

Cerro Gordo County Community Health Assessment Annual Update

-Annual Update Year 2-

2017-2018

4/25/2018



This report outlines new data including those on populations who experience health disparities and new community assets over the past year. The Community Health Assessment was implemented (adopted March 11, 2016).



Introduction

As a continuation from last year, national and local health policy is negatively impacting Cerro Gordo County residents' health along with that of other Iowans. In 2016 the state's Medicaid program was privatized which impacted more than a fifth of the state's population and a large portion of Cerro Gordo County residents. This past year, the field of three managed care providers authorizing service was whittled to two, further reducing access to health care for some of our most vulnerable populations. Along with privatization, the overall Iowa state budget had to be reduced by over \$35 million. This is the second consecutive year that the state has been forced to make cuts. These included \$10 million from the Iowa Economic Development Authority's High Quality Jobs Program, \$4.3 million from the Department of Human Services, \$3.4 million from the Department of Corrections and \$1.6 million from the judicial branch. All of these reductions have the potential to impact the health of every Iowan as the late-stage cuts negatively impact the local public health department and other community agencies.

The opioid epidemic sweeping the nation has swelled in media coverage, but shifted to a more focused, prevention approach locally to reduce prescriptions, help those addicted find treatment, and to properly discard unused opioids. These and other data were collected over the past year through a partnership of the community coalition.

New assets

Several assets are working to address mental health, behavioral health and mental illness in partnership. In August, 2017, there was a community-wide mental health youth summit held and then in April of 2018, a behavioral health summit was held. Both were directed to professionals, families and the public and their intent was to raise awareness of mental and behavioral health issues affecting Iowans. These summits were fantastic points to a SAMHSA grant held by the Mason City Youth Task Force that is driving forward youth-led initiatives in mental health awareness. The youth are working on educating the community and encouraging youth to seek help.

Several area organizations have been expanding programming to address these rising needs as well. Turning Leaf Counseling has grown to 12 licensed mental health therapists/social workers and also has a nurse practitioner. Individual, family and group therapy is offered as well as providing services in schools and head start agencies. In December of 2018, a Mental Health Coordinator began to work for the Mason City Police Department and County Social Services. Her role is to be in close contact with persons who may be experiencing mental health and/or substance abuse issues and who come into contact with law enforcement. This is a community collaborative that is working together to increase access to appropriate care by diverting mental illness calls from jail to more appropriate care.

Prairie Ridge Integrated Health has also become a state-approved Community Mental Health Center with psychiatric services and medication, telehealth services, and physical health services. Mercy Medical Center-North Iowa is continuing work on building their 27,000-square-foot behavioral health center and is on track to be completed by spring 2019. This structure will contain a resource center located at the front of the new facility that will focus on preventing mental illness issues and providing education related to mental health.

Often with mental health illness and/or substance use, there are co-existing issues like sexually transmitted or intravenous drug related disease. The Cerro Gordo County Public Health Department received funding for its HIV/STD (including Hepatitis C) counseling, testing and referral program to provide these services regionally. This program is expanding service to those who are underserved in the North Iowa Area.

There are several new data sources that the coalition has been reviewing, interpreting and if appropriate, acting upon. United Way of North Central Iowa held several regional Community Conversations that gathered data from individuals, groups, and organizations. These data points will lead to a better understanding of North Iowan needs. They are currently developing strategies to address these which should be adopted in the Summer of 2019. The Vision North Iowa strategic plan was released in April of 2018 with detailed County demographics and a vision for the future direction of the area. The University of Iowa Mason City North End strategic plan has been in development over the past year. The plan has specific demographics and will have community-developed and led activities included for this Mason City neighborhood.

Updated data

Data not in the original Community Health Assessment, but determined to be vital to track is opiate use and overuse. Nationally, the opiate crisis is plaguing young adults; however, local data is not indicating that opiate use is an issue. Prairie Ridge Integrated Health noted that they still are not seeing this drug abuse in their patient statistics. Marijuana and methamphetamine remain the drugs of choice for County residents. Partners are watching closely to determine if opiate use is an issue within the County.

Several group discussions were held with residents of the north end of Mason City to develop a plan to revitalize the community and improve health. This is one area where the Cerro Gordo County Department of Public Health is focusing on collecting data, conducting community dialogues, and identifying assets where health inequities and poor health indicators exist. According to Census tract data focused on this neighborhood, the north end is home to a higher percentage of non-Caucasian and Hispanic/Latino residents and suffers from poverty, uninsured adults and lower educational attainment at higher rates when compared to Cerro Gordo County as a whole. It is a younger area, with a large percent of children eligible for free/reduced price lunches and living in poverty. Data was gathered from this population through several means including community dialogue, key interviews, group discussions, etc. The final report should be available within the next few weeks.

A cursory review of multiple data sources used in the original Community Health Assessment did not offer much new information with the exception of the County Health Rankings. Over the last five years, Cerro Gordo County has hovered around the rank of 50; however, last year the County's rank slipped to 70 and this year, to 72 of the 99 counties. Appendix A includes the 2018 County Health Rankings. The primary indicator causing this higher ranking is premature death. Premature death is the years of potential life lost before age 75. Calculated as every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost. It also

emphasizes death in younger populations and according to data is reflective of chronic disease issues. Overall, this measurement shows where deaths could have been prevented. Leading causes of death for those under age 75 in CGC are malignant neoplasm, diseases of heart, unintentional injury, chronic lower respiratory disease, and intentional self-harm.

Conclusion

The Steering Team created prior to the 2015 Community Health Assessment continues to meet regularly to improve the health status of those in Cerro Gordo County. Team members collaborate, share resources and opportunities and strive to reach common goals. In Cerro Gordo County, we continue to exist as a community collaboratively building a healthy, safe and accepting environment.

Cerro Gordo (CG)

	Cerro Gordo County	Error Margin	Top U.S. Performers	Iowa	Rank (of 99)
Health Outcomes					72
Length of Life					81
Premature death	7,300	6,300-8,200	5,300	5,900	
Years of Potential Life Lost Rate	7,300				
Years of Potential Life Lost Rate (Hispanic)	10,600				
Years of Potential Life Lost Rate (White)	7,200				
Quality of Life					60
Poor or fair health **	13%	13-14%	12%	13%	
Poor physical health days **	2.9	2.7-3.0	3.0	2.9	
Poor mental health days **	3.3	3.1-3.4	3.1	3.3	
Low birthweight	7%	6-8%	6%	7%	
Additional Health Outcomes (not included in overall ranking)					
Premature age-adjusted mortality	390	360-420	270	310	
Child mortality	60	30-90	40	50	
Infant mortality			4	5	
Frequent physical distress	9%	9-9%	9%	9%	
Frequent mental distress	10%	10-11%	10%	10%	
Diabetes prevalence	11%	8-13%	8%	10%	
HIV prevalence	60		49	94	
Health Factors					23
Health Behaviors					30
Adult smoking **	14%	13-15%	14%	17%	
Adult obesity	33%	29-38%	26%	32%	
Food environment index	8.2		8.6	8.2	
Physical inactivity	25%	21-30%	20%	25%	
Access to exercise opportunities	94%		91%	83%	
Excessive drinking **	22%	21-23%	13%	22%	
Alcohol-impaired driving deaths	23%	13-34%	13%	27%	
Sexually transmitted infections	249.7		145.1	388.9	
Teen births	21	18-24	15	22	
Teen Birth Rate	21				
Teen Birth Rate (Black)	42				
Teen Birth Rate (Hispanic)	20				
Teen Birth Rate (White)	20				
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	12%		10%	12%	
Limited access to healthy foods	4%		2%	6%	
Drug overdose deaths	18	11-27	10	9	
Drug overdose deaths - modeled	8-11.9		8-11.9	10.6	
Motor vehicle crash deaths	12	9-17	9	11	
Insufficient sleep	26%	25-27%	27%	28%	
Clinical Care					3
Uninsured	5%	4-6%	6%	6%	
Primary care physicians	610:1		1,030:1	1,360:1	
Dentists	1,440:1		1,280:1	1,560:1	
Mental health providers	440:1		330:1	760:1	
Preventable hospital stays	45	40-50	35	49	
Diabetes monitoring	90%	84-96%	91%	90%	
Mammography screening	72%	65-78%	71%	69%	
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	6%	5-6%	7%	7%	
Uninsured children	3%	2-4%	3%	4%	
Health care costs	\$8,132			\$8,572	
Other primary care providers	769:1		782:1	1,185:1	
Social & Economic Factors					53
High school graduation	91%		95%	90%	
Some college	72%	66-78%	72%	70%	
Unemployment	3.7%		3.2%	3.7%	
Children in poverty	15%	11-19%	12%	15%	

	Cerro Gordo County	Error Margin	Top U.S. Performers	Iowa	Rank (of 99)
% Children in Poverty	15%				
% Children in Poverty (Black)	17%				
% Children in Poverty (Hispanic)	41%				
% Children in Poverty (White)	15%				
Income inequality	4.2	3.9-4.5	3.7	4.2	
Children in single-parent households	33%	27-39%	20%	29%	
Social associations	18.8		22.1	15.2	
Violent crime	106		62	270	
Injury deaths	94	81-107	55	65	
Additional Social & Economic Factors (not included in overall ranking)					
Disconnected youth	9%		10%	9%	
Median household income	\$53,100	\$49,500-56,800	\$65,100	\$56,400	
Household Income	\$53,100				
Household income (Black)	\$38,000				
Household income (Hispanic)	\$36,900				
Household income (White)	\$49,000				
Children eligible for free or reduced price lunch	44%		33%	41%	
Residential segregation - black/white	36		23	63	
Residential segregation - non-white/white	24		14	48	
Homicides			2	2	
Firearm fatalities	9	5-14	7	8	
Physical Environment					49
Air pollution - particulate matter **	9.7		6.7	9.6	
Drinking water violations	No				
Severe housing problems	11%	9-12%	9%	12%	
Driving alone to work	82%	80-85%	72%	81%	
% Drive Alone	82%				
% Drive Alone (Hispanic)	87%				
% Drive Alone (White)	84%				
Long commute - driving alone	12%	10-13%	15%	20%	

Areas to Explore Areas of Strength

^ 10th/90th percentile, i.e., only 10% are better.
 Note: Blank values reflect unreliable or missing data
 ** Data should not be compared with prior years