

Clay 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 Breast cancer mortality in women	<p>In Clay County, the breast cancer rate is 137.1 (per 100,000) with an average of 16 new cases diagnosed annually. This is higher than the Iowa and U.S. rates of 123. Data from the county survey showed that 45% of women aged 40 and over reported having a mammogram screening in the past year. In addition, 59.6% of Medicare enrollees report having a mammogram compared to the Iowa rate of 66.4% Clay County's cancer mortality rate is higher than both the state and U.S rates. This data is relevant because breast cancer is the 2nd most common cause of death due to cancer in Iowa and interventions should be targeted to site specific cancers.</p> <p>Data sources: Health Indicators Report-Community Commons website and the Clay County CHNA Survey 2016.</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

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 Colon and rectum cancer mortality	<p>In Clay County, the incidence of colon and rectum cancer is 48.1 (per 100,000) with an average of 11 new cases diagnosed annually. This is higher than the Iowa rate of 47.2 and the U.S. rate of 41.9. The percentage of adults age 50+ who have ever been screened for colon cancer is 56.3 in Clay County which is lower than the Iowa rate of 60% and U.S. rate is 61.3%. Clay County's cancer mortality rate is higher than both the state and U.S rates. This data is relevant because colon and rectum cancer has the 3rd highest mortality rate for both males and females in Iowa and interventions should be targeted to site specific cancers.</p> <p>Data sources: Health Indicators Report-Community Commons website.</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

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 Overweight and obesity in adults and children	<p>The percentage of overweight adults (BMI 25-29.0) in Clay County is 39.7, higher than the state average of 35% and U.S. rate of 35.8%. This percentage has risen 2.7 % since 2010. The percentage of adults with obesity (BMI 30 & over) is 30.1. This rate has leveled off with very little change at the local or state level. These issues are also prevalent in our children. A 2010 IDPH assessment of Iowa elementary school children found 37% were either overweight or obese. BMI data has been collected for Spencer K-6 students since 2013. For the 13-14 school year, the prevalence of overweight OR obesity was 29%; obesity only was 14%. In 14-15, the prevalence of overweight OR obesity dropped to 26%; obesity only dropped to 11%.</p> <p>Data sources: IDPH, Health Indicators Report-Community Commons website, and Clay County Public Health.</p>	No	<input 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

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4 Hypertension in adults	<p>In Clay County, 27% of adults aged 18 and older have been told by a doctor that they have high blood pressure. The Iowa rate is 25.2%. Data from the county survey showed that 16.5% of respondents indicated high blood pressure as a 'top three' personal health challenge. It ranked the 4th most common out of 20 choices. This is relevant because chronic hypertension can lead to damage of the heart, brain, and kidneys.</p> <p>Data sources: Health Indicators Report-Community Commons website and the Clay County CHNA Survey 2016.</p>	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

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5 Adults who smoke	<p>In Clay County, an estimated 20.1% of adults age 18 or older currently smoke cigarettes. The Iowa rate and U.S. rates are both 18.1%. This is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Clay County's heart disease rate is 7%, higher than the Iowa rate of 4.2% and U.S. rate of 4.4%. Also, Clay County averages 13 new cases of lung cancer each year.</p> <p>Data source: Health Indicators Report-Community Commons</p>	No	<input 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

website.

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:
6 Inadequate fruit/vegetable consumption in adults	<p>In Clay County, 84.4% of adults consume less than 5 servings of fruits and vegetables each day which is higher than the state of Iowa rate of 80.7% and the U.S. rate of 75.7%. In addition, data from the county survey showed that 79% of respondents consume less than 5 servings of fruits and vegetables daily.</p> <p>Data sources: Health Indicators Report-Community Commons website and the Clay County CHNA Survey 2016.</p>	No	<p><input type="checkbox"/> Other priorities rated higher</p> <p><input type="checkbox"/> Existing programs already address problem/need</p> <p><input checked="" type="checkbox"/> Lack of human resources/ staff</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Community partners do not exist</p> <p><input checked="" type="checkbox"/> Lead organization does not exist</p> <p><input type="checkbox"/> Lack of financial resources</p>

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:
7 Chronic pain	<p>Chronic pain affects more Americans than diabetes, heart disease and cancer combined. The costs associated with chronic pain range between \$560-635 billion dollars annually. The most common reported conditions resulting in chronic pain are low back pain, severe headache/migraine, and neck pain. Data from our county survey showed that this type of pain ranked third most common health challenge faced by respondents. 21% marked chronic pain as a "top three" personal health challenge.</p> <p>Data sources: Institute of Medicine Report on Advancing Pain Research, Care, and Education and the Clay County CHNA Survey 2016.</p>	No	<p><input checked="" type="checkbox"/> Other priorities rated higher</p> <p><input type="checkbox"/> Existing programs already address problem/need</p> <p><input type="checkbox"/> Lack of human resources/ staff</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Community partners do not exist</p> <p><input type="checkbox"/> Lead organization does not exist</p> <p><input type="checkbox"/> Lack of financial resources</p>

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 Falls in adults ages 50+	<p>Falls are a leading cause of injury hospitalization and death among older adults in Iowa. According to the CDC, falls can cause injuries such as hip fractures and head trauma, and have been shown to increase the risk of early death. In Clay County, hospitalizations due to falls in adults are higher than the state of Iowa average. Rates are per 1,000 population. The Clay County rate for ages 50-64 = 3.16; state rate=2.26. Clay County's rate for ages 65+=18.16; state rate=17.38. In Clay County, deaths due to falls are also higher than the state average. These rates are per 100,000 population. The Clay County rate of deaths for ages 50-64 = 11.1; state rate=6. Clay County's rate for ages 65+=109.3; state rate=84.3. The incidence of falls is underreported, yet accounts for rising medical charges experienced by many older adults.</p> <p>Data Source: Falls in Iowa: County Deaths and Hospitalizations 2009-2013 Data</p>	No	<p> <input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input checked="" type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ </p> <p> <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources </p>

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 Radon	<p>Radon is estimated to cause thousands of lung cancer deaths in the U.S. every year. The average indoor radon level in Clay County is 10.8 pCi/L, based on homes tested. The national average is 1.3 pCi/L. There is no known safe level of radon, however interventions to reduce radon levels in a home should begin with a level of 4 pCi/L or above. 73% of Clay County tests show a level of 4 pCi/L or above.</p> <p>Data Source: Iowa Department of Public Health and Air Chek, Inc.</p>	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

Clay 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 Adolescent immunizations	<p>Adolescents ages 13-15 are assessed annually in Iowa to assure they have received 3 Hep B, 1 Meningococcal, 2 MMR, 1 Tdap, and 2 varicella. In 2014, Clay County's rate of adolescents who have completed these immunizations was 34%, compared to the state average of 45%. In addition, 3 HPV vaccinations are assessed in this age group. Clay County's rate of the HPV vaccination series completion was 22% for females and 14% for males. The state averages were 27% and 15% respectively.</p> <p>Data source: IDPH-2014 Iowa Immunization Program Annual Report</p>	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

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 Emergency planning and response	The Clay County Health Care Coalition is currently comprised of representatives from Public Health, Spencer Hospital, EMA, EMS, and Environmental Health. In order to provide a strong community response to hazards experienced in Clay County, growth of the coalition may be necessary. Membership should expand, as needed, for a collaborative response to particular emergencies. Partner organizations may represent the special needs population, mental health, businesses, schools, government, and law enforcement.	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

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 Coordination of behavioral health services for children and adults.	<p>Data from the county survey showed that 9% of respondents marked mental/behavioral health as a "top three" personal health challenge; 21% have needed mental/behavioral care and of those 32% had trouble finding a provider to meet their needs. The top 3 barriers to accessing care were 1) lack of available professionals, 2) financial constraints, and 3) the stigma of mental health. For children's behavioral health needs, over half of survey respondents indicated the need for more services, education, or support in the community. This was most noted for autism spectrum disorders, ADHD, and suicide prevention. In 2015, there were 387 children (ages 0-20) and 581 adults (21 and over) served by Seasons Center for Behavioral Health in Clay County. Stakeholders identified 1) disjointed coordination of services and 2) lack of awareness of available resources as issues.</p> <p>Data sources: Clay County CHNA Survey 2016 and Seasons Center, Spencer, IA.</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

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 Accessible community services for elderly and disabled	<p>Keeping elders and/or disabled residents in their homes as long as possible is beneficial financially, as well as for their quality of life. Data from the county survey showed that 26% of respondents ranked "elder care services" as a "top three" need for the improvement of the community's health and well-being. In Clay County 19% of the population is ages 65+. This is higher than the state (15.3%) or U.S. (13.8%) percentages. In addition, 13.5% of Clay County's population reports having a disability. This is also higher than the state and U.S. percentages. Geographically, approximately 34% of the county population has a rural address or resides in one of the county's small communities. Of these, 16 % are over the age of 65. Spencer</p>	No	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input checked="" 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

has many resources available to elders and those with disabilities. However, resources in rural communities are often minimal (i.e. Meals of Wheels, access to groceries, etc.) Economic and social insecurity often are associated with poor health. Without a network of supportive, accessible, and affordable resources, this vulnerable population is at risk for placement in costly long term care facilities.

Data sources: U.S. Census Bureau, Health Indicators Report-Community Commons website and the Clay County CHNA Survey 2016.

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:	
3 Fast food access and consumption	<p>The number of fast food restaurants per 100,000 population in Clay County is 126 which is almost double the Iowa rate of 63.8. The U.S. rate is 72.7. In addition, the county survey indicated 32% of respondents eat fast food more than once per week. And 38% chose "access to healthy food" as a "top three" need for the improvement of the community's health and well-being. In addition, data shows Clay County's rates of adult overweight and obesity and fruit and vegetable consumption are lower than the state and U.S. rates (see data above). This data is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.</p> <p>Data sources: Health Indicators Report-Community Commons website and the Clay County CHNA Survey 2016.</p>	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 checked="" type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Clay County

FEBRUARY 26, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT SNAPSHOT



Promote Healthy Living

- Priority #1 Breast cancer mortality in women
- Priority #2 Colon and rectum cancer mortality
- Priority #3 Overweight and obesity in adults and children
- Priority #4 Hypertension in adults
- Priority #5 Adults who smoke
- Priority #6 Inadequate fruit/vegetable consumption in adults
- Priority #7 Chronic pain



Prevent Injuries & Violence

- Priority #1 Falls in adults ages 50+



Protect Against Environmental Hazards

- Priority #1 Radon



Prevent Epidemics & the Spread of Disease

- Priority #1 Adolescent immunizations



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

- Priority #1 Emergency planning and response



Strengthen the Health Infrastructure

- Priority #1 Coordination of behavioral health services for children and adults.
- Priority #2 Accessible community services for elderly and disabled
- Priority #3 Fast food access and consumption