

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

Cerro Gordo County Community Health Improvement Plan

-Annual Update Year 2-

YEAR IN REVIEW: MAY 13, 2017 - JUNE 30, 2018

CREATED: JULY 27, 2018



-INTRODUCTION-

This annual update represents progress made in the second 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. This year's efforts concluded June 30, 2018. 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 respectively¹.

Indicator and Progress

HIP Objective	Performance Measure	Baseline	Target 2021
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
Progress 			

Success

Updated annual data indicates a higher rate than the four year estimate; 2017 data shows a rate of 25/1,000, whereas 2015 data showed 17.8/1,000 and 2014 data showed 13.1/1,000). Multiyear estimates, like the one for our baseline are based on larger sample sizes and are 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 first year provided many advances toward the goal. A synopsis of major activities include:

- Wellsource staff members compiled area screening tools used for development and social-emotional screening for children ages 0-5 and worked with Opportunity Village (One Vision) to create a matrix of screening tools that is inclusive of autism screening tools as well. This matrix provided a snapshot of screening tools used and where critical screening gaps exist.
- United Way researched 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.
- Partners identified parenting/caregiver/teacher, etc. trainings or programs being utilized.
- Wellsource worked through the school systems to teach at-risk children to deal with stress.
- 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.

Work continuing from the first into the second year includes continued Nurtured Heart trainings, youth mental health training and No Drama trainings. North Iowa Community Action Organization (NICA) continues to offer 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. 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.

The second year of our work began with a community-wide misfortune as Wellsource closed. Hundreds of patients had to be transitioned to other agencies for mental health care. Area agencies offered integrated health homes and holistic care to those in need. Year two activities also include NICA implementing the First Five program that works with physicians to identify children younger than age five with developmental delays. Families are referred for needed services. NICA has also created a counseling project to work with families who have “closed” child abuse cases from the Department of Human Services. The purpose of this program is to ensure families will have the resources needed to help stop recidivism. A collaborative group of agencies hosted Paper Tigers, a film that examines the promise of trauma-informed communities. The Cerro Gordo County Department of Public Health (CGCDPH) offers training to at-risk youth to teach them life skills, confidence, decision making and pregnancy prevention. Also in the community there are several other initiatives like home visitation programs, Parent Cafes, and increasing successful parenting trainings. All Head Start teacher received Adverse Childhood Experiences (ACE) training to identify children with high ACEs scores and counseling/therapy private businesses are expanding.

Feasibility

We continue to provide multiple resources for families to access; however, people still struggle with access when they need it. Financing for services is a mess in Iowa and this area lost Wellsource.

Next Steps

This objective will need to be reviewed by the team to determine revisions necessary.

GOAL 2: INCREASE ACCESS TO SAFER HOUSING

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 incomeⁱⁱ. 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 homesⁱⁱⁱ.

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%
Progress 			

Success

The latest available data (2011-2015) indicates the percent of substandard homes in the County is decreasing at 23.23%. The first year's major activities include:

- The CGCDPH 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 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 were used to target homes for intervention and education.
- Weatherization continued their long history of work for low-income residents to increase energy efficiency and safety (air quality carbon monoxide, smoke detectors, etc.).

The second year brought movement to assess current code requirements for cities and rural areas in Cerro Gordo County. CGCDPH staff has begun this along with providing awareness and education on healthy homes. Through the end of year two, 25 homes were made lead safe and received healthy homes interventions. One Vision is also working on initiatives to clean up homes in blighted areas.

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
Progress 			

Successes

The latest data (2011-2015) shows an increase from the baseline to 19.11/100,000 for carbon monoxide emergency department visits. Year one activities include:

- 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.

Ongoing from year one into the second year are the CGCDPH's efforts for an annual consumer education campaign to build community awareness of carbon monoxide dangers. The HUD program continues to use funding to address carbon monoxide issues in enrolled homes and NICA along with the 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.

Year two accomplishments include that the State Fire Marshal will follow and enforce the guidelines to require installation of carbon monoxide alarms in the following structures that have fuel-fired heater or appliance, fireplace or attached garage: existing single-family dwellings, single-family rental units & multiple unit residential buildings; single-family dwellings and single-family rental units and multiple-

unit residential buildings begun on or after July 1, 2018. A program of inspections and enforcement penalties are required.

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.

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

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^{iv}.

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

Progress 			

Success

Data shows that one agency was successful with this model. In year two, Prairie Ridge Integrated Health who came from a substance abuse/mental health arena, hired a primary care giver (nurse practitioner) to treat the whole patient.

Year one major activities included:

- Wellsource researched multiple evidence-based models and providing input to various organizations regarding integration.
- Two efforts began during year one: Mercy-North Iowa is building an in/outpatient psychiatry center with space for community resources/organizations to meet with patients. Prairie Ridge Integrated Health was exploring the hiring of 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.
- A large collaborative movement to build community awareness to see local health needs has been at the forefront of initiatives. 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.
- The county jail and Mason City Police Department began 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.

During this second year, a federally qualified health center researched area need for it and determined that Mason City would be a fantastic site for expanding. This FQHC has an open-date of fall of 2018. This past year, the Teen Outreach Program has had students working on service projects for mental health awareness. The City of Mason City was awarded a Bureau of Justice Assistance grant to increase public safety. This grant supports the therapist position hosted at the Mason City Police Department to create a community of care for individuals with mental illness/co-occurring mental health/substance use disorders who come into contact with the law enforcement system. Additionally, Turning Leaf Counseling and Prairie Ridge are offering walk-in clinics for people in immediate need.

Indicator and Progress

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 2: By 2021,	Actively engaged organizations		

expand the organizations actively engaged in the Cerro Gordo County community care coordination (CCC) model to impact better health outcomes.	are defined by partnership on the Steering Team.		
Progress 			

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

Much work towards integrating mental health and primary care has been made in the community and we will continue to progress in this area. Community Care Collaboration has declined from the level it achieved a few years ago. Unstable funding and barriers to collaboration continue to plague the community.

Next Steps

Work will continue according to the Health Improvement Plan for the first objective. The second will have to be examined to determine if we place efforts to get the CCC running again.

GOAL 4: REDUCE SUBSTANCE ABUSE AMONG ADULTS

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^v. 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^{vi}.

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%
Progress 			

Success

Updated multi-year data indicates an increase in binge drinking to 22%. Year one activities included:

- 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.
- Much effort was 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.

Second year activities were minimal and there are no successes to report.

Indicator and Progress

HIP Objective	Performance Measure	Baseline	Target 2021
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%
Progress 			

Success

Updated adult smoking data that in 2015, the rate is at 16%. Key activities that occurred in year one were:

- Prairie Ridge & the Cerro Gordo County Health Department offering quarterly Freedom from Smoking (FFS) clinics.
- Two staff members at Wellsource were trained in FFS and the North Iowa Transition Center is researching providing this service as well.
- Smoke-free homes education packets were sent home to all families who use daycare facilities in Cerro Gordo County.
- Through Trinity statewide, Mercy North Iowa is participated in advocacy to pass Tobacco-21, a law requiring the minimum age for tobacco purchase to be 21 years of age.
- The CGCDPH tobacco prevention coordinator 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.

Ongoing work continues through our ally, the Partnership for a Tobacco Free North Iowa and Tobacco Free North Iowa (TFNI). TFNI is working on developing a comprehensive tobacco & nicotine cessation plan. Work is beginning on patient screening and referral, enhancing provider prescriptions of nicotine replacement therapy and policy/system change. They are working on changing the electronic health record to include an action plan once a patient identifies as a tobacco user. The Tobacco Partnership developed a Strategic Plan highly focused on advocacy to follow and utilizes 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.

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.

GOAL 5: DECREASE CHRONIC DISEASE PREVALENCE

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 12th in the nation for the highest obesity rate^{vii}. 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^{viii}.

Indicator and Progress

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 1: Reduce the proportion of Cerro Gordo County adults, aged 20 and older, who are obese from 30.1% to 28% by 2021.	Obesity is measured as the percent of adults age 20 and over with a body mass index of 30 or higher as self-reported.	30.1%	28%
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%
Progress 			

Success

Updated data indicates that the County's obesity statistic plateauing; both 2014 and 2015 data shows it at 33%. Persons who engage in no leisure time activity is decreasing slightly with 2015 data showing it at 25%. Year one was full of initiatives occurring to increase access, educate, change systems, etc. so that opportunities for increased physical activity and better nutrition occur.

- The CGCDPH expanded their healthy eating smartphone app to include trails, parks, fitness facilities, farmers' markets, and community gardens.
- The CGCDPH worked with Plymouth & Meservey to make physical activity easy, safe and accessible. The City of Plymouth has determined several park updates to work on and the disc golf course were installed in the summer of 2017. Via a grant, fruit orchards were planted in Plymouth and Clear Lake in summer 2017. The City of Mason City's East Park expanded their Frisbee golf course and installed exercise equipment.
- Edible landscaping was placed along the Lime Creek Nature Center Trails in the summer of 2017.
- CGCDPH employees are collaborating with Clear Lake schools to support garden development at the elementary school. Clear Lake Schools also implemented a Snack Shack which offers healthier alternatives for student athletes to focus on performance improvement.
- The CGCDPH and the Iowa Planning Association hosted a health in all policies workshop.

There are several ongoing initiatives too. Area stakeholders sit on the North Iowa Local Foods Coalition to advocate for food policies, programs, etc. to improve food landscape of north Iowa. 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. 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 assists in providing cooking demos at the North Iowa and Clear Lake Farmer's Markets this coming season, using budget-friendly recipes.

Year two activities included working with the Plymouth Betterment Council to improve their built environment and help them with visioning to develop 3-5 additional initiatives. Plymouth also receive a walking audit to identify health and safety issues. The CGCDPH worked with the City of Mason City on active living initiatives including the North End initiative. County Conservation continues their work on county trails. The CGCDPH, Healthy Harvest, four school districts and other partners worked together to apply for and were awarded a Farm-to-School Planning Grant. The CGCDPH is working to change the food environment of childcare centers as well. Trinity supplied a grant to have all area schools equipped with water bottle filling stations to eliminate sugary drinks in schools.

Indicator and Progress

HIP Objective	Performance Measure	Baseline	Target 2021
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%
Progress 			

Success

Updated 2016 data shows the food insecurity rate at 11.8%. Year one initiatives included:

- 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. NICA O 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.
- 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.

Second year work focused on developing a campaign to raise awareness of food insecurity and promote healthy foods. North Iowa Fresh (a local aggregator) is selling out of local produce being supplied to grocers and restaurants. The Fieldhouse Restaurant opened in Clear Lake this past year. They offer food of which about 90% is sourced locally. North Iowa Fresh is also coordinating the local CSA and dropping off food to work sites.

Objective 4 has been removed.

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	Percent of adults who are told they have diabetes (Community Commons Report)	9.4%	7.4%

medical provider that they have diabetes (baseline 9.4%)			
Progress 			

Success

Updated data (2013) indicates a decrease to 8.5% for the value, percent of adults who have been told by their medical provider they have diabetes. Year one successes included:

- Mercy North Iowa continued educating their patients through several diabetic educators that see patients who are diagnosed with diabetes.
- The CGCDPH is worked 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. CGCDPH 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.

In year two, the CGCDPH became CDC recognized as a certified diabetes prevention program; YMCA staffers were also trained as lifestyle coaches. Classes are being offered both at the YMCA and the CGCDPH. Health department employees presented at the Iowa Governor’s Conference on Public Health regarding walkability and walking audits and served as a panelist at the Iowa Healthiest State conference.

Indicator and Progress

HIP Objective	Performance Measure	Baseline	Target 2021
Objective 6: With a large aging population, maintain Cerro Gordo County coronary heart disease death rate at 188.54 per 100,000.	Rate of Cerro Gordo County deaths from coronary heart disease as provided by the Iowa Department of Public Health Vital Statistics annual reports.	188.54/100,000	188.54/100,000
Progress 			

Success

Updated, multi-year data, 2012-2016 shows a rate of 127.2/100,000 persons. During year one, these major activities occurred:

- Mercy Cardiovascular Institute is providing education to the residency program for cardiovascular disease.

Ongoing activities include annual CGCDPH 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 CGCDPH continually offers services to worksites that include biometric monitoring, educational sessions, grocery store tours, services; however, the biometrics and management determine the path that each worksite wellness program takes. The CGCDPH continues to provide the Workplace Wellness Awards & Recognition Program honoring area businesses for implementing and supporting worksite wellness programs.

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
Progress 			

Success

There has been little to no work on this objective yet besides relationship building continues with property management to have smoke free and nicotine free rental units.

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. 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. The team will scrutinize objective 7 to determine feasibility of continued work.

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

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%)^{ix} 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
Progress 			

Success

First year activities included:

- The CGCDPH 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.

Second year activities built on those beginnings. The CGCDPH partnered with the Iowa Initiative for Sustainable Communities to produce a communications campaign. They produced a list of all providers and services and created a branding of initiatives. The CGCDPH Health Director has met with multiple stakeholders and University students met with community members to conduct surveys, focus groups and conversation about aging in place. The CGCDPH has also partnered with Elderbridge on a couple of grant applications.

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
Progress 			

Success

Data shows this rate has fallen to 3,570/100,000 according to 2011-2015 data. Year one had virtually no work completed, but in year two Elderbridge offered fall prevention group exercise. Additionally, the CGCDPH amended a grant to include a few expanded opportunities beyond traditional in-home care.

Feasibility

Implementing this model is a large task and the reality is, that we need someone devoted full time to bringing the model to life. We continue to seek grant funding for that position and to offer more services to older adults.

Next Steps

Work will continue according to the Health Improvement Plan with a focus on establishing a coordinator position.

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

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>Progress</p> 			

Success

There's no new data available; however much work has been completed.

During year one:

- Cerro Gordo County community organizations worked together well to communicate and collaborate for exercises and preparedness activities. Emergency Management hosted monthly meetings for organizations to move forward initiatives.
- In May of 2016, a community-wide tornado disaster exercise was held. Additionally, the Cerro Gordo County Health Department conducted 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.

There are several ongoing marketing efforts focus on preparedness awareness annually in the fall to include social media, guest editorials and radio interviews. Staff attends community events like National Night Out, Fun and Sun and others to encourage family communication plans.

During our second year, the CGCDPH served on an exercise planning committee for our long term care facility functional exercise. We have also applied for funding opportunities to advance our preparedness efforts. Over the past year, we have grown in regional preparedness with 12 counties' hospitals, public health agencies and emergency medical service providers.

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 with the possible removal of the emergency management authority receiving its 501(c)3 status.

GOAL 8: STRENGTHEN COMMUNITY ORGANIZATION & INDIVIDUAL PARTNERSHIPS

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
Progress 			

Success

Over the past two years, 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. We have also lost a couple members of our CHIP Team which will take time to build new relationships.

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

The CHIP team has undergone some changes over the past year. Due to new job opportunities out of the geographical and subject matter area, three CHIP Team members are no longer serving. The Team will continue to work together to build relationships and add members so that activities can continue according to the Health Improvement Plan.

ⁱ Iowa Department of Human Services. (2015) <https://dhs.iowa.gov/reports/child-abuse-statistics>

ⁱⁱ American Community Survey. (2015). <https://www.census.gov/acs/www/data/data-tables-and-tools/index.php>

ⁱⁱⁱ Iowa Department of Public Health. (2015). Childhood lead poisoning prevention program <http://idph.iowa.gov/lpp>

^{iv} County Health Rankings. (2017) <http://www.countyhealthrankings.org/app/iowa/2017/rankings/cerro-gordo/county/factors/overall/snapshot>

^v County Health Rankings. (2017) <http://www.countyhealthrankings.org/app/iowa/2017/rankings/cerro-gordo/county/factors/overall/snapshot>

^{vi} State of Iowa Alcoholic Beverages Division (2017). <https://abd.iowa.gov/annual-reports>

^{vii} Trust for America's Health. (2017). <http://stateofobesity.org/states/ia/>

^{viii} County Health Rankings. (2017) <http://www.countyhealthrankings.org/app/iowa/2017/rankings/cerro-gordo/county/factors/overall/snapshot>

^{ix} American Community Survey. (2017). <https://www.census.gov/acs/www/data/data-tables-and-tools/index.php>