



2020-2023

# COMMUNITY HEALTH IMPROVEMENT PLAN

for Cerro Gordo County, Iowa

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# 2020- 2023 Community Health Improvement Plan

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## Letter to the Community

Dear North Central Iowa Residents,

We are pleased to present the *2020-2023 Cerro Gordo County Community Health Improvement Plan*, produced by CG Public Health. The Community Health Improvement Plan (CHIP) is a regional effort to address the concerns stated in the Community Health Assessment (CHA). This plan is developed through listening to the community members and looking for patterns that contribute to health issues.

Many agency representatives and community members created action plans for community-selected top priority areas. We want to thank the many individuals, agencies, and organizations for their dedication to improving the health of northern Iowans through attending meetings, participating in activities, and developing policies. These individuals and agencies will help ensure the success of the CHA-CHIP.

A community must provide input on how to improve the health and wellbeing of their communities. Just like a person makes decisions that affect their health, our communities can do the same thing. We invite everyone to participate in tackling health priority areas discussed in this plan. The CHIP is a roadmap of change that lays out how to address complex health issues like stigma and poverty, but such change does not happen overnight. Together, over time, we can make progress to promote and protect the health of all individuals, families, and communities who live, learn, work, pray and play in north Iowa.

Be a part of the solution by educating your family, neighbors, friends, and colleagues. *Want to get involved?* Contact CG Public Health to learn more about health improvement. At a minimum, share the information in this document that you found surprising or most eye-opening on social media, or at your next dinner party. Every north Iowan has a role to play.

Sincerely,

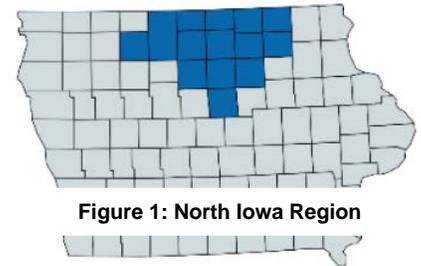
The Health Improvement Collaborative

## Executive Summary

In early 2019, the process of conducting the first iteration of a regional north-central Iowa Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) began. For the first time, the CHA-CHIP process worked together as a 14-county region. Health problems and priorities do not vary widely from county to county, therefore working together strengthens partnerships, and maximizes resources and impact for north Iowa. Participants considered social determinants of health, causes of higher health risks for specific populations, and health inequity. Throughout this process, the community vision and values guided discussion and direction. Fifteen organizations joined together using the Mobilizing for Action through Planning and Partnerships (MAPP) model, a community-based model that necessitates community engagement at all levels to conduct the CHA-CHIP. We assessed the current health status of communities across 14 counties, identified needs, and created a comprehensive plan by eliciting input from residents, community organizations, and other stakeholders to methodically improve the community's health. For more information on the assessment of health issues, read the [Community Health Assessment Report 2020](#).

Through this assessment and planning process, various issues were identified, and three health priorities were voted upon to be addressed during the next 3-year implementation period. Those priorities are:

- Access to Care
- Early Childhood Issues
- Housing



**Figure 1: North Iowa Region**

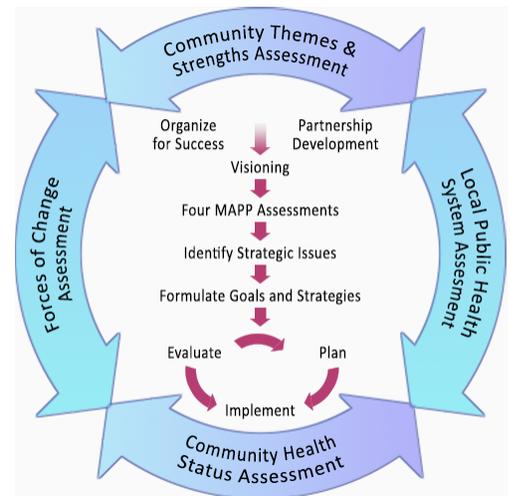
These priorities served as starting points in the development of the CHIP. The purpose of the CHIP is to identify how to strategically and collaboratively address health priority areas established to improve the health and well-being of our community. This document outlines the process for how the community prioritized strategic issues and formed goals and strategies. The action plan was developed and will be implemented in the 2020-2023 CHIP. There is an emphasis on addressing root causes, using evidence-based approaches with health equity at the center of all activities to ensure everyone has a fair and just opportunity to achieve optimal health and well-being. Due to the global pandemic, the creation of the CHIP was extended and the action plan will follow suit.

## MAPP Framework

MAPP is a community-wide strategic planning tool used to improve community health. The framework was formed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). The MAPP framework was selected because it emphasizes engaging local public health system partners and community members in a collaborative assessment and planning process. This is the second iteration that Cerro Gordo County has used the MAPP framework to inform the CHA-CHIP.

The six phases of the MAPP framework include:

1. Organizing for Success and Partnership Development
2. Visioning
3. The Four Assessments
4. Identify Strategic Issues
5. Formulate Goals & Strategies
6. Action Cycle



**Figure 2: MAPP Model**

### 1 ORGANIZING FOR SUCCESS AND PARTNERSHIP DEVELOPMENT

In early March of 2019, the CHA Steering Team decided to complete this CHA-CHIP as a region for the first time. The CHA Steering Team began recruiting other organizations that were not members of the Health Improvement Collaborative. Before the official kick-off meeting, 15 organizations joined to begin planning the CHA. The initial meeting of participants was on March 25<sup>th</sup>,

2019. For the CHIP, most of the planning was completed by the core team and some of the partners like Prairie Ridge Integrated Behavioral Healthcare, North Iowa Children’s Alliance, North Iowa Area Council of Governments, Hancock County Public Health, Youth Task Force, and North Iowa Community Action Organization employees. Due to the pandemic, public health departments experienced drastic staffing shortages and competing priorities. See the acknowledgments section for a membership list of those involved.

## 2 VISIONING

In June 2019, the CHA Steering Team (ST) met to brainstorm the vision and values that would serve as their roadmap for the next few months. The ST reviewed the 2015-2019 values and compared various options such as a short, simple version to a more wordy, complex option. The team agreed upon a short, to-the-point vision and values to guide them.

### VISION

WE ARE A UNITED COMMUNITY BUILDING A HEALTHY, SAFE, AND ACCEPTING ENVIRONMENT.

### VALUES

#### WE ARE A COMMUNITY:

- That recognizes the connection between body, mind, and spiritual health.
- Where people have access to affordable resources.
- That provides the foundation for people to be self-sufficient.
- That embraces best practices, creativity, lifelong learning, advocacy and peer support.
- With a commitment for clean, safe, healthy environments.
- Where working together is embraced.

## 3 COMMUNITY HEALTH ASSESSMENTS

Four assessments used in the MAPP framework were completed between March 2019 through December 2019.

### 1. Community Themes and Strengths Assessment

- o To get a deeper understanding of the issues that residents feel are important, the team conducted focus groups, key informant interviews, and widely distributed a survey. There were over 750 survey responses. This assessment also helped the planning team understand the assets and resources our region has available to improve population health.



### 2. Local Public Health System Assessment

- o Due to the COVID-19 response, this assessment within this MAPP step was not completed. Unfortunately, the timing of this assessment fell around the height of the COVID-19 response, and the local public health system could not complete this.
- o

### 3. Community Health Status Assessment

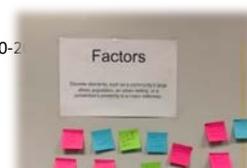
- o Health Department staff partnered with Iowa State University students who compiled various data sources to provide important statistics for the Community Health Assessment. The students gathered data for Cerro Gordo County and the Health Department staff collected data for the rest of the region.

### 4. Forces of Change Assessment

- o The Steering Team met at CG Public Health to participate in this assessment. The group used sticky notes to identify events, trends, or factors that have or might affect the health of the community or the local public health system.



2020-2





#### 4 STRATEGIC ISSUE IDENTIFICATION

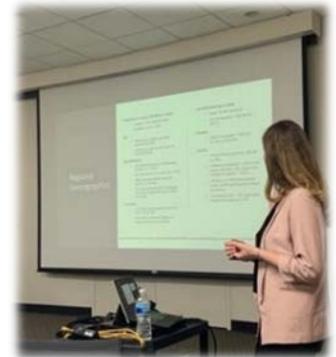
Strategic issues are defined as issues that must be addressed for the Health Improvement Collaborative to achieve its vision. The MAPP Core team created the following categories based on the data, themes, and findings from the community health assessments. The list of issues was provided to the facilitator prior to the strategic issue prioritization meeting (Community Health Forum). See the table below.

• Cancer	• Dental Access
• Diabetes	• Mental Healthcare Access
• Heart Disease/Stroke	• Obesity/Healthy Food
• Aging	• Sexual Health
• Infectious Disease	• Suicide
• Injury	• Alcohol Abuse
• Healthcare Access	• Driving Under the Influence
• Water Quality	• Substance Use including Nicotine

In January of 2020, a Community Health Forum was held to present the Community Health Status Assessment summary to residents and various organizations. Before the forum, there was a major marketing push to spread the word to try and encourage residents to attend. To engage the community, CG Public Health and many partners posted about this event on their social media platforms, and even went on a local radio station to educate local listeners on what a CHA-CHIP is, the importance of community input, and how they can get involved. The presentation covered a little background about who was involved in this process, the vision and values, quantitative and qualitative data, and local health influences.



After the presentation, a professional facilitator-led an in-depth discussion to help the group identify and prioritize strategic issues. Each health issue was on a piece of paper hung on the walls within the meeting room. Participants used three-star stickers to vote on their top three health issues for each of the criteria. For example, they may have voted for three issues that have a significant impact. The facilitator listed six criteria for prioritization. The



questions the facilitator asked regarding the criteria for prioritization were:

1. *“What health issue affects the most people within the population and has serious consequences for those affected?”*

2. *“What health issue does north Iowa lag behind on and/or is not on track to achieve Healthy People 2020 goal?”*
3. *“What health issue disproportionately impacts the health status of one or more subpopulations?”*
4. *“What health issue is the primary link to chronic disease and related health outcomes and does this issue have serious health consequences?”*
5. *“Local efforts are likely to result in meaningful improvement in the scope and/or severity of this health issue.”*
6. *“What indicator represents a significant opportunity to improve health outcomes using prevention-focused approaches?”*



In the end, the stars were added to each health issue sheet to see what the top health issues were based upon the exercise. Participants chose **Access to Care**, **Early Childhood Issues**, and **Housing** as their three top health priorities after in-depth discussions. These health priorities were used as a starting point in the development of the Community Health Improvement Plan.

## 5 DEVELOPING GOALS AND STRATEGIES

To achieve our vision, the CHIP must address social determinants of health and place health equity at the center of each strategy written. Before each brainstorming session in this step, the facilitator read the definition of health equity and showed a visual depicting the importance of helping every person attain their full health potential.

The Steering Team was invited to participate virtually in health improvement plan meetings to begin planning for the CHIP. The purpose was to develop the goal and strategies for the three top health priorities established in the previous MAPP step. Before the first meeting, the ST members were emailed a copy of the Community Health Assessment report to review.

As the ST began to brainstorm strategies, they were encouraged to intentionally think about strategies at the public policy, community, and organizational levels to ensure systems change. Strategies must occur at various levels of the socio-ecological model to sustain implemented prevention efforts over time and achieve population-level impact. To achieve health change successfully, organizations should and will work together to shift populations to better health outcomes with consideration of the Model. Throughout the following strategies, you will note interventions built on all these levels to recognize different factors that affect health and the change needed.

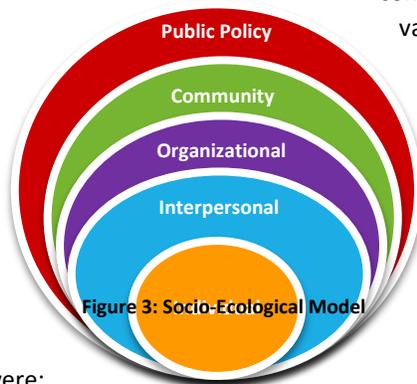


Figure 3: Socio-Ecological Model

The meetings included a goal-setting exercise, which asked the participants three questions about the health priority issue of focus (e.g., access to care). The questions

were:

1. *“What needs to happen to ensure access to care is available and achieved in our community?”*
2. *“Why do you think access to care is lacking in our counties?”*
3. *“How would you know there is access to care?”*

Participants were given time to brainstorm and record their responses. Once all questions had been presented, a virtual sticky note session began using Padlet, a collaborative web-based platform in which users can upload, organize, and share content via virtual bulletin boards. The questions were asked again, this time asking for participants to share their responses. After this step, the group was asked to identify categories for Access to Care. This was done by seeing what responses were repeated multiple times or were similar. Headings were created and four main categories for access to care emerged: stigma, service delivery/care coordination, aging, and advocacy. Finally, the group developed goal statements for each category.

Lastly, the group was assigned homework to develop strategies for each identified category. Participants were instructed to insert their strategies directly into Padlet using the provided link or record them on an Excel sheet and send them to the facilitator before the next meeting date. This same process was repeated for the other two healthy priorities. The strategies provided a strong start to the CHIP.

After the three health improvement plan meetings were held, the group took a five-month break to lead in the distribution and administration of COVID-19 vaccines throughout their communities. In June, the demand for the vaccine had decreased drastically; therefore, CHIP planning could resume. The facilitator reviewed the strategies the group listed and drafted the CHIP. This draft of the CHIP was sent to the Health Improvement Collaborative, various community organizations, and community members who work in housing, healthcare, or early childhood services throughout the 14-county region. Those providing input were asked to reference the socio-ecological model (see Figure 3) when forming the action plan and consider using evidence-based programs to address issues. Together, action plans for each strategic issue complete the CHIP. Activities for each strategic issue are planned through 2023.

Once strategies were chosen, one core team member completed a Health Equity Impact Assessment (HEIA), a tool used to identify and address potential unintended health impacts, either positive or negative, of a policy, program, activity, etc. Through this, we identified specific populations who may experience significant unintended health impacts. The populations assessed include age-related groups, disability, ethno-racial communities, homeless persons, linguistic communities, low-income persons, religious/faith-based communities, rural remote communities, sex/gender, and sexual orientation. Next, social determinants of health were considered, and potential negative impacts were discovered and reduced, while positive impacts were identified and maximized. To ensure success is measured, each strategy/activity was assigned a performance measure. See the Appendix for a copy of this HEIA tool.

## 6 ACTION CYCLE

The action cycle links the planning, implementation, and evaluation of the CHIP. To ensure the efforts of previous phases produce results, implementation teams (committees) will be formed for each priority. The teams will oversee the specific strategies listed in the action plan and be responsible for monitoring and updating their goals. See the following pages for the action plans and the implementation committees comprised of volunteers who will expand the committee to address each priority.

IMPLEMENTATION COMMITTEES		
1. Access to Care Committee	2. Early Childhood Issues Committee	3. Housing Committee

1. Kelly Grunhovd
2. Debbie Abben
3. Melissa Clough
4. Chelcee Schleuger

1. Melissa Clough
2. Alice Ciavarelli
3. Lynize Nilles
4. Kathy Lloyd
5. Jaci Miller
6. Melissa Nelson

1. Cindy Davis
2. Cassandra Galsim
3. Myrtle Nelson
4. Jenna Heiar

# 2020-2023 Cerro Gordo County Iowa Health Improvement Plan

## Health Priorities

Below is a description of each priority area, risk factors, and indirect and direct contributing factors selected for each of the health priority areas. These health plans were developed in partnership with community leaders representing multiple agencies and organizations.

Priority	Categories (themes) to Address Under Priority
Access to Care	Stigma, Service Delivery, Aging, Advocacy
Early Childhood Issues	Poverty, Housing, Childcare, Education, Literacy Skills
Housing	Maintenance of Existing Housing, Contractor Capacity, Housing Development, Rental Housing

### Priority 1: Access to Care

Access to affordable, quality health care is vital to physical, social, and mental health. The timely use of personal health services can help ensure everyone has the opportunity to achieve the best health outcomes for themselves.

Access to care was a reoccurring theme throughout the entire Community Health Forum. To reach our goal, our group will create systems change by hitting the policy, organizational and intrapersonal levels within the socio-ecological model. The action plan tackles key contributors to the access to care issues by addressing the stigma embedded into our current healthcare system by identifying root causes and offering training to those providing care to Medicaid patients, engaging non-traditional partners to ensure community health services are available, integrated, and mutually reinforcing; and recruiting and retaining providers to improve the provider to patient ratio.

<b>GOAL # 1: Increase opportunities for all people so they, regardless of insurability, will have access to timely, culturally competent, high-quality health care and community services.</b>				
<b>OBJECTIVE #1: By 2023, decrease the number of level 4 &amp; 5 emergency department visits by 10% by connecting patients with a medical home/provider in the clinic setting.</b>				
<b>BACKGROUND ON STRATEGY</b>				
Source: MercyOne-North Iowa data				
Evidence Base: <a href="https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-019-1256-2">https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-019-1256-2</a>				
<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4106584">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4106584</a>				
Policy Change (Y/N): Y				
<b>ACTION PLAN</b>				
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Complete a policy assessment on current policies in place in clinical sites (e.g. no show policy) that addresses stigma. Determine if further action is necessary to improve the system in place to prevent stigma within the healthcare settings/other organizations. Perform a health equity impact assessment on the policy implemented. Consider implementing an anti-stigma policy if one is not yet adopted.	09/01/2022	-Staff time	Access to Care Committee	-Policy changes/updates

Schedule an annual training for medical providers about cultural competence, health equity, social determinants of health, and/or cultural humility to combat external stigmatization.	09/01/2022	-Meeting room -Technology -Health stream access -Speaker	MERCYONE NORTH IOWA	-Increased knowledge -Written resources
Offer a workshop/speaker event hosted for the community specifically for those who are experiencing stigma-teach them coping mechanisms.	06/30/2023	-Meeting room -Technology -Health stream access -Speaker	Access to Care Committee	-One workshop hosted
Schedule a bi-annual training/workshop for stigma for providers/healthcare workers (e.g. Understanding Stigma or Combating Stigma).	12/31/2023	-Meeting room -Technology -Health stream access -Speaker	MERCYONE NORTH IOWA	-Increased knowledge -Written resources
Advocate for improved reimbursement rates from Medicaid, decreased costs, and a more streamlined process of setting claims.	12/31/2023	-Staff time	Access to Care Committee	-Increased medical homes for patients

**OBJECTIVE #2: By 2023, decrease the percentage of adults reporting fair or poor health by 1% by expanding the organizations actively engaged in community care coordination models to impact better health outcomes.**

**BACKGROUND ON STRATEGY**

**Source: County Health Rankings**

**Evidence Base:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6359857/>

**Policy Change (Y/N): N**

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Seek funding source and/or support self-sufficiency to support current care coordination model.	12/30/2022	-Staff time	Access to Care Committee	-Increased capacity
Add new Steering Team members/stakeholders and convene at least quarterly.	12/31/2022	-Staff time -Meeting space -Technology	Access to Care Committee	-Increased collaboration & communication -Less duplication
Commit to community-wide coordination meetings involving "nontraditional" partners as well as supervisors rather than policy-making directors of area agencies who provide health care and/or agencies who assist in patients accessing services. Meet twice per year.	05/31/2022	-Staff time -Meeting space -Technology	Access to Care Committee	-Increased collaboration and communication -Less duplication
Work as a team for patient care in community-based and clinical settings – provide coordinated care.	12/31/2023	-Staff time	All	-Improved patient outcomes
Collaborate with MercyOne's resource referral site to officially adopt that site as the go-to trusted referral directory.	1/31/2022	-Staff time	All	-1 trusted go-to resource
Add community messaging as a standing agenda item at community coordination meetings.	01/01/2023	-Staff time	Access to Care Committee	-United messaging
Invite elected officials to community coordination meetings to share legislative priorities.	01/01/2023	-Staff time	Access to Care Committee	-Increased awareness of health issues/priorities
Partner with local congregations to provide support groups, faith formation education, and youth outreach around public health goals.	12/31/2023	-Staff -Volunteers	Local Public Health	-Increased awareness of services

**OBJECTIVE #3: Improve provider retention and recruitment in The North Central Iowa Region by increasing the number of providers staying in north Iowa post-residency by 10% by 2023.**

**BACKGROUND ON STRATEGY**

**Source:** MercyOne-North Iowa

**Evidence Base:** County Health Rankings – higher education financial incentives for health professionals serving underserved areas.

**Policy Change (Y/N):** N

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Create an annual marketing and recruiting plan targeting high school and NIACC students to practice in north Iowa post-education.	09/30/2022	-Staff time	MercyOne North Iowa	-1 marketing and recruiting plan
Insert a budget line item for more scholarship funds/financial incentives to support providers to move back to North Iowa.	12/31/2023	-Staff time -Money	MercyOne North Iowa	-Increased new provider recruits
Physician campaign to promote the area (why they love it here, Mercy promotes local high-end real estate available through introduction packet for the region, also promotes school districts, culture, and recreation), incentivize local preservation and restoration of historic homes.	12/31/2022	-Technology -Equipment -Staff time -Media partners	MercyOne North Iowa	-1 marketing campaign -Increased providers practicing in north Iowa
Assess financial incentives to ensure salaries are competitive to retain specialists & hire providers.	03/31/2022	-Staff time	MercyOne North Iowa	-Increased provider retention
Survey residents assessing why they have decided to stay or leave the area.	03/31/2022	-Staff time -Technology	MercyOne North Iowa	-Increased understanding

**PERFORMANCE MEASURES**

**How We Will Know We Are Making a Difference**

Short Term Indicators	Source	Frequency
# of providers participating in training(s)	MercyOne North Iowa	Annual
# of providers accepting Medicaid patients	DHS/MercyOne North Iowa	Annual
# of providers remaining in north Iowa post-residency	MercyOne North Iowa	Annual
Long Term Indicators	Source	Frequency
Decrease in chronic disease/improvement of health outcomes	County Health Rankings	Annual
Improved provider to patient ratio	County Health Rankings	Annual
Increase in referrals to other services	Referral tracking (internal)	Annual
Increase in residents having a medical home	Electronic Health Record	Annual

**DESCRIBE PLANS FOR SUSTAINING ACTION**

Obj. #	Healthy People 2030	National Prevention Strategy
1	Increase the proportion of people with a usual primary care provider (AHS-07)	Mental and Emotional Well-being (4 Promote early identification of mental health needs and access to quality services)
2		Enhance coordination and integration of clinical, behavioral, and complementary health strategies.
3	Increase the proportion of people with a usual primary care provider(AHS-07)	

4	<i>Clinical and Community Preventative Services (4 Support implementation of community-based preventive services and enhance linkages with clinical care)</i>
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DESCRIBE PLANS FOR SUSTAINING ACTION
<ul style="list-style-type: none"> <li>• Frequent meetings with Access to Care sub-committee.</li> <li>• Apply for funding/grants regarding objectives.</li> <li>• Activate current coalitions- engage members, encourage action, create a sense of community among agencies (increase cross-collaboration), consistently apply for joint grant applications, share staff, share marketing staff; consolidate current coalitions to create a single, strong and active coalition (reduce meeting burnout).</li> <li>• Create policies supporting telehealth.</li> <li>• Continue policies for cultural competence training for providers.</li> </ul>

## Priority 2: Early Childhood Issues

Early childhood is a critical time in a child’s life. Brain development is occurring at a rapid pace, which leads to children being highly influenced by their surrounding environments. The group recognized the urgency of addressing the educational and environmental issues at this early age to ensure children’s successful development into productive and healthy adults. Poverty was a health issue that repeatedly came up during the prioritization meeting. Children in poverty range from 12% (Butler) to 18% (Floyd & Wright Counties) and the region averages 14%. Participating in WIC helps kids get a good start in life. Overall, the state averages 26% of kids on WIC; however, children 0-4 receiving WIC ranges from 9.1% (Worth) to 39.5% (Cerro Gordo).

Another issue plaguing children is homelessness. Head Start children who are homeless range from 0% to 17% (Winnebago). Children experiencing homelessness are more likely to suffer from physical, mental, and emotional trauma, low birth weights, and lack of essential immunizations. Children need to have a safe, stable space to play and grow. Another issue is the extremely high cost of childcare in Iowa. It is reported that childcare can consume more than 54% of a single parent’s annual household income for two children. Lastly, according to the Early Childhood Iowa (ECI) Kindergarten Assessment, early literacy skills are subpar in northern Iowa. Reading is vital to a child’s social and cognitive development, wellbeing, and mental health. This health priority will focus on the prevention of early childhood issues in hopes of creating more opportunities for all children to have safe, stable, supportive relationships and environments in north Iowa.

<b>GOAL #2: Increase safe, stable, supportive relationships and environments for children.</b>				
<b>OBJECTIVE #1: By 2023, reduce the children in poverty rate from 14% to 12%.</b>				
<b>BACKGROUND ON STRATEGY</b>				
Source: County Health Rankings				
Evidence Base: <a href="https://www.sciencedirect.com/science/article/pii/B9780128160657000161">https://www.sciencedirect.com/science/article/pii/B9780128160657000161</a>				
Policy Change (Y/N): N				
<b>ACTION PLAN</b>				
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Promote youth mentorship programs, encourage volunteer enrollment and recruit mentors who can teach skilled trades at local community colleges.	12/31/2023	-Staff Time	Youth Task Force, North Iowa Area Community College (NIACC)	-Decrease in childhood poverty -Decrease in unemployment
Advocate for expanding Supplemental Nutrition Assistance Program (SNAP) benefits.	12/31/2023	-Staff Time	All	-Reduction in childhood poverty
Educate community leaders and citizens on the poverty data/prevalence.	09/30/2022	-Staff Time	Early Childhood Issues Committee	-Increased awareness

Implement an annual child fair to close the gaps that address contributing factors.	12/31/2023	-Staff Time -Venue/Rented space -Partners	Early Childhood Issues Committee	-Increased awareness
Coordinate and promote job fairs in the low-income areas of our communities.	12/31/2023	-Staff Time -Venue/Rented space -Partners	Iowa Workforce, All	-Increased expanded work support
Promote referrals to programs in place to assist families in getting out of poverty. Specifically, job placement, Iowa State Extension office, child care, vocational rehab, skill-building, etc.	12/31/2023	-Staff Time	All	-Increased awareness

**OBJECTIVE #2: Reduce by 10%, the percentage of children experiencing homelessness in north central Iowa by offering more affordable and safe housing before the end of 2023.**

**BACKGROUND ON STRATEGY**

**Source:** Head Start

**Evidence Base:** [https://www.usich.gov/resources/uploads/asset\\_library/Housing-Affordability-and-Stability-Brief.pdf](https://www.usich.gov/resources/uploads/asset_library/Housing-Affordability-and-Stability-Brief.pdf)

**Policy Change (Y/N):** N

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result
Develop a plan to connect parents to open housing, education on how to sustain and maintain affordable housing, rental assistance programs, and other services to help lift the family.	12/31/2022	-Staff Time	Early Childhood Issues Committee	-Decreased childhood homelessness
Develop guidance and messaging targeted toward at-risk children, youth, and families.	12/31/2022	-Staff Time	Early Childhood Issues Committee	-Strengthened communities, -Increased protective -Reduction in the prevalence of youth homelessness
Educate stakeholders on guidance/messaging.	03/31/2023	-Staff Time -Partners	Early Childhood Issues Committee	-Increased awareness and knowledge
Develop coordinated entry systems to identify youth for appropriate types of assistance and to prioritize resources for the most vulnerable youth.	12/31/2023	-Staff Time	Early Childhood Issues Committee	-1 coordinated entry system
Improve collaboration between agencies and businesses to sponsor families if they are not able to secure housing independently.	12/31/2023	-Staff Time -Partners	Early Childhood Issues Committee	-Increased support for homeless children/families

**OBJECTIVE #3: Decrease the average turnover rates at childcare centers by 15% in north Iowa by December 31, 2023.**

**BACKGROUND ON STRATEGY**

**Source:** Iowa Child Care Resource & Referral (CCR&R)

**Evidence Base:** <https://www.proquest.com/openview/34f6646f1176e3fbfbf370b1ddc331f3/1?pq-origsite+gscholar&cbl=18750>

**Policy Change (Y/N):** N

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result
Develop a Memorandum of Understanding (MOU) to receive data from child care centers to allow requests and collection of aggregate data.	01/31/2022	-Staff time -Partners	Early Childhood Issues Committee	-Signed MOUs

Develop a plan to increase the pool of workers by increasing the pay system.	12/31/2022	-Staff time	Early Childhood Issues Committee	-Increased childcare workers
Partner with local childcare providers and CCR&R to understand childcare challenges in our area and how to address the challenges.	06/30/2022	-Staff time -Partners	Early Childhood Issues Committee	-Increased knowledge
Connect workplaces/employers and childcare providers to subsidize childcare costs and provider costs.	12/31/2022	-Staff time	Early Childhood Issues Committee	-Increased quality of childcare programs
Advocate for state childcare subsidies to increase childcare staff wages.	12/31/2022	-Staff time	All	-Increased awareness
Work with CCR&R and Early Childhood Iowa to support new centers and refer to active centers/homes.	12/31/2023	-Staff time	Early Childhood Issues Committee	-Increased number of childcare slots
Create a marketing toolkit for organizations to post about Provider Appreciation Day (social media graphics).	04/22/2022	-Staff time -Social Media -Partners	Early Childhood Issues Committee	-Increased awareness and support
Launch a marketing campaign on Provider Appreciation Day to improve awareness about how vital childcare is to the overall job market, local economy, and growth of the community.	05/06/2022	-Staff time -Partners -Media partners -Technology	Early Childhood Issues Committee, All	-1 marketing campaign -increased awareness

**OBJECTIVE #4: By December 31, 2023, increase by 10%, 4-year-old area preschoolers' literacy rates, defined as meeting expectations of literacy skills.**

**BACKGROUND ON STRATEGY**

**Source:** GOLD Assessment data from Head Start, Dept. of Education and/or local schools, NICAO

**Evidence Base:** <https://journals.sagepub.com/doi/full/10.1177/2158244016672715>

**Policy Change (Y/N):** N

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Obtain MOUs from NICAO, child/daycare centers to be able to ask & receive GOLD data from each facility.	01/31/2022	-Staff time -Partners	Early Childhood Issues Committee	-Signed Mous -Access to data
Assess current literacy programs in the county by connecting with libraries, child centers, preschools, etc.	3/31/2022	-Staff time -Partners	Early Childhood Issues Committee	-List of current literacy programs
Explore programs to improve literacy in children and support existing entities working on improving literacy skills and identify gaps in the system (evaluate programs like Book it program and after-school programs).	04/01/2022	-Staff time	Early Childhood Issues Committee	-1 program selected & promoted
Implement at least one program that is proven to help improve early childhood reading skills.	08/31/2022	-Staff time	Early Childhood Issues Committee	-Improved reading skills among children from ages 0-5
Launch a multi-faceted yearlong awareness campaign targeting parents/guardians to encourage them to read to their kid(s) at night.	06/30/2022	-Staff time -Partners	Early Childhood Issues Committee	-Increased awareness of benefits of reading to children
Hold biannual family literacy activity nights. Partners to promote the event.	12/31/2023	-Staff time -Partners	NICAO	-Increased motivation to read to children

Review current awareness campaigns, and based upon assessment, create an enhanced promotion plan.	04/30/2022	-Staff time	Early Childhood Issues Committee	-1 Enhanced promotion plan
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PERFORMANCE MEASURES How We Will Know We Are Making a Difference		
Short Term Indicators	Source	Frequency
Quality rating of childcare centers increases	CCR&R	Annual
Turnover rates at childcare centers stabilize	NICAO, childcare centers, Head Start	Annual
% of early childhood literacy skills increases	ECI	Annual
Long Term Indicators	Source	Frequency
# of children in poverty	County Health Rankings	Annual
# of head start children who are homeless	North Iowa Community Action Data	Annual

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Obj #	State Initiatives	Healthy People 2030	National Prevention Strategy
1		Reduce the proportion of people living in poverty (SDH-01) Increase the proportion of children living with at least 1 parent who works full time (SDOH-03)	
2			Mental and Emotional Well-being (1 Promote positive early childhood development, including positive parenting and violence-free homes.)
3	Governor's Child Care Task Force-workforce education compensation		Reduce barriers to accessing clinical and community preventive services especially among populations at greatest risk
4	Early Literacy Implementation-Iowa Code section 279.68 and 281-Iowa Administrative Code 62 promote effective evidence-based programming, instruction, and assessment practices across schools to support all students to become proficient readers by the end of the third grade		

DESCRIBE PLANS FOR SUSTAINING ACTION
<ul style="list-style-type: none"> <li>Seek funding for coordinated entry and staffing to increase capacity for in-home visitation. (1:1 relationship building is key to lasting change).</li> <li>Advocate for increased funding for the Child Care and Development Block Grant.</li> <li>Connect with the existing Partners for Children Coalition to close gaps regarding childhood issues and address policies on an annual basis.</li> </ul>

### Priority 3: Housing

Housing is a foundational element in an individual's health outcomes. There was much discussion of how the lack of stable, safe housing can contribute to many other problems such as poverty, homelessness, educational disparities, and health issues. Housing/shelter is a basic need and is a contributor to quality of life and health outcomes. The Community Health Assessment (CHA) found a need for more quality, safe affordable housing for those in north Iowa. Quality affordable housing is difficult to come by in the region.

Another issue identified in the CHA is the age of housing in north Iowa. Our action plans want to give individuals the tools to make improvements on their own homes to save on contractor costs and increase capacity within the community to maintain

the older homes. Additionally, working closely with city clerks, code enforcement, councils to learn about and address the rental enforcement codes or the lack thereof will be important to change policy to affect multiple families. This will help focus on the issues contributing to rental cost burden to have quality, safe rental homes.

<b>GOAL #3: Increase access to safer, and quality housing.</b>				
<b>OBJECTIVE #1:</b> By 2023, expand financial resources by 5% for home rehabilitation for low-moderate income residents in north central Iowa.				
<b>BACKGROUND ON STRATEGY</b> <b>Source:</b> Organizations receiving funding <b>Evidence Base:</b> County Health Rankings – Housing rehabilitation loan & grant payments <b>Policy Change (Y/N):</b> N				
<b>ACTION PLAN</b>				
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>
Explore additional federal, local, and state grants and partnerships specifically for home rehabilitation for low-income residents.	Ongoing	-Staff time -Partners	Local Public Health	-Increase in funding to support program activities
Assess the client referral network to ensure all referral opportunities are being seized.	06/30/2021	-Staff time	NIACOG	-Increase referrals to result in better health outcomes
Create an educational campaign to inform community-based organizations on the Housing Repair Assistance tool/services in the area.	06/30/2022	-Staff time	NIACOG	-Increase in awareness of services available
Promote homebuyer education and down payment assistance programs on resource referral site and via social media to north central Iowa region residents.	12/31/2022	-Staff time	All	-Increased knowledge of financial resources available
<b>OBJECTIVE #2:</b> Increase the number of licensed contractors by 10% who complete maintenance repairs in the north central Iowa region (baseline 114 as of 07/2021).				
<b>BACKGROUND ON STRATEGY</b> <b>Source:</b> North Iowa Area Council of Governments <b>Evidence Base:</b> None <b>Policy Change (Y/N):</b> N				
<b>ACTION PLAN</b>				
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>
Complete a root cause analysis on the lack of contractors in the north central Iowa region.	12/31/2021	-Staff time	NIACOG	-Increased knowledge of barriers
Create a campaign to recruit contractors to north central Iowa that includes incentives such as breaks (work with cities).	12/31/2022	-Staff time -Technology	NIACOG	-Increased in the availability of contractors
Promote NIACC trades classes to increase enrollment in programs.	12/31/2023	-Staff time	All	-Increased enrollment rates for trades classes
Work with NIACC to build a trades class/program that includes homeowners being mentored to fix their homes.	08/31/2023	-Staff time	Housing Committee	-Increased contractor capacity due to increase in workforce

Develop a mentorship plan/program where those who are retired or want to volunteer can teach valuable skills to fix/repair homes (teach the next generation).	12/31/2023	-Staff time -Volunteers	Housing Committee	-Increased knowledge of basic home improvement skills
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**OBJECTIVE #3:** Improve the overall quality and safety of rental housing in the north central Iowa region by increasing code enforcement policies by 20%.

**BACKGROUND ON STRATEGY**

**Source:** City Clerks

**Evidence Base:** Quality and safety of housing directly impacts health outcomes;

<https://www.rwjf.org/en/library/research/2011/05/housing-and-health.html>

**Policy Change (Y/N):** Y

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Assess each city to determine if they have rental codes & the current requirement of rental inspections for each city that does.	4/30/2022	-Staff time	Local Public Health	-Increased knowledge of rental inspection processes
Identify areas of opportunities to improve the quality and safety of rental properties. Explore policy on assisting code enforcement to enforce rules already on the books. Propose changes to the inspection process.	05/30/2022	-Staff time	Housing Subcommittee, Local Public Health	-Increased safety for tenants
Present changes to the city's rental housing program staff.	08/31/2022	-Staff time	Housing Subcommittee	-List of changes
With partnership of cities, hold community forums for proposed changes with landlord's associations, renters, property owners, etc.	10/31/2021	-Staff time -Meeting space	Housing Subcommittee	-Increased input from stakeholders
Provide summary of requested changes to city councils based upon feedback.	10/31/2021	-Staff time	Housing Subcommittee	-Increased safety for tenants
As necessary, work with local officials to develop policy and methods for enforcement.	12/31/2023	-Staff time	Housing Subcommittee	-Policy change
Educate landlords on changes.	ongoing	-Staff time	Housing Subcommittee	-Increased knowledge

**OBJECTIVE #4:** Decrease from 21.80% to 20.0%, the percentage of households in the north central Iowa region where housing costs are 30% or more of their total household income.

**BACKGROUND ON STRATEGY**

**Source:** [SparkMap \(US Census Bureau, American Community Survey 2015-2019\)](#)

**Evidence Base:** [https://www.epa.gov/sites/production/files/201601/documents/small\\_town\\_econ\\_dev\\_tool\\_010516.pdf](https://www.epa.gov/sites/production/files/201601/documents/small_town_econ_dev_tool_010516.pdf)

**Policy Change (Y/N):** N

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Meet with each city in the north central Iowa region to discuss current housing development activities (invite all stakeholders).	3/31/2022	-Staff time	Housing Subcommittee	-Increased knowledge of current housing development activities and gaps

Create an individualized action plan to see how the city could meet existing and future housing needs including incentives for each city to promote the development of a variety of housing options.	03/31/2022	-Staff time	Housing Subcommittee	-Action plan(s)
Hold updates every other year with stakeholders to share successes, barriers, and learnings from each housing development plan.	12/31/2023	-Staff time -Partners	Housing Subcommittee	-Increased knowledge of how to best meet the housing needs of the community

PERFORMANCE MEASURES		
How We Will Know We Are Making a Difference		
Short Term Indicators	Source	Frequency
# of contractors increases in area	<a href="#">Iowa Workforce Development</a> NIACOG	Annual
An increase in funding awarded	Organizations Awarded	Annual
Long Term Indicators	Source	Frequency
% of affordable housing increases	Mason City Multiple Listing Service	Annual
Renter costs decrease	SparkMap	Every other year

ALIGNMENT WITH STATE/NATIONAL PRIORITIES		
Obj #	Healthy People 2030	National Prevention Strategy
1		
2		<i>Healthy and Safe Community Environments – Enhance cross-sector collaboration in community planning and design to promote health and safety</i>
3		<i>Healthy and Safe Community Environments – Design and promote affordable, accessible, safe, and healthy housing.</i>
4	<i>Reduce the proportion of families that spend more than 30 percent of income on housing (SDOH-04)</i>	

DESCRIBE PLANS FOR SUSTAINING ACTION
<ul style="list-style-type: none"> <li>• Apply for grants such as the Healthy Housing Initiative</li> <li>• Continue to foster relationships with landlords, City Clerks, etc.</li> <li>• Policy change regarding rental code enforcement</li> </ul>

## Acknowledgments

We would like to thank all the agencies and individuals who participated in this process. Their knowledge, collaboration, dedication, and commitment make North Iowa a great place to live, work, and visit.

### MAPP Core Group

The MAPP Core Group designs and plans the CHA-CHIP process according to the MAPP framework.

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### Health Improvement Collaborative

This group participated in the planning process and provided feedback as we moved through each MAPP step.

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Alice Ciavarelli	Mason City Youth Task Force
Alyse DeVries	North Iowa Children's Alliance
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Gail Arjes	Floyd County Public Health
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## Appendix

### Glossary

#### Health Equity

Health equity is when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”

Community care coordination models take into consideration the continuum of health services, education, early childcare, and early intervention services, nutrition, housing, transportation, and other human services needed to improve the quality of life for people.

#### Additional Resources

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

<https://health.gov/healthypeople/objectives-and-data/social-determinants-health>