Community Health Needs Assessment

Cerro Gordo County

Conducted in 2023 by

MercyOne North Iowa Medical Center

In collaboration with:

Cerro Gordo Public Health

North Iowa Community Action Organization

Mason City Youth Task Force

United Way of North Central Iowa

Prairie Ridge Integrated Behavioral Health Care

North Iowa Area Council of Governments

North Iowa Community College

Floyd County Public Health

Kossuth Regional Health Center

Hancock County Health System

Palo Alto County Health System

Winnebago County Public Health

Wright County Public Health

Residents of the Community

Table of contents

Purpose ... 3

Organization overview ... 3

Mission/Vision ... 4

Summary of previous CHNA ... 5

Executive summary ... 6

Community description & geographical area served ... 7

Demographics of population… ... 8

Process and methods used ... 10

Collaborative parties ... 12

Purpose

The Patient Protection and Affordable Care Act requires not-for-profit health care organizations to perform a Community Health Needs Assessment (CHNA) every three years and adopt an implementation plan to meet the outstanding community health needs, identified therein, as a condition of maintaining the institution's federal tax exemption. This requirement became effective in 2012.

The CHNA process uses data and community input to measure the relative health and social well-being of a community. The information identified as community assets and needs are used to develop an implementation strategy. The findings should inspire collective action and ensure meaningful, effective allocation of resources, both within the hospital and in the community.

MercyOne North Iowa completed a comprehensive Community Health Needs Assessment (CHNA) jointly with Cerro Gordo Public Health. The CHNA was approved by the Board of Directors on June 14, 2023.

The complete CHNA report is available electronically [Community Health Needs Assessments (mercyone.org)] and printed copies of the report can be requested at MercyOne North Iowa Medical Center, Community Health and Well-Being Department, located in McAuley Hall, 1000 4th Street SW, Mason City, Iowa.

Organization overview

MercyOne North Iowa Medical Center is a faith-based, full-service community health system serving residents of northern Iowa and southern Minnesota. We offer ambulatory care through our MercyOne Family Medicine Clinics (primary care and specialty physician network), home health agency, hospice, regional referral laboratory, regional rehabilitation and diagnostic technology services, pharmacies, an emergency services network, and a variety of other health care services.

MercyOne North Iowa offers numerous specialty services including, cancer center, health center, vascular and wound center, neurosurgery, behavioral health and more.

MercyOne North Iowa is the largest provider of health care services in our region, and we are proudly the largest employer in Cerro Gordo County. Our hospital is a private, not-for-profit health care center, licensed for 346-beds, which serves more than 400,000 inpatients and outpatients each year. MercyOne North Iowa is also a teaching institution with a Family Medicine Residency, Internal Medicine Residency, Cardiology Fellowship, Hospice and Palliative Medicine Fellowship, PGY1 Pharmacy Residency and a School of Radiologic Technology. MercyOne North Iowa is a clinical training site for approximately 500 students from 127 different colleges enrolled in programs for medical laboratory, nursing, paramedic, rehabilitation, medical assistants, pastoral services, physicians, and many other medical fields. MercyOne North Iowa holds management agreements with seven rural primary care hospitals, making us the premier rural health care delivery network in northern Iowa and southern Minnesota.

Affiliated Hospitals: Franklin General Hospital, Hancock County Health System, Hansen Family Hospital, Kossuth Regional Health Center, MercyOne New Hampton Medical Center, Mitchell County Regional Health Center, and Palo Alto County Health System.

Hospitals and the employees in the health sector contribute to large quantities of purchased goods/services from local businesses. These impacts are referred to as secondary impacts. According to Iowa Hospital Association Economic Impact report for Cerro Gordo County,

18.41 % of all 4,362 jobs come from the hospital and 27.71% of the $302,640,202 total wages come from this hospital. MercyOne North Iowa colleagues purchase 33.38% of goods/services of the total $723,813,063 in the community (IHA). Iowa Hospital Association Find Reports - Iowa Hospital Association (ihaonline.org)

Our Mission

We, MercyOne, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be your most trusted health partner for life.

Our Core Values

- **Reverence**: We honor the sacredness and dignity of every person.
- **Commitment to Those who are Poor:** We stand with and serve those who are poor, especially those most vulnerable.
- **Safety**: We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- **Justice**: We foster right relationships to promote the common good, including sustainability of Earth.
- **Stewardship**: We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- **Integrity**: We are faithful to who we say we are.

Summary of previous CHNA

The CHNA adopted on June 10, 2020, for FY21-FY23 identified 3 significant health needs within MercyOne North Iowa community. Below are the identified significant health needs in order of priority:

1. Access to care
2. Early childhood issues
3. Housing

MercyOne North Iowa focused on improving the following identified need:

Access to care

Mental health and access to mental health has been a continued identified need for individuals in the MercyOne North Iowa region. Mental, behavioral, and addiction services were repeatedly cited as insufficient and difficult to access. Lack of mental health screening, increased suicide ideation in adolescents were noted. There is also a stigma and lack of confidentiality associated with accessing services. The Psychiatry Residency program has not progressed as outlined in the implementation plan, due to delays in securing a program director. Fulfillment of the program director position is required to apply for ACGME accreditation. Although we have experienced these delays, we remain committed in moving forward with the development of a Psychiatry Residency Program and are continuing to work towards these goals. With the increase in mental health needs, MercyOne continues to focus on enhancing access for all needed patients.

Average daily census on the behavioral health inpatient units:

FY20	24.3
FY21	25.7
FY22	23.5

Although we have seen a slight decrease in the number hospitalizations for mental health, we are seeing an increase in acuity of patients treated and an overall increase in behavioral health patients treated hospital wide since 2019 (treatment of detox or comorbid mental health diagnosis on medical unit).

MercyOne North Iowa has recently hired a new child psychiatrist. In addition, in the past 6 months, two new therapists have been hired, one that treats primary children/adolescents and the other that treats adolescents and adults. Since 2020, two additional psychiatric ARNPs have also been hired in addition to the child psychiatrist and therapist, previously mentioned. It has been difficult getting children 12 years old and under access to mental health treatment.

The new child psychiatrist and therapist will help alleviate some of the barriers to accessing care for this population. Patients now can be referred from the emergency department for psychiatry appointments, allowing patients to leave the hospital with an appointment scheduled, typically within 3-5 days of discharge. MercyOne Iowa is in the process of hiring a chemical dependency counselor to complete ASAM assessments for patient admitted with substance use disorders, as well as offer individual and group therapies to these patients to improve follow through with ongoing treatment services after discharge.

Access to care – Transportation

Reliable and affordable transportation has been a long-standing unmet need on many of the Community Health Needs Assessments (CHNAs). Transportation has remained among one of the barriers for Social Influences of Health for many North Iowans. MercyOne has been committed to creating a new model that not only addresses access to care but also social aspects of one's well-being on a limited basis. This program provides free transportation to medical appointments in addition to several other unmet needs, such as housing, work, food, adult daycare. This new model was launched in FY21. Iowa Community Ride initially was providing this service, while MercyOne was providing the financial contributions. The program has since shifted from Iowa Community Ride to North Iowa Community Action Organization. The COVID-19 pandemic also impacted this program and its success during the FY21-FY23 timeline. My Community Ride works directly with case manager and hospital/cancer treatment center staff.

My Community Ride started in October 2020. In FY21 they received 227 calls and provided 78 rides, FY22 they received 68 calls and provided 41 rides, and FY23 (July-March 31, 2023) they received 56 calls and provided 53 rides.

Written comments for the FY21-FY23 CHNA and Implementation Strategy were requested through several different channels. Emails were sent out to individuals participating in numerous groups/coalitions as well as at the community health forum held on January 23, 2023. One individual emailed with two comments. The first comment was regarding wanting to know what the actual suicide rate per 100,000 was for this area. The second comment was surrounding the comment in the CHNA that identifies the health needs that MercyOne North Iowa will not act on. An email was sent back to the individual who sent in the comments, and she was thanked for the feedback. Information was provided to her on where in the report it states the suicide rate per 100,000 for the each of the counties in the CHNA. As to the comment regarding the Implementation Strategy and where it identifies the specific health needs that MercyOne North Iowa Medical Center will not take action on, an explanation was given surrounding this and how these needs were going to be addressed. These comments have been noted and going forward will be addressed more clearly.

All questions and comments on the FY24-FY26 CHNA can be email to the following: communityhealth@mercyhealth.com.

Executive summary

Collaborative efforts with Cerro Gordo Public Health began in 2015 and continues today. MercyOne North Iowa worked together with Cerro Gordo Public Health to develop the FY24-FY26 Community Health Needs Assessment (attached) and is a participant in the Cerro Gordo County Health Improvement Partnership, which is comprised of 14 area organizations and residents. Working together to identify and prioritize the community health needs is the goal. We feel that we will have the most success when we partner and work collaboratively together in identifying and addressing the community health needs.

Surveys were dispersed via email, website and in person. In addition to surveys, focus groups were held with professionals and citizens utilizing services in the Cerro Gordo community. On January 23, 2023, a Community Health Forum was held at NIACC, where the information that was provided through the surveys and focus groups was gathered and discussed. The focus group identified several common themes and focus areas.

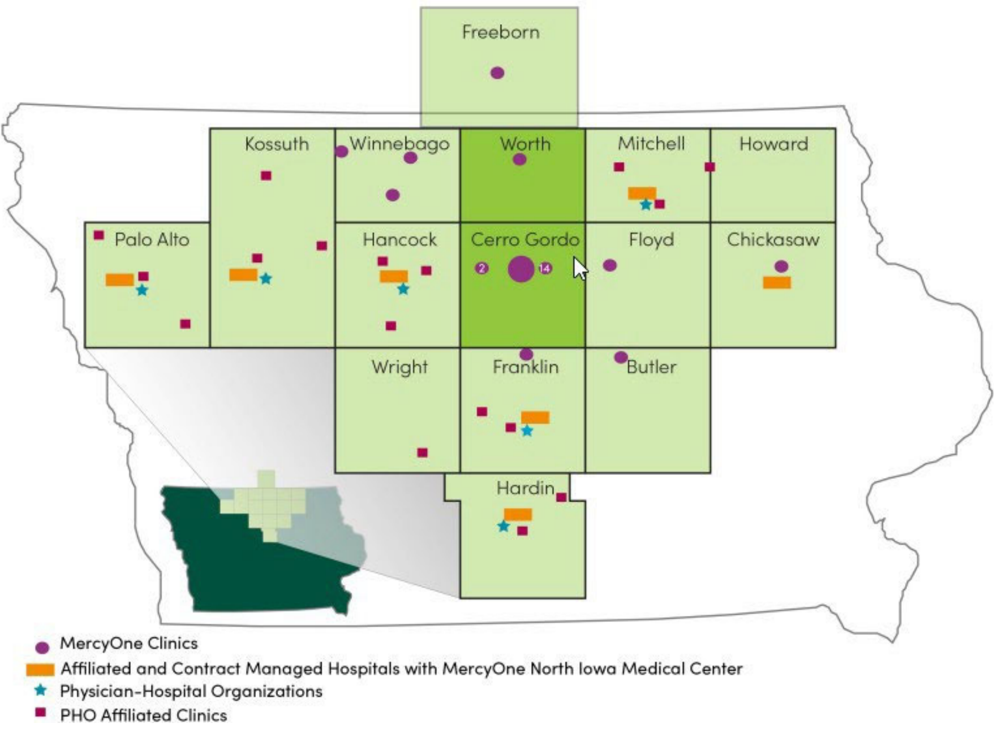
The following are the significant health needs that have been identified, in order of priority:

1. Mental health support
2. Food access
3. Aging support

Two additional areas of need identified were child care access and substance misuse. After discussion, the steering team determined that resources would be better spent focused on the priority areas mentioned above and decided not to include these two areas as the priority focused area.

Community description and geographic area served

MercyOne North Iowa's service is made up of 15 counties in north central Iowa. The primary service area includes Cerro Gordo and Worth counties, and the secondary service area includes Butler, Chickasaw, Floyd, Franklin, Freeborn, MN, Hancock, Hardin, Howard, Kossuth, Mitchell, Palo Alto, Winnebago, and Wright counties.



How population was identified

MercyOne North Iowa is affiliated with, and contract manages eight hospitals within eight counties (all outside of Cerro Gordo County) in its service area. All these hospitals provide primary health care services. MercyOne North Iowa has clinics in most of the 15 service area counties. These 15 counties have an estimated population of 229,043 residents (Trinity

Health Data Hub). As a result, it serves as a natural referral center for this entire area while providing primary care services in local communities. This same service area also encompasses the Cerro Gordo County Health Improvement Partnership.

Demographics of population

Trinity Health Data Hub estimates population in Iowa at 3.2 million with Cerro Gordo County's estimated population at 43,185, which is slightly higher than the last CHNA reporting cycle. The county has a very low diversity index, .006 compared to Iowa at .40. Most of the residents are White, making up 90.74% of the population while Black, 2.03%, Hispanic, 5.38%, and non-Hispanic Asian 1.28%. Cerro Gordo's population of under age of 18 years old is 21.04%, 18-64 years old, 57.58% and 65+ 21.38%.

Cerro Gordo County has 87 Mental Health Providers located at four different facilities and 201.73 providers/100,000 population. There is a 90.43:100,000 ratio for substance abuse providers in the county. There are 22.81% of the Cerro Gordo population who currently receive Medicaid. This is higher than both the state (20.47%) and nationally (22.19%).

Food Insecurity continues to be an issue in Cerro Gordo County with 8.30% of the population food insecure, which is higher than the state average of 7.30%. Students eligible for free or reduced lunch is 42.1%. The median household income in Cerro Gordo County is $58,271. Population under age 18 who are below 200% FPL is 36.43%.

Most Cerro Gordo County residents have a high school diploma (93.51%), with 23.89% of these individuals having obtained a bachelor's degree or higher.

Report Area	Total Population
Report Location	229,043
Butler County, IA	14,421
Cerro Gordo County, IA	43,185
Chickasaw County, IA	12,021
Floyd County, IA	15,672
Franklin County, IA	10,056
Hancock County, IA	10,837
Hardin County, IA	16,997
Howard County, IA	9,456
Kossuth County, IA	14,823
Mitchell County, IA	10,526
Palo Alto County, IA	8,996
Winnebago County, IA	10,743
Worth County, IA	7,450
Wright County, IA	12,978
Freeborn County, MN	30,882
Iowa	3,179,090
United States	329,725,481

Health facilities owned/operated/affiliated with MercyOne North Iowa

Affiliated Hospitals: Franklin General Hospital, Hancock County Health System, Hansen Family Hospital, Kossuth Regional Health Center, MercyOne New Hampton Medical Center, Mitchell County Regional Health Center, and Palo Alto County Health System.

MercyOne North Iowa offers the following services:

Allergy Care

Bariatric Center

Behavioral Health Services

Neurology Care

Neurosurgery

Obstetrics and Gynecology

Cancer Center
Diabetes Center
Dialysis Center
Ears, Nose and Throat
Elderly Housing
Emergency Center
Family Medicine Residency Program
Gastroenterology/GI Care
General Surgery
Heart Care
Home Care
Home Medical Equipment
Hospice Care
Imaging Services
Infectious Disease
Internal Medicine Residency Program
Interventional Cardiology Fellowship
Palliative Care
Palliative Care Fellowship
Pharmacies
Kidney Care
Occupational Medicine
Orthopedic Care
Pediatric Diabetes
Pediatric Neurology
Plastic and Reconstructive Surgery
Podiatry
Pulmonary Care
Primary Care Clinics
Rehabilitation Services
Specialty Clinics
Senior Care
Sleep Medicine
Stroke Care
Tertiary Care Hospital
Urology Care
Vascular and Wound Care
Urgent Care
Weight Loss
Women's Health Center
Mammography

Process and methods used to conduct CHNA

MercyOne North Iowa Medical Center worked collaboratively with Cerro Gordo Public Health, local coalitions, groups, community businesses, agencies, and residents to gather information and insight on the issues and concerns within this community. Surveys, focus groups, and a Community Health Forum were provided, working to gather information from the community on what they feel are the issues/needs of their community.

About 780 residents participated in a survey between July 2022-September 30, 2022. Most of those who participated in the survey reported that they feel that the overall health of the community is somewhat healthy (please see the Cerro Gordo Public Health report for additional information).

During the week of January 6, 2023, there were four different focus groups held. The first focus group was held at the Community Kitchen on January 6, 2023, the second focus group,

Unsheltered, took place on January 6, the third focus group took place at BeJe Clark on January 9, 2023, and the final focus group occurred on-line on January 11 with healthcare professionals. All four of the focus groups were asked the same set of questions: Rank Health of Community (5 being very healthy and 1 being very unhealthy), Factors of Healthy Community, Health Problems, Social Issues, and Environmental Issues. When asked to rank the health of their community, 78% reported that the community is somewhat healthy, while 16% stated they feel the community is unhealthy. Access to healthcare, access to healthy food, affordable housing, healthy behaviors, good jobs and healthy economy were the most commonly identified factors of a healthy community. When asked to identify health problems for this community, many talked about mental health, substance misuse, diabetes, and cancer. Social issues were discussed, and many individuals identified discrimination as an issue, as well as mental health and substance misuse, food insecurity, isolation, lack of social activities that are financially feasible. Dilapidated, abandoned buildings, as well as trash/needles, homelessness and crime were the common themes when discussing environmental issues.

Cerro Gordo Public Health Department did key informant interviews during the months of October-January. These interviews consisted of one-on-one interviews with those who had key stakes in community health (an elected official, police chief, social worker, priest, education, and business owner).

On January 23, 2023, a Community Health Forum was held. This was open to the public and facilitated by two facilitators with HueLife. All the information from the surveys and focus groups were compiled. The facilitators led discussions surround the survey and focus groups responses, allowing those who participated to identify the common themes and identified needs.

Both qualitative and quantitative data has been utilized to develop the Community Health Needs Assessment. Information from these data gatherings includes common themes. These common themes are issues with housing, childcare, food insecurity, mental health, access to healthcare, transportation, and employment/wages. A lot of time was spent reviewing data and analyzing how this community is doing in comparison to the state and national rankings.

On February 9, the Steering Team met to identify the FY24-FY26 priorities. We went through the common themes that were identified during the Community Health Forum and gave them an impact score and an ease score. The two scores were added together to get the total. The Steering Team chose to address the top three, based on the scores. Below the themes are listed in order of priority.

Theme	Total score
Mental health	75
Food access	67
Aging Support	66
Substance misuse/use	53 (not selected)
Childcare access	27 (not selected)

FY23-FY26 steering team members are: Cassidy Flory (Cerro Gordo Public Health), Heidi Witt (MercyOne), Alice Ciavarelli (Mason City Youth Task Force (retired but still active in planning and supporting), Jen Arends (United Way), Chelcee Schlueger (MercyOne), Cindy Davis (North Iowa Community Action), Cori Frein (Community Health Center, Mason City), Gail Arjes (Floyd County Public Health), Heidi Nielsen (North Iowa Area Council of Government), Conrae Huinker- (NIACC), Julie Sorenson (Winnebago Public Health), Kelly Grunhovd (Prairie Ridge), Kara Vogelson (Cerro Gordo Public Health), Sandy McGrath (Wright County Public Health), Sarah Strohman (MercyOne).

Data used

Please reference the Community Health Assessment for North Central Iowa located in the appendix.

Description of parties collaborated with or contracted for assistance

Included were 14 agencies as key collaborators in conducting this CHNA. MercyOne North Iowa hired an independent consulting company, Hue Life, to facilitate our community forum.

CG Public Health. This is the largest health department in the MercyOne North Iowa service area and serves Cerro Gordo County, which constitutes most of the primary service area.

North Iowa Community Action Organization. NICAO provides a variety of health (maternal clinic, WIC) services, family support (counseling, financial resources, parenting), and education (pre-school) services.

Prairie Ridge Integrated Health Care. Prairie Ridge offers both outpatient and inpatient education and support for those having, or affected by, alcohol and drug abuse issues.

United Way of North Central Iowa. This United Way covers eight counties in the MercyOne North Iowa service area and has prioritized services to the underserved.

North Iowa Children's Alliance. North Iowa Children's Alliance is one of 38 Early Childhood Iowa Areas across the state, serving Cerro Gordo, Hancock and Worth Counties. They help Iowa's youth, ages 0-5, by promoting future success in school, the workplace and with building healthy relationships.

Mason City Youth Task Force. The Youth Task Force (YTF) is a community coalition working to reduce Risk Factors and build Developmental Assets for youth using research-based models and science-based strategies. Community Health Center.

North Iowa Area Council of Governments (NIACOG). Government agency established for the purpose of promoting intergovernmental cooperation and strengthening local units of government (cities and counties in the region). By working collectively through the Council of Governments, local governments can share professional and technical services, alongside regional long-range planning, to make them affordable.

Residents of the Community. Residents were asked to participate in focus groups in order to get a better understanding on what identified as the community needs.

The goal of each Public Health Department listed below is to Promote healthy lifestyles, prevent disease, provide quality care. They do this in part by providing residents of their respective county care to recover from an illness or injury, or those who just need help with personal care needs to remain independent in your own home.

Wright County Public Health

Palo Alto Public Health

Floyd County Public Health

Kossuth Public Health

Hancock Public Health

Winnebago Public Health

North Iowa Community Health Assessment

2024-2026

Table of Contents

Welcome	**3**
Acknowledgements	**4**
Introduction	**5**
History	**5**
Vision & Values	**5**
Approach	**6**
Purpose	**6**
Methods	**6**
About Us	**7**
Northern Iowa	**8**
Working Together	**9**
Community Input	**11**
Successes	**11**
Worsening Issues	**11**
Discrimination Affecting Health	**13**
Summary of Health Topics	**15**
Access to Care & Preventive Services	**15**
Early Childhood Issues	**17**
Environmental Issues	**17**
Healthy Food, Obesity & Physical Inactivity	**18**
Substance Use	**19**
Health Outcomes	**19**
Community Identified Priorities	**21**
Detailed Data	**23**
Population, Race & Ethnicity	**23**
Food Insecurity, Unemployment & Poverty	**23**
Life Expectancy & Leading Causes of Death	**26**
Chronic Illnesses	**27**
Diabetes	**27**
Heart Disease	**28**
Cancers	**29**
Chronic Lower Respiratory Disease	**29**
Alzheimer's Disease	**30**
Access to Preventive Services & Care	**30**
Early Childhood Issues	**33**
Housing	**36**
COVID-19	**37**
Conclusion	**42**
Data Resources	**43**

Welcome

The north Iowa Community Health Assessment (CHA) along with the Community Health Improvement Plan (2024-2026) report provides guidance to community members and stakeholders who wish to become involved in, or continue to, engage in health and wellness improvement efforts. The CHA draws on data from north Iowa which has a number of programs and efforts already in place addressing health from a variety of perspectives. The process also documented that there are gaps in services and highlighted ways to build on and strengthen efforts. Insights from the CHA led to the identification of three priority areas **for northern Iowa:**

Mental Health Support

Food Access

Aging Support

These priority areas are the foundation of the goals and strategies outlined in the Community Health Improvement Plan (CHIP). This report proposes ways to move forward through collective impact work; a concept of sustained change in the way that we think about health and act to improve it. Such changes involve regular convening partners that work to align and build on one another's efforts. Health is complex and affected by a variety of determinants such as access to healthcare, environment, culture, social support networks, literacy, education, housing, and employment.

No single organization or program can alone solve a health problem, but together, through coordination and communication, we can each play a part in affecting change that collectively helps resolve issues.

The CHA is a starting point for work with a focus in the priority areas over the next three years. This report along with the CHIP are living documents, meaning that they will continue to be revisited, revised, and built upon as needed to assure progress in the priority areas. It is the hope of everyone involved in this process that interested stakeholders, community members, and all others will identify with the CHA/CHIP's findings and support the action steps and direction proposed for our community.

Each of us has a role in working to improve the health and quality of life in northern Iowa. What is your role?

Inquiries regarding this report or data collected may be directed to:
Cassidy Flory
Public Health Specialist
CG Public Health
(641) 421-9345

Acknowledgments

Thank you to everyone who helped! The steering team ensured the process ran smoothly and that members of the community were engaged as much as possible. We are thankful for your partnership and look forward to continued efforts in the future.

Steering Team:

MercyOne North Iowa Medical Center
North Iowa Community Action Organization
Prairie Ridge Integrated Behavioral Healthcare
North Iowa Area Council of Governments
Mason City Youth Task Force
CG Public Health
United Way of North Central Iowa
North Iowa Area Community College
Wright County Public Health
Palo Alto County Public Health
Floyd County Public Health
Hancock County Public Health
Kossuth County Public Health
Winnebago County Public Health

Introduction

History

Previously, members of the steering team were conducting their health assessments independently. This process is time consuming and requires significant staff time to be dedicated towards the process. For this reason, when it came time to conduct the 2020-2023 CHA CHIP cycle, members of this team were determined to fully collaborate and reduce duplication of information and efforts by joining forces for one comprehensive report.

Health problems and priorities do not change at county lines. Working together collectively allows us to better support those who live, work, and play in our communities.

This shared approach to assessing needs helps focus available resources to address the community's most critical health needs. Our vision and values are a result of this effort.

Vision

We are a united community building a healthy, safe, and accepting environment.

Values

We are a united 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.**

Approach

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

Purpose

This report documents the community health needs of northern Iowa and provides a foundation to meet the Affordable Care Act and other requirements for non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every 3 years and for local public health departments to conduct a CHA every 5 years.

Methods

Participants defined health broadly and used a population-based community health framework to identify health needs and establish criteria for selecting key indicators within each health topic. This joint CHA report provides baseline data on community health indicators for all agencies to use and import for their own CHA. While participants reached consensus on a core set of topic areas, each organization may also gather additional information specific to its service area.

The MAPP framework was used to guide data gathering through four assessments:

- **Community themes and strengths**
- **Local public health system**
- **Community health status**
- **Forces of change**

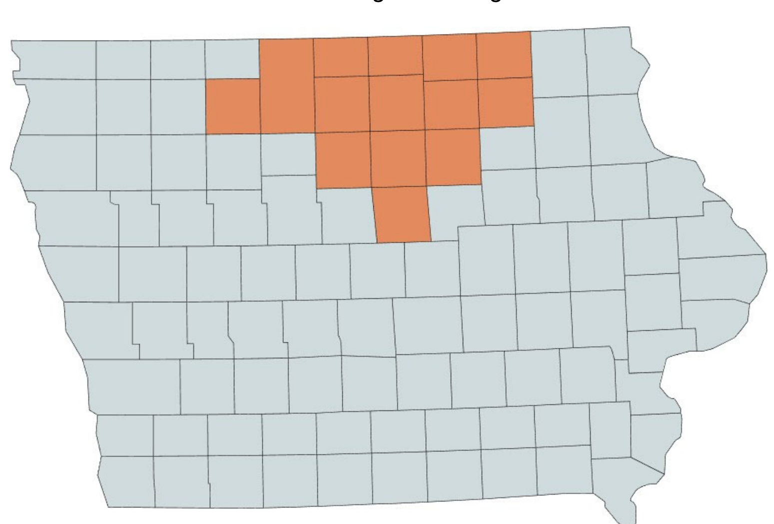
Results from each of these four assessments are outlined in this report. Additional data is gathered from sources such as the Iowa Health Tracking Portal, County Health Rankings and Roadmaps, Trinity Health Data Hub, the Centers for Disease Control and Prevention (CDC), the Iowa Youth Survey, local community needs assessments, and more.

About Us

Northern Iowa

The region that participated in this effort is primarily in north central Iowa and is shown in figure 1. Specific counties included are Butler, Cerro Gordo, Chickasaw, Floyd, Franklin, Hancock, Hardin, Howard, Kossuth, Mitchell, Palo Alto, Winnebago, Worth, and Wright. This region has a population of approximately 200,000 with the largest county, Cerro Gordo, home to about 42,706 residents and the smallest county, Worth home to about 7,385. The region is nestled in agriculture, family-owned and corporate farms, and most counties are facing natural population decline. There are no metropolitan areas and one micropolitan area, Cerro Gordo, that draws a regional workforce and supplies retail, healthcare, and entertainment needs.

Figure 1: Region Covered



Regionally, the area is approximately 96% White alone, 1.3% Black alone and 5.2% Latino (state averages are: 90.1%, 4.3%, and 6.7% respectively). This area is among the least diverse nationally; however, in Iowa, racial and ethnic minority groups are increasing. Regionally, racial and ethnic minority groups have increased. These groups comprise 2.6% of the population in Mitchell County (the lowest) to 15.2% in Wright County (the highest).

Iowa has an older population that is among the highest in the nation. Regionally, individuals ages 65 years and older averages 22.4%. Persons under age 18 averages 22.6% regionally; statewide the averages are 17.7% and 23.1% respectively. See table 1 for a breakdown of data.

County	Population	White Alone	Black Alone	Latino/a	Persons 65+	Persons under 18	Foreign Born
Butler	14,332	97.2%	<1%	1.8%	22.8%	22.8%	1.55%
Cerro Gordo	42,706	94.0%	2.2%	5.7%	22.8%	21.0%	1.93%
Chickasaw	11,887	97.8%	<1%	3.3%	21.4%	23.6%	1.31%
Floyd	15,413	93.8%	2.6%	4.4%	22.1%	23.0%	3.78%
Franklin	9,952	95.5%	1.4%	13.7%	22.4%	23.6%	5.02%
Hancock	10,663	97.1%	<1%	5.3%	23.6%	21.5%	1.56%
Hardin	16,708	95.5%	1.6%	4.7%	23.3%	19.1%	3.18%
Howard	9,478	97.0%	<1%	2.0%	20.2%	25.3%	1.06%
Kossuth	14,529	96.5%	1.0%	4.6%	24.7%	21.9%	1.84%
Mitchell	10,555	97.8%	<1%	2.0%	20.8%	24.0%	1.63%
Palo Alto	8,906	95.3%	1.8%	3.3%	22.5%	23.3%	2.39%
Winnebago	10,656	95.2%	1.7%	5.4%	22.0%	22.2%	3.11%
Worth	7,385	96.7%	<1%	3.5%	22.1%	21.1%	0.72%
Wright	12,785	95.8%	1.3%	13.9%	23.2%	24.6%	4.08%
Iowa Totals	3,200,517	90.1%	4.3%	6.7%	17.7%	23.1%	5.47%

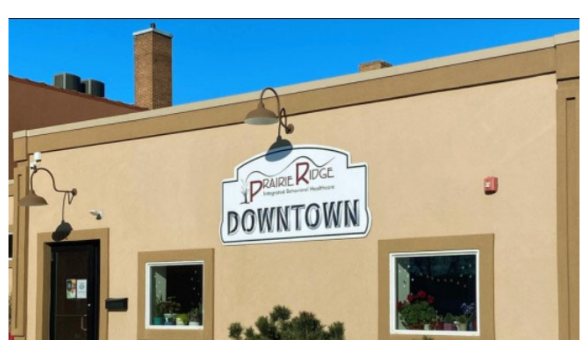
Table 1: Demographics by County

Education matters here with 93% of the residents being high school graduates and 20% holding a bachelor's degree or higher. The unemployment rate in the region averages 4.7%, yet many families are struggling financially. Unemployment rates have risen in the region when compared to 2019 data (2.99%). Iowa wages and incomes are not growing at a fast-enough rate to compensate for the cost-of-living needs and poverty rates persist, averaging 10% regionally. The hourly wage needed to cover basic household expenses for a household of one adult and two children in the region is $36.23.

Working Together

Over the past three years, a number of initiatives have been implemented to address some of the key health challenges and disparities that face our communities. The last CHA and CHIP identified a need to increase access to care, improve housing conditions and opportunities, and reduce issues experienced in early childhood. Several initiatives described below are notable as they are explicit in their engagement to assure cross-sector representation, where different stakeholders work collectively for a common purpose, commit to authentic community engagement, and strive to understand and support community-driven solutions.

- **A regional hospital, public health, and EMS systems grant works to provide a foundation for system development in coordinating and advancing hospital and public health emergency preparedness, emergency medical service delivery, and trauma care in a twelve-county region in north central Iowa. Partners prepare for, respond to, and recover from incidents that affect the health of the population to decrease mortality and morbidity.**



- **Prairie Ridge was awarded the Partnerships for Success to Prevent Alcohol Misuse (PFS-PAM) grant by the Iowa Department of Health and Human Services. This five-year grant works to prevent the onset and reduce the progression of substance abuse and its related problems while strengthening prevention capacity and infrastructure. In 2022, Prairie Ridge opened a new drop-in center in downtown Mason City. This center prioritizes providing accessible mental health services such as crisis counseling and connects those in need with resources . A variety of activities are planned monthly to engage the community and serve as a space for individuals to socialize and gain vital life skills.**

- **Palo Alto County Health System began the Palo Alto County Connections Coalition in 2022. This coalition works to ensure referral sources are available throughout the community to meet the needs of county residents. Additional work revolves around emergency preparedness efforts and carrying out the needs associated with the CHA CHIP.**

- **CG Public Health was awarded a grant from the U.S. Department of Housing and Urban Development (HUD) in the sum of $1.3 million to protect families from home health and safety hazards. The Healthy Homes Repair Program will support those over the age of 62 or persons with a disability to make necessary improvements to the safety of their home. Potential improvements may include plumbing and electrical repairs, radon mitigation, pest control, and elimination of fall hazards.**

- **CG Public Health was also awarded a $100,000 grant from the de Beaumont Foundation to improve access to childcare in north Iowa. The Innovative Multi-Sector Partnerships for Community Transformation (IMPACT) program is a 15-month community partnership intended to supplement childcare-provider incomes to increase available vacancies in childcare facilities. Businesses and organizations engaged in this grant include NIACC's Early Childhood program, Child Care Resource and Referral, Mason City Chamber of Commerce, home and center-based childcare providers, and the North Iowa Economic Corridor.**

Community Input

Local community needs assessments, strategic plans, and reports from the past three years were reviewed to identify community health needs and to provide context to the data presented. Additionally, information was sought in a variety of ways including surveys, focus groups, meetings, and key informant interviews. Themes that emerged from these assessments of are presented in the Community Identified Priorities **section of this report starting on page 21.**

Information from these data gathering efforts while many of the counties in the region are experiencing a decrease in population size and the mean age of residents is increasing. The limited stock of housing available for residents at all income levels has a significant impact on the region's ability to attract and maintain a sustainable workforce. A lack of hospitals and clinics in the more rural areas of the region creates a larger patient-to-provider ratio in the central areas of the region as rural individuals attempt to access care.

Successes

The region has a low rate of teen births **with an average of 14 teen births, per 1,000 females aged 15-19. The state has an average of 16 teen births, per 1,000 females aged 15-19.**

The prevalence of low-birth-weight babies **in the area is low, averaging at 6%, a percent less than the state average.**

Fewer new cases of chlamydia **were diagnosed in the region compared to the state. The region averaged 290 new cases per 100,000 and the state averaged 508.5 per 100,000.**

Worsening Issues

Many indicators are not showing improvement, but these, in particular, have relevance to health issues that are important to residents and stakeholders for health:

The region as well as the state continues to surpass the nation in terms of adult obesity rates**. Obesity rates in the region, Iowa, and United States are 37%, 34%, and 32% respectively. Iowa ranks 7th in the nation for adult obesity, a significant change from the previous 13th place ranking. Obesity is one of the leading causes of preventable life-years lost among Americans. Adults who are considered obese have an increased risk for developing serious health conditions including hypertension, type 2 diabetes, heart disease and stroke, sleep apnea, some cancers, and mental illness such as depression and anxiety.**

Substance misuse including excessive drinking **are areas where the region and Iowa continue to score poorly. Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, heart attacks, sexually transmitted infections, unintended pregnancies, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.** Alcohol-impaired driving deaths **remain high regionally. Six of the 14 counties in the region have percentages of 30% or higher for this indicator. This means that of all crashes where a death occurred, 30% or more involved alcohol. Substance misuse, especially meth, remains an issue in northern Iowa as well.**

Challenges associated with the access and affordability of childcare **in northern Iowa remain. Over half of the region is at or above the state average childcare cost burden rate of 24%. This means that the average household spent more than 24% of their income on childcare for two children. Childcare in the state is costly with Iowans spending an average of $10,380 per year on childcare for one child. Below, figure 2 further defines the cost of childcare by county in the region.**

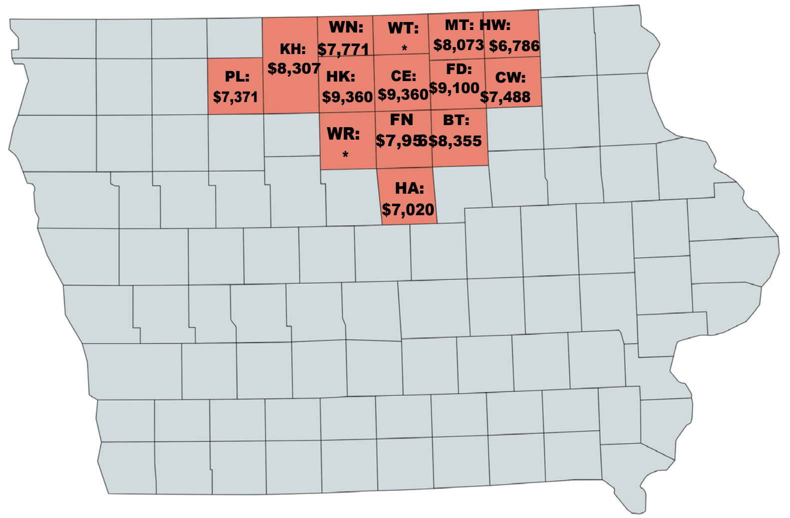


Figure 2: Average cost of childcare in the region by county

Key:

BT: Butler
CE: Cerro Gordo
CW: Chickasaw
FD: Floyd
FN: Franklin
HK: Hancock
HA: Hardin
HW: Howard
KH: Kossuth
MT: Mitchell
PL: Palo Alto
WN: Winnebago
WT: Worth
WR: Wright
***= Data Unavailable**

Discrimination Affecting Health

Data collected through a local community health status survey identifies several groups who are marginalized, or treated differently, in northern Iowa. This data found that 27% of those in northern Iowa felt individuals struggling with mental health/illness **are discriminated against at higher rates than other marginalized groups. Stigma and judgment associated with seeking treatment for mental health prevent those in need from receiving support to lead their healthiest life. Struggles with mental health are often seen by society as a sign of failure or weakness; however, studies have shown that mental health struggles can be associated with biological factors as well as experienced trauma.**

Persons who use Medicaid and who are low-income **suffer from negative attitudes, policies, systems, and practices that have historically benefited those who earn higher wages. This is often a multi-generational problem where people have been denied access to opportunities for health care, quality education, and/or employment. Children who grow up with limited opportunities face lifelong difficulties overcoming systemic barriers. Access to care is different for individuals in this group as they may have to travel long distances across the state or make multiple trips to receive preventative, primary, and specialty care. Traveling to seek care creates an additional barrier as they may have to miss an entire days work/wages to receive the care they need. Aside from the lack of equal opportunity are the subtle discriminative and unjust attitudes faced.**

Data collected in northern Iowa found that 26% of individuals felt low-income individuals were discriminated against at higher rates than other potentially marginalized groups.

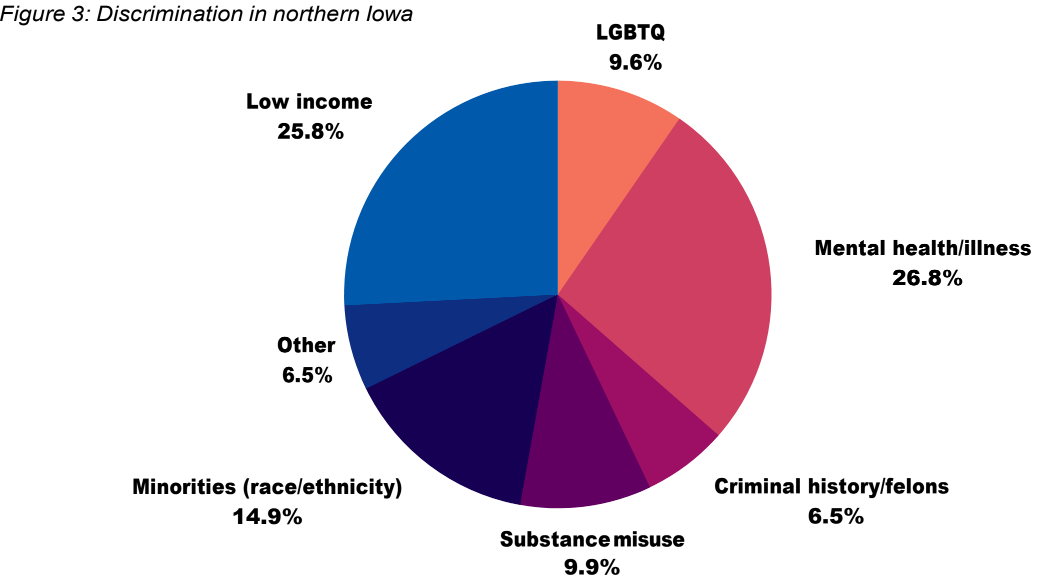
Individuals with substance use disorder or those with a criminal history suffer from stigma as well. Those returning to society after incarceration are inadequately served and have little opportunity for gainful employment. In some circumstances, after incarceration, securing housing can be a great challenge. For an individual with substance use disorder, maintaining employment and shelter can be challenging. Studies have shown that addiction is a chronic medical illness **and can be influenced by trauma. The exploitation of individuals suffering from substance use disorder is common and often they do not seek treatment.**

The elderly/older adult population **are impacted by mental health issues, loss of independence, isolation, induced poverty, and limited support. Ageism may be the most common form of prejudice as our society has become incredibly youth-focused in programming efforts. A lack of supportive programming for this population leads to unhealthy aging and unhealthy habits of the aged. North Iowa has a growing aging population that hovers around 22%; this would mean nearly 43,000 people in the region are over the age of 65.**

Racism **and discrimination run deep in the social, political, and economic structures nationally and in north Iowa. This results in visible inequities for those of a race other than white, LGBTQ individuals, and ethnic minorities while accessing quality education, healthy foods, livable wages, and safe housing. There is little representation on committees, boards, and elected positions of any person who is not White Alone. Language is a powerful tool from which to apply discrimination. Belittling, disqualifying, or rejecting another person for their way of communicating or their accent has become increasingly common. Discrimination in this manner is often ignored or meant to poke fun/tease.**

Data from figure 3 is provided by the Community Health Status Assessment and provides insight on how survey respondents viewed discrimination by group in northern Iowa. For example, 26.8% of respondents felt that those affected by mental health/illness were the most discriminated against in northern Iowa.

Figure 3: Discrimination in northern Iowa



Health Equity

The goal of assessing health equity in northern Iowa is to address gaps in health. Striving for health equity means working to ensure fairness in accessing quality healthcare by analyzing different factors like race and ethnicity, income, geography, etc. To truly achieve health equity, we must also address issues that may not seem like health concerns.

Summary of Health Topics

Access to Care and Preventative Services

Cerro Gordo County is the hub for medical care and several counties have few or no health providers to support their community. Though the data may show there are Dentists in the area, but accessing dental care is often a barrier due to the cost and insurance acceptance. The region has seen an increase over the last three years in the number of uninsured adults. **In 2019, roughly 5% of the region's adults were uninsured. In 2022, this measure increased to 7%. The region is comparable to the state average for** uninsured children **at 3%; lower than the national average at 6%. The percentage of children vaccinated in the region is less than ideal. Figure 4 shows the percentage of children in each county who have completed their 4-3-1-3-3-1-4 series immunizations by age two. Included in this series are the following immunizations DTaP (Diptheria- Tetanus-Pertussis), Polio, MMR (Measles Mumps and Rubella), Hepatitis B, Varicella (Chickenpox), and PCV (Pneumococcal conjugate vaccine).**

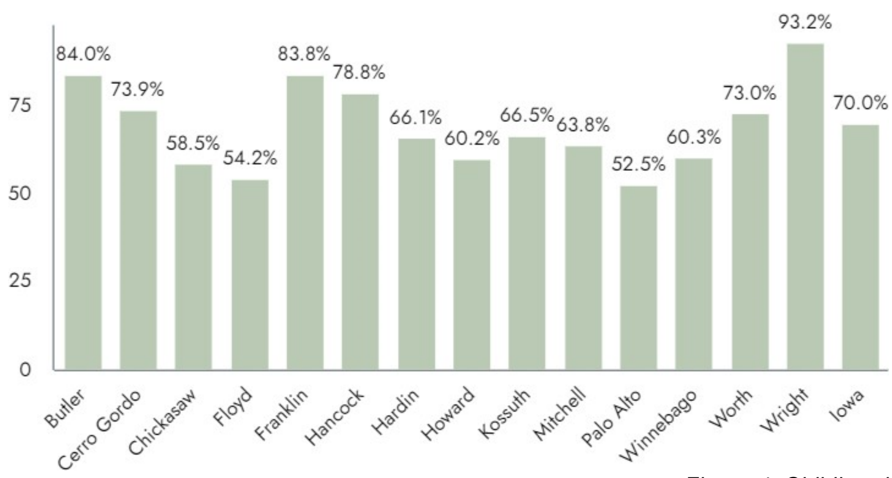


Figure 4: Childhood Immunization Rates

The number of individuals receiving preventative mammography screenings **has fluctuated over the years. As of 2022, 55% of female Medicare enrollees ages 65-74 in the region received a mammography screening. Access to primary care physicians ranges from Cerro Gordo County at 630 patients to every provider to 7,220 to every one provider in Butler County; overall Iowa's coverage is 1,350:1. Measures related to provider to patient ratio only account for individuals residing in the county; it does not account for individuals from surrounding counties accessing those providers. Dental providers vary from 1,170 patients to every provider (Cerro Gordo) to 7,360 patients to every provider (Worth); the state average is 1,440:1. Mental health providers extend from 330 patients to every provider (Cerro Gordo) to 10,280 patients to every provider (Winnebago); the state average is 570:1.**

Privatizing Medicaid **in 2016 has reduced access to services. Over the past few years, the average cost for each Iowan on Medicaid has increased dramatically and placed a heavy burden on agencies that serve Medicaid users. In Iowa, the federal government pays 63% of the cost of traditional Medicaid. Nonpayment of services rendered, and a convoluted system of pre-authorization has resulted in agencies closing their doors or no longer accepting Medicaid patients.**

Federal Share: 63¢
State Share: 37¢

Figure 5: cost share of Medicaid

Over 20% of the region is insured through Medicaid. Population insured by Medicaid ranges in the region from 17.50% (Hancock) to 22.93% (Wright). In north Iowa, those receiving Medicaid are primarily under the age of 18 as shown in table 7.

Table 2: Population Receiving Medicaid by County

County	# Of Individuals Receiving Medicaid	% Of Population Insured through Medicaid
Butler	2,444	17.91%
Cerro Gordo	9,353	22.81%
Chickasaw	1,999	18.22%
Floyd	3,217	22.09%
Franklin	1,666	18.94%
Hancock	1,793	17.50%
Hardin	3,053	19.32%
Howard	1,915	22.51%
Kossuth	3,012	21.51%
Mitchell	1,916	19.80%
Palo Alto	1,822	21.52%
Winnebago	1,852	18.16%
Worth	1,275	18.40%
Wright	2,824	22.93%
Iowa Totals	611,269	20.47

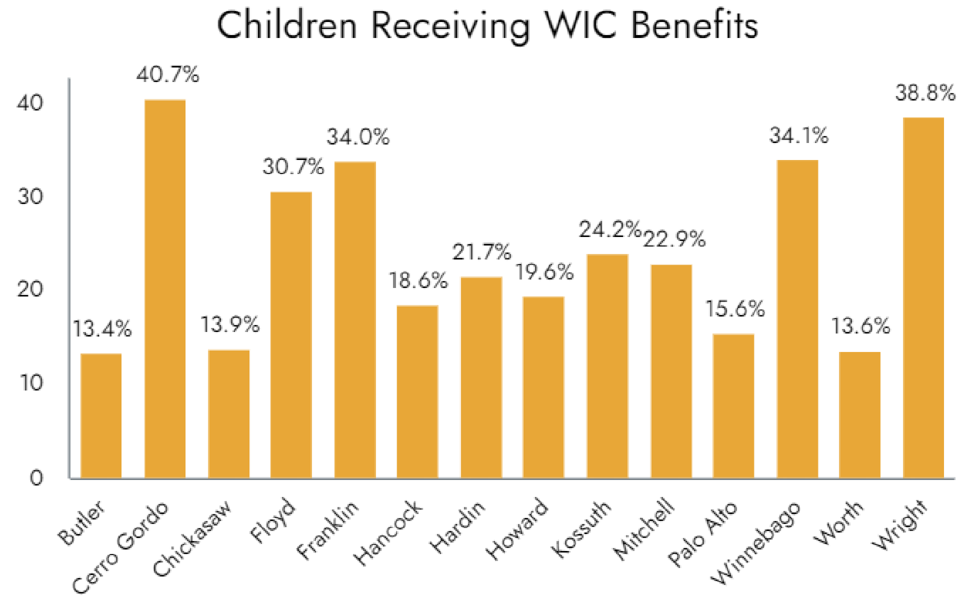
Table 3: Population Receiving Medicaid by Age

County	Under 18	Age 18-64	Age 65+
Butler	31.49%	14.56%	7.16%
Cerro Gordo	40.38%	19.06%	9.47%
Chickasaw	32.53%	10.80%	12.89%
Floyd	41.43%	16.21%	8.99%
Franklin	35.78%	11.46%	8.08%
Hancock	31.72%	14.41%	7.08%
Hardin	38.83%	14.93%	8.32%
Howard	38.05%	14.47%	13.89%
Kossuth	37.96%	17.37%	9.90%
Mitchell	36.05%	14.25%	7.87%
Palo Alto	35.09%	17.73%	10.43%
Winnebago	31.18%	15.35%	6.58%
Worth	36.08%	12.78%	9.21%
Wright	41.04%	17.36%	10.11%
Iowa Totals	36.20%	15.04%	9.85%

Early Childhood Issues

The region has a teen birth rate **just below the state average. Only 4 counties in the region (Cerro Gordo, Hancock, Hardin, and Wright) have a teen birth rate at or above the state average of 16 per 1,000. Children living in** poverty **rates range from 9% (Butler) to 15% (Franklin and Wright) with the region averaging 12%, a slight decrease from previous years.** WIC **(Women, Infants, and Children) programming helps low-income pregnant, breastfeeding and non-breastfeeding postpartum women, and children up to age 5 who are found to be at nutritional risk. In 2022, approximately 55,987 individuals received assistance through WIC in Iowa. Nearly 18% of children in the region live in single parent households, ranging from 9% (Chickasaw and Howard) to 28% (Wright). Food is a basic necessity for all humans, especially children as they continue to develop. Without a healthy lunch or any lunch at all, it is incredibly difficult for children to maintain focus in the classroom. Approximately 42% of children in the region are eligible for a free or reduced lunch when they attend school, ranging from 30% of children in Butler and Mitchell Counties to 58% of children in Wright County. The cost of** childcare **is astronomically high and can eat up more than 54% of an annual household income.**

Figure 6: Children Receiving WIC Benefits by County



Environmental Health Conditions

Northern Iowa is a primarily agricultural area with a significant number of industrial and family farms. Iowa is a top producer for soybeans, corn, and new crop alternatives. More than 85% of Iowa's land is farmed; this is roughly 26 million acres of cropland. Water runoff contributes to poor water quality in Iowa.

Many individuals and families in northern Iowa reside in rural areas utilizing drinking water from private wells where no regulations exist.

In 2020, 29% of private wells tested in Iowa had coliform bacteria, 9% had elevated nitrate levels, and 14% had elevated arsenic levels. Coliform bacteria indicates that the well is allowing contaminants in. Nitrate consumption is correlated with adverse health effects like blue-baby syndrome, and long-term exposure to water contaminated with arsenic may lead to skin lesions and an increased risk for cancer. The largest indoor air quality concern overall in Iowa is radon. This colorless, odorless, radioactive gas is the second leading cause of lung cancer. Iowa has the largest percentage of homes above the EPA action level of 4 pCi/L (picocuries per liter). Lead based paint was commonly used prior to being banned by the EPA in 1978. In Cerro Gordo County, 83% of houses were built prior to 1978. Lead based paint presents as especially hazardous to children if ingested.

Healthy Food, Obesity, and Physical Inactivity

The number of children who are overweight and obese continue to be a problem in northern Iowa. When it comes to 10-17-year-olds with obesity, Iowa is just slightly above the national average of 16.2% at 16.9%. Iowa is ranked 18th highest in the nation for childhood obesity rates. Adult obesity rates are high in Iowa. The state averages an adult obesity rate of 34%. In north Iowa, adult obesity comes in above the state average at 36%. A combination of poor nutrition and physical inactivity contribute to this epidemic. Physical inactivity continues to rise in the region while access to exercise opportunities remain the same. Access to healthy foods especially in rural areas that do not have a grocery store contributes to weight gain, but the lack of knowledge of nutrition or how to cook is a large issue.

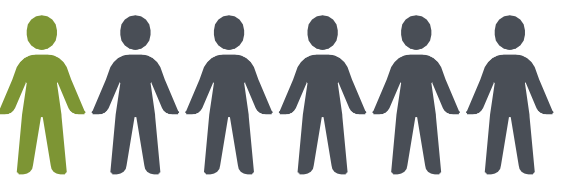


Figure 7: Childhood obesity

Statewide, nearly 1 out of every 6 children is considered obese.

Substance Use Including Alcohol & Nicotine

Cigarette smoking continues to decrease for teens and adults. When surveyed, 95% of Iowa's 6th, 8th and 11th graders stated they have never smoked tobacco products (not including e-cigarettes); however, 24% of 11th-grade students reported they used e-cigarettes.

Public health professionals do not yet know the full long-term health outcome of e-cigarettes as they are an emerging health issue. Excessive alcohol use among adults is culturally acceptable in north Iowa. Alcohol use begins early as 24% of youth respondents stated they were 12 or younger when they first drank alcohol and 46% of 11th grade responders had at least 1 alcoholic drink the last 30 days. Alcohol-impaired driving deaths range from 0% (Howard, Winnebago, and Worth) to 50% (Butler, Hancock, and Mitchell).

With the rise in opioid use and overdose **nationally, north Iowa has continued to struggle with methamphetamine (meth) use. Treatment data shows that people seek help for alcohol, marijuana, and methamphetamine in descending order and drug seizure data shows that meth, heroin and marijuana seizures are increasing. Child abuse cases with the child being exposed to dangerous substances are increasing in Iowa.**

Health Outcomes

Health outcomes represent how healthy a county is, not only in length of, but quality of life as well. This method of ranking is utilized by County Health Rankings & Roadmaps to provide viewers with a point of reference for how one county compares to another. The north Iowa region is home to counties ranked amongst the highest as well as the lowest in terms of health outcomes. Table 4 shows where each county in the region is ranked out of the 99 counties in Iowa. Rational behind why counties boarding one another have drastically different rankings can be explained by the general health of the county. For example, Hancock has lower rates of unemployment, children in poverty, and injury deaths compared to their neighbor, Cerro Gordo.

County	Ranking
Hancock	4
Mitchell	5
Winnebago	25
Wright	28
Worth	33
Chickasaw	34
Howard	35
Hardin	39
Kossuth	44
Butler	54
Franklin	61
Floyd	65
Palo Alto	72
Cerro Gordo	80

A higher ranking is associated with lower levels of desirable health outcomes

Counties highlighted in green have seen improvements in rank from 2021 to 2022, counties in red have decreased in rank

Table 4: Health Outcome Rankings by County

A child born in Palo Alto County can expect to live 77 years whereas a child born in Hancock County can expect to live 81.8 years. Differences in life expectancy can often be related to poverty, housing, lifestyle choices, and genetics. The leading causes of death reported in 2022 across the region are:

1. **Diseases of the heart**
2. **Cancer**
3. **Accidents (unintentional injury)**
4. **Chronic lower respiratory diseases**
5. **Cerebrovascular disease**
6. **Diabetes**
7. **Influenza and pneumonia**
8. **Intentional self-harm (suicide)**

Heart disease and cancer continue to be the leading causes of death in the region.

Diabetes, Cardiovascular Disease, and Cancer

The 14-county area had an average of 8.4% of adults aged 20 years and older who were diagnosed with diabetes. **Statistics indicate that many areas in the region are home to people who live with uncontrolled diabetes as the hospitalization rate spikes.** Heart attacks **and heart failure are high in multiple counties in the region. Leading causes of** cancer deaths **include lung, breast, colon/rectum, pancreas, prostate & ovary.**

Mental Health

The percent of self-reported poor mental health days **is significant across the region. Those residing in northern Iowa average about 4 days each month when they do not feel well mentally. That combined with the lack of access to providers can lead to poor outcomes. Suicide death rates in Cerro Gordo, Chickasaw, Franklin, Kossuth, and Palo Alto Counties are all higher than the state average (rate per 100,000). According to the Iowa Youth Survey, about** 50% of Iowa's 6th, 8th, and 11th graders had thought about killing themselves in the past 12 months. **This same survey found that approximately 23% of the same group surveyed had attempted suicide in the past 12 months.**

Community Identified Priorities

After the quantitative and qualitative data was gathered, community engagement verified these themes as priorities and the steering team gauged several health issues and outcomes by the following factors.

1. **Significant impact: this health issue is important in both scope (affects a large number of people within the population) and scale (has serious consequences for those affected)**
2. **Available data: sufficient data supports identifying the area as a priority issue**
3. **Potential for change: Local efforts are likely to result in a meaningful improvement in the scope and/or severity of this health issue**

Through data compilation, analysis and community engagement the following three priorities emerged.

Mental Health Support

Mental health access in the region ranges from 330:1 (Cerro Gordo) to 10,280:1 (Winnebago). Cerro Gordo is the only county in the region to have a mental health provider to patient ratio that is lower than the state average. Though this ratio is lower, it only accounts for residents of the county, not all surrounding counties who may be accessing providers in Cerro Gordo.

Barriers experienced when accessing mental health services in the region include

1. **Distance to providers**
2. **Availability of providers**
3. **Affordability**
4. **Stigma or fear of judgement by peers for accessing services**
5. **Wait times for appointments**

Although society is beginning to reduce the stigma placed on seeking support for mental health, the potential judgement is still prevalent for some. Many individuals are facing long wait times to see a licensed mental health professional and are in turn accessing the emergency department for more immediate support. Others are left to seek services outside of the region, creating further barriers in the form of transportation. Not all mental health professionals accept Medicare or Medicaid insurance leaving those to pay high out-of-pocket costs.

Food Access

Access to food was discussed during focus groups, key informant interviews, and community meetings. In each of these settings, a strong emphasis was put on the need to improve access to food for all. Food is essential to the human body. Without enough food, a person may experience increased stress, anxiety, tiredness, and negative physical health outcomes. Barriers to accessing food services in the area include:

1. **Hours of operation for food distribution services**
2. **Transportation to food distribution services**
3. **Location of services**
4. **Lack of knowledge**
5. **The cliff effect (no longer qualifying for services if income reaches a certain point)**

Though food banks and similar resources are available among the region, hours of operation may not be accessible to those working. Transportation may be an additional barrier faced by those without their own means of transportation or for those having to travel between counties. Some people in the community may also be unaware of these services or of other services they could qualify for.

Around 15,650 people in the region are affected by food insecurity

Approximately 7.75% of those living in the region are affected by food insecurity. An individual is facing food insecurity when there is limited or uncertain access to adequate food, often a result of economic or social conditions. Table 5 provides further information on food insecurity by county.

Table 5: Food Insecurity Rates by County

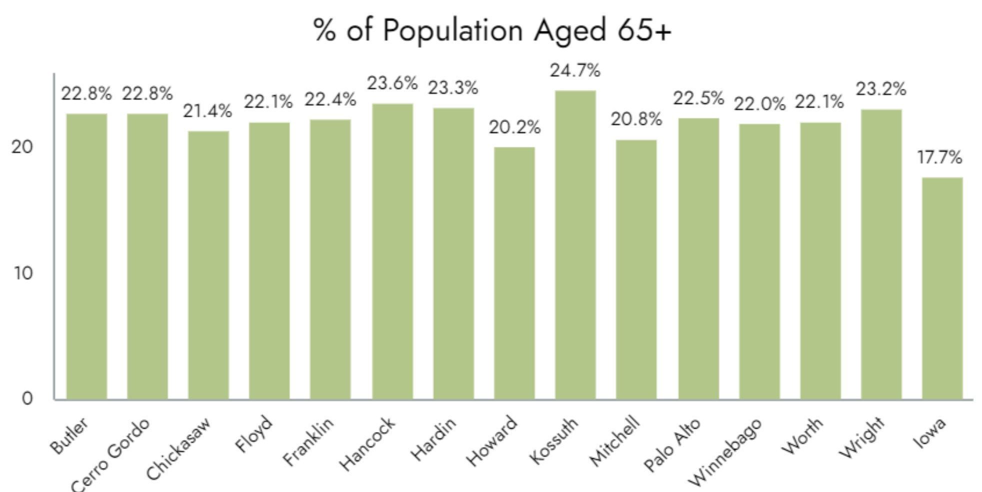
County	Total Population Experiencing Food Insecurity	Food Insecurity Rate
Butler	1,170	8.10%
Cerro Gordo	3,560	8.30%
Chickasaw	840	7.00%
Floyd	1,570	10.00%
Franklin	820	8.20%
Hancock	870	8.20%
Hardin	1,310	7.70%
Howard	620	6.80%
Kossuth	1,290	8.60%
Mitchell	620	5.90%
Palo Alto	610	6.90%
Winnebago	800	7.60%
Worth	500	6.70%
Wright	1,070	8.50%
Iowa Totals	229,500	7.30%

Aging Support

Iowa is a rapidly aging state and is ranked 17th nationwide in the percentage of population age 65 and older. An average of 22.4% of the region's population is over the age of 65. Services to support our rapidly aging population are lacking. Communities in the region have closed their senior center doors and others are being forced to make changes in the services they can provide due to funding and capacity. The older adult population rely on services such as Meals on Wheels for a healthy meal and social contact. Further, older adults depend on reliable and engaging programming for the following reasons:

1. **To reduce social isolation and remain engaged in the community**
2. **They may be unable to drive or lack transportation**
3. **They may not have family or a support system to maintain independence and prolong the need for institutionalized care**

Figure 8: Population Over Age 65



Detailed Data

About the Community

Iowa is the 31st most populous state with about 35.7% of the population living in designated rural areas. Approximately 200,000 people reside in the region. Cerro Gordo County is home to the largest population in the region and is the 13th most populous county in Iowa. Many residing in neighboring counties work in Cerro Gordo County.

Top industries in Iowa are healthcare and social services, wholesale and retail trade, manufacturing, and education. Those residing in northern Iowa are primarily Caucasian or White Alone with origin ethnicities of Norwegian, English, Irish and German. Black/African American individuals account for approximately 1.3% of the region. The region averages a Hispanic/Latino population of approximately 5.2%; in Franklin and Wright the Hispanic/Latino population accounts for approximately 13.7% and 13.9% of the population. On average, 5% of homes have a language other than English spoken within the home; Spanish is the second most common language spoken in Iowa.

Food Insecurity and Poverty

The overall food insecurity rate ranges in northern Iowa from 7% in Mitchell to 12% in Floyd. Food insecurity refers to the 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. In Iowa, 229,500 people are facing hunger and of them, 80,160 are children.

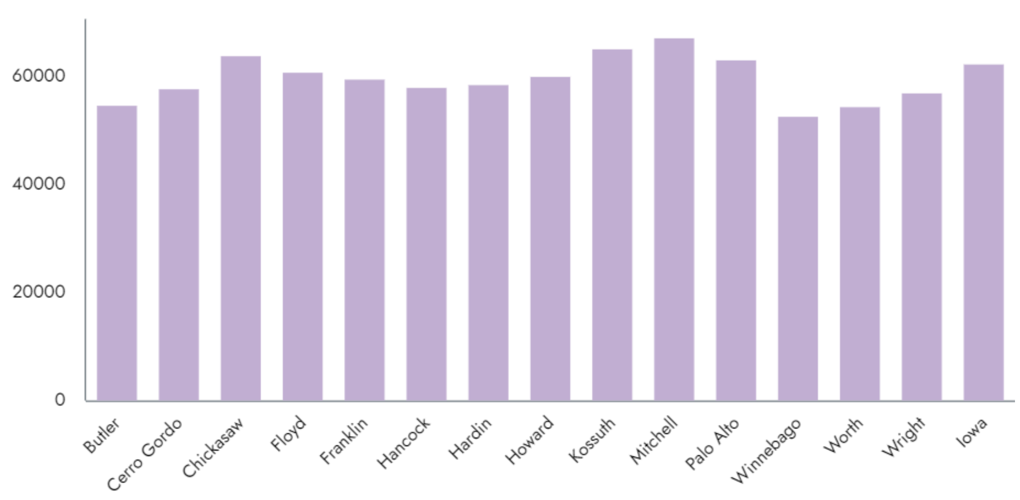
The percentage of households participating in the SNAP (Supplemental Nutrition Assistance Program) is shown in table 6. About 66% of households receiving SNAP benefits have children and 31% are in families with members who are older adults or disabled. More than 50% of recipients are working-class families. Economists estimate that for every dollar a household redeems using SNAP, $1.70 is generated in economic activity. In fiscal year 2022, SNAP helped 278,800 Iowans. The average benefit per individual in the region is $221.36.

The unemployment rate in 2022 for Iowa was 5.3%, significantly lower than the national average of 8.1%. Regionally, the unemployment rate is about 4.7%. Though the unemployment rate is lower than both the state and national average, residents of northern Iowa are still struggling to make ends meet. Poverty rates in the region range from 4.9% in Chickasaw to 12.5% in Floyd, averaging 8% for the region. Low unemployment rates are fantastic economically speaking, but it hides that many people work low-wage jobs with no benefits or have multiple part-time jobs. Iowa hasn't raised its minimum wage in over 10 years and women and Iowans of color face additional hurdles. In Iowa, the average earnings for women are just 82% of men's earnings and barriers to equal access in employment, education continues to provide barriers to those of color in Iowa.

Table 6: Poverty Rates and the Percentage of Households Participating in SNAP		
County	Poverty Rates	Households Participating in SNAP
Butler	11.1%	7.5%
Cerro Gordo	9.5%	11.3%
Chickasaw	7.8%	4.9%
Floyd	12.5%	12.2%
Franklin	15.8%	8.0%
Hancock	11.0%	7.1%
Hardin	9.6%	7.9%
Howard	9.0%	6.4%
Kossuth	11.3%	9.7%
Mitchell	6.7%	5.0%
Palo Alto	5.7%	10.2%
Winnebago	6.9%	6.6%
Worth	5.3%	10.0%
Wright	13.4%	9.1%
Iowa Totals	11.1%	10.0%

The average median household income of this region is about $59,500; Iowa's average is $62,400. Chickasaw, Kossuth, Mitchell, and Palo Alto are the only counties in the region that are at or above Iowa's average median household income. The lowest county is Winnebago at $52,700.

Figure 9: Median Household Income



Though the region has a significant rate of individuals graduating from high school at 92%, only about 20% of individuals in the region hold a bachelor's degree or higher. Iowa's rate is 29.3% and the nation's 32.9%. The region is behind in educational attainment according to statistics. Higher education tends to lead to higher salaries, but college tuition has increased steadily over the past three decades and the cost to send a child to college is a financial burden for many. Disparities in education tend to parallel disparities in income.

Life Expectancy

Life expectancy at birth is the number of years a newborn can expect to live. This varies from county to county in north Iowa from about 77 to 81. In some areas, it exceeds the national average of 78.5. Geographic disparities in life expectancy among Iowa counties are increasing. Variation can be explained by a combination of socioeconomic and race/ethnicity factors, behavioral and metabolic risk factors, and health care factors.

Leading Causes of Death

Despite reductions in some unhealthy behaviors like cigarette smoking in Iowa, other risk factors like nutritional intake, obesity, and sedentary lifestyle are increasing which contributes to heart disease and cancer as the top two causes of death in Iowa. North Iowa's statistics on leading causes of death mirror the state's. Table 7 shows the leading causes of death in Iowa, the number of deaths from that cause in 2022, the death rate per 100,000, and where Iowa ranks among other states for the number of deaths by cause.

Table 7: Leading Cause of Death in Iowa in 2022

Iowa Leading Cause of Death	# Of Deaths	Death Rate per 100,000	State Rank (based off death rate)
Heart Disease	7,499	172.9	33rd
Cancer	6,304	147.8	28th
COVID-19*	*	11.9	11th
Chronic Lower Respiratory Diseases	1,704	43.4	29th
Accidents	1,647	45.7	7th
Alzheimer's Disease	1,467	31.9	19th
Stroke	1,408	31.9	10th
Diabetes	1,047	24.7	28th
Suicide	552	18	33rd
Influenza/Pneumonia	538	12.4	25th

***= Data for COVID-19 was measured by quarter. The data represented in the table above is from quarter 2 of 2022.**

Many of these causes of death have remained the same year after year with the exception of COVID-19. Males die at a higher rate than females from heart disease, cancer, chronic lower respiratory disease, unintentional injuries (accidents), diabetes, and COVID-19; however, females overall die at a higher rate from Alzheimer's disease, cerebrovascular disease (stroke), and influenza/pneumonia. Death from heart disease and cerebrovascular disease increase with age.

Suicide trends in the region continue to fluctuate. Five counties, Cerro Gordo, Chickasaw, Franklin, Kossuth, and Palo Alto have suicide death rates higher than the state average, see table 8. According to the 2021 Iowa Youth Survey, female students reported higher rates of suicidal ideation with more than 27% of females indicating they had thought about killing themselves in the past twelve months compared to 14% of males.

Table 8: Suicide Rates by County

County	County Rate (per 100,000)	State Rate
Hardin	13	16
Floyd	15	16
Wright	15	16
Chickasaw	18	16
Cerro Gordo	20	16
Franklin	22	16
Kossuth	22	16
Palo Alto	27	16
Butler	*	16
Hancock	*	16
Howard	*	16
Mitchell	*	16
Winnebago	*	16
Worth	*	16

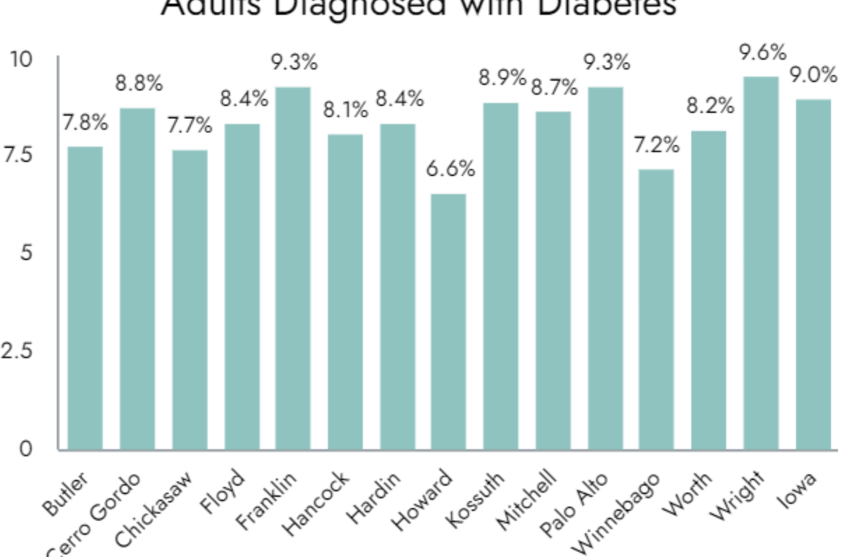
***= data is suppressed**

Chronic illnesses **are among the leading causes of death, disability, and hospitalization in the region. It is estimated that about 8.6% of people in Iowa are impacted by multiple chronic illnesses and it has been projected that approximately $401 billion will be spent on chronic disease in Iowa from 2016-2030. Targeted prevention and health promotion strategies are needed to slow these rates and reduce the cost burden associated with chronic illness. Similar risk factors apply to multiple conditions listed. Implementation of healthy lifestyle factors like regular physical activity and eating healthily could influence the rate of disease.**

Diabetes

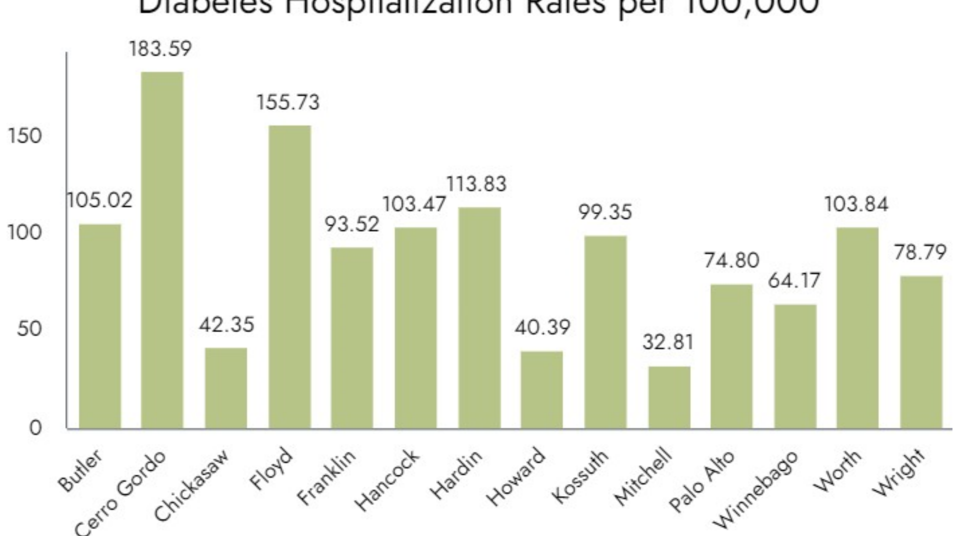
Diabetes is an endocrine disease that occurs when the body is unable to manage insulin properly. Type 2 diabetes is the most common diagnosis accounting for 90-95% of adults diagnosed diabetes and occurs from being overweight or obese and/or leading a sedentary lifestyle. The region averages 8.4% of adults diagnosed with diabetes and the state averages 9%.

Figure 10: Adults Diagnosed with Diabetes by County



Hospitalization inpatient care is costly and accounts for one-third of health care expenditures nationally. Often patients from communities with the lowest income levels have the highest rate of hospital stays. This can indicate a lack of primary care and the inability to afford medication. The cost of insulin can be a barrier for many who rely on the medication. Many people ration their insulin to cut costs, resulting poorer health outcomes.

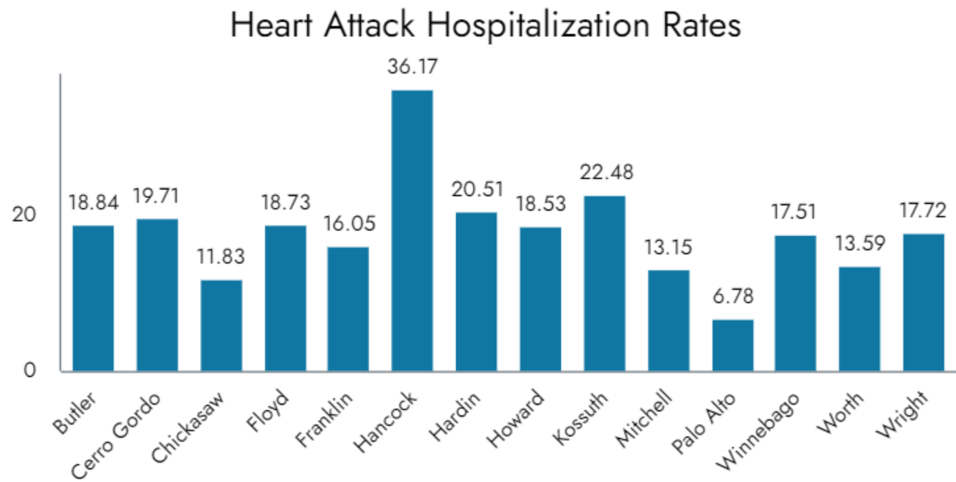
Figure 11: Diabetes Hospitalization Rates



Heart disease

Coronary artery disease, the precursor to coronary heart disease (CHD) is the most common cause of a heart attack. CHD is characterized by a narrowing of blood vessels that supply the heart, usually from a buildup of plaque. CHD may progress into heart failure. Patients with heart failure experience symptoms as a disruption of their everyday lives and their ability to perform routine activities leading to frustration, loss of confidence and a reduction in self-esteem.

Figure 12: Heart Attack Hospitalization Rates



Cancers

For 2022, it was estimated by the Iowa Cancer Registry that 20,000 new invasive cancers would be diagnosed among Iowa residents. The type of anticipated cancer, number of cancers, and percent of the total is shown in table 9.

Iowa has a significant number of cancer survivors as well. Cancer can be prevented in some instances by not smoking or using tobacco products, living in a home without radon, maintaining a healthy weight, eating a healthy diet and being physically active, getting vaccinated and protecting yourself from the sun.

Table 9: Estimated Cancer Rates in Iowa

New Cancers	# Of Cancers	Percent of Total
Breast	2,825	14.1%
Prostate	2,700	13.5%
Lung	2,570	12.9%
Colon and rectum	1,600	8.0%
Skin melanoma	1,250	6.3%
Bladder	900	4.5%
Non-Hodgkin lymphoma	790	4.0%
Kidney and renal pelvis	750	3.7%
Leukemia	690	3.4%
Uterus	650	3.2%
All others	5,275	26.4%
Total	**20,000**	**100.0%**

Chronic Lower Respiratory Disease (CLRD) **is comprised of three major diseases, chronic bronchitis, emphysema, and asthma, which are all characterized by shortness of breath caused by airway obstruction. For all three, cigarette smoking is the major cause of these illnesses. However, exposure to pollutants in the home and workplace are also factors. Those exposed to dust like metal workers or grain handlers often develop CLRD.**

Asthma **is a serious chronic disease that affects the airways. It can cause wheezing, difficulty breathing and coughing. However, not everyone who has asthma has these symptoms and having these symptoms doesn't always mean someone has asthma. Asthma can be linked to exposure to cigarette smoke, living in a low-income environment or having allergies. Figure 13 shows the rate per 10,000 for each county in the region.**

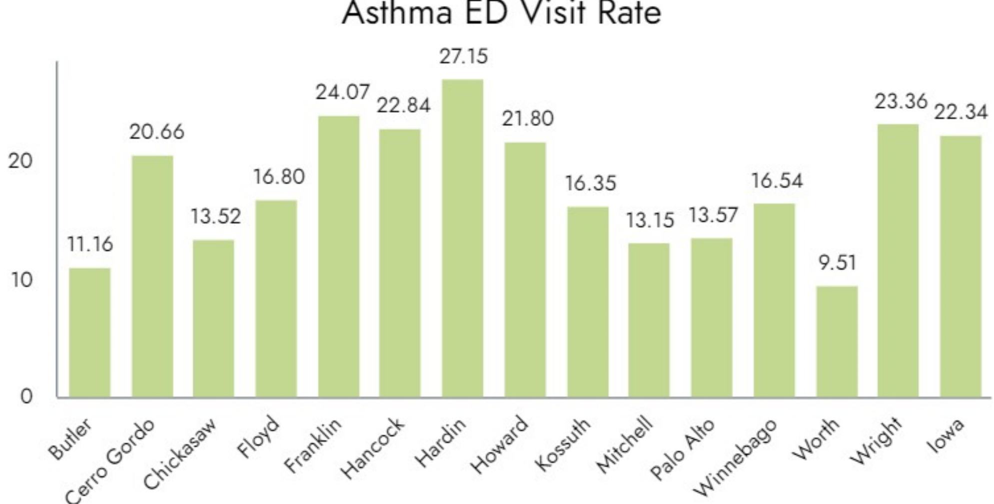


Figure 13: Asthma Related Emergency Department Visits

Alzheimer's Disease **in North Iowa, like across the state, Alzheimer's disease (AD) is a leading cause of death. This progressive, age-related form of dementia is the loss of cognitive function such as memory, language skills, abstract thinking, and attention. The exact cause of AD remains uncertain, but a great deal of research has identified variants in the genetic makeup. If a family member had the disease, chances of developing it are higher. Women are more likely to get AD than men.**

There is growing evidence of a link between heart and blood disorders and dementia. Conditions that affect the quality of blood reaching the brain, such as smoking, high blood pressure, high cholesterol, and diabetes, greatly increase your chances of developing dementia. Additional risk factors are environmental. Some studies show a link between head injuries and the disease. Others show that your level of education could play a role in the development of AD. The more brain activity you have the less you may be at risk. People who get less sleep or have their sleep interrupted frequently by snoring may be at increased risk. Finally, people who get more exercise seem to be at a lower risk of developing AD or may develop the disease later and more slowly.

Access to Preventative Services and Healthcare

Access to health services includes and access to comprehensive, high-quality healthcare to prevent issues, detect disease early and to treat conditions; it is also timely access to services. Access to care requires not only financial coverage but also access to providers. The sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.

Provider ratio is the ratio of the population to primary care physicians. The ratio represents the number of individuals served by one physician in a county if the population was equally distributed across physicians. For example, if a county has a population of 50,000 and has 20 primary care physicians, their ratio would be: 2,500:1.

The tables below show the provider ratios for primary care physicians, dentists, and mental health providers. The lower the ratio, the higher the access. With the exception of Cerro Gordo County, no county has a ratio close to the state rate of 1,390 to one for primary care providers. For dentists, Winnebago, Hardin and Cerro Gordo Counties have rates better than the state. In each of the counties in the north Iowa region, there is at least one primary care physician and one dentist. There are two counties that have no mental health care providers according to According to County Health Rankings & Roadmaps, Mitchell and Wright are the only two counties in the region where mental health care providers were not counted or are not available. Cerro Gordo County is the only one with a better-than-state ratio. While the ratio is better than the state, these providers are serving large service areas, meaning barriers still exist for residents in the region to get appointments or establish care.

Table 10: Asthma Related Emergency Department Visits

	Butler	Cerro Gordo	Chickasaw	Floyd	Franklin	Hancock	Hardin
Primary care physicians	7,220	630	1,700	2,610	5,040	5,320	2,410
Dentists	3,580	1,170	2,370	1,720	2,490	1,750	1,280
Mental health providers	2,050	330	1,970	5,160	9,970	5,250	1,840

	Howard	Kossuth	Mitchell	Palo Alto	Winnebago	Worth	Wright
Primary care physicians	1,830	2,120	3,530	2,220	2,070	3,690	2,510
Dentists	4,590	1,840	2,130	4,420	1,470	7,360	3,100
Mental health providers	2,290	2,940	*	980	10,280	*	1,130

Table 11 provides data regarding the number of substance abuse facilities and providers in the region. A substance abuse provider is someone who specializes in addiction or substance abuse treatment, rehabilitation, addiction medicine, or provides methadone. These providers include MDs, DOs, and other credentialed professionals with a Center for Medicare and Medicaid Services and a valid National Provider Identifier.

Research has shown that those living in rural communities are more likely to misuse substances. The region is significantly lacking in addiction and substance misuse services. Organizations or facilities in the region available to support addiction and substance misuse include Prairie Ridge Integrated Behavioral Health Care and Pathways Behavioral Health Services Inc.

Table 11: Addiction/Substance Abuse Providers by County

County	Number of Facilities	Number of Providers
Butler	1	0
Cerro Gordo	2	39
Chickasaw	2	0
Floyd	0	2
Franklin	0	0
Hancock	0	0
Hardin	0	0
Howard	0	0
Kossuth	0	0
Mitchell	0	0
Palo Alto	0	0
Winnebago	0	0
Worth	0	0
Wright	0	1
Iowa Totals	92	650

Enough providers are only one measure of access to healthcare. Health insurance coverage is a key component to enter the healthcare system. The region averages 6% uninsured which is equal to the state's average. Generally speaking, uninsured people receive less medical care and have worse health outcomes. Efforts through expanded Medicaid and the Affordable Care Act have helped, but it still isn't enough. For those with health insurance, it can still be costly to see a provider. Qualitative data showed that cost is a barrier and leads to unmet medical needs.

Despite improvements across the state, the region still does not meet standards for optimal vaccination thresholds. The number of Vaccine for Children providers (VFC) is low when compared to the children eligible for this service. The VFC program provides vaccines for approximately 44% of Iowa's children from birth through 18 years of age. Eligible children include those who are enrolled in Medicaid, uninsured, underinsured, American Indian or Alaskan Native.

Vaccines available under VFC help protect Iowa's children from 16 vaccine-preventable diseases like tetanus, diphtheria, pertussis, measles and more. In Floyd County, for example, the only VFC provider is the local public health department who provides vaccine services on limited days per month. That means that although a parent may take their child for a well-child visit at a primary care provider office, that child is not receiving vaccines there and the parent has to make an additional appointment to get the child vaccinated.

For two-year-old children, not one county in the region has a 100% rate. The closest are Butler, Franklin, and Wright at 83.8%-93.2%. The lowest rate is Palo Alto 52.5%.

Preventative screenings in Iowa are not achieving national benchmarks; in 2022, only 71.5% of age-eligible Iowa residents had a colorectal cancer screening. As data from 2020 shows, approximately 78% of Iowan women ages 21 to 65 had a Pap test in the last 3 years. Although there are several risk factors for cervical cancer, the most important risk factor is infection with the human papillomavirus (HPV). The principal screening test for cervical cancer is the Pap test. This test allows the cellular changes in the cervix to be detected when they are precancerous or at an early stage. Early detection through Pap tests can dramatically lower the incidence of invasive disease and can nearly eliminate deaths from cervical cancer; however, optimal vaccination could prevent HPV altogether. Factors like poverty, educational level, and insurance status affect who gets screening tests. Timely access is another issue. Cerro Gordo County is the hub for medical care and with an influx of patients seeking care, appointments are limited.

Early Childhood Issues

Regionally, the area has a low teen birth rate with only four counties higher than the state average for those ages 15 to 19. Franklin and Wright Counties have the highest rates. There are strong ties between teen birth and poor socioeconomic, behavioral, and mental outcomes. Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress.

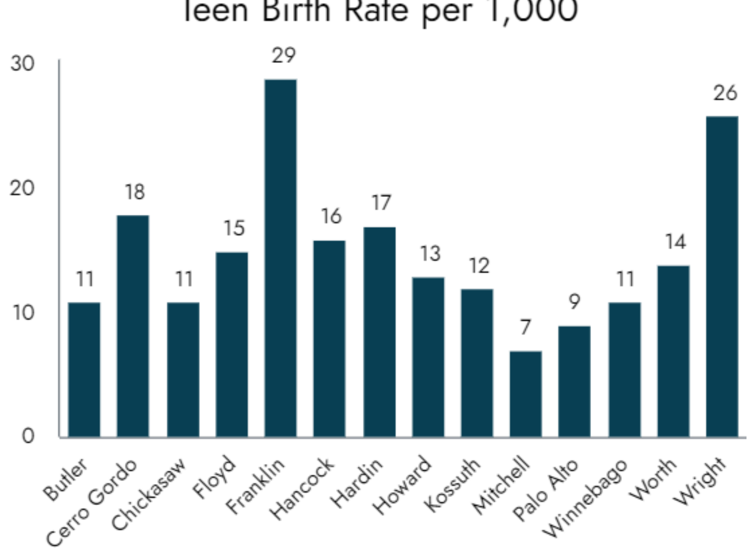
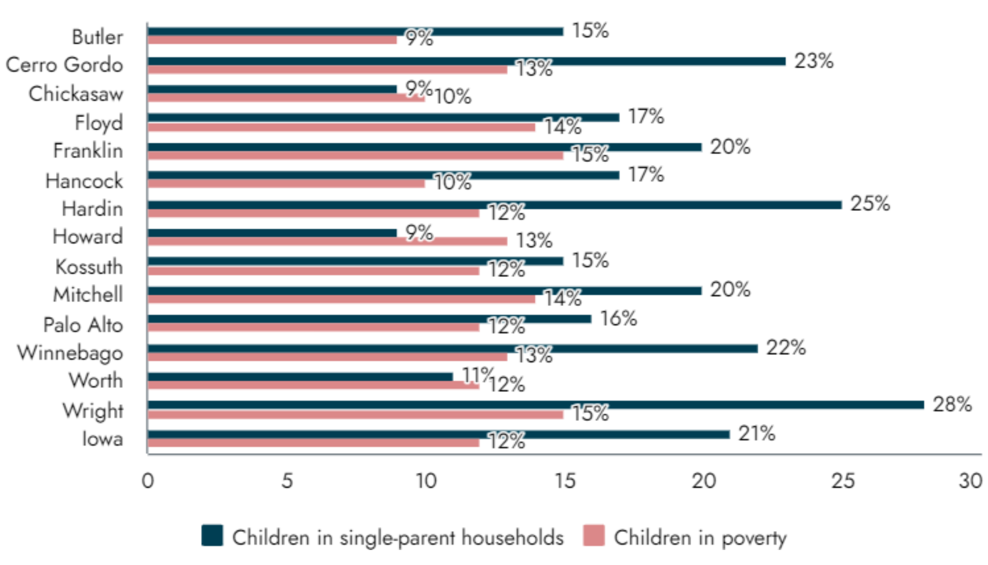


Figure 14:Teen Birth Rate per 1,000

Children in poverty rates range from 9% in Butler to 15% in Franklin and Wright; the region averages 12.4%. Children in poverty may experience lasting effects on academic achievement, health, and income into adulthood. Low-income children have an increased risk of injuries from accidents and physical abuse and are susceptible to more frequent and severe chronic conditions and their complications like asthma, obesity, diabetes, behavior disorders, and anxiety than children living in high-income households. Adults and children in single-parent households are at risk for adverse health outcomes, including mental illness (e.g., substance abuse, depression, suicide) and unhealthy behaviors (e.g., smoking, excessive alcohol use). Children in single-parent households are at greater risk of severe morbidity and all-cause mortality than their peers in a two-parent household.

Figure 15: Children in Poverty and Single-Parent Households by County



Head Start and Early Head Start programs support and promote school readiness in children under the age of 5. The area is seeing changes in the way Head Start is being provided to the community. Table 12 shows the number of Head Start programs available by county

Table 12: Head Start Access in the Region

County	Number of Children Under Age 5	Total Number of Head Start Programs
Butler	982	2
Cerro Gordo	2,543	5
Chickasaw	822	1
Floyd	1,046	2
Franklin	672	1
Hancock	684	0
Hardin	1,058	2
Howard	690	1
Kossuth	902	1
Mitchell	665	0
Palo Alto	586	1
Winnebago	594	1
Worth	414	1
Wright	854	2
Iowa Totals	202,123	266

A majority of kindergarten students are meeting benchmarks as identified by Early Childhood Iowa. Counties are grouped together by Early Childhood Iowa and data specific to counties in the region is presented in table 13. Regionally, less than 50% of children aged 3-4 are enrolled in preschool. Table 14 provides data regarding preschool enrollment rates by county.

Counties	% Of Kindergartener's Meeting Benchmarks
Cerro Gordo, Hancock, and Worth	75%
Emmet, Kossuth, Palo Alto, and Winnebago	71%
Bremer Butler, Franklin, and Grundy	73%
Chickasaw, Floyd, and Mitchell	70%
Hardin and Marshall	66%
Hamilton, Humboldt, and Wright	70%
Allamakee, Clayton, Howard, and Winneshiek	72%

Table 13: Kindergarten Assessments

County	Population Age 3-4	Percent of Population Age 3-4 Enrolled in Preschool
Butler	243	49.38%
Cerro Gordo	874	49.43%
Chickasaw	266	61.65%
Floyd	405	66.67%
Franklin	180	59.44%
Hancock	317	28.39%
Hardin	333	30.63%
Howard	290	43.10%
Kossuth	403	48.39%
Mitchell	255	40.00%
Palo Alto	294	51.36%
Winnebago	215	50.70%
Worth	212	39.15%
Wright	277	32.85%
Iowa Totals	80,651	43.49%

Table 14: Preschool Enrollment

Child Abuse

Data for 2021 shows that 35,593 assessments for child abuse or neglect were conducted with 24% of child abuse assessments resulting in founded claims of abuse. For a claim to be founded this means it has been determined that the abuse or neglect took place. The region averaged 31.9 founded cases of child abuse or neglect in 2021, ranging from 11 cases in Winnebago to 135 cases in Cerro Gordo. In 2021, 218 DHS child protective workers were assigned an average of 16 cases per month. It is uncertain whether sufficient treatment services are available to meet the upsurge in drug-related cases. The variation in the rates of child abuse among Iowa's counties raises concerns about the sufficiency of resources in parts of the state with notably higher rates of abuse. It also raises the question if there are enough prevention efforts in place.

Housing

Safe and attainable housing is a need in north Iowa like in every community nationwide. Housing provides physical safety, protection, and access to basic needs. A clean, dry, and safe home reduces exposure to harsh weather, communicable diseases, infections, injury, harassment, and violence; it provides a secure place to sleep and store food, clothing and medications. Access to housing is essential to promoting personal hygiene and recuperation from illness.

State data shows that the Iowa real estate market finished on a high note in 2022 sales rose 1.8%, median sales prices were 4.2% higher than the previous year, and the median sale price was $207,700. While this shows a healthy economy, it also contributes to lack of affordable housing available and contributes to the housing cost burden. Higher sale prices equal higher mortgage payments generally. The region averages 76% homeownership rate. Across north Iowa, many families are spending 20% or more of their income on housing.

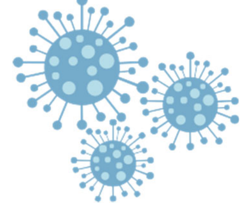
Quality affordable housing is difficult to come by in the region. Fair market rate for a one-bedroom rental in Cerro Gordo County was $624 in 2022. There is also a rental unit shortage; the state vacancy rate for rentals is 7.3%. Housing opportunities at all levels are lacking. Even before opening its doors, The River, a 100-unit apartment complex in Mason City, was already full with a waitlist. These units are not considered affordable housing by fair market rate numbers but are in high demand to support those in the intermediate income bracket.

The age of housing in north Iowa is an issue. For Iowa, the median year built for housing is 1968 and in north Iowa it is lower across each county. Cerro Gordo County has a median year built of 1957. Older homes can have a variety of maintenance and health issues associated. Lead-based paint wasn't banned until 1978; many older homes have peeling lead paint that contributes to childhood lead poisoning. Other issues include outdated wiring, asbestos, pests and more.

Homelessness

Approximately 2,500 Iowans are being impacted by homelessness. In north Iowa, homelessness is impacting about 14% of the population. Homelessness can be difficult to quantify as many individuals experiencing homelessness do not consider themselves homeless. An individual is considered homeless when they do not have their own home, are staying with friends/family, and/or are relying on temporary shelter services. In northern Iowa, services to support the homeless are greatly needed as the number of individuals experiencing homelessness continues to grow. Those impacted by homelessness are faced with stigma and a compounding housing crisis which makes progress more challenging. Many individuals are forced into homelessness by mental illness, domestic violence, job loss, etc.

COVID-19



The Beginning of COVID-19

In January 2020, the World Health Organization (WHO) announced an outbreak of the novel Coronavirus (COVID-19) in Wuhan, China. COVID-19 rapidly spread across the globe and in March of 2020 a pandemic was officially declared by WHO. COVID-19 is a highly contagious respiratory illness that can be characterized by a fever or chills, cough, shortness of breath, loss of taste or smell, fatigue, headache, etc. Symptoms of COVID-19 may appear 2-14 days after the initial exposure. To prevent the spread of COVID-19 in the United States, the Trump administration placed travel bans on non-US Citizens. In an effort to treat an individual exposed to COVID-19, The University of Minnesota began clinical trials to investigate the effectiveness of hydroxychloroquine, an immunosuppressive drug. Further efforts to slow the spread of the pandemic came in the form of stay-at-home orders from various states.

In April 2020, Iowa was one of five states that had not issued a statewide stay-at-home order. By May of 2020, just five months after the first U.S. case, the number of Americans to lose their lives due to COVID-19 surpassed 100,000. The United States Operation Warp Speed was created in June with the goal of developing a vaccine for the virus as rapidly as possible for the most vulnerable. July 16, 2020, was record-breaking as the U.S. reported 75,600 new cases of COVID-19 in a single day. By August 17, 2020, COVID-19 had become the third-leading cause of death in the United States. In September 2020, parts of the Midwest were seeing drastic increases in COVID-19 cases, in some areas by 166%. In October of 2020, the number of COVID-19 cases reached 40 million worldwide with 1.1 million deaths. By January 2021, classifications were determined for COVID-19 vaccination prioritization. Table 15 outlines the first three categories of phase 1.

Phase	Persons Served
Phase 1a	Health care workers and long-term care facility residents
Phase 1b	Persons over the age of 75 and frontline workers (non-health care)
Phase 1c	Persons aged 65-74, 16-64 with high-risk medical conditions, and any essential workers not included in phase 1a or 1b.

Table 15: COVID-19 Vaccine Prioritization Phase 1

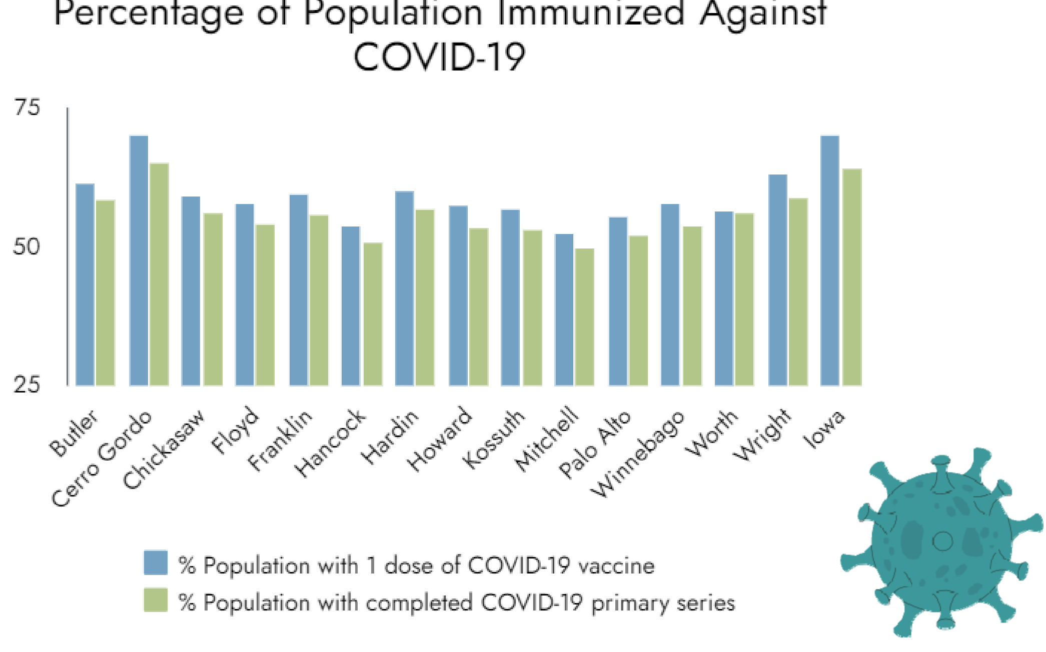
Vaccinations

The development of the COVID-19 vaccine changed the course of the pandemic drastically. Vaccinated individuals are not guaranteed to not contract the virus, but their chances for hospitalization and/or death were reduced by 90%**, giving health care providers access to additional ventilators and hospital beds for those in need. As of October 2022, more than 12.7 billion doses of the COVID-19 vaccination have been administered worldwide with 613 million doses given in the United States. Though 613 million doses have been given, many individuals remain either unvaccinated or have not completed the full COVID-19 series: a completed primary series and the most recent booster. Individuals had the opportunity to receive a COVID-19 vaccine from Pfizer, Moderna, and Johnson & Johnson.**

Hesitancy to get vaccinated was a major theme during the initial rollout of the immunization series. Some individuals felt that not enough time was put into the testing of the vaccine to ensure its safety. Other reasons many were hesitant to become vaccinated against COVID-19 included concerns about side effects, the belief that it was not necessary, and government involvement in the regulation of the vaccine.

Immunization rates in the region for the percentage of the population with a completed COVID-19 primary series range from 50% in Mitchell to 65.2% in Cerro Gordo with a regional average of 56%. This would mean approximately 112,000 individuals in the region are considered to have a completed COVID-19 primary series. The region averages 58.9% of the population having at least one dose of the COVID-19 vaccine. Governor Kim Reynolds signed legislation to ban COVID-19 vaccine requirements in public and private schools including universities and colleges.

Figure 16: Percent of Population Immunized Against COVID-19



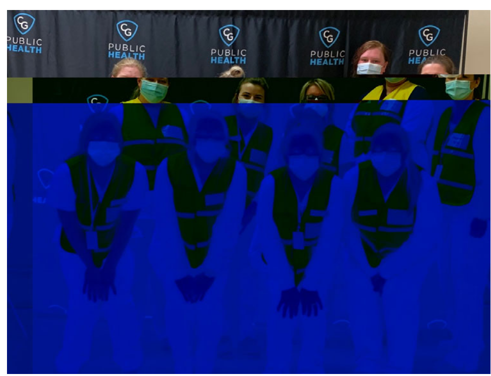
Working Together

Northern Iowa quickly worked as a united front to support immunization efforts in the region. A number of mass vaccine and testing efforts were launched during the pandemic. One example of how these efforts were conducted is offered by Cerro Gordo County. In January 2021, The Cerro Gordo County Department of Public Health (CG Public Health) began occupying the old Sears building in Mason City as a mass COVID-19 vaccine clinic. With the support of over 200 volunteers, CG Public Health was able to administer nearly 23,000 COVID-19 immunizations by the time the Sears clinic closed in June of 2021. Volunteers were instrumental in the operation of the mass clinic site as they assisted with immunizing, data entry, organization, and more

Local public health, city staff, police and fire personnel, area schools, MercyOne North Iowa, Emergency Management Agency, and area clinics worked closely together throughout the pandemic to provide support to one another and remain united in efforts to minimize the spread of COVID-19 in northern Iowa. Representatives from these sectors convened frequently during the height of the pandemic to discuss testing guidelines, risk communication, PPE needs, regional ambulance and hospital capacity, and more.

In February of 2020, the local public health departments associated with the region's health care coalition (HCC) activated their local incident command structure (ICS) to support the COVID preparedness and response effort. The HCC collected essential elements of information and communicated this to local public health and hospital personnel, assisted with COVID testing, and collected inventory on available supplies and bed capacity in hospitals. Further, the HCC distributed gloves, hand sanitizer, sharps containers, masks, and other necessary PPE to agencies within the service area.

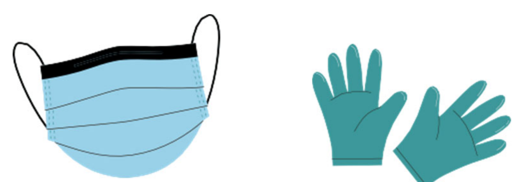
Health departments in region worked to provide additional PPE to hospitals and clinics, conduct contract tracing, support mass vaccine clinics, administration of vaccines to long-term care facilities, and communicated frequently with school administration on guidelines and recommendations.



The Effects of COVID-19

The effects of COVID have gone beyond health. During the height of the pandemic panic buying made getting essential needs such as toilet paper, baby formula, and more nearly impossible. Panic buying occurs when individuals buy excessive amounts of essential products during a time of crisis to maintain a sort of stockpile. Manufacturers are unable to continue producing at these rates, thus a shortage occurs. To minimize the burden felt by panic buying, stores began implementing limitations on the quantity each person could purchase, per transaction, of these items.

Data collected at the local level found that nearly 53% of north Iowans experienced challenges as a result of the COVID-19 pandemic in paying bills, 34% experienced difficulties when accessing healthcare, and 27% struggled with balancing work and parenting. To support Iowan's during these times, Governor Reynolds signed a State Public Health Emergency Declaration that suspended penalties associated with property taxes as well as evictions.



Economically speaking, COVID put an end to the longest economic expansion our country had ever seen. Iowa's retail and food service industry was significantly impacted by the closure of non-essential operations. In April of 2020, Iowa shed nearly 67,000 jobs in the food industry and another 23,500 in retail. The recession that came with the pandemic disproportionately affected women in the U.S. over men. During COVID, the unemployment rate spiked to 14.8%, but increased to 16.1% for women.

Lastly, data collection was significantly impacted by the COVID-19 pandemic. A number of sources were not able to collect data during the 2020 year as a result of efforts being focused on COVID response. Some sources are not back to collecting data as they were pre-COVID. In some instances, indicators are utilizing data from 2015-2019. The pandemic also highlighted the need for data that is easier to interpret for non-public health professionals. Sites are taking this time in data lapse to make modifications to the way data is collected and shared. Accurate and easily accessible data is essential to educating the public on the health and overall state of their community.

Area schools and childcare centers were forced to close their doors for an extended period of time in response to the pandemic. What started as an extension of spring break, turned into online learning for the remainder of the school year. The dedicated professionals in schools statewide worked intensely on return to learn plans that focused on returning to the classroom as safely as possible for all. The remote learning environment significantly impacted students as they felt increased anxiety, social isolation, and the weight of not having in-person support from their teachers. The weight of the online learning platform may still be impacting the youth of north Iowa as their grades and overall wellbeing were heavily affected during this time.

Conclusion

Northern Iowa is facing a changing landscape with reductions in population and a shifting racial and ethnic makeup. Much of this change will bring rich cultures and traditions to add to existing ones. The area varies between micropolitan and rural areas. Developing strategies to meet and improve the challenges posed by health disparities in north Iowa will be critical to future positive health changes. **Findings from the assessments within this document, indicate solutions are within reach of our current resources, but will require continued and expanded collaborations. The COVID-19 pandemic has proven how essential it is to work together on such complex issues. Our communities are capable of far more when collaboration is at the forefront. It will also take strong will and a change in mindset of residents. Personal decisions made about parenting, education, diet, and exercise will provide the energy to push forward initiatives in the community health improvement plan.**

There is room for improvement in the health of northern Iowa. To support our communities, we must continue to work together to implement further programmatic measures and support. Together, we can make lasting change to support a healthy emotional and physical lifestyle for not only ourselves, but our families, neighbors, and fellow community member.

Data Resources

AARP Livability Index
https://livabilityindex.aarp.org/search/Cerro%20Gordo%20County,%20Iowa,%20United%20States

America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2023.

Centers for Disease Control and Prevention Diabetes Surveillance System
https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html

Centers for Disease Control and Prevention. National Center for Health Statistics- Iowa
https://www.cdc.gov/nchs/pressroom/states/iowa/ia.html

Childcare Aware of America. Cost of Childcare. https://www.childcareaware.org/our-issues/research/the-us-and-the-high-price-of-child-care-2019/2019-price-of-child-care-by-county-iowa/

County Health Rankings & Roadmaps https://www.countyhealthrankings.org/explore-health-rankings/iowa/cerro-gordo?year=2022

Data Center Children Receiving Women, Infants, and Children in Iowa
https://datacenter.kidscount.org/data/tables/1240-children-receiving-women-infants-and-children#detailed/5/2715-2813/false/574,1729,37,871,870,573,869,36,868,867/any/2687

Food Research and Action Center SNAP Matters in Every Community https://frac.org/maps/snap-county-map/snap-counties.html

Iowa Association of Realtors. 2022 Year End Housing Stats https://www.iowarealtors.com/news?category=Housing+Stats

Iowa Public Health Tracking Portal https://tracking.idph.iowa.gov/Reports/Health-Snapshots

North Iowa Community Action Community Health Assessment (2022)

State Data Center Iowa Poverty Rate in Iowa Counties
https://www.iowadatacenter.org/index.php/data-by-source/american-community-survey/poverty-rates-iowa-counties

State Data Center Iowa Supplemental Nutrition Assistance Program
https://www.iowadatacenter.org/index.php/data-by-source/state-agencies/supplemental-nutrition-assistance-program

State of Iowa Department of Health and Human Services BRFSS Data by County
https://hhs.iowa.gov/brfss/Data-by-County

State of Iowa Department of Health and Human Services Child Abuse Statistics
https://hhs.iowa.gov/reports/child-abuse-statistics

Trinity Health Database (2022). Electronic database.

United States Census QuickFacts https://www.census.gov/quickfacts/fact/table/US/PST045221

University of Iowa. 2022 Cancer in Iowa