

# Johnson County

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## Community Health Needs Assessment Snapshot

### Promote Healthy Behaviors

#### Problems/Needs:

- There was a 7.3% decrease among Johnson County residents enrolled in WIC who did any breastfeeding for 6 months between 2007 and 2008.
- For the 2009-2010 school year, the ICCSD staff has identified 741 students with potential social problems, emotional problems, attention problems or substance abuse problems.
- In 2007, there were 48 undetermined deaths in Iowa children. The risk factors that may have been associated included bed sharing, second hand smoke, position, room temperature, and/or parents under the influence or who have abused substances.
- Despite proximity of care, children on Medicaid, who are at greater risk for dental caries, show lower rates for receiving any dental service (50% in 2009) in Johnson County than the same population statewide.
- In 2009, 33% of Head Start children required dental care in Johnson County.
- The number of adults in Iowa who have been told that they had high blood pressure, or hypertension, increased in between 2005 and 2009.
- Twenty-eight percent of Iowan adults have high blood pressure, which increases the risk for serious health problems including heart attack and stroke.
- The percentage of adults who have high cholesterol has been increasing at the state and national levels, although there was a slight decline in 2009.
- Of adults who have had their cholesterol measured in the past 5 years, 37.5% of adults in Iowa have been told that theirs is high.
- Though Johnson County has better rates than the state level, only 36% of youth surveyed ate at least 3 servings of fruits per day, and 26% ate 3 or more servings of vegetables a day.
- Less than one-fifth of Iowan adults eat at least five servings of fruits and vegetables per day. This number is much lower than the 23.3% national rate.
- Fifty-two percent of Johnson County youth (grades 6, 8, and 11) participated in physical activity for at least 60 minutes on at least 5 days of the last week.
- Less than half of adults in Iowa meet the physical activity recommendation for health. Iowa's physical activity rates have consistently been lower than national figures.
- Thirteen and a half percent of Iowa high school students were overweight in 2007. Over 11% were obese.
- Iowa adults have higher overweight and obesity rates than the national levels, with over two-thirds of Iowan adults being either

overweight or obese.

- About 75% of Iowans have had their cholesterol checked in the past 5 years, which is lower than the national level.
- Under 64% of Iowans aged 50 and above have ever had a colonoscopy or sigmoidoscopy.

## Prevent Injuries

### Problems/Needs:

- Of the unintentional injury deaths in Johnson County in the past 5 years, the most common causes of death include motor vehicle accidents (30%), falls (29%), and poisonings (19%).
- Unintentional injuries are a top cause of death for younger age groups, and the leading contributor to potential years of life lost at both the state and national levels.
- Over 23% of Johnson County residents aged 65 and above report a physical disability.
- Johnson County residents with a disability have a much lower percentage of employment and education beyond high school than do residents without a disability.
- Almost 6 percent of 5-15 year old Johnson County residents report a mental disability.
- The percentage of Johnson County African Americans aged 16-64 who report a disability is almost three times higher than whites.
- The percentage of American Indian Iowans aged 16-64 who report a disability is twice as high as the percentage of whites.
- There are approximately 10 suicide deaths in Johnson County per year.
- Around 7% of Iowa high school students reported attempting suicide in the past 12 months.
- Region 6 (which includes Johnson County) had the second highest rate of work-related fatalities in Iowa in 2008 (10 deaths) due to “other” and agricultural deaths.

## Protect Against Environmental Hazards

### Problems/Needs:

- Johnson County has seen a slight increase in adult blood lead levels. Prevalence rates have gone from 1.47 in 2005 to 2.3 in 2007. Region 6 (which includes Johnson County) had the second highest rate of work-related fatalities in Iowa in 2008 (10 deaths) due to “other” and agricultural deaths.
- Pesticide exposures increased in Johnson County from 5 in 2004 to 17 in 2005. The majority of the exposures come from insecticides and herbicides.
- Johnson County emitted 56 to 130 thousand tons of greenhouse gases in 2002 compared to Iowa’s emissions of 800 thousand tons in 2005. Most greenhouse gases are due to electricity and fuel consumption and agricultural gases.
- Air particulate matter 2.5 was 14 ug/m<sup>3</sup> for Johnson County in 2005, which exceeded Iowa’s rate of 12 ug/mg<sup>3</sup> and the US’s level of 12.5ug/m<sup>3</sup>. Particulate matter 2.5 is mainly due to emissions from power plants, industries, and automobiles.

- Although water quality violations are on the decline in Johnson County, Hills had a perchlorate concentration in February-March 2004 of 4.10-18.5 ppb. The EPA has not set a specific limit but does indicate a need for cleanup for levels between 4 and 18 ppb.
- Two food-borne disease outbreaks (1 in 2006 and 1 in 2007) occurred at private parties in Johnson County where the food was home-cooked. Improper holding temperatures and/or cross-contamination of cooking utensils are possible causes for the outbreaks.

## Prevent Epidemics and the Spread of Disease

### Problems/Needs:

- The Lyme Disease rate rose significantly in Johnson County in 2007 (28.5) and 2008 (29.6), and is higher than the state rate (4.1 in 2007, 3.6 in 2008).
- Johnson County experienced an outbreak of pertussis in 2005 and higher rates of pertussis than state and US rates from 2005-2008.
- There was a Cryptosporidiosis outbreak in Johnson County in 2008 in various water recreation facilities.
- The E. Coli rate tripled in 2007 and 2008. Cases were not outbreak related.
- There was an outbreak of Hepatitis A in 2008 in an extended family group.
- Johnson County had 3 non-outbreak-related cases of meningococcal disease in 2007 (rate of 2.4).
- In 2006, Johnson County experienced a large outbreak of mumps (rate of 161.2) in a well-immunized college-aged population.
- Johnson County had an elevated rate of shigellosis in 2007 (6.5, representing 8 cases).
- Johnson County had high rates of tuberculosis from 2005-2008 (1.6-4.1) in comparison to the state (1.4-1.9).
- JCPH's percentage of children 24 months of age who were fully immunized fell below 90% in 2007-2009.
- The percentage of adolescents immunized for Td, Tdap, MCV4, and HPV4 is well below 90% in Iowa and US.
- Immunization disparities occurred in the Black and Hispanic US adult populations in 2007.
- Johnson County's Chlamydia rate in 2008 was 506/100,000, 1.6 times the state rate of 314/100,000.
- Johnson County's HIV prevalence rate in 2008 was 152/100,000, 2.6 times the state rate of 53.8/100,000.
- Johnson County's Gonorrhea rate in 2008 was 77.2/100,000 and is growing, when state (57/100,000) and national (111.6/100,000) rates were decreasing.
- Johnson County's Syphilis rate in 2008 was 8.8/100,000, 2.6 times the state rate of 3/100,000.

## Prepare for, Respond to, and Recover from Public Health Emergencies

### Problems/Needs:

- Operationalized forms are needed for sections of the JCPH Emergency Response Plan.
- Need to develop method to determine if the public is receiving emergency prevention and control messages.
- The Incident Commander needs to delegate more tasks to the individual positions early on, rather than attempting to accomplish too much on own.
- Communication barriers need to be identified and problem-solved through as quickly as possible.
- Need to review importance of complete and accurate documentation with staff.
- Need to improve methods for call-down/notifications in order for message to be relayed accurately and quickly. Pandemic Influenza Plan needs to be reviewed and updated.

## Strengthen the Public Health Infrastructure

### Problems/Needs:

- Data representing access to healthcare is lacking in Johnson County.
- A large percentage of lowans are using emergency rooms as a means of primary care, which results in greater uncompensated debt for hospitals; UIHC is a prime example.
- In Johnson County the 4th grade students' reading scores and 8th grade students' math scores on the ITBS have decreased from 2003 to 2008, while the state scores have increased.
- In the state of Iowa, for percentage of students proficient on the ITBS reading comprehension tests: African American, Hispanic, American Indian, and eligibility for free or reduced priced meals averaged only 45-60% proficiency. Students who were disabled, migrant or English language learners averaged only 25-40% proficiency.
- Poverty rates in Johnson County were higher than the state and national rates in 2008, with the census reporting 15.7% of Johnson County residents living below the poverty line; the state of Iowa reports 11.4% below the poverty line, whereas national trends indicate 13.2% are below the poverty line.
- The number of Johnson County residents living in poverty has increased for the past three years. An estimated 2,966 children under age 18, or 11%, live in poverty.
- Participation in the Food Assistance Program and eligibility for free or reduced school lunch has increased in the past five years in Johnson County.
- The waiting list for the public housing units is approximately 1,000 persons long, and the voucher program has a waiting list of approximately 1,700 people.
- The number of nights of shelter provided by the Shelter House increased sharply in 2009 as have the number of people receiving shelter and average number of nights per stay.

## Community Health Improvement Plan

Goal	Strategies	Who is responsible?	When? (Timeline)
Assess workplace environments & determine how supportive they are in encouraging healthy nutrition and physical activity behaviors by January 1, 2011. Further goals will be set based on environment assessment results	1. Identify the top 10 employers in Johnson County where a workplace environment assessment will take place.	Diana Preschool. Chuck Dufano, Chris Catney, Pete Wallace, Laurie Walkner, Graham Dameron	To be completed by 1-Jan 2011.
	2. Develop the workplace environment assessment tool.		
	3. Contact the top 10 employers and assess their workplace environment.		

Goal	Strategies	Who is responsible?	When? (Timeline)
Gather and summarize at least two new local measurements of uninsured and underinsured citizens in Johnson County by December 2014.	1. Form an ongoing group to discuss data available and collection of needed data	Andy Weigel, JCPH	21-Jan-11
	2. Form partnerships with groups already gathering local data (e.g., UI faculty/staff, state/national surveys)	Andy Weigel, JCPH	Dec-11

Goal	Strategies	Who is responsible?	When? (Timeline)
Decrease by 10%, the number of emergency room visits for non-emergency visits by December 2014	1. Form a group to develop a menu of non-emergency healthcare options and a strategy to market it	Andy Weigel, JCPH	21-Jan-11
	2. Recruit interested providers to distribute menu, refer clients to primary care providers, and collect data on clients with a primary care provider	Access to care primary care subgroup	Spring 2012
	3. Develop a strategy to address the barriers to increase the number of clients with a usual source of care	Access to care primary care subgroup	Fall 2013

Goal	Strategies	Who is responsible?	When? (Timeline)
Assemble compendium of strategic plans and initiatives addressing alcohol problems in Johnson County.	1. Contact Partnership for Alcohol Safety (PAS), University of Iowa, JJYD, MECCA, and other partners for copies of plans. Assemble electronically.	JCPH/MECCA	By the end of June 2011

Goal	Strategies	Who is responsible?	When? (Timeline)
Increase awareness of alcohol risk among students in K-12 and college freshmen and their parents.	1. Assess current status of alcohol education: a) University of Iowa- freshmen alcohol education; b)K-12 requirements (elementary status unknown; Life Skills used in Jr. Highs; HS has mandatory health classes but extent of alcohol education unknown)	School Districts/MECCA	Before end of 2010-2011 school year
	2. Develop a Guidebook for Talking to Students About Alcohol Use. Provide the Guidebook electronically on HD, schools, MECCA and other organization websites. Provide printed guidebook as needed. Use graduate student under mentorship of community orgs to pull together information.	Collaboration MECCA/Schools/JCPH/ U of I College of Public Health	Dec-11
	3. Implement a community Awareness Campaign: <ul style="list-style-type: none"> <li>Identify resources to produce handbooks for hard copy distribution and have printed.</li> <li>Assemble community partners to identify opportunities to share information (i.e. websites, forums, newsletters, etc)</li> <li>Roll out campaign with media events</li> </ul>	All Alcohol Community Partners	Jan-12

Goal	Strategies	Who is responsible?	When? (Timeline)
Change State policy and legislation to allow more control over liquor licenses at the local level	1. Work with municipalities to develop model legislative language needed to effect local control. Explore models from other States on liquor license policies. Enlist support of League of Cities, ISAC and other advocacy groups to develop legislative strategy	JCPH, municipal leaders, County and City attorneys	2013 – 2014 legislative session
	2. Work with municipal leaders to identify local policies to move towards local consistency (i.e. server training; bar entry age; compliance checks, etc.)	JCPH, municipal leaders, County and City attorneys	Begin 2012 and on-going

Goal	Strategies	Who is responsible?	When? (Timeline)
Reduce access to alcohol by underage or intoxicated individuals	1. Assess level of server training currently in place.	MECCA/IABC	2012
	2. Advocate mandatory TIPS training for all persons serving alcohol.	MECCA/IABC	2012
	3. Decrease the density of downtown Iowa City alcohol outlets. a) Review bar density requirements in IC zoning ordinance to identify potential weakness; b) Continue to work with the Downtown Diversity group from PAS to explore and promote non-alcohol-based business for the downtown area.	PAS	On-going
	4. Encourage uniform enforcement of underage drinking laws and advocate for strategies as recommended by law enforcement and other municipal leaders.	PAS	On-going
	5. Encourage restriction of marketing of alcoholic beverages clearly targeted to underage persons – alcopops.	Agency directors and other personnel	Begin July 2011 then on-going

Goal	Strategies	Who is responsible?	When? (Timeline)
Provide information to the public regarding mental health in the hopes of reducing social stigma against people with mental illness.	1. Provide 3 PSAs to the media	Linda Severson	31-Dec-11
	2. Provide 2 Lunch and Learns at the Community Health Center	Shari Zastrow	31-Dec-11
	3. Put on displays at North Liberty, Iowa City, and Coralville Public Libraries	Shari Zastrow	31-Dec-11
	4. Invite someone impacted by mental illness to give a public presentation.	Bruce Juetten	31-Dec-11
	5. Continue participation on Johnson County Suicide Prevention Coalition	Annette Scheib	Ongoing

Goal	Strategies	Who is responsible?	When? (Timeline)
Recruit members for the Mental Health Committee	1. Contact NAMI about the opportunity	Keri Neblett	1-Jul-11
	2. Contact University of Iowa and Kirkwood about the opportunity.	Julie Bleecker	1-Jul-11
	3. Contact the school systems in Johnson County about the opportunity.	Julie Bleecker	1-Jul-11

Goal	Strategies	Who is responsible?	When? (Timeline)
Continue Coordination with the Johnson County Obesity Task Force	1. Contact JC Obesity Task Force facilitator to obtain strategies the Task Force is implementing.	JCPH Obesity, Nutrition, and Physical Activity HIP workgroup facilitator	Each calendar quarter: January, April, July, and October.
	2. Share the strategies of the JC HIP Obesity, Nutrition, and Physical Exercise group is working on.	JCPH Obesity, Nutrition, and Physical Activity HIP workgroup facilitator	Each calendar quarter: January, April, July, and October.
	3. Make sure the two groups' strategies are building on one another and groups are not duplicating efforts.	JCPH Obesity, Nutrition, and Physical Activity HIP workgroup facilitator	Each calendar quarter: January, April, July, and October.