



**MercyOne North Iowa Medical Center
Community Health Needs Assessment
(CHNA)**

**Adopted on June 10, 2020
for FY2021-FY2023**

**A Joint Community
Collaborative CHNA
Steering Team Members:**

North Iowa Area Community Action Organization
Turning Leaf Counseling
North Iowa Children's Alliance
Mason City Youth Task Force
United Way of North Central Iowa
Prairie Ridge Integrated Health Care
Community Health Center
MercyOne North Iowa Medical Center
CG Public Health
Resident of the Community
Wright County Public Health
Palo Alto Public Health
Floyd County Public Health
Kossuth Public Health
Hancock Public Health
Winnebago Public Health

INTRODUCTION

MercyOne North Iowa Medical Center completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on June 10, 2020. MercyOne North Iowa Medical Center performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment took into account a comprehensive review of secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data collection including input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at <https://www.mercyone.org/northiowa/about-us/community-benefit/>, or printed copies are available at MercyOne North Iowa Medical Center, Community Health and Well Being Department, located in McAuley Hall, 1000 4th Street SW, Mason City, Iowa.

Mission Statement

MercyOne North Iowa is a faith-based, not-for-profit community health care system which offers comprehensive health care services for people throughout North Central Iowa. MercyOne North Iowa's care of the underserved and vulnerable is reflected in its mission statement:

MercyOne serves with fidelity to the Gospel as a compassionate, healing ministry of Jesus Christ to transform the health of our communities.

Our Vision:

MercyOne will set the standard for a personalized and radically convenient system of health services. This statement captures not only the heart of the system, but also with our founding principles that the Sisters of Mercy are lived out daily.

Our Values are:

Reverence: We honor the sacredness and dignity of every person

Integrity: We are faithful to who we say we are

Commitment to the Poor: We stand with and serve those who are poor, especially the most vulnerable

Compassion: Solidarity with one another, capacity to enter into another's joy and sorrow;

Excellence: Preeminent performance, becoming the benchmark, putting forth our personal and professional best

Justice: We foster right relationships to promote the common good, including sustainability of the Earth; and ***Stewardship:*** We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Summary of Previous CHNA

The CHNA conducted June 7, 2017, identified 10 significant health needs within the MercyOne North Iowa community. The significant health needs, in order of priority include:

1. Lack of mental health providers/support services
2. Diabetes
3. Cost of health care
4. Obesity
5. Heart disease
6. Healthy food not available
7. Elder care
8. Lack of medical providers
9. Lack of social/emotional support
10. Transportation to health appointments

MercyOne North Iowa focused on improving the following health needs:

Lack of mental health providers/support services

MercyOne North Iowa initiated ground breaking of a new Behavioral Health Unit in the Fall of 2017. With expansion on the horizon, a Psychiatric Triage Nurse role in the Emergency Department was created covering hours M-F 10am-10pm. Later that Fall another expansion was added contracting Telehealth Psychiatric Nurse triage services for nights, weekends and holidays. With the new unit build in full swing, recruitment efforts realized the creation of Psychiatric Technician position and hiring six, and filled four Therapist positions, added one Advanced Registered Nurse Practitioner (ARNP) and added a third Psychologist to staff the new Unit. Of note, open nursing positions were filled except for two. Within the new unit, 24 private adult beds and 10 semi private adolescent beds versus the 29 semi private beds in the old unit. With the private rooms, we will not have to block beds due to no roommate orders. In FY20 fiscal year to date the inpatient Behavioral Health unit had an increase in the number of patients served with 302 more discharges by the end of April than we had in that same period of time in FY18 which means 952 patients were discharged in FY18 compared to 1,255 in FY20 (July-April).

Lack of social/emotional support

With the opening of the Jan Again Community Resource Center, 280 visitors sought and received mental health resources from July 2019 through December 2019. National Alliance on Mental Illness (NAMI) holds their support group on a monthly basis since October 2019. An additional community group has also utilized the public meeting space hosting meetings monthly. In fiscal year 2019, outpatient therapy was averaged 110 visits per month. In FY20, the average increased to 209 visits per month. With the opening and expansion, outpatient testing services increased from 276 in FY2018 to 315 in FY2019.

Written comments were requested on the FY18-FY20 CHNA and Implementation

Strategy from the Community Care Coordination Program Steering Committee and MercyOne website. Feedback received was the process was collaborative, transparent and inclusive valuing perspectives and opinions for those being served in the community.

Executive Summary

MercyOne North Iowa participated in the Cerro Gordo County Health Improvement Partnership. The Cerro Gordo County Health Improvement partnership is comprised of 9 area organizations and residents. The formation of this collaborative officially in 2015 was an informal group of stakeholders for years prior. For this iteration of the community health assessment, the team was determined to fully collaborate, reduce duplication and merge cycles in some instances. The intent and effort of the individuals involved were to collectively examine regional health priorities. In addition to conducting a county-wide community health needs assessment, the collaborative allowed partners to dive deeper into health issues that they were addressing in common and offer cross-collaboration. Health problems and priorities do not change at county lines and working together collectively will broaden partnerships, strengthen resources and ultimately have more opportunity to impact health regionally.

The team expanded to participate in a collaborative approach that identifies community needs, assets, resources, and strategies towards assuring better health and health equity for all north-central Iowa residents. Each member recognized that the collective impact of working together could greatly exceed the work that any one agency could achieve on its own. This collaborative will eliminate duplicative efforts; lead to the creation of an effective, sustainable process; allow rural health departments to collect more robust local data; build stronger relationships among hospitals, public health and other agencies; and, identify opportunities for joint efforts to improve the health and well-being of our communities.

This shared approach to assessing needs helps focus available resources to address the community's most critical health needs. The collaborative comprehensive report, the Community Health Assessment for North Central Iowa, can be found in the appendix.

The following are the prioritized significant health needs that were identified:

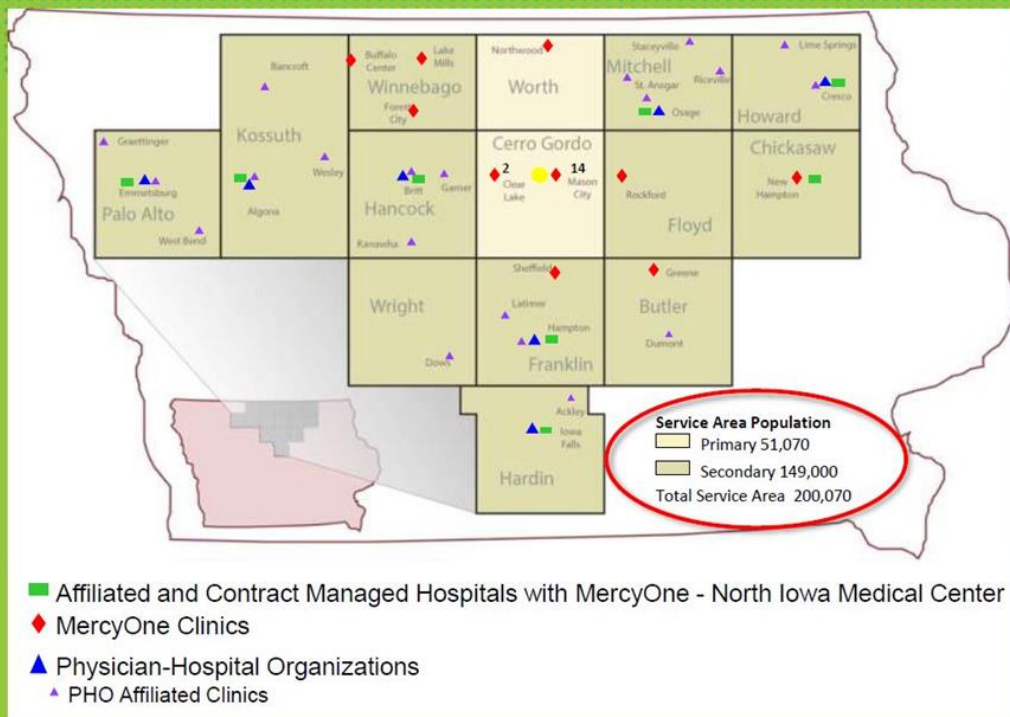
- 1. Access to Care**
- 2. Early Childhood Issues**
- 3. Housing**

Community Description

Geographic Area Served

MercyOne North Iowa's service area is comprised of 14 counties in north central Iowa. The primary service area includes Cerro Gordo and Worth counties and the secondary service area includes Butler, Chickasaw, Floyd, Franklin, Hancock, Hardin, Howard, Kossuth, Mitchell, Palo Alto, Winnebago, and Wright counties.

MercyOne North Iowa Health Network



MERCYONE.

How Population was Identified

MercyOne North Iowa is affiliated with and contract manages eight hospitals within eight counties (all outside Cerro Gordo County) in its service area who provide primary health care services. MercyOne North Iowa maintains clinics in all 14 service-area counties. As a result, it serves as a natural referral center for this entire area while providing primary care services in local communities. This same service area also encompasses the Cerro Gordo County Health Improvement Partnership.

Demographics of Population

The north-central Iowa region that participated in this effort is shown in the map. This region has a population of approximately 200,000 with the largest county Cerro Gordo home to about 42,600 residents and the smallest county, Worth home to about 7,500. The region is nestled in agriculture, family-owned and corporate farms, and most counties are facing natural population decline. There are no metropolitan areas and one micropolitan area (Cerro Gordo & Worth Counties) that draws a regional workforce and those with retail, healthcare and entertainment needs.

Regionally, the area is approximately 96% White alone, 1.8% Black alone and 4.6% Latino (state averages are: 90.7%, 4%, and 6.2% respectively). This area is among the least diverse nationally; however, in Iowa, racial and ethnic minority groups are increasing. Regionally, in each county between the 2000 and 2010 census, racial and ethnic minority groups increased. These groups comprise 2.1% of the population in Butler County (the lowest) to 12.6% in Franklin County (the highest).

Iowa has an older population that is among the highest in the nation. Regionally, individuals ages 65 years and older averages 21.8%. Persons under age 18 average 22.5% regionally; statewide the averages are 17.1% and 23.2% respectively. See appendix breakdown of data as listed in the Community Health Assessment for North Central Iowa. Source: *Data from American Community Survey, Iowa State Data Center, County Health Rankings, Iowa Department of Human Services*

Health Facilities Owned/Operated/Affiliated with MercyOne North Iowa

MercyOne North Iowa offers the following services:

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

Process and Methods Used to Conduct CHNA

Local community needs assessments, strategic plans, and reports from the past three years were reviewed to identify community health needs and to provide context to the quantitative data presented. Additionally, information was sought in a variety of ways to include surveys, focus groups, meetings, and interviews. Key themes that emerged from these assessments of community health are presented in the Community Identified Priorities section of the report.

Information from these data gathering includes common themes; the entire area is changing in population. Most counties are losing residents and the mean age of residents is getting higher. Rural hospitals are especially vulnerable to changes in reimbursement; this has a ripple effect on each community as they are often a large community employer and the only access to healthcare for miles. Specialty services are becoming more concentrated in more populated areas. Retail is closing in smaller communities as well.

The Cerro Gordo County Community Health partnership under the oversight of CG Public Health utilized Master of Public Health master students in the data gathering, ranking and reporting process.

Data Used

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

Description of Parties Collaborated with or Contracted for Assistance

Included were 16 agencies as key collaborators in conducting this CHNA. Many agencies have been long-time partners of MercyOne North Iowa and all have a history of working together to address health issues in North Iowa. Many of these agencies serve multiple counties in roughly the same service area as MercyOne North Iowa. They are as follows:

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

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

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

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

Turning Leaf Counseling. Turning Leaf Counseling offers effective outpatient, individualized, psychological care. They treat a number of mental health disorders, and provide a neutral ground to individuals, families, and couples.

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

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

Community Health Center. Community Health Center of Mason City is a non-profit medical, dental, & behavioral health clinic; providing primary care to underserved populations, regardless of their insurance or financial status.

Resident of the Community. Mary Shissel, retired director of the Mason City Youth Task Force, acted as an independent contractor

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

Wright County Public Health.

Palo Alto Public Health.

Floyd County Public Health.

Kossuth Public Health.

Hancock Public Health.

Winnebago Public Health.

Community Input

The survey was developed in Qualtrics, a web-based software that creates surveys. The first draft was review by the Steering Team at a meeting to review readability, format and the questions. It was important that this survey applied to all the communities, and captured gaps in health needs. A final draft was sent out to the Steering Team via email for final approval before the distribution plan was activated. The survey began being disseminated in October 2019 and concluded November 30, 2019. The survey distribution methods used included; paper copies being distributed in Cerro Gordo County utility billing statements electronic methods of social media posts and e-mailing the survey link, along with in person focus groups and informant interviews.

Identifying and Prioritizing Significant Needs

After the quantitative and qualitative data was gathered from October 2019- November 2019. Community engagement verified these themes as priorities and the community priority session gauged several health issues and outcomes by the following factors.

1. Significant impact: this health issue is important in both scope (affects a large number of people within the population) and scale (has serious consequences for those affected)
2. Benchmark issue: North Iowa lags behind other areas on this health issue and/or is not on track to achieve Healthy People 2020 goal
3. Disparities in health status: this health issue disproportionately impacts the health status of one or more subpopulations
4. Links to chronic disease: this indicator is linked to chronic disease and related health outcomes. High morbidity/mortality/disability/suffering consideration. Does the issue have serious health consequences?
5. Potential for change: Local efforts are likely to result in a meaningful improvement in the scope and/or severity of this health issue
6. Prevention opportunity: this indicator represents a significant opportunity to improve health outcomes using prevention-focused approaches

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

Access to Care

Cerro Gordo County has an abundance of healthcare resources, especially when compared to the remainder of the region. Specifically, it is home to a high ratio of primary care, mental health and dental providers along with being home to a large hospital system and urgent care facilities. However, even residents in Cerro Gordo County marked access to healthcare as the number one health need. Barriers to care persist and include

- Access to specialty care services
- Getting an appointment and rushed appointments
- High cost of care and prescriptions
- Medicaid acceptance
- Transportation and requirement to travel to multiple provider sites for care
- No rural transportation, transportation ends at 5 pm.

Mental, behavioral, and addiction services were repeatedly cited as insufficient and difficult to access. There is also stigma and lack of confidentiality associated with accessing services. Mental health resources do not exist or are insufficient for school-aged children across the region.

Although more people have insurance through Medicaid expansion and the

Affordable Care Act, problems persist for residents in rural areas and those of low income. Many face ongoing challenges with finding specialty care, adult dental care, and behavioral health services. High deductibles and co-pays still impede access to care when residents are forced to choose between healthcare and other basic needs.

Early childhood issues

Throughout focus groups, interviews and community meetings, there was a strong emphasis on providing services to children, especially for preventive and educational opportunities.

Breaking cycles of poverty to address access to healthy foods, safe housing, and positive influences were discussed repeatedly. Supporting youth to develop into productive and healthy adults included:

- Focusing on healthy development including nutrition, physical activity, mental, engagement, decision making, and skill-building
- Mental health screening and support
- Violence and substance use reduction
- Teaching about prevention instead of treatment

Housing

Nearly every area in the region discussed safe and affordable housing as a key issue to improve health. Older homes are prevalent in north Iowa which can lead to an inability to maintain a healthy home.

Threats like lead poisoning, unsafe structures, overcrowding and inadequate facilities were paramount, especially for those who live in poverty and where housing codes are not enforced. Crucial conversations were held around housing stability and safety and how that contributes to the quality of life.

Homelessness in north Iowa is a constant threat to children and adults.

Despite being in an era of economic upturn, homelessness continues to burden society across rural and micropolitan areas.

Another concern presented the lack of 'neighborhoods' with transient populations and social isolation increasing. Housing is a criterion for accessing benefits and if an address cannot be produced, benefits are withheld. Issues outlined include

- Addressing homelessness as a community of care
- Increase rental code existence and adherence for safety and health
- Reduce stigma and change process for those needing housing: background checks, credit score
- Decrease connection between address and access to benefits, services, etc.

Conclusion

This report outlines the actions taken, data reviewed and collaborating partners who assisted with developing the programmatic priorities that will be implemented to address identified health issues in the MercyOne North Iowa service area. The implementation strategies and work plans can be found in a separate document. Copies of this report may be obtained at MercyOne North Iowa Medical Center website www.mercyone.org/northiowa or by contacting the Community Health Manager/Community Benefit Ministry Officer at 641-428-6609. Comments about this report may be left at the MercyOne North Iowa Medical Center website under the Community Benefits section.



COMMUNITY HEALTH ASSESSMENT

for north central Iowa

This Community Health Assessment (CHA) report is the result of a robust and cooperative process that took nine months and included stakeholders, community members, community focus group attendees, workgroup members, and those who completed community surveys. For this iteration of the CHA, a regional approach was taken to include multiple local public health agencies, organizations, stakeholders and citizens from various counties in north-central Iowa.

Welcome

The north central Iowa Community Health Assessment (CHA) along with the Community Health Improvement Plan (2020-2023) report provides guidance to community members and stakeholders who wish to become involved in or continue to engage in health and wellness improvement.

The CHA draws on data from the North Iowa area which has various capable programs and efforts already in place to address health from numerous perspectives – the CHA process confirmed this. The process also documented, however, that there are gaps in services and highlighted ways to build on and strengthen efforts. Insights from the CHA led to the identification of three priority areas for north central Iowa within each priority area:

1. Access to Care
2. Early Childhood Issues
3. Housing

These priority areas are the foundation of the goals and strategies outlined in the Community Health Improvement Plan (CHIP). While providing goals and strategies specific to each priority area, this report also proposes ways to move forward through collective impact work. Collective impact is the concept of sustained change in the way that we think about health and act to improve it. Such changes involve regular convening of diverse partners that work to align and build on one another's efforts by adopting a common agenda with shared goals and metrics to measure progress. Health is complex and affected by a variety of determinants such as access to healthcare, environment, culture, social support networks, literacy, education, housing, and employment. No single organization or program can alone solve a health problem, but together, through coordination and communication, we can each play a part in effecting change that collectively helps resolve issues.

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

Each of us has a role in working to improve health and the quality of life in north central Iowa. What's your role?

Inquiries regarding this report may be directed to:

Kara Vogelson

Research, Innovation & Education Manager

CG Public Health

(641) 421-9343 | kvogelson@cghealth.com

Table of Contents

Acknowledgements	3
Introduction	4
History	4
Vision	4
Values	4
Approach	4
Purpose	5
Methods	5
About Us	5
North Central Iowa	5
Working Together	6
Community Input	7
Successes	7
Worsening Issues	8
Determinants of Health by Location	8
Discrimination Affecting Health	8
Summary of Health Topics	9
Access to Care & Preventive Services	9
Early Childhood Issues	9
Water & Air Quality	10
Healthy Food, Obesity & Physical Inactivity	10
Substance Use	10
Health Outcomes	11
Community Identified Priorities	11
Detailed Data	13
Population, Race & Ethnicity	13
Food Insecurity, Unemployment & Poverty	14
Life Expectancy & Leading Causes of Death	15
Chronic Illnesses	17
Diabetes	
Heart Disease	
Cancers	
Chronic Lower Respiratory Disease	
Alzheimer's Disease	
Access to Preventive Services & Care	19
Early Childhood Issues	21
Housing	23
Conclusion	24
Data Resources	25

Acknowledgments

Thank you to everyone who helped:

Health Improvement Collaborative

North Iowa Community Action Organization
MercyOne North Iowa Medical Center
Prairie Ridge Integrated Behavioral Healthcare
Mason City Youth Task Force
North Iowa Children's Alliance
Turning Leaf Counseling
Citizen, Mary Schissel
CG Public Health
United Way of North Central Iowa
Community Health Center
Wright County Public Health
Palo Alto County Public Health
Floyd County Public Health
Kossuth County Public Health
Winnebago County Public Health

In addition to the team, we'd also like to thank the following for participating in data gathering:

Participants in key informant interviews
Iowa State University students
Mason City Public Works
North Iowa Substance Use Consortium
North Iowa Children's Alliance
Charles City Area Development Corporation

Introduction

History

The Cerro Gordo County Health Improvement partnership is comprised of 9 area organizations and residents. The formation of this collaborative officially in 2015 was an informal group of stakeholders for years prior. For this iteration of the community health assessment, the team was determined to fully collaborate, reduce duplication and merge cycles in some instances. The intent and effort of the individuals involved were to collectively examine regional health priorities. In addition to conducting a county-wide community health needs assessment, the collaborative allowed partners to dive deeper into health issues that they were addressing in common and offer cross-collaboration. Health problems and priorities do not change at county lines and working together collectively will broaden partnerships, strengthen resources and ultimately have more opportunity to impact health regionally.

The team expanded to participate in a collaborative approach that identifies community needs, assets, resources, and strategies towards assuring better health and health equity for all north-central Iowa residents. Each member recognized that the collective impact of working together could greatly exceed the work that any one agency could achieve on its own. This collaborative will eliminate duplicative efforts; lead to the creation of an effective, sustainable process; allow rural health departments to collect more robust local data; build stronger relationships among hospitals, public health and other agencies; and, identify opportunities for joint efforts to improve the health and well-being of our communities. This shared approach to assessing needs helps focus available resources to address the community's most critical health needs. Our vision and values are a result of this effort.

Vision

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

Values

We are a united community:

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

Approach

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

Purpose

This report documents the community health needs of north central Iowa and provides a foundation to meet the Affordable Care Act (ACA) and other requirements for non-profit hospitals to conduct a Community Health Assessment (CHA) every three years and for local public health departments to conduct a CHA every 5 years. The CHA will lead to the community health improvement plan.

Methods

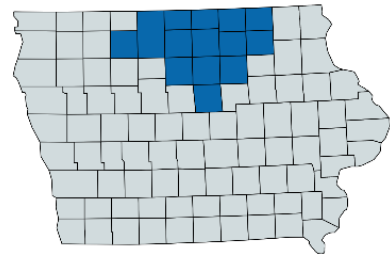
Participants defined health broadly and used a population-based community health framework to identify health needs and establish criteria for selecting key indicators within each health topic. Social, cultural, and environmental factors that affect health were considered throughout the process. This joint CHA report provides baseline data on community health indicators for all agencies to use and import for their own CHA. While participants reached consensus on a core set of topic areas, each organization may also gather additional information specific to its service area. The mobilizing for action through planning and partnerships (MAPP) framework was used to guide data gathering through four assessments: community themes and strengths, local public health system, community health status and forces of change.

About Us

North Central Iowa Region

The north-central Iowa region that participated in this effort is shown in the map. Counties include Butler, Cerro Gordo, Chickasaw, Floyd, Franklin, Hancock, Hardin, Howard, Kossuth, Mitchell, Winnebago, Worth & Wright. This region has a population of approximately 200,000 with the largest county Cerro Gordo home to about 42,600 residents and the smallest county, Worth home to about 7,500. The region is nestled in agriculture, family-owned and corporate farms, and most counties are facing natural population decline. There are no metropolitan areas and one micropolitan area (Cerro Gordo & Worth Counties) that draws a regional workforce and those with retail, healthcare and entertainment needs.

Figure 1: region covered by this report



Regionally, the area is approximately 96% White alone, 1.8% Black alone and 4.6% Latino (state averages are: 90.7%, 4%, and 6.2% respectively). This area is among the least diverse nationally; however, in Iowa, racial and ethnic minority groups are increasing. Regionally, in each county between the 2000 and 2010 census, racial and ethnic minority groups increased. These groups comprise 2.1% of the population in Butler County (the lowest) to 12.6% in Franklin County (the highest).

Iowa has an older population that is among the highest in the nation. Regionally, individuals ages 65 years and older averages 21.8%. Persons under age 18 average 22.5% regionally; statewide the averages are 17.1% and 23.2% respectively. See table 1 for a breakdown of data.

Table 1 Population, Race, Ethnicity and Age by County

County	Population	White Alone	Black Alone	Latino/a	Persons 65+	Persons under 18
Butler	14,539	97.7%	<1%	1.4%	22.3%	22.5%
Cerro Gordo	42,647	94.8%	1.9%	4.9%	21.8%	20.7%
Chickasaw	11,964	97.9%	<1%	2.8%	20.8%	23.5%
Floyd	15,761	94.0%	2.7%	3.7%	21.8%	23.1%
Franklin	10,124	96.1%	1.2%	12.9%	21.0%	23.2%
Hancock	10,712	97.1%	1.0%	4.6%	22.5%	21.7%
Hardin	16,868	95.8%	1.5%	4.5%	22.0%	20.0%
Howard	9,187	97.8%	0.6%	1.6%	20.9%	24.8%
Kossuth	14,908	96.6%	1.1%	2.9%	23.7%	21.9%
Mitchell	10,569	97.9%	6.0%	1.4%	21.2%	23.6%
Palo Alto	8,929	95.5%	1.9%	3.1%	21.9%	22.8%
Winnebago	12,690	96.5%	1.0%	12.7%	22.7%	24.0%
Worth	10,518	95.4%	1.7%	4.6%	21.5%	22.0%
Wright	7,453	96.7%	1.0%	3.1%	20.5%	20.7%

Education matters here with 92% of the residents being high school graduates and nineteen percent have a bachelor’s degree or higher. The unemployment rate is among the lowest in the nation, averaging 2.99% in the 14-county region yet many families are struggling to live. Iowa wages and incomes are not growing at a fast-enough rate to compensate for the cost of living needs and poverty rates persist, averaging 10% regionally.

Working Together

Over the past three years, a number of area initiatives have been implemented to address some of the key health challenges and disparities that face our communities. The last CHA and Community Health Improvement Plan identified the need for increased collaboration among community-based organizations, governmental agencies, advocacy organizations, hospitals and health systems, and the private sector. Several initiatives described below are notable as they are explicit in their engagement to assure cross-sector representation, where different stakeholders work collectively for a common purpose, commit to authentic community engagement, and strive to understand and support community-driven solutions.

1. Opioid and Substance Use Planning Grant. A collaborative of several area organizations has analyzed needs, resources and gaps in substance use disorder service and is in the process of developing a strategic plan and workforce development plan to dramatically advance understanding of policies, programs, and initiatives currently being undertaken while driving community organizations toward collaboratively addressing opioid and other substance misuse.
2. Regional hospital, public health, and EMS systems grant. This provides a foundation for system development in coordinating and advancing hospital and public health emergency preparedness, emergency medical service delivery, and trauma care in a twelve-county region in north central Iowa. Through collaboration local public health agencies, hospitals and emergency medical service providers prevent, prepare for, respond to, and recover from incidents that affect the health of the population to decrease mortality and morbidity.

3. The area has seen an increase in access to healthcare in some areas. An integrated healthcare system is one that is able to meet the physical and behavioral healthcare needs of an individual in a holistic, culturally responsive fashion where the individual is engaged in their care. Several agencies have moved toward this including the integration of oral health to offer more coordinated, whole-person care.
 - a. Community Health Center (includes physical, behavioral & dental)
 - b. Two urgent care clinics have opened
 - c. MercyOne built a behavioral health unit
 - d. Prairie Ridge expanded to become the state-designated mental health center, is using telehealth, combined physical and behavioral health and opened a pharmacy on-site

4. Justice and Mental Health Collaboration Planning Grant. This project brought together representatives from the Mason City Police Dept., Cerro Gordo County Sheriff's Office, and 19 local providers to increase communication between law enforcement and mental health providers. A self-assessment by over 100 law enforcement officers and front-line provider staff showed a significant increase in communication as a result of the project. A second project goal was to increase the number of mental health consumers linked to assistance through a new Justice Coordinator position established jointly by County Social Services and the Mason City Police Department. Tracking of outcomes for mental health calls for service to law enforcement showed 1,127 individual contacts were made by the Justice Coordinator between March 2018 and December 2019. A three-year implementation grant has recently been received to provide enhanced training for law enforcement and area providers and to increase and expand service to consumers with mental health and substance abuse disorders. Primary outcomes focus for the new grant are decreased recidivism and diversion from jail for mental health consumers in contact with law enforcement.

Community Input

Local community needs assessments, strategic plans, and reports from the past three years were reviewed to identify community health needs and to provide context to the quantitative data presented. Additionally, information was sought in a variety of ways to include surveys, focus groups, meetings, and interviews. Key themes that emerged from these assessments of community health are presented in the Community Identified Priorities section of the report.

Information from these data gathering includes common themes; the entire area is changing in population. Most counties are losing residents and the mean age of residents is getting higher. Rural hospitals are especially vulnerable to changes in reimbursement; this has a ripple effect on each community as they are often a large community employer and the only access to healthcare for miles. Specialty services are becoming more concentrated in more populated areas. Retail is closing in smaller communities as well.

Successes

- North Iowa has a **high percentage of high school graduation**; Iowa overall does well in this category at 91%, but North Iowa is at about 94%
- The area has a **low prevalence of low birthweight babies**, averaging a percent less than the state average at 7%
- Over the past decade, Iowa and north Iowa have seen a large **decrease in adult smoking prevalence**; the region averages 15% and the state is at about 17%.

Worsening Issues

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

- Iowa continues to outpace the nation in **adult obesity**. The percent of adults obese has steadily increased over the past 15 years to 2018. Iowa is one of the most obese states; obesity is one of the leading causes of preventable life-years lost among Americans. Adults who have obesity compared with adults at a healthy weight are more likely to have a decreased quality of life and have an increased risk of developing serious health conditions including hypertension, type 2 diabetes, heart disease and stroke, sleep apnea and breathing problems, some cancers, mental illness such as depression and anxiety. Regionally, North Iowa's adult obesity averages 34% compared to the state's rate of 32%.
- **Substance use including excessive drinking** is another area where Iowa overall scores poorly; excessive drinking is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. Alcohol-Impaired driving deaths remain high in north Iowa. Seven of the 14 counties have percentages of 30% or higher for this indicator. That means that of all crashes with deaths, 30% or more have alcohol involved. Substance use, especially meth, is still an issue in northern Iowa. The reward continues to outweigh the risk for substance users.
- **Housing affordability and availability** continue to plague North Iowa as an issue. North Iowa homes are older than in the rest of Iowa and many parts of the nation. Old homes have hazards like lead paint and safety issues. Quality affordable housing is inconsistent across the region and many areas are facing a rental unit shortage. Additionally, homelessness appears to be increasing within the student populations. On the other end, there is no high-end housing in the smaller areas to cater to top executives which leads to them living in more populated areas and commuting or living in other regions of the state or Midwest altogether.

Determinants of Health by Location

The largest issue determining health due to location is access to care and the use of preventive services. Cerro Gordo County is the hub for medical care and several counties have few or no health providers. Additionally, though there may be dentists in the area, access to dentists is often a barrier due to the cost and insurance acceptance. Locations in more populated areas sometimes higher rates of premature death and even within those counties, disparities by Census block showed as some blocks had lower life expectancy than neighboring areas.

Discrimination Affecting Health

Through collecting data, several groups were identified to be marginalized in north Iowa. The **elderly** suffers from mental health issues, loss of independence, isolation and induced poverty. Ageism may be the most common form of prejudice as society is incredibly youth-focused. This leads to unhealthy aging and unhealthy habits of the aged. North Iowa has a growing aging population that hovers around 22%. Twenty-two percent of the region's population is approximately 43,000 people.

Persons who use **Medicaid and who are low income** suffer from attitudes, policies, systems, and practices that benefit those of higher-wage classification. This is often a multi-generational problem where people have been denied access to opportunity for health care, education and/or employment. Children who grow up with a lack of opportunity have difficulty overcoming the systemic barriers. Access to care is different for this group as they may have to travel long distances or make multiple stops for preventive, primary and specialty care. Beyond lack of opportunities are the subtle discrimination attitudes faced by people.

Persons with **substance use disorder, mental health issues** or who may have a **criminal history** suffer from stigma. Those returning to society after incarceration are inadequately served and have little opportunity for gainful employment. Scientific studies have shown that addiction is a chronic medical illness and mental illness is essentially biological in nature. Both can be influenced by trauma; however, society often believes each is a moral or character failing. The exploitation of individuals suffering from substance use disorder or mental health issues is common and often they do not seek treatment.

Racism and discrimination are deeply ingrained in the social, political and economic societal structures nationally and in north Iowa. This results in unequal access to quality education, healthy food, livable wages, and safe housing; all of which can be seen. There is little representation on committees, boards, elected positions, etc. for any person who is not Caucasian. Language is another powerful tool from which to apply discrimination. Belittling, disqualifying or rejecting another person for their way of speaking or their **accent** is more common than thought. Discrimination in this manner is often ignored and is connected to racism and exclusion.

Summary of Health Topics

Access to Care & Preventive Services

Access to health insurance improved substantially after the implementation of the Affordable Care Act. The region averages 5% uninsured, but the area still is less than ideal for **percent of children vaccinated** and for **preventive cancer screenings** overall. **Access to primary care physicians** ranges from Cerro Gordo County at 630 patients to every provider to 7,400 patients to each provider in a smaller county (Butler); overall Iowa's average is 1,390:1. Dental providers vary from 1,300 patients to every provider (Cerro Gordo) to 4,870 patients to each provider (Butler); overall Iowa's average is 1,520:1. Mental health providers extend from 410 patients to every provider (Cerro Gordo) to 10,770 patients to each provider (Hancock); overall Iowa's average is 700:1. Overall, the more populated the area, the better the provider ratio to patients. **Privatizing Medicaid** has reduced access to services for those using it. Over the past few years, the average cost for each lowan in Medicaid has increased dramatically and placed a heavy burden on agencies that serve Medicaid users. Nonpayment of services rendered, and a convoluted system of pre-authorization has resulted in agencies closing their doors or not accepting Medicaid patients.

Early Childhood Issues

Regionally, the area has a **low teen birth** rate. A couple of the counties have higher than state averages in teen births, children in poverty and children in single-parent households (Franklin & Wright Counties). Children in **poverty** range from 12% (Butler) to 18% (Floyd & Wright Counties) and the region averages 14%. **Participating in WIC** helps kids get a good start in life. Overall, the state averages 26% of kids on WIC; however, children 0-4 receiving WIC ranges from 9.1% (Worth) to 39.5% (Cerro Gordo). Another issue plaguing children is homelessness. Head Start children who are **homeless** range from 0% to 2.7%.

The **cost of childcare** is incredibly high in Iowa and can eat up more than 54% of annual household income. **Early literacy skills**, measured in kindergarten, are subpar in northern Iowa. Getting kids ready to read can influence the rest of their life.

Water & Air Quality

North Iowa is highly agricultural in a struggle between industrial farming and family farms and between traditional farming of soybeans and corn and new crop alternatives. Nearly 70% of Iowa land is in crop production and about 270,000 acres of cropland is in the 2-year floodplain statewide. Water runoff contributes to poor water quality. Iowa many people living in rural areas drink water from **private wells** where no regulation exists. Last year, 40% of wells tested had coliform bacteria and 12% had unsafe nitrate levels. Coliform bacteria are an indicator that the well may allow contaminants in and nitrate consumption is correlated with adverse health effects like blue-baby syndrome. **Surface water quality** in Iowa is poor with 57% of water segments (lakes, streams & rivers) tested met the federal standards for impairment. While outdoor air pollution is not as much of a concern as urban areas, rural areas still fight with humidity and allergens. The largest **indoor air quality** concern overall in Iowa is radon. Radon is the second leading cause of lung cancer and Iowa has the largest percentages of homes above the EPA action level.

Healthy Food, Obesity & Physical Inactivity

Overweight and obesity continues to be a problem in north Iowa. Statewide, **childhood obesity** is at 15.2% and 10-17-year-olds with obesity are at 16.4%. In North Iowa, **adult obesity** comes in at 34%. A combination of poor nutrition and physical inactivity contribute to this epidemic. **Physical inactivity** continues to rise in the region while access to exercise opportunities is about the same. Access to **healthy foods** especially in rural areas that do not have a grocery store contributes to weight gain, but the lack of knowledge of nutrition or how to cook is a large issue. All of these lead to chronic health issues.

Substance Use Including Alcohol & Nicotine

Cigarette smoking continues to decrease for teens and adults across the age groups. Ninety-one percent of students surveyed have never smoked/used any tobacco product (not including e-cigarettes); however, 20% of 11th-grade students reported they used **e-cigarettes** on one or more days in the past 30 days. Public health professionals do not yet know the health outcome of e-cigarettes as they are an emerging health issue. Adult **excessive alcohol use** is culturally acceptable in north Iowa and the higher the income, the higher the percentage of excessive drinkers. Alcohol use begins early as 14% of youth respondents stated they were 12 or younger when they first drank alcohol and 9% of 11th -grade responders had 5 or more drinks of alcohol in a row (binge drinking) on 1 or more days in the last 30 days. Alcohol-impaired driving deaths range from 6% (Floyd) to 45% (Butler).

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

Health Outcomes

A child born in Cerro Gordo County can expect to live 78.3 years, and one county over in Hancock, a child can expect to live to 81.1 years. Differences in life expectancy can be tied to poverty, housing, and lifestyle choices. The **leading causes of death** across the region are:

1. Diseases of the heart
2. Cancer
3. Chronic lower respiratory disease
4. Accidents (unintentional injuries)
5. Alzheimer's disease
6. Cerebrovascular disease
7. Diabetes
8. Influenza & pneumonia

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

Diabetes, Cardiovascular Disease & Cancer

The 14-county area had an average of 8% of adults aged 20 years and older who are diagnosed with **diabetes**. Statistics indicate that many areas in the region are home to people who live with uncontrolled diabetes as the hospitalization rate spikes. **Heart attacks** and heart failure are high in multiple counties in the region. Leading causes of **cancer deaths** include **lung, breast, colon/rectum, pancreas, prostate & ovary**.

Mental Health

The percent of self-reported poor mental health days is a problem across the region. That combined with the lack of access to providers can lead to poor outcomes. **Suicide death** rates in Cerro Gordo, Chickasaw, Hancock, Hardin, Palo Alto, & Worth Counties are all higher than the state average (rate per 100,000). According to the Iowa Youth Survey, the percent of students who have a plan to kill themselves almost doubled across all grade categories, and more than doubled specifically in 11th-grade respondents.

Injury Prevention

There are several areas in the region where the unintentional Injury emergency department visit rate is high; unintentional injuries are those caused by burns, falls, poisoning, road traffic, etc. This is a leading cause of morbidity and mortality especially among children nationally and in males, who have higher rates than females. In Cerro Gordo County, falls, suicide, road traffic, poisoning and suffocation in that order are the leading causes of injury death for children. Falls are a large factor in unintentional injuries for the older populations as well; for all ages, falls are the leading cause of deaths due to injury. Several north Iowa counties have unintentional injury death rates higher than the state average. In fact, only one of the fourteen counties had a rate lower than the state's average.

Community Identified Priorities

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

1. Significant impact: this health issue is important in both scope (affects a large number of people within the population) and scale (has serious consequences for those affected)
2. Benchmark issue: North Iowa lags behind other areas on this health issue and/or is not on track to achieve Healthy People 2020 goal
3. Disparities in health status: this health issue disproportionately impacts the health status of one or more subpopulations
4. Links to chronic disease: this indicator is linked to chronic disease and related health outcomes. High morbidity/mortality/disability/suffering consideration. Does the issue have serious health consequences?
5. Potential for change: Local efforts are likely to result in a meaningful improvement in the scope and/or severity of this health issue
6. Prevention opportunity: this indicator represents a significant opportunity to improve health outcomes using prevention-focused approaches

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

Access to Care

Cerro Gordo County has an abundance of healthcare resources, especially when compared to the remainder of the region. Specifically, it is home to a high ratio of primary care, mental health and dental providers along with being home to a large hospital system and urgent care facilities. However, even residents in Cerro Gordo County marked access to healthcare as the number one health need. Barriers to care persist and include

- Access to specialty care services
- Getting an appointment and rushed appointments
- High cost of care and prescriptions
- Medicaid acceptance
- Transportation and requirement to travel to multiple provider sites for care
- No rural transportation, transportation ends at 5 pm.

Mental, behavioral, and addiction services were repeatedly cited as insufficient and difficult to access. There is also stigma and lack of confidentiality associated with accessing services. Mental health resources do not exist or are insufficient for school-aged children across the region.

Although more people have insurance through Medicaid expansion and the Affordable Care Act, problems persist for residents in rural areas and those of low income. Many face ongoing challenges with finding specialty care, adult dental care, and behavioral health services. High deductibles and co-pays still impede access to care when residents are forced to choose between healthcare and other basic needs.

Early childhood issues

Throughout focus groups, interviews and community meetings, there was a strong emphasis on providing services to children, especially for preventive and educational opportunities.

Breaking cycles of poverty to address access to healthy foods, safe housing, and positive influences were discussed repeatedly. Supporting youth to develop into productive and healthy adults included:

- Focusing on healthy development including nutrition, physical activity, mental, engagement, decision making, and skill-building
- Mental health screening and support
- Violence and substance use reduction
- Teaching about prevention instead of treatment

Housing

Nearly every area in the region discussed safe and affordable housing as a key issue to improve health. Older homes are prevalent in north Iowa which can lead to an inability to maintain a healthy home. Threats like lead poisoning, unsafe structures, overcrowding and inadequate facilities were paramount, especially for those who live in poverty and where housing codes are not enforced. Crucial conversations were held around housing stability and safety and how that contributes to the quality of life. Homelessness in north Iowa is a constant threat to children and adults. Despite being in an era of economic upturn, homelessness continues to burden society across rural and micropolitan areas. Another concern presented the lack of ‘neighborhoods’ with transient populations and social isolation increasing. Housing is a criterion for accessing benefits and if an address cannot be produced, benefits are withheld. Issues outlined include

- Addressing homelessness as a community of care
- Increase rental code existence and adherence for safety and health
- Reduce stigma and change process for those needing housing: background checks, credit score
- Decrease connection between address and access to benefits, services, etc.

Detailed Data

About the Community

Iowa is the 31st most populous state with about 35.7% classified as rural. In the North Iowa region, approximately 200,000 people reside. Cerro Gordo County is part of the Mason City micropolitan statistical area and is the 14th most populous county in Iowa. Many who live in the surrounding counties, work in Cerro Gordo County.

Top industries in Iowa are healthcare and social services, wholesale and retail trade, manufacturing and education. Northern Iowa is primarily **Caucasian/White** alone with origin ethnicities of Norwegian, English, Irish and German represented.

Black/African American percentage across the region is 1.8% and no other racial group has more than that percentage regionally. The region averages 4.6% of the population as **Latino/Latina**. Franklin and Wright counties have the highest representation in this ethnicity. Northern counties have a higher representation of **Mennonite communities** and there is a large **Filipino** population in Floyd County. On average, 5% of homes have a language other than English commonly spoken. **Spanish** is the second leading language spoken.

Figure 2 Population by County

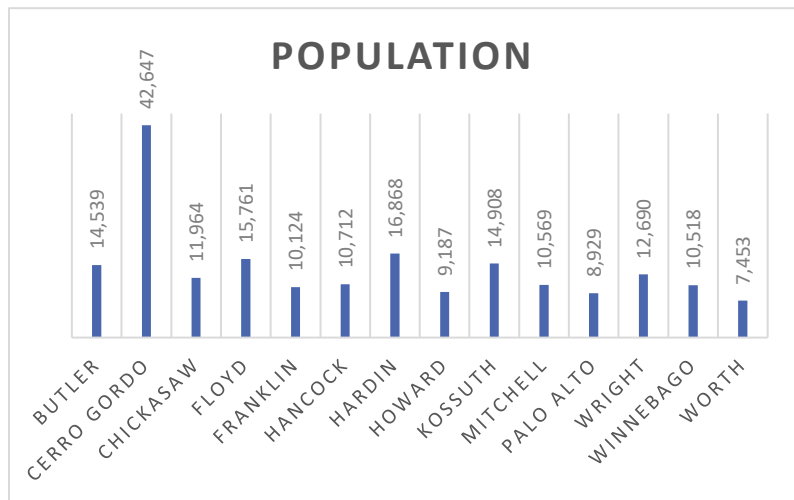
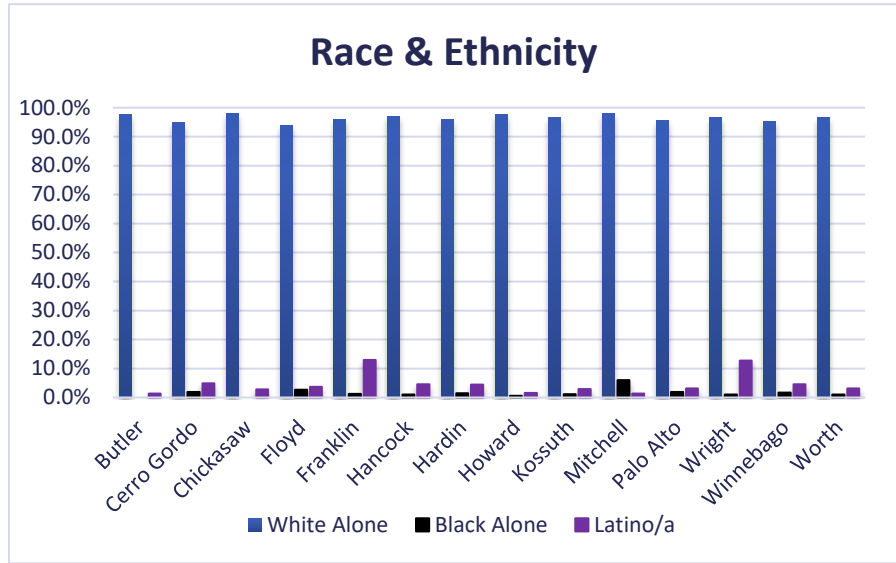


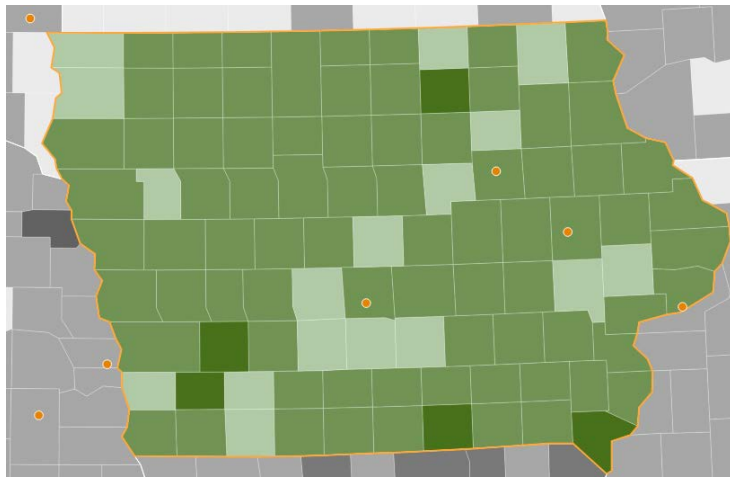
Figure 3 Race & Ethnicity Percentages by County



Food Insecurity and Poverty

The overall **food insecurity** rate ranges from 8.9% to 12.3% throughout the North Iowa region; however, the child food insecurity rate fluctuates quite a bit more from 19.6% in Floyd County (darkest green) to 13.9% in Mitchell County. This means that the lowest child food insecurity percentage is higher than the highest overall percentage. Food insecurity refers to USDA’s measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.

Figure 4 Food Insecurity Rates by County



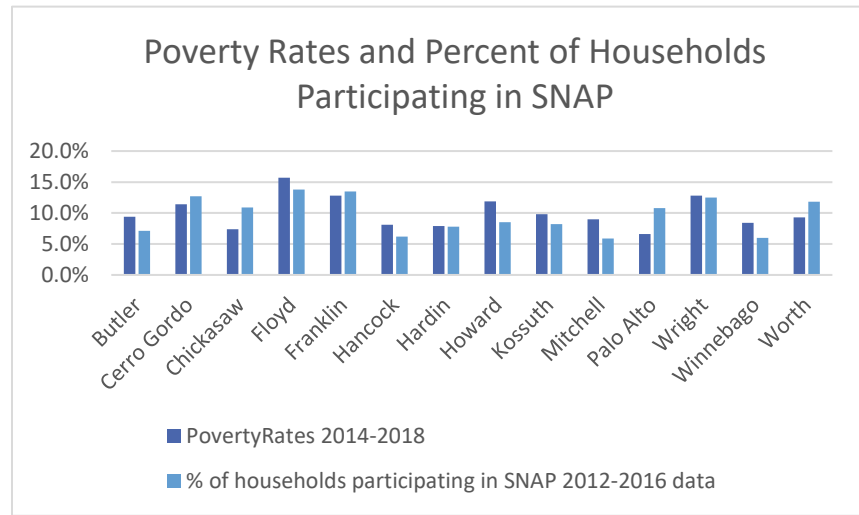
Food insecurity refers to USDA’s measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.

The percent of households **participating in the SNAP** (Supplemental Nutrition Assistance Program) is shown in the graph below. More than 70% of SNAP participants are in families with children and more than 54% are in working

families (this is 10% higher than the national average). In July 2019, 153,485 households and 318,106 individuals participated in Iowa’s Food Assistance Program statewide. This represents a 6.7% decrease in individual participation since July 2018. The average benefit per individual is \$109.95 per month.

By many measures, the Iowa economy is doing well. The **unemployment rate** is among the lowest in the nation, averaging 2.99% in the 14-county region yet many families are struggling to live. Iowa wages and incomes are not growing at a fast-enough rate to compensate for the cost of living needs. **Poverty rates**, shown Figure 5, average 10% regionally. Low unemployment rates are fantastic economically speaking, but it hides that many people work low-wage jobs with no benefits or have multiple part-time jobs. Iowa hasn't raised its **minimum wage** in over 10 years and women and Iowans of color face additional hurdles. In Iowa, the average earnings for women are just 79% of men's earnings and barriers to equal access in employment, education continues to provide barriers to those of color in Iowa.

Figure 5 Poverty and Household Rate of SNAP Participation

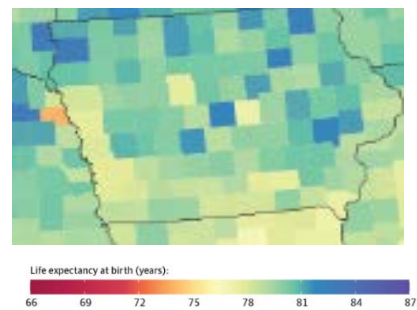


The average **median household income** of this region is about \$45,100; Iowa's is \$58,570. Not one county reaches the state average. The closest is Worth County at \$49,673. The lowest county in this region is Floyd County at \$39,467. Although the region has a **high school graduation** rate at 92%, the average for a **bachelor's degree** or higher is 19%. Iowa's rate is 28.2% and the nation is 31.5%. This area lags in educational attainment according to the statistics. Higher education tends to lead to higher salaries, but college tuition has increased steadily over the past three decades. Disparities in education tend to parallel disparities in income.

Figure 6 Life Expectancy by County

Life Expectancy

Life expectancy at birth is the number of years a newborn can expect to live. This varies from county-to-county in north Iowa from about 78 to 84. In some areas, it exceeds the national average of 79.1 (as combined for both sexes). Geographic disparities in life expectancy among Iowa counties are increasing. Variation can be explained by a combination of socioeconomic and race/ethnicity factors, behavioral and metabolic risk factors, and health care factors.



Leading Causes of Death

Despite reductions in some unhealthy behaviors like cigarette smoking in Iowa, other risk factors like nutritional intake, obesity, sedentary lifestyle are increasing which contributes to heart disease and cancer as the top two causes of death in Iowa. North Iowa's statistics on leading causes of death mirror the state's (table 2).

Table 2 Leading Causes of Death in Iowa

IA Leading Causes of Death, 2017	Deaths	Rate	State Rank	U.S. Rate
1. Heart Disease	7,180	167.4	19th	165.0
2. Cancer	6,449	158.0	18th	152.5
3. Chronic Lower Respiratory Disease	1,939	46.5	20th	40.9
4. Alzheimer's disease	1,597	35.3	20th	31.0
5. Accidents	1,536	42.7	43rd	49.4
6. Stroke	1,416	32.8	39th	37.6
7. Diabetes	918	22.8	19th	21.5
8. Flu/Pneumonia	578	13.2	35th	14.3
9. Suicide	479	15.0	30th (tie)	14.0
10. Hypertension	399	9.1	16th (tie)	9.0

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

Overall, suicides are increasing in Iowa; suicide death rates in Cerro Gordo, Chickasaw, Hancock, Hardin, Palo Alto, & Worth Counties are all higher than the state average, see table 3.

Table 3 Suicide Death Rates by County

COUNTY	County Rate (per 100,000)	State Rate
Butler	10.81	13.28
Cerro Gordo	19.77	13.28
Chickasaw	15.35	13.28
Floyd	11.25	13.28
Franklin	12.83	13.28
Hancock	26.42	13.28
Hardin	17.52	13.28
Howard	*	13.28
Kossuth	12.73	13.28
Mitchell	*	13.28
Palo Alto	23.61	13.28
Winnebago	*	13.28
Worth	22.83	13.28
Wright	10.87	13.28
Total	16.73	13.28

*suppressed data

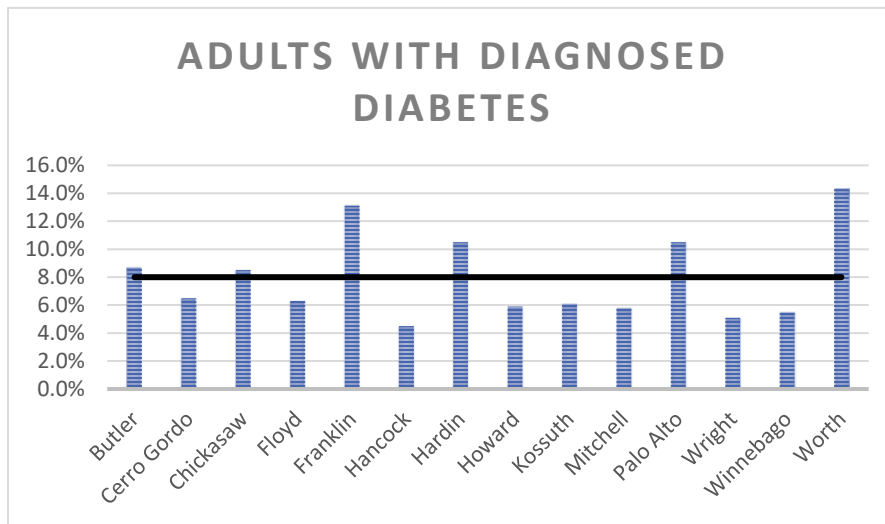
According to the Iowa Youth Survey, the percent of students who have a plan to kill themselves almost doubled across all grade categories, and more than doubled specifically in 11th-grade respondents.

Chronic illnesses are among the leading causes of death, disability, and hospitalization. These are common and costly. Targeted prevention and health promotion strategies are needed to slow the rates. Similar risk factors apply to the multiple conditions listed. Implementation of healthy lifestyle factors like regular physical activity and eating healthily could influence the rates of disease.

Diabetes

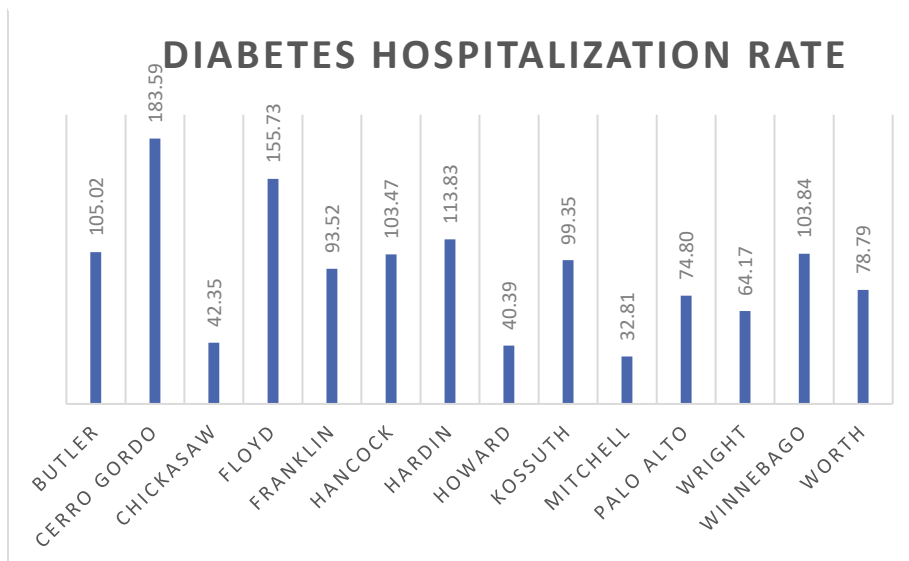
Diabetes is an endocrine disease; type two diabetes is the most common diagnosis accounting for 90-95% of adult diagnosed diabetes. This occurs when the body is unable to manage insulin properly. Six of the counties average higher than the state rate of 8% (denoted by the line).

Figure 7 By County, Adults with Diagnosed Diabetes as Compared to the State Rate



In our region, hospitalization rates fluctuate from 32.81/100,000 to 183.59/100,000. Hospitalization inpatient care is costly and accounts for one-third of health care expenditures nationally. Often patients from communities with the lowest income levels have the highest rate of hospital stays. This can indicate a lack of primary care and the inability to afford medication.

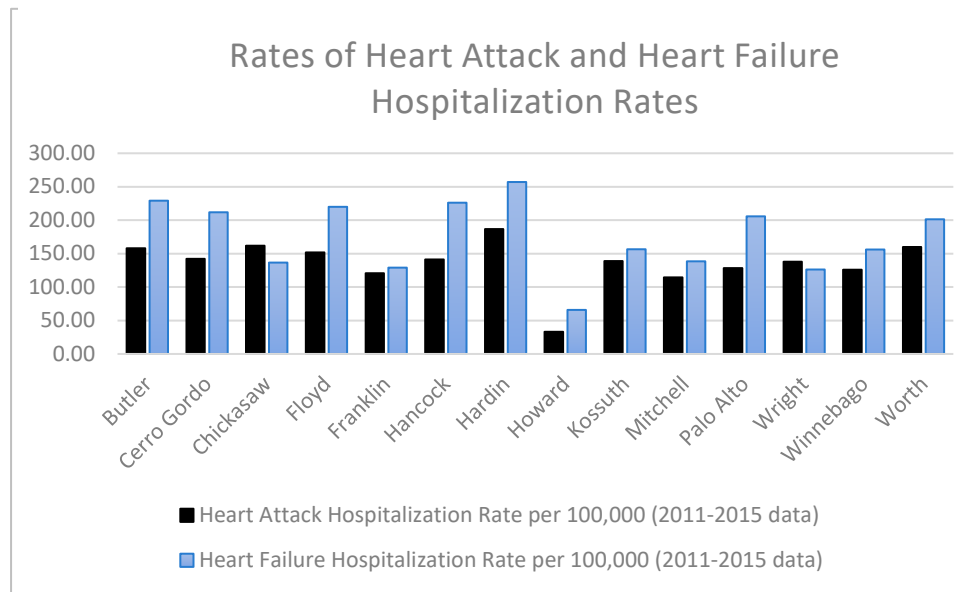
Figure 8 Diabetes Hospitalization Rate by County



Heart disease

Coronary artery disease, the precursor to coronary heart disease (CHD) is the most common cause of a heart attack. CHD is characterized by a narrowing of blood vessels that supply the heart, usually from a buildup of plaque. CHD may progress into heart failure. Patients with heart failure

Figure 9 Heart Attack and Failure Hospitalization Rates by County



experience symptoms as a disruption of their everyday lives and their ability to perform routine activities leading to frustration, loss of confidence and a reduction in self-esteem.

Cancers

For 2019, data will be collected on an estimated 18,100 new, invasive cases of cancers among Iowa residents and about 1,480 projected for the North Iowa region. The type of anticipated new cancers by gender and by percent of the total is indicated in table 4.

Table 4 Cancer Rates by Gender in Iowa

New Cancers in Females	Percent of total	New Cancers in Males	Percent of total
Breast	28.1%	Prostate	22.3%
Lung	12.4%	Lung	13.9%
Colon/rectum	8.8%	Colon/rectum	9.3%
Uterus	7.1%	Bladder	7%
Skin Melanoma	5.1%	Skin Melanoma	6.1%
Thyroid	4%	Kidney & Renal Pelvis	5.1%
Non-Hodgkin Lymphoma	3.7%	Non-Hodgkin Lymphoma	4.3%
Leukemia	3%	Leukemia	4.3%
Kidney & Renal Pelvis	2.9%	Oral Cavity	3.6%
Pancreas	2.8%	Pancreas	2.9%

Estimates for cancer deaths show that for females, lung, breast and colon/rectum cancer are the top three types and for males, the top three are lung, prostate and colon & rectum. Iowa has a significant

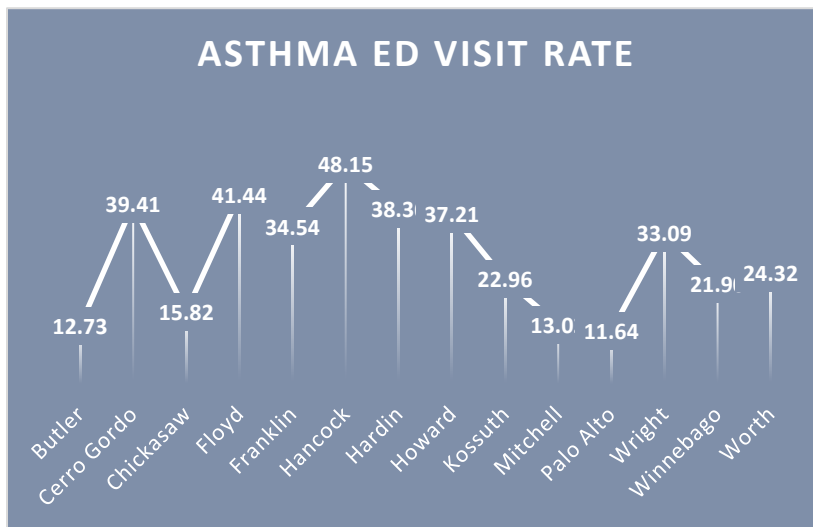
number of cancer survivors as well. Cancer can be prevented in some instances by not smoking or using tobacco products, living in a home without radon, maintaining a healthy weight, eating a healthy diet and being physically active, getting vaccinated and protecting yourself from the sun.

Chronic Lower Respiratory Disease

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

Asthma is a serious chronic disease that affects the airways. It can cause wheezing, difficulty breathing and coughing. However, not everyone who has asthma has these symptoms and having these symptoms

Figure 10 Asthma Emergency Department Visit Rate by County



doesn't always mean someone has asthma. Asthma can be linked to exposure to cigarette smoke, living in a low-income environment or having allergies. Figure 10 shows the rate per 10,000 for each county in the region. The state's average is 31.34/10,000.

Alzheimer's Disease

In North Iowa, like across the state, Alzheimer's disease (AD) is a leading cause of death. This progressive, age-related form of dementia is the loss of cognitive function such as memory,

language skills, abstract thinking, and attention. The exact cause of AD remains uncertain, but a great deal of research has identified variants in the genetic makeup. If a family member had the disease, your chances of developing it are higher. Women are more likely to get AD than men.

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

Access to Preventive Services and Healthcare

Access to health services includes and access to comprehensive, high-quality healthcare to prevent issues, detect disease early and to treat conditions; it is also timely access to services.

For all clinical care measures as noted by the County Health Rankings, Cerro Gordo County ranks second in Iowa for having the best access to clinical care. Also, in the region, Palo Alto is 79th of the 99 counties overall. Access to care requires not only financial coverage but also access to providers. The sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care. Primary care physicians are the ratio of the population to primary care physicians. The ratio represents the number of individuals served by one physician in a county if the population was equally distributed across physicians. For example, if a county has a population of 50,000 and has 20 primary care physicians, their ratio would be: 2,500:1

In the tables below are provider ratios for primary care physicians, dentists, and mental health providers. The lower the ratio, the higher the access. With the exception of Cerro Gordo County, no county has a ratio close to the state rate of 1,390 to one for primary care providers. For dentists, Winnebago, Hardin and Cerro Gordo Counties have rates better than the state. In each of the counties in the North Iowa region, there is at least one primary care physician and one dentist. There are two counties that have no mental health care providers and Cerro Gordo County is the only one with a better than state ratio. While the ratio is better than the state, these providers are serving large service areas, creating barriers for CG residents to get appointments or establish care.

Table 5 Provider Ratio: Primary Care Physicians, Dentists and Mental Health Providers

	Kossuth	Mitchell	Palo Alto	Worth	Winnebago	Wright	Butler
Primary care physicians	2,520	5,380	3,020	3,790	2,130	2,130	7,400
Dentists	1,870	2,130	4,550	3,730	1,510	2,560	4,870
Mental health providers	3,000	*	1,140	*	10,590	1,830	1,620

	Cerro Gordo	Chickasaw	Floyd	Franklin	Hancock	Hardin	Howard
Primary care physicians	630	1,500	2,650	3,390	3,610	2,150	2,330
Dentists	1,300	2,400	2,250	2,540	1,800	1,420	4,610
Mental health providers	410	2,400	7,870	10,160	10,770	2,130	4,610

Enough providers are only one measure of access to healthcare. **Health insurance coverage** is a key component to enter the healthcare system. The region averages 5% uninsured which is equal to the state's average; however, that still leaves about 10,000 people in the region without insurance. Generally speaking, these people receive less medical care and have worse health outcomes. Efforts through expanded Medicaid and the Affordable Care Act have helped, but it still isn't enough. For those with health insurance, it can still be costly to see a provider. Qualitative data showed that **cost is a barrier** and leads to unmet medical needs.

Despite improvements across the state, the region still does not meet standards for **optimal vaccination thresholds**. The number of Vaccine for Children providers (VFC) is low when compared to the children eligible for this service. The VFC program provides vaccines for approximately 44% of Iowa’s children from birth through 18 years of age. Eligible children include those who are enrolled in Medicaid, uninsured, underinsured, American Indian or Alaskan Native. These vaccines protect Iowa’s children from 16 vaccine-preventable diseases like tetanus, diphtheria, pertussis, measles and more. In Floyd County, for example, the only VFC provider is the local public health department who provides vaccine services on limited days per month. That means that although a parent may take their child for a well-child visit at a primary care provider office, that child is not receiving vaccines there and the parent has to make an additional appointment to get the child vaccinated. For two-year-old children, not one county in the region has a 100% rate. The closest are Butler, Cerro Gordo, Hancock, Palo Alto, and Worth at 81.6% -85.7%. Winnebago County’s rate is 57.9%. The adolescent completion rates are highest in the same counties that the 2-year old rates are and lowest again in Winnebago. The remaining counties fall in the middle. These basic prevention services are lacking.

Preventive screenings in Iowa are not achieving national benchmarks; in 2016, only 68.2% of age-eligible Iowa residents had a **colorectal cancer** screening. Colorectal cancer usually develops from abnormal growths known as precancerous polyps in the colon and rectum. In the early stages, there are often no symptoms. Some screening tests can detect polyps so they can be removed before they turn into cancer. In 2016, when asked if they had ever had a **mammogram**, 92 percent of all female Iowans ages 40 and older reported having one. For women ages 21 to 65, 81.6% had a **Pap test** in the last 3 years. Although there are several risk factors for cervical cancer, the most important risk factor is infection with the human papillomavirus (HPV). The principal screening test for cervical cancer is the Papanicolaou (Pap) test. This test allows the cellular changes in the cervix to be detected when they are precancerous or at an early stage. Early detection through Pap tests can dramatically lower the incidence of invasive disease and can nearly eliminate deaths from cervical cancer; however, **optimal vaccination could prevent HPV** altogether. Factors like poverty, educational level, and insurance status affect who gets screening tests. Timely access is another issue. Cerro Gordo County is the hub for medical care; with an influx of patients seeking care, appointments are limited. Mason City has two urgent care centers, but again, transportation to these sites is a barrier in rural areas.

Early Childhood Issues

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

Table 6 Teen Birth Rate by County

<i>County</i>	<i>Rate per 1,000</i>		
<i>Kossuth</i>	12	<i>Cerro Gordo</i>	21
<i>Mitchell</i>	10	<i>Chickasaw</i>	13
<i>Palo Alto</i>	16	<i>Floyd</i>	21
<i>Worth</i>	15	<i>Franklin</i>	29
<i>Winnebago</i>	15	<i>Hancock</i>	14
<i>Wright</i>	27	<i>Hardin</i>	19
<i>Butler</i>	13	<i>Howard</i>	14

Children in **poverty** range from 12% (Butler) to 18% (Floyd & Wright Counties) and the region averages 14%. Children in poverty may experience lasting effects on academic achievement, health, and income into adulthood. Low-income children have an increased risk of injuries from accidents and physical abuse and are susceptible to more frequent and severe chronic conditions and their complications like asthma, obesity, diabetes, behavior disorders, and anxiety than children living in high-income households. Adults and children in **single-parent households** are at risk for adverse health outcomes, including mental illness (e.g. substance abuse, depression, suicide) and unhealthy behaviors (e.g. smoking, excessive alcohol use). Children in single-parent households are at greater risk of severe morbidity and all-cause mortality than their peers in a two-parent household.

Participating in WIC helps kids get a good start in life. Overall, the state averages 26% of kids on WIC; however, children 0-4 receiving WIC ranges from 9.1% (Worth) to 39.5% (Cerro Gordo). Another issue plaguing children is homelessness. Head Start children who are **homeless** range from 0% to 2.7%.

The **cost of childcare** is incredibly high in Iowa and can eat up more than 54% of annual household income.

For an infant in a home, child care costs \$7,200 per year and in a center, it is \$10,700 per year. For an infant plus a four-year-old, in the home, it is \$14,000 and nearly \$20,000 per year in the center. Kids who attend public preschool programs are better prepared for kindergarten than kids who don't. While all kids benefit from preschool, poor and disadvantaged kids often make the most gains.

Figure 11 Children in Poverty and Single-Parent Households by County

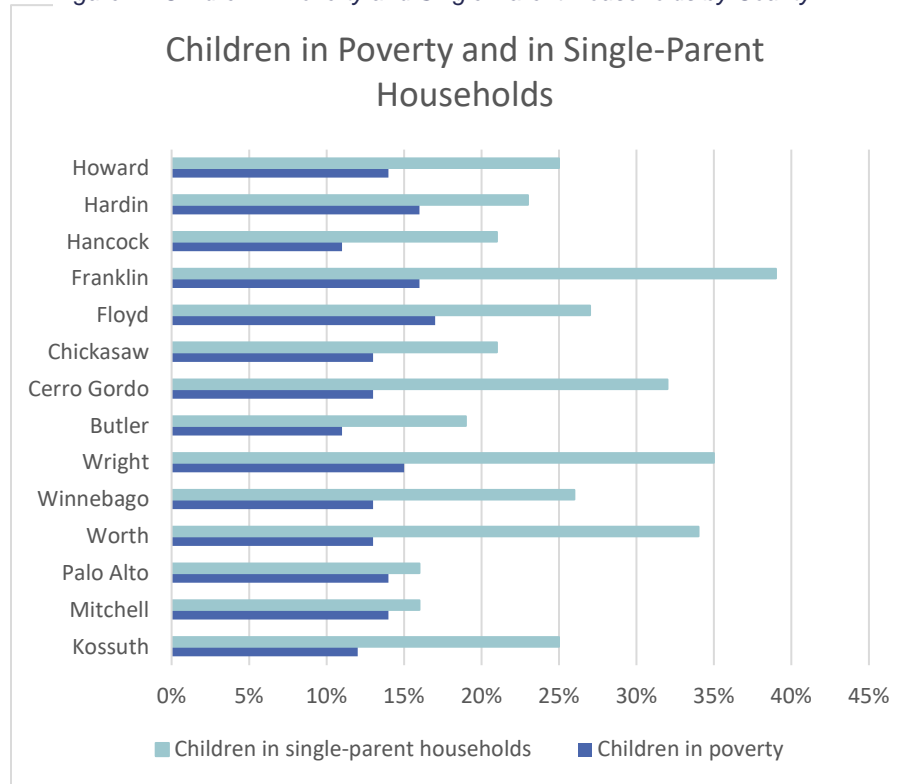
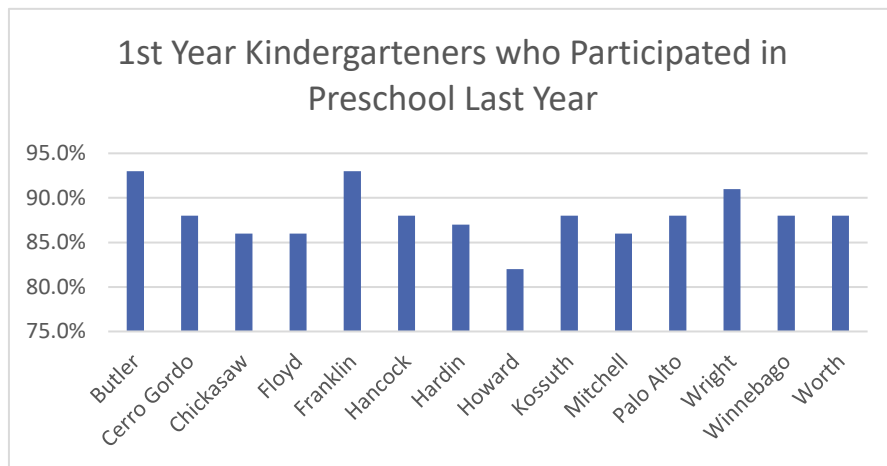


Figure 12 Iowa, Percent of Income Spent on Child Care

Percent of Income Spent on Child Care		
Center		Home
11.8%	Infant child care - married couple family	8.0%
21.6%	Two children - married couple family	15.5%
41.6%	Infant child care - single parent	28.0%
76.0%	Two children - single parent	54.6%
78.1%	Married family with two children at the poverty line	56.1%

Data from Early Childhood Iowa shows the rates of **preschool participation by county** in Figure 13. Franklin County followed by Butler County has the highest rates of participation. The lowest percentage is in Howard County at 82%. Preschool participation prepares children for grade school through instruction built on play, games, art, music, movement, and social and emotional skills which complement learning to count and reading in kindergarten. Early literacy skills measured in kindergarten are subpar in North Iowa. Getting kids ready to read can influence the rest of their life.

Figure 13 Kindergarten Students who Participated in Preschool the Prior Year, by County



Child Abuse

The child welfare system in Iowa has been under enhanced scrutiny in response to recent starvation deaths. Data for 2018 shows that in Iowa, **47% of abused or neglected children were age five or younger**; abuse involving children being exposed to dangerous substances is increasing. It's uncertain whether **sufficient treatment services are available** to meet the upsurge in drug-related cases. Across the region, child abuse rates range from 6.3% in Butler County to 15.8% in Cerro Gordo County (2017 data). The variation in the rates of child abuse among Iowa's counties raises concerns about the sufficiency of resources in parts of the state with notably higher rates of abuse. It also raises the question if there are enough prevention efforts in place.

Housing

Safe affordable housing is a need in North Iowa like in every community nationwide. Housing provides physical safety, protection and access to basic needs. A clean, dry, safe home reduces exposure to harsh weather, communicable diseases, infections, injury, harassment and violence; it provides a secure place to sleep and store food, clothing and medications; and it is essential to promoting personal hygiene and recuperation from illness. State data shows that the **Iowa real estate market** finished on a high note in 2019; sales rose 1.2% and median sales prices were 5% higher than the previous year. While this shows a healthy economy, it also contributes to lack of **affordable housing** available and contributes to the housing cost burden. Higher sale prices equal higher mortgage payments generally. Across North Iowa, many families are spending 20% or more of their income on housing.

There are only a handful of US Housing and Urban Development (**HUD**) **public housing developments** throughout the area; instead HUD **assisted housing** units are more prevalent in north Iowa. Qualifying families and individuals receive subsidies with this programming. Cerro Gordo County has 594 units while Butler has only 29 units. Floyd County and Cerro Gordo are the only ones in the second highest quartile for assistance. Quality affordable housing is difficult to come by in the region. There is also a **rental unit shortage**; the state vacancy rate for rentals is 5%, but in one county in the region, it is a 1.2%.

The age of housing in north Iowa is also an issue. For Iowa, the **median year built for housing is 1968** and in North Iowa it is lower across each county. Cerro Gordo County has a median year built of 1957. Older homes can have a variety of maintenance and health issues associated. **Lead-based paint** wasn't banned until 1978; many older homes have peeling lead paint that contributes to childhood lead poisoning. Other issues include outdated wiring, asbestos, pests and more. Iowa has a high rate of **owner-occupied housing** at 76%. The national rate is 63.8%. Having a high level of homeownership can foster neighborhood stability, permanency for children, and often increased property values.

Conclusion

North central Iowa is facing a changing landscape with reductions in population and a shifting racial and ethnic makeup. Much of this change bring rich cultures and traditions to add to the existing ones. The area varies between micropolitan and rural areas. Developing strategies to meet and improve the challenges posed by health disparities in north Iowa. This will be critical to future positive health changes. Findings from the assessments within this document, indicate solutions are within reach of our current resources, but will require collaboration at a level never seen before in the area. It will also take strong will and a change in mindset of residents. Personal decisions made about parenting, education, diet, and exercise will provide the energy to push forward initiatives in the community health improvement plan.

Data Resources

AARP Livability Index <https://livabilityindex.aarp.org/search#Cerro+Gordo+County,+Iowa>

America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020.

Bureau of Justice Assistance FY 2019 Justice and Mental Health Collaboration Program – Category 3 Grant evaluation conducted by MS Consulting for the City of Mason City, Mason City Police Dept., Grant number: 2019-MO-BX-0049.

Centers for Disease Control and Prevention. National Center for Health Statistics – Iowa. <https://www.cdc.gov/nchs/pressroom/states/iowa/iowa.htm>

Centers for Disease Control and Prevention. (2019). Iowa 2017 Results. <https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=IA>

Cerro Gordo County (2019). HRSA Planning Grant Community Health Assessment.

Cerro Gordo County Department of Public Health. (2020). Program data. Retrieved from November 2019 – January 2020.

Childcare Aware of America. Cost of Childcare. <https://www.childcareaware.org/families/cost-child-care/>

Community Commons. (2019, Nov 5). Retrieved from <https://www.communitycommons.org>

Dwyer-Lindgren L, Bertozzi-Villa A, Stubbs RW, et al. Inequalities in Life Expectancy Among US Counties, 1980 to 2014: Temporal Trends and Key Drivers. *JAMA Intern Med.* 2017;177(7):1003–1011. doi:10.1001/jamainternmed.2017.0918

Elderbridge Agency on Aging Area Plan on Aging <https://www.iowaaging.gov/sites/default/files/library-documents/PSA%201%20Elderbridge%20SFY2020%20Update%20FY2018-2021%20Area%20Plan%20Aging%200.pdf>

Feeding America. Food Insecurity in Iowa. <https://map.feedingamerica.org/county/2017/child/iowa>

Geerling, J.C, Aldridge, G.M., Shim, H. (2018). Alzheimer's Disease. <https://uihc.org/health-topics/alzheimers-disease>

Iowa Association of Realtors. 2019 Year End Housing Stats. <https://www.iowarealtors.com/news?category=Housing+Stats>

Iowa Consortium for Substance Abuse Research and Evaluation. (February 2019). 2018 Iowa Youth Survey State of Iowa Results.

Iowa Department of Public Health. Vital Statistics of Iowa 2018.

Iowa Department of Public Health. The Supplemental Nutrition Assistance Program.
<https://idph.iowa.gov/inn/snap>

Iowa Department of Public Health. Iowa Public Health Tracking Portal. <https://tracking.idph.iowa.gov/>

Iowa Department of Public Health. 2018 Iowa Immunization Program Annual Report.
<https://idph.iowa.gov/immtb/immunization/data-and-reports>

Iowa Department of Public Health. Bureau of Health Statistics. 2018 Vital Statistics of Iowa. Des Moines: Iowa Dept. of Public Health, 2019. Web. <https://idph.iowa.gov/health-statistics/data>.

Iowa Department of Public Health. Health in Iowa BRFSS Annual Report.
<https://idph.iowa.gov/Portals/1/Files/BRFSS/2016BRFSSAnnualReport.pdf>

Iowa State Data Center. Iowa Quick Facts. <https://www.iowadatacenter.org/quickfacts>

Iowa's Workforce and the Economy (2018).
<https://www.iowaworkforcedevelopment.gov/sites/search.iowaworkforcedevelopment.gov/files/documents/2018/2018%20Iowa%27s%20Workforce%20and%20the%20Economy.pdf>

Mason City Youth Task Force Annual Summary 2012-2018.

McDermott KW (IBM Watson Health), Elixhauser A (AHRQ), Sun R (AHRQ). Trends in Hospital Inpatient Stays in the United States, 2005-2014. HCUP Statistical Brief #225. June 2017. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports/statbriefs/sb225-Inpatient-US-Stays-Trends.pdf.

MercyOne Medical Center North Iowa. (2020). Electronic health records database.

Nchako, C. & Cai, L. (December 2018). A closer look at who benefits from SNAP: state-by-state fact sheets. <https://www.cbpp.org/research/food-assistance/a-closer-look-at-who-benefits-from-snap-state-by-state-fact-sheets#Iowa>

North Iowa Community Action Community Health Assessment (2018).

University of Iowa. 2019 Cancer in Iowa.

University of Wisconsin Population Health Institute. County Health Rankings Key Findings 2019.

U.S. Census Bureau. QuickFacts. <https://www.census.gov/quickfacts/fact/table/US/PST045219>

Vision North Iowa Regional Prosperity Strategy
<https://bloximages.chicago2.vip.townnews.com/globegazette.com/content/tncms/assets/v3/editorial/f/c8/fc891c34-c459-5d4a-bb23-9f12d6966bd0/5acd0ea5aba21.pdf.pdf>

Community Health Assessment Survey 2019

The Community Health Assessment survey was developed with the goal of obtaining feedback from the community on their health needs. The Steering Team for the Community Health Assessment (CHA) decided to build one survey that can be used for all participating organizations. This is the first time north Iowa has taken a collaborative, community-approach to the CHA. This process will reduce redundancies across the region. The survey was developed in Qualtrics, a web-based software that creates surveys. The first draft was review by the Steering Team at a meeting to review readability, format and the questions. It was important that this survey applied to all the communities, and captured gaps in health needs. A final draft was sent out to the Steering Team via email for final approval before the distribution plan was activated.

Distribution Plan

The survey began being disseminated on October 24th, 2019. The survey distribution methods used included a link to the survey, postcards with link and QR code, poster, and paper copies. The survey link was posted on the CG Public Health website, partners websites, emails (partners to partners), social media like Facebook, Instagram, Twitter, school and daycare newsletters, and organizational staff newsletters. Personalized marketing materials were offered to each organization if they wished (flyers, postcards, social media posts). These flyers were placed in the Mason City utility bill for the month of November (roughly 1,400 flyers). Posters were handed out at local coffee shops, dental offices, libraries, laundry mats, churches and other local businesses. Paper copies of the survey were distributed to some youth development classes and at blood pressure clinics.

A weekly report of the number of responses was sent out to the Steering Team until the closing date of November 30th, 2019. Our goal was 5,000 responses throughout the region. We fell short with a total of 763 responses. Below is a breakdown of the demographics of the individuals who responded, and data visualization of the survey questions. Once again, if you would like a further breakdown of data for your county, please email to edunbar@cghealth.com.

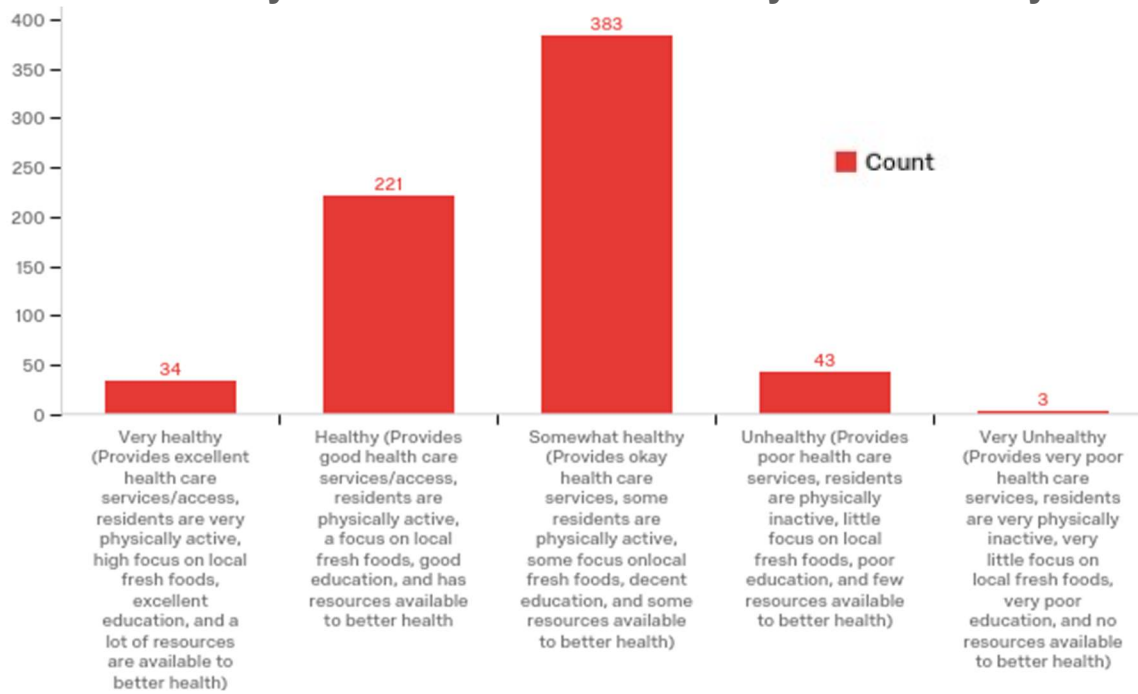
Age					
No Response	Under 16	16-25	26-49	50-65	Over 65
17	22	49	395	245	35

Education					
No Response	8 th Grade or Less	Some High School	GED/HSED	High School Diploma	Some College
21	5	45	3	34	79
Trade School	Associates Degree	Bachelors Degree	Masters Degree	Doctoral Degree	Professional Certification
13	172	244	97	18	32

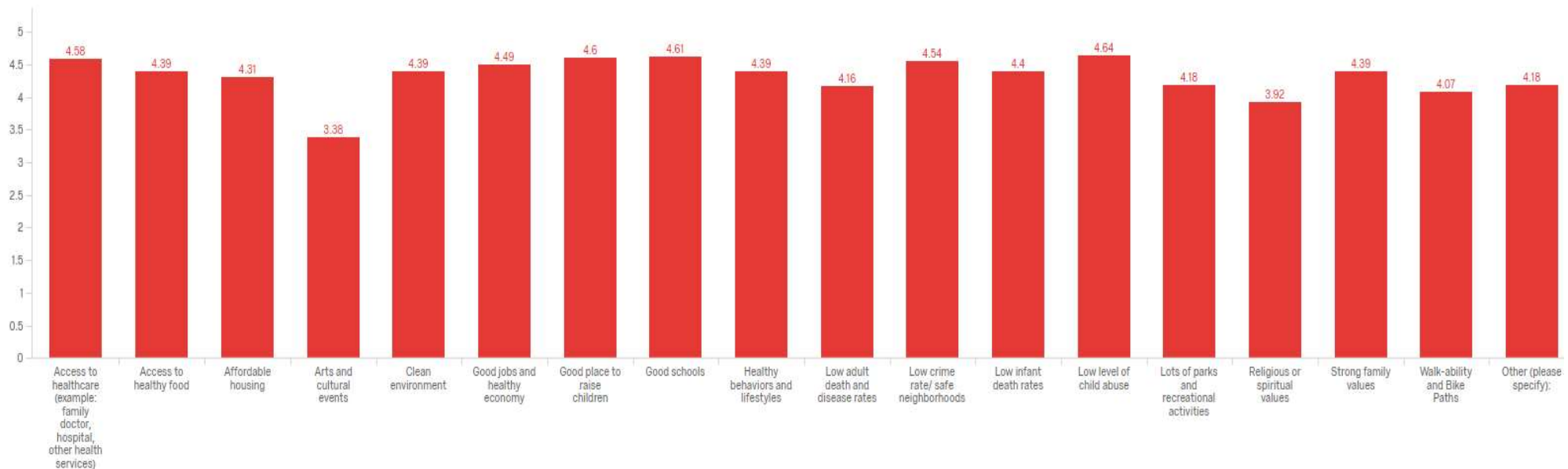
Residence Category		
No Response	Rural (countryside/located outside of towns and cities)	Urban
51	217	495

Responses by County							
Butler	Cerro Gordo	Chickasaw	Floyd	Franklin	Hancock	Hardin	Howard
3	245	9	41	16	162	2	2
Kossuth	Mitchell	Palo Alto	Winnebago	Worth	Wright	Other	
20	4	108	58	23	7	21	

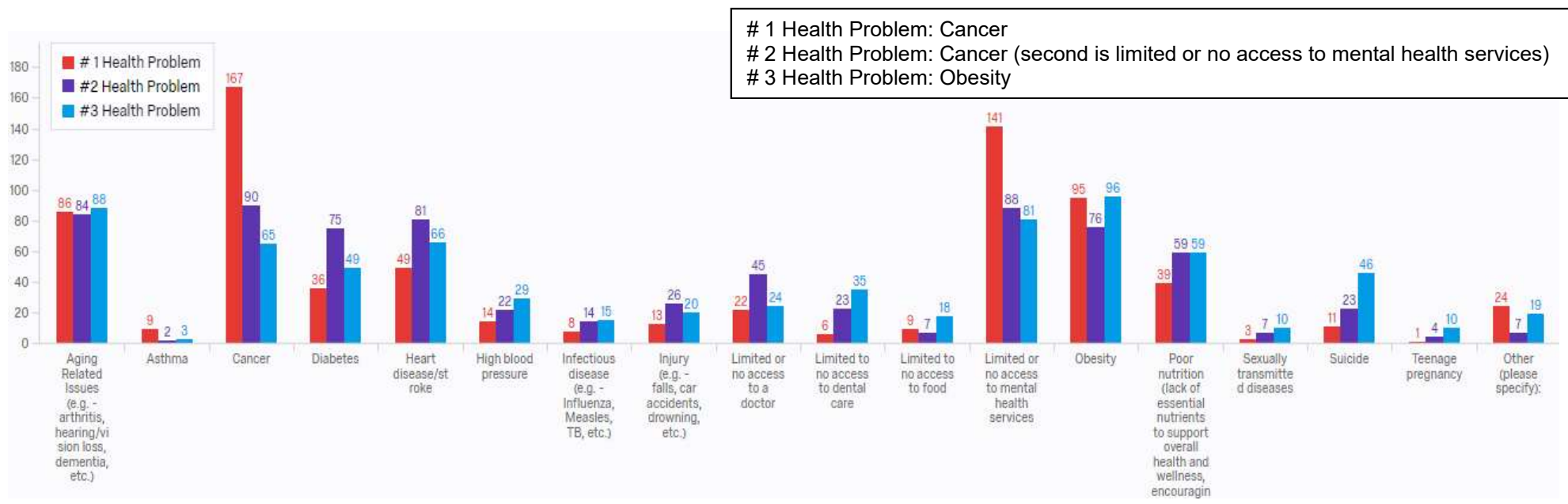
Q1 - How would you rate the overall health of your community?



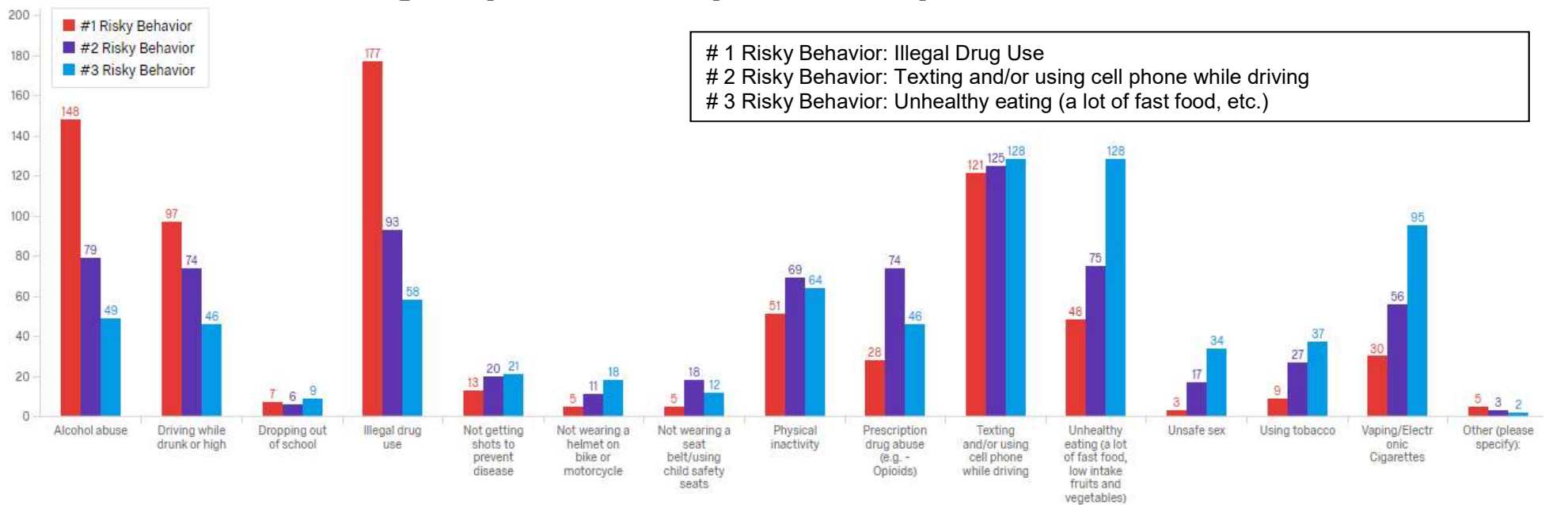
Q2 - Please rate the importance of the following factors for a "healthy community"?



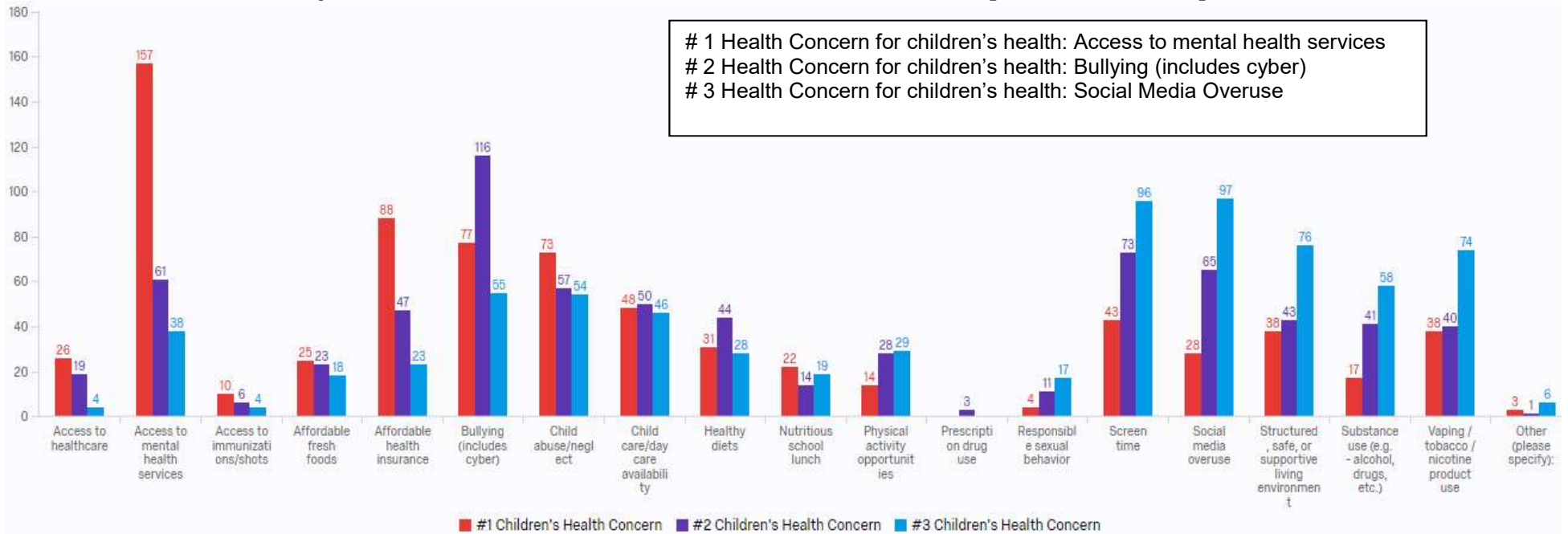
Q3 - Please rank the following health problems in your community.



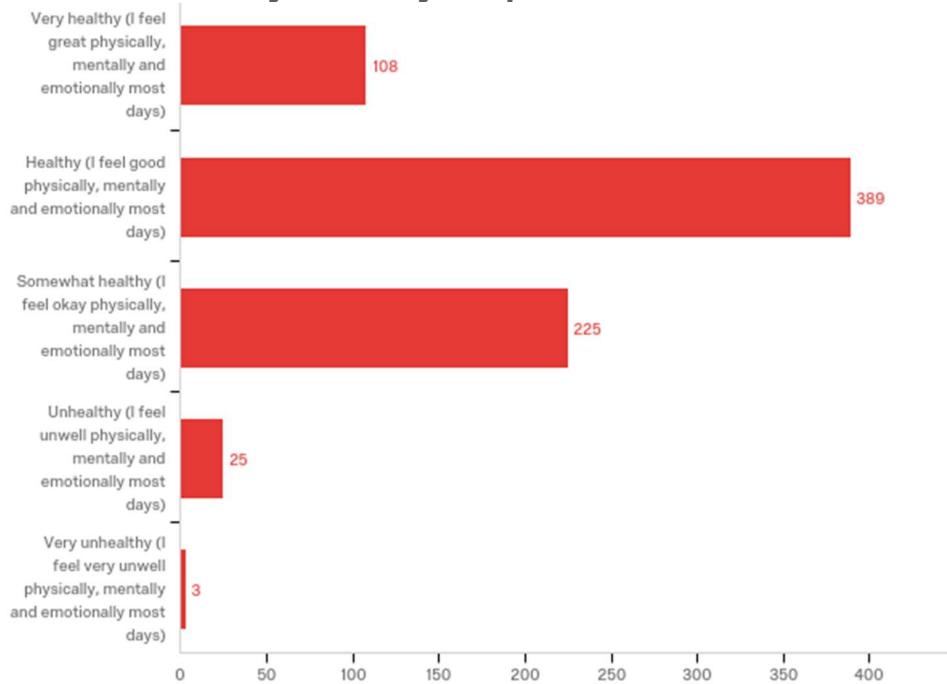
Q4 - Please rank the following "risky behaviors" for your community.



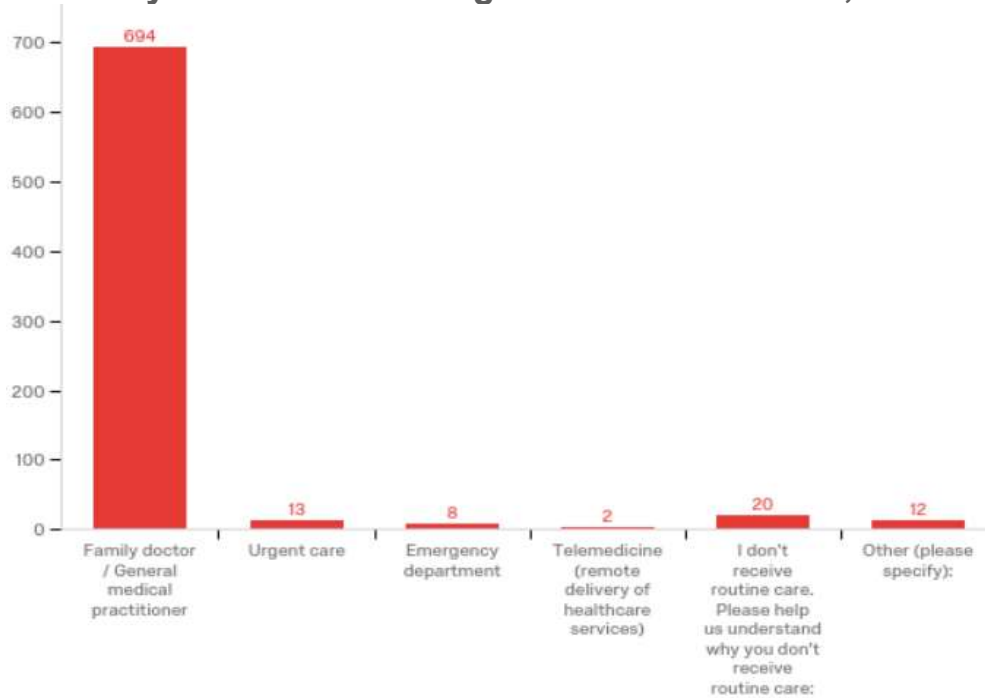
Q5 - Please rank the top health concerns relative to children's health in your community.



Q6 - How would you rate your personal health?



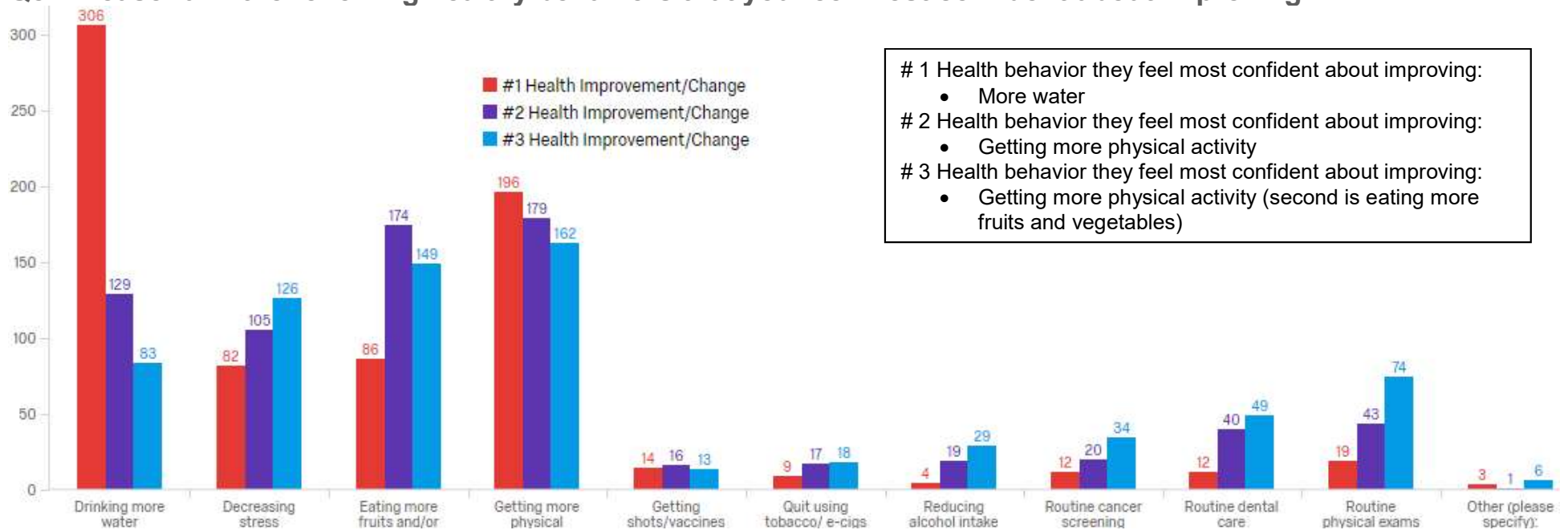
Q7 - On your last routine/regular health care visit, where did you go?



Other:

- I am a doctor - screenings up to date, I will go when needed
- Don't see the need, other than when I'm sick.
- No health insurance
- Cost
- Cannot find a doctor I like
- don't need it
- I have invested in HSA with high deductible insurance. Additionally, I live a very healthy lifestyle and do not observe need for giving business to healthcare industry
- I receive routine biometrics at work and have no chronic health problems
- I simply neglect going to the Doctor too often
- Because I keep myself in good shape
- Because I don't go to the doctor on a regular basis. Like for check ups and stuff.
- I don't know
- Do not like going to the doctor
- Work out of town; hard to schedule
- Lack of trustworthy providers in the area

Q8 - Please rank the following healthy behaviors that you feel most confident about improving.



1 Health behavior they feel most confident about improving:

- More water

2 Health behavior they feel most confident about improving:

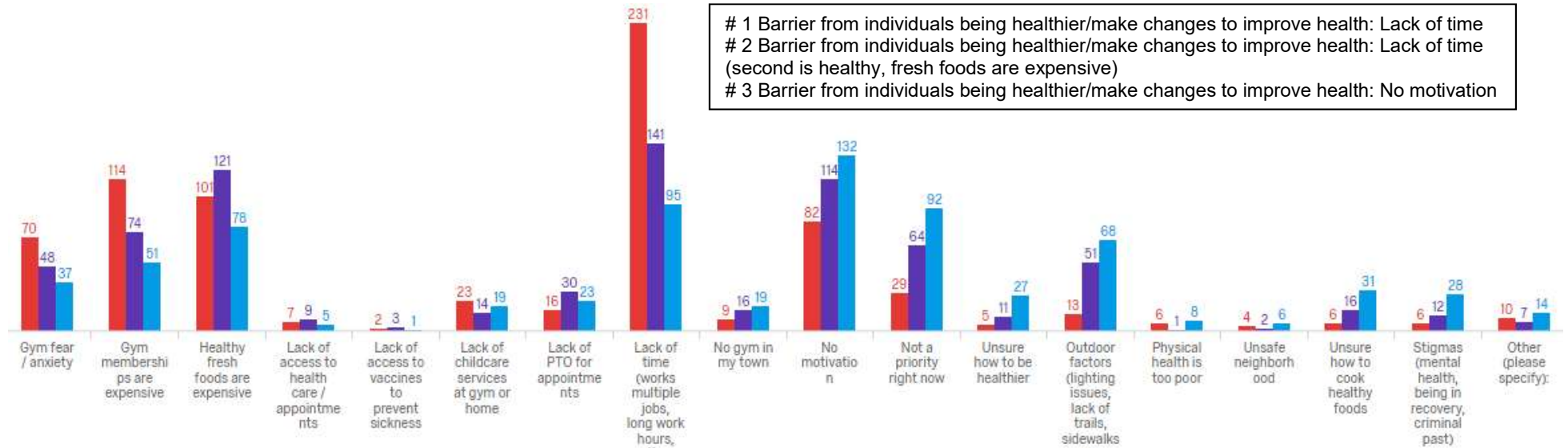
- Getting more physical activity

3 Health behavior they feel most confident about improving:

- Getting more physical activity (second is eating more fruits and vegetables)

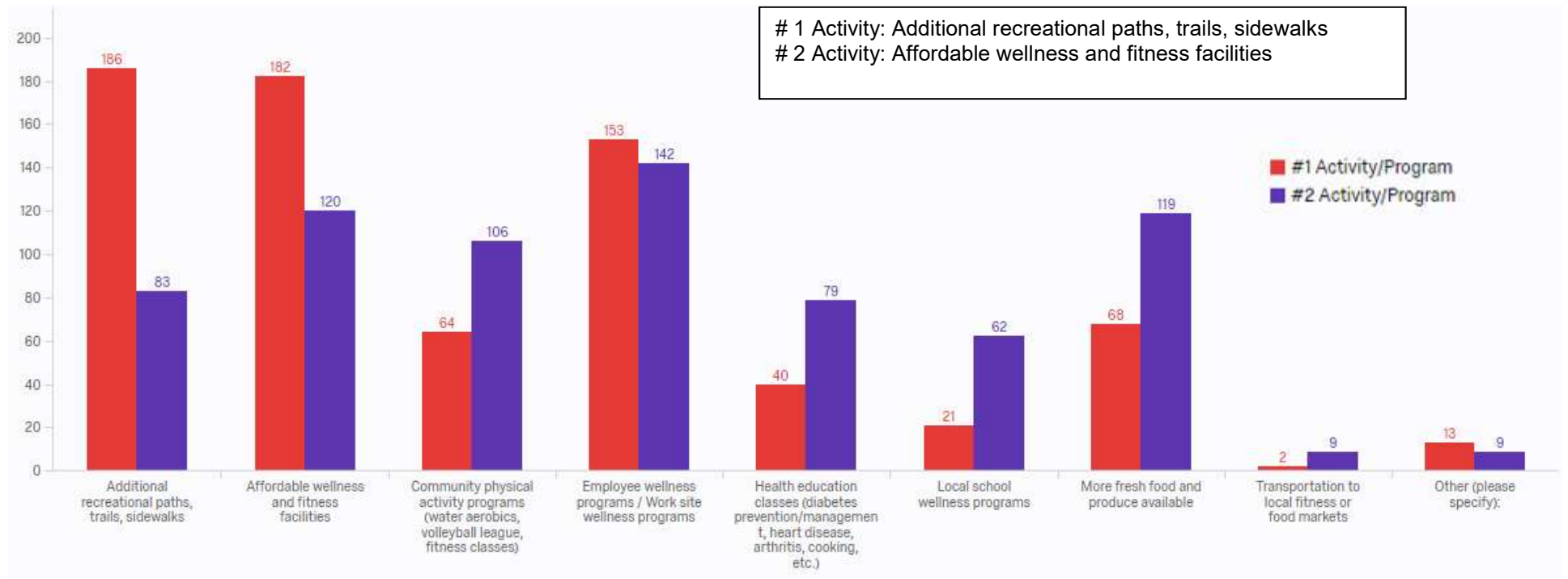
Q9 - Please rank the top reasons that prevent you from being healthier/make changes to improve health.

1 Barrier from individuals being healthier/make changes to improve health: Lack of time
 # 2 Barrier from individuals being healthier/make changes to improve health: Lack of time (second is healthy, fresh foods are expensive)
 # 3 Barrier from individuals being healthier/make changes to improve health: No motivation

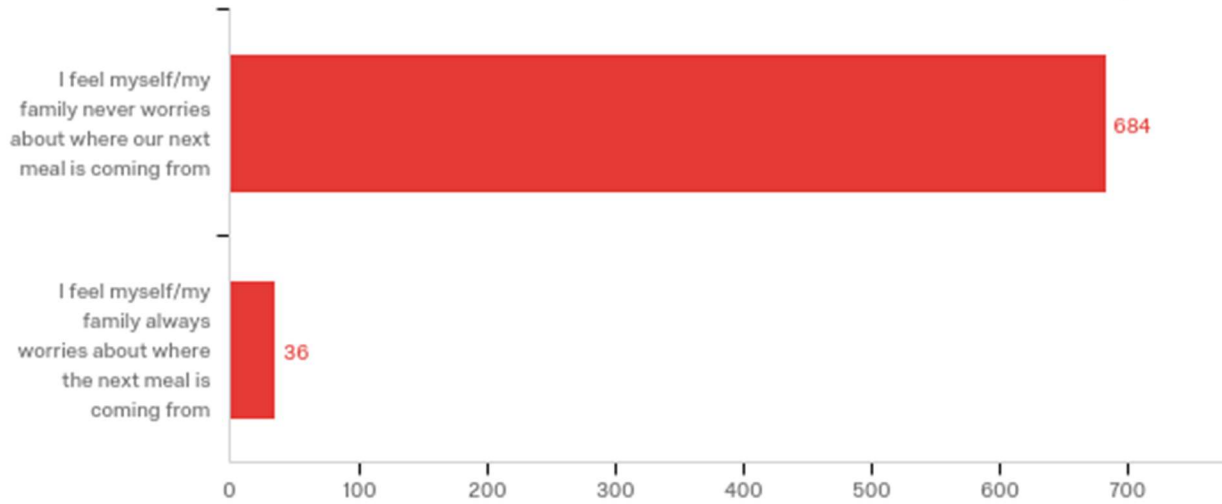


Q10 - Please rank the following activities/programs you feel would help you start or maintain a healthy lifestyle.

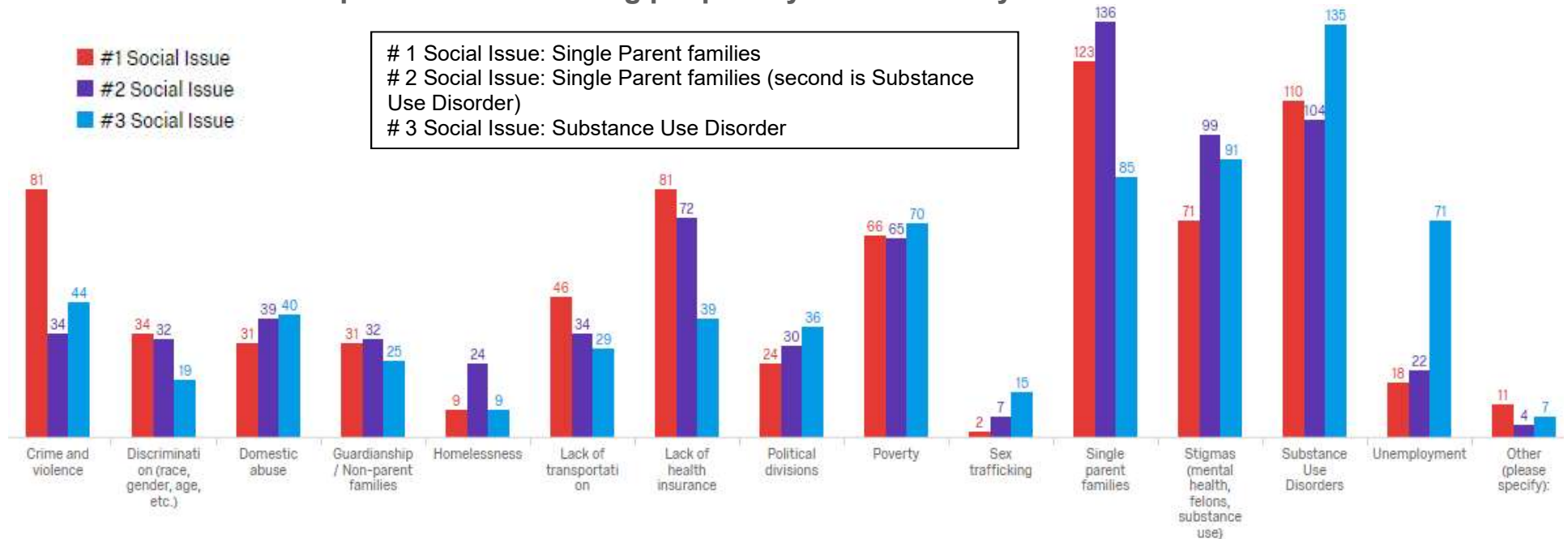
1 Activity: Additional recreational paths, trails, sidewalks
 # 2 Activity: Affordable wellness and fitness facilities



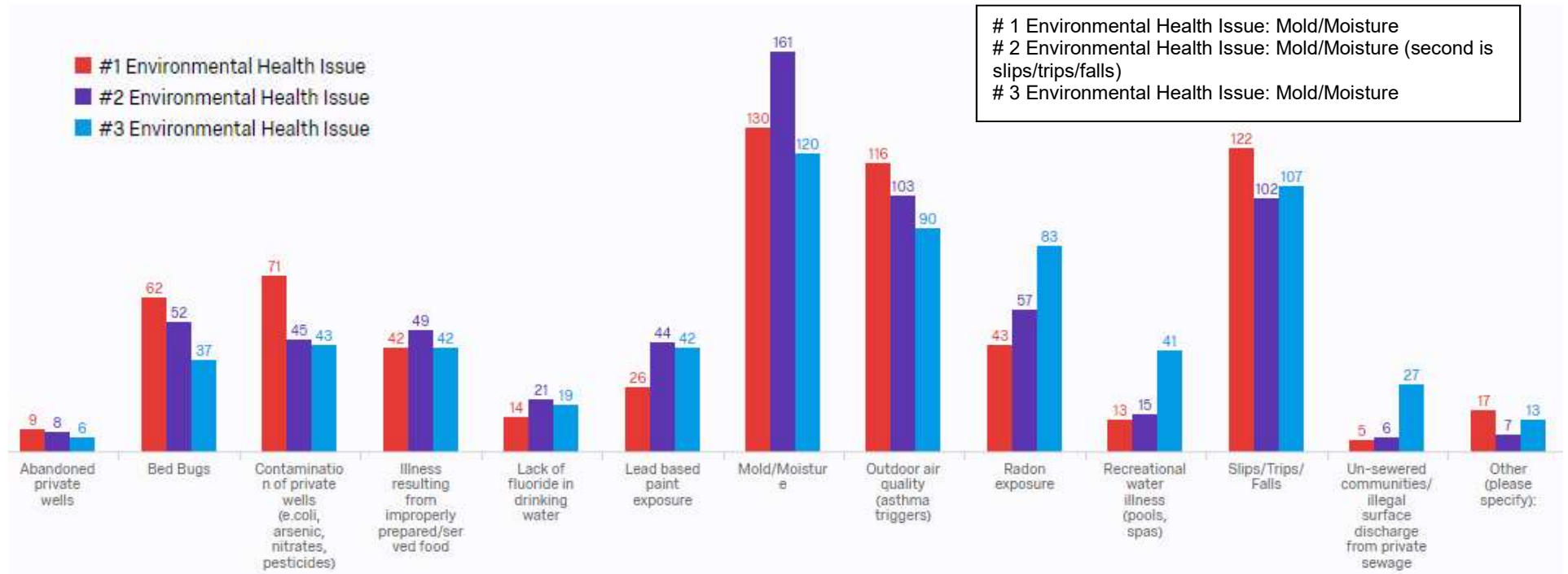
Q27 - Please check one of the statements below that most reflects your current state in regard to food.



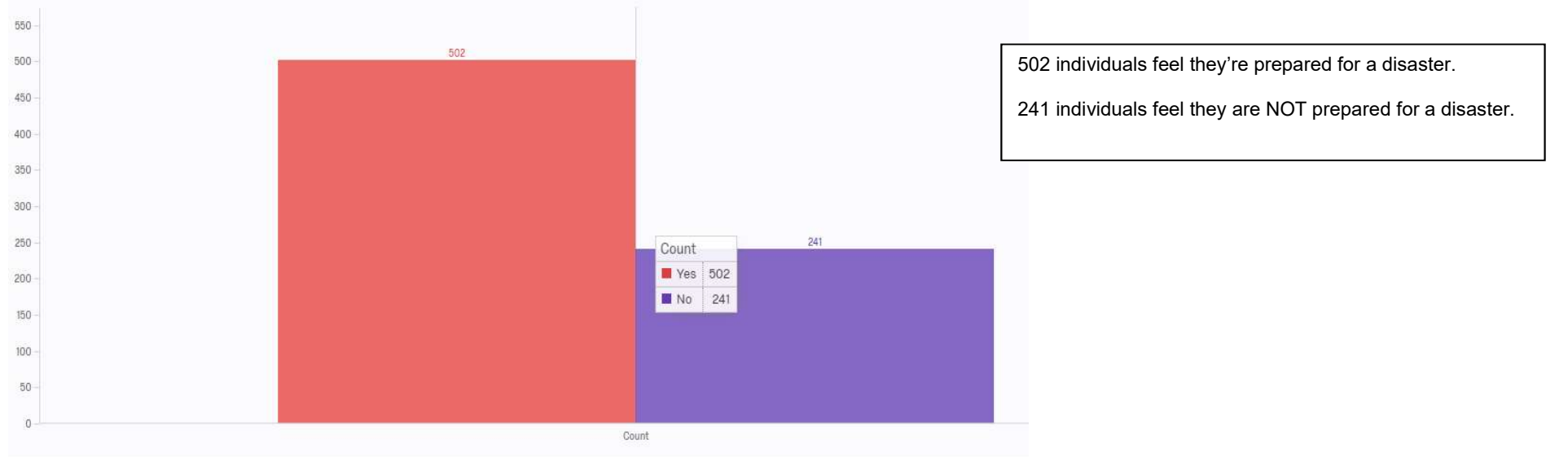
Q11 - Please rank the top social issues facing people in your community.



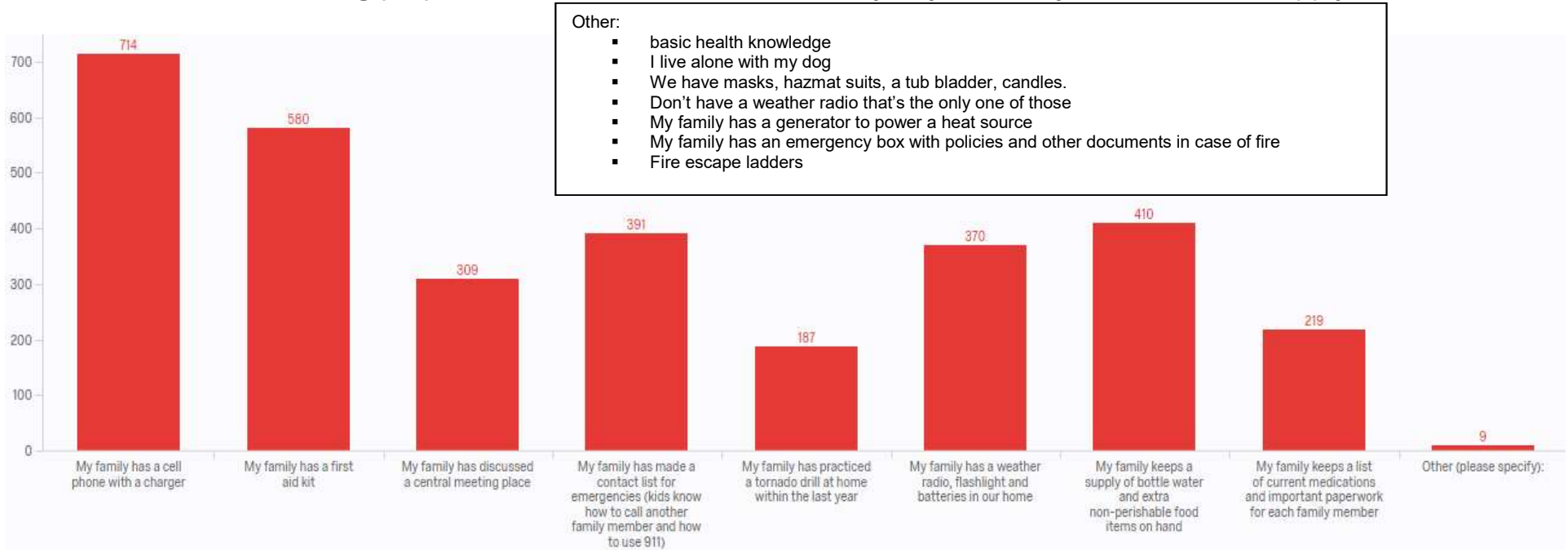
Q12 - Please rank the top environmental health issues in your community.



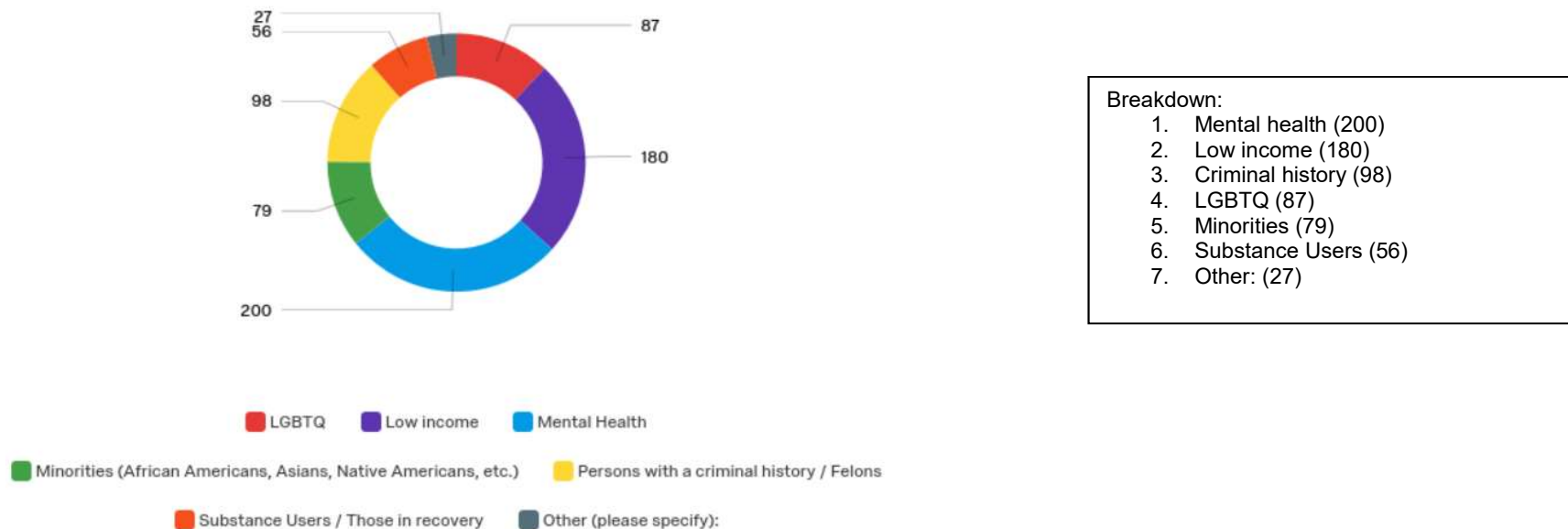
Q13 - Do you / your family feel prepared for a natural, and/or man-made disaster? (Being prepared means having your own food, medications, water and other supplies to last for a least 72 hours.)



Q14 - Which of the following preparedness statements are true for you/your family? Select all that apply:



Q28 - Which group is discriminated against the most in your community? Please choose one.



Q15 - What else is important regarding health that we missed?

What else is important regarding health that we missed?

- Too many people on Medicaid- not willing to work- no pride in themselves.
- this community has a large older adult population. Greater focus on maintaining good physical and mental health
- sometimes i think lack of intelligence
- opportunities for social interactions face to face
- need more access to mental health services / help
- mental health needs are increasing everywhere
- making it affordable for everyone!!!
- isolation, lonesomeness, lack of deep personal connection with others. close friendships
- helping people who are unable to access resources do so and inform the population with no education or a lower IQ about societal issues/health issues/etc.
- expense of healthcare
- exercise -
- effects of wind turbines on general health and also hog confinements/ air quality
- education about diabetes, type one and type two
- cost of health care
- cost of health care
- communities promoting healthy living in public and schools.
- affordable health insurance
- Where is the extra outreach for people with disabilities who often have multiple diagnoses?
- When you asked: Please rank the following activities/programs you feel would help you start or maintain a healthy lifestyle. Another "Other" to describe activities to promote MENTAL health improvement
- When people are released from jail they have nowhere to go.
- We need to help people help themselves and not give them reasons not to work or to try to help themselves
- We need to focus on prevention instead of reaction
- We need more money put to mental health care then building a recreational facility in mason city.
- We need an outdoor pool for kids. Lake is gross. Town smells like hog waste a lot.
- Water quality and lack of testing for cancer causing chemicals from farms
- WE need to motivate people to make healthy choices. People hear what needs to be done but then make bad choices with the money they do have (essential needs vs non essential)
- Vaccines cause more harm than good.
- Unsafe or substandard housing
- Under-insured with High deductible due to government requirements.
- Transportation to health appointments is limited. People should be aware of tele docs more. More strict nuisance regulations on state of houses.
- This question was asked regarding our children, but not specifically regarding the parent/parents: the top health concerns relative to children's health in your community. Stress
- The lack of self-accountability for health.
- The doctor's seem much more rushed and like they have to refer to specialists for everything. It is very frustrating.
- Some of these do not apply to me since I am a household of one
- Public education on hygiene, bedbugs and lice. Also the DHS system is worthless as so many kids do not get the basics at home because of poor parenting even though they are on Medicaid.
- Programs for the elderly who may be living alone on limited incomes.

- People checking into elderly
- Parenting classes for those who are unsure how to raise children with all of the above and more things going on around them
- Parental guidance/training
- Our family includes a child on a special medical diet. We also see specialists in the Twin Cities.
- Not enough public health programs in our communities
- No parents/living with guardian.
- Need schools to continue to improve staff education/practices around ACEs and trauma informed care/education
- More promotion healthy lifestyle, 24/7 gym access
- Mental Health is the most neglected part of our community.
- Mental Health Access Center
- Loneliness. Help filling out complicated forms.
- Lack of mental health practioners for children and teens
- Lack of mental health facilities
- Lack of fitness center
- Lack of enforcement of dilapidated properties and the stigma/health concerns surrounding them.
- Lack of dental providers for Medicaid patients (adults).
- Insurance coverage for preventative education for chronic disease
- I'm curious why single parent families were listed as a social issue. Healthy families take many shapes. Single parents have different challenges because people assume what's best
- I think there is a lot of work stress.
- I feel that awareness of our own health and of others around us helps maintain our healthy lives.
- I don't feel safe in this town walking around on trails or streets after dark (trying to get exercise). We need better lighting, more and better trails, and maybe a group that will patrol those areas.
- How to take care of co pays that are out of this world that insurance doesn't cover ! What do we have insurance if it dont cover it all !
- How to motivate people to get out and take control of their lives
- Handicap accessibility..
- Ground water contamination from pesticide field run off.
- Educating people that rest is important. Rest so you can be physically, emotionally, and spiritually well. We need to go back to the basics: drink water, eat real food, rest.
- Dr Patton sucks
- Depression
- Dental Visits - Regular dental cleanings and check ups.
- Childhood Trauma
- Bring back normal school lunches so the kids can actually get full on a meal without us having to pay for 2 lunches
- Better management of at risk youth in our schools.
- Awareness raising for communities to accept children with autism and related issues
- Awareness of local resources, access of interpreters at those local resources, teen dating violence (sexual assault and child sexual abuse too), stigma on comprehensive adolescent sexual health topics
- Autism should be on list when talking about children questions.
- Affordable insurance is an issue for many families.
- Adding more recreational opportunity - biking, walking paths
- Access to low/no chemical product
- A lot of things needed to health on low income are not covered by insurance. Cant find any help.
- 5210 presents some kind of potential as a tool for Public Health and others

**Health Care Focus Group
November 21, 2019
Mason City**

Those Present

*MercyOne North Iowa Medical Center- Community Care Coordination
Cerro Gordo County Sheriff's Office
MercyOne North Iowa Medical Center- Finance Dept
Private citizen
Mason City Transit
North Iowa Community Action Organization
The Salvation Army
MercyOne North Iowa Medical Center- Director Patient Accounts
CG Public Health
North Iowa Corridor
Healthy Harvest of North Iowa
MercyOne- North Iowa Medical Center-Board of Trustees
MercyOne North Iowa Medical Center -Finance Dept
Clinical Psychologist MercyOne North Iowa Medical Center
Community Benefit Ministry Officer, MercyOne North Iowa Medical Center*

Rank Health of Community

Elizabeth marked areas that correspond to how participants would rate the overall health of Cerro Gordo County. Participants went to the area that fits their belief: Very Healthy, Healthy, Somewhat Healthy, Unhealthy, Very Unhealthy

In their groups, participants discussed why they chose that ranking and reported back to the group.

One participant chose "Healthy" and the remainder chose "Somewhat Healthy".

Factors for a Healthy Community

Elizabeth described that the items printed around the room are commonly identified as factors for a healthy community. Factors include:

- access to healthcare (ex: family dr, hospital, other health services)
- access to healthy food
- affordable housing
- arts and cultural events
- clean environment
- good jobs and healthy economy
- good place to raise kids
- good schools
- healthy behaviors and lifestyles
- low adult death and disease rates

- low crime rate/safe neighborhoods
- low infant death rates
- low level of child abuse
- lots of parks and recreational activities
- religious or spiritual values
- walk-ability and bike paths

Participants placed a yellow star on those items that they'd designate as extremely important for a healthy community.

Those that were designated as extremely important include:

Low level of child abuse: 16 votes
 Access to healthcare: 15 votes
 Healthy behaviors and lifestyles: 15 votes
 Good jobs and healthy economy: 13 votes
 Affordable housing: 13 votes
 Low crime rate/safe neighborhoods: 12 votes
 Access to healthy food: 11 votes
 Clean environment: 9 votes
 Low adult death and disease rates: 9 votes
 Good place to raise kids: 8 votes
 Good schools: 7 votes
 Lots of parks and recreational activities: 7 votes
 Walkability and bike paths: 6 votes
 Low infant death rates: 5 votes
 Religious or spiritual values: 5 votes
 Arts and cultural events: 3 votes
 The following top items were discussed.

Low level of child abuse
 Access to healthcare
 Healthy behaviors and lifestyles
 Good jobs and healthy economy
 Affordable housing
 Low crime rate/safe neighborhoods
 Access to healthy food

Participants were given three red stickers. They placed the stickers on the healthy factor(s) they felt were the top three for the region. The items were then ranked:

Access to healthcare—11 votes
 Good jobs and healthy economy- 10 votes
 Healthy behaviors and lifestyles- 7 votes

Low level of child abuse- 6 votes
Affordable housing- 6 votes
Access to healthy food- 4 votes
Clean environment: 2 votes
Low crime rate/safe neighborhoods- 1 vote

Health Problems

Participants were each given a sheet of paper with some common health problems. They were asked to circle ones that they feel are the top three health problems in the region. Insert comments on each one:

- Aging Related Issues (ex- arthritis, hearing/vision loss, dementia)
- Asthma
- Cancer
- Diabetes
- Heart disease/stroke
- High Blood Pressure
- Infectious disease
- Injury
- Limited or no access to a doctor
- Limited or no access to dental care
- Limited or no access to food
- Limited or no access to mental health services
- Obesity
- Poor nutrition
- Sexually transmitted diseases
- Suicide
- Teenage pregnancy
- Other?

Social Issues

Participants brainstormed social issues facing the residents in the region.

Items discussed include:

- lack of money
- bullying (physical, verbal, on social media)
- domestic violence
- laziness
- underemployment
- physical movement
- lack of knowledge re: nutrition in child care
- lack of affordable childcare
- crassness in societal interactions
- crudeness in interactions among people
- social media (divide people negatively)
- need for social networking
- education/ability to cook from scratch using fresh foods
- alcohol abuse
- violence in movies/TV
- excessive screen time
- too much technology/cell phone use
- me mentality

- vaping
- lack of gun control laws
- violence in schools
- lack of empathy
- minimizing of religion in society
- sex trafficking
- education
- social isolation
- elderly independence/involvement
- opioid use
- lack of morality
- racism
- family dysfunction/conflict
- homelessness
- elder abuse
- tribalism
- political polarization
- distrust of institutions

Comments

Participants discussed those groups that are discriminated in the community. Those listed include:

- the poor
- people of color
- those with an accent
- LGBTQI
- Women
- Obese
- Elderly
- Young people
- Mental health
- Criminal history
- Disabled
- Immigrants
- Religions
- Those with substance abuse issues

Comments

Environmental Issues

Participants listed the top environmental issues in the area:

- Ground water contamination
- Contaminated water ways
- Water quality
- Chemicals- fertilizer
- Drugs in water system
- Walkability
- Pollution
- Littering
- Garbage removal
- Rural contaminated wells
- Bed bugs
- Affordable septic options for property owners
- Poor living conditions
- Need more energy alternatives
- Radon and lead in homes
- Reliance on vehicles
- Low % of land used to grow/raise foods
- Winter conditions- snow/ice
- Seasonal Affective Disorder
- Global warming/climate change

- Home Rehab programs for working class- time/materials
- Community layout (centralized vs decentralized neighborhoods)
- Too many hormones in livestock
- More bars/places to buy alcohol than churches
- Mold in homes

Community Kitchen Focus Group
December 2, 2019
Mason City

HEALTHY COMMUNITY DISCUSSION

Elizabeth asked participants if they felt their community was healthy. All participants said no. Comments include:

- I don't have access to dental in Mason City because none of the dentists take Medicaid.
- Family residency made an appointment with Neurologist and he wasn't told so he missed the appointment and now he can't get in for six months. We need more specialists.

Elizabeth asked participants what they felt made a healthy community. Comments include:

- People should help each other and be friendly

Participants reviewed the list of common aspects of a healthy community and these were the top items they agreed upon:

- Lack of dentists
- Housing
- Specialists (doctors)
- Access to Food
- Transportation (out of town)
- Communication between the different VAs
- Access to Mental Health Services

Additional comments regarding aspects of a healthy community:

- *It took 10 weeks to get SNAP because the worker put the wrong birthday down.*
- *I can't get SNAP with a PO Box and must have a physical address.*
- *I missed out on help with FAVA because I signed my apartment lease too early.*
- *Only 1 of the 5 participants has a car.*
- *The bus doesn't run on holidays or weekends.*

YOUTH

Elizabeth asked participants if they felt kids have a safe place to go. Comments include:

- *None of the participants knew of any place*
- *Participants said there isn't anything for the kids*
- *Participants discussed empty building that could be used for something (Old Y, Sears, Shopko)*

OLDER PEOPLE

Elizabeth led a discussion regarding older people in the community.

Comments include:

- *People are abusive to them and make fun of them.*
- *Flash said he was evicted from the Mason City homeless shelter because he was too old, and staff said he smelled like “old man”.*
- *One of the participants said he is 70 and still lives at home.*

SOCIAL ISSUES

Elizabeth led a discussion regarding older people in the community. She asked participants if different issues were a concern in the area.

Social Issue	General Response	Comments
Crime and Violence	Yes	<i>There are people who come here and start fights</i>
Discrimination	Yes	<i>Race mental illness</i>
LGBTQ	Not here	<i>not sure</i>
Criminal History	Yes	
Substance Abuse Issues	Yes	<i>If people discriminate, they can't get better</i>
Domestic Abuse	Yes	
Political Division	No	
Poverty/Homelessness	Yes	
Sex Trafficking	No	
Single Parents	Yes	

ENVIRONMENTAL ISSUES

Participants discussed environmental issues. The following items were listed as concerns:

- *Bed bugs- That is such a bad issue that the community kitchen can no longer accept donations of clothes.*
- *Mold-yes from the flooding*
- *Sidewalks- Unsafe sidewalks are a huge issue. Flash described falling on the ice and getting a concussion. They talked about how sidewalks get plowed in, the ice and snow is not removed, and there are large cracks and they are uneven.*

MOST NEEDED

Elizabeth asked participants: What area of health-related services could be improved the most here?

- *More Doctors*
- *Additional Homeless Shelters*
- *Address Mental Health Issues*
- *Speed Limits: People don't follow them, and it is dangerous for walkers*

**Early Childhood Group Focus Group
December 10, 2019
Charles City**

HEALTH OF COMMUNITY

Elizabeth asked participants to rank how they would rate the overall health of their community. All said they would describe the health as average.

Elizabeth handed out a printed copy of commonly identified factors for a healthy community and the group was to choose the top 5 that they would designate as extremely important for a healthy community.

Access to healthcare: 8 votes
Low levels of child abuse: 6 votes
Good jobs and healthy economy: 4 votes
Access to healthy food: 3 votes
Affordable housing: 3 votes
Healthy behaviors and lifestyles: 3 votes
Lots of parks and recreational activities: 3 votes
Low crime rate/safe neighborhoods: 3 votes
Good schools: 2 votes
Good place to raise kids: 1 vote
Clean environment: 1 vote
Low adult death and disease rates: 1 vote
Low infant death rates: 1 vote

Those not receiving any votes were:

Arts and cultural events
Religious and spiritual values
Walk-ability and bike paths

The following top items were discussed:

Access to healthcare

*If on Medicaid, children can't get immunizations except at public health
Can't get vision care or dental very easily
No transportation to healthcare outside their community
No healthcare in smaller communities*

Low level of child abuse

Lack of parental support/ education

Good jobs and healthy economy

*Lack of options/ jobs
If pay is decent, then other things aren't a problem (housing, food)*

Access to healthy food

Food deserts in small rural towns- no stores

Healthy food isn't always the most affordable and low shelf life.

Affordable housing

Unsafe rental properties

Rent can be more than mortgage payments, but many aren't able to buy

If basic needs aren't met, you are struggling in many areas

Low crime/safe neighborhoods

When environment is unsafe, families live in survival mode, can't plan

Can be trauma, PTSD, mental health issues

HEALTH PROBLEMS

Participants were each given a sheet of paper with some common health problems. They were asked to circle ones that they feel are the top three health problems in the region.

Aging Related Issues (ex- arthritis, hearing/vision loss, dementia) 5 votes

We are an aging state, there are more elderly.

A sick grandparent can affect the whole family

Asthma- 1 vote

Seems like there's more kids with inhalers

Cancer- 5 votes

It's touched everyone in some way

Seems to be more young people with cancer

Diabetes

Connected with many others on the list

Heart disease/stroke - 1 vote

Connected with others

High Blood Pressure- 1 vote

Infectious disease

No comment

Injury

No comment

Limited or no access to a doctor- 6 votes

No healthcare in smaller communities

No ability to get there so ER is doctor

No one is taking new patients – provider is retiring

Limited or no access to dental care- 5 votes

If have Medicaid limited on providers and they have strict rules, miss an appointment and done.

Limited or no access to food

Links with poor nutrition

No stores in community and no way to get to them

Food bank has limited hours
Even programs like backpack buddies, the food isn't the most healthy
Limited or no access to mental health services- 7 votes
May have to go to Iowa City for some testing for children and there is a wait list 6 months out
Fear of judgement and stigma
Obesity- 1 vote
Links to other health concerns (High blood pressure, heart disease, Type 2 diabetes, etc.)
Poor nutrition- 3 votes
Links to other health concerns
Sexually transmitted diseases
Participants discussed the high number of people in Iowa with HIV and STDs
Suicide 4 votes
Younger and younger kids committing suicide- more anxiety in kids
Veterans committing suicide
Teenage pregnancy- 1 vote
The number seems to be going down? More may be terminating?
Other?
Smoking/Vaping
Drugs and alcohol abuse seem to be getting higher

TRANSPORTATION

Participants were asked how being without a vehicle would affect healthcare of individuals in the community:

- *Wouldn't have a way there- wouldn't go*
- *Would probably utilize ambulance*
- *Can't walk if there isn't a provider in the community*

YOUTH

Participants were asked about youth health needs.

- *Question if getting their immunizations*
- *Is their trauma being treated*
- *No pediatrician in Charles City area*
- *Youth may not utilize resources that are there*
- *It is important that communities have good education and resources for teens*

OLDER ADULTS

Participants were asked about senior health issues in the community.

- *Transportation can become a big burden on family*
- *Cost of medications*
- *Being placed in facilities earlier because no one to help with their care*
- *It is possible to grow old at home if you are healthy*

SOCIAL ISSUES

Participants were asked if they see these social issues facing the residents in the community.

Social Issue	Comments
Crime and Violence	<i>increasing</i>
Discrimination	<i>older population not always aware as what they are saying</i>
LGBTQ	<i>generational</i>
Criminal History	
Substance Abuse Issues	<i>Rampant</i>
Domestic Abuse	
Political Division	
Poverty/Homelessness	<ul style="list-style-type: none"><i>according to school over 50% at poverty level</i><i>couch surfing</i><i>families living together</i>
Sex Trafficking	<i>supposedly</i>
Single Parents/Guardianship/Non-Parental	<i>Lots of this</i>

DISCRIMINATION

Participants discussed those groups that are discriminated in the community. Those listed include:

- Parents with young children with challenging behaviors
Can't find daycare for those children and with no daycare, you lose your job
- Those with a Criminal history
Are they given equal opportunity with jobs?
- Those with Mental Health Issues
Stereotypes- not working because they are lazy

ENVIRONMENTAL ISSUES

Participants listed the top environmental issues in the area:

Pesticide use
Lead in older homes
Asbestos
Radon
Bed bugs
Lice

MOST NEEDED

Elizabeth asked participants: What area of health-related services could be improved the most here?

- *Mental Health*

- *Public/Parent education on basic needs*

OTHER ITEMS

Participants mentioned the following items are also of concern regarding the health of the community:

- *Mennonite population*

**Ministerial Association Focus Group
December 10, 2019
Mason City**

HEALTH OF COMMUNITY

Elizabeth asked participants to rank how they would rate the overall health of their community.

Comments include:

- *Use improvement*
- *How do you define health? Physical, Mental, Spiritual? Feel there is a lot of unrest, no feeling of peace or comradery.*
- *Feel there are lots of resources for mental health but are they known and accessible.*
- *Finding primary healthcare is difficult.*

HEALTH PROBLEMS

Participants were each asked to identify some common health problems.

Inconsistent mental health care

Diabetes

Breathing issues

Cancer

High level of anxiety in the community (instability, lack of contentment)

Isolated seniors in the home

Caregiver stress

OLDER ADULTS

Participants were asked about senior health needs. Comments include:

- *Identified we have a large elderly population*
- *Social isolation*
- *General advocacy*

TRANSPORTATION

Participants were asked how being without a vehicle would affect healthcare of individuals in the community:

- *Don't go until it's a crisis*
- *Don't get dental care because often must go out of town if poor*
- *Some people go to Mayo, but it's a luxury*
- *Church tries to help but many of those who volunteer are getting older and maybe shouldn't be driving*

HEALTH INSURANCE

- *Participants were asked what people do in the community if they don't have health insurance:*
- *People go to ER*
- *People don't go to doctor*

- *People self-medicate*

YOUTH HEALTH

Participants were asked about youth health needs. Comments include:

- *Family systems are more acute*
- *No alternative school for middle school- families are pulling kids out due to violence and moving to other school systems. It's affecting their education*
- *Kids need a trusted non family adult who cares and makes a connection-used to be teachers*
- *Home should be a safe place- families are too busy- parents working a couple jobs*
- *YMCA and church youth groups are good places for kids*

SOCIAL ISSUES

Participants were asked if they see these social issues facing the residents in the region.

Social Issue	General Response	Comments
Crime and Violence	Yes	
Discrimination		
LGBTQ		
Criminal History		
Substance Abuse Issues	Yes	
Domestic Abuse		<i>it's hidden more than we know</i>
Political Division		
Poverty	Yes	
Homelessness	Yes	
Sex Trafficking	Supposedly	
Single Parents/Guardianship	Yes	

DISCRIMINATION

Participants discussed those groups that are discriminated in the community. Those listed include:

- *Race*
- *Class*
- *Those on Medicaid can't always get care*
- *Mental health*
- *People with disabilities*
- *Criminal history- difficulty getting work*
- *LGBTQ- can they be who they are?*

ENVIRONMENT

Participants listed the top environmental health issues in the area:

- *Climate change- not doing anything about this*

- *Plastics/Styrofoam*
- *Butler County high number of cancer cases*
- *Pesticides/Farm chemicals*
- *Indoor air quality*
- *Housing that is safe*
- *Slips/trips/falls with some of the older buildings*

MOST NEEDED

Elizabeth asked participants: What area of health-related services could be improved the most here?

- *Mental Health for all ages*
- *Collaboration and partnership with those offering resources*
- *Stuff to do for youth*
- *Resources for parents*

OTHER ITEMS

Participants mentioned the following items are also of concern regarding the health of the community:

- *Closure/ Ending re: Death not doing it well-people think it's a religious thing*
- *Veterans-access to VA services not good in the community*