

BLACK HAWK COUNTY

Community Health Needs Assessment (CHNA) Report



For additional information about this report, CONTACT:

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Promote Healthy Living Assessment

includes topics such as addictive behaviors (tobacco, alcohol, drugs, gambling), chronic disease (mental health, cardiovascular disease, cancer, asthma, diabetes, arthritis, etc.), elderly wellness, family planning, infant, child & family health, nutrition and healthy food options, oral health, physical activity, pregnancy & birth, and wellness.

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:	
1 Compliance to asthma action plan for children ages 5 - 14.	Black Hawk County rate of hospitalization for children with asthma, ages 5 - 14, is approximately 3 fold the state rate at 180.76/100,000 population, compared to Iowa at 65.42/100,000. Black Hawk County rate of emergency room visits for children ages 5 - 14 is approximately 1.5 the state rate at 768.92/100,000, compared to Iowa at 513.12/100,000 (IDPH Tracking Portal 2009 – 2013).	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other	<input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:	
2 Limited health literacy specific to preventive measures and early warning signs of cardiovascular disease and stroke in disproportionate low-income populations.	Black Hawk County rate of hospitalization for stroke is 21% higher at 200.05 per 100,000 of population, compared to Iowa at 165.26 per 100,000. Black Hawk County rate of hospitalization for heart failure (all ages) is 15.4% higher at 236.97 per 100,000 of population, compared to Iowa at 200.49 per 100,000 (IDPH Tracking Portal, 2009-2013). Nearly half of all adults have difficulty understanding and using health information, and there is a higher rate of hospitalization and use of emergency services among consumers with limited health literacy (Institute of Medicine Report, Health Literacy: A Prescription to End Confusion 2004). Representatives of local health systems report a disproportionate number of low-income persons presenting with low health literacy and knowledge regarding cardiovascular disease and stroke (Black Hawk County focus group 2015).	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other	<input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
3 Prevalence of mental health conditions within the community sectors of K-12 education, correctional and health care systems.	<p>A mutual association between chronic conditions and mental health disorders contribute to a cycle of poor health (Healthy People 2020, Leading Health Indicators – Mental Health). From 1995 to 2008, antipsychotic drug use increased from 6.2 to 14.2 million treatment visits. Following widespread use of antipsychotic agents, awareness of the cardiometabolic side effects (weight gain, hyperglycemia, diabetes, and dyslipidemia), has grown, particularly since 2003, when the Food and Drug Administration issued a class warning about second-generation antipsychotic drugs. In 2004, the American Diabetes Association, American Psychiatric Association, American Association of Clinical Endocrinologists, and North American Association for the Study of Obesity published a consensus statement for monitoring all consumers taking second-generation antipsychotic drugs (Alexander et al. 2011; Cotes et al. 2015). An estimated 1 in 5 children nationally (5,500 Black Hawk County) has a mental, emotional or behavioral disorder (diagnosed & undiagnosed); including approximately 3,000 children who may have a Serious Emotional Disturbance (SED), causing significant impairment in their ability to function at home, school or community. Approximately 50% of at-risk youth will either not be diagnosed, never receive treatment and/or suffer co-morbid cardiometabolic side effects (Unity Point-Black Hawk Grundy Mental Health Center 2015; Cotes, et al 2015). An estimated 1 in 4 adults nationally (29,000 Black Hawk County) may experience a mental health problem or illness in their lifetime and up to 60% of this population will either not be diagnosed, never receive treatment due to stigma, lack of insurance, transportation barriers or mental health provider shortages and/or suffer co-morbid cardiometabolic side effects (Unity Point-Black Hawk Grundy Mental Health Center 2015; Cotes, et al 2015). Approximately one-third of the Black Hawk County jail population include persons with a diagnosed mental health problem for which they receive treatment within the jail facility (Black Hawk Co Jail 2015).</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Prevent Injuries & Violence Assessment

includes topics such as brain injury, disability, EMS trauma & system development, intentional injuries (violent & abusive behavior, suicide), occupational health & safety, and unintentional injuries (motor vehicle crashes, falls, poisoning, drowning, etc.).

Injuries & Violence Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Promote evidence based injury prevention interventions targeting older adults ages 65 and older.	Falls are one of the leading causes of injury resulting in hospitalizations and deaths among older adults in Iowa. The 5-year average (2008 – 2012) age-adjusted death rates due to unintentional falls in Iowa of 9.4/100,000 were greater than the national average of 7.8 per 100,000. One in every three older adults reports a fall to their healthcare provider; and the rate doubles when considering persons who do not report falls. In Black Hawk County, the hospitalization rate for falls is 3.22/100,000 (all ages) and 16.14 for persons 65 years and older; as compared to Iowa at 3.54 (all ages) and 17.38 for persons 65 years and older. In Black Hawk County the fall death rate is 9.9/100,000 (all ages) and 57.2 for persons ages 65 and older; as compared to Iowa at 14.6 (all ages) and 84.3 for persons ages 65 and older (Falls in Iowa: County Deaths and Hospitalizations 2009-2013). Sustained improvement in exercise levels of Black Hawk County participants in, A Matter of Balance (evidence-based health promotion), measured by an overall positive change (≥+0.1) in responses from last class survey to 6-month follow-up was +0.34 (Senior Services - Seattle, WA 2010).	No	<input checked="" type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Protect Against Environmental Hazards Assessment

includes topics such as drinking water protection, food waste, food safety, fluoridation, hazardous materials, hazardous waste, healthy homes, impaired waterways, lead poisoning, nuisances, on site wastewater systems, radon, radiological health, soil erosion, and vector control.

Environmental Hazards Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Provide education on public health laws to promote food safety.	Promote compliance to retail food standards and Iowa food code (Chapter 137F). Population based indicators of percent temporary event license applications received more than three business days in advance of an event; and percent non-exempt food establishments with at least one Certified Food Protection Manager were identified during the design of the Black Hawk County Board of Health performance management system. Baseline data are in process of collection (Black Hawk County Board of Health Performance Management 2015). 2015 reports of Shigella increased approximately 4 fold from 2014 (Iowa Disease Surveillance System, IDSS 2015).	No	<input checked="" type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Environmental Hazards Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Ensure uniformity in the application of local environmental health laws and regulations.	No systematic review of local ordinances impacting environmental public health has been established. Population based indicators were developed during the design of the Black Hawk County Board of Health performance management system (Black Hawk County Board of Health Performance Management 2015).	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

BLACK HAWK COUNTY

Prevent Epidemics & the Spread of Disease Assessment

includes topics such as disease investigation, control & surveillance, HIV/AIDS, immunization, reportable diseases, sexually transmitted diseases (STDs), and tuberculosis (TB).

Epidemics & Spread of Disease Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Control the spread of communicable disease (Chlamydia) to protect adolescents ages 12 - 19.	Positivity rate for Chlamydia in persons ages 12 – 19 screened at Black Hawk County Community Based Screening Service sites (CBSS) was 16%, as compared to persons 20 years and older at 11%. Population-based indicator was identified during the design of the Black Hawk County Board of Health performance management system (Iowa Family Planning Council 2014; Black Hawk County Board of Health Performance Management 2015).	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Epidemics & Spread of Disease Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Control the spread of communicable disease (Gonorrhea) by increasing the partner index value.	2015 Black Hawk County partner index* for Gonorrhea disease was 0.64 as compared to Iowa at 0.94. Population-based indicator was identified during the design of the Black Hawk County Board of Health performance management system (IDSS 2015; Black Hawk County Board of Health Performance Management 2015). *Partner Index Value: Number of partners interviewed per case.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Prepare for, Respond to, & Recover from Public Health Emergencies Assessment

includes topics such as communication networks, emergency planning, emergency response, individual preparedness, recovery planning, risk communication, and surge capacity.

Preparedness Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Enhance capacity for public health non-pharmaceutical strategies for disease and exposure control.	During the latter part of 2014 and throughout 2015, Black Hawk County provided Ebola disease surveillance for approximately 25% of all West African newcomers to the state of Iowa. Black Hawk County also experienced a 28% increase in communicable disease case investigations over a three year period 2013 - 2015, including episodic highly infectious diseases (measles). Hazardous vulnerability assessment was completed by the Cedar Valley Health Care Coalition for emergency preparedness during February 2016 (State of Iowa Ebola Traveler Surveillance 2014 – 2015; IDSS 2015).	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Strengthen the Health Infrastructure Assessment

includes topics such as access to quality health services, community engagement, evaluation, food security, food systems, food and nutrition assistance (SNAP, WIC), health facilities, health insurance, medical care, organizational capacity, planning, quality improvement, social determinants (e.g., education & poverty levels), transportation, and workforce (e.g., primary care, dental, mental health, public health).

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:	
1 Reduce food insecurity and increase access to nutritious foods (fruits and vegetables).	Over 19,000 people in Black Hawk County do not know where their next meal will come from (with children approx 33% of this group); one in every two students enrolled in K-12 Black Hawk County schools meet eligibility for the free and reduced lunch program (2009 – 2013), including a 32% increase in eligibility from 2006 – 2013. Over 17,000 people in Black Hawk County have limited access to fruits and vegetables, as defined in distance to grocery stores or farmers’ markets and ability to pay (Black Hawk County Assessment of the Food System 2014).	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other	<input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:	
2 Promote policy and environmental change strategies in support of a pedestrian master plan and complete streets.	All roadways in the Black Hawk County Metropolitan Planning Organization are regarded as a pedestrian route, unless specifically designated otherwise. Baseline conditions and performance measures are under analysis to address built environmental goals around safety, connectivity, wellness, and design. Safety eliminates real and perceived barriers; connectivity ensures residential neighborhoods have adequate pedestrian access to nearby destinations; wellness ensures a walkable infrastructure for moving naturally to accomplish activities of daily living; and design aims for reconstruction best practices. Of persons surveyed, 45.9% indicated creating a walkable community is “very important” (Iowa Northland Regional Council of Governments Pedestrian Plan - in process).	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other	<input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

BLACK HAWK COUNTY

FEBRUARY 28, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT SNAPSHOT



Promote Healthy Living

- Priority #1 Compliance to asthma action plan for children ages 5 - 14.
- Priority #2 Limited health literacy specific to preventive measures and early warning signs of cardiovascular disease and stroke in disproportionate low-income populations.
- Priority #3 Prevalence of mental health conditions within the community sectors of K-12 education, correctional and health care systems.



Prevent Injuries & Violence

- Priority #1 Promote evidence based injury prevention interventions targeting older adults ages 65 and older.



Protect Against Environmental Hazards

- Priority #1 Provide education on public health laws to promote food safety.
- Priority #2 Ensure uniformity in the application of local environmental health laws and regulations.



Prevent Epidemics & the Spread of Disease

- Priority #1 Control the spread of communicable disease (Chlamydia) to protect adolescents ages 12 - 19.
- Priority #2 Control the spread of communicable disease (Gonorrhea) by increasing the partner index value.



Prepare for, Respond to, & Recover from Public Health Emergencies

- Priority #1 Enhance capacity for public health non-pharmaceutical strategies for disease and exposure control.



Strengthen the Health Infrastructure

- Priority #1 Reduce food insecurity and increase access to nutritious foods (fruits and vegetables).
- Priority #2 Promote policy and environmental change strategies in support of a pedestrian master plan and complete streets.