

Community Health Needs Assessment (CHNA) Report



For additional information about this report, CONTACT:

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Promote Healthy Living Assessment

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

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Community Wellness for all ages : Focus (Childhood Obesity)	Iowa Indicator: Childhood rate of overweight or obese children aged 10-17 is 31.3% National and 28.3% State (The Health and Well-Being of Children 2011-12). According to the July 2015 Health Indicators Report on the Community Commons website, 30.7% of adults 20 and older in Sac County are considered obese. Iowa's rate is 30.4% and the US rate is 27.14%. Loring Hospital also conducted a survey in 2013 which identified Nutrition, Obesity and Wellness as priority needs. Poor diet and physical inactivity contribute to serious and costly health conditions. The Community Commons website statistics for physical activity is a rate of 23.6% in Sac County and 22.64% in the US.	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 Tobacco Use	According to Health and Human Services Tobacco Facts and Figures- Tobacco use is the leading cause of preventable illness and death in the U.S. For Sac County data gathered from IDPH FY 15 Snapshot Tobacco Prevention Community Partnership the tobacco related-disease burden age adjusted rate/100,000 population is 55.9% for Sac Co. compared to the state rate of 45.3%, hospitalization rate is 275 for Sac Co. compared to 174 state rate. IA Behavioral Risk Factor Surveillance System 2006-2012, Sac Co. 21% for adult smoking prevalence and 25% for youth tobacco use which are 19.5% for Iowa (Adult) and 17.0% for Iowa (Youth).	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 Underage drinking/Youth Binge drinking	<p>Alcohol consumption is a major part of the culture of Sac County both for adults and youth. Based on local focus groups/ interviews, youth believe there is nothing better to do and adults believe that drinking is a "rite of passage."</p> <p>According to the Sac County Iowa Youth Survey(IYS) data, in 2012, Sac County 11th grade 30-day alcohol use was at 48.5% and went down to 20% in 2014. Similarly, all grades in Sac County reported 24.4% 30-day alcohol use in 2012 and went down to 9% in 2014.</p> <p>Even though Sac County is lower than the state for 30-day alcohol use analyzing the data trend patterns in 2016 (IYS) will continue. Early Fall of 2014, there was an alcohol-related fatal crash involving two youth fatalities and others injured, a month later students participated in the 2014 Iowa Youth Survey which the alcohol-related tragedy could have influence the results.</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:
4 Preventable Hospital Events/ Chronic Diseases- Access to Physicians: Focus (Lack of Preventive Care)	<p>According to the July 2015 Health Indicators Report on the Community Commons website, the ambulatory care sensitive conditions, rate in Sac County is 92.32% compared to Iowa's rate of 55.72%. Also note that the access to Primary Care in Sac County is 59.1% compared to Iowa rate of 72.7%. Sac County Coalition identified access to care and lack of preventive services and ongoing need identified in Sac County.</p> <p>Loring Hospital Needs Assessment identified that nearly 40% of the survey (2013) responded that access to physician service is often times a problem. The survey also identified a need for access to specialty services to improve, enhance, and expand health services in Sac County.</p>	No	<input type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

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5 Cancer Colon & Rectal	According to Community Commons Health Indicator report- In Sac County, colorectal cancer rate is at 70.5% compared to Iowa's rate of 47.2%. There are on average 11 new cases in Sac County annually.	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

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>Source: Child Abuse America- Victims of child maltreatment are at high risk for a host of adverse short and long-term outcomes, including chronic health problems, mental health issues, developmental delays, poor educational well-being, and future involvement with the criminal justice system.</p> <p>The Department of Human Services data of all child abuse or neglect: 69% neglect or denial of critical care (varied 3% to 10% over 3 years), 6% physical abuse (reduced over 3 years), 6% sexual abuse (increased over 3 years), 9% presences of illegal drugs (similar to recent years.)</p> <p>According to data from Prevent Iowa Child Abuse Sac County ranks in the highest 15 for 2 types of abuse (Sexual abuse & Meth Manufacturing).</p> <p>The reports of abuse accepted and reviewed by Department of Human Services had a confirmed rate of 40.5% (data from PCA Iowa website) for Sac County. Statistics also show a high rate of sexual abuse in Sac County compared to the State rate. Average rate per 1,000 children is 1.7 & Sac County is ranked 12 among Iowa counties.</p> <p>Child abuse disproportionately impacts young children, in 2014 48.8% were under age 6 for the State of Iowa. Sac County population is 10,035 with 5.4% of the population under 5 years of age.</p> <p>Student eligibility for Free Reduced School Lunch is 43.6%. The median household income in Sac County is \$48,093 which is lower than the state average of \$51,843.</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 Sac County	<p>Radon is an invisible, odorless, and tasteless gas which is present as a decay product from uranium, which is present in nearly all soil, rock, and water.</p> <p>According to the United State Environmental Protection Agency-radon is the leading cause of lung cancer among non-smokers.</p> <p>The indoor levels of radon recommendation is a level equal or below 4.0 picocuries (pCi/L) per liter of air. The average indoor radon concentration is lowa is 8.5pCi/L, which is more than six times the national average. According to IDPH State Radon information -results from Air Chek, Inc, Sac County average indoor radon level is 8.6 pCi/L.</p> <p>Radon test kits are available through the Environmental Health Department in Sac County. Information is provided to the residents regarding importance of testing homes, etc. to check levels of radon and mitigation measures if tests higher than acceptable amounts of radon exist.</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

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 Below optimal fluoride levels in drinking water	<p>According to the Centers of Disease Control and Prevention water fluoridation was recognized by the CDC as one of the 10 greatest public health achievements of the 20th century. Fluoridation of community water supplies is simply the precise adjustment of the existing naturally occurring fluoride levels in drinking water to a fluoride level recommended by the U.S. Public Health Service (0.7 parts per million) for prevention of dental decay.</p> <p>According to information gathered from the I-Smile Coordinator for Sac County, there are 6 out of 8 communities in the county that are below the optimal level of fluoride.</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 checked="" 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 No priority 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

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 Sac County Community Preparedness: Focus - (Ability to prepare for, withstand and recover from public health incidents).	In March 2011, Public Health Preparedness Capabilities: National Standards for State and Local Planning were developed for planning, and, ultimately, assure safer, more resilient, and better prepared communities as Public Health threats of some form are always present. Sac County Health Care Coalition has been formed and continues to work to update the County's Bio-Emergency Plan and enhance emergency efforts to benefit the entire community. Need for improved communication capabilities and volunteers are identified in After Action Reports.	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

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 Care Coordination/Resources available	According to Census Bureau Sac County has a higher percent of persons 65 plus years of age at 22.3% compared to Iowa at 15%. According to Community Commons data, Sac County has a 12.23% population with a disability compared to Iowa at a rate of 11.38%. Vulnerable populations are at risk for increased high utilization of healthcare resources and may not be aware of how to access available health and human resources.	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

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	Sac County Coalition consisting of service providers in Sac County has identified limited public transportation for access to health services or essential daily living need. Obstetric services and local Human Services Dept. (DHS) are not available in the County. Also note the Federally Qualified Community Health Center which serves medically under-served populations and utilize sliding fee scale for those eligible with incomes between 100% and 200% of poverty is located in Buena Vista County which is in the next County.	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 checked="" 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 Access to Quality Health Care	Loring Hospital Needs Assessment identified that nearly 40% of the survey (2013) responded that access to physician service is often times a problem. The survey also identified a need for access to specialty services to improve, enhance, and expand health services in Sac County.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/staff <input type="checkbox"/> Other <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

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 Mental Health	<p>Local Critical Access Hospital in Sac Co. - Loring Hospital Community Assessment identified lack of mental health care providers in the County. Census data provided the following mental health information for Sac County: Any mental health disorder prevalence per 1000 residents over the age of 65: 127.86, Any affective disorder prevalence per 1000 residents over the age of 65: 28.82, Major depression prevalence per 1000 residents over the age of 65: 17.00, Cognitive impairment prevalence per 1000 residents over the age of 65: 19.59, anxiety/somatization prevalence per 1000 residents over the age of 65: 70.21. Sac County does not have a psychiatrist practicing in the county.</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

Sac County

FEBRUARY 29, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT SNAPSHOT



Promote Healthy Living

- Priority #1 Community Wellness for all ages : Focus (Childhood Obesity)
- Priority #2 Tobacco Use
- Priority #3 Underage drinking/Youth Binge drinking
- Priority #4 Preventable Hospital Events/Chronic Diseases- Access to Physicians: Focus (Lack of Preventive Care)
- Priority #5 Cancer Colon & Rectal



Prevent Injuries & Violence

- Priority #1 Child Abuse & Neglect



Protect Against Environmental Hazards

- Priority #1 Awareness of radon levels in Sac County
- Priority #2 Below optimal fluoride levels in drinking water



Prevent Epidemics & the Spread of Disease

- Priority #1 No priority identified



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

- Priority #1 Sac County Community Preparedness: Focus - (Ability to prepare for, withstand and recover from public health incidents).



Strengthen the Health Infrastructure

- Priority #1 Care Coordination/Resources available
- Priority #2 Transportation
- Priority #3 Access to Quality Health Care
- Priority #4 Mental Health