



**Public Health**  
Prevent. Promote. Protect.

**Community Health  
Needs Assessment  
and  
Health Improvement Plan  
For Monona County  
2010-11**

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# **Community Health Needs Assessment and Health Improvement Plan Monona County 2010**

## **Project Steering Committee**

The Monona County Health Coalition, in conjunction with a dedicated Steering Committee, was the convening body for this project. Many other individuals including community residents, focus group participants and community-based organizations also contributed to the formation of the Monona County Community Assessment.

Special thanks to all of the following committee members for their time and commitment to this project:

June DeLashmutt, Administrator, Monona County Public Health Nursing Service  
Fran Tramp, CEO, Burgess Health Center  
Greg Nooney, Mental Health, Burgess Health Center  
Sue McLaughlin, Diabetic Educator, Burgess Health Center  
Sheri Johnston, Burgess Home Health and Hospice  
Cheri Hardison, Public Relations, Iowa University Extension-Monona County  
Teresa Miller, Jackson Recovery, St Luke's Outreach  
Diane Foss, HMS (Harrison, Monona, Shelby) Early Childhood Education  
Chris Kuchta, Public Relations and Marketing, Siouxland Area Aging  
Julie Florian, Tobacco Program MHC (Monona Harrison, Crawford)  
Sandy Bubke, Monona County Environmental Health Technician

## **Key Informants**

Marjorie Erickson, Assistant Administrator, Monona County Public Health Nursing Service  
Norma Mohr, Monona County Public Health Nursing Service  
Janet Steinhoff, Immunization Coordinator, Monona County Public Health Nursing Service  
Lynn Tremmel, Women, Infants and Children, West Central Community Action Agency

## **Focus Groups**

Thank you to the many community citizens who participated in our focus group series and to the facilities that hosted those sessions:

- Monona County Learning for Life Program Parental Support Meeting, Dec 3, 2010; facilitator - June DeLashmutt, Ann Schmidt
- Siouxland Area Aging Town Hall meeting, Feb 8, 2011; facilitator - Chris Gupta

## **Survey Process**

### **Monona County Health Promotion and Wellness Survey 2010**

In 2010, the Monona County Public Health office mailed out a wellness survey into the community as requested by the Iowa Department of Public Health as a yearly performance measure under the Local Public Health Service Contract. It covered a single question in these 6 areas:

- A. Transportation
- B. Communication
- C. Educational Opportunities
- D. Recreation
- E. Community Based and Private Organizations / Business / Associations
- F. Current Wellness Community Collaboration Efforts

### **IDENTIFICATION OF SOURCES OF SURVEY RESPONSES**

This is a list of the sources that provided the responses to the survey, mailed back to Monona County Public Health (MCPH). The responses presented here are as they were originally received.

West Monona CSD, Jim Simmelink & BJ Richards, RN  
City of Onawa, Rebecca Tanner  
P.E.O., Jean Pekarek  
Pamida Pharmacy, Peg Brekel  
Faith Lutheran Church, Pastor Steve Hetzel  
American Legion, Carl Johnson  
Diamond Heights, Inc. Linda Krei- Housing Director  
Onawa Women's Club , Ano Wilkens  
Vaughn Foods DBA/Fiesta Foods, Tim Coyle  
Western Iowa Power Cooperative, Mari Miller  
Monona County Sheriff, Sheriff Jeff Pratt  
Burgess Health Center, Beth Frangedakis  
Onawa Volunteer Fire Dept., Jeff Sander  
City of Onawa, Larry Burks  
Head Start, Moorhead, Dianne Blume  
Berne Coop, Bryce Meeves  
City of Ute, Peggy Bridgeman  
Charter Oak-Ute Schools, Rollie Wiebers  
Ute Housing Corp., Donald E. Petersen  
Maple Valley Schools, Steve Oberg  
Heights Home Health, Kellie Gee, RN  
Mapleton Police Dept., Chief John Holton  
Soldier Valley Homes, Inc., Michael Murphy  
Onawa Chamber of Commerce, Ann Crawford

**IDENTIFICATION OF SOURCES OF SURVEY RESPONSES CONTINUED:**

Blencoe Community Development Corp. , Ron Cutler  
Congregate Meals Siouxland Aging Services, H. Anderson  
West Central Community Action- Joel Dirks, Executive Director  
Castana Community United Church of Christ, Pastor Harvey Hanson  
Zoning/Environmental Health, Sandy Bubke  
Pleasant View Care Center, Katy Smith  
City of Whiting, Karen Handeland, clerk  
Whiting Community School, Myron Ballain  
City of Mapleton, Karla Uhl  
Stangel Pharmacy, Jim Stangel  
J.L. Garred, Sr.,M.D.  
City of Turin, Dave Poole  
Whiting Public Library, Meg Polly  
Mapleton Rotary Club, Leonard Maier, president  
Magic Depot Child Care Center, Joyce Henneman, Director  
Maple Heights Helpful Living, Tom Swanson  
Meadows Park Independent Living, Tom Swanson  
Maple Heights Nursing Home, Tom Swanson  
Monona County Public Health, June DeLashmutt

## Section I: Introduction and Background

### ***A.) VISION AND MISSION***

Community health assessment and health improvement planning is a core function for all governmental levels of public health. It involves collaboration with community partners to complete a community health assessment every 5 years to ensure the public health goals and priorities are an accurate reflection of the community's greatest needs.

Improving the health is a shared responsibility not only of health care providers and public health officials, but also of a variety of others who contribute to the well-being of residents and visitors in a community. It was important to us that this health assessment be a community-driven process. We desired to mobilize and engage the community, develop action with and by the community, conduct planning driven by the community, and develop partnerships to strengthen the community.

Overall, the main objectives of the project were as follows:

- Define a vision for the health and well-being of Monona County residents
- Complete a comprehensive assessment to accurately depict the community's health status
- Define key priority health issues based on reliable local data
- Take collaborative action to define one health need to create positive health outcomes

### **Vision Statement**

**STRIVE: Success – Teamwork – Respect – Integrity – Vision - Excellence**

### ***B.) MAPP OVERVIEW***

**Mobilizing for Action through Planning and Partnerships**, or MAPP, is a community-wide strategic planning tool for improving community health. It has been implemented nationally by many public health departments to help communities prioritize public health issues and identify resources to address them. Facilitated by public health leaders, this tool assists communities by applying strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The process was developed through collaboration between NACCHO (National Association of County and City Health Officials) and CDC (Center for Disease Control and Prevention).  
(<http://www.naccho.org/topics/infrastructure/mapp/index.cfm>)

MAPP is: a community-wide strategic planning tool for improving public health, a method to help communities prioritize public health issues, identify resources for addressing them, and take action.



The key phases of the MAPP process include:

1. Community Strengths and Themes
2. Assessment
3. Forces of Change Assessment
4. Local Public Health Systems Assessment

MAPP is a paradigm shift in how we think about public health planning. It is a strategic planning model that shifts the process focus on the entire public health (community) system, with an emphasis on assets and resources. We begin to look at a broader definition of health with the eyes of a “community” not just a public health office. We hold the belief that “everyone knows something” and collaboratively we can make a difference and determine how best to use all of this wisdom to create a healthier community.

### ***C.) COMMUNITY STRENGTHS AND THEMES ASSESSMENT***

#### **1. Community Focus Groups**

##### **a. Top Issues: Family Group with Children 5 or under:**

- 1) Unemployment and job availability
- 2) Poverty, money management and financial stress
- 3) Access to transportation
- 4) Family stress and lack of family support
- 5) Don’t know how to set goals
- 6) Substance abuse of spouse or partner
- 7) Limited use of food pantry
- 8) Need for affordable day care and some evening care
- 9) Dependable transportation

## **Community Focus Groups Continued:**

### **b. Top Issues: Senior Group**

- 1) Lack of transportation, especially for the elderly
- 2) Lack of socialization for the seniors
- 3) Elder depression and stress
- 4) Lack of senior activities
- 5) Need for intergenerational socialization and senior companions
- 6) Lack of awareness of available health services
- 7) Need senior mentoring program
- 8) Senior financial planning
- 9) Senior meal deliveries in rural areas
- 10) Community gardens
- 11) Lack of funding leads to program cuts

## **2. Key Informant Interviews**

### **a. Top Issues: Public Health staff and other professionals:**

- 1) Access to healthcare / decline in services for the uninsured
- 2) Poverty
- 3) Unemployment /lack of jobs
- 4) Teen pregnancy, unable to access students in school setting for contraception & STD preventative education
- 5) Lack of health resources to tackle issues
- 6) Lack of physician referrals to Maternal Health Education Program (evidence-based) and Learning for Life Program (evidence-based)
- 7) Nutrition and obesity needs are highlighted but there is a lack of evidence-based programming
- 8) Violence, child abuse, domestic abuse
- 9) Substance abuse
- 10) STIs (sexually transmitted infections)
- 11) Increase numbers of adolescents receiving 11-12 year old vaccines

## **3. Health Promotion and Wellness Survey Results 2010**

### **Top Answers to Questions 1-5: (Answers below are verbatim from the survey)**

- a. **TRANSPORTATION** – How does transportation promote/ enable/ assist in the promotion of healthy behaviors in your organization or area?
  - 1) Monona County Public Health, within the Maternal/Child Health Block grant programs, can use medical and dental vouchers from the HCCMS program for transportation to a Dr. only.
  - 2) Dept. of Human Services has contracted out with a transportation company to provide needed transportation for out of town medical and dental visits.

## Health Promotion and Wellness Survey Results 2010 (continued)

### TRANSPORTATION (continued)

The Veteran's Administration provides some subsidies reimbursing private citizens for veteran trips to Omaha VA Center.

- 3) Schools provide bussing services for handicapped students, to and from school
- 4) Maple Valley/Anthon-Oto (Mapleton Head Start) transports Head Start children with grant funding.
- 5) Head Start has company vans and does on occasion provide transportation to medical appointments if transportation is a barrier.
- 6) Nursing homes have vans to transport their residents to medical and dental appointments. Some use their vans in the Assisted Living Area of their businesses.

b. **COMMUNICATION** - How do methods, types and through what means of communication are healthy behaviors encouraged or promoted in your county?

- 1) Onawa (2 weekly newspapers) and Mapleton (1 weekly newspaper) print health and community information articles for free
- 2) Elementary school newsletters, posters in schools
- 3) Newsletters, bulletins, hand-outs available from Burgess, Public Health, or other organizations
- 4) Church bulletins
- 5) Promotions through insurance companies
- 6) Speakers Bureau for appropriate topics from Burgess are available free of charge to groups
- 7) Health Smart Kids and through community school at no charge
- 8) "Got to Move" Grant
- 9) Local Access TV Channel and Web page for Local Access Channel
- 10) Posters in physician's office and community buildings
- 11) Public Health has parent information posted in interim. Materials available to anyone
- 12) Moorhead - Head Start sites have a parent communication bulletin board as does West Central Development Corp.
- 13) Moorhead - Head Start sites have a parent communication bulletin board as does West Central Development Corp.
- 14) Ute does community announcements at the senior center; local Lutheran Church includes some in its bulletin, none on regular basis
- 15) Monona County employees have a bi-monthly employee wellness newsletter.
- 16) Iowa University Extension/ Monona office puts out a monthly wellness /family newsletter

## Health Promotion and Wellness Survey Results 2010 (continued)

### COMMUNICATION (continued)

17) The library has a DVD's on diabetes, autism and exercise. We offer brochures that we receive on stop smoking, sexual abuse, cancer treatments, Alzheimer's facts, etc.

- c. **EDUCATIONAL OPPORTUNITIES** - What educational opportunities are available to your county residents and what modes of education (e.g. groups, online, classroom) are used. Who are the subject experts in the county?
- 1) Local hospital offers frequent face-to-face classes related to wellness (Stop smoking classes, diabetic education and support group)
  - 2) There are substance abuse support group meetings almost every week in Onawa.
  - 3) "Wear Red" luncheon and other community speaker events sponsored by Burgess Health Center
  - 4) Our daycare curriculum focuses on wellness. We provide activities throughout the day that teach our children about the importance of being healthy. HALO (Healthy Alternatives for Little Ones) is also part of the curriculum.
  - 5) Monona County ISU Extension offers classes (face-to-face, online, and some with college credit)
  - 6) My church offers classes on healthy families.
  - 7) Our community libraries are a great resource; most have computer access now.
  - 8) Parent resource area and Head Start monthly parent meetings often use speakers to discuss finance, parenting, dental care, and health.
  - 9) Some churches have after school and summer programs.
  - 10) The library has offered lecture-type programs on a variety of issues. With a meeting room that will hold 60+, we are willing to provide any type of program available.
  - 11) Monona county Public Health has experts in Communicable Disease Control, Emergency Preparedness, Family planning, and Parenting classes.
  - 12) Empowerment funding has been available for limited activities in the wellness areas (support for preschool fluoridation and dental checks).
  - 13) Elderly health education has been provided occasionally to the Mapleton community.
  - 14) At a minimum of twice per year, Monona County Public Health has a campaign to educate the public on Hawk-i and Childhood Lead Poisoning Prevention
- d. **RECREATION** – What recreational opportunities are readily available/accessible to county residents?

## Health Promotion and Wellness Survey Results 2010

### RECREATION (continued)

#### **Onawa:**

- 1) Lewis & Clark State Park has walking, hiking, biking trails, fishing, boating, swimming – free except for transportation to park. Large camp grounds with electricity and primitive site, small fees.
- 2) City parks with playground equipment, some walking trails, tennis courts, 1 skate park, no cost. Have a summer recreational program at Gaukel Park.
- 3) Golf course at country club with golf leagues.
- 4) Youth baseball, softball, soccer, and football leagues approximately \$50/child
- 5) Adult Slow Pitch Softball leagues
- 6) Open gym on Sundays at West Monona School with weight room, volleyball, basketball courts, also outside basketball hoops in parking lot
- 7) Municipal Swimming Pool in season with lessons for all ages, fee for lessons and pool entrance.
- 8) Yoga classes at library
- 9) Taekwondo for kids at the Onawa Community Center
- 10) Numerous campsite and recreation sites maintained by county conservation, state, and private areas, some with swimming and fishing, hiking trails, overnight camping \$10-\$15 per day.
- 11) Fitness Center at the Onawa Community Center, Exercise games for kids
- 12) Onawa Library has exercise games for kids
- 13) Curves for women & Pilates class offered by dance instructor
- 14) Youth dance studio
- 15) 4-H programs
- 16) Boy / Girl Scout organizations for youth
- 17) Church activities including Vacation Bible School
- 18) Local Church camp located on East side of Blue Lake
- 19) Exclusively for former cardiac rehab patients - "Phase 3" for \$40 for 10 sessions
- 20) "Onabike" organized rural bike ride draws bicycling enthusiasts from around the area on 4<sup>th</sup> Saturday of August each year
- 21) Chamber Golf outing each August
- 22) Lewis & Clark Festival in June sponsors "pioneer" games and activities
- 23) Big Blue Run sponsored by Burgess Health Center
- 24) Indoor hospital walking trail at Burgess Health Center

#### **Blencoe**

- 1) Sidewalk around 4-plex apartments
- 2) City park with ball diamond and swings

## **Health Promotion and Wellness Survey Results 2010**

### **RECREATION (continued)**

#### **Whiting**

- 1) Bike around town, Recreation Center at Church, camping close
- 2) Elder programs and activities offered at Nursing Home, Assisted Living and Independent Living
- 3) 4<sup>th</sup> of July celebrations
- 4) Whiting has a large park with new playground equipment (free to public).
- 5) A sizeable percentage of the population walk, using sidewalks-no walking trails.
- 6) Summer sports programs including slow pitch softball for all adults, youth baseball, softball, soccer leagues with fees per child
- 7) Many students take advantage of swimming lessons at the Onawa pool. There is a fee.
- 8) The library offers preschool story hour throughout the year, a summer story hour during July. Subjects for all ages. This is free.

#### **Mapleton**

- 1) Youth baseball, softball, soccer, football leagues with fees per child
- 2) Slow Pitch Softball leagues
- 3) Playgrounds with equipment
- 4) Sidewalks and paved streets used for walking and bicycling
- 5) Municipal Swimming Pool with swimming lessons offered
- 6) Golf Course
- 7) Maple Valley High School weight room gym with basketball courts \$10/yr
- 8) County and State Parks in area for camping, fishing, hiking, biking, boating
- 9) 4-H, FFA, Boy & Girl Scout organizations, Boys and Girls Club coming soon
- 10) 4<sup>th</sup> of July parade

#### **Ute**

- 1) Senior Meal Site for socialization
- 2) School gym with basketball court
- 3) 2 playgrounds, 1 in park and on school grounds
- 4) Summer baseball and softball leagues for youth
- 5) Tennis court available (but not used)
- 6) Ute Days Celebration

#### **Moorhead**

- 1) AA-Lutheran Church Basement weekly
- 2) City park with playground equipment and a basketball court. Use of this is free

## Health Promotion and Wellness Survey Results 2010

### RECREATION (continued)

#### **Moorhead (continued)**

- 3) Preparation State Park in Loess Hills offers lots of hiking opportunities and camping this is also free- but costs gas money to get there
- 4) The city has some sidewalks, but most people just walk & ride bikes on the streets.
- 5) Church woman's organization
- 6) Community library
- 7) Moorhead Fun Days
- 8) Loess Hills Association quilting group
- 9) Coffee groups at both restaurants and feed store
- 10) Youth programs: Taekwondo is offered every Tuesday night in Moorhead
- 11) 4-H offers lots of activities
- 12) Churches sponsor Vacation Bible School each year.

#### **Turin**

- 1) Playgrounds and picnic area at no cost

#### **Soldier**

- 1) Soldier Community Center is used for recreational gatherings and meal site
- 2) Community library doubles as the city office.

#### e. **COMMUNITY BASED AND PRIVATE ORGANIZATIONS/BUSINESSES/ASSOCIATIONS** –

What wellness activities/education is provided by community based organizations (e.g. public health agency, housing organizations, food kitchens, substance abuse homes, shelters, churches, clinics, hospitals and counseling centers, and advocacy groups?. Do any of the businesses (banks, industry) in your county provide a wellness program or educational opportunities? Is your chamber of commerce or local business associations involved in wellness activities or would they in the future?

#### **Onawa**

- 1) Multiple civic groups
- 2) Mental Health counselor
- 3) Breast and Cancer Screenings through Burgess Health Center
- 4) Park recreational program
- 5) Library reading groups
- 6) Burgess Health Center is involved both with staff and community wellness programs
- 7) Monona County Government Employee Wellness Program
- 8) City Council is considering a program allowing city employees to use community center – fitness

## **Health Promotion and Wellness Survey Results 2010**

### **COMMUNITY BASED AND PRIVATE ORGANIZATIONS/BUSINESSES/ASSOCIATIONS –**

#### **Onawa (continued)**

- 9) Church groups with some food assistance
- 10) Active VFW members (linked with another region outside the county now)
- 11) West Central Development (West Central Community Action) Food pantry
- 12) Low rent housing- Center Heights, Starview apartments,
- 13) Council of Sexual Assault and Domestic Violence has a safe shelter
- 14) Siouxland Blood Bank
- 15) American Legion
- 16) Weekly Weight Watchers Meetings
- 17) Burgess Health does B/P screenings
- 18) We host AA/NA in the Lutheran church
- 19) Coalition: "Got-2-Move" Kids obesity Research Project under the direction of Burgess Health
- 20) Monona County Community Alliance Coalitions provides education and focuses on tobacco and substance use and family wellness

#### **Moorhead**

- 1) 4-H active programming
- 2) Churches assist on a one-to-one basis
- 3) Active Soldier Community Club/business organization group.
- 4) West Central Community Action - Our health insurance company offers a wellness program. Our Head Start also works with school districts and licensed child care centers to offer ways to curb obesity among the children and families that we serve.

#### **Ute**

- 1) Child and teen organizations
- 2) Our Ute Housing Corp is a 6 apartment, 1 bedroom units that are low rent housing (USDA Rural Development)

#### **Soldier**

- 1) Soldier Valley Homes are 12 unit low-income USDA Rural Development apartments for people 18 years or older.

#### **Mapleton**

- 1) Food and clothing pantry
- 2) Multiple civic groups,
- 3) Low rent housing
- 4) Active American Legion
- 5) Boys and Girls Club,
- 6) Boy and Girl Scouts,

## **Health Promotion and Wellness Survey Results 2010**

### **COMMUNITY BASED AND PRIVATE ORGANIZATIONS/BUSINESSES/ASSOCIATIONS**

#### **CONTINUED:**

##### **Mapleton (continued)**

- 7) 4-H,
- 8) Blood Bank comes regularly,
- 9) Maple Crest West Central Developers

##### **Castana**

- 1) I just went to a group meeting put together by CSADV of Sioux City. It was held at St. John's Methodist Church in Mapleton. They are asking pastors to help in the areas of sexual assault and domestic violence

##### **Whiting**

- 1) Community Club.
- 2) The Church of Christ collects food for the food pantry.
- 3) Both Congregational Church and Church of Christ have social groups for adults and teens.
- 4) Dana Kirby has been involved in a housing organization.
- 5) City of Whiting-- We provide wellness training for our employees through BC/BS Wellmark  
Library sponsors wellness talks
- 6) Siouxland Blood Bank collects blood every other month at the library.
- 7) We have groups that come to the Daycare Center to perform programs for the children: Scrubby Bear, Good touch.
- 8) Extension Service has good talks in town
- 9) The library Board has considered the idea of a Wii for adult programming and fitness. Cost is a problem.

##### **Blencoe**

- 1) Blencoe Senior Citizens Group

### **THESE PUBLIC ASSISTANCE PROGRAMS ARE AVAILABLE TO THE GENERAL PUBLIC THROUGH MONONA COUNTY PUBLIC HEALTH:**

- 1) County Immunization Clinics, Monona County Public Health (MCPH) is a Vaccines For Children provider.
- 2) Learning for Life Program uses the Parents as Teachers curriculum from birth to 5 y/o  
and we have started "Kids Korner", an incentive program for parents to participate and improve their parenting skills.
- 3) State subsidized Child Health physicals and dental exams

**THESE PUBLIC ASSISTANCE PROGRAMS ARE AVAILABLE TO THE GENERAL PUBLIC THROUGH MONONA COUNTY PUBLIC HEALTH: (continued)**

- 4) Pregnancy and post-partum education and follow-up under the Maternal Health Program.
- 5) MCPH participates in the Burgess Health Center Lamaze classes to provide contraceptive information.
- 6) Women's Health Clinic for subsidized physical exams, long term contraception, and STD screenings, treatment, and education.
- 7) Early Access Programming and case management of birth through 3 years old with known medical or developmental problems.
- 8) TB screening, treatment, and education for high risk individuals.
- 9) Communicable Disease follow-up, education, and assurance of treatment of all reportable disease outbreaks
- 10) Care for Kids, case management of all Medicaid children to assure they have a medical and dental home and are receiving well child preventative physicals and dental visits.
- 11) Community referral agent acting to link all citizens to needed services as presented.
- 12) Provider of Health Promotion home nursing visits to county citizens. Also provides education at community speaking engagements upon request.
- 13) Monona County Environmental officer provides subsidized rural water testing of private well water under a "Grants to County" program.
- 14) The Healthy Homes Initiative provides education on home issues, i.e. mold, pest control, home safety, lead-based paint, radon, etc. A Homemaker Program for elders with education to promote a "healthy and safe" environment.
- 15) Pandemic Flu education and emergency planning at community meetings.

## D.) FORCES OF CHANGE ASSESSMENT

### What It Is

The purpose of this assessment is to identify forces – such as trends, factors or events – that are or will be influencing the health or quality of life of the community and local public health system.

#### This assessment answers the questions:

1. What is occurring or might occur that affects the health of our community or the local public health system?
2. What specific threats or opportunities are generated by these occurrences?

This piece of the assessment was completed by a task force comprised of local public health nurses.

### Overall Findings

The committee organized their findings into 10 categories that are summarized in the following tables. The tables focus on the following categories:

Demographics	Economics	Education
Environment	Health Care	Health Status
Politics	Public Health System	Violence
Public Health (Community) Infrastructure		

#### FORCES OF CHANGE ASSESSMENT

Trends, Factors, Events	Threats	Opportunities
<p><b>DEMOGRAPHICS</b></p> <p>Declining population</p>	<ul style="list-style-type: none"> <li>• Declining tax base</li> <li>• Population based resources declining</li> </ul>	<ul style="list-style-type: none"> <li>• Need to create economic opportunities</li> <li>• Focus on needs of present citizens and keep them in the community</li> </ul>
<p>Longer Life Span</p>	<ul style="list-style-type: none"> <li>• Facing aging population</li> <li>• Caregiver stress</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge and experience of older adult population</li> <li>• Need for development of intergenerational programming and collaboration</li> </ul>
<p><b>ECONOMICS</b></p> <ul style="list-style-type: none"> <li>• Poverty</li> <li>• Unemployment and loss of population</li> <li>• Slow industry and new jobs</li> <li>• Increased cost of living not keeping up with salaries</li> </ul>	<ul style="list-style-type: none"> <li>• Resentment and lack of hope</li> <li>• Lowered tax base</li> <li>• School system threatened by fewer tax dollars</li> <li>• Public safety and crime influenced by poverty and hopelessness</li> <li>• Potential for businesses downsizing, lowered tax revenue</li> </ul>	<p>Monona County Economic Development active and growing under new administration with Teresa Miller.</p>

Trends, Factors, Events	Threats	Opportunities
<p style="text-align: center;"><b>EDUCATION</b></p> <ul style="list-style-type: none"> <li>• Need for parenting education and early childhood education programs</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in grandparents as primary parent</li> <li>• Medical Community does not support parenting programs by making referrals</li> <li>• Competition for available post partum third party dollars, lack of collaboration between private and public programming.</li> <li>• Lack of funding and resources for childcare</li> <li>• Stress caused by raising children and trying to sustain an income while living in poverty</li> <li>• Already overextended parents, difficult to get them to attend a parenting education class</li> <li>• Decline in Public Health assistance programming</li> </ul>	<ul style="list-style-type: none"> <li>• The Quality Rating System (QRS) is becoming widely promoted and used in day care settings.</li> <li>• Child Care Resource and Referral supports RN visits to day cares, and more are signing on to be DHS Registered.</li> <li>• Due to funding changes in Public Health Maternal/Child Health grant funding, parenting programs will be one way of reaching and supporting young, struggling families.</li> </ul>
<p style="text-align: center;"><b>ENVIRONMENTAL</b></p> <ul style="list-style-type: none"> <li>• Lack of Nuisance Ordances</li> <li>• Lack of consistent EH data sources</li> </ul>	<ul style="list-style-type: none"> <li>• Threat to clean, safe, ample water supply</li> <li>• Negative environmental and health effects</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance with the state of Iowa mandate for the EH section under the Public Health Standardization project and the PH Modernization Act of 2009.</li> <li>• Increased private well testing and increased compliance with rural septic codes</li> </ul>
<p style="text-align: center;"><b>HEALTH CARE</b></p> <ul style="list-style-type: none"> <li>• Lack of awareness about accessing healthcare services and resources</li> <li>• Growing numbers using the IA Care System</li> <li>• Aging Services, lack of funding for</li> </ul>	<ul style="list-style-type: none"> <li>• Underuse of preventative services &amp; potentially leading to greater rates of emergency room visits</li> </ul>	

Trends, Factors, Events	Threats	Opportunities
infrastructure •		
<p><b>HEALTH STATUS</b></p> <ul style="list-style-type: none"> <li>• Substance abuse, particularly youth</li> <li>• Obesity               <ul style="list-style-type: none"> <li>-Issue of food insecurity</li> <li>-Lack of access to healthy food</li> </ul> </li> <li>• High sexual risk-taking among high risk populations</li> </ul>	<ul style="list-style-type: none"> <li>• Stigma associated with getting treatment</li> <li>• Social norms of drinking in certain populations (college, youth, etc.)</li> <li>• New programs in exercise, nutrition, and obesity are struggling to be evidence-based</li> <li>• Link between obesity and chronic diseases</li> <li>• Difficulty affording healthy food on food stamp allotment</li> <li>• School boards not supporting teen contraceptive and STD awareness education.</li> <li>• Any rates of STDs and teen pregnancies</li> <li>• Growing numbers of those with chronic health conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities to collaborate on more health promotional programming with those of all ages.</li> </ul>
<p><b>PUBLIC HEALTH (COMMUNITY) INFRASTRUCTURE</b></p> <ul style="list-style-type: none"> <li>• Lack of coordination and collaboration between services and agencies and lack of knowledge within agencies regarding services provided by other agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Information about available resources is not reaching the public</li> <li>• Competition between agencies and community-based organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration between services to streamline services, communication, and share grant funding resources.</li> </ul>
<p><b>VIOLENCE</b></p> <ul style="list-style-type: none"> <li>• Any rates of child abuse, domestic violence, youth suicide are unacceptable</li> </ul>	<ul style="list-style-type: none"> <li>• Monona lacks a Child Abuse Council (non profit) to channel funds into our county to be able to implement new or expand existing services.</li> <li>• Smaller Community Based Child Abuse Prevention grants are</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to develop a mental health treatment for trauma and need for trauma response services</li> <li>• Ability to link parenting programs and services with struggling families to reduce child abuse</li> </ul>

Trends, Factors, Events	Threats	Opportunities
<ul style="list-style-type: none"> <li>• Monona has some shared services through Woodbury County Child Abuse Council</li> </ul>	<p>declining.</p> <ul style="list-style-type: none"> <li>• Under utilization of Burgess PCIT (Parent child Individual Therapy) Program for child behavior modification for those very young. Lack community referral and parents lack commitment to follow through with the entire treatment.</li> <li>• Stress caused by raising children and trying to sustain an income while living in poverty</li> <li>• Already overextended parents, difficult to get them to attend a parenting education class</li> <li>• Decline in Public Health assistance programming</li> <li>• Attorneys lack of knowledge of available programming to refer struggling families.</li> </ul>	<p>and help families develop resiliency.</p> <ul style="list-style-type: none"> <li>• A Child Abuse Council could increase dollars to our county for services.</li> <li>• Collaboration with the judicial system to educate them on referrals for trauma victims and offenders, to give input into the development of needed services.</li> </ul>
<p><b>PUBLIC HEALTH SYSTEM</b></p> <ul style="list-style-type: none"> <li>• Declining funds in state or county budgets for public health; we continue to fund more and more public health through county tax dollars</li> <li>• Aging public health workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Local PH programs are threatened to become non sustainable</li> <li>• Organization needs to spend time on grant proposals instead of other work</li> <li>• Board of Supervisors needs continual education about public health programming in order to justify the local PH budget under the jurisdiction of the Board of Health.</li> <li>• Very limited numbers working in local public health, loss of knowledge when they retire</li> <li>• Public Health curriculum requires additional nurse training in community health, community relations, Epidemiology, and Emergency Preparedness</li> <li>• Local public health downsizing to</li> </ul>	<ul style="list-style-type: none"> <li>• Explore partnerships to use funds more effectively</li> <li>• Shared grant discussions in the community on an ongoing basis</li> <li>• Need to formulate priorities for funding purposes</li> <li>• Constraints on funding will require more accountability and efficiency in services &amp; programs</li> <li>• In 2010 the Iowa code was changed making it easier for small counties to consolidate into Health Districts so there could be a cost saving with a shared administration (where the educational requirement would be higher).</li> </ul>

Trends, Factors, Events	Threats	Opportunities
<p style="text-align: center;"><b>POLITICAL</b></p> <ul style="list-style-type: none"> <li>• Policy makers isolated from the Community</li> <li>• Community does not engage the policy makers</li> <li>• Political trend to fund only health evidence-based programs and interventions</li> </ul>	<p>only the Iowa code mandates.</p> <ul style="list-style-type: none"> <li>• Inability of our leaders to make good decisions for Monona</li> <li>• Lack of engagement among residents in political activity</li> <li>• Lack of community awareness of health issues</li> <li>• Local PH is not sustainable</li> <li>• Organization needing to spend time on grant proposals instead of other work</li> <li>• Board of Supervisors needs continual education about public health programming in order to justify the local PH budget under the jurisdiction of the Board of Health.</li> </ul>	<ul style="list-style-type: none"> <li>• Expand coalition efforts for health planning. Work with community organizations to develop leadership, building on resources and programs already in existence.</li> <li>• Invite policy makers to leadership developmental programs.</li> <li>• Ability to provide better health services if based on evidence-based curriculum.</li> <li>•</li> </ul>

## Section II: Review of Health Status Indicators

**Note: A comparison to the Monona Review of health status indicators is provided. This comparison was recommended by the HHS Community Comparison site as Adair County, Iowa. Adair is similar to Monona in demographic and economic position in 2010.**

### A. Demographic and Socio-economic Characteristics

Understanding a population's age distribution, race and ethnic composition, and income characteristics is essential to identifying health needs and planning health programs. The demographic and socio-economic indicators represent important population characteristics that can have related health attributes.

#### 1. Dependency Indicators:

##### a. Age

- 23% are birth -19 years
- 50% are 20-64 years
- 23% are 65 -84 years
- 4% (476 Persons) are 85 years and older (Adair) 393
- 2090 (27%) are 65 and older (Adair) 1,694 (22%)
- 277 beds or 185.4 crude Rate(2009 per 10,000 population) in Nursing homes (Adair) 309 beds or 177 Crude Rate
- 28 beds or 9.7 rate per (2009 per 100,000 population) in Chronic Confusion or Dementia Illness Units (Adair) 0 beds
- 512 (5.6%) under age 5 (Adair) 378 (5%)
- 13.2 Population Density/people mi2 (Adair) 13.2

##### b. Race:

- 96.8 % White Non Hispanic (Adair) 97.3%
- 0.2% Asian/Pacific Islander (Adair) 0.6%
- 0.2% Black (Adair) 0.2%
- 1.0 % Native American (Adair) 0.1%
- 1.1% Hispanic (Adair) 1.3%

##### c. Poverty:

- 13.4 % in 100% Poverty (Adair) 14%
- 20% Children in Poverty (Adair) 14%
- 5.4% Unemployed (Adair) 4.1%
- 0.9 % FIP (Family Investment Program (Formerly known as Aid to Dependent Children) (Adair) 0.6%

**A. Demographic and Socio-economic Characteristics Continued:**

d. Food Assistance

- 37.9% children on Free / Reduced lunch program (Adair) 29.2%
- 39.8% Women Infant & Children Nutritional (birth to 4 years only) (Adair) 42.7%
- 6.6% Food Stamp Assistance (Adair) 5.2%

Food Pantries

1. West Central Development Corporation in Onawa
2. Mapleton Food Pantry and Clothing Room

Senior Meal Sites:

1. Onawa
2. Whiting
3. Mapleton
4. Soldier
5. Ute

- e. \$41,172 Median household income (Adair) \$45, 478
- 42 Income inequality (Adair ) 38

f. Educational Attainment:

- \_\_\_\_\_% in Pre-School for Pre K programs (Adair) \_\_\_\_\_
- 11.5% (59 children) in Parenting Home visitation programs
- 67 % High school graduation (Adair) 91%
- 13% College degrees (Adair) 11%

g. Family Demographics:

- 68.8% families with children under 6 years, where both parents are in the labor force (Iowa) 69.2%
- 36 or 4.1 (rate) divorce rates (Adair) 17 or 2.3 (rate)
- 6 % Single parent households (Adair ) 6%

h. Family Transportation:

- 8 % of families without a vehicle (Adair) 6.4%

## A. Demographic and Socio-economic Characteristics Continued:

- i. Economic Indicators: Identify the major industries/employers and occupations, housing conditions, and transportation facilities.
  - Industries:
    1. Westendorf Manufacturing,
    2. Terra Industries,
    3. AnSCO Seeds,
    4. Casio Omaha,
    5. Quality Assured Telemarketing
    6. Farming and its goods and services are the mainstay of Monona County.
  - Service Agencies:
    1. Burgess Health Center
    2. Burgess Mental Health
    3. Monona County Government
    4. The cities of Onawa and Mapleton,
    5. 3 long term care centers, each with Assisted Living
      - Elmwood Care Center
      - Maple Heights Care Center
      - Pleasant View Care Center
    6. Siouxland Aging Services, Inc.
    7. Iowa University Extension, Monona County
    8. Cross Roads of Western Iowa
    9. West Central Community Action Agency
  - Schools:
    1. West Monona Community School
    2. Maple Valley Anthon-Oto Community school
    3. Whiting Community School,
    4. Charter Oak-Ute Community School
    5. Western Iowa Tech Community College GED Program
  - Affordable Housing:
    1. Center Heights HUD Housing, 60 HUD apartments
    2. Diamond View, Onawa, 14 HUD apartments
    3. Starview HUD Housing, 1, 2 and 3 bedroom apartments
    4. Soldier Valley Homes, 12 HUD apartments
    5. Ute Housing Corporation, 6 HUD apartments
    6. Blencoe 4-Plex, 4 HUD housing
    7. Maple Crest Apartments, Mapleton

## **A. Demographic and Socio-economic Characteristics Continued:**

- Pharmacies:
  1. Stangel Pharmacy
  2. Pamida Pharmacy
  3. Whiting /Burgess Family Pharmacy
  4. Maier Family Pharmacy
  
- Transportation:
  1. Siouxland Regional Transit System

### Demographic and Socio-economic Characteristics - Community data / discussion

In the year 2000 U.S. Census noted that Monona County had a population based of 10,020 persons and in 2010 it has dropped to 9,243. Monona is just 1 of 65 counties in the state of Iowa with a loss in population since the year 2000.

#### **a) Age**

The children's age group to 19 years has reduced in the last five years from 33% to 23%. The gap in the age group 19-64 years has widened from 35% to 50%, while, the numbers of those over 65+ years has reduced from 32% to 27%. Our population aged 5 and under has reduced from 609 to 512 since 2005.

#### **b) Race**

Monona County continues to be primarily a white race. The percentages of our minority populations remain quite low. Even though these percentages are low: Asian 0.2%, Black 0.2%, Native American 1.0%, and 1.1% Hispanic, these represent growth from the 2005 assessment. The same is true of Adair County except our Native American population is high in comparison because of our proximity to 2 Indian casinos and reservation land. Many of Nebraska Native Americans are coming to Family Medicine Clinic in Onawa. We also see minority populations filtering into the Onawa Senior Apartments now.

#### **c-f) Poverty and all**

Poverty remains an issue in Monona County with 13.4% at the 100% poverty level. Twenty-three percent of the population is less than 19 years of age, and 20% are in poverty. Because of the multiple programs and level of poverty for each, the Medicaid rate in Monona is 17% of the population or 1,662 persons which compares to Adair at 11.5%. Thirty eight percent of school children receive free/or reduced lunches, 40% of kids birth through age 4 are on the WIC Program, and 7% of our total population are receiving food stamps assistance; all of which are higher than Adair County's results. The food pantries are receiving more individuals for assistance and the unemployment is 5.4%. Only 0.9% of families are on FIP. This is the Family Investment Program

that used to be known as the Aid to Dependent Children. In this “welfare to work” program, families can obtain only 60 months of aid monies for children. They are encouraged to get a job or move on to higher education. The goal is to be off welfare and be self sufficient. As a result, all versions of families are working multiple jobs to sustain themselves. Families with children under 6 years of age with both parents in the workforce are 69% and single parent households are 6%. The median household income in Monona is \$41,172 and Adair is greater at \$45,478.

See Section C. Maternal and Child Health Indicators for a discussion of the relationship of poverty and birth for women less than 19 years of age.

## Section II: Review of Health Status Indicators

### B. General Health and Access to Care Indicators

This section provides an overview of general measures of health care access included in this category and also attempts to quantify the availability and use of basic health services and the presence of barriers to health access.

#### General Health and Access to Care Indicators - Community data/discussions

##### Oral Health:

- School dental screenings (2009-10) mandated for those students entering kindergarten and the 9<sup>th</sup> grade plus transfer students was 256 total in Monona County. Of these, 115 (45%) had valid Iowa Department of Public Health Certificates, 16% had another type of documentation, and the remaining 99 children (39%) of this group had no dental screening at all. Some schools require a dental screening at kindergarten enrollment. If we look at this as a community guide as to the potential numbers of all students (not just the 9<sup>th</sup> graders), we might conclude that oral health is a problem in our county.
- Restricting Access to Care: There is limited dental service for adults on Medicaid within the county. If you are lucky enough to get an appointment under Medicaid, and you do not keep the appointment, you are dropped from the dentist's active list of clients.

##### Mental Health:

- Burgess Mental Health center in Onawa, with an outreach center in Mapleton, has limited daytime hours. The psychiatrist is only available every other week and has a 2-3 month waiting period for appointments. However, Mental Health hours have been extended with the use of video technology using a Physician's Assistant. Confidentiality is an issue for clients in this rural county even if the clinic hours were more accessible. Burgess has begun a peer counseling support group and adopted "Trauma Informed Care". There is not a crisis mental health program.
- Restricting Access to Care: In past legislative scenes there has been a multiple year push to make mental health care a regionally run system (financed within the county) versus a state run system for adult mental service. Children's mental services are managed under the Iowa Department of Human Services. All mental health services in this county are on a waiting list. If you lose benefits, even briefly, a person is placed on the waiting list. This includes the residential disabled living in this county. Recently, legislative review is looking for mental health services to be paid from state Medicaid (not county) dollars, potentially in 2014.

## **B. General Health and Access to Care Indicators Continued:**

### **Disability Services:**

- Burgess Life Line
- Cross Roads Residential Housing and Life Skills Social Services
- Most businesses and service agencies are handicapped accessible. Many churches are not. The side walk curvatures across Iowa Ave at the location of the only grocery store are not handicap accessible.
- Burgess communication Center has a TTY system.
- Transportation through Siouxland Area Aging for the disabled/case management
- There is very limited transportation in the wheelchair lift, Siouxland Regional Transit Service (SRTS), van. It costs \$30.00 for residents outside of Onawa or Mapleton. It costs \$40.00 to go from Monona County to Sioux City physicians.

(History): After the 1996 Community Needs Assessment town meetings, a Transportation Committee was formed. After 3 years of research and action plan failures, the committee disbanded.

### **Health insurance coverage:**

- \_\_\_\_\_ HAWK-I Children (Adair) \_\_\_\_\_
- 11.4% Uninsured Adults (Adair) 13.9%
- 2,643 (29.5%) Medicare Benefits (Adair) 1801 (24%)
- 1,662 (17 %) Medicaid (Adair) 932 (11.5%)

### **Population to primary care physician and Dentist ratio:**

- Monona is a Partial Health Professional Shortage Area (Adair) No HSPA.
- Monona is a Partial Dental Professional Shortage Area (4) (Adair) Yes Dental HPSA (2)

### **Physicians**

Garred Clinic PC at Whiting, Iowa:

- 1 surgeon, 1 Advanced Nurse Practitioner (1 Physician > 75 years)

Family Medicine Clinic at Onawa, Iowa:

- Onawa: 4 family practice physicians, (1 Physician > 75 years), 4 physician's assistants

Burgess Family Clinic/Mapleton at Mapleton, Iowa

- Mapleton: 2 physicians, 1 Advanced Nurse Practitioner

Hesse Clinic at Mapleton, Iowa:

- 1 Dr of Osteopathy, 1 Advanced Nurse Practitioner

## **B. General Health and Access to Care Indicators Continued:**

### **Dentists:**

### **Chiropractors:**

#### General Health and Access to Care Indicators - Community data / discussion

Barriers to health care are obstacles within our health care system that prevent vulnerable patient populations from getting needed health care, or that cause them to get inferior health care compared to advantaged patient populations.

#### **1. Geographic barriers**

Monona has been is a rural and partial health professional shortage area (HPSA). In 2011, Family Medicine Clinic and the Medical Society recruited 2 additional physicians, thus Monona County currently is not a HPSA any longer. A big issue for families remains transportation to medical and dental appointments. Lack of transportation assistance is a multi faceted problem for the elderly as well as the young struggling family.

#### **2. Socioeconomic barriers**

There are 11.4% of Monona's adult population without health insurance, while 29.5% are on Medicare (compared to Adair's 24%), and 17% on Medicaid (compared to Adair's 11.5%). Monona is a partial dental health shortage area with 4 dentists (compared to Adair's 2 dentists). There lacks adequate dental providers for adults without dental insurance and on Medicaid. Dentists are unwilling to take on large numbers of Medicaid adult cases. If a child is seen locally under Medicaid and they miss an appointment, the family is automatically dropped from receiving any further service at the offices.

The Siouxland Community Health Center (SCHC) is now serving persons from Monona on the Iowa Cares Program. This program used to require those without resources and insurance to travel to Iowa City University Hospital. Over the course of the first and second quarter of 2011, the SCHC reports that the number of Monona Iowa Cares clients has increase from 45 to 60 and continues to grow. There has been some initial dialogue regarding bringing a satellite office into Monona County. The inability to pay for medical and dental out of pocket is further complicated in persons with lower education. Other special problems this community faces that restrict access to care are that multi-generational families are growing. There is a lack of affordable housing –adult children live with their parents in 3-4 generation homes so they all are exposed to more diseases and stress.

### C. Maternal and Child Health Indicators

The purpose of the Maternal and Child Health Indicators is to provide an overview of the key components of maternal, infant, and child health and the risk factors that contribute to ill health and poor outcomes. In addition to the infant mortality rate, these indicators include important measures of increased risk of death and disability, such as incidence of low birth weight and receipt of prenatal care.

- 82 (9.2Rate)Live Births (Adair)76 (10.3)
- 41 (50%) of Births to Mothers under 20 (Adair) 23 (30%)
- 22 (26%) Out-of-wedlock births (Adair)24 (31.5%)
- 8 (8.2%) Low Birth weight (2500 grams or less) (Adair) 4 (5.3%)
- 61 (74%) Mothers Who Smoked During Pregnancy (Adair) 42 (55%)
- 2.0 rate per 1,000 births Infant Mortality (Adair) 2.7
- 14 (17%) Preterm births (Adair) 8 (10.5%)
- 48 Child Abuse/Neglect (Adair) 34
- \_\_\_\_\_ Medicaid Deliveries (Adair)\_\_\_\_\_

#### Maternal and Child Health Indicators - Community data / discussion:

A cornerstone of public health since the late 1800's has been a focus on improving the health of women and children. Women have been the educational access point for the family. Early women and children's programming examples included improved sanitation, safe drinking water, the pasteurization of raw milk, polio vaccines, and etc. Today, the Maternal Child Health and Family Planning Services (MCH/FP) in Monona County are designed as an organized community effort to eliminate health disparities, improve birth outcomes, and deliver health education. Improving the health status of women, infants and children still remain the primary focus of maternal and child health programs today.

#### Important Things to Know

- An infant death is a death occurring before a baby reaches his or her first birthday. A fetal death is a death of a fetus before delivery.
- Low birth weight (baby born too small) and prematurity (baby born too soon) are the leading causes of infant deaths.
- Factors related to infant deaths include, but are not limited to, race/ethnicity, pre-maturity, low birth weight, maternal substance use or abuse (e.g. alcohol, tobacco and illicit drug), inadequate prenatal care, maternal medical complications

Mothers who smoked during pregnancy often continue to smoke and expose their baby to secondhand smoke. The child of a smoker is a smoker too! Children can't get away from smoking. The poisonous gases from a lit cigarette are more dangerous than what the smoker is taking it. Nicotine, tar, & carbon monoxide in the smoke weaken the child's body. These 3 chemicals are

### C. Maternal and Child Health Indicators (continued)

hazardous and affect a child's heart/lungs. Carbon monoxide replaces oxygen in the red blood cells for hours. These kids have more respiratory and ear infections; tonsillitis, asthma and lung cancer. Since children breathe much faster than adults, a child takes in more harmful smoke in proportion to his or her body weight.

Many births in Monona County are paid with Medicaid dollars under the Mother and Child Program. This program allows pregnant families with incomes above the 100% poverty level to receive Medicaid. Infants will be covered under Medicaid through their first of year of life and women will be covered until their 6 weeks postpartum care and are then transferred to the Iowa Family Planning Network (IFPN) waiver program if they meet income guidelines to continue physicals, contraceptives, and STD testing. This program has a strong educational component.

This is the relationship of social/economic status of women in Monona County giving birth in 2009 and their relationship to poverty:

- 50% of all the births in Monona County were to women 15-19 years of age
- 34.4% had an Elementary/ High School Education
- 64.6% had 1-4 years of college
- 26% were unmarried

The Public cost of Adolescent Childbearing, 2008, the National Campaign to Prevent Teen Pregnancy cites a distinct correlation between teen pregnancy and poverty:

- 2/3 of families begun by a young unmarried mother are poor,
- Almost ½ of all teen mothers began receiving public assistance within 5 years of the birth of their first child,
- Poverty, educational failure, unemployment, and low self esteem are understood to be negative outcomes of childbearing.
- These circumstances also contribute to the likelihood of teen pregnancy.

The Cost of Child Daycare: Based on Monona's median income, a family earning a median income of \$41,172 with an infant in paid child care, they would pay:

- 16% of their income before taxes (\$6560 or \$3.15hr x 8hr x 5day x 52 weeks), if their child was in a daycare center
- 13% of their income before taxes, if their child was in a child care home

This same \$3.15 hour or \$6,560 would be an even bigger hardship for a single mom with a minimum wage job of \$16,640 (\$8.00 an hour, 8 hours per day, and 5 days x 52 weeks). Her child care expense would represent 39.4% of her income before taxes.

### C. Maternal and Child Health Indicators (continued)

There exist these additional gaps between needs and available resources for women and children:

- a.) Lack of community transportation to medical and dental services.
- b.) Lack of dentists that will accept adult Medicaid.
- c.) Lack of financial assistance for those who do not qualify for Medicaid, but are uninsured or have high deductibles to meet.
- d.) High-risk maternal clients are referred to OB/GYN specialists before delivery, but they are 45-100 miles away.
- e.) Although MCH programs are in place in Monona County, local physicians do not refer women to the educational program.
- f.) More postpartum home visiting to families (parenting) could be done if more referrals to Monona's free parenting program would be made by physicians and Burgess Health Center OB Department.

#### **Other Child & Family Health Services : See Sections:**

- E. Infectious Disease Indicators for Childhood Immunizations
- F. Environmental Control Indicators: for Childhood Lead Poison Prevention Program

Here is a list of current county programs/resources addressing maternal and child health issues:

- a) HCCMS Maternal Health Program at Monona County Public Health (MCPH),
- b) HCCMS Child Health Program at MCPH,
- c) HCCMS I-Smile Program at MCPH
- d) HCCMS Early Access at MCPH
- e) HCCMS Child Care Resource & Referral (RN – daycare quality rating & Education.)
- f) HCCMS Family Planning (Women's Health Clinic) at MCPH
- g) Women, Infants, Children (WIC) Nutritional Program,
- h) WIC Childhood Lead Poisoning Prevention screening
- i) West Central Community Action Agency
- j) Burgess Health Center Lamaze Program,
- k) "Baby Think It Over" Program in the High School,
- l) Learning for Life (Parenting) program through age 5 (Begun October 1999 at MCPH)
- m) Learning for Life Resource Room at the Onawa Library
- n) HMS (Harrison, Monona, and Shelby) Early Childhood Iowa
- o) HCCMS Early Periodic Screening, Diagnostic and Treatment (EPSDT),
- p) Family Investment Program (FIP- formerly known as Aid to dependent children),
- q) FADDs (Family Development and Self-Sufficiency) Program
- r) Western Hills Area on Education
- s) University of Iowa Extension, Monona County parenting educational programs
- t) Siouxland Council on Sexual Assault and Domestic Violence
- u) MCPH Vaccine for Children Immunization Program

- v) Western Iowa (MCPH) Childhood Lead Poisoning Prevention Program
- w) Burgess Mental Health PCIT (Parent child individual therapy) behavior management

#### D. Chronic Disease Indicators Identified as a Problem in Monona County

This section provides an overview of mortality, incidence, and hospitalization rates for selected chronic diseases that reflect the influence of lifestyle-related risks. The chronic disease indicators also illustrate the prevalence of several risk factors controllable by each individual that can play an important role in the prevention and management of cardiovascular diseases, cancers, stroke, diabetes, and mental health problems.

##### 1. Morbidity:

- 11% Poor or Fair health (Adair) 7%
- 2.3 Poor Physical Health Days (Adair) 2.8
- 0.8 Poor Mental Health Days (Adair) 1.8

##### 2. Health Behavior: Adults

- 18% Adult Smoking (Adair) 24%
- 27% Adult Obesity (BMI 30) (Adair) 28%
- 67.2% Adult Overweight (BMI .=25)
- \*NSD Binge Drinking (Adair) 13% \*No Significant Data

##### 3. Health Behavior: Youth Behavioral Survey for Monona County 2008 (Weighted) For 6, 8<sup>th</sup>, and 11<sup>th</sup> grade:

a. How many cigarettes did you smoke per day, last 30 days?

- 75% Never tried
- 11% None
- 5% Less than 1 cigarette per day
- 1% 1 cigarette per day
- 5% 2-5 per day
- 0% 6-10 per day
- 1% 11-20 per day
- 2% More than 20 per day

b. How many servings of vegetables do you eat every day?

- 25% None
- 54% 1-2 servings
- 17% 3-4 servings
- 3% 5 or more servings

## **D. Chronic Disease Indicators Identified as a Problem in Monona County (continued)**

Health Behavior: Youth Behavioral Survey for Monona County 2008 (Weighted)

For 6, 8<sup>th</sup>, and 11<sup>th</sup> grade Continued:

- c. How many servings of fruits do you eat on an average day?
  - 22% None
  - 53% 1-2 servings
  - 19% 3-4 servings
  - 6% 5 or more servings
  
- d. On how many of the past 7 days did you exercise or do physical activity for a total of 60 minutes? (For example, running, walking fast, swimming, riding a bicycle)
  - 6% No days
  - 9% 1 day
  - 10% 2 days
  - 17% 3 days
  - 12% 4 days
  - 17% 5 days
  
- e. On how many of the past 7 days did you exercise or do physical activity for a total of 60 minutes? (For example, running, walking fast, swimming, riding a bicycle)
  - 7% 6 days
  - 22% 7 days
  
- f. I would describe myself as:
  - 3% very underweight
  - 15% slightly underweight
  - 58% about the right weight
  - 19% slightly overweight
  - 4% very overweight

### **4. Hospitalization Rate:**

- 104 Preventable Hospital Stays (Adair) 76
- 26% Hospice Use (Adair) 30%
- 88% Diabetic Screening (Adair) 84%

### D. Chronic Disease Indicators Identified as a Problem in Monona County (continued)

When Monona is compared with counties with populations of 10,000 or less in Iowa (22 Counties) using trend data this picture emerges:

#### Mortality crude rates/ Ranking of Iowa counties with population of 10,000 or less: 2002-2006

Monona Mortality	Monona Crude rate	Mo. Ranking of Counties of 10,000 or less	Adair Crude rate	Adair Ranking of Counties of 10,000 or less
Major Cardiovascular Disease	511.8 or 243	01 of 22 (04 of 99 counties)	428.9 or 168	08 of 22 (09 of 99 counties)
All Cancer Mortality	313.3 or 163	01 of 22(01 of 99 counties)	301.3 or 118	09 of 22(15 of 99 counties)
Breast Cancer	36.9 or 9	07 of 22	49.9 or 10	05 of 22
Colorectal Cancer	35.8 or 17	05 of 22 (22 of 99 counties)	48.5 or 19	02 of 22 (03 of 99 counties)
Lung Cancer	94.8 or 45	01 of 22(02 of 99 counties)	89.4 or 35	04 of 22 (07 of 99 counties)
Chronic Obstructive Pulmonary Disease	111.6 or 53	02 of 22 ( & 01 of 99 counties)	51.1 or 20	19 of 22 (73 of 99 counties)
Alzheimer Mortality	71.6 or 34	03 of 22	21.8 or 5	20 of 22
Diabetes	54.8 or 26	02 of 22	25.5 or 10	16 of 22
Stroke	90.6 or 43	08 of 22 (29 of 99 counties)	104.4 or 55	03of 22 (04 of 99 counties)
Pneumonia/Influenza	82.1 or 39	02 of 22	117.4 or 46	01 of 22
Infectious/Parasitic Mortality	29.5 or 14	01 of 22	20.4 or 8	04 of 22

Source: Source: State Health Registry of Iowa via NCI's SEER\*Stat Program; 2002-2006; Iowa Fact Book 2009, University of Iowa. Rate per 100,000

#### Incidence Crude Rate/Ranking of Iowa counties with population of 10,000 or less: 2002-2006

Monona Incidence	Monona Crude rate	Mo. Ranking of Counties of 10,000 or less	Adair Crude rate	Adair Ranking of Counties of 10,000 or less
All Cancer Incidence	733.0 or 348	02 of 22 (07 of 99 counties)	661.3 or 259	10 of 22(25 of 99 counties)
Breast Cancer	196.9 or 48	01 of 22 (07 of 99 counties)	139.8 or 28	15 of 22 (68 of 99 counties)
Colorectal Cancer	103.2 or 49	04 of 22 (11 of 99 counties)	99.6 or 39	08 of 22 (15 of 99 counties)
Lung Cancer	115.8 or 55	02 of 22 (07 of 99 counties)	120 or 47	05 of 22(06 of 99 counties)

Source: Source: State Health Registry of Iowa via NCI's SEER\*Stat Program; 2002-2006; Iowa Fact Book 2009, University of Iowa. Rate per 100,000

#### **D. Chronic Disease Indicators Identified as a Problem in Monona County (continued)**

Chronic Disease Indicators - Community data / discussion:

Monona County mortality rates surpassed Adair's in all Cardiovascular diseases, all (total) cancers, lung cancer, Chronic Obstructive Pulmonary Disease, Alzheimer, and Diabetes

The elderly are a problematic group affected by chronic illness; almost 29% of the population in Monona County are 65 years or older. This is one of the main reasons for the high numbers of diabetics and persons with coronary heart disease. These people have decreased immune systems, which make them more vulnerable to such disease problems. As a person ages, their center of gravity changes, weight, strength and balance wane. Falling can cause a downturn in health due to the immobility caused by injury. It is suspected that many hospitalizations are the result of a fall with an injury, although Monona does not have any local data to substantiate this. The age of the population has a great deal to do with the chronic disease conditions seen in Monona County, but there are also behavioral risk factors that relate to chronic disease, which are the percent of population who (See health behaviors above) smoke, over eat, drink alcohol, lack physical activity) eat few fruits and vegetables.

According to national data, 1 in 5 people aged 65 and older are obese and nearly 1 in 3 are sedentary. These individuals are reporting no physical activity in the past month and only 30 percent are eating at least five fruits and vegetables a day. Insufficient exercise and poor diet can both ultimately lead to obesity--and also chronic disease. Chronic disease can be prevented or reversed in some circumstance with adequate exercise and nutrition. Monona behavioral data shows that 18% of adults are smoking, 27% of adults are obese (BMI 30 or greater) and 67.2% consider themselves overweight (BMI 25). Monona's population that considers their health to be poor or fair is 11% while Adair is 7%.

National research suggests that more than one third of elderly Americans have not been screened for colorectal cancer and one quarter of women over the age of sixty-five have not had a mammogram in the last two years. Monona has no local data to determine screening in these 2 areas. The Iowa Fact Book for 2009 notes that Monona County's incidence of all cancers was 348 cases between 2002-2006 and mortality for the same time was 196 cases (Monona ranks highest for mortality 01 of 22 counties with populations < 10,000 (and 01 of 99 counties) total of all cancer mortality). In this same time frame there were 48 cases of breast cancer with 9 deaths. There also were 49 colorectal cancer cases with 17 deaths. See comparison charts above as compared to Adair County.

In the Iowa Youth Behavioral Screen for Monona County we can begin to see the youth and their relationship to chronic disease. In 2008, the weighted survey for 6<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> graders show almost 25% do not eat vegetables, 22% do not eat fruit, and only 17% exercise for 60 minutes 3 times a week.

#### **D. Chronic Disease Indicators Identified as a Problem in Monona County (continued)**

Under the leadership of Burgess Health Center, childhood obesity was addressed in 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> graders. The program was successful in reducing Body Mass Index (BMI) and increasing tolerance to physical activity in this age group.

Under the leadership of Harrison County Public Health, Monona participates in a 3-county Tobacco Prevention group headed by Julie Florin. This group has been successful, linking with alcohol and drugs and other family concerns to keep a monthly coalition going and establish JEL (Just Eliminate Lies for teens and tobacco use) in the counties.

#### **Here is a list of the current county programs/resources addressing chronic disease.**

- Burgess Diabetic Education programs, support groups
- Creighton Cardiac Outreach and Burgess rehab facility and support group
- Fitness Center at Burgess Health Center
- Burgess Health Got 2 Move
- Burgess Community wellness programs, e.g. cholesterol screens, blood pressure screens, flu vaccines
- Breast and Cervical Cancer Program,
- Women's Health Clinic (MCPH)
- Specialty Clinics in Outpatient Department of Hospital
- Jackson Recovery Outreach office
- University Iowa Extension, Monona-Care for Caregivers Education
- Siouxland Area Aging Caregivers Support Group
- Burgess Smoking Cessation Class
- Tobacco Cessation (JEL) and Monona County Community Alliance
- Better Choices, Better Health (MCPH Chronic Disease Prevention
- Onawa Community Center Fitness Program

There continues to be gaps between needs and available resources. Many persons know about their lifestyle related risks, but are reluctant to change and take advantage of available programs, such as the Fitness Center at Burgess Health Center or Curves, Smoking Cessation classes or diabetic support group, also at Burgess Health Center.

#### **E. Infectious Disease Indicators**

The purpose of the Infectious Disease Indicators is to present an overview of available information on the incidence of reportable infectious diseases in Iowa and to report the immunization status of Iowa children. Reportable infectious diseases have various causative agents, distribution patterns, modes of transmission, treatments, and methods of control. According to the Centers for Disease Control and Prevention, the number of infectious disease

## E. Infectious Disease Indicators (continued)

cases is seriously underreported. Even so, surveillance systems are important in detecting both the causative agents and diseases, and these systems are essential components of modern prevention and control strategies.

1. STDs (Gonorrhea , Chlamydia , Syphilis)
  - 1.7 rate per 1000 population or 27 cases
  - With an average population 10,000 or Less: Monona's Ranking is 05 of 22 counties (Adair) ranks 10 of 22 counties.
  - 1 AIDS case
2. Vaccine Preventable Diseases:
  - 66% of Children Completed the Basic Series Vaccinations (age 2) on time
  - 30% of Children completed the Adolescent recommended age 11-12 series of HPV, MCV4, and Tdap
  - 1 Pertussis cases
3. No cases of Tuberculosis (Usually Monona has several on the state Latent TB Medication Program, but there were none in 2009)
4. Infections by key food borne pathogens
  - 3 Salmonella cases
  - 1 E -Coli case
  - 2 Shigella cases

### Infectious Disease Indicators - Community data / discussion

Our county has a fairly small number of infectious disease cases (excluding of STD cases). This is partially due to a small rural population. Historically, we have seen a few scattered latent TB cases in our small Hispanic population. One area that is beginning to increase is in the area of STDs.

Monona County Public Health has a Women's Health program offering services, including physical exams, contraceptive counseling, pregnancy testing, and STD screening and treatment. The numbers seen in this clinic are fairly small, serving about 70 clients per year. Yet the STDs are beginning to rise. One reason for this might be the online state disease tracking tool: The Iowa Disease Surveillance System (IDSS) and improved records. The Women's Health clinic is held at Burgess Health Center once a month. Because of the location, it is not considered confidential by some teens. Thus the clinic is not populated heavily with teens. In Monona County, the schools have been reluctant to allow the Women's Health staff into the school to give educational material on infectious disease prevention and where to find pregnancy prevention services if requested.

## E. Infectious Disease Indicators (continued)

Here is a list of current programs/resources addressing infectious disease.

- Vaccine for Children’s Program / Immunizations at MCPH
- Burgess Health Center Annual Influenza clinics
- Burgess Health Center Infection Control Practitioner
- Monona County Public Health Communicable Disease Program
- Monona County Public Health Emergency Preparedness Program
- Iowa Disease Surveillance System at both Burgess Health Center and MCPH
- Iowa Health Alert Network located at Burgess Health Center, MCPH, EMA, Environmental Officer, MCPH Public Information Officer
- Iowa Department of Public Health Tuberculosis Control Program at MCPH
- HCCMS Family Planning (Women’s Health Clinic) at MCPH
- Iowa Department of Public Health EPI Updates published every Friday

There are gaps between needs and available resources:

- Physicians may not be regularly reporting an infectious disease that they see so rarely, and because they do not recognize it, no lab is taken to confirm infectious disease; or they are not sure of the diagnosis until later when they receive the laboratory results.
- Small disease case loads do not give public health nurses much experience. Case investigations are performed mainly by the Public Health Administrator and the Assistant Administrator because of time constraints to start mandated investigations. Other RNs are out of the office doing home care. Thus, disease investigation staff in the county remains very small.

## F. Environmental Control Indicators:

This category includes a set of indicators related to health factors in the areas of environmental health.

Environmental indicators available at this time:

- 56.6 % of the eligible children born in 2001 were lead tested (Adair) 76.9%
- 70% of the eligible children born in 2002 were lead tested (Adair) 74.3%
- 15.1% or 139 children (born in 2001-2002 & lead tested before age 6) with Elevated Blood Lead Levels. (Adair) 5.7% or 105
- Monona ranks 11 of the 22 counties with populations of 10,000 or less (Adair) ranks 15 of 22 counties.
- 74% housing units built before 1960 (Adair)71%  
have issues with lead-based paint
- 47.1%housing units built 1939 or earlier (Adair)43.1%  
demonstrates the problem of old homes in Iowa

## F. Environmental Control Indicators: (continued)

- 0 Number of carbon monoxide poisonings
- 4 Drinking water contaminations
- Radon Program has begun recently under the Environmental Health Officer

### Environmental Control Indicators - Community data / discussion

Included here is a discussion of Monona's percentage of lead poisoned children: Monona County is the lead agency in the Western Iowa Childhood Lead Poison Prevention Program. A state grant is administered by Monona County Public Health over Monona, Harrison, Crawford, Cass, and Shelby counties. The Monona Board of Health has jurisdiction over this coalition.

In the years of 2001 and 2002, (these children entered kindergarten in 2007-08). Only 56.6 % of the eligible children born in 2001 were tested as compared to Adair's 76.9% tested. Only 70% of the eligible children born in 2002 in Monona were tested as compared to Adair's 74.3%. In Monona, lead screenings are done in conjunction with the Monona County immunization clinic. In the past our physicians have not done lead testing as part of a child's complete physical. Now the medical community has begun to address this by sending children age 1-5 years to the Burgess Health Lab for a venous blood draw to screen for lead. This in turn costs the parents more money than the capillary testing done at the immunization clinic. Children are subject to an injected needle vs. a capillary finger stick (and it has been deemed not necessary to do a venous unless a high capillary result is returned).

Monona is working with WIC in this county that is doing capillary lead testing on children beginning at age 1 and yearly (to age 5 years) as they come into WIC to certify every 6 months. This process has many problems relating to the timeliness of WIC getting the 5 county lead results to Monona to be data entered into the software program. Sometimes they are many months behind getting the info to the county.

Monona County's 15.1% of tested children in this time frame had an elevated lead level as compared to Adair at 5.7%. This is related to the high number of older homes built before 1960 at 74%. What are we doing in this community to reduce the risk of lead poison to children?

- Universal capillary screening at the county immunization clinic
- Case management and follow-up of children with high lead levels helps identify homes with lead problems. Children with high leads need an iron fortified calcium rich diet. Homes are then tested using a special radiation machine.
- Education and assistance is given to the renter and/or homeowner on how to make the building lead safe.

## F. Environmental Control Indicators: (continued)

1. Identify the contaminants affecting the environmental quality of homes, day cares, schools and other public buildings in your community (Examples: carbon monoxide poisonings, water contaminations, radon, and asbestos)? List the occurrence rates where possible. How are you addressing the problem?

In 2010, the Monona County Environmental Health Officer was trained in the curriculum of Healthy Homes Iowa. Monona is given 1 year to write the policies and couple home inspections (assessments for mold, roaches, mice, properly vented hot water heaters, etc.) with the Childhood Lead Poison Prevention home inspection. This will be a federal and state mandate.

Other the environmental risks impacting the health of your community are:

1. Outdated septic systems are scattered throughout the County. Whenever these old systems are identified; they are brought up to code through DNR regulations.
2. Abandoned, out dated and contaminated wells are being plugged when they are found with the help of state grant funding that reimburses the home owners part of their costs.
3. (Example: industrial and farm waste, hazardous waste sites, open sewers, private wells and air (indoor and work) and outdoor air pollution). How are you addressing the problems?

## G. Injury Control, Safety, and Domestic Violence and Sexual Assault

This category includes a set of indicators related to factors around injury and violence.

**Injury Control and Safety:** Injuries are a leading cause of years of potential life lost in Iowa. Injury control indicators displayed in this category are intended to bring into sharper focus the major causes of intentional and unintentional injury.

Jeff Pratt will provide local data when aggregated

- \_\_\_\_\_ Mortality Due to Motor Vehicle Crashes (Adair)\_\_\_\_\_
- \_\_\_\_\_ Seat Belt Usage (Adair)\_\_\_\_\_
- \_\_\_\_\_ Alcohol-Related Motor Vehicle Deaths (Adair)\_\_\_\_\_
- 6 or 12.8 Rate Mortality Due to Suicide (2002-2006) (Adair) < 5 (Not rated)
- 6 or 12.6 Rate Firearms Mortality (2002-2006) (Adair) < 5 (Not rated)
- 5 or 10.5 Rate Falls Mortality (2002-2006) (Adair) 9 or 23.0 Rate
- 6 or 12.6 Rate All Other Unintentional Mortality (2002-2006). . . . . (Adair) 5 or 12.8 Rate
- \_\_\_\_\_ Mortality Due to Work Related Injuries
- \_\_\_\_\_ Hospitalizations for Agricultural Injuries

## G. Injury Control, Safety, and Domestic Violence and Sexual Assault (continued)

### Injury Control and Safety: Community data/discussion

Agricultural injuries: Monona Extension has a variety of farm safety courses; one is for teens and machine safety.

- Farmers and employees performing repetitive motion activities much of the day.
- Fatigue and stress of farmers especially at planting and harvesting time.

Migrant populations in Monona during seasonal summer field work need to be monitored closely. There are sponsors that open up their homes to migrant workers of Hispanic origin each summer. Frequently, these homes have too many people for the bathroom and sleeping facilities in the home. Initially, the home owner has to sign and contact that they will not violate rules set forth by the state environmental department.

In 2009, Monona had 1 teen suicide (a 12 year old) and followed closely by 1 unsuccessful attempt (a 12 year old classmate) that shocked the community, and lead to community planning meetings. Teen suicide was identified as a problem. At that time the county schools all decided to complete a teen depression screen on all teens. This was spearheaded by Burgess Health Center and they have staff trained in these screenings. As a result “The Circle of Friends” Formed, a coalition that addresses teen suicide prevention.

Included here are the current programs/resources addressing injury. Include EMS dispatching and transportation.

- The County has 4 rescue units,
- 2 towns with First Responders.
- The EMS, Onawa Fire Department and Law Enforcement Center put on an excellent education program for the West Monona High School students. Each year at least one emergency drill is enacted somewhere in the County to give EMS and citizens the chance to practice their skills.
- Infant and Child Car Seat Safety Inspection at Monona County Public Health
- Monona Teen Suicide Prevention: Circle of Care
- Council of Sexual Assault and Domestic Violence
- Department of Human Services out of Logan, Iowa office
- Monona County Community Alliance (issues of tobacco, alcohol and illegal drug abuse)
- Monona County Extension teen farm safety
- There are a few noted gaps between needs and available resources. There are different skill levels among the rescue squads. New rescue people need to be recruited (numbers have declined) and trained, plus sustaining the experienced volunteers in their work. For approximately 3 years, the EMA is now offering class for ongoing EMS training held in Monona County now.

## **G. Injury Control, Safety, and Domestic Violence and Sexual Assault (continued)**

### **Domestic Violence and Sexual Assault.**

Victims of domestic violence and sexual assault may be young or old, male or female. No one is immune to this health threat. Here are the numbers served by the Council On sexual Assault and Domestic Violence in Monona in 2010:

- 25 clients served ( 22 women and 3 men) for a total of 690 contacts ( there were 21 clients in 2009)
- Clients served came from every town in the county except Rodney and Ute.
- There were 205 initial crisis calls from Monona which represents 6% of calls in this 3-county CSADV group.
- CSADV folks made 22 presentations in Monona County to 620 people as outreach in 2010.

### **Child Abuse**

- 48 Child Abuse/Neglect (Adair) 34  
Any number of cases is too many.

### **Domestic Violence and Child Abuse - Community data / discussion**

Many of the health and social indicators contribute to child abuse and domestic violence: poverty, substance abuse, gambling abuse, lack of transportation, single parent families, lack of utilization of parenting resources and educational programs, etc. Any number of abuse cases is too many.

Over the last 3 years, there have been a small number of interested parties in Monona County who are interested in beginning a nonprofit Child Abuse Council. The council would be able to research and write for funding to bring dollars for services into Monona County for child abuse. This has been unsuccessful 3 times. Forty-eight confirmed child abuse cases last year (2010) were too many.

Monona County currently has 17 sexual offenders living within county boundaries. In 2005-2006 Monona County domestic violence: actual cases were 75, rate 749.8 (Iowa 227.1/100,000). Domestic violence is the single major cause of injury to women although the majority of cases of domestic violence and sexual assault anywhere are not reported. Violence knows no age, no culture, no heritage, no color, no occupation, no religion, and no specific geographic location. It crosses all social economic groups.

According to the American Medical Association's diagnostic and treatment guidelines on domestic violence, battered women nationally account for 22% to 33% of all women seeking care for any reason in emergency departments and 23% of pregnant women seeking prenatal care. Nationally, law enforcement spends over one third of its time responding to domestic violence calls. The

## G. Injury Control, Safety, and Domestic Violence and Sexual Assault (continued)

Domestic Violence and Child Abuse: (continued)

community often thinks leaving the relationship can stop domestic violence; but the batterer will find another victim. Domestic violence is about power and control, and can lead to a fatal outcome.

Here are the programs and resources identified addressing domestic violence / sexual and/or child abuse:

- Council on Sexual Assault and Domestic Violence (CSADV)
- Learning for Life Parenting Program of Monona County Public Health
- Child and Dependent Adult Mandatory reporters for all health, school, and law enforcement
- Medical clinics and private physicians mandatory reporters
- Law Enforcement (city and county)
- Monona County attorney
- Department of Human Services

Although the community has begun collaborating efforts, an inconsistent response to domestic violence and sexual assault incidents still remains. The service delivery remains fragmented and lacks a uniform and coordinated effort from prosecutors, law enforcement, and victim advocates. There are gaps in data that are tracked in addition to a change in what is collected. Locally, there is not the same data tracked by the prosecutor's office and law enforcement.

## H. Substance Abuse and Gambling Addiction

Substance abuse risk factors are presented because of the impact substance abuse has on many aspects of health, family function, crime, and economic well being. The indicators selected include arrest data to provide some measure of incidence. They also include factors that have been demonstrated to pose significant risk of substance abuse in a population. Addiction to gambling also affects health, family function, crime and economic well being.

- \_\_\_\_\_ Juvenile arrests (Adair)\_\_\_\_\_
- \_\_\_\_\_ Narcotics arrests (Adair)\_\_\_\_\_
- \_\_\_\_\_ Rate of arrests for DUI (Adair)\_\_\_\_\_
- \_\_\_\_\_ Drunkenness arrests (Adair)\_\_\_\_\_
- \_\_\_\_\_ Adult gambling addiction (Adair)\_\_\_\_\_

Jeff Pratt will provide local data when aggregated

## H. Substance Abuse and Gambling Addiction (continued)

### Substance abuse – Monona Youth:

Monona Youth Access to substances based on the 2008 Iowa Youth Survey (IYS) Question: “In your neighborhood or community, how difficult do you think it would be for a kid your age to get each of the following: cigarettes, alcoholic beverages (beer, wine, or liquor); marijuana (pot, hash, bud, weed); methamphetamines (crank, ice); amphetamines other than methamphetamines (like stimulants, uppers, speed); any Other illegal drugs (cocaine, etc.)?” Responses: “very hard”, “hard”, or “don’t know” are coded as favorable and “easy” or “very easy” are coded as unfavorable.

Unfavorable responses for:

- 6<sup>th</sup> graders – 25%;
- 8<sup>th</sup> graders – 57%;
- 11<sup>th</sup> graders – 86%.

- A. From the same IYS Survey, Monona youth answered this question regarding “Past 30 days tobacco use”. Monona:
- 6<sup>th</sup> graders (7% yes),
  - 8<sup>th</sup> graders (8% yes), and
  - 11<sup>th</sup> graders (31%yes).
- B. IYS question regarding “Past 30 days alcohol use” response from:
- 6<sup>th</sup> graders (11% yes),
  - 8<sup>th</sup> graders (33% yes),
  - 11<sup>th</sup> graders (47% yes).
- C. IYS question regarding “Past 30 days illegal drug use” response from:
- 6<sup>th</sup> graders (4% yes),
  - 8<sup>th</sup> graders (13% yes), and
  - 11<sup>th</sup> graders (11% yes).

### Substance Abuse and Gambling Addiction - Community data /discussion

These are the identified risk factors for substance abuse and gambling, which are unique to Monona’s community.

- There is one gambling casino within Monona County borders
- 3 other gambling casinos within one hour’s drive; one now allows 18 year olds to gamble.
- Many of our small towns are reliant on County law enforcement; and have no city/town law enforcement personnel for coverage for drinking or substance use and driving

- We are a rural area, poverty, lack of health insurance coverage for addictions

## **H. Substance Abuse and Gambling Addiction (continued)**

### Substance Abuse and Gambling Addiction - Additional community data /discussion

Underlying problems related to substance abuse or gambling addictions include a recognized social norm regarding casino use and alcohol abuse.

Rural isolation lends its way for elders to see the casino and gambling as socialization and place for meal. Elders are sent coupons to entice them to the casino. It feeds on poverty and causes the potential for poverty. Casinos are located on reservation land and outside of the city's law enforcement. Our society as a whole is reluctant to intervene in problem behaviors.

This would include the social norm seen by teens with drinking and substance abuse. Teens are like adults in many ways, but because of the developmental stage of their brains they don't have the judgment of adults. Add to this their changing hormones, and they are especially attracted to the romantic idea of drugs as well as their numbing potential. Alcohol, amphetamines, cocaine and crack, marijuana and even cold medicines have a strong allure and a greater potential for addiction if used by teens. In some social groups, substance abuse is the norm and resisting emphatic invitations to try a substance takes an unusually strong youth. However, the effects of substance abuse can be devastating to a young person on their health, future and family. Jackson Recovery shared in a community meeting on March 30, 2011 that Monona County was 1 of 23 counties with high teen substance use in Iowa and that grant funding was available and assigned to Monona as a result of these statistics.

Here are the programs and resources identified addressing prevention and treatment for substance abuse or gambling addictions:

- Jackson Recovery – substance and gambling treatment, substance prevention.
- DARE Program for 5<sup>th</sup> graders in elementary schools, although it is reported to be time consuming by the Monona County Sheriff.
- Strengthening Families Programs from Monona County Extension Service goes in after DARE and reinforces DARE Curriculum
- HCCMS Maternal Health Program

As with any issues in a community, there are gaps between needs of citizens and available resources:

- Inconsistent application of laws by law enforcement with youth and adults
- High schools do not request prevention services
- Transportation and health insurance for addictions going to treatment

## **I. Public Health Emergency Response**

- No Comments
- The Monona County Public Health (MCPH) Communicable Disease Officer is also the Public Health Emergency Preparedness Coordinator.
- MCPH is currently drafting changes to the Monona County Public Health Emergency Response Plan

## **J. Public Health (Community) Infrastructure**

### **Ongoing community Health Needs Assessment Coalition/ Local Issues Identified**

Community Infrastructure - Community data/discussion

Coordinated efforts are difficult in Monona County. A few persons are the diehards that are willing to assist with community projects. Some volunteers are working on several projects or on several boards at one time. The goal would be to bring community members together to:

- a) Increase the interest in an on ongoing broad based community group including health care, business, education, housing, emergency preparedness, and government toward Monona County Community planning.
- b) This coalition will need to meet the requirements as set forth by the Iowa Local Public Health Standards and the Code of Iowa.
- c) Community members will participate through sharing of elements of their organizational strategic plan and contribute to the local health data needed.
- d) A system of sharing regarding available grant funding streams will be developed.
- e) A community directory of programs and public assistance programming will be made available to the public online.

## Section III Health Priorities / Rationalization

As directed by the Iowa Department of Public Health, the following is a priority list of problems identified that could be the basis for a Health Improvement Plan. These areas are to be:

- Chronic Disease
- Promote Healthy Behaviors
- Injuries
- Environmental Hazards
- Epidemics and Disease
- Preparedness and Response
- Public Health (Community) Infrastructure

### A. Chronic Disease:

#### **Mortality:**

**Major Cardiovascular Disease**: 511.8 RATE – RANK 01 of 22 counties with populations < 10,000 (04 of 99 counties) as compared to Adair County: 429.9 RATE - RANK 8 of the 22 counties (09 of 99 counties).

**All Cancer Mortality**: 313.3 RATE or 163 –RANK 01 of 22 counties with populations < 10,000 (01 of 99 counties) as compared to Adair County: 301.3 RATE or 118 –RANK 09 of 22 counties with populations < 10,000 (15 of 99 counties)

**Lung Cancer**: 94.8 RATE or 45-RANK 01 of 22 counties with populations < 10,000 (01 of 99 counties) as compared to Adair County: 89.4 RATE or 35 –RANK 04 of 22 counties with populations < 10,000 (07 of 99 counties)

**Chronic Obstructive Pulmonary Disease** 111.6 RATE or 53- RANK 02 of 22 counties with populations < 10,000 ( 01of 99 counties) as compared to Adair County: 51.1 RATE – RANK 19 of 22 (73 of 99 counties)

**Alzheimer Mortality** 71.6 RATE or 34 – RANK 03 of 22 as compared to Adair County 21.8 or 5 –RANK 20 of 22 as compared to Adair County 21 of 22.

## A. Chronic Disease:

### Barriers:

x	Competing projects/priorities	x	Lack of community/public support
	Lack of equipment/supplies		Lack of office space/facilities
	Lack of access to staff training & development	x	Lack of financial resources
x	Community partners do not exist	x	Lack of human resources/staff
	Lack of access to technical assistance/services		Other: Please specify
x	Lead organization does not exist		

### Rationalization:

Monona has very high rates of those 65 and older, so it can be concluded that increased mortality in all the above areas would be a priority and each either ranked 01, 02, or 03 out of 22 counties with populations < 10,000.

## B. Promote Healthy Behaviors:

### Healthy Behavior: Obesity and Physical Activity

- 27% Adult Obesity in Monona as compared to (Adair) 28%
- Poor use of fruits and vegetables by youth (IYS 2008)
- Poor use of exercise by youth (IYS 2008 17% exercise 60 minutes 3 times a week)

### Barriers:

	Competing projects/priorities	x	Lack of community/public support
	Lack of equipment/supplies		Lack of office space/facilities
	Lack of access to staff training & development	x	Lack of financial resources
x	Community partners do not exist		Lack of human resources/staff
	Lack of access to technical assistance/services		Other: Please specify
x	Lead organization does not exist		

### Rationalization:

Programming addressing any healthy behaviors such as obesity and increased physical activity would be a plus, particularly working with children, in light of the success of the Got2Move Program. The Got 2 Move Coalition was working with 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> graders and their research a program development led to a best practice Toolkit for Schools and website. Burgess Health Center is currently looking for a venue to publish their research and success.

## B. Promote Healthy Behaviors:

### **Priority: Lack of Dental Care (School Age Dental Care)**

- As an Iowa code mandate for those students entering kindergarten and the 9th grade and transfer students were 256 screened in 2009-10 year.
- 115 (45%) had valid IDPH certificates
- 16% had other screening documentation
- 99 (39%) had no dental screening at all. Source: I-Smile 09/10 Report for Monona County.

#### **Barriers:**

	Competing projects/priorities	<b>x</b>	Lack of community/public support
	Lack of equipment/supplies		Lack of office space/facilities
	Lack of access to staff training & development	<b>x</b>	Lack of financial resources
<b>x</b>	Community partners do not exist		Lack of human resources/staff
	Lack of access to technical assistance/services		Other: Please specify
<b>x</b>	Lead organization does not exist		

#### **Rationalization:**

We have only looked at the 2 mandated ages, kindergarten and 9<sup>th</sup> grade enrollment. From the data for the first full year since the law went into effect, we could surmise that a general lack of dental care and dental insurance is a long standing issue in Monona County.

### **Priority: Live Births/ Low Birth Weight < 2500 grams**

- Women and Infant and Children (WIC Nutritional Program) 48 % Monona and 39.8% Iowa. Source: Iowa Data Warehouse, 2011.
- Live births per Live birth per 2009 (per 1,000) - 82 birth or 9.2 rate.
- Out of wedlock births for 2009 –is 22 (27%) or 268.3 rate. (Adair) is 24 (315.8 rate)
- Live births / Mother under age 20 for 2009 - is 41 (50%) of births to mothers under 20 (Adair) is 23 (30%)
- Live Births/ Low Birth weight <2500 grams for 2009 - 11 (13.4%) or 134.1 rate.  
Source Summary of Selected Vital Events by County, 2009, Table 5.

#### **Barriers:**

	Competing projects/priorities	<b>x</b>	Lack of community/public support
	Lack of equipment/supplies		Lack of office space/facilities
	Lack of access to staff training & development	<b>x</b>	Lack of financial resources
<b>x</b>	Community partners do not exist		Lack of human resources/staff
	Lack of access to technical assistance/services		Other: Please specify
	Lead organization does not exist		

## B. Promote Healthy Behaviors:

### Priority: Live Births/ Low Birth Weight < 2500 grams

#### Rationalization:

The purpose of the Maternal and Child Health Indicators is to provide an overview of the key components of maternal, infant, and child health and the risk factors that contribute to ill health and poor outcomes. In addition to the infant mortality rate, these indicators include important measures of increased risk of death and disability, such as incidence of low birth weight and receipt of prenatal care.

### Priority: Youth Substance Abuse

- **Youth Access to Substances Limited Iowa Youth Survey / Monona.** Question: In your neighborhood or community, how difficult do you think it would be for a kid your age to get each of the following: cigarettes, alcoholic beverages (beer, wine, or liquor); marijuana (pot, hash, bud, weed); methamphetamines (crank, ice); amphetamines other than methamphetamines (like stimulants, uppers, speed); any other illegal drugs (cocaine, etc.)? Responses: "very hard," "hard", or "don't know" are coded as favorable and "easy" or "very easy" are coded as unfavorable.] Unfavorable responses for 6th - 25%; 8th - 57%; 11th grade - 86%. Source: 2008 Iowa Youth Survey Questions: G1; G2; G3; G4; G5; G6.
- **Past 30 days tobacco use / Monona** 6th (7%), 8th (8%), and 11th graders (31%) Source 2008 Iowa Youth Survey Question: B16; B28; B29; B38; "No Current (past 30 days) Tobacco Use / Monona County Results.
- **Past 30 days alcohol use / Monona** 6th (11%), 8th (33%), and 11th graders (47%). Source 2008 Iowa Youth Survey Question: B31; B32; B33; B34; B35; B36; B39; B40; "No Current (past 30 days) Alcohol Use / Monona County Results.
- **Past 30 days illegal Drug use / Monona** 6th (4%), 8th (13%) and 11th grader (11%). Source 2008 Iowa Youth Survey Question: B31; B32; B33; B34; B35; B36; B39; B40; "No Current (past 30 days) illegal Drug Use / Monona County Results.
- **Past 30 days, driving and drinking any amount of alcohol or drug use / Monona.** Monona County 11th graders response is 14% (Any use on one or more days in the past 30 days). Source 2008 Iowa Youth Survey Question: B27.

#### Barriers:

x	Competing projects/priorities	Lack of community/public support
	Lack of equipment/supplies	Lack of office space/facilities
	Lack of access to staff training & development	Lack of financial resources
	Community partners do not exist	Lack of human resources/staff
	Lack of access to technical assistance/services	Other: Please specify
	Lead organization does not exist	

## B. Promote Healthy Behaviors:

### Priority: Youth Substance Abuse

#### Rationalization:

Any youth substance abuse is too much. In the IYS survey, 6<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> graders were surveyed. By the time a teen gets to the 11<sup>th</sup> grade, illegal drug and alcohol, tobacco use, and driving under the influence increases sharply and are carried on into adulthood.

## C. Injuries:

### Priority: Child Abuse, Confirmed:

- 2009- 48 cases; 2008 - 54 cases. Source: Prevent Child Abuse in Iowa, <http://www.pcaiowa.org>; Iowa Department of Public Health.

#### Barriers:

x	Competing projects/priorities	x	Lack of community/public support
	Lack of equipment/supplies		Lack of office space/facilities
	Lack of access to staff training & development	x	Lack of financial resources
x	Community partners do not exist	x	Lack of human resources/staff
	Lack of access to technical assistance/services		Other: Please specify
x	Lead organization does not exist		

#### Rationalization:

Many of the health and social indicators contribute to child abuse and domestic violence: poverty, substance abuse, gambling abuse, lack of transportation, single parent families, lack of utilization of parenting resources and educational programs, etc. Any number of abuse cases is too many.

## D. Environmental Hazards:

### Priority: Childhood Lead Poisoning

- Only 56.6 % of the eligible children born in 2001 were tested and only 70% of the eligible children born in 2002 were tested in Monona.
- **Elevated Levels of Blood Lead;** Children Born in 2001-2002 (tested before age 6 years) was 139 and 15.1 % (> or = to 10 ug/dL) had a high test level. Adair's rate was 105 and 5.7% Source: Elevated Levels of Blood Lead: Children born in 2001-2002 for Counties with average population of < 10,000; Bureau of Lead Poisoning Prevention (IDPH), The 2009 Iowa Health Fact Book.
- Monona ranks 12 of these 22 counties. Adair ranked 15 of 22 Counties with average populations of <10,000.

## D. Environmental Hazards:

### Priority: Childhood Lead Poisoning

#### Barriers:

x	Competing projects/priorities		Lack of community/public support
	Lack of equipment/supplies		Lack of office space/facilities
	Lack of access to staff training & development	x	Lack of financial resources
	Community partners do not exist	x	Lack of human resources/staff
	Lack of access to technical assistance/services		Other: Please specify
	Lead organization does not exist		

#### Rationalization:

The Iowa law states that all kids entering kindergarten before age 6 must have at least 1 screening done. Although Monona increased the numbers screened to meet this, we fall down between age 2 and 5. Screenings are done at the county immunization clinic and it is difficult to get the kids back after their first 3 primary vaccine series are finished by age 2. WIC also is doing lead screening at their certification days using a calibrated machine. WIC may take up to 3 months to get the results out and are poor at responding to high levels.

## E. Epidemics and Disease:

### Priority: Sexually Transmitted Infections

- **STI rate** (Includes Syphilis, Gonorrhea, and Chlamydia rate per 1,000 population: 27 cases or 1.7 crude rate. As compared to Adair 24 cases or 1.6 crude. Source: Sexually Transmitted Diseases 2007-2008; Disease Prevention Program, Iowa Department of Public Health; The 2009 Iowa Health Fact Book.
- Monona's ranking is 05 of 22 counties with average populations of 10,000 or less, while Adair is 10 of 22 counties.

#### Barriers:

x	Competing projects/priorities	x	Lack of community/public support
x	Lack of equipment/supplies		Lack of office space/facilities
	Lack of access to staff training & development	x	Lack of financial resources
x	Community partners do not exist		Lack of human resources/staff
	Lack of access to technical assistance/services		Other: Please specify
	Lead organization does not exist		

## E. Epidemics and Disease:

### Priority: Sexually Transmitted Infections

#### Rationalization:

Monona is experiencing increasing rates of Chlamydia with the younger population. While Monona County Public Health has a Women's Health program offering STD screening and prevention services, the county schools have not allowed the agency to enter into the school to give teens educational material on infectious disease prevention and where to find pregnancy prevention services if requested. The Women's Health clinic is held at Burgess Health Center once a month. Because of the location, it is not considered confidential by some teens.

### Priority: Childhood Immunizations:

- The rate for Vaccines for Children (Primary series completion by age 2) was 75.5% in 2008 and 66% in 2009.
- Recommended vaccine protocols for age 11-15 years were audited using IRIS and the rate was 30% in 2009.
- Source: Iowa Bureau of Immunizations; Iowa Department of Public Health.

#### Barriers:

x	Competing projects/priorities	x	Lack of community/public support
	Lack of equipment/supplies		Lack of office space/facilities
	Lack of access to staff training & development		Lack of financial resources
	Community partners do not exist		Lack of human resources/staff
	Lack of access to technical assistance/services	x	Other: Please specify: Outdated address and phone for adolescents in the IRIS database.
	Lead organization does not exist		

#### Rationalization:

Vaccines are a primary intervention for the prevention of vaccine preventable disease.

## F. Preparedness and Response: THIS SECTION IS LEFT BLANK AS Monona County Public Health, as the lead agency continues to draft the Public Health Emergency Response Plan

#### Barriers:

	Competing projects/priorities		Lack of community/public support
	Lack of equipment/supplies		Lack of office space/facilities
	Lack of access to staff training & development		Lack of financial resources
	Community partners do not exist		Lack of human resources/staff
	Lack of access to technical assistance/services		Other: Please specify
	Lead organization does not exist		

## G. Public Health Infrastructure:

### **Priority: Coordinated Organizational Strategic Planning / Locally Identified**

- Coordinated efforts are difficult in Monona County. A few persons are the diehards that are willing to assist with community projects. Some volunteers are working on several projects or on several boards at one time. The goal would be to bring community members together to:
  - f) Increase the interest in a board based community group including health care, business, education, housing, emergency preparedness, and government toward Monona County Community planning.
  - g) Community members will participate through sharing of elements of their organizational strategic plan and contribute to the local health data needed.
  - h) A system of sharing regarding available grant funding streams will be developed
  - i) A community directory of programs and public assistance programming will be made available to the public online.

#### **Barriers:**

<b>x</b>	Competing projects/priorities	<b>x</b>	Lack of community/public support
	Lack of equipment/supplies		Lack of office space/facilities
	Lack of access to staff training & development	<b>x</b>	Lack of financial resources
	Community partners do not exist	<b>x</b>	Lack of human resources/staff
	Lack of access to technical assistance/services		Other: Please specify
	Lead organization does not exist		

#### **Rationalization:**

The community group dwindled to 3 agencies in addition to public health: 1) Substance Abuse, 2) Burgess Health Center, 3) ISU Extension/Monona, and 4) Public Health

### **Priority: Development of a Child Abuse Council set up as a non-profit entity to bring funds into Monona for child abuse services and enhanced services / Locally Identified**

#### **Barriers:**

<b>x</b>	Competing projects/priorities	<b>x</b>	Lack of community/public support
	Lack of equipment/supplies		Lack of office space/facilities
	Lack of access to staff training & development	<b>x</b>	Lack of financial resources
<b>x</b>	Community partners do not exist	<b>x</b>	Lack of human resources/staff
	Lack of access to technical assistance/services		Other: Please specify
<b>x</b>	Lead organization does not exist		

## **G. Public Health Infrastructure: Child Abuse (continued)**

### **Rationalization:**

Monona County is 1 of 3 counties that do not have a Child Abuse Council. For the last 2-3 years, 3 attempts have been made to approach community members regarding the establishment of a child abuse council in Monona in order to expand services which are now provided out of Woodbury County. Monona has no outreach office and domestic violence and child abuse are substantial enough to give this another look. Attorneys have spoken out in public that they are at a loss as to where to refer families that need services. They are unaware of what services are out there and how to access them locally. The Prevent Child Abuse Iowa initiative linked with the Early Childhood Iowa Program would like all counties represented in child abuse planning and programming development.

## Section: IV: Over View of the Health Improvement Plan

Only record the priority area chosen for Monona's Health Improvement Plan

### Section A. Demographic and Socio-economic Characteristics

None

### Section B. General Health and Access to Care Indicators

None

### Section C: Maternal and Child Health Indicators

None

### Section D: Chronic Disease Indicators

None

### Section E: Infectious Disease Indicators

None

### Section F: Environmental Control Indicators

None

### Section G: Injury Control, Occupational Safety and Health, and Domestic Violence and Sexual Assault.

None

### Section H: Substance Abuse and Gambling Addiction

Problems Identified: High Youth alcohol usage, Monona is 1 of 23 of the high ranking counties in Iowa (Grant funding through SPF SIG. See Iowa Public Health website).

Goal	Strategies	Who is Responsible	When? (Timeline)
Establish the infrastructure for Prevention of alcohol use. By <b>09/2012</b>  And develop capacity for program sustainability by <b>Sept 2013</b> .	1. Use the Monona County Community Alliance group and substance prevention experts to plan and implement sustainable prevention efforts.	<b>MCCA Coalition</b>	<b>05/2011</b>

<b>Goal</b>	<b>Substance Use</b>	<b>Strategies</b>	<b>Who is Responsible</b>	<b>When? (Timeline)</b>
		2. Hire and supervise 1 coordinator (under Jackson Recovery) to monitor the budget and related expenditures, community education and networking, and program implementation and evaluation.	<b>Jackson Recovery Supervision of Coordinator</b>	<b>06/2011</b>
		3. Develop procedures to decide and establish use of local data-driven decision-making	<b>Public Health administrator &amp; MCCA</b>	<b>07/2011</b>
		4. Research for best practices ideas (evidence based).	<b>MCCA and Coordinator</b>	<b>12/2011</b>
		5. Formerly collect local baseline data as decided, collate and analyze. Data to focus on outcome-based prevention, community level change, and lifespan focus.	<b>Public Health administrator &amp; MCCA</b>	<b>12/2011</b>
		6. Develop and implement evidence-based policies, and practices on the prevention of substance use and related consequences, including underage drinking.	<b>Public Health administrator &amp; MCCA</b>	<b>07/2012</b>
		7. The community infrastructure is strengthened through coalition training, building leadership and through community involvement and education.	<b>MCCA Coalition</b>	<b>09/2001 or when offered</b>
	Program goals: Reduce the consumption of alcohol, tobacco, and other drugs for persons less than 21 years of age by – Reduce the incidence of binge drinking in teens and adults	1. First full year complete local data analysis by 12/2012	<b>Public Health administrator &amp; MCCA</b>	<b>12/2012</b>

Goal	Substance use	Strategies	Who is Responsible	When? (Timeline)
	Progress Evaluation as determined by the SPF SIG .	Quarterly reports or other goal updates will be completed as decided by the group. New goals will be added as the work progresses.	Public Health administrator	TBD
	. Update the Monona County Health Improvement Plan annually as deemed by the Iowa Department of Public Health- April-June 2012.	1. Continue to educate the community partners on the process for the CHNA-HIP plan.	Public Health administrator	TBD

### ***Roles and Responsibilities***

- ***Jackson Recovery Centers*** will hire and supervise SPG SIG personnel, monitor the SPF SIG budget and its related expenditures, and provide in-kind expertise of its prevention specialists and other staff to assist the coalition in attaining its goals.
- ***The Monona County Community Alliance*** will coordinate monthly meetings, prepare an action plan and logic model, identify needed activities, and continue to communicate with all partners.
- ***The Monona County Public Health*** will assess current data and trends, coordinate meetings to review community priority areas, assist in maintaining the coalition, develop sources for local data collection, and provide staff assistance as needed to the coalition. **MCPH will also** continue to monitor the County Health Improvement Plan for Monona County and provide in-kind support for SPF SIG.

#### **1. List the names of stakeholders included in the SPF SIG meeting(s).**

Geri Johnson, Retired and West Monona School Board  
 Glen Barngrover, Juvenile Court Services  
 Jim Fouts, Onawa City Police  
 Janice Hildreth, Parent  
 Cheri Hardison, Iowa State University Extension/Monona County  
 Julie Florian, Monona-Crawford-Harrison-Shelby Community Partner in Tobacco Control  
 Dan Dougherty, MVHS Principal  
 Brenda Howland, West Central Alliance  
 Jeff Pratt, Monona County Sheriff  
 June DeLashmutt, Monona County Public Health Nursing Service Administrator  
 Gary Addy, Onawa City Police  
 Bob Skelton, Onawa Mayor  
 Tiffany Schneider, Maple Valley Schools  
 Janie Sorensen, Church Youth Pastor  
 Fran Tramp, Burgess Health Center CEO  
 Jeremy Braden, West Monona Schools  
 Linnea Fletcher, Jackson Recovery Centers & Linda Phillips, Siouxland CARES

## Section I: Emergency Preparedness

None

## Section J: Public Health (Community) Infrastructure

**Problems Identified:** Coordinated Organizational Strategic Planning

Goal	Strategies	Who is Responsible	When? (Timeline)
By 03.31.2012 complete a plan of enhancing services through sharing of county organization's strategic plans and access to local data.	1. Identify community partners to be included. Educate them on the importance of representation from health, business, education, and government.	Public Health administrator	7/2011
	2. Develop a strategic planning survey matrix to be sent out in the fall of 2011	Public Health administrator	10/2011
	3. Develop information and process to make it available to partners by 12/31/2011.	Public Health administrator	12/2011
	4. Identify resources needed for the process by 12/31/2011.	Public Health administrator	12/2011
	5. Develop process for updating information by 12/31/2011.	Public Health administrator	12/2011
	6. Develop process for sharing funding resources by 03/31/2012	Public Health administrator	3/2012
	7. Develop local data plan to identify underserved populations in the county by 06/31/ 2012.	Public Health administrator	06/2012

## Section V. Community Partnerships

### A. What community partnerships and coalitions exist in your area?

Monona County Community Needs Assessment Steering Committee  
Coalition on Domestic Violence  
Childhood Lead Poisoning Prevention Coalition  
Monona County Head Start(s) and School Districts  
Chamber of Commerce, Community Clubs, & Service Organizations  
Housing Committees in each town  
Loess Hills Hospitality Association  
Monona County Emergency Management staff and volunteers  
Monona County Community Alliance

### B. What organizations and groups were represented in making this assessment?

Iowa State University Extension, Monona  
Monona County Public Health  
Burgess Health Center  
Jackson Recovery  
Monona County Economic Development  
Monona County Environmental Health

### C. Resources:

- [Mobilizing for Action through Planning and Partnerships \(MAPP\)](#)
- [The Community Toolbox – Assessing Community Needs and Resources](#)

### D. Data

1. **County Health Rankings** (Source: HRSA Health Resource Comparison tool; County Health Rankings; Snapshot 2010 Monona County, Iowa)
  - <http://www.countyhealthrankings.org/iowa>
2. **Health Info Iowa** (Iowa specific) - content ranges from national health and medical databases to regional, state and local links.
  - <http://www.healthinfoiowa.org/iowa-resources>
3. **Community Health Status Indicators**- can specify state and county and receive information on demographics, measures of health, national leading causes of death, measures of birth and death, relative health importance, vulnerable populations, environmental health, preventive services used, risk factors of premature deaths, and access to care. Use results to compare other similar counties nationwide.  
<http://www.communityhealth.hhs.gov/homepage.aspx?j=1>

## **Data Continued:**

### **4. IDPH Data Warehouse**

- [http://www.idph.state.ia.us/adper/data\\_warehouse\\_resources.asp](http://www.idph.state.ia.us/adper/data_warehouse_resources.asp)
- [http://www.idph.state.ia.us/adper/data\\_warehouse.asp](http://www.idph.state.ia.us/adper/data_warehouse.asp)
- The annual Iowa Vital Statistics Report presents births, deaths, infant deaths, births to mothers under age 18, suicides, and unintentional injury deaths by county.

### **5. State Data Center of Iowa**

- Iowa Census Data Tables for Counties  
[http://data.iowadatacenter.org/cognos8/cgi-bin/cognos.cgi?b\\_action=xts.run&m=portal/cc.xts&gohome=](http://data.iowadatacenter.org/cognos8/cgi-bin/cognos.cgi?b_action=xts.run&m=portal/cc.xts&gohome=)
- The [Iowa Census Data Tables for Counties](#) provides a range of demographic information including ancestry, education, employment, home ownership, primary language, poverty status, population projections, urban and rural status, and voting age population.  
<http://data.iowadatacenter.org/browse/counties.html>

### **6. Iowa Bureau of Health Statistics**

- [http://www.idph.state.ia.us/apl/vital\\_stats.asp](http://www.idph.state.ia.us/apl/vital_stats.asp)
- Iowa Bureau of Health Statistics  
[http://www.idph.state.ia.us/apl/health\\_statistics.asp](http://www.idph.state.ia.us/apl/health_statistics.asp)

### **7. Kid Count Data Center**

[Kids Count](#), produced by the Annie E. Casey Foundation, tracks a range of demographic, health, and economic data on children and families and ranks states on the well-being of children. Kids Count allows users to view data within a state by county or compare ranks and indicators across states.  
<http://datacenter.kidscount.org/>

### **8. Health Indicators**

<http://www.healthindicators.gov/>

### **9. Disability Planning Data**

[http://disabilityplanningdata.com/site/state\\_household\\_table.php?state=iowa](http://disabilityplanningdata.com/site/state_household_table.php?state=iowa)

### **10. Prevent Child Abuse Iowa**

<http://www.pcai.org>

11. **Iowa State University Recap** .Iowa State University's Regional Economics and Community Analysis Program (RECAP) provides county-level socioeconomic profiles showing population trends, child well-being, school district profiles, poverty and food needs, and housing profiles. RECAP also provides economic profiles covering retail sales and employment data by county.

- <http://www.recap.iastate.edu/>