
110.10

Needs Assessment

Overview

Introduction

During FFY2011, each county board of health was charged with the responsibility to complete a Community Health Needs Assessment and Health Improvement Plan (CHNA-HIP). These 99 plans were developed by community teams of health professionals, community leaders, and consumers and identified health priorities and proposed activities addressing those priorities. The plans were submitted electronically to the Iowa Department of Public Health and can be accessed from the department's web page. Progress reports were submitted in 2013 and information will continue to be updated regularly.

Relationship to WIC grant application

The twenty WIC contractors are strongly encouraged to be involved in developing the CHNA-HIPs for their service areas by providing data, participating in discussions, and assisting with the written plan. The WIC office visit requires state WIC consultants to review local agencies involvement in the county CHNA-HIP activities with local agency coordinators.

WIC contractors are also strongly encouraged to link their activities and action plans to the community priorities identified in these plans.

Minority impact statement

During the 2008 legislative session a new grant requirement was enacted into Iowa Code. Iowa Code 8.11 states that each application for a grant from a state agency must include a minority impact statement. This statement must include the following information:

- Any disproportionate or unique impact of proposed policies or program on minority persons in Iowa,
- A rationale for the existence of program or policies having an impact on minority persons in Iowa, and
- Evidence of consultation of representatives of minority persons in cases where a policy or program has an identifiable impact on minority persons in Iowa.

The minority impact statements submitted will then be used by the state for informational purposes.

Special Population Groups

Introduction Several vulnerable population groups reside in Iowa. Provision of WIC services to these populations is facilitated by:

- Coordinated efforts through integrated services, and
- Using interpreters.

Native Americans The Native American population is a relatively small part of the general population of Iowa. WIC services are coordinated with other health services as follows:

- Mid-Iowa Community Action participates in a child health clinic at the Tama Indian Settlement. The Tama settlement is also part of the Northern Plains Healthy Start Project.
- Siouxland District Health Department cooperates with the Four Directions Community Center in Sioux City, Iowa.

Migrants The migrant population in Iowa is small, but faces language barriers in accessing WIC and health services. WIC services are coordinated with Proteus, an agency that provides health services to the migrant population in Iowa. Proteus has staff available to assist with translation services and arrangements for special clinics during migrant season.

Johnson County WIC provides services from 6:30 pm – 9 pm in July and August at the local migrant camps.

Non-English speaking immigrants Immigration continues to be a factor in Iowa with the majority of current immigrants coming from Burma, Sudan, Liberia or Spanish speaking countries. These individuals also face language barriers in accessing WIC and health services. WIC contractors continue to work with interpreters and language line services to provide clinic services. The state WIC office has also placed a priority on producing print and audiovisual materials in both English and Spanish. Training opportunities about culturally-competent service delivery are periodically offered through state conferences and in the ongoing series of nutrition workshops. Most recently Burmese, Sudanese, and Liberian fact sheets have been developed and are distributed to staff at the annual Maternal Nutrition Workshop.
