

Jones County, Iowa

Community Health Needs Assessment (CHNA) Report



Public Health
Prevent. Promote. Protect.

Jones County, Iowa

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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 Physical Activity, Nutrition, and Overweight & Obesity	<p>Within Jones County, 22.6 percent of adults age 20 years and older self-report no leisure time for activity. Overall in Iowa, 24 percent of adults age 20 years and older self-report no leisure time physical activity, and the Healthy People 2020 target is 32.6 percent. In addition, 65 percent of Jones County residents have adequate access to exercise opportunities. However, according to the Centers for Disease Control and Prevention (CDC) Environmental Public Health Tracking Network, only 35 – 41 percent of Iowans live within a half mile of a park.</p> <p>In Jones County, 82.5 percent of adults report consuming fewer than five servings of fruits and vegetables per day. Approximately 81 percent of adult Iowans report inadequate fruit and vegetable consumption, compared with 76 percent of U.S. adults. Healthy Iowans 2020 has an objective of 20 percent of Iowans eating five or more fruit and vegetables per day; at 17.5 percent, Jones County is slightly below that goal. Furthermore, according to the Health in Iowa Annual Report, 39 percent of Iowans consume less than one serving of fruit per day and 27 percent consume less than one serving of vegetables per day.</p> <p>In Jones County, 31.8 percent of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight), and 31.1 percent of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Compared to state and national averages, Jones County has a lower percentage of overweight adults, but a higher percentage of obese adults.</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 Mental Health & Illness	<p>Between 2006 and 2011, the average number of days Jones County adults reported their mental health was not good was 3.7 days per month, compared to 2.6 days per month overall in Iowa. Among the Medicare fee-for-service population, 14.2 percent have been diagnosed with depression, compared to 14.9 percent in the state and 15.4 percent nationally. The HACAP 1st Five Healthy Mental Development Initiative received ten referrals from Jones County for their program in 2015. In addition, 10 percent of sixth graders, 11 percent of eighth graders and 16 percent of eleventh graders report they have felt so sad or hopeless almost every day for two weeks or more that they stopped doing some of their usual activities. In addition, about five percent of youth report feeling worthless all the time and seven percent report taking medicine because they felt restless, nervous, or sad. In Iowa, about 8.3 percent of all adolescents per year in 2009 – 2013 had at least one major depressive episode within the year prior to being surveyed; the percentage increased from 7.6 percent in 2009 to 10 percent in 2013. Approximately 51.2 percent of adolescents in Iowa did not receive treatment for depression.</p> <p>In Jones County there are 2,944 people for every one mental health provider, which includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care. In Iowa, the ratio is 904:1. Approximately 30 percent of the U.S. population lives in a county designated as a Mental Health Professional Shortage Area.</p> <p>The crude suicide death rate in Jones County (18.4 per 100,000) is higher than the state (13.0 per 100,000) and national (12.6 per 100,000) rates. In addition, about ten percent of Jones County youth have seriously thought about killing themselves, eight percent have made a plan about how they would kill themselves, and three percent have attempted to kill themselves. Female youth reported more suicidal thoughts, plans, and attempts than male youth, and students in eleventh grade also generally reported more suicidal thoughts, plans, and attempts than students in sixth or eighth grade.</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

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3 Addictive Behaviors	<p>In Jones County, 22.1 percent of adults age 18 or older self-report currently smoking cigarettes some days or every day, and 47.2 percent report ever smoking 100 or more cigarettes. An estimated 78.6 percent of adult smokers in Jones County attempted to quit smoking for at least one day in the past year. Cigarette smoking has declined among youth in Jones County; however, in the United States, the use of some other tobacco products has increased in recent years. According to the 2014 Iowa Youth Survey, seven percent of eleventh graders in Jones County reported using electronic cigarettes, one percent reported using dissolvable tobacco, and two percent reported using smokeless tobacco.</p> <p>Alcohol sales in Jones County and Iowa have increased steadily for several years. In 2013, 1.75 gallons of alcohol per capita were sold in Jones County. Jones County has the second highest percentage in the state of adults who report excessive drinking. Between 2014 and 2015, there was a decrease in OWI offenses in Jones County; however, there has been a steady increase in the number of OWI license revocations since 2010. Youth alcohol consumption has been decreasing in Jones County. In 2014, eight percent of eleventh graders reported taking their first drink before age 13 years; 24 percent reported drinking alcohol in the previous 30 days; and 16 percent reported binge drinking in the previous 30 days. At their peak in 2002, 23 percent of eleventh graders reported taking their first drink before age 13 years; 52 percent reported drinking alcohol in the previous 30 days; and 52 percent reported binge drinking in the previous 30 days.</p> <p>Among adults in Jones County, alcohol is the most reported substance of use by individuals on admission to Iowa substance abuse treatment services, reinforcing alcohol as the primary substance of use in the county. Methamphetamine, marijuana, other opiates and synthetics, heroin, and cocaine/crack are the next most cited substances. In addition, there were 13 drug-related felonies and 34 serious misdemeanor drug charges in 2015 in Jones County. Among youth in Jones County, prescription medications and marijuana are the most frequently used substances.</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

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4 Chronic Conditions	<p>Approximately 27.6 percent of Jones County adults age 18 years and older report they have ever been told by a health professional they had asthma. This is higher than the state average of 11.8 percent and the national average of 13.4 percent. The highest rates of asthma hospitalizations in Jones County are in children age 4 years and under, while the highest rate of emergency department visits for asthma are in children age five to 14 years.</p> <p>The cancer death rate in Jones County has been consistently lower than the cancer death rate in Iowa. Incidence rates for various types of cancer in Jones County are as follows: breast cancer, 122.3 per 100,000; prostate cancer, 108.1 per 100,000; colon and rectum cancer, 43.9 per 100,000; and lung cancer, 60.1 per 100,000. These rates are consistent with or lower than state and national rates.</p> <p>Almost 59 percent of adults in Jones County report they have ever been told by a health professional they had high blood cholesterol, which is about 20 percent higher than the state and national averages. Approximately 23 percent of Jones County adults report high blood pressure. In Iowa, 19.1 percent of adults with high blood pressure are not taking medication. For the Medicare fee-for-service population, 38.1 percent have been diagnosed with hyperlipidemia (typically associated with high cholesterol) and 51.3 percent have high blood pressure; these percentages are similar to the state and national averages. In addition, 6.5 percent of adults in Jones County report they have ever been told by a health professional they have coronary heart disease or angina; this is approximately two percent higher than state and national averages. Within the Medicare fee-for-service population, 24.3 percent have been diagnosed with ischemic heart disease. The hospitalization rates for heart failure and stroke have been increasing in Jones County, while they have been decreasing in the state; however heart attack hospitalization rates and heart disease death rates in the county have been decreasing.</p> <p>In 2012, 7.8 percent of Jones County adults age 20 years and older reported they had ever been told by a health professional they have diabetes. This is lower than the 8.5 percent of Iowans and 9.1 percent of adults nationally who reported being diagnosed with diabetes. However, among the Medicare fee-for-service population, 25.4 percent have been diagnosed with</p>	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 type="checkbox"/> Lack of financial resources

diabetes in Jones County, compared to 23.8 percent in the state and 27 percent nationally.

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5 Older Adults	<p>Jones County Board of Health provides funding of last resort for services such as skilled nursing, home care aides, and homemaker services; these services allow people with special needs or those recovering from illness or injury to stay in their homes. In the current fiscal year (2016), Unity Point at Home is providing services for 25 clients using funding from Jones County. However, with decreasing levels of county funds available, certain services, especially homemaker, have been decreased. Homemaker services include light housekeeping, laundry, and grocery shopping; therefore, services such as skilled nursing and home care aide are of higher priority. According to the social worker at Unity Point at Home, there is a high level of need for services in the county. As homemaker services are still important to enable people to stay at home, Jones County Public Health is interested in working with community partners to ensure these services remain accessible for those in need.</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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6 Oral Health	<p>About 24 percent of Jones County residents age 18 years and older reported they have not visited a dentist, dental hygienist, or dental clinic within the past year; this is lower than the Iowa average of 25.6 percent and the U.S. average of 30.2 percent. Approximately 14.3 percent of Jones County adults age 18 years and older report six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection; this is similar to the Iowa average of 14.8 percent, and lower than the national average of 15.7 percent. According to data on dental screenings from Iowa Department of Public Health, about 85 percent of students in kindergarten and ninth grade had valid dental screening certificates on file for the 2014-2015 school year; of these, about 15 percent required dental care.</p> <p>According to the I-Smile Coordinator for Jones County, there is limited access to dental care for children, especially before the age of three. There are no pediatric dentists in the county, and few primary care providers do oral checks during well child visits. During the 2014-2015 school year, the I-Smile</p>	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

Coordinator for Jones County placed 733 sealants, referred 71 kids to a dentist, and found eight kids with obvious to severe decay. The Coordinator also sees children at Head Start programs and WIC clinics in the county. Between May 2015 and December 2015, she screened 28 kids at Head Start and 120 kids at WIC clinics. Five children from Head Start and 62 from the WIC clinics were referred to a dentist. In addition, three children from Head Start and seven children at WIC clinics had obvious to severe decay. The dental referrals for children without signs of decay occurred if the children did not yet have an established dentist or were overdue for a check-up.

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7 Maternal & Child Health	<p>In Jones County, an average of 14 percent of pregnant women did not receive prenatal care during their first trimester from 2010-2014. In Iowa, the Maternal Health Services' maternal health clinics provide prenatal and postpartum care to Medicaid eligible and other low income women. In Jones County, Hillcrest Family Services provides these services for residents at monthly WIC clinics in Monticello and Anamosa. Between October 1, 2014 and September 30, 2015, Hillcrest served 90 women at WIC clinics in Jones County. Of these, 44 were pregnant and 46 were postpartum. Of the postpartum women, 12 were breastfeeding their infants, while 34 were not.</p> <p>The infant mortality rate in Jones County (5.4 percent) is similar to the rate in the state (5.2 percent) and lower than the national rate (6.5 percent). The Healthy People 2020 target is an infant mortality rate less than or equal to six percent. In addition from 2010-2014, an average of 4 percent of infants were born prematurely and 4 percent of infants had a low birth weight in Jones County.</p> <p>Adverse Childhood Experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. According to an analysis done by Iowa ACEs 360 and other stakeholders, 56 percent of Iowa adults have experienced at least one of eight types of child abuse and household dysfunction, and 14.2 percent have experienced four or more. Seven percent of Jones County adults reported experiencing four or more types of ACEs. Another study by Child Trends found 55 percent of Iowa children aged birth to 17 years reported experiencing zero ACEs, while 33 percent reported experiencing one or two and 12 percent reported three or more.</p>	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

In Jones County, HACAP provides child health services, including Head Start, a child care nurse consultant, and the 1st Five Healthy Mental Development Initiative. In fiscal year 2015, HACAP served 835 households in Jones County through their Child Health programs. The 1st Five Initiative works with medical practitioners who identify social/emotional or developmental concerns, family stressors or caregiver depression during well child medical exams. If any issues are detected, the 1st Five participating provider can refer the family to 1st Five HACAP for care coordination services to address the needs of the entire family. The 1st Five Initiative started receiving referrals in Jones County in May 2015, and had ten referrals in 2015.

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8 Clinical Preventive Services	<p>In Jones County, 78.8 percent of women age 18 years and older reported they have had a Pap test in the previous three years. This is similar to the average rates in both Iowa and the United States, though lower than the Healthy People 2020 goal of 93 percent.</p> <p>Approximately 68 percent of Jones County residents age 50 years and older reported they have ever had a sigmoidoscopy or colonoscopy. This is higher than both the Iowa and U.S. averages, and slightly below the Healthy People 2020 target of 70.5 percent.</p> <p>About 70 percent of Jones County residents age 65 years and older reported they have ever received a pneumonia vaccination. The Healthy People 2020 target is 90 percent.</p>	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

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9 Sexual & Reproductive Health	<p>The availability of family planning services allows individuals to achieve desired birth spacing and family size, and contributes to improved health outcomes for infants, children, women, and families. In 2010, 3,500 women in Jones County age 13 to 44 years were in need of contraceptive services and supplies, and 880 of them were in need of publicly funded services and supplies. Title X clinics are available in Anamosa and Monticello, as well as in Cedar Rapids, Mt. Vernon, and Maquoketa.</p> <p>The negative consequences associated with unintended pregnancies are greater for teen parents and their children. Teen mothers are less likely to graduate from high school or attain a GED by the time they reach age 30; earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing until their 20s; and receive nearly twice as much Federal aid for nearly twice as long. Similarly, early fatherhood is associated with lower educational attainment and lower income. Jones County has a relatively low rate of teen births at 14.9 per 1,000 teens age 15 - 19 compared to the state rate of 24.9 per 1,000. Since teen birth rates are associated with unsafe sexual activity, this suggests teens are either having less sex in the first place, or more teens who are sexually active are using contraceptives and using them more effectively.</p>	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

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 Unintentional Injuries	<p>Years of potential life lost (YPLL) is a measure used to help quantify social and economic loss owing to premature death, and it has been promoted to emphasize specific causes of death affecting younger age groups, such as injuries and violence. The sum of life-years lost among Jones County residents dying before age 75 is approximately 1,313 years. The YPLL rate in in Jones County is 6,369 per 100,000, compared to the state at 6,014 per 100,000. The premature death rate in people age 69 years and younger in Jones County is 2.4 per 1,000, which is consistent with the state rate.</p> <p>The rates of emergency department visits and deaths have been increasing in Jones County and Iowa; hospitalization rates have been increasing Jones County, but decreasing in Iowa. The unintentional injury age-adjusted mortality rate in Jones County is 39.8 per 100,000 population, and 39.3 per 100,000 population in Iowa. The Healthy People 2020 target for this rate is less than or equal to 36 per 100,000 population. The unintentional injury morality rate is twice as high in men (51.9 per 100,000) as compared to women (24.5 per 100,000) in Jones County, which is similar to trends at the state and national levels.</p> <p>The age-adjusted hospitalization rate for falls in Jones County is 222.1 per 100,000 and 1949 per 100,000 for emergency department visits. The highest rate of emergency department visits are in people ages 85+, followed by ages 0-4.</p> <p>Jones County has a higher death rate from motor vehicle accidents than the state (15.2 per 100,000 compared to 11.7 per 100,000).</p>	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

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 Intentional Injuries	<p>Jones County has a violent crime rate of 39.4 per 100,000 population, compared to 266 per 100,000 for the state and 395.5 per 100,000 for the United States.</p> <p>In Jones County, 60 percent of sixth graders, 53 percent of eighth graders, and 50 percent of eleventh graders report they have ever been bullied; females were more likely than males to report being bullied.</p> <p>The rate of children who are confirmed to have been abused or neglected in 2013 in Jones County was 11.7 per 1,000 children age 0-17, compared to 17 per 1,000 in Iowa.</p> <p>Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of Americans. There were no data specific to Jones County, and limited state data available. In 2007, a 24-hour survey of 26 identified domestic violence programs in Iowa found they served 813 victims in one day and answered 460 hotline calls. According to analysis done by the Iowa Department of Public Health on data from the 2005 BRFSS survey, 12.1 percent of adult Iowans have been threatened with physical violence and 14.5 percent have been hit, slapped, pushed, kicked, or physically hurt in some way; women were almost twice as likely to report being threatened or physically harmed than men.</p>	No	<input checked="" 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

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 Drinking Water	<p>Approximately 60 percent of the population in Jones County is served with public system drinking water. Fifteen percent of Jones County residents were potentially exposed to water exceeding a violation limit during 2013-2014, compared to seven percent in Iowa overall.</p> <p>Private water wells supply drinking water to households in the county that are not served by public water systems. In 2014, 114 private wells were tested for bacteria; 39 percent were positive for total coliform and 6 percent were positive for fecal coliform. In addition, 113 wells were tested for nitrates; 14 percent exceeded the maximum concentration level of 10 mg/L.</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

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 Lead	<p>In 2013, approximately 32 percent of Jones County children under age six were tested for lead, and slightly less than two percent had elevated levels of lead. About 39.5 percent of houses in Jones County were built before 1950 and 29.6 percent were built between 1950 and 1979, which means almost 70 percent of homes in Jones County are potentially contaminated with lead.</p>	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

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:
3 Radon	<p>The entire state of Iowa is considered at high risk for radon gas in homes. The EPA recommends taking action to reduce radon in homes that have a radon level at or above 4 picocuries per liter (pCi/L) of air. The average national indoor radon level is 1.3 pCi/L. The average indoor radon levels of Jones County, as determined by radon test results from Air Chek, Inc., is 6.3 pCi/L. Fifty percent of homes tested in Jones County had radon levels above 4 pCi/L, and 23 percent had levels between 2 and 3.9 pCi/L.</p>	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

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:
4 Air Quality	<p>Poor air quality is linked to premature death, cancer, and long-term damage to respiratory and cardiovascular systems. The average daily amount of fine particulate matter in microgram per cubic meter (PM2.5) in Jones County was 11.7 µg/m³, which was higher than the U.S. median of 10.7 µg/m³. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. The number of days the air was rated as unhealthy for fine particulate matter in Jones County was three days in 2008.</p> <p>Numerous studies have documented concentrations of traffic-related pollutants are highest in the near-road environment. A recent review determined there is sufficient evidence of a causal association between exposure to traffic-related air pollution and asthma exacerbation, and suggestive evidence of a causal association for onset of childhood asthma, non-asthma respiratory symptoms, impaired lung function, all-cause mortality, cardiovascular mortality, and cardiovascular morbidity. Approximately 2.4 percent of the population in Jones County lives within 150 meters of a highway, which is worse than the U.S. median of 1.5 percent.</p>	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

Jones County, Iowa

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 Immunizations	Jones County is below the Healthy People 2020 target coverage levels for four doses of the combination of diphtheria, tetanus, and acellular pertussis antigens (DTaP) and four doses of pneumococcal conjugate vaccine (PCV) in two year-olds. In adolescents, Jones County is below most of the target coverage levels, with the exception of one dose of a Tdap booster.	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 STIs and HIV/AIDS	<p>Jones County has relatively low rates of sexually transmitted infections (STIs), though the rate of syphilis in Jones County is higher than that in the state. Rates are per 100,000 population: Chlamydia, 184.4 (371.5 in Iowa); Gonorrhea, 29.1 (65.5 in Iowa); and Syphilis, 4.9 (2.3 in Iowa).</p> <p>Jones County has a low rate of HIV infection at 34.4 per 100,000 population (68.1 per 100,000 in Iowa); however, 85.6 percent of Jones County adults have never been screened for HIV, compared to 62.8 percent nationally.</p>	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

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 Communication	<p>Communication failures have been a defining part of natural disasters, and even some human-generated events. Jones County has a very strong and active amateur radio group, which meets and trains on a regular basis. Amateur radio can make communications better during a crisis when “normal” modes of communication have failed.</p> <p>During a disaster, agencies must communicate life-saving information to partners, stakeholders, and the public. Communication during an emergency can determine the success of a response, affect the reputation of an agency, and inform the decisions and health behaviors of the public. Jones County needs to improve its risk communication strategies. The Board of Health, and the county, do not have a designated Public Information Officer (PIO); however, the county auditor has taken the PIO course and the sheriff could also serve as the PIO if necessary. In addition, public health and emergency management have active social media accounts that can be used to communicate with the public. Furthermore, the emergency management agency manages the ALERT Iowa system in the county, which can send out alerts via voice, text, and email during an emergency or severe weather. About 74,446 messages have been sent out via this system since February 2015, and approximately six percent of Jones County residents have signed up for the service as of December 2015.</p>	No	<input checked="" 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

Preparedness Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Planning & Response	<p>The Iowa Department of Public Health (IDPH) receives federal Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) grant funds to assist with preparedness efforts. These funds have assisted local public health agencies and hospitals to build and improve preparedness planning efforts. As part of these efforts, the Jones-Linn Health Care Coalition (HCC) have been working on addressing the preparedness capabilities outlined by the CDC; approximately 60 percent of the capabilities have been completed so far. The Jones County Public Health Emergency Response plan was last fully updated in 2007; it is currently being updated as the coalition works through the capabilities.</p> <p>In Jones County, Anamosa and Monticello have EMS services, while the other communities have volunteer EMS services. It is difficult for the volunteer services to maintain enough volunteers, especially paramedics, with the changes in EMS provider certification standards. Rather than taking the certification test again, many EMS providers are either quitting or dropping to a lower level provider (e.g., from paramedic to emergency medical responder). There have not been any refresher courses offered to help providers interested in re-certifying, nor have there been funds available to help pay for the test. In addition to certification concerns, volunteer shortages are also occurring due to retirements; according to a survey done by the Iowa Emergency Medical Services Association (IEMSA), 75 percent of EMS providers are over age 35. Furthermore, EMS is not considered an essential service in Iowa, which means limited funding and support from the state.</p>	No	<input checked="" 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

Preparedness Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
3 Individual Preparedness	<p>One factor that can affect a community's level of preparedness and its ability to recover after an emergency is whether or not individual community members have planned and prepared for an emergency. In 2012, only 52 percent of U.S. residents surveyed by the Federal Emergency Management Agency (FEMA) reported having supplies for a disaster, a decline from 57 percent who reported having such supplies in 2009. In addition, the public readiness index (PRI) score for the United States is 3.31 out of ten. The Public Readiness Index (PRI) is a barometer of how prepared individuals and families in a given</p>	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

community are for an emergency. The PRI is scored on a scale from zero to ten, based on the responses to ten questions that examine key emergency preparedness knowledge and behavior elements.

Another survey performed by FEMA was designed to understand how individuals self-identify around personal preparedness; FEMA found more than a quarter of all respondents were contemplating preparing in the next six months (19 percent) or preparing to take action in the next month (9 percent). Another 15 percent reported they had recently begun preparing, and approximately 34 percent had been prepared for more than six months and were maintaining their level of preparedness. However, 21 percent of respondents stated they were not planning to do anything about preparing for emergencies. Frequently cited barriers to preparedness included preparing is too expensive (26 percent); don't know how to get prepared (24 percent); don't think they have time to prepare (18 percent); and getting information is too hard (17 percent). This is consistent with a more recent analysis by the CDC that found compared with people with basic preparedness knowledge, people with advanced knowledge were more likely to have assembled an emergency kit, developed a written household disaster plan, and received county emergency alert notifications. In addition, the CDC analysis found people who identified as having strong beliefs in the effectiveness of disaster preparedness engaged in preparedness behaviors at levels seven to thirty percent higher than those with weaker preparedness beliefs.

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 Poverty	<p>An estimated 10.1 percent of Jones County residents have an income below the poverty level. This proportion is below the state (12.6 percent) and national (15.6 percent) rates for the same time period. Of the residents living below the poverty level, approximately 14.5 percent are under 18 years old and 8.4 percent are age 65 years or older.</p> <p>In addition, an estimated 6.1 percent of families in Jones County live in poverty. Of those families, 11.7 percent have children under age 18 years and 24 percent are single-parent households with a female head of household. This is important, because food insecurity rates for single-parent households are substantially higher than the national average, especially for single-mother households. In 2014, 35.3 percent of single-mother households and 21.7 percent of single-father households in the United States were food insecure.</p> <p>The proportion of children eligible for a free or reduced lunch program in Jones County is 39.6 percent, compared to 41.8 percent throughout the state. The number of students eligible for this program provides an indication of the percent of low-income families living in each school district. The Olin Consolidated School District has the highest percentage of eligible students at 74.1 percent.</p>	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

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 Education	According to the 2014 American Community Survey, 91.4 percent of Jones County residents age 25 and over have at least a high school diploma, but only 12.1 percent have a Bachelor's degree.	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

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 Housing	<p>In 2014, there were an estimated 8,235 occupied housing units in Jones County, and 77.1 percent of residents owned their own homes. The home ownership rate in Jones County exceeds the statewide rate of 71.8 percent. Thirty-five percent of Jones County residents who own their home have high housing costs (greater than or equal to 30 percent of household income). For residents who rent their homes, 40 percent have high rental costs.</p> <p>According to County Health Rankings, eight percent of households in Jones County have severe housing problems. This includes households with at least one or more of the following housing problems: (1) housing unit lacks complete kitchen facilities; (2) housing unit that lacks complete plumbing facilities; (3) household is severely overcrowded; and (4) household is severely cost burdened. For comparison, 12 percent of households in Iowa have severe housing problems. Living environments, including housing and institutional settings, can support health. Quality housing is associated with positive physical and mental well-being.</p>	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

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 Food Systems & Food Security	<p>Approximately 32.8 percent of the population in Jones County lives in a census tract with no healthy food outlets and 67.2 percent live in tracts with moderate healthy food access. However, according to the County Health Rankings Food Environment Index, Jones County scored 8.3 out of ten, with ten being the best. The Food Environment Index weights two indicators of the food environment: limited access to healthy foods and food insecurity. Jones County has a food insecurity rate of 11.5 percent, compared to 12.6 percent in the state.</p> <p>About 9.5 percent of households in Jones County receive Supplemental Nutrition Assistance Program (SNAP) benefits. There are an estimated six food pantries in Jones County.</p> <p>The county food pantry is run by HACAP in Anamosa, and they served 1,343 individuals living in 427 low-income households, for an estimated amount totaling over \$60,860 in fiscal year 2015. This was a 25 percent increase in families served from the prior fiscal year. Data from the other food pantries were not available. In addition, the HACAP Food Reservoir distributed 102,998 pounds of food to partner agencies in Jones County. Furthermore, HACAP's Operation Back Pack serves children in the Monticello, Midland, and Olin school districts.</p> <p>As previously mentioned Hillcrest Family Services provides two WIC clinics in Jones County each month, one in Monticello and one in Anamosa. Between October 1, 2014 and September 30, 2015, Hillcrest served 90 women, 108 infants, and 114 children. Additional women and children may travel to Cedar Rapids for WIC services provided by HACAP.</p>	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

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 Health Care Access	<p>About 14.4 percent of the Jones County population receives Medicaid, compared to 17 percent in Iowa. Approximately 11 percent of Jones County adults and 4.5 percent of children did not have medical insurance in 2013.</p> <p>Access to care requires not only financial coverage, but also, access to providers. While high rates of specialist physicians have been shown to be associated with higher, and perhaps unnecessary utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and</p>	No	<input checked="" 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

when needed, referrals to appropriate specialty care. The ratio of the population in Jones County to primary care providers is 2,293:1, which is quite a bit higher than the ratio for Iowa of 1,375:1. In addition, 18.5 percent of adults age 18 years and older in Jones County report they do not have at least one person who they think of as their personal health care provider.

In Jones County there are 2,944 people for every one mental health provider, which includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care. In Iowa, the ratio is 904:1. Approximately 30 percent of the U.S. population lives in a county designated as a Mental Health Professional Shortage Area.

Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss. Although lack of sufficient providers is only one barrier to accessing oral health care, much of the country suffers from shortages. The ratio of the county population to total dentists in the county is 2,944:1, compared to 1,670:1 for Iowa.

Jones County is home to Jones Regional Medical Center, which is a 22-bed critical access hospital located in Anamosa. Services include: 24-hour emergency care, provided in a Level IV Trauma Center, urgent care; lab and radiology; skilled, intermediate and medical surgical inpatient nursing care; outpatient surgeries and procedures; specialty clinics including cardiology, podiatry, oncology, expanded wound care, orthopedics, ophthalmology, pulmonology, and urology; outpatient infusions, diabetic and nutrition education; full-time mental health counseling; and rehabilitation.

Approximately four percent of households in Jones County do not have a motor vehicle. Assistance for traveling to medical appointments is provided by JETS and Volunteer Services. In 2015, Jones County Volunteer Services served a total of 199 clients for approximately 780 transports and 64,000 miles.

Jones County has a high rate of preventable hospital stays at 78 per 1,000 Medicare enrollees, and this rate has been increasing since 2008. Ambulatory care-sensitive conditions include: convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. The rate of preventable hospital stays is often used to assess the effectiveness and accessibility

of primary healthcare. Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care. The rate of preventable hospital stays in Iowa is 56 per 1,000 Medicare enrollees.

Jones County, Iowa

FEBRUARY 24, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT SNAPSHOT



Promote Healthy Living

- Priority #1 Physical Activity, Nutrition, and Overweight & Obesity
- Priority #2 Mental Health & Illness
- Priority #3 Addictive Behaviors
- Priority #4 Chronic Conditions
- Priority #5 Older Adults
- Priority #6 Oral Health
- Priority #7 Maternal & Child Health
- Priority #8 Clinical Preventive Services
- Priority #9 Sexual & Reproductive Health



Prevent Injuries & Violence

- Priority #1 Unintentional Injuries
- Priority #2 Intentional Injuries



Protect Against Environmental Hazards

- Priority #1 Drinking Water
- Priority #2 Lead
- Priority #3 Radon
- Priority #4 Air Quality



Prevent Epidemics & the Spread of Disease

- Priority #1 Immunizations
- Priority #2 STIs and HIV/AIDS



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

- Priority #1 Communication
- Priority #2 Planning & Response
- Priority #3 Individual Preparedness



Strengthen the Health Infrastructure

Priority #1 Poverty

Priority #2 Education

Priority #3 Housing

Priority #4 Food Systems & Food Security

Priority #5 Health Care Access