

Harrison County

Community Health Needs Assessment (CHNA) Report



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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 Obesity & Overweight (including Children and Adults)	<p>The Harrison County Community Health Needs Assessment (CHNA) survey identified obesity as the third most serious health problem with 56.66% of respondents selecting it; being overweight as the third highest risky behavior with 61.65% of respondents; and poor eating habits as being the fifth highest risky behavior with 51.70% of respondents.</p> <p>The State of Obesity project indicated that as of 2014 Iowa had the 16th highest obesity rate in the nation. The Centers for Disease Control and Prevention (CDC) Community Health Status Indicators (2015), using data for 2000-2010, reported that Harrison County ranked 43 out of 51 peer counties in the U.S. for adult obesity levels.</p> <p>According to County Health Rankings and Road Maps 2016, the percent of adults who are obese in Iowa is 31%, Harrison County 32%, and the Healthy People 2020 national goal for obesity is 30.5%. Also, the State of Obesity project reports the obesity rate for Harrison County by age for 2014 was 15% for ages 18-15, 31.2% for ages 26-44, 37.1% for ages 45-64, and 30.9% 65 and above. The obesity rate by gender for 2012 was 31.6% for men, and 29.4% for women, with three of the four age groups and men, being above the Healthy People 2020 national goal of 30.5%.</p> <p>According to The 2014 Iowa Youth Survey, not quite a quarter (24%) of sixth graders, and just over a third of eighth graders and eleventh graders, 35% and 36% respectively, report being active for 60 minutes or more, seven days/week. In addition, data from the National Initiatives for Children’s Healthcare Quality for 2006 – 2008 show 17.3% of Harrison County low income preschoolers were obese compared to 7.2% of preschoolers in Cedar County, Iowa, which was the best of Iowa's 99 counties for that period.</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

Using a self-reported Body Mass Index (BMI) of between 25.0 and 30.0 for adults age 18 and older to specify being overweight, the Behavioral Risk Factor Surveillance System (BRFSS) for 2011-2012 found 41.9%, 35% and 35.8% of Harrison County, the State of Iowa and U.S. adults respectively, to be overweight.

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 Mental Health	<p>The Harrison County Community Health Needs Assessment (CHNA) survey identified mental health as the fourth most serious health problem with 49.86% of respondents. In addition, mental health services were judged the most lacking of various health services in Harrison County with 56.77% of CHNA survey respondents indicating there are not a sufficient number available.</p> <p>The ratio of mental health providers to population for Harrison County is 4,470:1 compared to the State of Iowa overall at 830:1 as reported by the 2016 County Health Rankings and Road Maps.</p> <p>According to the 2014 Iowa Public Health Tracking Portal, Top Causes Reports, mental health conditions were ranked the #1 cause of county hospitalizations for 19-64 years of age, #2 cause for 0-18 years and #3 cause for all ages. Mental health conditions were ranked the #7 cause of emergency room visits for 0-18 years of age and #8 cause for 19-64 years.</p> <p>According to the 2014 Iowa Youth Survey, the percent of Harrison County youth who reported feeling “worthless” some, most or all of the time in the past 30 days, was 19%, 28% and 32% for sixth, eighth and eleventh graders respectively, compared to youth state-wide, 18%, 24% and 31% for sixth, eighth and eleventh graders.</p> <p>The 2014 Iowa Behavioral Risk Factor Surveillance System (BRFSS) reported 18.7% of Harrison County residents having between 1 and 13 days with "not good" mental health and 6.0% having between 14-30 days with "not good" mental health.</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 Substance Abuse (Including Alcohol & Drugs)	<p>The Harrison County Community Health Needs Assessment (CHNA) survey identified alcohol abuse as the most serious risky behavior with 86.93% of respondents selecting it, and drug abuse as the second most serious risky behavior with 74.43% of respondents. Substance abuse, including reference to alcohol, drugs or both, was a significant write-in answer as a top health problem in the CHNA survey with slightly more than 7% of respondents, the highest of survey write-ins, offering that observation.</p> <p>Community Commons 2016, drawing on Behavioral Risk Factor Surveillance System (BRFSS) data, reports 21.5% of Harrison County adults drinking excessively compared to 21.4% of Iowa adults and 16.9% of U.S. adults.</p> <p>According to the Centers for Disease Control and Prevention (CDC) Community Health Status Indicators (2015), using data for 2000-2010, Harrison County ranked 31 out of 43 peer counties in the U.S. for binge drinking.</p> <p>Community Health Rankings and Road Maps 2016 reports the percentage of driving deaths with alcohol involvement for Harrison County at 32% compared to 24% for the State of Iowa.</p> <p>An estimate of deaths from drug overdose for Harrison County provided by 2016 Community Health Rankings and Road Maps, using National Center for Health Statistics 2002-2014 data, show Harrison County at 10.1-12.0 per 100,000 population compared to the State of Iowa at 8.8 per 100,000.</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:	
4 Aging Problems/Elderly Wellness	<p>The Harrison County Home and Public Health (HCHPH) Community Health Needs Assessment (CHNA) survey identified aging problems (e.g., arthritis, Alzheimers, etc.) as the most serious health problem with 59.49% of respondents selecting it.</p> <p>According to the 2014 Iowa Public Health Tracking Portal, Top Causes Reports, Alzheimer's Disease was ranked the #3 cause of death for persons 65+ years of age in Harrison County.</p> <p>According to The Centers for Disease Control and Prevention (CDC) Community Health Status Indicators (2015), the age</p>	No	<input type="checkbox"/> Other priorities rated higher <input checked="" 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 checked="" type="checkbox"/> Lack of financial resources

adjusted Alzheimer's disease death rate for Harrison County is 48 per 100,000, and Harrison County ranks 46th out of 48 peer counties in the U.S. for Alzheimer's disease deaths.

The Centers for Disease Control and Prevention (CDC) Community Health Status Indicators (2015), using Medicare beneficiary data, reports 11.6% percent of older adults in Harrison County living with Alzheimer's/dementia, and ranks 45th of 51 peer counties.

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:
5 Cancers	<p>The Harrison County Home and Public Health (HCHPH) Community Health Needs Assessment (CHNA) survey identified cancers as the second most serious health problem with 58.36% respondents selecting it.</p> <p>Community Commons 2016, using Centers for Disease Control and Prevention (CDC) 2009-2013 data, reports the age-adjusted cancer death rate (deaths per 100,000 population per year) for Harrison County is 178, for the State of Iowa 170.4 and for the U.S. 168.9, and the Healthy People 2020 target is 160.6.</p> <p>Community Commons 2016, using Centers for Disease Control and Prevention (CDC) 2009-2013 data, reports that the age-adjusted incident rate (cases per 100,000 population per year) of colon and rectum cancer for Harrison County is 60.5, for Iowa 47.2 and the Healthy People 2020 Target is 38.7; also the age-adjusted incident rate (cases per 100,000 population per year) for lung cancer for Harrison County is 82.5, for Iowa 65.7, and for the U.S. 63.7.</p>	No	<input type="checkbox"/> Other priorities rated higher <input checked="" 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 checked="" 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:
6 Cardiovascular Disease	<p>The Harrison County Home and Public Health (HCHPH) Community Health Needs Assessment (CHNA) survey identified heart disease/stroke as the fifth most serious health problem with 44.48% of respondents selecting it, and high blood pressure with 36.83% of respondents.</p> <p>According to the 2014 Iowa Public Health Tracking Portal, Top Causes Reports, heart disease was ranked the #2 cause of county hospitalization for residents 65+ years of age and the #3 cause for 19-64 years of age. Heart disease was ranked the #2</p>	No	<input type="checkbox"/> Other priorities rated higher <input checked="" 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 checked="" type="checkbox"/> Lack of financial resources

cause of emergency room visits for 65+ years and the #5 cause of emergency room visits for 19-65 years of age. Diseases of the heart was ranked the #2 cause of death for residents 65+ years of age.

Harrison County

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 Child Abuse & Neglect	<p>Child abuse and neglect was identified as the ninth most serious health problem in the Harrison County Community Health Needs Assessment (CHNA) survey with 20.68% of respondents selecting it.</p> <p>Prevent Child Abuse Iowa 2015, reports the rate of children abused per 1,000 population for Harrison County at 12.69 compared to the adjacent, rural counties of Crawford, Monona and Shelby at 5.93, 10.38 and 9.58 respectively, and compared to the State of Iowa at 11.43.</p> <p>Although according to Kids Count Data Center 2014, Harrison County's child abuse and neglect rate declined from 18.6 to 6.2 per 1,000 with children age 0-17 from 2010 to 2014, there is indication the Healthy Harrison Coalition should continue with this as a health improvement plan priority.</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

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:
2 Unintentional Injuries	<p>According to the 2014 Iowa Public Health Tracking Portal, Top Causes Reports, injuries were ranked the #1 cause of Harrison County emergency room visits for 0-18, 19-64, and 65+ years of age.</p> <p>Community Commons 2016, drawing on Centers for Disease Control and Prevention (CDC) 2009-2013 data, reports the age-adjusted unintentional injury (accident) death rate per 100,000 population was 51.5 for Harrison County, 38.7 for the State of Iowa, 38.6 for the U.S., and the Healthy People 2020 Target is 36.0.</p> <p>According to the Centers for Disease Control and Prevention (CDC) Community Health Status Indicators (2015), using data for 2005-2011, Harrison County ranked 46 out of 50 peer</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 checked="" type="checkbox"/> Lack of financial resources

counties in the U.S.

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 No environmental hazards priorities identified.			<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 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 Community awareness of emerging communicable diseases (Ebola, Zika, etc.)	The 2014 Ebola outbreak, and more recently the Zika threat with potential for area residents to travel to affected areas, cases reported in the U.S. and some U.S. geographic areas having mosquitos that can spread the Zika, Harrison County Home and Public Health has established a CHNA priority to provide county residents with accurate, timely and actionable information.	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

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 Establish a pool of community volunteers aware of emergency preparedness structure, potential duties and mobilization	<p>The April 2, 2016 After Action Report/Improvement Plan (AAR/IP) prepared to assess the April 1, 2016 Homeland Security Exercise and Evaluation Program (HSEEP) compliant Harrison County Point of Dispensing (POD) Full Scale Exercise conducted by HCHPH, recommended HCHPH establish a pool of volunteers to assist with department POD activities.</p> <p>The Budget Period 4, Medical Counter Measure Operational Readiness Review (MCM ORR) Tool , May 2016, Operational Implementation Assessment for Capability 15, Volunteer Management, indicates HCHPH will need to conduct an exercise in relation to Function 1, volunteer registration, screening, credentialing and training; and a call-down drill in relation to Function 2, volunteer notification within a yet to be specified time period.</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

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:
<p>1 Expand community engagement through the Healthy Harrison Coalition</p>	<p>The Healthy Harrison Coalition (HHC) is the primary, community-based entity through which solutions to the four other Health Improvement Plan (HIP) priorities (obesity and overweight, mental health, substance abuse and child abuse and neglect) will be pursued. HHC will continue and build upon the goals and strategies for the obesity and overweight and child abuse and neglect priorities carried over from the previous CHNA HIP cycle. HHC also will be the primary, community-based entity through which solutions to the two new HIP priorities, mental health and substance abuse will be pursued.</p> <p>In the case of the obesity and overweight and child abuse and neglect HIP priorities, HHC will need to continue, and in some areas expand, membership, participation and collaboration in the current awareness and educational activities. In the case of the newly identified mental health and substance abuse HIP priorities, HHC will need to implement community engagement activities to build relevant membership, participation and collaboration to address the identified needs.</p>	<p>Yes</p>	<p> <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 </p> <p> <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources </p>

Harrison County

MAY 19, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT SNAPSHOT



Promote Healthy Living

- Priority #1 Obesity & Overweight (including Children and Adults)
- Priority #2 Mental Health
- Priority #3 Substance Abuse (Including Alcohol & Drugs)
- Priority #4 Aging Problems/Elderly Wellness
- Priority #5 Cancers
- Priority #6 Cardiovascular Disease



Prevent Injuries & Violence

- Priority #1 Child Abuse & Neglect
- Priority #2 Unintentional Injuries



Protect Against Environmental Hazards

- Priority #1 No environmental hazards priorities identified.



Prevent Epidemics & the Spread of Disease

- Priority #1 Community awareness of emerging communicable diseases (Ebola, Zika, etc.)



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

- Priority #1 Establish a pool of community volunteers aware of emergency preparedness structure, potential duties and mobilization



Strengthen the Health Infrastructure

- Priority #1 Expand community engagement through the Healthy Harrison Coalition