

Black Hawk County, Iowa Community Health Needs Assessment

Adopted by the MercyOne Waterloo Medical Center board on June 2022 for FY2023–FY2025

Adopted by the MercyOne Cedar Falls Medical Center board on June 2022 for FY 2023–2025



Community Health Needs Assessment

ACKNOWLEDGEMENTS

Community Health Needs Assess Black Hawk County for fiscal years 2022–2024 was conducted in collaboration with MercyOne Waterloo Medical Center, MercyOne Cedar Falls Medical Center, Unity Point–Allen Hospital, People’s Community Health Clinic, Black Hawk County Health Department, Cedar Valley United Way and the University of Northern Iowa.

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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.

This report is specific to MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center (formerly part of Wheaton Franciscan Healthcare). The assessment process was a collaboration between multiple hospitals and organizations with a shared service area within Black Hawk County. MercyOne collaborated with the following organizations/representatives, Unity Point-Allen Hospital (Annie Horrigan), People Community Health Care (Chris Kemp), Black Hawk County Health Department (Nafissa CisseEgbuonye, Lisa Sesterhenn, Kaitlin Emrich, Aaron Reinke, Rachael Mayer), University of Northern Iowa (Dale Cyphert).

The IRS describes joint CHNAs as shared reports produced by multiple collaborating hospital facilities. The CHNA process was collaborative with Black Hawk County Public Health Department, UnityPoint Health – Allen Hospital, People’s Community Health Clinic, University of Northern Iowa and many other organizations in the community. Black Hawk County Public Health Department gathered the data and shared the information with the Community Health Improvement Steering Committee and community partners. MercyOne Northeast Iowa will continue to work with the community partners and steering committee to prioritize the community health needs identified, developing strategies to address some of these needs within the community. We believe that working together is most effective to promote sustainable change in our community.

The zip code listing represents primary and secondary service areas for MercyOne Waterloo Medical Center, while Cedar Falls continues to draw primarily from Black Hawk County.

The Board of Directors provided review and approved adoption of the Community Health Needs report as of June 30th, 2022.

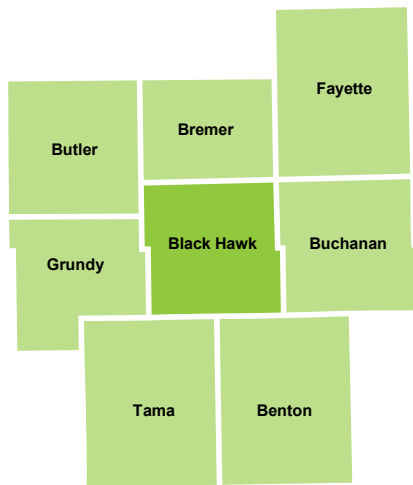
ZIP	CITY	COUNTY
50613	Cedar Falls	Black Hawk
50626	Dunkerton	Black Hawk
50647	Janesville	Black Hawk
50651	Laporte City	Black Hawk
50667	Raymond	Black Hawk
50701	Waterloo	Black Hawk
50702	Waterloo	Black Hawk
50703	Waterloo	Black Hawk
50704	Waterloo	Black Hawk
50707	Evansdale	Black Hawk
50634	Gilbertville	Black Hawk
50643	Hudson	Bremer
50622	Denver	Bremer
50666	Plainfield	Bremer
50668	Readlyn	Bremer
50674	Sumner	Bremer
50676	Tripoli	Bremer
50677	Waverly	Bremer
50629	Fairbank	Buchanan
50641	Hazelton	Buchanan
50644	Independence	Buchanan
50648	Jesup	Buchanan
50682	Winthrop	Buchanan
50604	Aplington	Butler
50619	Clarksville	Butler
50665	Parkersburg	Butler
50602	Allison	Butler
50662	Oelwein	Fayette
52142	Fayette	Fayette
52147	Hawkeye	Fayette
52175	West Union	Fayette
50638	Grundy Center	Grundy
50612	Buckingham	Tama
50635	Lincoln	Tama
505675	Traer	Tama
52224	Dysart	Tama

Organization overview

In 2016, the Wheaton Franciscan Sisters transferred their Iowa assets- known as Wheaton Franciscan Healthcare-Iowa including Mercy Franciscan Hospital, Oelwein; Sartori Memorial Hospital, Cedar Falls; Covenant Medical Center, Waterloo; and Covenant Clinic, a large network of clinics and providers-to Mercy Health Network based in Des Moines, Iowa. On February 1, 2019, Mercy Health Network, including all hospitals, clinics and facilities throughout the state of Iowa within this system of care, became MercyOne. MercyOne Waterloo Medical Center, MercyOne Cedar Falls Medical Center and MercyOne Oelwein Medical Center and clinics (known as MercyOne Medical Group) were jointly owned by Trinity Health and CommonSpirit Health. On April 19, 2022, an announcement was made that Trinity Health and CommonSpirit Health had signed an agreement for Trinity Health to fully acquire all CommonSpirit facilities and MercyOne assets.

MercyOne Northeast Iowa region includes MercyOne Waterloo Medical Center, MercyOne Cedar Falls Medical Center and MercyOne Oelwein Medical Center, as well as multiple family medicine and specialty clinics in the Waterloo/Cedar Falls and surrounding communities. Moving forward for the purpose of this report, reference to MercyOne includes both Waterloo and Cedar Falls medical center sites unless otherwise noted.

MercyOne Waterloo Medical Center, located in Waterloo, Iowa traces its origins to 1912 when the Wheaton Franciscan Sisters founded St. Francis Hospital in Waterloo. In 1986, the Wheaton Franciscan Sisters consolidated St. Francis Hospital with Schoitz Medical Center to form Covenant Medical Center, now MercyOne Waterloo Medical Center. In 1996, Sartori Memorial Hospital joined Wheaton Franciscan Healthcare-Iowa. As part of the MercyOne branding strategy Sartori's name changed to MercyOne Cedar Falls Medical Center. MercyOne Cedar Falls Medical Center is a full-service hospital providing acute, sub-acute, and outpatient care. MercyOne also provides the 9-1-1 services for the city of Cedar Falls.



MercyOne Waterloo Medical Center is the flagship hospital and serves an eight-county region throughout Northeast Iowa.

- 366-bed, full service, multi-specialty hospital, accredited by Joint Commission
- Accredited, regional, and comprehensive inpatient rehabilitation program
- Accredited, inter-disciplinary Cancer Center
- Chest Pain Center of Excellence with PCI designation accredited December 4, 2021.
- Blue Distinction Center for Maternity Care and recognized by US News and World Report as High Performing in Maternity Care in 2021.
- A collaborative Neonatal team between its Level II NICU and the University of Iowa's Level IV NICU
- An advanced Integrated Neonatal Intensive Care (INIC) model care
- Level III Trauma Center with 22-patient rooms, easy-access Emergency Department, including a 4-room behavioral health holding area that was added in 2018.
- Advanced imaging services including advanced interventional radiology services.
- MercyOne Cedar Falls Medical Center was awarded the CMS 5 Star rating
- Working toward the Metabolic and Bariatric Surgery Accreditation and Quality Improvements Program (MBSAQIP)
- MercyOne is opening a new OBGYN Clinic in Cedar Falls on August 15th, 2022. This clinic will be providing full scope OBGYN care and ultrasound.

According to Iowa Hospital Association 2021 Economic Impact report for Black Hawk County, MercyOne made an economic impact of over \$256 million on the local economy (IHA 2021). Iowa Hospitals have a big impact on their communities and the businesses within as the hospital associates purchase a large amount of goods and services from local businesses. To get this value, the association uses the IMPLAN software tool. This tool analyzes county-level data using an economic input-output model. Employment and income (sum of payroll and employee benefits expense) are the important direct economic activities created from the hospital.

About MercyOne

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.

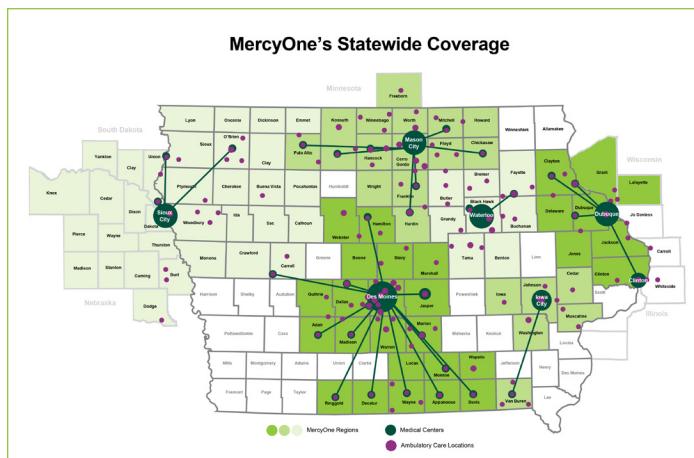
Safety: We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

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.

MercyOne has continued to partner with the Black Hawk County Public Health Department, UnityPoint Health - Allen Hospital, and many other agencies to identify and address the needs within the community. We feel that working together will offer the greatest community benefits. MercyOne continues to be proud of the expertise of our health care providers and the desire and willingness to address the needs of this great community.



Identified Community Health Needs adopted in FY19:

SOCIAL AND HEALTH EQUITY

Health Behaviors-Food Insecurity & Access to Healthy Food

Social & Economic- Transportation Issues

Clinical Care- Heart Disease

PROGRESS REPORT:

- Participating in the following Mental Health Committees for both MercyOne Waterloo Medical Center and Cedar Falls Medical Center:
 - Cedar Valley Coalition on Suicide Prevention and Support
 - Black Hawk County Mental Health and Trauma Task Team
 - Cedar Valley United Way Mental Health Group
 - Cedar Valley Housing Corporation Board of Director- aimed at meeting housing needs for people with serious mental illness/substance use issues
 - County Social Service Mental Health region meetings
- Expanding access to ensure health equity and healthcare accessibility continues to be a focus of MercyOne. On July 6, 2020, MercyOne Grand Crossing Family Medicine opened in downtown Waterloo.
- Free Mammography Nights offered at both locations, MercyOne Cedar Falls Medical Center and MercyOne Waterloo Medical Center. In 2021, 38 individuals received mammograms and follow up services.
- High Risk Breast Clinic has seen 160 patients in the past year.
- Atrial Fibrillation Ablation Services have been growing at MercyOne Waterloo Medical Center, as well as now offering Micra Pacemakers, smallest leadless pacemaker on the market.
- Participation in the American Heart Association Heart walk.
- MercyOne Waterloo Medical Center has been an active participant in the Fruit and Veggie Voucher Program, in partnership with UNI. Summer 2021 54.4%

of all vouchers handed out were redeemed for fresh fruit and vegetables, grown by local farmers.

- MercyOne Waterloo Medical Center continues to participate in the Reach out and Read Program.
- MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center assisted 5,595 Medicare-eligible residents with guidance on proper enrollment through SHIIP (Senior Health Insurance Information Program) for a total savings of \$1,714,762.60 (FY20-FY22).
- Continue to address smoking and vaping through screening process. If positive response is indicated by patient, Smoking Cessation is discussed.
- Committee representation on Cedar Valley NIC-Free Coalition for both MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center
- Committee representation on the Cedar Valley Coalition for Suicide Prevention and Support for both MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center.
- MercyOne Cedar Falls Medical Center continues participation and support of promoting health care careers through Partners in Education programs at Hansen Elementary in Cedar Falls and Hoover Middle School in Cedar Falls; as well as ongoing participation in CAPS (Center for Advanced Professional Studies) at Cedar Falls High School.
- MercyOne Waterloo Medical Center participates in the American Heart Association Heart walk.
- MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center Pharmacy continues to offer free HIV testing.
- MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center pharmacy offers free prescription home delivery to Waterloo and Cedar Falls residents, as well as bedside delivery upon discharge in the hospital.
- MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center continue to be drop off locations for all unused prescriptions.
- MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center actively participated in distributing COVID-19 vaccinations within the community. Total COVID-19 vaccines given in FY21 was 23,452.
- MercyOne Waterloo Medical Center is hosting a Health Careers Camp, starting June 27-August 12, 2022,

for students entering grades 7-12. This camp is free of charge and open to anyone.

No comments were received from the previous Community Health Needs Assessment or Implementation Plan that were adopted in FY19.

HOW POPULATION WAS IDENTIFIED

MercyOne Northeast Iowa has three hospitals, two that reside in Black Hawk County, MercyOne Waterloo Medical Center & MercyOne Cedar Falls Medical Center. In addition to the two hospitals located in Black Hawk County, there are several clinics. Although MercyOne Waterloo Medical Center & MercyOne Cedar Falls Medical Center serve eight counties, Black Hawk County represents the largest county served and was chosen for that reason.

PRIMARY AND SECONDARY DATA

Black Hawk County, Iowa Demographic via U.S. Census Quick Facts

As of July 2021, Iowa had an estimated population of 3,193,079 while Black Hawk County had an estimated population of 130,368, which is slightly less than the estimates on April 1, 2020, of 131,144 (U.S. Census 2021). The population by race consists of 84.5% white, 9.7% black, 4.6% Hispanic, 2.5% Asian, with 2.5% being two or more races. Nearly 22% of the population is under the age of 18 and 17% representing 65 years or older. The high school graduation rates are high at nearly 92% and 29% of the residents have a bachelor's degree or higher. The median household income in Black Hawk County is \$54,774, while the median household income in Iowa is \$64,994.

MercyOne Waterloo and MercyOne Cedar Falls are two of three medical centers in Black Hawk County, both within a 10-mile distance of each other, and approximately 6-8 miles to UnityPoint-Allen Hospital on the north side of Waterloo. MercyOne serves an eight-county area including Bremer, Butler, Grundy, Tama, Benton, Buchanan, and Fayette counties.

The work outlined in this report will focus primarily on Black Hawk County. All counties share some of the same issues related to health behaviors. Rural areas continue to have more challenges with issues surrounding provider shortages, both primary care providers and mental health providers.

As stated in 2022 County Health Rankings Released, The COVID-19 pandemic both revealed and worsened barriers to health and well-beings such as racism, discrimination, and disinvestment. They go on to state

that there are many factors that influence health. These factors influence how well and how long we live, from our access to affordable housing or well-paying jobs to opportunities for good education for our kids. (RWJ 2022). There is a lot of data that shows the direct correlation between social equities and poor health. Robert Wood Johnson Foundation defines health equity as everyone having a fair and just opportunity to be as healthy as possible which requires the removal of obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care (RWJF2019).

National poverty rate across United States is 14.6%. Out of the 313 million residents, 45.7 million report income below the poverty line. Iowa ranks 16 out of the 50 states, at a 12% poverty rate (welfareinfo.org). Black Hawk County has a similar poverty rate of 12.2% (US Census Bureau Quick Facts 2021).

2022 Robert Wood Johnson Foundation County Health Rankings & Roadmaps-Black Hawk County

The RWJF County Health Rankings & Roadmaps, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure the health of nearly all counties in the nation and rank them within states. County-level measures are used to compile the rankings from a variety

of national and state data sources. The Rankings are based on counties and county equivalents (ranked places), and any entity with its own Federal Information Processing Standard (FIPS) county code is included. The organizations only rank counties and county equivalents within a state to raise awareness about the many factors that influence health and show how health varies from place to place.

The County Health Rankings are based on mortality, morbidity, health behaviors, clinical care, social/economic factors, and physical environment. Counties rank in both Outcomes and Factors from the 2022 RWJF study and are meant to give direction and focus to efforts in improving community health compared to 2019. Health Outcomes (measure length of life and quality of life, which are results from health factors) represent how healthy a county is while the Health Factors (determined by health behaviors) represent what influences the health of the county. RWJ Foundation ranks 99 Iowa Counties: the lower the ranking, the healthier the county; a high ranking indicates an unhealthy county and signifies a need to improve (see Appendix A). As stated in the executive summary of the National Findings Report, the pandemic both revealed and worsened the burdens and barriers that women, people of color, and people with low-income face. It also underscored that resources have not been distributed fairly within and across communities (RWJF 2022).

Overview of Findings

HEALTH OUTCOMES

Black Hawk County ranked 78 out of 99 counties for health outcomes, the physical and mental well-being of residents based on length of life and quality of life (RWJF 2022). Quality of medical care received, environment, housing, water, jobs and many other factors influence health outcomes. Black Hawk County’s health outcomes have steadily worsened when comparing the rankings from 2015 to current, 2022. Length of life worsened while quality of life has slightly improved from 2019 data. Black Hawk County residents have a higher premature death rate when comparing it to both Iowa and the U.S. average. Residents in Black Hawk County have a higher average number of physically unhealthy days, as well as a higher average of mental unhealthy days.

2019 Measures	Rank out of 99	2022 Measures	Rank out of 99
Health Outcomes	61	Health Outcomes	78
Length of Life	64	Length of Life	68
Quality of Life	58	Quality of Life	84
Health Factors	75	Health Factors	72
Health Behaviors	72	Health Behaviors	87
Clinical Care	18	Clinical Care	6
Social & Economic Factors	89	Social & Economic Factors	85
Physical Environment	72	Physical Environment	57

HEALTH FACTORS

Health Behaviors

Black Hawk County ranked 87 out of 99 counties in Iowa for health behavior with area of concerns related to adult obesity, food environment, physical inactivity, adult smoking, alcohol related traffic deaths and high rate of sexually transmitted disease.

Proper nutrition and physical activity are essential to our overall health and well-being. By eating nutritionally and staying active one can decrease the risk of chronic diseases, such as diabetes, stroke, obesity, cardiovascular disease, certain cancers, and depression. Studies show most Americans do not eat a healthy diet and exercise regularly. Less than 10% of U.S. adults consume the recommended two or more fruits and three or more vegetables a day (IDPH 2020). It is also reported that less than one-quarter meet the federal physical activity guidelines of 150 minutes of moderate or 75 minutes of vigorous aerobic activity and two days of muscle strengthening per week. We may assume if adults are not meeting these expectations, children within the household may not be either. As reports show, youth consume only half the fruits and vegetables at least once per day and less than a quarter are physically active for at least 60 minutes per day. We know inadequate access to healthy foods (and beverages), and the lack of resources and opportunities for physical activity, are barriers that impact healthy behaviors. In addition, SDoH (social determinants of health) - the conditions in which individuals were born, live, work, play, and age - can contribute to the disparities in health behaviors and disease status among racial, ethnic, and socio-economic groups, as well as geography and individuals with different abilities (IDPH 2020).

Obesity continues to be an issue as 38% of Black Hawk County residents are obese. This is greater than the state average of 34% and the national average of 30%. With the obesity rates being so high, it should not be a surprise that 29% of the residents report no leisure-time physical activity, even though 76% report that they have access to locations for physical activity, meaning the issues are not just access and resources, rather motivation, time and drive to get healthy.

Food insecurity continues to be a concern. The Bureau of Nutrition and Physical Activity Report 2020 (IDPH) indicates that 1/10 Iowans are struggling at times to afford food and access to balanced meals. This same report shows 10.3% of Iowans struggle to afford food and 12% of Iowans cannot afford to eat balanced meals. The food insecurity rate in Black Hawk County is 9.9%, slightly below the state average of 10.9% (Feeding America). MercyOne Waterloo Medical Center is actively involved in the Veggie Voucher program. Vouchers for free fruit and

vegetables are given out at pediatrician visits to those who can benefit from healthy, locally grown, and harvested fruits and vegetables. Although MercyOne has continued to support community programs to increase access, there continues to be needed work to build stronger partnerships, providing access to healthy foods, and education about health food choices, as well as education on how to prepare and cook healthy meals.

As reported by the CDC, tobacco use continues to be the leading cause of preventable disease, disability, and death in the U.S. (CDC, Smoking & Tobacco Use). Smoking causes cancer, lung diseases, heart disease, stroke, diabetes, chronic obstructive pulmonary disease (COPD), emphysema and chronic bronchitis. Approximately 40 million U.S. adults continue to smoke, and they estimate 2.55 million middle-to-high school students use at least one tobacco product, including e-cigarettes. Each day, nearly 1,600 youth (18 years or younger) smoke their first cigarette. Nearly half a million Americans die annually because of smoking or exposure to secondhand smoke. In addition, 16 million live with a serious illness caused by smoking. Each year smoking-related diseases cost the United States \$225 million in medical care. It is reported that 19% of Black Hawk County adult residents continue to smoke (RWJF 2022). This is higher than the national average of 15% and the state average of 17%. In Iowa, 10.9% of pregnant women smoke, an 82% higher rate than in the U.S. (IDPH 2020).

E-cigarettes have been the most used tobacco product among youth since 2014 (CDC). In 2021, about 1 out of every 35 middle school students (2.8%) reported that they had used electronic cigarettes in the past 30 days. In 2021, about 1 out of every 9 high school students (11.3%) reported that they had used electronic cigarettes in the past 30-days. The Iowa Youth Survey findings show that more kids are using e-cigarettes in comparison to other tobacco products (IDPH 2021). Of the surveyed 8th graders, 4% indicated they had smoked tobacco or used any tobacco products (not including e-cigarettes); 10% indicated that they have used e-cigarette, JUUL, vape-pen, e-hookah, mod box, or other electrical cigarettes, while 2% have used a heated tobacco product. The 11th graders were asked the same question and answered as follows, 10% report that they have smoked tobacco or used tobacco, 24% indicated that they have used e-cigarette, JUUL, vape-pen, e-hookah, mod box, or other electrical cigarettes, and 4% have used a heated tobacco product (IDPH 2021)

MercyOne participates in the Cedar Valley NIC-Free Coalition. MercyOne continues to screen patients and focus on increasing awareness of risks of tobacco use and providing information/resources on smoking cessation, such as My Life My Quit and Quitline Iowa.

The Black Hawk County 2022 Community Health Assessment reports that in 2019 the cases of syphilis, chlamydia, and gonorrhea reached an all-time high. Thankfully these diseases can be medically treated, but if left untreated they cause issues, such as miscarriage, stillbirth, and newborn death. The CDC reports that the increases in these rates are likely due to reduced access to STI prevention and care, decrease condom use in vulnerable populations, and STI program cuts.

The rates in Black Hawk County have seen a steady increase as well. Syphilis rates doubled in 2020 when comparing data with 2018. The 2020 data shows that Black Hawk County had 767 chlamydia cases per 100,000 population. The Community Health Rankings for Black Hawk County (RWJF 2022) show that this continues to rise, 898.7 per 100,000 population.

Clinical Care

The County Health Rankings rank Black Hawk County 6 of 99 in clinical care with improvements in several areas including, mental health providers, primary care physicians, preventative hospital stays, mammography screenings and flu vaccinations. Black Hawk County has a Primary Care Physician (PCP) ratio of 1,060:1, compared to the state's ratio of 1,350:1 (RWJF 2022). Black Hawk County Mental Health Provider ratio 510:1, which is like the state ratio at 570:1, but significantly less than the national ratio of 250:1. MercyOne continues to improve access through offering telehealth.

Another area of progress has been made in preventable hospital stays. In 2019 3,556 per 100,000 Medicare enrollees had a preventable hospital stay; in 2022 this number has improved to 2,644 per 100,000. More Black Hawk County residents participate in annual mammography, in comparison of both state and national rankings. In Black Hawk County, 57 percent female Medicare enrollees aged 65-74 that receive an annual mammography screening. This has improved from 52% in 2019. MercyOne continues to offer free Mammography annually to anyone who is in need. Black Hawk County has a high incidence rate of breast cancer mortality rates, in comparison to the state of Iowa and the US.

There was a slight decrease in the number of uninsured Black Hawk County residents in 2022, in comparison to 2019. Many of the Black Hawk County residents have health care, however there are still 6% of the population that does not have any insurance. This is the same as the state and national rankings (RWJF 2022). Black Hawk County Community Health Assessment shows that at the national, state and county level, Black or African American population have a higher percentage of uninsured individuals compared to the white population. More Black Hawk County Medicare enrollees got a flu vaccine in 2022

than in 2019. Black Hawk County is leading the state and nation at 60%, while state is at 54% and nation is 55%.

Social and Economic Factors

Healthy People 2020 define determinants of health as the range of social, economic, and environmental factors that influence health status and include a broad range of categories: policy making, social factors, health services, individual behavior, biology, and genetics. The relationship among these factors determines individual and population health. To be effective, it is important to utilize various interventions that target multiple determinants of health and consider other sectors that fall outside traditional health care and public health including education, housing, transportation, agriculture, and environment, to improve the overall health of a community (Healthy People 2020).

Black Hawk County has increased the percentage of adults ages 25 and over who have a high school diploma or equivalent from 89% in 2019 to 94% in 2022. This is the same as the state but slightly lower than the U.S. ranking of 94% (RWJF 2022). Unemployment rates for Black Hawk County are at 6.2%, while the state unemployment rates are 5.3%, and the national unemployment rate is at 4%. Less Black Hawk County children are residing in single parent households, in comparison to the 2019 data. The most recent data shows that 24% of the children reside in single parent homes, while 2019 data showed 32%. Although this number has improved, it continues to be significantly higher than the U.S. ranking of 14%. Children living in poverty continues to be a concern when comparing local Black Hawk County rankings of 14% to the state ranking of 12% and U.S. ranking of 9%. There has been some progress made since 2019 in improving from the 17% ranking to the current 14% (RWJF 2022). Black Hawk County has 11.8 membership associations per 10,000 population. This is less than the state ranking of 14.8 and the U.S. ranking of 18.1. Violent crime continues to be much greater in Black Hawk County than the state or U.S. rankings, however the ranking remains the same in 2022 at 511 reported violent crime offenses per 100,000 population, as they were in 2019. This is significantly higher than the U.S. ranking of 63 and the state ranking of 282.

Physical Environment

Black Hawk County has a population of 130,368 in July 2021 (US Census Bureau). The population has decreased slightly from the 2020 census recorded population of 131,44. Black Hawk County is becoming more diverse in racial distribution. White non-Hispanic or Latino percentages are decreasing, while all other racial and ethnic groups are increasing. In 2010 Black Hawk County had 85.6% white alone and 2020 78.4%. Black African American alone were 8.9% of the population in 2010

compared to 10.4% in 2020. The Asian percentage of population double from 1.3% in 2010 to 2.6% in 2020. There has been an increase in Native Hawaiian and Other Pacific Islander, along population over the past decade, .2% in 2010 to .7% in 2020. Hispanic or Latino population has increased from 3.7% in 2010 to 4.9% in 2020 (US Census Bureau). Black Hawk County continues to have severe housing problems, defined as percentage of households with at least 1 of 4 housing problems; overcrowding, high housing cost, lack of kitchen facilities, or lack of plumbing facilities. They have a ranking of 14% in comparison to the state at 12% and the US ranking of 9%. The majority of Black Hawk County residents report driving alone to work. Only 9% report a long commute drive (more than 30 minutes), which is less than the state ranking of 21% and the US ranking of 16%.

Black Hawk County has an owner-occupied housing unit rate of 65.6% (US Census Bureau). The median gross rent in is \$818 in Black Hawk County. The median household income is \$54,774, which is less than the US average of \$64,994.

Health Care Access

According to Healthy People 2030 (Office of Disease Prevention and Health Promotion), access to preventive health care can help prevent disease and early death. Although the number of people getting preventive care today has increased, there continues to be disparities by race/ethnicity, age, and economical status. Access to quality healthcare has been a focus. Three important components include, health insurance coverage, health services and timeliness of care. Access to necessary prescriptions as well as oral health care are also included. According to their data, about 1 in 10 people in the United States do not have health insurance. Individuals without insurance are less likely to have a primary care doctor and less likely to participate in preventive health care, such as screenings.

People serviced through Medicaid & Medicare FY16-FY21

People served through Medicaid		People served through Medicare	
FY16	216,777	FY16	233,123
FY17	140,669	FY17	259,783
FY18	143,781	FY18	247,366
FY19	115,011	FY19	237,891
FY20	127,728	FY20	212,023
FY21	129,449	FY21	237,160
Source: MercyOne Waterloo and Cedar Falls Medical Centers			

According to RWJF Health Rankings, Black Hawk County

continues to fair better than others in ratio of population to primary care physicians and uninsured. Black Hawk County's ratio of population to mental health providers rank of 510:1 is better than the US rank of 570:1, The state ratio is far greater than Black Hawk County and the US at 250:1. Transportation often can create barriers to accessing healthcare. MercyOne offers a Care-A-Van services, assisting those residents in transportation needs.

MercyOne continues to provide Charity Care to those individuals who encounter financial challenges, offering financial assistance to cover remaining costs. From FY19-FY21, MercyOne and its clinics provided \$9,380,227 in charity care to a total of 44,025 patients.

METHODOLOGY PRIMARY DATA

This report was compiled by MercyOne as required for MercyOne Cedar Falls Medical Center and MercyOne Waterloo Medical Center. MercyOne collaborated with several organizations during process of writing this report, including Black Hawk County Public Health Department, UnityPoint Health - Allen Hospital, People's Community Health Clinic and University of Northern Iowa. Black Hawk County Public Health Department was instrumental in assisting in the data collection and survey for this reporting period. On June 11, 2022, MercyOne shared the survey on its local Facebook page, encouraging Black Hawk County residents, as well as colleagues to participate. Please see attachments below titled, Black Hawk County Community Health Assessment Initial Results Summary for information and data results. The 2022 Community Health Needs Assessment written by Black Hawk County Public Health is also attached within this report for additional information.

Black Hawk County plans to collect additional data from priority population focus groups during August-September of 2022. The information received from the focus groups will be incorporated in the implementation plan. The Steering Committee will determine any shifts in priority issues and will engage community partners to examine and update the current implementation plans. MercyOne Cedar Falls Medical Center and MercyOne Waterloo Medical Center will continue to work with the partners in this community, working closely with the Public Health Department, UnityPoint Health and People's Clinic, in identifying specific steps and action to take to address the outlined Community Health Needs.

It should be noted that MercyOne used the Robert Wood Johnson Foundation County Health Rankings data for 2022, while Black Hawk County Public Health used 2021 data.

Areas of Focus/Exclusions

FOCUS AREA

MercyOne will continue to be an active participant in the Community Health/System Thinking Meetings as well as the Community Health Improvement Steering Committee, working together with local partners to assess and development an implementation plan, addressing the community health needs of Black Hawk County. Black Hawk County Public Health Department solicited community input to identify and rank the health priorities. MercyOne is adopting these priorities.

The most recent survey identified these needs as the following:

- Mental Health
- Health Equity
- Healthy Eating
- Emerging Health Issues (gun violence, mental health, inflation, education, STD's, Covid-19 and healthcare costs/access)

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- Centers for Disease Control and Prevention. Healthy People 2030. Retrieved from https://www.cdc.gov/nchs/healthy_people/index.htm

EXCLUSIONS

MercyOne continues to acknowledge the wide range of priority health issues that are identified through the CHNA process, as well as those listed in the County Health Rankings and Roadmaps. There will be some areas of exclusion in our focus, as we recognize there are others who are better equipped to focus and offer better impact. MercyOne's exclusions are the following:

- Violence and premature death rates, including alcohol-impaired driving
- Clinical care related to dental care
- Environmental health issues related to housing problems

The Community Health Needs Assessment and Implementation Plan can be found on the MercyOne Northeast Iowa website [MercyOne.org/northeastiowa](https://www.mercyone.org/northeastiowa). All questions and comments can be sent directly to communityhealth@mercyhealth.com

APPENDIX A

2022 Community Health Rankings for Black Hawk County & Iowa Measures and National/State Results

Measures	Description	US	IA	Black Hawk
HEALTH OUTCOMES				
Premature death	Years of Potential life lost before age 75 per 100,000 pop.	5,600	6,500	7,400
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted)	15%	14%	16%
Poor physical health days	Average number of physically unhealthy days report in past 30 days (age-adjusted).	3.4	3.1	3.5
Poor mental health-days	Average number of mentally unhealthy days reported in past 30 days (age adjusted).	4.0	4.1	4.2
Low birthweight	Percentage of live births with low birthweight (<2,500 grams).	6%	7%	7%
HEALTH FACTORS				
HEALTH BEHAVIORS				
Adult Smoking	Percentage of adults who are current smokers (age-adjusted)	15%	15%	17%
Adult Obesity	Percentage of the adult population (>20) that reports a body Mass index (BMI) greater than or equal to 30kg/m	30%	34%	38%
Food environmental index	Index of factors that contribute to healthy food environment, from 0 (worst) to 10 (best).	8.8	8.4	8.0
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time Physical activity.	23%	26%	29%
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity.	86%	73%	76%
Excessive drinking	Percentage of adults reporting binge or heavy drinking	15%	25%	23%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	10%	27%	20%
Sexually transmitted Infection	Number of newly diagnosed chlamydia cases/100,000 population	161.8	508.5	897.7
Teen births	Number of births per 1,000 female population ages 15-19.	11	16	16
CLINICAL CARE				
Uninsured	Percentage of population under age 65 without health insurance	6%	6%	6%
Primary care physicians	Ratio of population to primary care physicians.	1,010:1	1,350:1	1,060:1
Dentists	Ratio of population to dentists.	1,210:1	1,440:1	1,350:1
Mental health providers	Ratio of population to mental health providers.	570:1	250:1	510:1
Preventable hospital stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	3,134	3,134	2,644
Mammography screening	Percentage of female Medicare enrollees age 65-74 that receive a annual mammography screening.	52%	53%	57%
Flu vaccinations	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	55%	54%	60%
SOCIAL & ECONOMIC				
High School completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	94%	92%	92%
Some college	Percentage of adults ages 25-44 with some post-secondary education.	74%	71%	72%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	4.0%	5.3%	6.2%
Children in poverty	Percentage of people under age 18 in poverty.	9%	12%	14%

Income inequity	Ratio of household income at the 80th percentile to income at the 20th percentile	3.7	4.2	4.3
Children in single parent households	Percentage of children that live in a household headed by a single parent.	14%	21%	24%
Social association	Number of membership associations per 10,000 population	18.1	14.8	11.8
Violent crime	Number of reported violent crime offenses per 100,000 population	63	282	511
Injury deaths	Number of deaths due to injury per 100,000 population	61	70	64
PHYSICAL ENVIRONMENT				
Air pollution-particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	5.9	8.2	8.2
Drinking water violations	Indicator of the presence of health-related drinking water violation "Yes" indicates presence, "No" indicates no violation.	N/A	N/A	No
Severe housing problems	Percentage of households with at least 1 of 4 housing problems; overcrowding, high housing cost, lack of kitchen facilities, or lack of plumbing facilities.	9%	12%	14%
Driving alone to work	Percentage of the workforce that drives alone to work	72%	80%	80%
Long commute-driving alone	Among workers who commute in their car alone, the percentage that commutes more than 30 minutes	16%	21%	9%

Veggie Voucher Program

Black Hawk County 2021

2021

The **Veggie Voucher Program** increases access to fruits & vegetables among vulnerable and under-served populations.

Bundles of \$3 vouchers are given to clients of various health clinics and community organizations. The vouchers are then redeemed by clients at Farmers Markets during the growing season.

5



25



2000 families benefited from fresh vegetables
That's over **6000 people!**

Vouchers Redeemed Per Month



\$13,536 invested in Local Farmers

10 Host Sites



Redemption Rate

Made possible with generous support from:



APPENDIX B

2019 Overall County Food Insecurity In Iowa, Black Hawk County

FOOD INSECURE PEOPLE IN BLACK HAWK

13,150



FOOD INSECURITY RATE IN BLACK HAWK



ESTIMATED PROGRAM ELIGIBILITY AMONG FOOD INSECURE PEOPLE IN BLACK HAWK



0% Above Other Nutrition Program threshold of 185% poverty

34% Between 160%-185% poverty

66% Below SNAP threshold of 160% poverty

AVERAGE MEAL COST IN BLACK HAWK

\$2.95

ANNUAL FOOD BUDGET SHORTFALL

\$6,622,000



Prepared by Black Hawk County Health Department in partnership with MercyOne, Peoples Community Health Clinic, and UnityPoint Health.

Black Hawk County Community Health Assessment

Initial Results Summary

June 2022

Executive Summary

This document is a summary of the initial results from the Community Health Assessment (CHA) that was conducted in 2022 to identify the current health status and social/economic needs of the Black Hawk County community using the Mobilizing for Action through Planning and Partnerships (MAPP) framework. Findings from the 2020 CHA and resulting priority issues of mental health and trauma, healthy behaviors and systems thinking were used as the starting point for the update.

The community was asked to participate in an extensive Community Needs Survey for the 2020 CHA and 1,621 members responded to the request for data. The role of health equity strategist includes acknowledging the trauma that can come from asking the public to share their narratives, health status, and perceptions of health without fully demonstrating the actions taken as a result of the request. The COVID-19 pandemic impacted the level of implementation of the priority issue action plan that could be achieved.



It's also important to note that collaborating to bring transformational change does not fully happen in a single three-year cycle of health improvement. Applying a health equity lens also requires an investment in deepening and broadening the partnerships that guide the structure of the community health improvement process. At the national level, the foundational principles of MAPP are also evolving to reflect the guiding values of equity, inclusion, trusted relationships, community power, strategic collaboration & alignment, and data & community informed action.

These factors resulted in the recommendation by the Black Hawk County Community Health Improvement Steering Committee that the scope of the 2022 CHA will be to update the quantitative data as well as obtain public feedback on the priority issues that affect healthy living and the impacts of the COVID-19 pandemic.

Additional primary data on the impact of COVID-19 will be collected from priority population focus groups during the summer of 2022 and added to the CHA. The Steering Committee will then determine any shifts in priority issues and invite community partners to examine and update the current improvement plans to continue the cycle.

Method

Black Hawk County uses the national Mobilizing for Action through Planning and Partnerships (MAPP) model to guide its community health improvement process. MAPP is a community-wide strategic planning process for improving public health, as well as an action-oriented process to help communities prioritize public health issues, identify resources for addressing them, and take action. MAPP provides a framework, guidance, structure, and best practices for developing healthy communities. This process was implemented in March of 2019 when representatives from the National Association of County & City Health Officials led community stakeholders through a training and visioning process for Black Hawk County. The six phases of the framework and four assessments are shown in Figure 1.



Figure 1

Organizing For Success

As part of an initial training for MAPP, stakeholders received an overview of the MAPP visioning process and participated in guided activities designed to facilitate brainstorming the important facets of a community-wide vision. Using the elements identified during this workshop, the Steering Committee adopted a final shared vision statement to guide the work of the CHA and Community Health Improvement Plan (CHIP): *Our community works together so all people have equitable opportunities & resources to lead healthier, more fulfilled lives.*

A core team of Black Hawk County Health Department (BHCHD) staff was formed to carry out the MAPP steps for the 2020 community health improvement cycle including the public health director, deputy director, disease surveillance and investigation manager, epidemiologists, and public health planner. This team also met as an extended core team with representatives from MercyOne, Peoples Community Health Clinic, UnityPoint Health, and United Way with the intention of collaborating on the required community health assessments and community health improvement plans. At the same time, BHCHD also engaged 76 community partners in a system mapping process that was guided by a task team from the education, business, public, and faith sectors of the community. This systems inquiry aligns with the community health improvement vision.

MAPP focuses on continuously improving processes that lead to better health. It also guides communities to look beyond addressing health disparities to actively address power imbalances and systems of oppression that create and perpetuate inequity. The extended core and systems mapping task teams concurred that a combined team group focused on the root causes of health inequities will best serve the community; the Community Health Improvement (CHI) Steering Committee was formalized in 2022 for the purposes of:

- Building the foundations for community health based on the principles of equity, systems thinking, trusted relationships, community power, strategic collaboration & alignment, data & community informed action, flexible, continuous, and transparency.
- Providing guidance and oversight for the CHI process: assessment, plan, and actions.
- Ensuring the process has adequate resources.
- Advocating for the coordinated use of community data and planning for decision-making impacting health as an outcome.

2020 Community Health Improvement Cycle

The 2020 assessment engaged 1,621 residents in a Community Health Survey administered online, through paper surveys, and by in-person interviews with cultural and linguistic adapted questions. The 2020 CHA also included an examination of the activities, competencies and capacities of the local public health system and an assessment of the forces, opportunities and threats that can affect the community. Following the assessment, 55 partners and 37 members of the public along with the extended core team and Black Hawk County Board of Health were engaged in a process to develop the priority issues of mental health and trauma, healthy behaviors, and systems thinking. Improvement plans were developed, and implementation steps initiated by 37 community partners which included advancing the community's equity mapping journey to bring context and strategic action around the level of inequities present in the community.



2022 Community Health Assessment Update

The Community Themes and Strengths (CTSA), Forces of Change (FOCA), and Local Public Health System (LPHSA) assessments were conducted as part of the 2020 CHA. Summarized results are included in the 2020 Community Health Improvement Executive Summary (Attachment 3) and the full reports are available on the Black Hawk County Health Department website.

The Community Health Status Assessment (CHSA) update was conducted from March – May 2022 using the MAPP framework and guided by the Black Hawk County Steering Committee. The CHSA is a quantitative analysis which answers the questions, “How healthy is the community?” and “What does the health status of the community look like?” Results of the CHSA provide an understanding of the community's health status and ensure that health data is considered in determining the community's priorities.

Method

This assessment incorporated data from the Iowa Department of Public Health (IDPH), Behavioral Risk Factor Surveillance System (BRFSS), Iowa Hospital Association, U.S. Census Bureau, Iowa Secretary of State, Robert Wood Johnson County Health Rankings, Iowa Youth Survey, CDC Wonder, Iowa Department of Education, Iowa Department of Transportation, Feeding America, and CDC PLACES. Some data in this report was obtained through a Data Sharing Agreement with IDPH. The data included BRFSS, Iowa Immunization Registry Information System (IRIS), and Iowa Hospital Association inpatient and outpatient data. Datasets were analyzed by using SPSS, R, and Excel.

Findings

The total population in Black Hawk County has increased slightly in the last decade, and the racial and ethnic distributions are changing. The proportion of White, non-Hispanic individuals is decreasing, while all other racial and ethnic groups are increasing.

Black Hawk County had a higher proportion of the population below poverty level than the state and national average. In 2019, the 5-year poverty rate in Black Hawk County was 13.0%. Additionally, the poverty rate of Black Hawk County residents differed by ZIP code. The 50703 ZIP code had the largest portion of the population below the federal poverty level (26.6%).

Overall, most Black Hawk County public school districts had graduation rates above 90.0% between 2018 and 2021, and those rates generally improved in 2020. This was followed by a general decrease in 2021. The Waterloo school district graduation rate followed the same pattern as the other school districts; however, it has been consistently below other Black Hawk County public school district graduation rates, highlighting health equity issues. In 2015, the Waterloo public school district graduation rate was 80.3%, which increased to 85.8% in 2020, and was followed by a decrease to 81.1% in 2021.

In 2019, Black Hawk County residents had a food insecurity rate of 9.9%, which was similar to the Iowa average. However, 15.4% of Black Hawk County children under 18 were food insecure compared to the Iowa average of 13.1%.

Iowa ranked 7th in the US in overall self-reported obesity prevalence in 2020, with 36.5% of Iowa BRFSS respondents reporting that they are obese. In 2020, the overall obesity rate for Black Hawk County BRFSS respondents was 38.1%. When analyzed by race, the rate for White individuals was 37.5% and the rate for Black or African American individuals was 52.6%.

Generally speaking, mental wellbeing for Black Hawk County residents worsened. BRFSS respondents indicated that they felt more depressed, hopeless, restless, worthless, nervous, and that everything was an effort in the last 30 days in 2019 compared to 2017.

The 5-year mortality rate for poisonings and firearms has increased nationwide, and this trend is also seen in Black Hawk County. The 5-year mortality rate for suicides and homicides in Black Hawk County has also increased from 2012-2016 to 2016-2020.

Black Hawk County has been consistently ranked among the counties with the highest sexually transmitted infection (STI) rates in the nation. These rates are much higher than the state average for the most common STIs (chlamydia and gonorrhea). In 2020, Black Hawk County's chlamydia rate per 100,000 was 767 compared to 478 for Iowa, and Black Hawk County's gonorrhea rate per 100,000 was 450 compared to 219 for Iowa.

Fact sheets summarizing the CHSA were prepared for the current priority issues of mental health and trauma, healthy behaviors (nutrition fact sheet) and systems thinking (health equity fact sheet) along with emerging health issues (Attachment 1). A detailed CHSA report is available on the Black Hawk County Health Department website.

Community Health Improvement Priorities and COVID-19 Impacts Survey

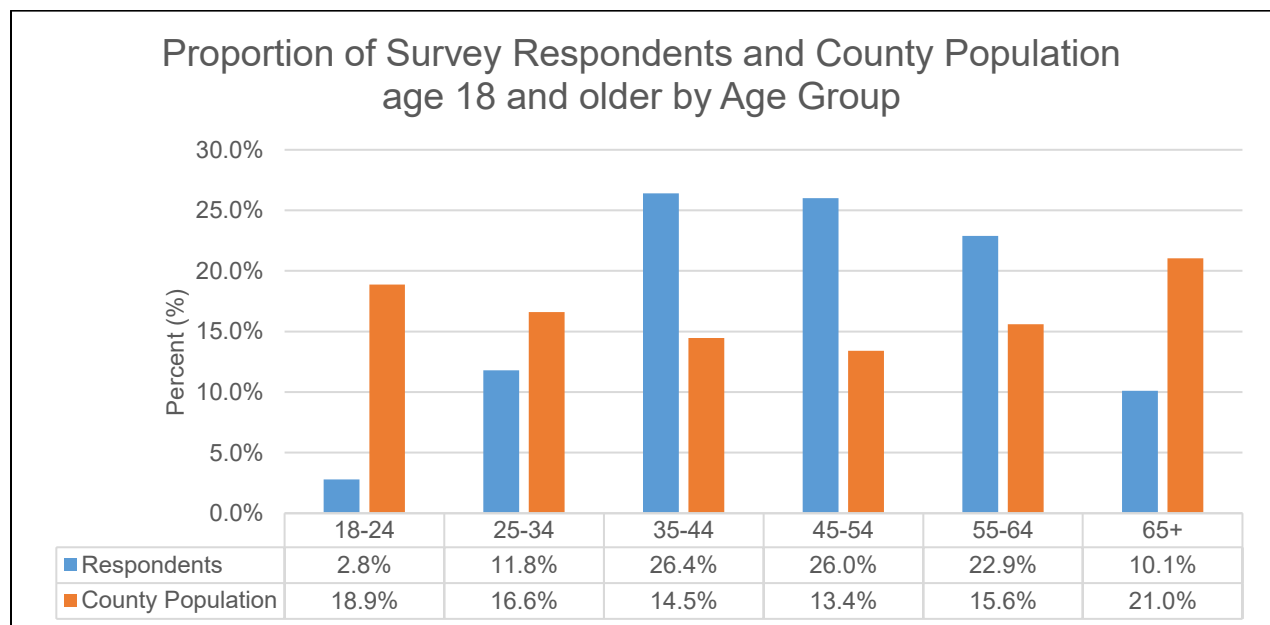
Fact sheets summarizing the updated CHA were shared throughout the community between June 1 and June 13, 2022 along with a request to complete a survey giving input on how the community’s health has changed over the past three years and how the COVID-19 pandemic impacted health priorities.

The information was distributed through a press release, social media, and in-person events notifying the public of the availability of the fact sheets and survey. Community partners received the information and were asked to complete the survey and share the fact sheets and survey through their networks. BHCHD community health workers shared the new data and survey using both cultural and linguistic adaptations in order to best communicate within their communities. Extended outreach, including the delivery of paper copies of the survey to organizations serving priority populations was also a focus. A copy of the survey instrument is included in this summary (Attachment 2).

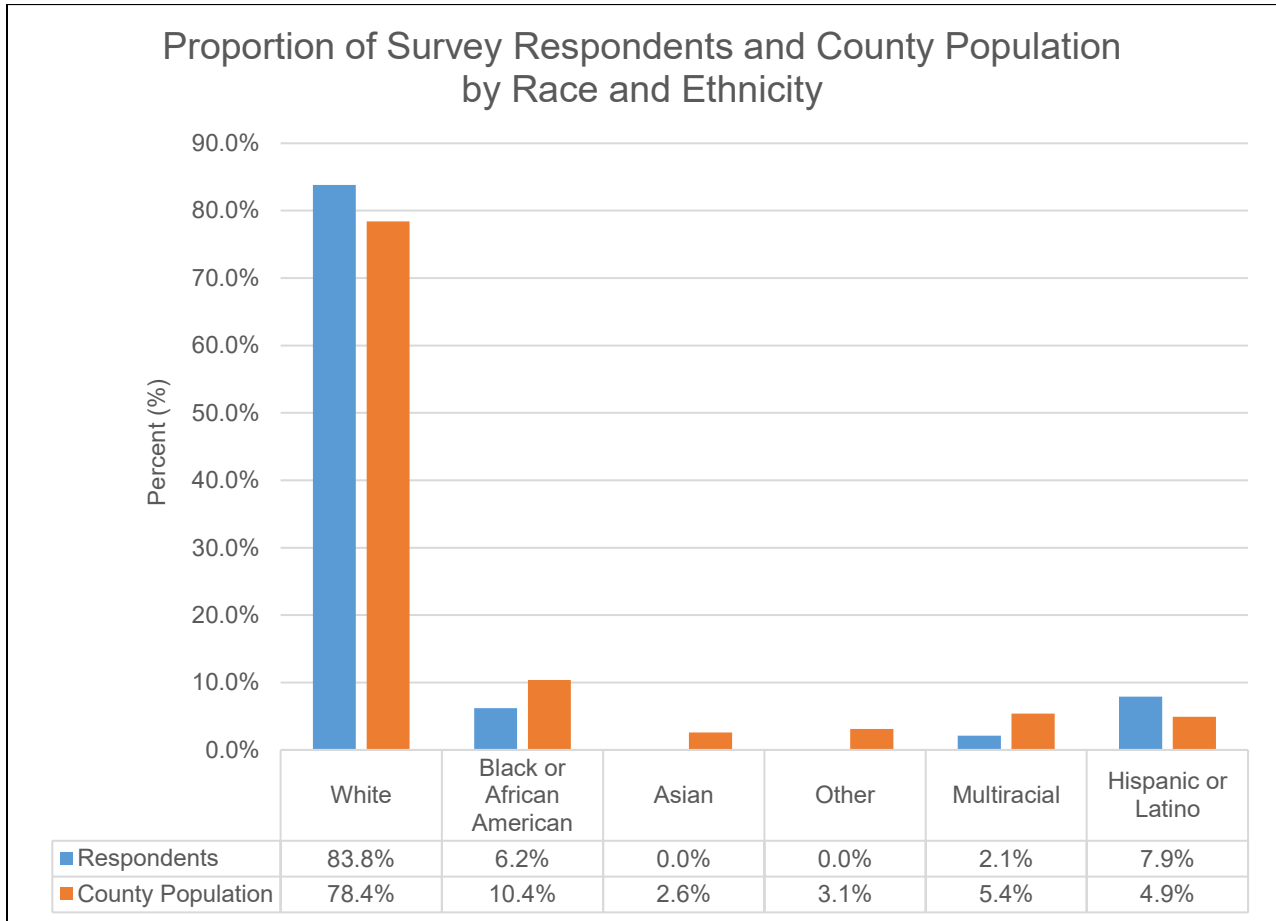


A total of 315 responses were recorded. There were between 280 and 311 answers for each multiple-choice question. Missing values were excluded from the denominators when calculating proportions.

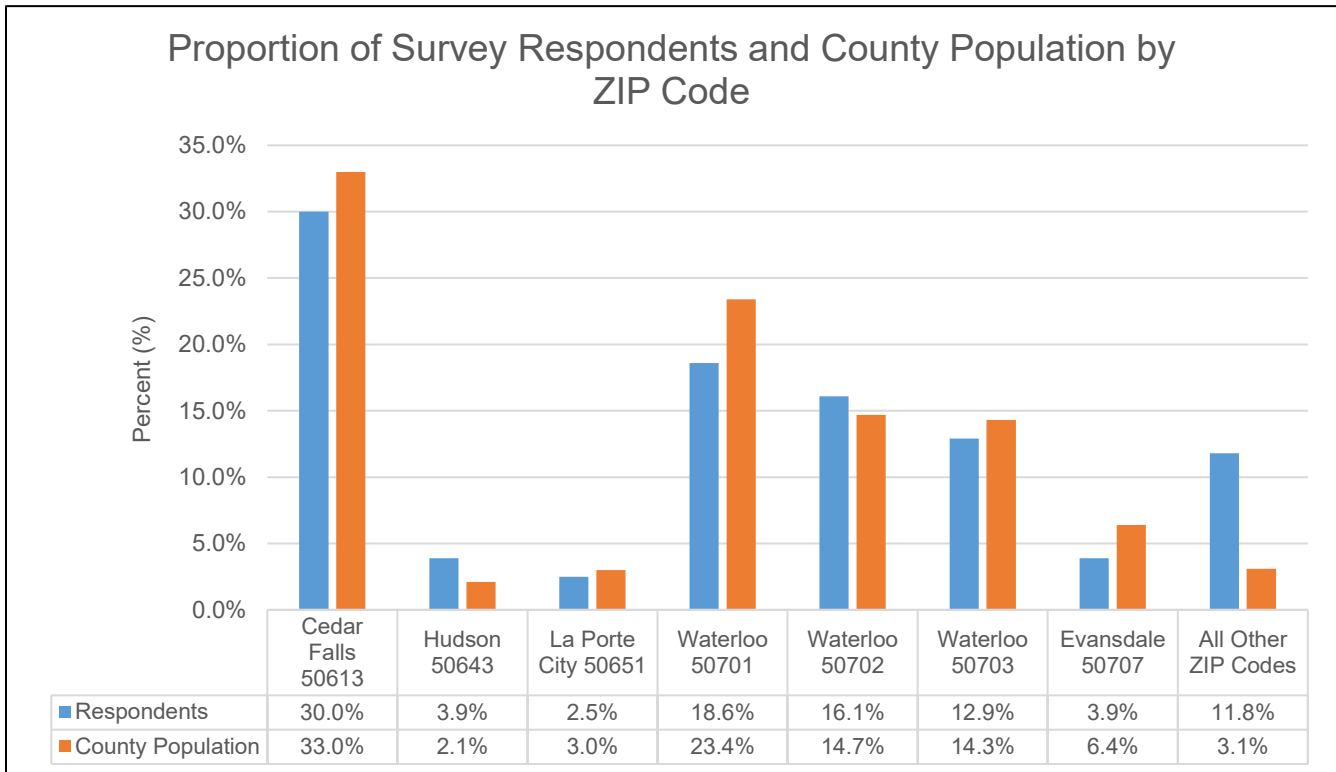
The minimum age to participate in the survey was 18. Survey proportions were different compared to the Census proportions for each age group. There were fewer participants between the ages of 18-34 and older than 65, and more between the ages of 35-64. Most of the respondents were female (80.2%).



The racial and ethnic distribution of survey respondents was similar to Census proportions. However, differences were seen for Black or African American and Hispanic or Latino. There were fewer Black or African American respondents and more Hispanic or Latino respondents compared to the Census proportions of Black Hawk County. Individuals were considered Multiracial if they selected more than one race. All Hispanic or Latino individuals are included regardless of race.



There were 31 ZIP codes represented within the survey. ZIP codes with less than 6 respondents were combined into the All Other ZIP Codes category. The ZIP code distribution was also similar to Census proportions, but there were a few noteworthy differences.



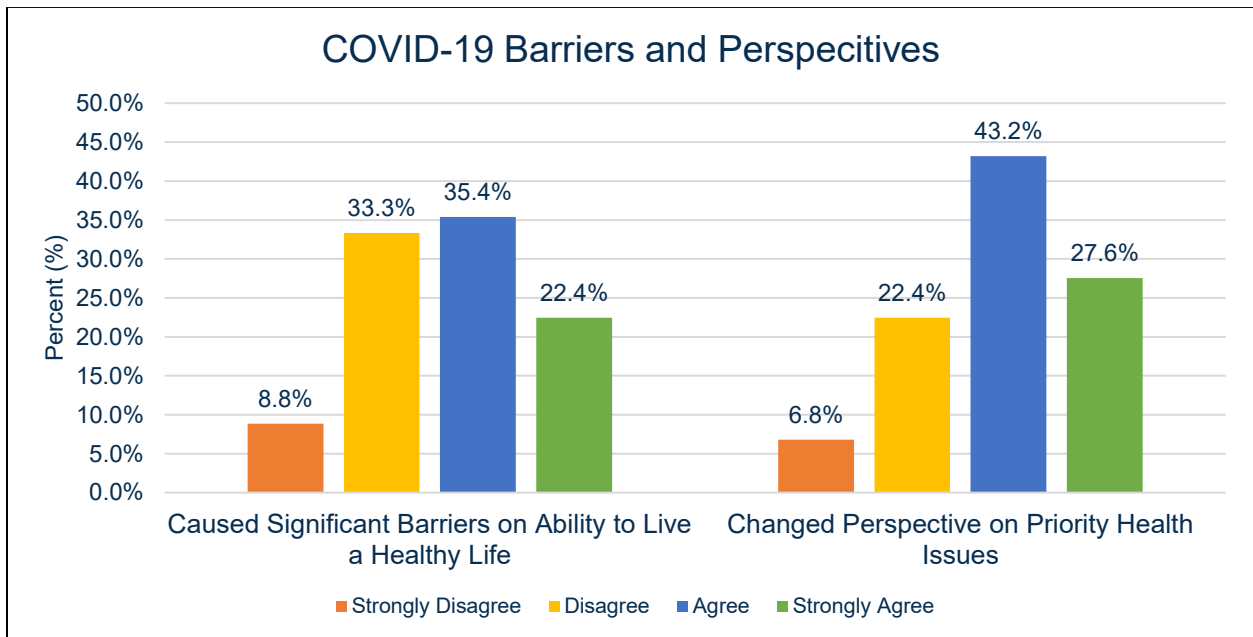
Participants were asked to rank the priority issues on the fact sheets from 1 to 4, with 1 being the highest priority and 4 being the lowest priority. A ranking process was used to create an overall ranking for the priorities. The overall ranking of the priority issues is as follows:

1. Mental Health
2. Health Equity
3. Healthy Eating
4. Emerging Health Issues

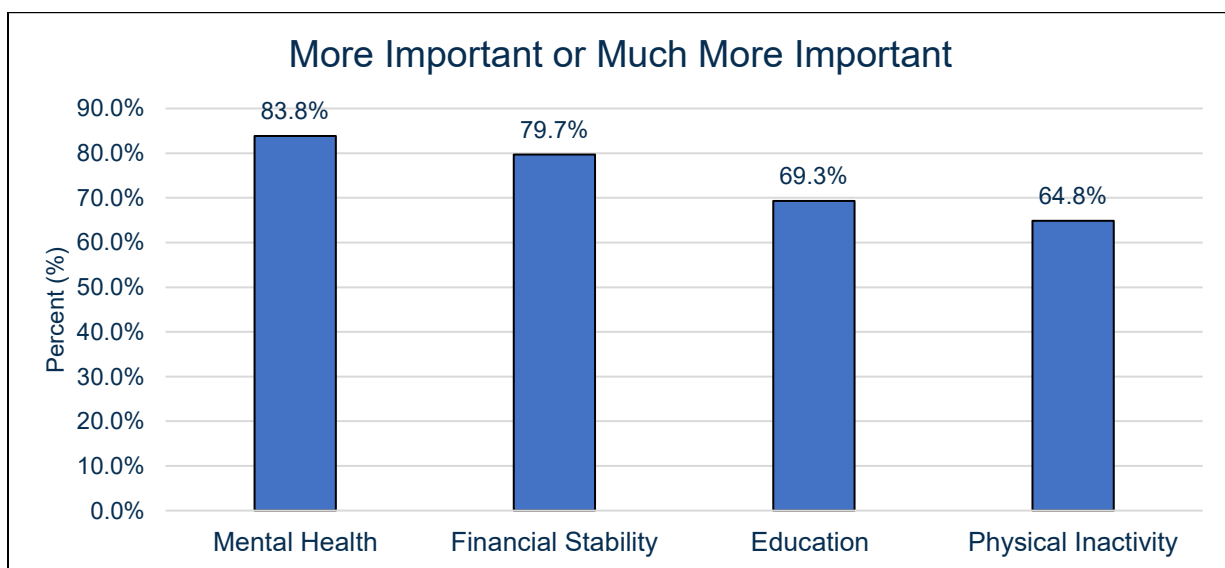
The rankings were analyzed by ZIP code to determine if there were variations on how the priority issues were ranked based on geography. Most ZIP codes had the same ranking as the overall rank, other than ZIP code 50702. Individuals from ZIP code 50702 ranked the priority issues as: 1. Mental Health, 2. Healthy Eating, 3. Health Equity, and 4. Emerging Health Issues.

The rankings were further analyzed by race and ethnicity. The rankings for White individuals were the same as the overall ranking, while the ranking for Black or African American and Hispanic or Latino were different. Black or African American individuals ranked Mental Health as the most important, Healthy Eating and Health Equity as a tie for second most important, and Emerging Health Issues as the least important. Hispanic or Latino individuals had the same ranking as the ZIP code 50702: 1. Mental Health, 2. Healthy Eating, 3. Health Equity, and 4. Emerging Health Issues.

Questions about COVID-19 and its impacts were asked next. Most participants indicated that COVID-19 caused significant barriers on their ability to live a healthy life, and that it changed their perspective on which health issue should be a priority.



Participants were then presented with 11 specific issues and asked how the COVID-19 pandemic impacted the importance of the 11 issues. An Other option was included to address if there were any issues not listed that impacted the participants during the pandemic. The options available for each issue were: much less important, less important, same importance, more important, or much more important since COVID-19. The issues that increased in importance the most were mental health, financial stability, education, and physical inactivity. Most participants indicated that sexual health had the same level of importance since the beginning of the pandemic (68.4%).

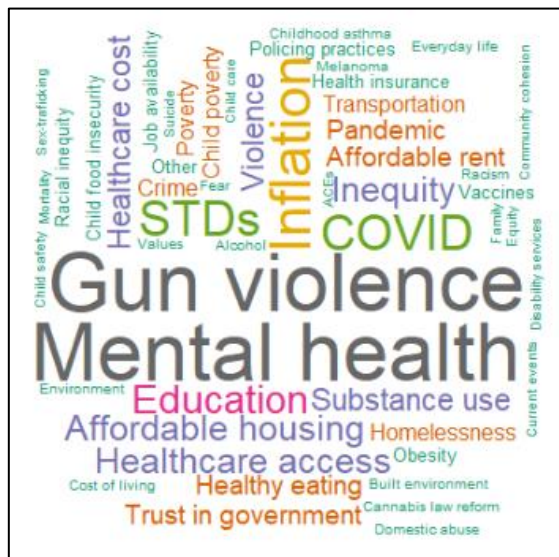


There were 3 open-ended questions within the survey. The responses were reviewed and placed into categories, with each question having different categories based on the question asked. Results are illustrated in word clouds to show the quantity of specific categories in addition to the variety of responses seen.

The first open-ended question was based on the review of the fact sheets or personal thoughts and experiences. Participants were asked what they consider as the most important issue affecting healthy living. Mental health was mentioned most often as the most important issue to consider. Economic issues were also mentioned and included inflation/cost of living, employment, and income. Another issue that was mentioned was equity and equity related issues, including poverty, racism, and disparities.



The second open-ended question was based on if any specific issue influenced how participants ranked Emerging Health Issues among the priority issues. Gun violence and mental health were the most common themes identified. Other themes included: inflation, education, STDs, COVID, and healthcare cost/access.



The final open-ended question addressed what participants considered the biggest impact of COVID-19 on their ability to live a healthy life. Social activities were mentioned the most as the biggest impact of COVID-19. Social activities mentioned were visiting family and friends, shopping, going out in public, and attending church. Mental health was the next most mentioned impact of COVID-19. Other impacts mentioned included: exercise, employment, cost of living, and the need to isolate/quarantine.



Next Steps

Additional primary data on the impact of COVID-19 will be collected from priority population focus groups during August-September of 2022 and added to the CHA. The Steering Committee will then determine any shifts in priority issues and invite community partners to examine and update the current improvement plans to continue the action cycle.

Attachment 1

Health Equity

Black Hawk County Health Department
2022



Education

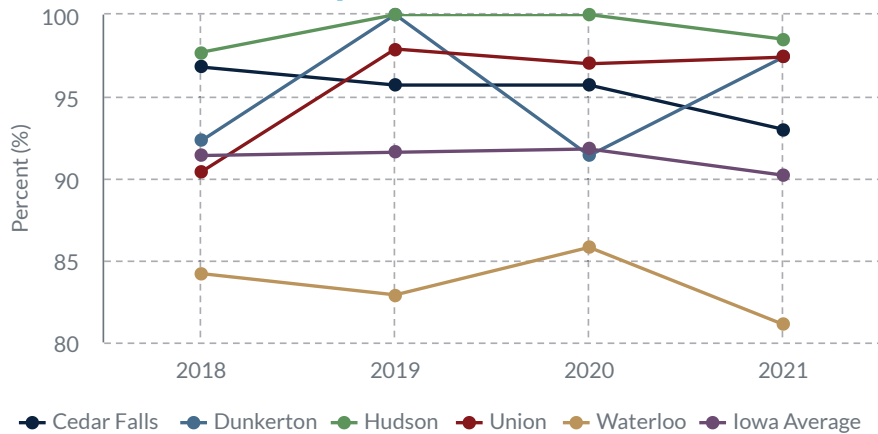
In 2020, Waterloo schools had an average graduation rate of **85.8%**, compared to 80.3% in 2015.

Other Black Hawk County school districts' graduation rates ranged from **91.4-100.0%** in 2020.

Between 2018-2021, Waterloo schools had lower graduation rates than other Black Hawk County schools.

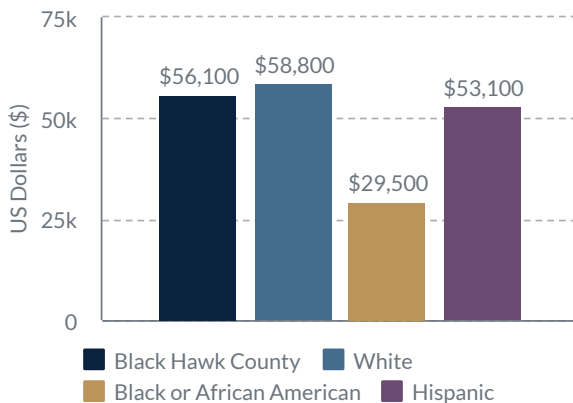
In 2021, Waterloo, Cedar Falls, and Hudson schools all saw a decrease in graduation rates.

Black Hawk County Graduation Rates by School District

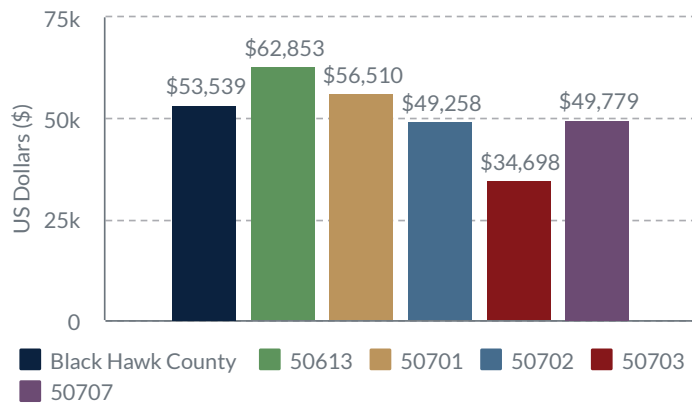


Poverty

Median Household Income by Race and Ethnicity, 2020

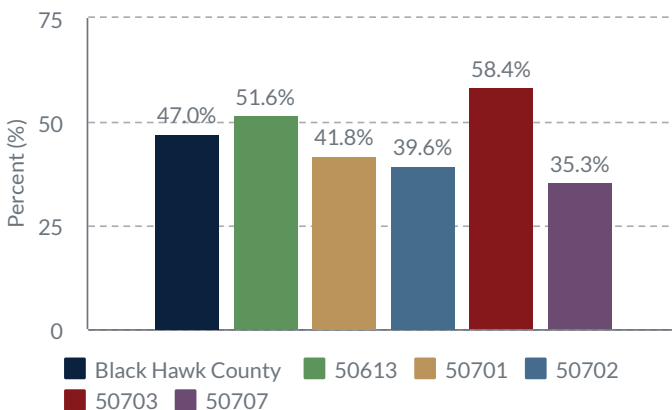


Median Household Income by ZIP Code, 2015-2019



Rent Burden

Percent of Households Experiencing Rent Burden by ZIP Code, 2015-2019



From 2015-2019, the average poverty rate for Black Hawk County was **15.8%**. Disparities were identified among ZIP codes, race, and ethnicity.

In 2019, the **median household income for Black or African American individuals** was almost **half** the rate for White individuals. The median household income for Hispanic individuals was also lower than the rate for White individuals.

The **Waterloo 50703** ZIP code had a median household income that was about **two thirds** the median household income of the county.

Rent burden is when 30% or more of household income is spent on rent.

The Waterloo 50703 ZIP code had the highest percentage of households paying 30% or more of their income for rent.

Sources

US Census Bureau

Iowa Department of Education

Mental Health & Trauma

Black Hawk County Health Department
2022



Sources

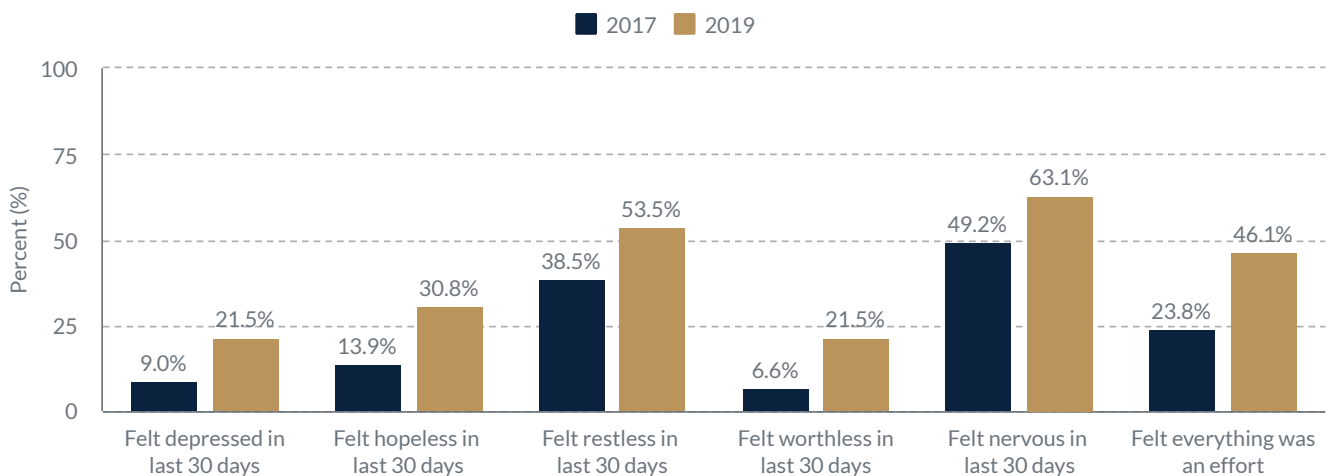
Behavioral Risk Factor Surveillance System
Iowa Hospital Association
Iowa ACEs 360

Behavioral Risk Factor Surveillance System (BRFSS)

Mental wellbeing of Black Hawk County BRFSS respondents worsened from 2017 to 2019.

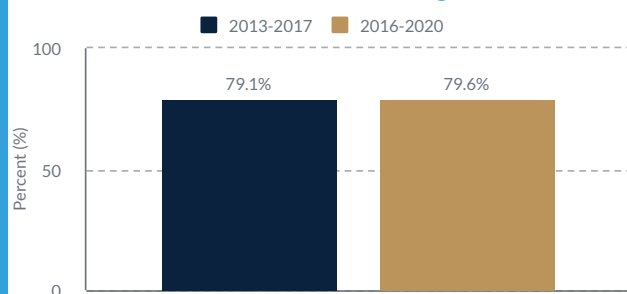
The average number of days mental health was not good in the last 30 days increased from **2.4 days** in 2016 to **4.4 days** in 2020.

Mental Wellbeing in Last 30 Days



Inpatient Admissions with Primary Mental Health Diagnoses

Admissions Seen Through the ER



A primary diagnosis is the condition that caused the patient to visit a healthcare provider.

79.6% of Black Hawk County residents that were admitted to a hospital with a primary mental health diagnosis were seen through the ER. There was a slight increase from the 5-year data over 2013-2017 compared to the 5-year data over 2016-2020.

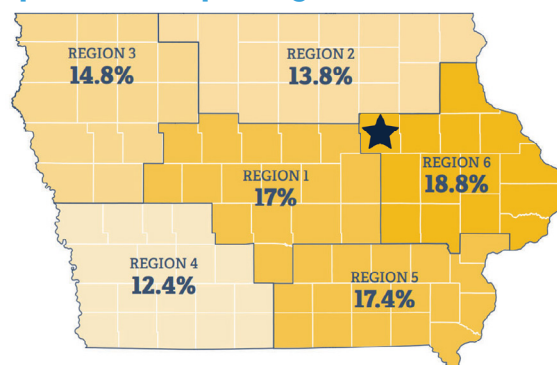
Between the years 2016-2020, a higher proportion of residents from the 50703 ZIP code were diagnosed with a substance use disorder than expected relative to the ZIP code population size.

Adverse Childhood Experiences (ACEs)

ACEs can have lasting, negative effects on health, wellbeing, and life opportunities such as education and job potential. These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems, involvement in sex trafficking, and a wide range of chronic diseases.

Region 6, a 14-county region that includes Black Hawk County (noted with a **star**), had a higher proportion of individuals reporting 4 or more ACEs than all other regions.

Respondents Reporting 4 or More ACEs 2020



Nutrition

Black Hawk County Health Department
2022



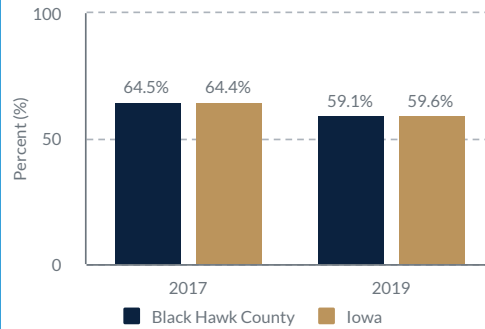
Healthy Food Choices

Eating healthy food is an important way to reduce the risk of health problems later in life.

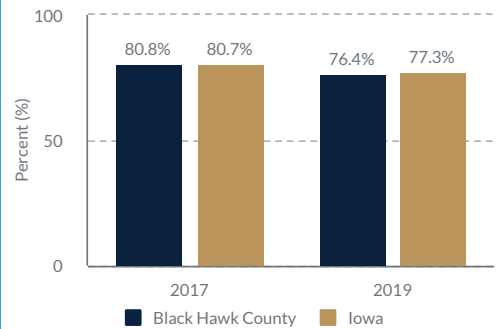
Adults should consume 1.5–2 cups of fruit and 2–3 cups of vegetables a day.

From 2017 to 2019, Black Hawk County residents reported eating fewer fruit and vegetable servings.

People Eating One or More Fruits a Day

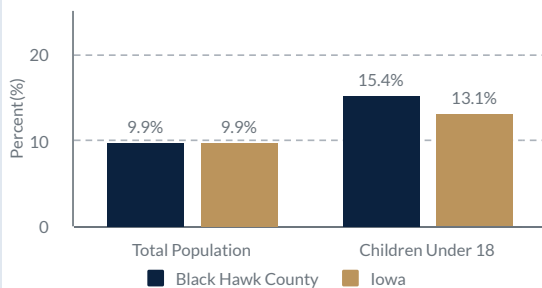


People Eating One or More Vegetables a Day



Food Insecurity

Food Insecurity Rates, 2019



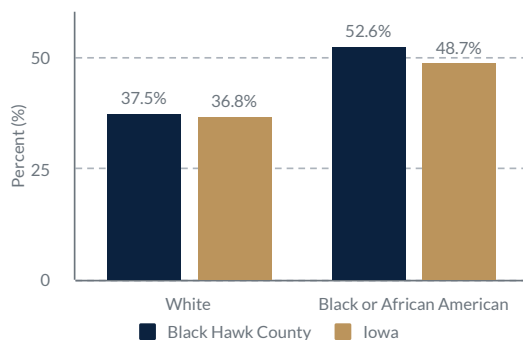
Those who experience food insecurity have reduced access to healthy food. In 2019, **9.9%** of Black Hawk County residents and **15.4%** of Black Hawk County children under 18 were food insecure.

Average Meal Price

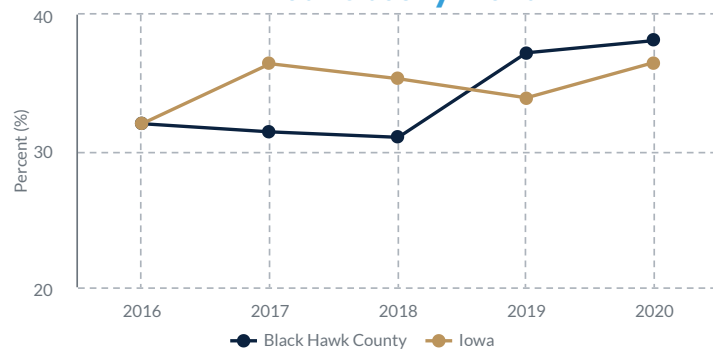
In 2019, the average meal price in Black Hawk County was **\$2.95**, compared to the Iowa average of **\$2.88**.

Obesity

Obesity by Race, 2020



5-Year Obesity Trend



The overall prevalence of obesity has been increasing at the local, state, and national levels.

Iowa ranked 7th in the US in overall self-reported obesity prevalence in 2020, with **36.5%** of people reporting that they are obese.

In 2020, the overall obesity rate for Black Hawk County was **38.1%**, while the rate for White individuals was **37.5%** and the rate for Black or African American individuals was **52.6%**.

Sources

Behavioral Risk Factor Surveillance System

CDC

Feeding America

Emerging Health Issues

Black Hawk County Health Department

2022



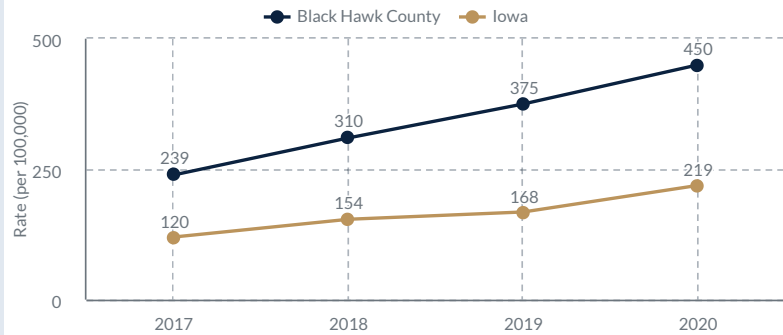
Sexually Transmitted Infections

Rates of sexually transmitted infections are increasing. The gonorrhea rate in Black Hawk County almost doubled from 2017 to 2020.

Chlamydia rates have been steady from 2017 to 2020, but Black Hawk County rates are higher than the Iowa average. In 2020 Black Hawk County's rate per 100,000 was **767** compared to **478** for Iowa.

Syphilis rates increased statewide from 2018 to 2020. The Black Hawk County rate per 100,000 doubled from **11** in 2018 to **22** in 2020.

Gonorrhea Rates per 100,000



Other Increasing Trends

Asthma

Hospitalizations due to asthma in 5-14 year-olds are **over three times higher** in Black Hawk County than the state.

Melanoma

The age-adjusted incidence rate increased from **26.8** to **48.6** per 100,000. (2012-2016 to 2014-2018)

Child Poverty

has increased **43.5%** since 2000.

Nitrates

Private wells testing positive for nitrates increased from **9.8%** to **20.3%** from 2019 to 2020.

Healthcare Costs

Between 2016 and 2020, the percent of people who couldn't see a doctor because of cost increased from **4.8%** to **7.3%**.

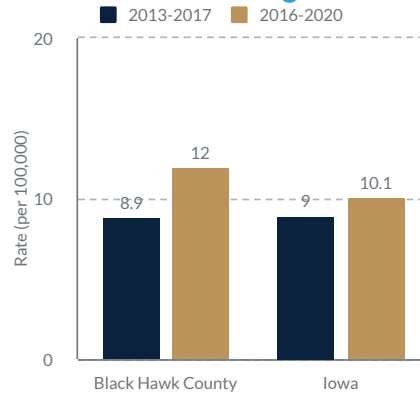
Mortality

The 5-year poisoning and firearm mortality rates have increased nationwide.

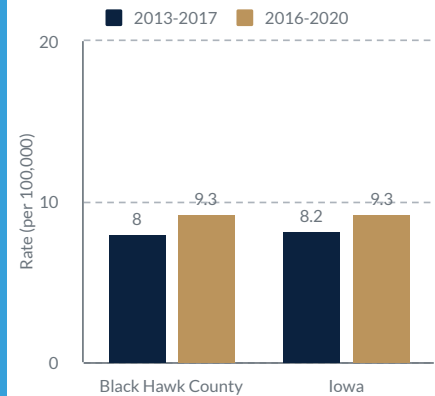
Recent poisoning issues include: suicide, substance use, and accidental exposure to fentanyl.

In 2020, **54%** of all gun-related deaths in the U.S. were suicides, while **43%** were murders.

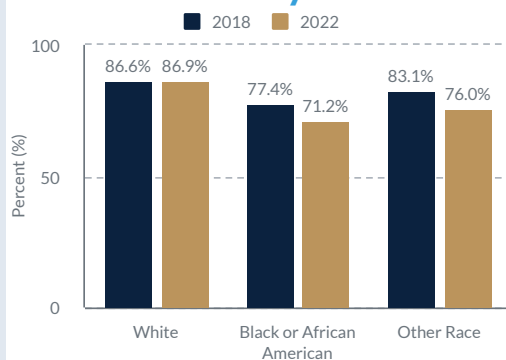
Age-Adjusted Mortality Rates - Poisoning



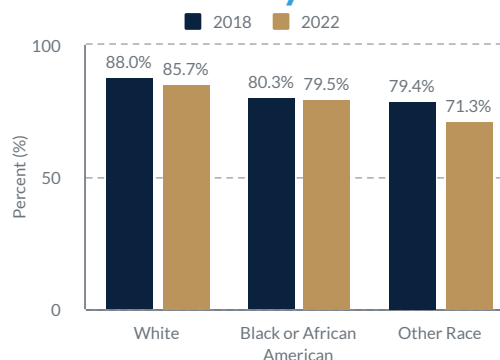
Age-Adjusted Mortality Rates - Firearms



2-Year Old Immunization Rates by Race



Adolescent Immunization Rates by Race



Sources

Census Bureau

Behavioral Risk Factor Surveillance System

Iowa Department of Public Health

CDC

Attachment 2



Community Health Assessment 2022

Survey responses must be received by Black Hawk County Health Department, 1107 Independence Ave, Waterloo, IA 50703 by June 13

1. Have you reviewed the recently published fact sheets regarding health problems within our community?

Mark only one oval.

Yes

No

2. Based on either your review of the fact sheets or your own personal thoughts and experiences, what information regarding major issues that affect healthy living within our community is most important to consider?

3. Please rank the previously identified priority issues in order of importance to you, with 1 being the most important, and 4 being the least important.

Mark only one oval per row.

	1	2	3	4
Healthy Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health and Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other/Emerging Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Are there specific issues you considered when ranking Other/Emerging Issues? If so, please explain.

5. What was the one biggest impact of the COVID-19 pandemic on your ability to live a healthy life?

6. The COVID-19 pandemic:

Check all that apply.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Caused significant barriers in my ability to live a healthy life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changed my perspective on which health issues should be a priority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How has the COVID-19 pandemic changed the importance of the following issues for you?

*Health equity is achieved when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Health disparities or inequities are types of unfair health differences closely linked with social, economic or environmental disadvantages that adversely affect groups of people. (CDC)

Check all that apply.

	Much Less Important	Less Important	Same Importance	More Important	Much More Important
*Health Equity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health and Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Inactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain bellow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If you selected Other, please explain.

9. Please select your race/ethnicity.

Check all that apply.

- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Asian
- Black or African American
- White or Caucasian
- Hispanic or Latino
- Other: _____

10. Please select your gender.

Mark only one oval.

- Male
- Female
- Non-Binary
- Transgender Male to Female
- Transgender Female to Male
- Other: _____

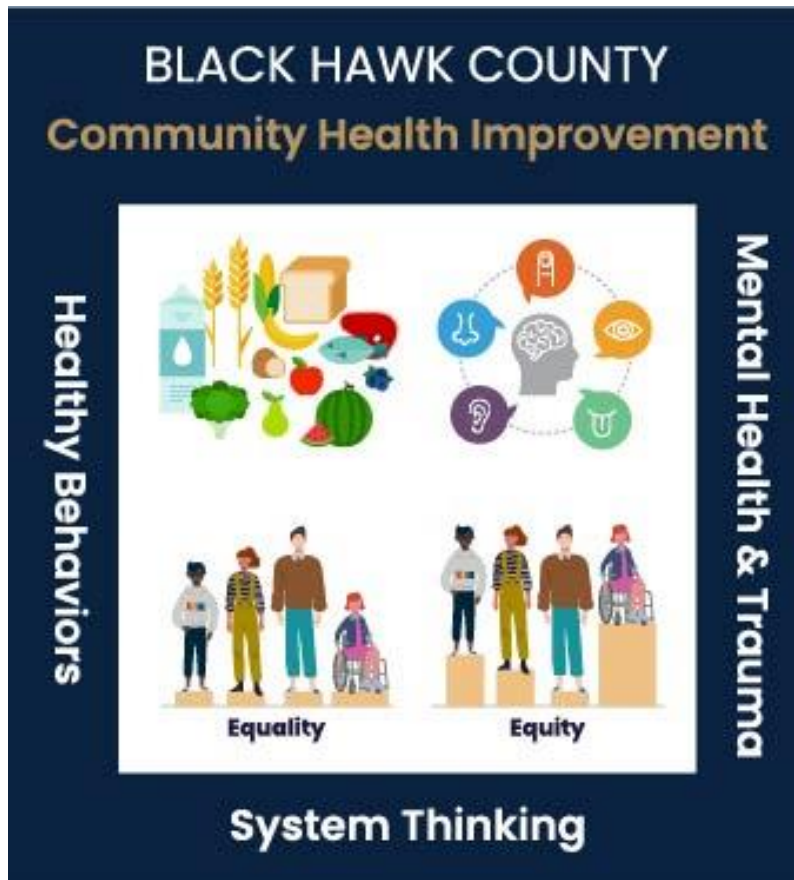
11. Please select your age range.

Mark only one oval.

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 and over

12. What is your ZIP code?

Attachment 3



Black Hawk County, Iowa Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP) Summary

Black Hawk County Board of Health CHA Approval April 29, 2020
Black Hawk County Board of Health CHIP Approval October 28, 2020

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Executive Summary

This document is a summary of the Black Hawk County community's current iteration of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) that was conducted using the Mobilizing for Action through Planning and Partnerships (MAPP) evidence-based framework. The CHA phase engaged 1,621 residents and 55 community partners while the development of the priority issues and CHIP phases engaged 41 residents and 37 community partners.

Planning for this phased process began in January of 2019 with the formation of an Extended Core Team that included representatives from the Black Hawk County Health Department, Peoples Community Health Clinic, MercyOne, UnityPoint Health and the Cedar Valley United Way. This team oversaw the implementation of the community-wide CHA and CHIP and will guide the ongoing strategic actions.

Using the MAPP framework, the Black Hawk County Board of Health approved the four MAPP Assessments and adopted three priority issues for strategic action on April 29, 2020. The priority issues are:

Systems Thinking
Mental Health & Trauma
Healthy Behaviors

Task teams were formed for each of the priority issues to study the results of the CHA, understand the issue's alignment with the state and national plans and examine current resources, policies, and actions related to the priority. From these steps, the teams prepared a goal statement, measurable objectives and strategic actions for consideration by the Extended Core Team and Black Hawk County Board of Health. The Board approved the CHIP on October 28, 2020.

Nothing About Us Without Us was an often cited phrase used by participants during the co-creation of strategic actions. This idea - that no action should be decided without the direct participation of members of the group(s) affected by that action – also defines the transformational nature of this community's collaborative plan. Initial steps in the action cycle will focus on seeking alignment and accountability regarding community resources and gaps as well as performing research to develop culturally-specific actions and plans that consider race, ethnicity and geography.

As a health equity strategist for the community, Black Hawk County Health Department encouraged participants in each phase of the MAPP process to focus on deepening the community's understanding of the patterns, systems, and mental models that create inequities in Black Hawk County. Advocating for equity where we play, work, learn and worship will bring the community together as a connected system capable of transformational change.

Finally, it's important to note that the CHIP was formulated in the midst of a pandemic that may have traumatized the community in ways that are not yet fully understood; strategic actions may be adapted to reflect this reality.

Method

The CHA and CHIP are based on the national Mobilizing for Action through Planning and Partnerships (MAPP) model, a community-wide strategic planning process for improving public health, as well as an action-oriented process to help communities prioritize public health issues, identify resources for addressing them, and taking action. MAPP provides a framework, guidance, structure, and best practices for developing healthy communities. This process was implemented in March of 2019 when representatives from the National Association of County & City Health Officials led community stakeholders through a training and visioning process for Black Hawk County. The six phases of the framework and four assessments are shown in Figure 1.

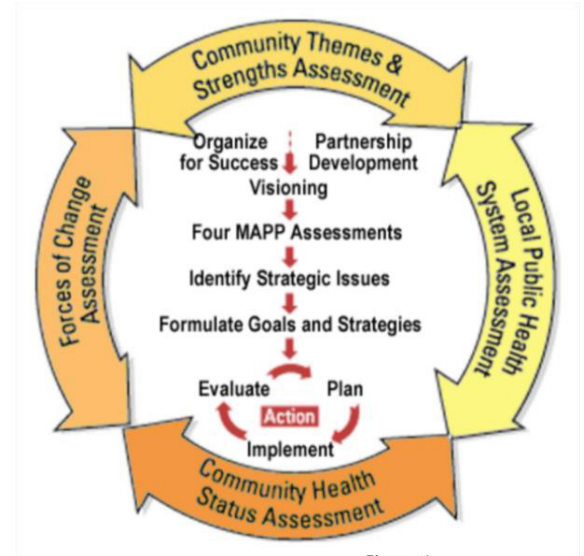


Figure 1

Vision

As part of the March 2019 training, stakeholders received an overview of the MAPP visioning process and participated in guided activities designed to brainstorming important facets of a community-wide vision. Using the elements identified during this workshop, the Extended Core Team adopted a final shared vision statement to guide the work of the CHA and CHIP: *Our community works together so all people have equitable opportunities & resources to lead healthier, more fulfilled lives.*

COMMUNITY HEALTH ASSESSMENT & COMMUNITY HEALTH IMPROVEMENT PLANNING
Our community works together so all people have equitable opportunities & resources to lead healthier, more fulfilled lives.

Community Health Assessment (CHA)



The CHA process was conducted from June 2019 to December 2019 using the MAPP framework and with the involvement of key community partners. The CHA includes data collection and analysis of the four MAPP assessments that measured varying aspects of health for the Black Hawk County community.

Community Health Status Assessment (CHSA)

The CHSA is a quantitative analysis which answers the questions, “How healthy is the community?” and “What does the health status of the community look like?” Results of the CHSA provide an understanding of the community’s health status and ensure that the community’s priorities consider health status issues such as rates of chronic disease and sexually transmitted infections.

Method

This assessment incorporated data from the Iowa Department of Public Health (IDPH), Behavioral Risk Factor Surveillance System (BRFSS), the U.S. Census Bureau, Iowa Secretary of State, County Health Rankings, Iowa Youth Survey, CDC Wonder, Iowa Department of Education, Iowa Department of Transportation, Iowa State University, and the CDC 500 Cities Project. Some data in this report was obtained through a Data Sharing Agreement with IDPH. The data included births, mortalities, BRFSS, and inpatient and outpatient primary diagnosis. Datasets were analyzed by using SPSS, R, and Excel.

Findings

Black Hawk County was rated 61st/99 counties in Iowa for health outcomes according to the Robert Wood Johnson Foundation County Health Rankings, which was lower than the previous year rating of 58th/99. The total population has been decreasing over the past decade, and the racial and ethnic distributions are changing. The proportion of White non-Hispanic is decreasing, while all other racial and ethnic groups are increasing.

The incomes of Black Hawk County residents continue to fall below the federal poverty level, and the county has a higher percentage of individuals below the federal poverty level than the state and national average. Furthermore, the total households using Food Stamps has been increasing. Residents with access to exercise opportunities is greatly increasing. Access to health care providers is also increasing annually.

Black Hawk County has lower 5 year age-adjusted mortality rates for transportation, poison, and fall mortality compared to Iowa. Motor vehicle traffic and all transportation mortality is much lower than the Iowa average.

Suicide rates for adults are higher in Black Hawk County than the state average. Since 2012, Iowa students that had a suicide plan within the last year increased by 53% and Black Hawk County has increased by 25.4%.

Compared to Iowa, Black Hawk County has a higher incidence rate for female breast cancer at all ages. The asthma hospitalization rate and emergency department visits for children under the age of 5 is much higher than the Iowa average. Chronic obstructive pulmonary disease (COPD) hospitalization rates and emergency department visits for all age groups are higher than the state average. Black Hawk County has been consistently ranked one of the highest counties in the nation for sexually transmitted infection (STI) rates. These rates are much higher than the state average for the most common STIs (chlamydia and gonorrhea).

Data obtained for adverse childhood experiences (ACEs) showed that more children in Black Hawk County live under the poverty level than the state average. There was a higher rate of child abuse/neglect in Black Hawk County than the Iowa average. A higher percentage of children were uninsured than the state average.

Community Themes and Strengths Assessment (CTSA)

The CTSA is a qualitative analysis of perceptions, thoughts, and opinions community members have regarding health and answers the questions, “What is important to the community?”, “How is quality of life perceived in the community?”, and “What assets does the community have that can be used to improve community health?” Black Hawk County completed the CTSA using questionnaires and gathering primary data at community events. Data was collected from summer 2019 to fall 2019, with analysis ending in the winter of 2019. The focus of this assessment was to understand the community perceptions over health topics, health behaviors, environmental factors, mental health, and preparedness. This information gathered from the community assisted in identifying the most important health issues in Black Hawk County.

Method

The CTSA was completed in two parts. First, a Community Health Survey was developed by the Extended Core Team to understand what factors were important in being healthy, personal health habits, and demographic questions. This survey, comprised of 41 questions, was administered in multiple ways. An online version using Survey Monkey was distributed through social media accounts and organizational websites. Paper versions of the survey were distributed through select community churches in order to obtain additional responses from under-represented community members. The last method used was in-person interviews conducted by EMBARC staff. EMBARC is a grassroots, community-based, non-profit organization founded by refugees and for refugees. Using these three methods, a total of 1621 survey responses were recorded.

The second stage of the CTSA was the use of a sticker board to identify the perceptions of a healthy community. The sticker board was used at six community events during the summer and fall of 2019. The sticker board displayed the question “What makes a community healthy?” at the top, and offered several options for the participants to choose from along with the ability to add new factors. The stickers were tallied at the end of the event and recorded.

Findings

The top answers for the combined sticker board responses were school readiness and educational attainment, availability and utilization of quality mental health care, and adequate, affordable, and safe housing. Analysis of the three events with the lowest attendance showed that school readiness and educational attainment, community safety and security, and adequate, affordable, and safe housing were the top answers.

According to the Community Health Survey, the top factors for a healthy community were access to health care, jobs and healthy economy, and access to nutritional

foods. Participants indicated that the top health problems in the community were obesity (57.1%), mental illness (54.6%), and diabetes (37.7%). Of the community members that took the survey, 97.4% were insured and 98.2% of the children were insured. Participants were also asked about their mental health and why they were not receiving help if they needed it. Individuals that did not receive help for their mental health issues did not do so because they felt ashamed talking about personal issues, it was too expensive, or they had unsuccessful past encounters. The top environmental threats in the community were unsafe housing (32%), radon exposure (19.4%), and outdoor air quality (17.8%).

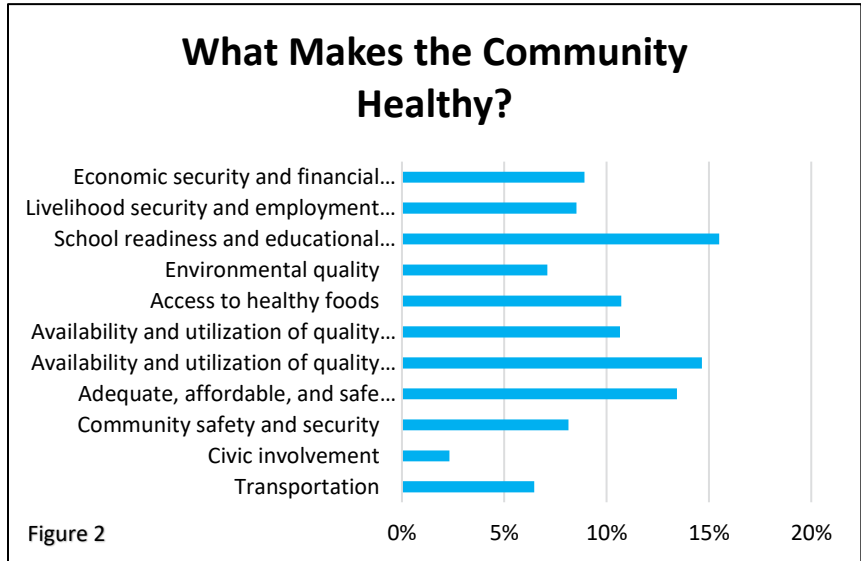


Figure 2

Figure 2 indicates the combined results from sticker boards used at six community events and Figure 3 show the top factors needed for a healthy community according to the Community Health Survey.



Figure 3
Top Factors Needed for a Healthy Community

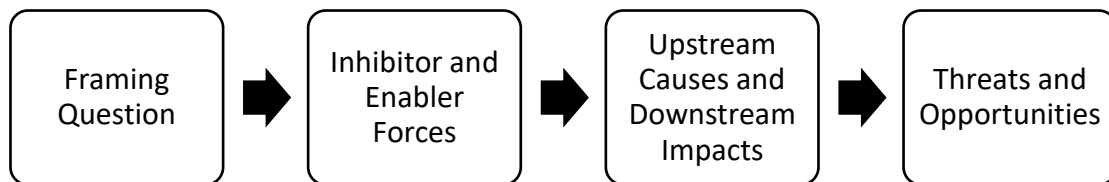
Forces of Change Assessment (FOCA)

The FOCA identifies forces, opportunities, and threats that can affect, either now or in the future, the community and local public health system and answers the questions, “What is occurring or might occur that affects the health of the community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

Black Hawk County completed the FOCA as part of a systems mapping workshop held on June 27, 2019. The workshop was led and facilitated by consultants from Engaging Inquiry, and was attended by 47 community partners. The focus of the workshop was the development of a systems map on health inequities in the community and, it aligned closely with the MAPP process for completing the FOCA. The assessment focuses on what forces or events are occurring or have occurred in the community, and the threats and opportunities those forces pose on the community and local public health system. Forces could be trends in the community observed over time, discrete elements of the community, or one-time events that impacted the community. The forces can be either positive or negative impacts on the community. The assessment is conducted in two steps, first the participants are asked framing questions to identify forces, and then participants discuss the threats and opportunities each force identified poses to the community.

Method

Participants in the workshop were posed the framing question “What accounts for the current level of equity experienced by our communities?” and asked to brainstorm three negative forces and three positive forces. Like-forces were then categorized together into enablers and inhibitors, and participants voted on what the most significant forces were in the community. The top nine inhibitors and top four enablers were used in the second phase of the workshop, where the upstream causes and downstream impacts of the forces were brainstormed. Following the workshop, the causes and impacts were reviewed for common themes. Themes identified from inhibitors were classified as threats, and the themes identified from enablers were classified as opportunities.



Findings

The analysis following the workshop identified six threats and two opportunities posed by forces in the community. The forces, threats and opportunities are summarized in Figure 4 below. The difference in the number of threats and opportunities identified is likely due to the number of enabler and inhibitor forces used in the second phase of the workshop. Since fewer enabler forces had causes and impacts identified there were not as many to review for commonalities, and thus resulted in fewer opportunities being identified. There are likely additional opportunities that went unidentified by the method of analysis used.

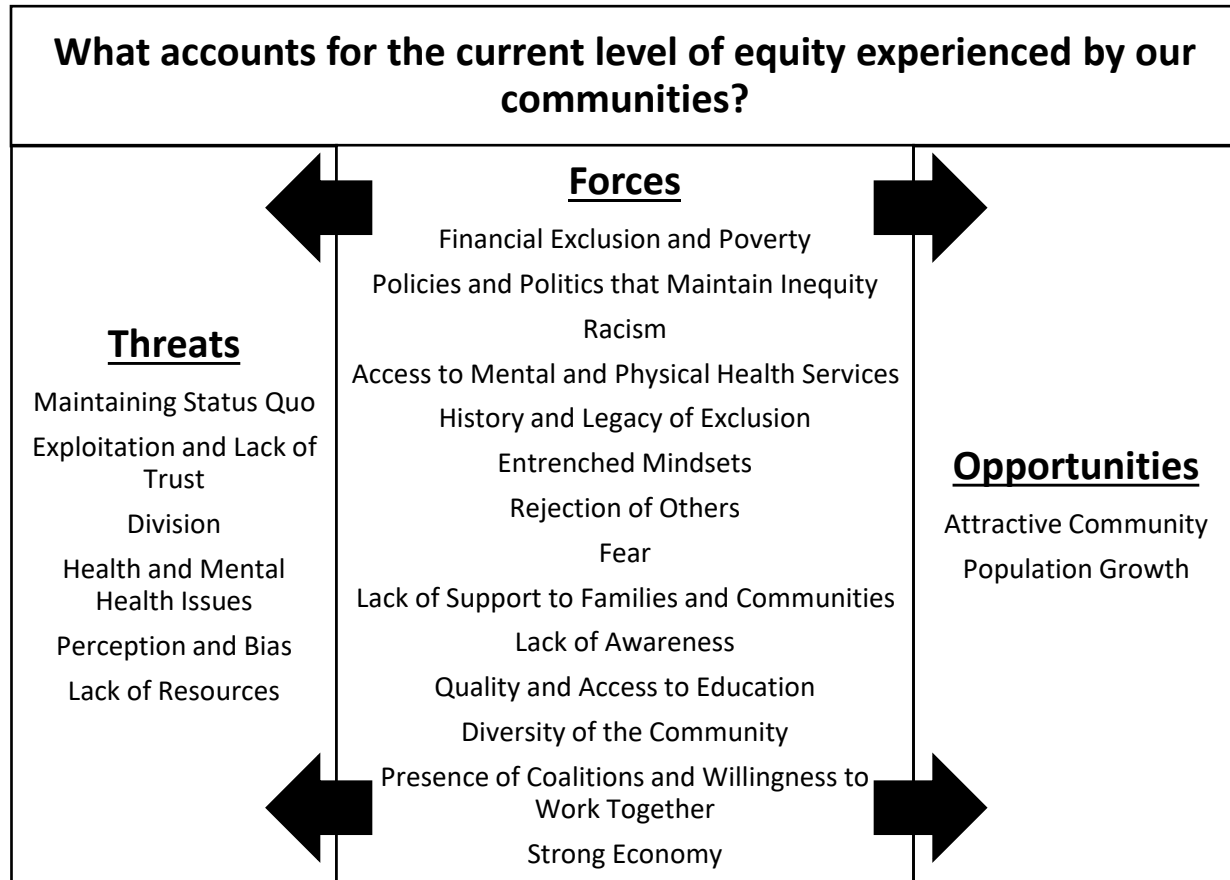


Figure 4: Identified Forces, Threats, and Opportunities

Local Public Health System Assessment (LPHSA)

The LPHSA assesses how organizations within the system are doing in addressing the ten essential public health services and answers “What are the activities, competencies, and capacities of the local public health system?” and “How are the ten essential public health services being provided in the community?”

Black Hawk County completed the LPHSA between November 2019 and January 2020. The assessment used the National Public Health Performance Standards *Local Public Health System Assessment Instrument* and focused on the organizations that play a role in the delivery of public health services within the county; the limited number of participants was an identified gap for this assessment. The ten Essential Public Health Services provide the framework for the assessment by describing the public health activities that should be undertaken in all local communities. The performance measures related to each Essential Service describe an optimal level of performance and capacity to which all public health systems should reach.

Method

During phase 1, each model standard was evaluated by a targeted group of Black Hawk County Health Department staff through a series of three meetings. The meetings included an introduction to each model standard, a facilitated discussion, and performance measure voting. The strengths, weaknesses, and short/long-term improvement opportunities for each model standard were also documented.

The assessment team prepared a summary analysis from the initial phase of the LPHSA for review and discussion with the Extended Core Team. Through a facilitated discussion, this group performed the following functions for the LPHSA:

- Reviewed the process used during phase 1 and the overall performance for each of the ten Essential Public Health Services.
- Discussed the strengths, weakness and improvement opportunities for each of the ten Essential Public Health Services.
- Ranked the ten Essential Public Health Services in terms of importance and improvements needed.

The data obtained through both phases of the LPHSA was synthesized to determine a ranking and level of LPHS activity for each of the ten Essential Public Health Services along with calculating a priority rating for the 30 model standards. A summary of qualitative comments related to each model standard was also prepared.

Findings

Based on the level of activity for each measure, the local public health system's strongest performance is in the following essential services:

- **Enforcement** of laws and regulations that protect health and ensure safety.
- **Diagnose** and **investigate** community health problems and hazards.
- **Research** for new insights and innovative solutions to health problems.

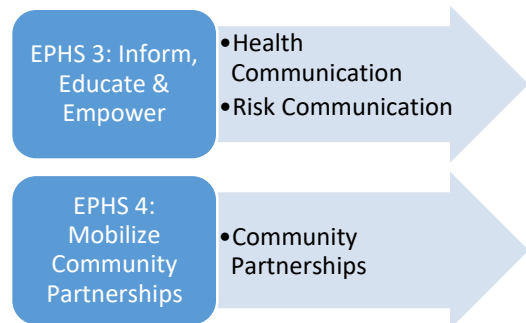
When the Extended Core Team considered both the priority of and performance level for each essential service, the following essential services were rated highest in terms of the need for improvement in the level of activity:

- **Inform** and **educate** and **empower** people about health issues.
- **Mobilize** community partnerships to identify and solve problems.
- **Link** people to needed personal health care services and assure the provision of healthcare when otherwise unavailable (tied with) **diagnose** and **investigate** community health problems and hazards.

Based on the ranking of priority essential services by the Extended Core Team and the measures of performance for each activity, the following model standards ranked highest in terms of having the potential for additional levels of activity by the public health system:

Health and Risk Communication

LPHS partners report that individual organizations distribute health information in a variety of ways but the lack of collaborative planning is a challenge and varies by the facet of public health. Many of the LPHS organizations have a trained spokesperson for public health but there is little forward planning for collaboration to take place during public health emergency response situations. While response partners participate in the regional preparedness partnership, there is not an active health preparedness planning coalition to address risk communication along with carrying out other preparedness planning activities. Another challenge with risk communication is identifying and reaching access and functional needs populations within the community.



Community Partnerships

Participants identified a number of single-issue partnerships and community coalitions but noted that a broad-based community health improvement committee has not been formalized. Although there is openness to coming together, a broad-based partnership would need to be defined and common goals identified.

CHA data by social determinant of health are included as Attachment 1. Full results from each assessment are available from the Black Hawk County Health Department's website.

Prioritization

Community Stakeholders

Following the completion of the four MAPP assessments, community stakeholders were invited to a workshop on February 18, 2020 where the preliminary results were shared. 55 community partners attended the workshop. The results were categorized by the social determinants of health including: social, behavioral, economics, environmental & disaster preparedness, education, and health. Following the data presentation, attendees engaged in structured small group reflection for a specific determinant of health, large group sharing, and voting on initial priority issues for consideration by the public and the Black Hawk County Board of Health.

Summary of Community Stakeholder Discussion Questions

What is the Data telling us?

- Exercise, sleep, nutrition are key determinants of mental health
- Residents identify physical inactivity as high risk but especially Black/AA population who report low rates of exercise
- Over ¼ of residents get 7 or less hours of sleep
- Concern for DUI is higher among Black/AA population
- Poverty rate is higher than Iowa rate
- Household income is steady
- Graduation gap – difference in perception of what we perceive is important
- Lack of knowledge about disaster preparedness
- Aged data
- Eating the wrong kinds of food
- Cost variance
- Food policy (low fat foods = high calories, sugar, etc.)
- Education for nutrition is needed
- Mental health: access, nutrition, exercise, social connection, healthier environments
- STI: pregnancy down, STIs up – leads to follow-up questions to get at root causes
- Birthweight
- Mental health needs are not being met in the community leading to an increase in violence to meet needs and perception that parents are raising kids right

What are the Root Causes?

- Lack of jobs that pay a living wage
- Lack of mental health funding and treatment centers
- Lack of support
- Staff resources and expertise for data analysis
- Lots of data; missing information
- Lack of knowledge
- Plans are cheap & solutions are expensive
- Poverty
- Policies

Who is Most Impacted?

- Non-whites
- Non-English speaking
- Foreign-born/Immigrants
- Marginalized citizens
- Veterans
- Lower socioeconomic classes
- All community members are impacted by poverty
- Those without access to generational wealth
- Those without access to income sources
- 50% of individuals who are not prepared for disasters
- Those in poverty
- Children
- Those in survival mode

As part of the small group discussion, participants were asked to reach consensus on the initial priority issue for the selected social determinant of health. The final task for participants was to vote on the initial priority issues using the criteria listed below:

1. Is this issue something that will affect us now and in the future?
2. Will the issue require us to change the way we function?
3. Are there long-term consequences of not addressing this issue?
4. Does the issue require involvement of more than one organization?
5. Does the issue create tensions in the community?

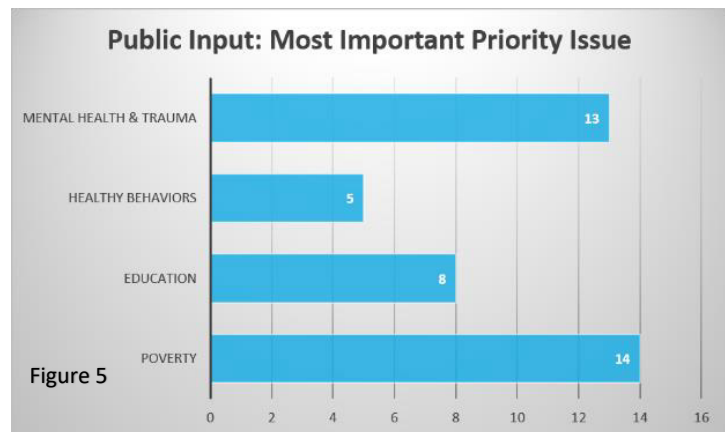
Initial Priority Issue by Determinant of Health	Number of Votes
Empowering people to move from basic (survival) needs to wellness	30
Access to resources to attend school and be successful	20
Knowledge of health behaviors – moving from treatment to wellness	12
Community members informed of how to respond to trauma	9
Lack of knowledge about disaster planning	1
Better information broken down for income	0

MAPP Extended Core Team Review

On March 2, 2020, the Extended Core Team reconvened to review the social determinants of health data, root causes, impacted populations, and initial priority issues as identified by the community stakeholders. As a result of this analysis, the potential priority issues proposed for consideration by the public and the Board of Health were poverty, education, healthy behaviors, and mental health & trauma.

Public Comment

Representatives from the Black Hawk County Health Department, Peoples Community Health Clinic, MercyOne, UnityPoint Health and the Cedar Valley United Way met with members of the local media to introduce the results from the CHA and potential priority issues to the public. Infographics for the social determinants of health were published on the Black Hawk County Health Department’s website and social media platforms as well as released by the media. Individuals were invited to



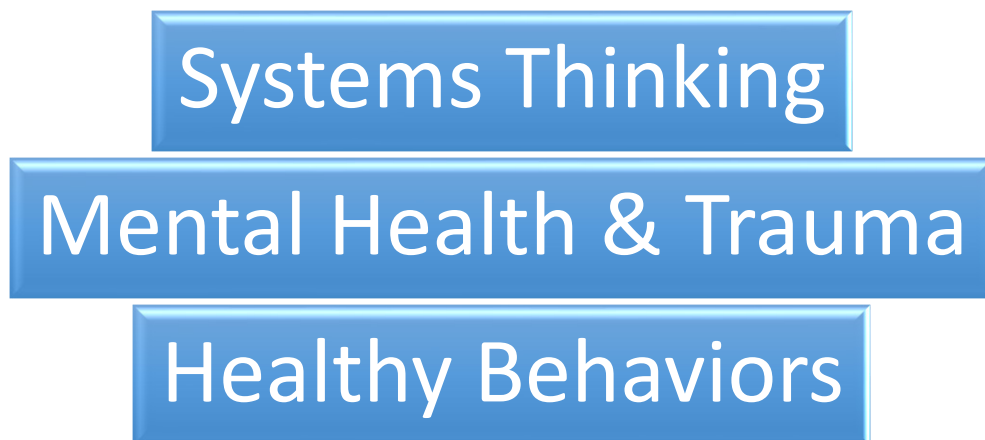
complete a short survey regarding the data and potential priority issues. 41 individuals responded to the survey listing priority areas and additional comments for consideration by the Board of Health; see Figure 5.

Public comments relating to the priority health issues include:

- “I think a lot of risky behaviors stem from mental health issues so if people can address those it will trickle down and help in other areas as well.”
- “Obesity is a symptom of many problems. Trauma, mental health, poverty, lack of access to healthy foods. I would hate to see us focus on obesity as a problem, it is a symptom.”
- “Focus on the education gap between races.”
- “There is trauma regarding racial discrimination.”

Black Hawk County Board of Health

The Black Hawk County Board of Health participated in a work session on April 8, 2020 with staff from the health department. The Board reviewed the CHA, initial priority issues recommended by the community stakeholders and the Extended Core Team as well as feedback from the general public. The Board of Health identified the following priorities for this CHA/CHIP cycle:



Formulate Goals and Strategies

Process

Following Board of Health approval of the priority issues (systems thinking, mental health & trauma and healthy behaviors), the MAPP Extended Core Team planned for the next phase: formulation of goals and strategies. One or more members of the MAPP Extended Core Team volunteered to lead each team with the Black Hawk County Health Department staff designated as facilitators. The team leaders and facilitators invited community partners to participate. The community members received the CHA results and information regarding the Equity Systems Map prior to the initial meeting. The teams met multiple times between July and October 2020 and followed the process outlined as part of the MAPP framework. Due to COVID-19 restrictions and maintaining the highest level of safety for participants, all work was completed virtually.

During the initial meeting for each task team, leaders and facilitators reviewed the MAPP framework, summarized the CHA and priority issue identification process. They also shared how state and national improvement plans align with the priority issue and the impact of the social determinants of health. The initial meeting concluded with a brainstorming session regarding key factors for goal and objective formation, a discussion of current work and resources for the priority issue and how the community's definition of health aligns with the priority issue. Following the meeting, online document folders were set up for team members to add resources, showcase current community initiatives and access task team work.

The information sharing portion of the second meeting focused on the Equity Systems Map and systems practice journey spearheaded by the Black Hawk County Health Department. Facilitated discussions were conducted to identify strategic considerations that could lead to unlocking transformational change while leveraging existing community resources, support and momentum. Following the meeting, team members were asked to provide feedback on goals, objectives, strategies, most important actions, movement in the community and policy changes using the shared online document. Teams co-designed strategic activities and identified necessary resources and supports for equitable transformational change to include identification of gaps and collection of baseline data.

The CHIP Task Teams and Extended Core Team reviewed the CHIP on October 7, 2020. As each team shared their draft, similar themes emerged around the creation of culturally-specific actions and examining data through an equity lens. The discussion also brought to light the importance of considering geography in the development of actions. There was consensus that transformational change will require an investment of planning time for not only community partners but also identifying staff dedicated to carrying out the action. Finally, teams emphasized the importance of involving those in the community impacted by the actions: *Nothing About Us Without Us*.

Community Assets and Resources

The CHA identified existing assets and resources that will be leveraged to address the priority health issues adopted by the Black Hawk County Board of Health. During the systems mapping workshops described in the forces of change assessment, participants were given the framing question of, “What accounts for the current level of equity experienced by our community?” Enabling forces, or assets, prioritized by the stakeholders were:

- Quality and Access to Education
- Diversity of the Community
- Presence of Coalitions & the Willingness to Work Together
- Strong Economy

The assessment also listed the upstream causes and downstream impacts for each of the enabling forces. As part of the February Community Stakeholder meeting, participants were asked to brainstorm initial resources that could or are already influencing change for the priority issues identified by the determinants of health.

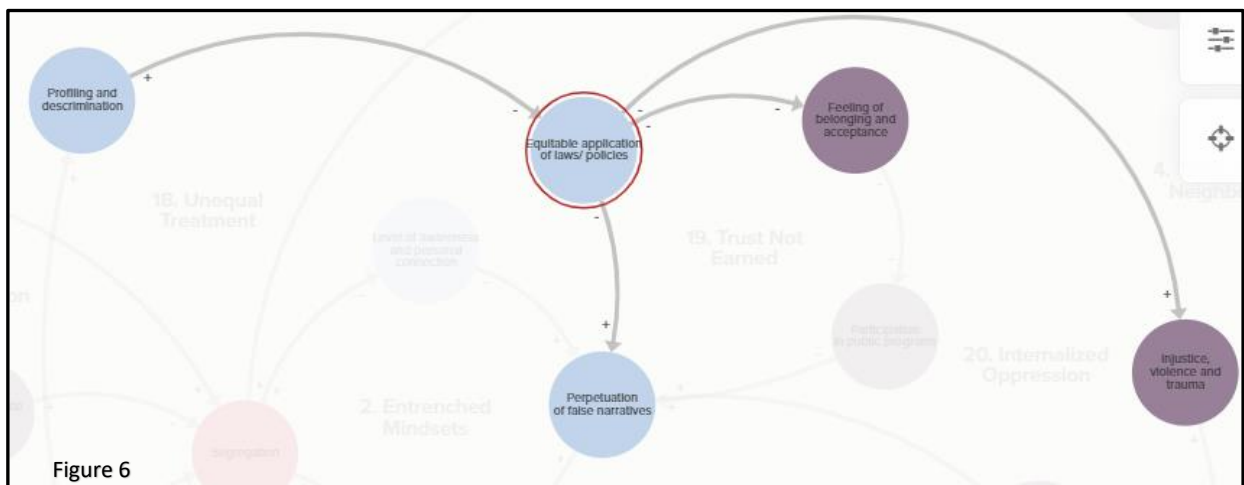
Determinant of Health	Resources
Behavioral	Success Street, Black Hawk County National Alliance on Mental Illness (NAMI), Peoples Community Clinic, community gardens, school wellness initiatives, ACES Coalition, EMBARC, Center for Urban Education, workforce development, ISU Extension
Economics	MAPP framework, community resources for research (interns, professors, student projects)
Education	Health services, food, transportation, safe/affordable housing, well-paying jobs = a living wage, affordable/accessible child care, family support
Environmental Health & Disaster Preparedness	Cities/community development departments, U.S. Department of Health & Urban Development
Health	Schools, parenting program, public health programming, community foundations, recreational opportunities in the Cedar Valley
Social	Black Hawk Grundy Mental Health, Boys & Girls Club, churches, employers, schools, Iowa Workforce Development

The Presence of Coalitions and Willingness to Work Together was identified as an enabling force during the systems mapping inquiry and the CHIP Task Teams affirmed that this is a resource for the community. Task teams also identified that in some instances, coalition work is siloed and duplicative. Community resources were reviewed with the CHIP Task Teams and shared between team members; this included the Community Food Assessment coordinated through the University of Northern Iowa Local Food Program and the resources from the systems mapping inquiry. Community partners convened in 2020 to identify leverage points for strategic interventions. The Equity Systems Map documents opportunities for high leverage engagement including resource areas identified as bright spots and energy for change.

Policies

Teams considered how existing policies impact each of the priority issues and what policy changes are needed to accomplish the health objectives; this information was used in the formation of strategic actions. The Healthy Behaviors Task Team discussed how changing policies related to financial incentives for purchasing fruits and vegetables could give increased access to fresh seasonal produce and the importance of easing zoning restrictions on community gardens/farmer’s markets to decrease geographic barriers to fresh produce. A more detailed study of these policies is part of the strategic actions for the priority issue of healthy eating. The Mental Health & Trauma Task Team considered how changing national or state policies to mandate routine mental health check-ups could reduce stigma and potentially decrease the cost of obtaining non-emergency mental health care.

The Equity Systems Map, used to inform the work of each task team, identifies *Equitable Application of Laws/Policies* as a factor related to current system inequities in the community. Figure 6 shows a visual representation of the interconnected causal patterns that drive the outcomes seen and experienced by Black Hawk County community members.



Equitable Application of Laws/Policies shows up as part of two causal loops:

Unequal Treatment: High levels of inequity within a population increases fear - whether a fear of safety or being able to meet basic needs, or a fear of maintaining position and advantage. This fear increases the experience of profiling and discrimination - whether by race, religion, sex, age, ability, etc. As discrimination and profiling increases, it becomes more difficult for individuals to be objective in their application of laws and policies. This shows up in many ways across sectors; some examples include not hiring a woman who wears a head scarf because of concern for her safety, neighbors calling the police on black home buyers waiting for a realtor as suspected burglars, job applicants with “black sounding names” not getting an interview despite being highly qualified, bullying of a student after classmates discovered they lived in low-income housing. As laws and policies disproportionately favor certain individuals, false narratives about who is “good” or “deserving” are perpetuated.

Trust Not Earned: Fueled by the universally negative impact of inequity, this fear increases the experience of profiling and discrimination. When people are driven by bias, the likelihood that they will be able to fairly and impartially implement laws and policies is reduced. As individuals and communities experience injustice and hypocrisy from the organizations and people who are in place to support them, their feelings of belonging and acceptance within those spaces is reduced. This lack of connection reduces the value placed on participation in public programs (ex: school, health care, voting, etc.) However, by not participating in these programs, programs that have been unable to demonstrate real impact in their lives, false narratives are able to remain intact, or may be strengthened.

Equitable Application of Laws/Policies was also identified as an area with energy for high leverage engagement. Two of the five leveraging workgroups identified this factor as having a ripple effect in the system, commenting that *changing unequal policies has the ability to make the most change in the system*. Other participants noted the *Ban-the-Box* policy change for the city of Waterloo, adjusting admission standards for higher education institutions, and the Executive Order restoring the voting rights for lowans who completed their felony sentences as other policy bright spots for the community. Policies areas identified where there is energy, but not movement, are primarily related to law enforcement – unequal treatment for nonviolent drug arrests and incarceration rates.

Strategic actions related to policy inequities in the system will continue to be evaluated by the MAPP Extended Core Team during the action phase of the CHIP.

Alignment of Priority Issues

<p>Black Hawk County</p>	<p>Healthy Iowans 2017-2021 https://idph.iowa.gov/Portals/1/userfiles/91/Healthy%20Iowans/2019%20Revisions/Healthy%20Iowans%202017-2021%20SHIP%202019-8.pdf</p>	<p>Healthy People 2030 https://health.gov/healthypeople/objectives-and-data National Prevention Strategy https://www.hhs.gov/sites/default/files/disease-prevention-wellness-report.pdf</p>
<p>Systems Thinking</p>	<p>Continue to promote and support efforts to address social determinants of health. Improve health equity among Iowans in low and moderate-income communities by increasing access to healthy foods.</p>	<p>Social Determinants of Health</p>
<p>Mental Health & Trauma</p>	<p>Prevent suicide deaths. Increase access to behavioral health services across the continuum. Reduce the number of Iowa children reporting risk factors associated with adverse childhood experiences. Build capacity at the local and state levels to recognize and respond to trauma across the lifespan.</p>	<p>Improve mental health through prevention and by ensuring access to appropriate quality mental health services. Provide individuals and families with the support necessary to maintain positive mental well-being. Promote early identification of mental health needs and access to quality services.</p>
<p>Healthy Behaviors</p>	<p>Decrease the percentage of people who are overweight and obese. Decrease the percentage of Iowans who are food insecure. Increase the percent of adults who eat fruits and vegetables.</p>	<p>Promote health and reduce chronic disease risk through the consumption of healthy diets and achievement and maintenance of healthy body weights. Increase access to healthy and affordable foods in communities. Implement organizational and programmatic nutrition standards and policies. Improve nutritional quality of the food supply. Help people recognize and make healthy food and beverage choices.</p>

Equity and Social Determinants of Health

Black Hawk County Health Department encouraged participants in each phase of the MAPP process to focus on deepening our collective understanding of the patterns, systems, and mental models that create inequities and advocating for equity where we play, work, learn and worship. These steps will bring the community together to see itself as a connected system capable of transformational change.

CHA data was categorized by the social determinants of health for the prioritization process completed by community stakeholders, the public and the Board of Health. Community stakeholders engaged in small group reflection for a specific determinant and the initial prioritization vote was organized by the social determinants of health. CHIP strategic actions for equity include performing research to develop culturally-specific actions and plans/data that consider race, ethnicity and geography.

The CHIP Systems Thinking Task Team objective to engage the community to complete a cycle of the systems practice tool is the overarching equity lens application for each of the Board of Health's priority issues. The Equity Systems Map holds the key forces at work that laid the groundwork for finding leverage points and strategic actions. The Deep Structure is at the core of the map. *Divided We Fall* means that when groups of people within a community are separated from each other, uninformed narratives and beliefs about the other persist. This creates an *Us versus Them* mentality which leads to, whether deliberately or unintentionally, the selection of sameness. As a result, the inequality in distribution of opportunity and access to resources increases, undermining the ability of the community as a whole to thrive.

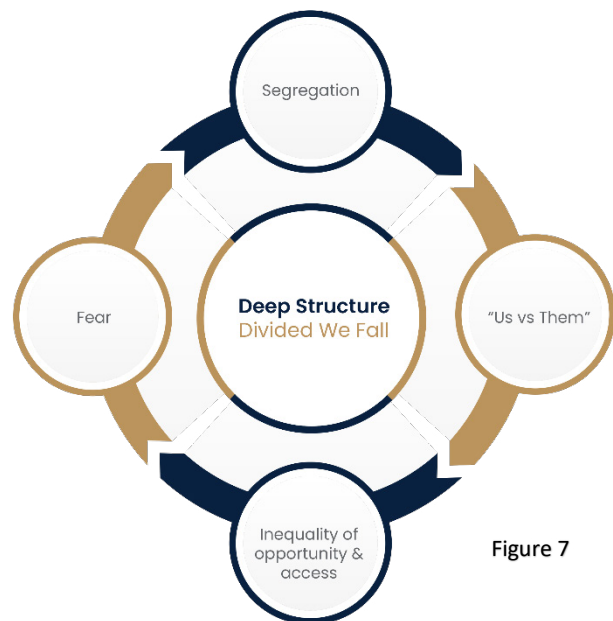


Figure 7

During the leveraging phase of the systems practice, community stakeholders convened to make sense of what is seen and experienced in the Equity Systems Map and locate sources of energy. Participants also identified leverage opportunities to amplify, disrupt, or connect the system to build, strengthen or influence networks. Three initial leverage hypothesis were formed:

Facing Fear TO Reduce Segregation, Profiling & Discrimination

By harnessing media platforms to share an accurate community-voiced narrative and building new opportunities to increase awareness of the problem, the level of fear for those with privilege as well as minoritized groups can be reduced; the fear of losing power or advantage on one hand, and the fear of mistreatment or survival on the other. As the level of fear decreases, there is greater likelihood for meaningful change around levels of segregation, policies that maintain inequity along with profiling and discrimination experiences. This will create ripple effects in the system of increasing personal connections, reducing false narratives and reducing inconsistencies in how laws and policies are implemented.

Passing the Mic TO Build a Sense of Belonging

Redefining the collaborative leadership environment to lift up the power already present in the community and shifting perceptions from separate to intrinsically intertwined will build a sense of belonging. Including diverse perspectives in meaningful, actionable ways will not only increase the sense of belonging but the acceptance experienced across the community. When people and communities move beyond obligatory inclusion to deep belonging, true co-creation towards a more equitable community is possible. This will lead to stronger, more stable social networks, and the reduction of the *Us vs. Them* mentality. Shifting these dynamics will impact the drive to tackle equity issues, participation in public programs, poverty levels and poor health outcomes.

It Takes a Village TO Increase Community Resources & Capacity

Engaging the community to design for needed funding will ignite the *Seeds of Resilience* loop bringing in resources, energy and ideas to build and strengthen a thriving community. When the community possesses the necessary building blocks of health, education, safety and economic security, it will produce increased access to opportunity, a safe environment and improved health. These systemic impacts have the possibility of influencing the level of political disenfranchisement, the exclusion of marginalized communities and their perspectives and the level of fear experienced in the community.

Indicators of leverage and principles of action were also identified for each leveraging hypothesis. The hypothesis will be tested in the community and used to create and adapt strategic actions for the CHIP.

As part of its increasing role as a Health Equity Strategist, the Black Hawk County Health Department invited community stakeholders to an equity workshop to deepen the community’s shared understanding about equity. As part of the presentation, consultants from Human Impact Partners shared about policies, programs, and practices that lead to physical and social separation. This included redlining and exclusionary zoning factors along with new policies such as those that led to an increase of subprime loans and the guest worker program. This workshop built awareness of the historical, systemic, and policies of racial inequity which informed the Equity Systems Map used by each of the CHIP Task Teams.

Learn more and explore the map by visiting:
<https://bhcpk.kumu.io/black-hawk-county>



Scan this code with your camera to visit the map.

Summary of CHIP Development Activities

Phase 4: Identify Priority Issues		
Activity	Date	Participants
Stakeholder Meeting	February 2020	55
Extended Core Review	March 2020	7
Public Comment	March – April 2020	41
Board of Health Work Session & Adoption of Priority Issues	April 2020	All Board of Health members were present
Phase 5: Formulate Goals & Strategies		
Activity	Date	Participants
Extended Core Team Meetings to organize CHIP Task Teams and hear status reports	May – September 2020	Average of 12 participants per 5 meetings
CHIP Task Team Meetings	July – October 2020	Average of 13 participants per 10 meetings
Extended Core & Task Team Combined Meeting	October 2020	27
Board of Health Adoption of CHIP	October 2020	All Board of Health members were present

Community Health Improvement Plan



The CHIP process was conducted from June 2020 to October 2020 using the MAPP framework and with the involvement of key community partners. The CHIP included the formulation of goals, measurable objectives and strategic actions.

SYSTEMS THINKING

Definition	<p>System thinking is a tool that describes complex problems. It gives us the ability to identify patterns and or behaviors, and the underlying structures that drive those events and patterns (Goodman, 1997). Systems thinking practice expands the range of solutions available for solving health inequity and its root causes by broadening our thinking and helping us articulate problems in new ways. At the same time, the principles of systems thinking make us aware that there are no perfect solutions; the choices we make will have an impact on other parts of the system. For example, increased use of pesticides to increase crop productivity can increase the content of hazardous material that are harmful to human health. By anticipating the impact of each trade-off, we can minimize its severity or even use it to our advantage. Considering the impact of our solutions, both positive and negative, through systems thinking enables us to make balanced and informed choices as a community.</p>
Key Data Points	<p>The system mapping inquiry, using qualitative research, investigated how a system contributes to the current level of inequity in our community. The inquiry raised a valid question as to whether our current socio-economic system inevitably is creating or sustaining poverty. The inquiry also helped to identify threats to our society and the opportunities that the system thinking approach would provide to remove or alleviate these threats. The data from this inquiry showed that the current system perpetuates financial exclusion, maintains inequities, and sustains racial inequality, allows for measurable economic disparity leading to poverty.</p> <p>Quality and access to education in Black Hawk County is presented as a positive force of change; however, systemic racism is viewed as a continuing corrosive and widespread problem in our society. History and legacy of exclusion have perpetuated segregation in many of our schools. Schools attended predominantly by people of color are chronically underfunded and understaffed, and there is a noticeable graduation gap between students of color and their white counterparts. In general, the data shows that educational experiences for minority students have continued to be substantially separate and unequal. Systems thinking can serve not only as a problem-solving framework but also as a restructuring tool for creating a more equitable educational system.</p> <p>The CHA showed that environmental health is one of the major problems in our society, largely affecting people of color. For example, 74% of respondents from refugee and immigrant households said unsafe housing is the biggest threat to their community. Additional concerns that were mentioned included low access to grocery stores, and 47% of the surveyed individuals reported they were not prepared for disaster. There is consensus among stakeholders and the Board of Health that addressing these environmental health issues requires application of system thinking, mainly because it incorporates understanding the interplay of the policy environment, racial justice, and public health in developing a solution.</p>

<p>Priority Identification</p>	<p>Community stakeholders highlighted the importance of addressing the root causes for the potential priority issues. In addition, stakeholders recognized the complexity of these issues and that a deliberate focus will need to be given to health equity as well as the upstream issues of systems and policy change.</p> <p>The Board of Health advocates that the local public health system continues to engage in systems thinking practices to see the underlying complex patterns of poverty, education, and the built environment. In addition, the goals, objectives, and strategies that are developed as part of the CHIP should seek to leverage the system for the highest health impact for the Black Hawk County community.</p>
<p>Goal</p>	<p>Create a community where everyone has equitable opportunities and resources to lead healthier and more fulfilling lives by building a systems practice culture.</p>
<p>Objective</p>	<ol style="list-style-type: none"> 1. By 2023, engage the community to complete a cycle of the systems practice* tool centered around the framing question: <i>What accounts for the current level of equity in our community?</i> 2. By 2023, 80% of respondents to a community partner survey will indicate that they have an increased knowledge of inequities in Black Hawk County as a result of the systems practice work facilitated by the Black Hawk County Health Department.
<p>Strategies</p>	<ol style="list-style-type: none"> 1. Use the Equity Systems Map as a tool to deepen the community’s understanding of the patterns, systems, and mental models that create inequities in Black Hawk County. 2. Continue to explore the most promising opportunities for engaging the system in ways that could help push it toward greater health. 3. Design and implement transformational strategies that maximize opportunities for sustainable social change. 4. Continually sense and learn from the system and adapt actions accordingly.

*Systems practice tool as developed by the Omidyar Group and Engaging Inquiry.

MENTAL HEALTH & TRAUMA	
Definition	<p>According to the World Health Organization (WHO), mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. It is more than just the absence of mental illness and can be influenced by the culture that defines it.</p> <p>Trauma can be defined as a psychological, emotional response to an event or an experience that is deeply distressing or disturbing. Because events are viewed subjectively, this broad definition of a trauma is more of a guideline as everyone processes a traumatic event differently because we face them through the lens of prior experiences in our lives.</p>
Key Data Points	<p>Mental health was one of the top three perceived health problems noted in the Community Health Survey. This information, coupled with the data on the prevalence of depression, increased feelings of hopeless or sadness and the number of 11th graders reporting they made a plan for suicide highlights areas of concern. Adverse childhood experiences, or ACEs, are linked to chronic health problems, mental illness and substance misuse in adulthood and 12.9% of Black Hawk County residents reported experiences 4 or more ACEs while 56% of adult Iowans reported at least one ACE.</p>
Priority Identification	<p>The impacts of trauma on mental and physical health, access to mental health services, reducing the stigma associated with receiving treatment, and the need for all community members to be aware and informed of mental health and trauma sensitive practices were all voiced by community stakeholders. These discussions led to the concurrence of the potential priority issues of “empowering people to move from basic (survival) needs to wellness” and “community members informed of how to respond to trauma.” The Board of Health concurred that mental health & trauma is a priority issue for inclusion in the CHIP.</p>
Goal	<p>Increase understanding, access and utilization of mental health services through trauma-informed culturally specific care.</p>
Objectives	<ol style="list-style-type: none"> 1. By 2023, decrease the percent of respondents that indicated they could benefit from mental health services, even though they did not receive them, as measured by the Community Health Survey from 44.4% of respondents to 30%. 2. By 2023, decrease the percent of cases with a mental health diagnosis that present to the hospital Emergency Department by increasing the availability of other mental health services. (Note: baseline data will be collected during 2021.)

Strategies	<p>1. Increase Understanding</p> <ul style="list-style-type: none"> a. Increase the number of providers and agencies who are trained in trauma-informed care and self-report the use of culturally specific practices. b. Collaborate with community partners on cultural and language-specific strategies to reduce the stigma associated with seeking mental health services and increase the perception that seeking mental health services is positive and health enhancing. c. Increase community awareness and education of trauma and responding to mental health issues through non-traditional entry points. Build on collaborative initiatives underway to build a trauma-sensitive community.
	<p>2. Increase Access</p> <ul style="list-style-type: none"> a. Expand the role and access to community health workers and expand services in schools. b. Conduct a qualitative research study to better understand barriers to mental health services such as transportation, insurance, childcare, stigma, culture, distrust of institutions and/or timely access. c. Increase timely access to non-emergency room crisis mental health services.

HEALTHY BEHAVIORS	
Definition	Health behaviors are actions taken by individuals that affect health or mortality. These actions may be intentional or unintentional and can promote or detract from the health of the individual or others. Healthy behaviors are activities undertaken by individuals and/or community for the purpose of preventing (primary prevention) and detecting health problems (secondary prevention), maintaining or enhancing personal and community health (tertiary prevention), and improving quality of life. Health behaviors are associated with a multitude of health and well-being outcomes at the individual and population levels.
Key Data Points	The CHA data supports the inclusion of Healthy Behaviors as a priority issue for the Black Hawk County community based on specific health indicators and community perceptions. Data gathered during the CHA include rates related to obesity, exercise, fruit/vegetable consumption, alcohol abuse, and hours of sleep. Community members also report that they consider physical inactivity as the top risky behavior in the community and that obesity is one of the top three perceived health problems for the community along with mental health and diabetes.
Priority Identification	The promotion of healthy behaviors is traditionally identified as a priority issue for local public health systems and this was validated in Black Hawk County. At a deeper level, stakeholders recognized that using a determinants of health approach allows the focus to be on social organization and the myriad of institutions, structures, inequalities, and ideologies that form the foundation of observed variations in health behaviors. The Board of Health concurred that healthy behaviors is a priority issue for inclusion in the CHIP.
Goal	Increase equitable access to healthy food & beverages to improve the health of Black Hawk County community members.
Objectives	<ol style="list-style-type: none"> 1. By 2023, increase the dollar amount of Double Up Food Bucks spent in Black Hawk County from \$8708 in 2019 to \$13,000. 2. By 2023, increase the percent of adults who report eating at least one fruit, dark green vegetable and orange-colored vegetable daily by 10% from 50.2%, 15.1% and 9.5% respectively as reported on the BRFSS. Changes will be reported by race, ethnicity, income and geography as available. 3. By 2023, decrease the daily intake of sugar sweetened beverages (SSB) by adults who reported a daily intake of one or more SSB by 10% as reported on the BRFSS in 2016. (Note: Black Hawk County data for 2016 will be available during 2021; Iowa BRFSS 2016 baseline data = 29.2%.)

Strategies	<p>1. Coalition Building & Gap Analysis</p> <ul style="list-style-type: none"> a. Identify an ongoing healthy food access coalition or organization to document existing programs and resources for healthy food and beverages. b. Determine additional gaps in policies and programs related to equitable healthy food and beverage access. The gap analysis should have a health equity focus such as identifying culturally-specific gaps in programming and reach related to food production, preparation, and preservation for environmental health.
	<p>2. Increase Access for Existing Gaps</p> <ul style="list-style-type: none"> a. Increase the number of locations that have at least one automatic water bottle filling stations available to the public or placed in targeted locations such as schools. b. Reduce local food deserts along with equitably increasing healthy food and beverage options in existing locations.
	<p>3. Increase Education for Existing Gaps</p> <ul style="list-style-type: none"> a. Provide consistent messaging, with a focus of long-term benefits, regarding consumption of healthy food and beverages throughout the community. b. Provide education regarding water quality testing along with nitrate and lead rates. c. Implement and support race, ethnicity and geographic specific integrative education for healthy eating and beverages to include community health workers and health coaches.

Next Steps

The first step in the action phase will be for the Extended Core Team to review a preliminary action plan for 2021. This document will include measurable and time-framed targets. The team recognizes that the initial steps for the action cycle will focus on understanding the work and gaps in the community as well as performing research to develop culturally-specific actions and data that considers race, ethnicity and geography. The Black Hawk County Health Department will also share the results from the leveraging phase of the systems practice in order to facilitate ongoing impactful engagement throughout the community.

The MAPP Extended Core Team will monitor action plan progress and issue progress reports annually. This team, in consultation with community partners, may also make recommendations to the Board of Health for CHIP revisions as we continue to learn and adapt over time.

Acknowledgements

The Community Health Improvement Plan reflects the contributions of many of the participating groups and individuals, but it does not necessarily reflect the position of any particular organization or individual. In addition to the individuals listed below, other coalitions, boards, and subject matter experts provided input on plan development activities. The following individuals and organizations have dedicated their time and expertise to the identification of strategic issues and development of the CHIP.

MAPP CORE TEAM

*The Core Team designs and plans the CHA-
CHP process according to the MAPP
framework.*

Dr. Nafissa Cisse Egbuonye	Black Hawk County Health Department
Joshua Pikora	Black Hawk County Health Department
Aaron Reinke	Black Hawk County Health Department
Lisa Sesterhenn	Black Hawk County Health Department
Halkeno Tura	Black Hawk County Health Department

MAPP EXTENDED CORE TEAM

The Extended Core Team guides and oversees all phases of the MAPP process.

Sheila Baird	Cedar Valley United Way
Dr. Dale Cyphert	Cedar Valley United Way, University of Northern Iowa (UNI)
Dr. Ruselle Debonis (CHIP)	UnityPoint Health, Allen College
Amy Hetheron	MercyOne Northeast Iowa
Dr. Lisa Hooper	Center for Educational Transformation - UNI
Jim Kelly	Cedar Valley United Way, UNI
Christine Kemp	Peoples Community Health Clinic
Beth Knipp	Black Hawk County Gaming Association
Dr. Chris Larimer	Cedar Valley United Way, UNI
Samantha Meier	Cedar Valley United Way
Moriah Morgan	EMBARC
Debbie Roth	Cedar Valley United Way
Jim Waterbury (CHA)	UnityPoint Health
Dr. Jeremy Whitaker (CHIP)	UnityPoint Health, Allen College

CHIP TASK TEAMS

The Task Teams were identified and invited to participate in Phase 5, “Formulate Goal and Strategies” of the MAPP framework.

SYSTEMS THINKING		
Dr. Nafissa Cisse Egbuonye	Black Hawk County Health Department	Leader
Jared Parmater	Black Hawk County Health Department	Facilitator
Lisa Sesterhenn	Black Hawk County Health Department	Facilitator
Kingsley Botchway	Waterloo Community School District	Member
Joy Briscoe	Waterloo Community School District	Member
Abraham Funchess	City of Waterloo Commission on Human Rights, Jubilee UMC Freedom Center	Member
Will Frost	Grow Cedar Valley	Member
Dr. Lisa Hooper	Center for Educational Transformation, UNI	Member
Sandy Kahler	UnityPoint Women’s Clinic	Member
Codie Leesman	Iowa Northland Regional Council of Governments	Member
Dr. Andrew Morse	UNI	Member
Anna Nalean	Delta Dental	Member
Tom Wickersham	Community Foundation of Northeast Iowa	Member

MENTAL HEALTH & TRAUMA		
Christine Kemp	Peoples Community Health Clinic	Leader
Joshua Pikora	Black Hawk County Health Department	Facilitator
Aaron Reinke	Black Hawk County Health Department	Facilitator
Janelle Darst	Cedar Falls Community School District	Member
Tom Eachus	Black Hawk Grundy Mental Health Center	Member
Dr. Joel Fitzgerald	Waterloo Police Department	Member
Brooke Holahan	House of Hope	Member
Donna Kitrick	Waterloo Community School District	Member
Chris Latta	MercyOne Northeast Iowa	Member
Dr. Jane Lindaman	Waterloo Community School District	Member
Dr. Dana Miller	Central Rivers Area Education Agency	Member
Megan McKenzie	McElroy Trust	Member
Shanlee McNally	McElroy Trust, Waterloo Community School District Board of Education	Member
Jackie Preston	Pathways Behavioral Services	Member
Dr. Matthew Vasquez	UNI	Member
Jill White	Cedar Falls Community School District	Member

HEALTHY BEHAVIORS		
Amy Hetherton	MercyOne Northeast Iowa	Co-Leader
Dr. Ruselle DeBonis	UnityPoint Health, Allen College	Co-Leader
Mary Steffensmeier	MercyOne Northeast Iowa	Co-Leader
Dr. Jeremy Whitaker	UnityPoint Health, Allen College	Co-Leader
Kim Howard	Black Hawk County Health Department	Facilitator
Dr. Halkeno Tura	Black Hawk County Health Department	Facilitator
Janet Buls	Northeast Iowa Area Agency on Aging	Member
Dr. Disa Cornish	UNI	Member
Dr. Diane Depken	UNI	Member
Jodie Huegerich	UNI, Center for Energy and Environmental Education	Member
Cathy Ketton	Splash of Color	Member
Amanda Kirchhoff	Operation Threshold	Member
Shelli Panicucci	Schoitz Foundation	Member
Barb Prather	Northeast Iowa Food Bank	Member
Tiffany Tononi	Schoitz Foundation	Member
Angie Widner	Family YMCA of Black Hawk County	Member

Attachment 1: CHA Data by Social Determinants of Health

Behavioral

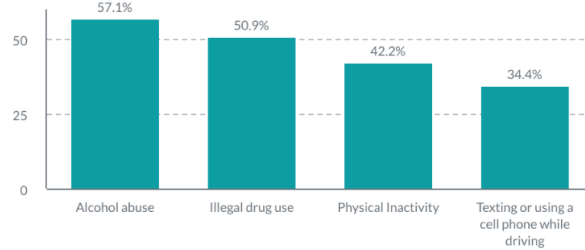
Black Hawk County Health Department

Community Health Survey

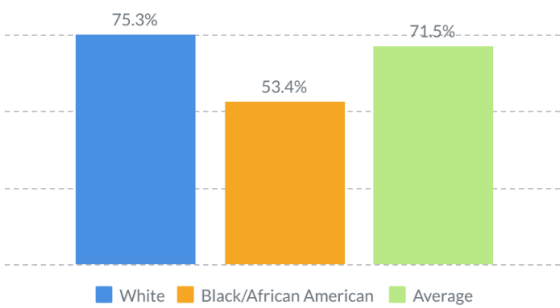
Riskiest behaviors identified were alcohol abuse, illegal drug use, and physical inactivity

Three behaviors listed as top factors that positively and negatively affect mental health: exercise, sleeping habits, and diet

Top Risky Behaviors of Adults



Exercised in Past 30 Days



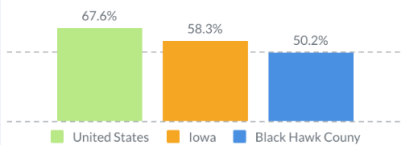
Iowa's adults that meet the daily vegetable intake recommendation

7.0%

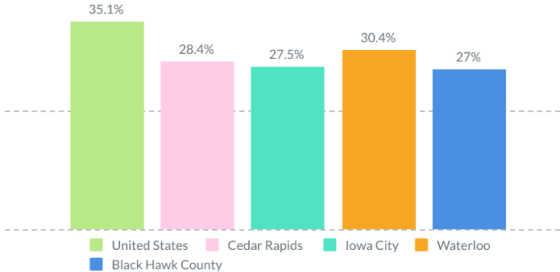
Iowa's adults that meet the daily fruit intake recommendation

10.7%

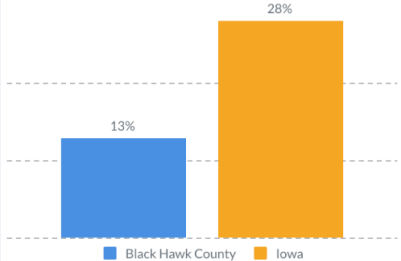
Eat at Least 1 Fruit a Day



Adults Reporting <7 Hours of Sleep a Night



Alcohol Impaired Driving Deaths



Excessive drinking prevalence in Black Hawk County was 22% (2016)

Students reporting binge drinking in Black Hawk County has decreased from 8.2% to 3.8% (2012-2018)

Total motor vehicle crashes in Black Hawk County related to drugs or alcohol was 4.3% (2017)

Alcohol impaired driving deaths was 13% for Black Hawk County compared to 28% for the Iowa average (2013-2017)

Source

Community Health Survey

Behavioral Risk Factor Surveillance System

Iowa Youth Survey

Iowa Department of Transportation

Economics

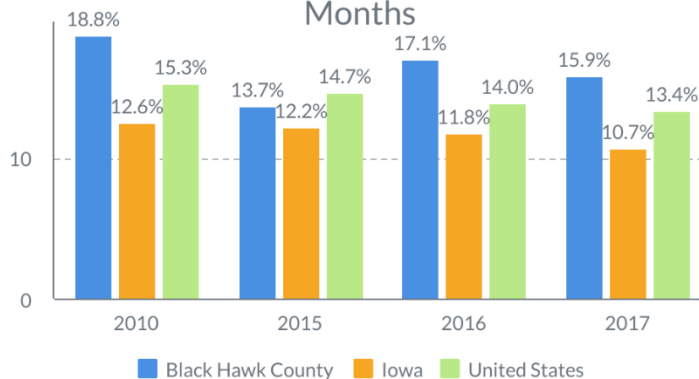
Black Hawk County Health Department

Black Hawk County has a higher population below the federal poverty level than the Iowa and U.S. average

In Black Hawk County, 14.9% of Whites, 25.6% of Two or More races, and 27.5% of Black/African Americans were below the Federal Poverty Level in the last 12 months (2017)

16.5% of children in Black Hawk County were living below the Federal Poverty Level compared to 12.6% of the Iowa average (2017)

Population Below Poverty Level in Last 12 Months



Food Insecurity in Black Hawk County

Percent of total households receiving Food Stamps/SNAP (2017)

14.2%

Percent of children eligible for free or reduced price lunch (2017)

50.0%

Percent of food insecurity for Black Hawk County population (2014-2016)

14.3%

Number of emergency food pantries in Black Hawk County

18

Number of Meals given through Kids Café

75,499

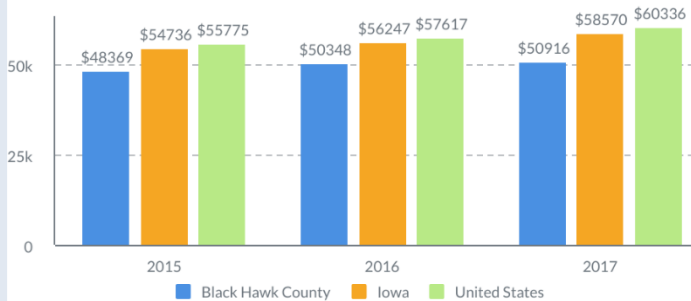
Income in Black Hawk County

Black Hawk County had a lower median household income than the Iowa and United States average

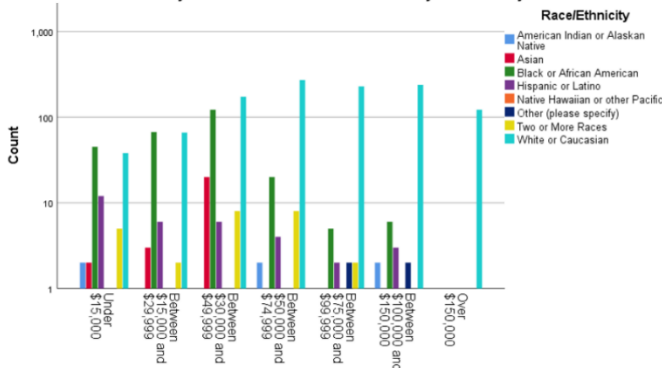
According to the Community Health Survey, self-reported family gross annual income before taxes differed by race and ethnicity

Unemployment rate in Black Hawk County was 5.3% (2017)

Median Household Income



Family's Gross Annual Income Before Taxes by Race/Ethnicity



Source

Census Bureau
 Behavioral Risk Factor Surveillance System
 Child and Family Policy Center
 Community Health Survey

Education

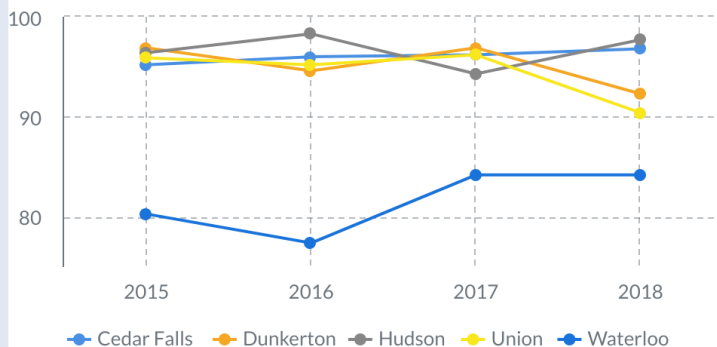
Black Hawk County Health Department

Graduation Rate

Average graduation rate or Black Hawk County is 92.3% (2018)

Graduation rates range from 84.2% to 97.7% for Black Hawk County school districts (2018)

Overall Graduation Rates for Black Hawk County Schools



Overall Graduation Rates for Cedar Falls and Waterloo Combined

Black/ African American

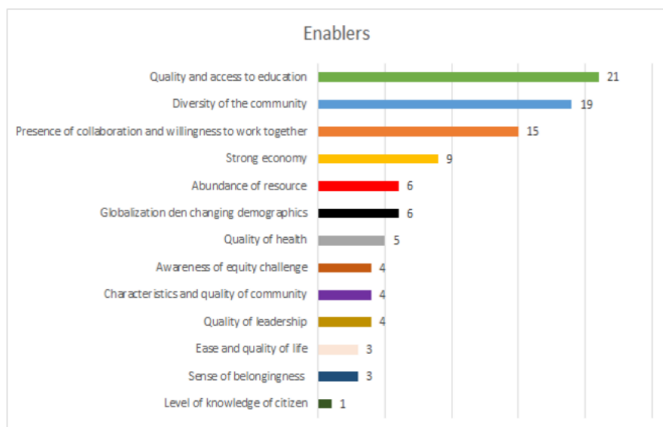
83.5%

Hispanic

88.8%

White

90.2%



Based on a survey conducted in 2019 at 6 events, "school readiness and educational attainment" was reported as the top factor that makes a community healthy

Survey locations included Juneteenth, Waterloo Urban Farmers Market, Peoples Clinic Tent Event, North End Fest, Cedar Valley Pridefest, and Veteran's Stand Down

A workshop with community leaders was held on June 27th, 2019 to understand what accounts for the current level of equity experienced by our community

"Quality and access to education" was reported as the most positive enabling force for the community

Source

Community Themes and Strengths Assessment

Forces of Change Assessment

Iowa Department of Education

Environmental Health and Disaster Preparedness

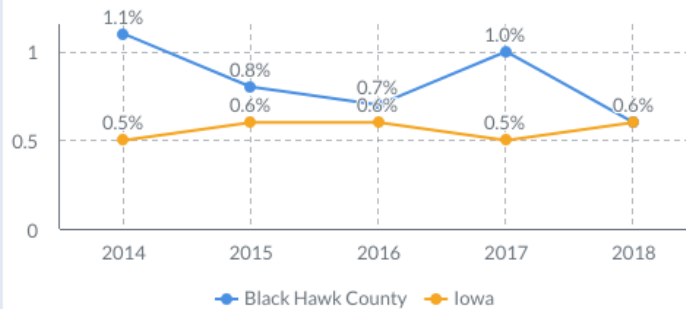
Black Hawk County Health Department

Blood Lead Levels

Black Hawk County children under 6 years testing positive for elevated Blood Lead Levels decreased from 1.1% in 2014 to 0.6% in 2018

Homes built before 1949 and children in families with income below the federal poverty level is associated with lead risk

Positive Test Results for Elevated Blood Lead Levels in Children Under 6 Years



Environmental Indicators

Unsafe Housing

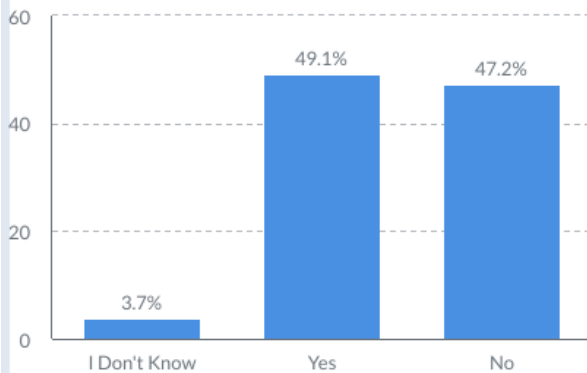
Unsafe housing was reported as the top concern for environmental threats

Food Deserts

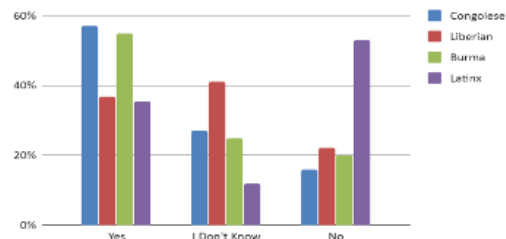
Approximately 1 in 3 census tracts in Black Hawk County are reported as having low income and low access to a grocery store

Disaster Preparedness

Individuals and Families Prepared for a Disaster



Are you and your family prepared for a disaster?



Over 50% of the respondents to the Community Health Survey reported that they were not prepared or did not know enough about preparedness

A large portion of immigrant participants reported they did not know if they were prepared for a disaster

Source

Community Health Survey

Iowa Department of Public Health

United States Department of Agriculture

Health

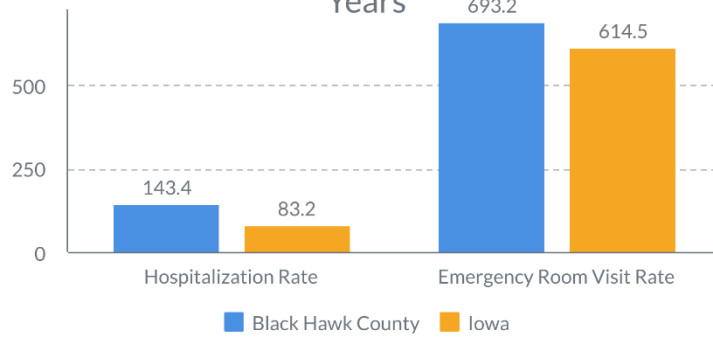
Black Hawk County Health Department

Asthma

Children under age 5 made up 29.4% of the asthma inpatient visits and 8.9% of the outpatient visits

75% of the inpatient visits and 50.1% of the outpatient visits for asthma of all ages were initially seen in the emergency room

Asthma Rates per 100k for Children Under 5 Years



Access to Healthcare: Community Health Survey

Mental Healthcare

6.6% of people reported they struggle with mental health issues and are not receiving help

Uninsured

3/4 of the people that reported they were uninsured were Black/African American

Costs

Between 20.4% - 26.9% of people reported they can not access mental service, insurance, and healthcare due to income

Childcare

19.7% of people reported they do not have access to childcare due to income

Low Birthweight

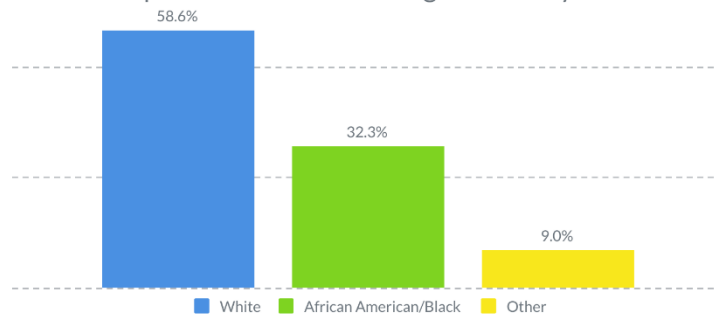
7.7% of births in Black Hawk County were low birthweight births in 2018

Low birthweight rates were different between races

White = 325/100,000

Black/African American = 1,534/100,000

Proportion of Low Birthweight Births by Race



** Low birthweight proportion is not the same as low birthweight rates

Sexually Transmitted Infections (STI)

Iowa was ranked comparatively low in STI rates as compared to other U.S. states with a rate of 467/100,000

Black Hawk County was ranked one of the highest amongst U.S. counties

In 2018, Black Hawk County had a rate of 757/100,000 (Iowa = 467/100,000) for chlamydia and 310/100,000 (Iowa = 154/100,000) for gonorrhea

Source

Iowa Department of Public Health

Community Health Survey

Center for Disease Control and Prevention

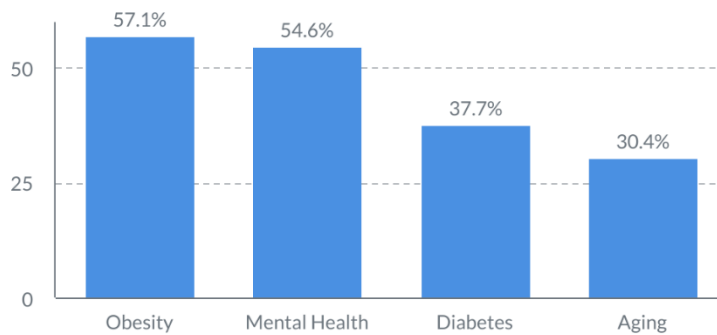
Health

Black Hawk County Health Department

40.6% of the respondents to the community health survey reported their community is less healthy, and 59.4% reported their community maintained health or is healthier

The top perceived community health problems were reported as obesity, mental health, and diabetes

Perceived Community Health Problems



Mental Health

Adverse Childhood Experiences

56% of Iowans reported at least 1 ACE and 14.5% reported 4 or more ACEs

12.9% of Black Hawk County residents reported experiencing 4 or more ACEs

Feelings of Hopelessness

22% of students in Black Hawk County had feelings of sadness or hopelessness in 2018

40% of females and 25% of males in 11th grade reported feelings of sadness or hopelessness

Depression

18% of Black Hawk County residents reported they had a depressive disorder

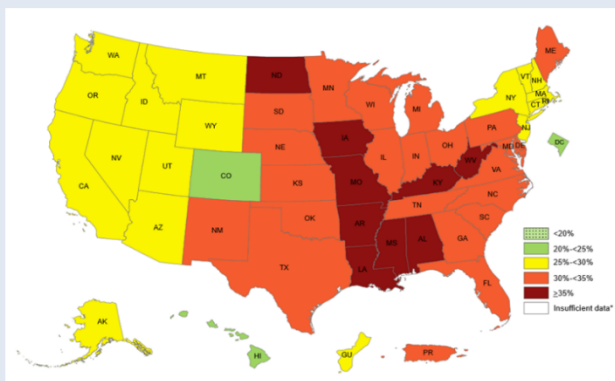
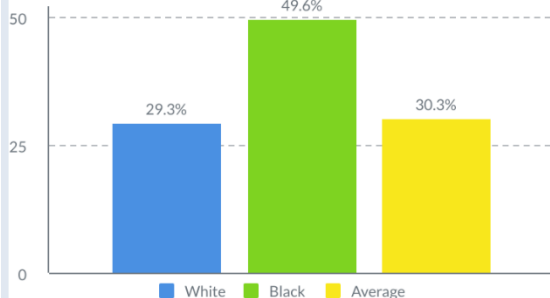
Depression prevalence ranged from 17.4% for Whites and 22.9% for Black/African American

Requested Public Health service

The most requested public health service was help with access to mental health care

Obesity

Black Hawk County BRFSS Participants Categorized as Obese



Iowa was ranked one of the highest states for prevalence of self-reported obesity in 2018

Obesity prevalence in Iowa in 2018 was 35.3%

The average obesity prevalence for Black Hawk County from 2011 to 2018 was 30.3%

The average obesity prevalence in Black Hawk County ranged from 29.3% to 49.6% depending on the racial group

Source

Behavioral Risk Factor Surveillance System (BRFSS)

Community Health Survey

Iowa Youth Survey

ACEs 360

Social

Black Hawk County Health Department

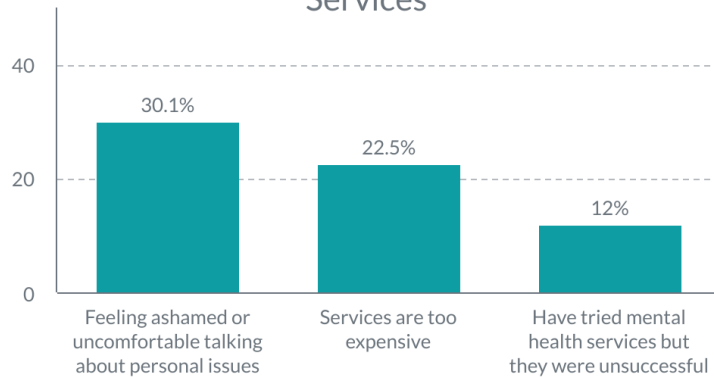
Community Health Survey

30.1% of the participants reported they feel ashamed or uncomfortable talking about personal issues

58.3% of participants are using personal relationships for support for their childhood trauma

35.2% of the respondents reported parenting skills as the top health concern for children's health

Top Barriers for Accessing Mental Health Services



Sources of Support for Childhood Trauma

Service Provider

41.7%

Family Members

20.8%

Friends

16.7%

Spouse

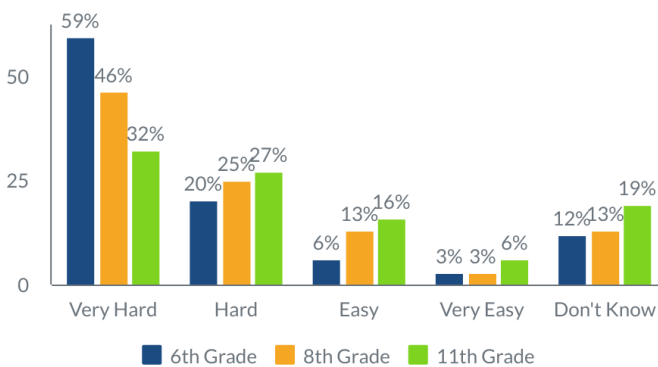
12.5%

Community Leaders

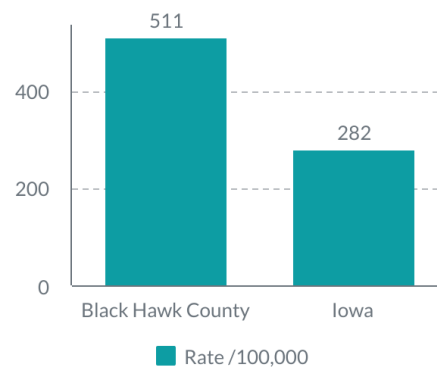
8.3%

Access to Guns and Violent Crime

Difficulty of Obtaining a Handgun



Violent Crime Rate



22% of 11th graders reported that it would be easy or very easy to obtain a handgun in the community (2018)

Violent crime rate in Black Hawk County was 511/100,000 (2014 & 2016 avg)

Source

Community Health Survey

Behavioral Risk Factor Surveillance System

Iowa Youth Survey

