/consumable supplies for at-risk populations | June 2017 | Cerro Gordo County Department of Public Health | |
| Investigate working with pharmacies and other wellness providers to provide screening assessment and referral into diabetes prevention programming | June 2017 | Cerro Gordo County Department of Public Health | |
| Advocate for healthy environments that promote health and wellness (e.g. physical activity opportunities) | December 2017 | Cerro Gordo County Department of Public Health | |
| Provide education on healthy diabetic-friendly food purchase & preparation through release of information to other providers and services (i.e. grocery stores, YMCA) | December 2017 | Cerro Gordo County Department of Public Health | |
| Tie to National or State Improvement Plans, if any | Healthy People 2020: Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events. | | |
| Objective 6: With a large aging population, maintain Cerro Gordo County coronary heart disease death rate at 188.54 per 100,000. | | | |

| <i>Brainstormed root causes, if available: N/A</i> | | | |
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| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| Identify and assess current heart disease education in Cerro Gordo County | June 2017 | Cerro Gordo County Department of Public Health | |
| Implement a community awareness campaign including community education and shared messaging among partners. Marketing visuals will emphasize cost-benefit of physical activity programs/services | January 2018 | Cerro Gordo County Department of Public Health | |
| Support and enhance current heart disease programs that prevent risk factors (high blood pressure & cholesterol, tobacco use, physical inactivity & poor nutrition) | January 2018 | All | |
| Develop & ensure a heart disease specific care path is followed by all entities including referrals for risk factors noted above (Long Term Care, Hospitals, home care, clinics, fitness facility, etc.) <ul style="list-style-type: none"> Ensure that the care path is evidence based: health risk assessment & feedback combined with health education programs (reduce risk of cholesterol & blood pressure) | January 2018 | Mercy North Iowa | https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/recommendations-for-worksite-based-interventions-to-1 |
| Work with worksites to select high-impact strategies for cardiovascular health promotion: <ul style="list-style-type: none"> High blood pressure & cholesterol management (health insurance coverage for no or low costs for control medications and home-monitoring) Tobacco Control: implement no-tobacco policies & ensure insurance coverage for cessation devices Nutrition: make >50% of food and beverage choices available be healthier; subsidize | January 2018 | Cerro Gordo County Department of Public Health | Million Hearts Initiative: http://millionhearts.hhs.gov/files/MH_Employer_Action_Guide.pdf |

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| healthier foods & beverages | | | |
| <ul style="list-style-type: none"> Physical Activity: provide environmental supports for physical activity, provide individual or group activity for employees | | | |
| SDH: Identify barriers to access to healthy food and fitness activities & address these | July 2017 | Cerro Gordo County Department of Public Health | |
| Tie to National or State Improvement Plans, if any | Healthy People 2020: Promote respiratory health through better prevention, detection, treatment, and education efforts. | | |
| 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. | | | |
| <i>Brainstormed root causes, if available: N/A</i> | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| SDH: Work with area asthmatics to understand their barriers to controlling asthma (e.g. financial, understanding of medication use, proper nebulizer treatment, second hand smoke etc.) | June 2017 | Cerro Gordo County Department of Public Health | |
| Develop a plan of care for asthma control addressing the barriers; the plan of care should include: <ul style="list-style-type: none"> environmental risk assessment training/education for healthcare providers education for schools education for homes | December 2017 | Cerro Gordo County Department of Public Health & Mercy North Iowa | The Community Guide: http://www.thecommunityguide.org/asthma/multicomponent.html |
| Seek funding for and pilot the action plan/plan of care | June 2018 | Cerro Gordo County Department of Public Health | |
| Develop an education campaign for asthmatics to include: <ul style="list-style-type: none"> Environmental affects (tobacco smoke, air quality, pest control, soft materials, etc.) Exercising Air quality | December 2017 | Cerro Gordo County Department of Public Health | |

| Goal #6: Improve the health, function & quality of life of older adults. | | | |
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| Tie to National or State Improvement Plans, if any | Healthy People 2020: Improve the health, function and quality of life of older adults. Iowa State Plan on Aging, Goal 2: Enable Iowans to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers https://www.iowaaging.gov/sites/files/aging/documents/Iowa%20State%20Plan%20on%20Aging%20FFY2014-2015.pdf | | |
| Objective 1: By 2021, create and implement an aging-in-place, financially supported model in Cerro Gordo County. | | | |
| <i>Brainstormed root causes, if available: support the shift from medical to holistic/public policy change; revitalize neighborhoods</i> | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| Develop a vision statement and definition for aging-in-place | June 2017 | Cerro Gordo County Department of Public Health | |
| Assess current in-home care providers and services offered that help keep people in their homes; include home maintenance. | December 2017 | Cerro Gordo County Department of Public Health | |
| Provide a report of current services and gaps in service | January 2018 | Cerro Gordo County Department of Public Health | |
| Research models in use | January 2018 | Cerro Gordo County Department of Public Health | https://www.huduser.gov/portal/periodicals/em/fall13/highlight3.html#title |
| Work with the community to build support for aging-in-place models | June 2018 | Cerro Gordo County Department of Public Health | |
| Inform community about steps they can take to age in place or help others: focus on preventive measures, improve environments, increasing safety in neighborhoods; also educate about this initiative | June 2018 | Cerro Gordo County Department of Public Health | |

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| Commence a group of organizations (e.g. Elderbridge) and the target population to develop an aging-in-place strategic plan | March 2018 | Cerro Gordo County Department of Public Health | |
| Develop a model & include provision of public policies to re-vamp property tax for seniors | June 2018 | Cerro Gordo County Department of Public Health | |
| Objective 2: In Cerro Gordo County, reduce the number of emergency department visit falls among older adults (65-84) from 3,975 to 3,775 per 100,000 population. | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| Support and/or implement older adult, community-based fall prevention initiatives to include exercise-based, home modification and multifaceted interventions | June 2019 | Cerro Gordo County Department of Public Health | http://www.cdc.gov/HomeandRecreationalSafety/pdf/CDC_Falls_Compendium_lowres.pdf |
| Develop a system between hospital discharge and home setting assessment inspection | June 2018 | Cerro Gordo County Department of Public Health | |
| Increase the use of fall risk assessment & risk reduction in the target populations' homes | June 2018 | Cerro Gordo County Department of Public Health | |

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| Goal #7: Improve the County's ability to prepare for and recover from a major incident. | | | |
| Tie to National or State Improvement Plans, if any | Healthy People 2020: Improve the Nation's ability to prevent, prepare for, respond to, and recover from a major incident. | | |
| 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. | | | |
| <i>Brainstormed root causes, if available: N/A</i> | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| Involve the community, organizations, individuals in | August 2020 | Emergency Management | |

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| planning and a mock drill (exercising) | | Agency | |
| Market preparedness awareness, signing up for Code Red, keeping a weather radio in home & general preparedness; share messages among partners | December 2016 | Cerro Gordo County Department of Public Health | |
| Work with families to create a communication plan and implement that in their homes | June 2018 | Cerro Gordo County Department of Public Health | |
| Locate funding and work with schools to prepare “go-kits” for distribution | August 2020 | Cerro Gordo County Department of Public Health | |
| Create a preparedness app for Smartphones as a mobile resource for use during & after disaster | August 2020 | Cerro Gordo County Department of Public Health | |
| Support the Emergency Management Authority in organizing as a 501(c)3 for funding | December 2017 | Cerro Gordo County Department of Public Health | |

Goal #8: Strengthen community organization & individual partnerships.

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| Tie to National or State Improvement Plans, if any | | | |
| Objective 1: By 2021, as a partnership, change one policy or program to better serve constituents’ needs. | | | |
| <i>Brainstormed root causes, if available: N/A</i> | | | |
| Strategies | Timeline | Lead Agency | Promising Practice or Evidence Base, if applicable |
| Make a concerted effort to not duplicate programs and/or compete for funding/programming | Ongoing | All | |
| Align agency and community strategic and/or health improvement plans; prepare a calendar of community plans | Ongoing | All | |
| Meet quarterly to discuss Health Improvement Plan (HIP) initiatives and other pertinent or emerging | Ongoing | All | |

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| community programs, issues or strategies | | | |
| Publish HIP progress and other strategies' progress via combined press releases, similar social media messaging and other methods | Annually 2016-2021 | All | |
| Incorporate lessons learned, strategies and new plans on community bulletin boards and in community groups | Ongoing | All | |
| Keep the focus on: family-oriented initiatives, youth-centered initiatives | Ongoing | All | |
| Work on community-wide messaging and promotion initiatives as a group (e.g. something as simple as a jeans day to promote more walking) | Annually 2016-2021 | All | |
| Create a relational resource database locally to identify available resources and inventory of programs (including funding sources) to be user-friendly so organizations will actively utilize | June 2018 | All | |
| Research a software program, social media tool, survey, etc. to help us communicate better | December 2017 | All | |
| Support workplaces who have wellness initiatives & encourage incentives for those who adopt changes | June 2018 | All | |