Health Issue #1: Healthy Living (obesity and 0verweight, nutrition, physical activity, diabetes)

Goal: *(broad statement of outcomes and results)*

1. Decrease the prevalence of obesity
2. Decrease the number of adults living with Type 2 diabetes

Objectives: (SMART) *(specific measurable targets for achievement of the outcomes described in the goal)*

1. Decrease the prevalence of obesity from 28 % to 25% by 2022.
2. Increase the percentage of adolescents meeting recommended physical activity goals (7 days with at least 60 minutes) from 26% to 50% by 2022.
3. Decrease the percentage of adults who report no leisure time physical activity from 19% to 15% by 2022.
4. Decrease average percentage of adolescents reporting 11 or more hours of screen time/week from 13% to 10% by 2022.
5. Decrease the percentage of adults diagnosed with diabetes from 9% to 6% by 2022.

Indicators: *(measurements that indicate progress toward objective)*

1. % overweight or obese
2. % of adolescents meeting recommended physical activity goals (7 days with at least 60 minutes)
3. % adults who report no leisure time physical activity
4. % percentage of adolescents reporting 11 or more hours of screen time/week
5. % adults diagnosed with diabetes
6. % mothers who breastfeed beyond 6 months

Health Issue #1: Healthy Living

Healthy Living Strategy/Action Steps:

Strategies must be responsive to the diverse cultural health beliefs and practices, preferred languages, health literacy and other communication and socially determined health needs.

Upstream Approaches: (Prevention)

1. Implement 5210 Healthiest State Initiative strategies in healthcare organizations.

Upstream Action Steps:

- Become a 5210 registered worksite, work toward gold status worksite
- Become a 5210 registered healthcare organization, incorporate screening and counseling/education using 5210 algorithms
- Support continued staff participation in quarterly Breastfeeding Coalition meetings
- Support breast feeding friendly worksite practices
- Designate a hospital representative to serve on Healthy Sioux County Coalition with the authority to commit hospital resources toward identified efforts
- Address issue of cost of membership to fitness centers/lack of indoor physical activity opportunities for community members with limited financial resources

SIOUX COUNTY Community Health Partners

Health Issue #1: Healthy Living

Mid Stream Approaches: (Prevention)

1. Increase participation in the National Diabetes Prevention Program (NDPP) and Everyone with Diabetes Counts (EDC) community based diabetes prevention programs

Mid Stream Action Steps:

- Increase provider referrals to NDPP
- Host an employee NDPP on-site and provide an employee incentive for completion
- Offer workplace diabetes screening and education in the community targeting at risk populations
- Increase referrals to and/or provide financial backing for workplace EDC

Down Stream Approaches:

1. Increase treatment options for obesity and diabetes

Down Stream Action Steps:

- Develop clinical obesity treatment program [for example: MEND (mind, exercise, nutrition, do it)]
- Develop pilot for in home diabetes education

Health Issue #2: Access to community resources

Goal: (broad statement of outcomes and results)

1. Eliminate access barriers to services addressing social determinants of health
2. Decrease inappropriate ER use

Objective (SMART) *(specific measurable targets for achievement of the outcomes described in the goal)*

1. Train and put in place 4 Community Resource Specialists by 2022.
2. Increase the number of health care organizations using a standardized SDOH screening tool.
3. Establish a measurement strategy to quantify inappropriate ER use.

Indicators: (measurements that *indicate progress toward objective)*

1. # community health workers in place
2. # healthcare organizations using a standardized tool to screen for SDOH / Social Needs

Access to community resources Strategy/Action Steps:

Strategies must be responsive to the diverse cultural health beliefs and practices, preferred languages, health literacy and other communication and socially determined health needs.

Upstream Approaches

1. Healthcare organizations address SDOH and health equity in planning processes, programs and service delivery
2. Adopt CLAS standards

Health Issue #2: Access to community resources

Upstream Action Steps

1. Educate health professional staff on:
    - SDOH
    - Health literacy
    - ACEs
    - Trauma informed care practices
2. Seek and integrate feedback from patients about their experiences of care from community based patient advisory boards
3. Incorporate standardized SDOH screening as part of each visit to ER/clinic and at discharge planning
4. Resume meetings (quarterly) of healthcare organization SIM/CHNA workgroup.
5. Refer families to La Escuelita (preschool for Spanish speaking low literacy parents and their children) and commit to ongoing funding should current funding stream cease.

SIOUX COUNTY Community Health Partners

Health Issue #2: Access to community resources

Mid Stream Approaches

1. Address systemic barriers to community resources

Mid Stream Action Steps

1. Identify, train, and put in place Community Resource Specialists to assist with navigating the healthcare/social service systems
2. Develop an integrated data system for referrals and follow-up
3. Spanish language training in first aid/CPR for community based peer educators
4. Disease prevention/transmission education in settings targeting low literacy community members

Down Stream Approaches

1. Community Care coordination at CHP
2. Ongoing care coordination within healthcare organizations

Down Stream Action Steps

1. Participate in community care coordination
2. Resume monthly meetings of care coordinators
3. Continually update Community Resource Guide

Health Issue #3: Mental Health and Wellbeing

Goal: (broad statement of outcomes and results)

Sioux County children, adolescents, and adults will experience mental health and wellbeing

Objective (SMART) *(specific measurable targets for achievement of the outcomes described in the goal)*

1. Decrease suicide death rate from 4 per 100K to 0.
1. Decrease the percentage of adolescents who seriously thought about killing themselves from 11% to 9% (Iowa Youth Survey)
2. Decrease the percentage of people reporting poor mental health days from 12 to 10%
3. Decrease the provider: population ratio from 890:1 to 700:1

Indicators: (measurements that *indicate progress toward objective)*

1. Suicide death rate
2. Percentage of people reporting poor mental health days (County Health Rankings)
3. Percentage of adolescents who have seriously thought about killing oneself in the past 12 months.
4. The provider: population ratio

Health Issue #3: Mental Health and Wellbeing

Access to community resources Strategy/Action Steps:

Strategies must be responsive to the diverse cultural health beliefs and practices, preferred languages, health literacy and other communication and socially determined health needs.

Upstream Approaches

1. Implement trauma-informed practices in schools and early childhood settings
2. Support positive family functioning through education and family support programs

Upstream Action Steps

1. Support the work of the Western Iowa ACES Coalition
2. Support participation of providers (as appropriate) in mental health coalition
3. ROSES postpartum depression program implementation

Mid Stream Approaches

1. Trauma-informed education (i.e., ACES training) in sectors such as education, early childhood, health care;
2. Address accessibility, availability and acceptability of mental health treatment services

Mid Stream Action Steps

1. ACES and/or Lemonade for Life training for healthcare providers
2. ACES and/or other trauma-informed education in education and early childhood sectors
3. Identify and address barriers to access, availability, and acceptability
4. Participate in children's mental health region efforts

Down Stream Approaches

1. Promote integrated care models; improve referral systems

Down Stream Action Steps

1. Develop referral system for schools to refer high risk students
2. Share successful integrated care model design and outcomes
3. Explore potential for psychiatric provider cost-sharing
4. Promote use of information mental health specialist services