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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 Mental health of youth and adults	<p>According to a fact sheet by NAMI (National Alliance on Mental Illness), 20% of youth ages 13-18 live with a mental condition, 11% have a mood disorder, 10% have a behavior or conduct disorder and 8% have an anxiety disorder. 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24. The average delay between onset of symptoms and intervention is 8-10 years. Nearly 50% of youth aged 8-15 did not receive mental health services in the previous year.</p> <p>According to NAMI, 1 in every 5 adults in America experience mental illness in a given year. Nearly 1 in 25 adults in America live with a serious mental illness. 1 in 100 adults live with schizophrenia, 2.6% of adults live with bipolar disorder, 6.9% live with major depression and 18.1% live with anxiety disorder. Depression is the leading cause of disability worldwide. Nearly 69% of adults with a mental illness didn't receive mental health services in the previous year.</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

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 Physical inactivity in adults 20 and older	<p>According to the July 2015 Health Indicators Report on the Community Commons website, 27.2% of adults 20 and older in Ida County get no leisure time physical activity. Iowa's rate is 24.24% and the US rate is 22.64%. Also on the Community Commons website, 30% of Ida County residents 20 and older are considered obese. Iowa's rate is 30.4% and the US rate is 27.14%. In an Ida Alive survey conducted during the Spring of 2015, 35% of adults 25 and older living in Ida County answered to exercising one day or less per week.</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

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 Inadequate fruit/vegetable consumption in residents 15 and older	According to the July 2015 Health Indicators Report on the Community Commons website, 80.7% of lowans 18 and older do not consume an adequate amount of fruits/vegetables. The US rate is 75.67%. In an Ida Alive survey conducted during the Spring of 2015, 82% of Ida County residents 15 and older do not consume an adequate amount of fruits/vegetables.	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:	
4 Alzheimer's Disease in persons 65 and older	According to the Alzheimer's Disease Fact Sheet from the National Institute on Aging July 20, 2015, Alzheimer's is the most common cause of dementia among older adults. Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills, and eventually the ability to carry out the simplest tasks. In most people with Alzheimer's, symptoms first appear in their mid-60s. Estimates vary, but experts suggest that more than 5 million Americans may have Alzheimer's. Alzheimer's is currently ranked as the sixth leading cause of death in the United States, but recent estimates indicate that the disorder may rank third, just behind heart disease and cancer, as a cause of death for older people. According to the Community Health Status Indicators 2015, the age adjusted Alzheimer's disease death rate for Ida County is 42.4 per 100,000.	No	<input checked="" 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

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 Inadequate water consumption of Ida County residents	In an Ida Alive survey conducted during the Spring of 2015, 69% of Ida County residents do not consume an adequate amount of water.	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:	
6 Underutilization of preventive care of Ida County residents	In an Ida Alive survey conducted during the Spring of 2015, 30.47% Ida county residents did not have an annual physical within the last year, 23.09% did not have a routine dental exam, and 35.6% did not have an eye exam.	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:	
7 Excessive alcohol consumption of adults aged 18 and older	According to the Health Indicators Warehouse August 2015, adults 18 and older reporting binge drinking in Ida County is 22.7% (crude percentage) and 26.9% (age-adjusted percentage) compared to Iowa (19.2%) (20.6%). Binge drinking is defined as drinking 5 or more drinks on an occasion for men and 4 or more drinks on an occasion for women. Also according to the Health Indicators Warehouse, adults 18 and older reporting excessive drinking, either chronic high alcohol consumption or binge drinking in Ida County is (23.2%) (27.2%) compared to Iowa (20.1%) (21.4%).	No	<input checked="" 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 checked="" 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:	
8 Underage drinking (by persons under age 21)	Although specific data for Ida County is not available, according to the CDC, alcohol use by persons under age 21 years is a major public health problem. Alcohol is the most commonly used and abused drug among youth in the United States, more than tobacco and illicit drugs, and is responsible for more than 4,300 annual deaths among underage youth. Although drinking by persons under the age of 21 is illegal, people aged 12 to 20 years drink 11% of all alcohol consumed in the United States. More than 90% of this alcohol is consumed in the form of binge drinks. On average, underage drinkers consume more drinks per drinking occasion than adult drinkers. In 2010, there were approximately 189,000 emergency rooms visits by persons under age 21 for injuries and other conditions linked to alcohol.	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 checked="" 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 Falls for older adults	<p>"Falls are one of the leading causes of injury hospitalization and deaths among older adults in Iowa. The CDC indicates that millions of adults aged 65 and older fall each year in the US alone. Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and have been shown to increase the risk of early death. According to the WHO, a fall is an event which results in a person coming to rest unintentionally on the ground or floor or other lower level. One out of three older adults falls each year, but about half of those who fall never reported or discussed their fall with a healthcare provider." Although Ida County's deaths due to falls rate is lower than the state average (0/100,000 compared to 6/100,000 for ages 50 to 64 and 13.5/100,000 compared to 84.3/100,000 for ages 65 and over); Ida's hospitalizations due to falls is greater (4.23/1,000 compared to 2.62/1,000 for ages 50 to 64 and 25.77/1,000 compared to 17.38/1,000 for ages 65 and over). (Falls in Iowa: County Deaths and Hospitalizations 2009-2013 Data from IDPH November 2014 report)</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

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 Awareness of radon levels in Ida County	According to Air Check, Inc, the average indoor radon levels of Ida County is 9.3 pCi/L. The average national level is 1.3 pCi/L.	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

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 Immunization rates of adolescents ages 13-15	<p>In the 2014 Immunizations in Iowa Annual report looks at immunizations of all age levels and all series of immunizations. For adolescents ages 13-15 immunizations include 3 Hep B, 1 Meningococcal, 2 MMR, 1 Td or Tdap, and 2 Varicella. The rate for Ida County was 22%, the average state rate was 27%. Another immunization for adolescents ages 13-15 includes HPV. The rate for 13-15 yr old females in Ida County was 10% and for males was 9%. The state rate was 27% for females and 15% for males.</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 checked="" type="checkbox"/> Other <u>Some local providers do not encourage HPV.</u></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>

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 Ida County's ability to prepare for, withstand and recover from public health incidents.	According to the Public Health Preparedness Capabilities, National Standards for State and Local Planning March 2011, public health threats are always present. Capability 1: Community Preparedness entails engaging and coordinating public health, emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial partners.	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 Connecting people to available resources in and out of the county	Residents and providers in Ida County are not always aware of available health and human resources.	No	<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 checked="" 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 Transportation for low income, disabled and elderly	Lack of available transportation is frequently identified as a barrier to services. Many low-income families, disabled and elderly do not have reliable transportation. There is limited public transportation for needed destinations and appointment times.	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 checked="" type="checkbox"/> Other Time constraints	<input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input checked="" 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:	
3 Connecting caregivers experiencing stress to available resources	According to the US Department of Health and Human Services, Office of Women's Health, a caregiver is anyone who provides help to another person in need. Most Ida County residents will be informal caregivers at some point during their lives. During any given year, 21% of the adult population provide unpaid care to an elderly or disabled person 18 years or older. Altogether, informal caregivers provide 80% of the long-term care in the US. Caregiver stress is the emotional and physical strain of caregiving.	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

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:
4 Placement for Acute Mental Health Illness or Substance Abuse	Finding appropriate placement for individuals in acute crisis from mental health illness or substance abuse is frustrating and time consuming for law enforcement, hospital staff, caregivers and judicial personnel. The process of finding appropriate care is fragmented at best. Placement options are limited.	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

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:
5 Culturally competent workforce	Increasingly diverse racial, ethnic, and sociocultural backgrounds present challenges as providers strive to deliver care. Cultural and language differences may engender misunderstanding, a lack of compliance, or other factors that negatively impact health care outcomes. Caring for diverse populations starts with culturally competent care.	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

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:
6 Demographics of Ida County	Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities. According to the Community Commons Health Indicators Report, Ida County's population decreased 9.54% from 7,837 (2000) to 7,089 (2010). During that same time period, Iowa's population increased by 4.1% and the US by 9.74%. The population density for Ida County is 16.46 per square mile, Iowa 54.84 and the US 88.23. By age groups, Ida County's percentage of residents age 65+ is 20.78% compared to Iowa's 15.08% and the US 13.43%. Ida County percentage of residents age 55-64 is 14.37%, Iowa 12.58% and US 12.08%. In Ida County, 98.42% self report as white, compared to Iowa 91.52% and the US 74.02%.	No	<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 checked="" type="checkbox"/> Other Although demographics play a role in determining the types of health and social services needed, we are not able to change the demographics of Ida County

Ida County

JANUARY 28, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT SNAPSHOT



Promote Healthy Living

- Priority #1 Mental health of youth and adults
- Priority #2 Physical inactivity in adults 20 and older
- Priority #3 Inadequate fruit/vegetable consumption in residents 15 and older
- Priority #4 Alzheimer's Disease in persons 65 and older
- Priority #5 Inadequate water consumption of Ida County residents
- Priority #6 Underutilization of preventive care of Ida County residents
- Priority #7 Excessive alcohol consumption of adults aged 18 and older
- Priority #8 Underage drinking (by persons under age 21)



Prevent Injuries & Violence

- Priority #1 Falls for older adults



Protect Against Environmental Hazards

- Priority #1 Awareness of radon levels in Ida County



Prevent Epidemics & the Spread of Disease

- Priority #1 Immunization rates of adolescents ages 13-15



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

- Priority #1 Ida County's ability to prepare for, withstand and recover from public health incidents.



Strengthen the Health Infrastructure

- Priority #1 Connecting people to available resources in and out of the county
- Priority #2 Transportation for low income, disabled and elderly
- Priority #3 Connecting caregivers experiencing stress to available resources
- Priority #4 Placement for Acute Mental Health Illness or Substance Abuse
- Priority #5 Culturally competent workforce
- Priority #6 Demographics of Ida County