

Lee County

Community Health Needs Assessment (CHNA) Report



For additional information about this report, CONTACT:

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Date Revised: December 4, 2015

Promote Healthy Living Assessment

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

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:	
1 Healthy Lifestyles/Healthy Behaviors	<p>CHNA partners reviewed several data sets through CHNA.org that demonstrated a high need for addressing the lifestyles and behaviors of our population. A plan for promoting and encouraging Healthy Lifestyles over the next 3 years has been developed with defined strategies for implementation. Significant health data reviewed showed our county has high rates of obesity (31%), diabetes (9%), high cholesterol (39%) high blood pressure (29%) a population that lacks physical activity (27%), and those with little fruit/vegetable consumption (83%). We also have 15.4% self reporting they have poor general health. Mortality from premature death exceeds both the state and national rates. Our mortality rates in cancer, heart disease, stroke, and lung disease also all exceed the state and national averages. Lee County ranked 99 out of 99 for healthy behaviors in the most recent County Health Rankings report. The CHNA survey conducted throughout the community also indicated obesity and alcohol/drug use are the top two health concerns in the county.</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____	<input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:	
2 Mental Health/Behavioral Health issues and access	<p>CHNA partners reviewed several data sets as well as our CHNA community-wide survey results that demonstrated a high need for addressing mental health and behavioral health issues of our county as well as access issues. A plan for addressing these issues over the next 3 years has been developed with defined strategies for implementation. CHNA.org data reviewed showed our county has high rates of depression with our medicare population (15.5%); Mental Health conditions were of the top 10 reasons for ER visits in our hospital ER departments; Alcohol/Substance abuse/violent crime rates were much higher than the state and national averages. The county health ranking report showed that our population self report 2.5 poor</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____	<input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

mental health days per month and the mental health provider ratio in Lee County is 1,487:1. Community-wide survey results indicated Mental Health as the 3rd most important health concern of the county with alcohol/drug use as the #1 concern (behavioral health issue). During stakeholder discussion it was noted that both the hospital ER and jails are often over utilized for mental health placement/holding area as there are waiting lists (some times up to 8 days) for available mental health placements across the state. There are limited resources for consumers to access mental health care when in crisis and often a 3 month time period for scheduling appointments with a mental health professional in the area.

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
3 Alcohol/Drugs Abuse	CHNA.org data reviewed by community partners revealed that 29% of our adult population drinks alcohol excessively and 22% use tobacco. County Health Ranking reviewed indicated that alcohol impaired driving deaths in Lee County all exceed both the state and national averages. Iowa Youth survey data demonstrated that our youth continue to use alcohol, marijuana, and tobacco products starting as early as the 6th grade. Although these issues are of concern, partners felt this could be addressed through strategies in other identified HIP priorities and by our existing community resources in place.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input checked="" type="checkbox"/> Other <u>Will be included as part of other priorities identified</u> <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
4 Teen Pregnancy/Births	Lee County's teen birth rate (48) reviewed in the County Health Rankings report by CHNA partners exceeded Iowa's rate (30). Although this data was a concern of CHNA partners, other priorities rated higher due to existing Family Support and Parent Education services available for teen parents to access in the county. These services work towards reducing poor childhood outcomes, child abuse and neglect, and child morbidity and mortality rates. An adolescent pregnancy prevention coalition is also addressing prevention of teen pregnancies.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
5 Access to Oral Health	<p>According to our CHNA.org data reviewed 21% of our population has poor dental health and access to dentists is a major barrier for our Medicaid population in Lee County. Only one dentist accepts new Medicaid patients. This requires a majority of our medicaid population to access oral health care outside of the county often with a two to three month waiting period. ER utilization for dental care is also a concern for our two local hospitals. Oral health concerns exist in all age groups within the county. This issue will be addressed in another priority as part of developed strategies for people to access routine care and for our population to understand the importance of and practice proper oral hygiene habits.</p>	No	<p> <input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input checked="" type="checkbox"/> Other <u>Will be part of other identified priorities on the HIP</u> </p> <p> <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources </p>

Prevent Injuries & Violence Assessment

includes topics such as brain injury, disability, EMS trauma & system development, intentional injuries (violent & abusive behavior, suicide), occupational health & safety, and unintentional injuries (motor vehicle crashes, falls, poisoning, drowning, etc.).

Injuries & Violence Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Violent Crime	CHNA.org data reviewed by partners revealed that the violent crime rate of 523.82 (FBI Uniform Crime Reports) for Lee County exceeded both the state and national violent crime rates (Iowa 266 and US 395.5). Community wide survey results showed that 22% of respondents felt that acts of violence/ crime had great impact on the health of our population and was a health concern. Although there was much discussion on this health issue, it was not chosen as a top priority for the HIP.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Injuries & Violence Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Child Abuse and Neglect	Many of the critical factors that challenge parents, such as poverty, unemployment, mental health issues, substance abuse issues, etc., tend to manifest themselves in child abuse and neglect. Adverse early childhood experiences then can cause a variety of behavioral problems later in life. According to the Iowa Child Abuse by County report from Prevent Child Abuse Iowa partners reviewed the number of confirmed child abuse and neglect reports for 2013 which revealed 410 accepted reports, 156 confirmed or founded reports (38% confirmation rate) which left Lee County ranking 15 of 99 counties with highest rank in rate. Partners confirmed the rank has declined over the past years (Lee County used to be at #1, then #4, #7 in prior CHNA processes). Although the rate is still of concern, other priorities rated higher since family support programs exist in the community that are already attempting to prevent child abuse and neglect and are working on this health issue already.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Injuries & Violence Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
3 Unintentional injury (accidents, falls, motor)	According to CDC National Vital Statistics Mortality caused by unintentional injuries age adjusted death rate was at 55.22 compared to the state average of 37.83. Mortality from motor vehicle accidents also exceeded the state average at an age adjusted rate of 16.96. Transport accidents were one of top 5 causes of deaths in ages 0-18 with non-transport accidents being the 2nd leading cause in 19-64 age groups according to IDPH environmental health portal data. Injuries made the top 10 causes of hospitalizations in all age groups and the number one cause of all ER visits in all age groups in the county. Although partners found these statistics alarming it did not become a high rated priority to address in the HIP. Survey results indicated less than 10% found it to be a health need issue.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input checked="" type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources

Protect Against Environmental Hazards Assessment

includes topics such as drinking water protection, food waste, food safety, fluoridation, hazardous materials, hazardous waste, healthy homes, impaired waterways, lead poisoning, nuisances, on site wastewater systems, radon, radiological health, soil erosion, and vector control.

Environmental Hazards Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Lead poisoning/other	<p>According to US Census Bureau data reviewed by partners, Lee County housing units median year for construction is 1957 when most often lead based paint was used. IDPH Environmental Health portal data reviewed indicated there were 10 confirmed elevated cases in the 2007 birth cohort, which has dropped from previous year data. CHNA Partners did not select this as a top priority health need as local providers are completing lead screenings and risk assessments with follow up being completed by public health. On the community wide survey conducted, less than 5% of respondents felt lead poisoning was currently a health concern in the county. Partners did not identify any other environmental health concerns and actually noted environmental health as a community strength/asset and that CHNA Data reviewed did not support this as a top priority health need area. Less than 13% of the community survey respondents chose air/water and other environmental health concerns as an issue.</p>	No	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Other priorities rated higher </div> <div style="width: 50%;"> <input type="checkbox"/> Community partners do not exist </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Existing programs already address problem/need </div> <div style="width: 50%;"> <input type="checkbox"/> Lead organization does not exist </div> <div style="width: 50%;"> <input type="checkbox"/> Lack of human resources/staff </div> <div style="width: 50%;"> <input type="checkbox"/> Lack of financial resources </div> <div style="width: 50%;"> <input type="checkbox"/> Other _____ </div> </div>

Prevent Epidemics & the Spread of Disease Assessment

includes topics such as disease investigation, control & surveillance, HIV/AIDS, immunization, reportable diseases, sexually transmitted diseases (STDs), and tuberculosis (TB).

Epidemics & Spread of Disease Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 HIV Screenings/STDS/ Communicable Disease/ Immunizations	<p>According to CDC and Prevention, BRFFS data by CARES reviewed by partners, 81.26% of adults in our county have never been screened for HIV compared to Iowa's average of 73.82%. However, according to CDC comparison of primary indicators with peer counties, morbidity from HIV is better in Lee County compared to other counties. Additional CHNA data reviewed such as the County Health Rankings report indicated some sexually transmitted diseases rated higher than our state average such as Chlamydia, however Gonorrhea and HIV prevalence were lower than state average. Communicable diseases/STDS were also low rated on our community wide survey with less than 5% of our respondents identifying communicable disease as a priority health concern and less than 9% rating STDs. Not getting immunized was even less of a concern with a little over 3% on the survey indicating immunization rates were a health concern. After reviewing several data sets, partners agreed these issues were not high rated priorities. Preventive screenings were identified as a concern by partners during the review and this will be a component of a Healthy Lifestyles plan component.</p>	No	<p> <input checked="" type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input checked="" type="checkbox"/> Other </p> <p> <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources </p> <p>Preventive screening and education/outreach will become part of another priority health need strategy</p>

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

includes topics such as communication networks, emergency planning, emergency response, individual preparedness, recovery planning, risk communication, and surge capacity.

Preparedness Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Child care availability for crisis and emergencies/non traditional hours	CHNA partners agreed there is a need for additional child care placements especially the non-traditional child care such as crisis child care, evening child care, and emergency placement child care for when parents/caregivers are called away for emergencies, work evenings, or are in crisis. Currently there are not any (0%) providers who provide this non-traditional care. Although partners agreed this is a county wide need it was not chosen as one of the top priorities. However some early child hood community partners agreed existing resources and service providers could address this on-going issue if additional resources could be secured.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input checked="" type="checkbox"/> Lack of human resources/ staff <input checked="" type="checkbox"/> Other <u>lack of child care providers willing to provide service in county</u> <input type="checkbox"/> Community partners do not exist <input checked="" type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources

Preparedness Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Emergency Sheltering capacity for persons with disabilities requiring additional care or resources	When partners were analyzing community health assets and resources, it was determined that there is no designated or lead organization responsible in the county for providing emergency sheltering for persons with disabilities who would need additional help and services beyond the scope of a general needs shelter. Although this was identified as a need, it was not chosen as a ranked need and therefore was not voted on. It was brought to the attention of emergency preparedness partners at the table (law enforcement, public health, hospitals) as an issue to address during emergency preparedness planning efforts of the county.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input checked="" type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Strengthen the Health Infrastructure Assessment

includes topics such as access to quality health services, community engagement, evaluation, food security, food systems, food and nutrition assistance (SNAP, WIC), health facilities, health insurance, medical care, organizational capacity, planning, quality improvement, social determinants (e.g., education & poverty levels), transportation, and workforce (e.g., primary care, dental, mental health, public health).

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Transportation barriers	<p>CHNA partners reviewed relevant data that affects our population's access to needed care and community resources which transportation barriers rose to the top. It was quickly noted the county does not have a public transportation system. There are two cab companies available however this resource is not always financially feasible for consumers or can be readily available in rural areas or for traveling out of city limits to needed resources. Some other means of transportation exists such as the SIEBUS as well as a hospital and some church van transports. These services are sometime not the easiest to use for our more vulnerable populations such as for families who have multiple children, those who have limited mobility or disabilities that require assistance, etc. According to the US Census Bureau data reviewed by partners, Lee County has a 14.7% population with some type of disability compared to the state average of 11.38%. Additional data revealed that 7.51% of Lee County households do not own an operating motor vehicle. Partners agreed transportation has been and remains a huge barrier for the population to adequately access care including medical, dental, mental health, healthy food access, support services, and possibly for traveling to and from the workplace. Results from the community-wide survey also identified transportation as concern as 20% of the respondents felt it had an impact on the health of our county.</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Communication/Education and Motivation of Community members	<p>CHNA partners chose this as a high priority as they determined that many of our population health need indicators reviewed resulted from our communities/individuals lack of education, knowledge or motivation to change health behaviors due to social norms, or various social determinants of health that create barriers for change. Although there is not a specific data set to justify this need, partners felt strongly and voted this as a top priority to address in the HIP. Activities will address strategies on how to educate, communicate, and motivate our members for change. This may involve advocating for environmental and policy change that affects population health and strategies for reaching vulnerable populations or those who are challenged with various social determinants of health that naturally create barriers for improving their health because of where and how they live.</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
3 Preventive Screenings	<p>Several data sets were reviewed by CHNA partners from CDC and BRFSS that demonstrated a need to increase preventive screenings of our population members. This included reviewing data on the percentage of our population that have received at least one cancer screening such as mammograms (62%), pap tests (74%), colonoscopies (50%) all of which were lower than the state average percentages. Other data reviewed also included the need to do further education and prevention in areas such as diabetes, high cholesterol, blood pressure, and depression. This was determined as the data showed we have 9% of our adult population with diabetes, 38% with high cholesterol, 28.5% with high blood pressure, and 15.5% of medicare population with depression. Although these data sets were of concern, partners felt addressing the need for additional outreach and education on preventive screenings and "knowing our numbers" could be addressed in both our healthy lifestyles priority and communication/motivation priority that will be a part of our HIP.</p>	No	<input checked="" type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input checked="" type="checkbox"/> Other Will be part of other identified priorities. _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
4 Level of Education	County Health Rankings data reviewed by our CHNA partners indicated that Lee County has a 84% graduation rate, and 59.7% have had some college. On our CHNA survey, 17% of the respondents felt that dropping out of school was one of the greatest impacts of our overall health in the county. This need was not selected as a top priority for the HIP however.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other <input type="checkbox"/> Community partners do not exist <input checked="" type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
5 Poverty	According to the data sets reviewed by CHNA partners, poverty was identified as a health need. For instance child poverty is at 23% according to the 2015 county health ranking report. According to the US Census Bureau data, the overall population below 200% federal poverty level is at 37.07% exceeding the state and US average. In addition, 40% of CHNA survey respondents indicated that living in poverty was one of the five greatest impacts that affect our overall health in Lee County. Although the data is alarming, it was not sure how involved partners could affect this need in the HIP without a lead organization, or evidenced-based strategy to address this issue. It was not elected as a top priority to include in the plan.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other <input type="checkbox"/> Community partners do not exist <input checked="" type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
6 Unemployment	According the US Department of labor, Lee County unemployment remains at 6.6%. This data is not new to partners as Lee County has had the highest unemployment rates in Iowa for some time. Although this is a significant health need in the county, partners elected not to include this on the HIP as a priority health need to address. Economic development has been working on bringing in new employment opportunities to the area and we do have organizations that are offering training programs and partnerships with academics, technical schools, and industry.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input checked="" type="checkbox"/> Other <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
7 Seniors Access to Healthy Foods/SNAP authorized Food Access	<p>CHNA partners reviewed access to healthy foods as a health indicator. Lee County showed 83.65 authorized SNAP retailers per 100,000 population which was lower than the state at 86.89. Our population with low food access was 20.35% according to CHNA.org data reviewed. 42% of the CHNA community survey responses indicated our county population has poor eating habits, and 6% felt there were access issues to healthy foods impacting our overall health. Partner discussion regarding health priorities addressed concerns of our more vulnerable population such as our seniors having low access to healthy foods due to isolation and living in rural areas (food deserts) limiting access to grocery stores and/or, farmers markets that offer fresh fruits, vegetables and other produce. Many rural residents rely on convenience stores/gas stations for food access. Although this was determined a health issue it will not be a priority by itself on the HIP but included as a strategy in the Healthy Lifestyles priority.</p>	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input checked="" type="checkbox"/> Other Will become part of the healthy lifestyles priority <u>strategies to address healthy food access issues.</u> <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Lee County

December 4, 2015

Community Health Needs Assessment SNAPSHOT



Promote Healthy Living

- Priority #1 Healthy Lifestyles/Healthy Behaviors
- Priority #2 Mental Health/Behavioral Health issues and access
- Priority #3 Alcohol/Drugs Abuse
- Priority #4 Teen Pregnancy/Births
- Priority #5 Access to Oral Health



Prevent Injuries & Violence

- Priority #1 Violent Crime
- Priority #2 Child Abuse and Neglect
- Priority #3 Unintentional injury (accidents, falls, motor)



Protect Against Environmental Hazards

- Priority #1 Lead poisoning/other



Prevent Epidemics & the Spread of Disease

- Priority #1 HIV Screenings/STDS/Communicable Disease/Immunizations



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

- Priority #1 Child care availability for crisis and emergencies/non traditional hours
- Priority #2 Emergency Sheltering capacity for persons with disabilities requiring additional care or resources



Strengthen the Health Infrastructure

- Priority #1 Transportation barriers
- Priority #2 Communication/Education and Motivation of Community members
- Priority #3 Preventive Screenings
- Priority #4 Level of Education
- Priority #5 Poverty
- Priority #6 Unemployment
- Priority #7 Seniors Access to Healthy Foods/SNAP authorized Food Access

Lee County Community Health Improvement Plan

Date Updated: December 8, 2015



For additional information, CONTACT:

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Julie Schilling	Lee County Health Department	319-372-5225	jschilling@leecountyhd.org
Amy Conlee	Keokuk Area Hospital	319-526-8762	aconlee@keokukhospital.org
Angie Budnik	Fort Madison Community Hospital	319-372-6530	abudnik@FMCHOSP.COM

Community Priority

Promote Healthy Lifestyles/Healthy Behaviors for all.

Goal #1 Reduce the prevalence of chronic disease by promoting healthy lifestyles/healthy living to the Lee County population by 2019	National Alignment	State Alignment
	Healthy People 2020-HRQOL/WB-1; NWS-14/15; PA-1/13/14: OH-7;	Healthy Iowans HIP-Chronic Disease #4: Healthy Living #6; Oral Health #6

Objective 1-1 Provide health education and the importance of preventive screening awareness topics quarterly through 2017	Baseline Year	Baseline Value	Target Year	Target Value
	2015	NA	2017	4

Strategy 1-1.1 Live Healthy Lee County Coalition members will provide community health education through use of radio, press releases, newsletters, social media, etc. at least 4 times per year to promote healthy living/lifestyles and the importance of preventive screenings	Strategy Type Counseling & Education
<u>Who's Responsible</u> Live Healthy Lee County Coalition; Communication/Motivation Task Force	<u>Target Date</u> 2/2017

Objective 1-2 Decrease the percentage of the population who self report physical inactivity from 27% to 23% by 2019 according to CDC, National Center for Disease Prevention and Health Promotion (CHNA.org).	Baseline Year	Baseline Value	Target Year	Target Value
	2012	27%	2019	23%

Strategy 1-2.1 Provide outdoor recreational events at least 6 times a year.	Strategy Type Environmental / Policy / Systems Change
<u>Who's Responsible</u> Lee County Conservation Board	<u>Target Date</u> annually 2017-2019

Strategy 1-2.2 Develop two new walking/biking trails in county for recreational use to promote walking and biking.	Strategy Type Environmental / Policy / Systems Change
<u>Who's Responsible</u> PORT of Fort Madison; Lee County Conservation Board	<u>Target Date</u> By 2019

Strategy 1-2.3 Organize an active trails development committee in the Keokuk Area.	Strategy Type Environmental / Policy / Systems Change
<u>Who's Responsible</u> Lee County Leadership Group	<u>Target Date</u> By 2018

Strategy 1-2.4 Work with various community partners to plan and offer family fun events encouraging outdoor recreation and physical activities.	Strategy Type Environmental / Policy / Systems Change
<u>Who's Responsible</u> Live Healthy Lee County Coalition	<u>Target Date</u> By 2019

Strategy 1-2.5 Encourage worksites to promote healthy activity within their workforce (walking at breaks, gym memberships, walking meetings, stairwell use, through wellness programs and policy, etc.)	Strategy Type Environmental / Policy / Systems Change
<u>Who's Responsible</u> Lee County Health Department	<u>Target Date</u> By 2019

Objective 1-3 Decrease the percent of adults who self report inadequate fruit/vegetable consumption from 83.4% to 80% by 2019 according to CDC, BRFSS (CHNA.org).

Baseline Year	Baseline Value	Target Year	Target Value
2005-2009	83.4%	2019	80%

Strategy 1-3.1 Increase the number of community gardens who offer education on vegetables grown in the gardens.

Strategy Type
Counseling & Education

Who's Responsible

Hy-Vee; Lee County Conservation; ISU Extension and Outreach; Keokuk Community School District

Target Date

By 2019

Strategy 1-3.2 Maintain and support the number of farmer's markets currently available in the county and increase the number of vendors who sell at the markets.

Strategy Type
Address Social Determinant / Health Inequity

Who's Responsible

Montrose Riverfront Inc.; Keokuk Chamber of Commerce; FM Main Street; ISU extension and Outreach; LCHD

Target Date

By 2019

Strategy 1-3.3 Increase the percentage of healthy foods offered at area concession stands.

Strategy Type
Environmental / Policy / Systems Change

Who's Responsible

LCHD; Live Healthy Lee County Coalition

Target Date

By 2019

Strategy 1-3.4 Increase the availability of fresh produce offered at local food pantries.

Strategy Type
Address Social Determinant / Health Inequity

Who's Responsible

RSVP; LCHD; ISU Extension and Outreach; Live Healthy Lee County Coalition

Target Date

By 2019

Strategy 1-3.5 Work with local food producers and businesses to offer locally grown fresh produce and rural "food deserts" in the county.

Strategy Type
Address Social Determinant / Health Inequity

Who's Responsible

LCHD; ISU Extension and Outreach; Live Healthy Lee County Coalition

Target Date

By 2019

Strategy 1-3.6 Encourage worksites to promote healthy nutrition within their workforce (providing healthy options in vending machines, offering healthy food and beverage options during meetings, trainings, luncheons, through wellness programs and policy, etc.)

Strategy Type
Environmental / Policy / Systems Change

Who's Responsible

LCHD

Target Date

By 2019

Strategy 1-3.7 Offer Buy, Eat, Live Healthy classes to low-income populations.

Strategy Type
Address Social Determinant / Health Inequity

Who's Responsible

ISU Extension and Outreach

Target Date

By 2019

Objective 1-4 Increase access to oral health care by increasing the number of dentists in Lee County who serve the Medicaid population by 50% by 2019.

Baseline Year	Baseline Value	Target Year	Target Value
2015	1	2019	2

Strategy 1-4.1 Develop dentist recruitment strategies and activities to bring new dentists to the area who are willing to accept Title XIX patients as well as Iowa Dental Wellness Plan members.

Strategy Type
Address Social Determinant / Health Inequity

	<u>Who's Responsible</u> Keokuk Dental Recruitment Task Force	<u>Target Date</u> By 2019
Strategy 1-4.2	Visit with local dentists about the need for accepting Medicaid and Iowa Health and Wellness Dental Plan members to receive dental care.	<u>Strategy Type</u> Address Social Determinant / Health Inequity
	<u>Who's Responsible</u> LCHD/Dental Community	<u>Target Date</u> By 2019
Strategy 1-4.3	Continue offering gap filling dental screening and Fluoride varnish services to children and pregnant women. Provide dental care coordination services as needed to link families to available dentists in the area.	<u>Strategy Type</u> Address Social Determinant / Health Inequity
	<u>Who's Responsible</u> LCHD	<u>Target Date</u> By 2019
Strategy 1-4.4	Work with long term care facilities and other locations that serve older lowans to facilitate and promote oral health care/dental services among our senior population.	<u>Strategy Type</u> Address Social Determinant / Health Inequity
	<u>Who's Responsible</u> LCHD; Dental Community; Long term care facilities	<u>Target Date</u> By 2019
Strategy 1-4.5	Evaluate progress on Healthy Behaviors/Healthy Lifestyles goal and objectives annually and revise/update as needed.	<u>Strategy Type</u> Environmental / Policy / Systems Change
	<u>Who's Responsible</u> Live Healthy Lee County Coalition/CHNA Task Force members	<u>Target Date</u> annually

Community Priority

Improve Mental Health/Behavioral Health Issues/Access to Care.

Goal #1	Increase access to services and supports for individuals experiencing mental health and/or behavioral health symptomology by 2021.	National Alignment	State Alignment
		Healthy People 2020: MH/MD-9/10 HRQOL/WB; ECBP-10.3	Healthy Iowans: Mental Health and Mental Disorder #8

Objective 1-1	Increase the awareness of the existing services and supports available in the county by supporting current jail diversion and community-based provider committee in meeting quarterly.	Baseline Year	Baseline Value	Target Year	Target Value
		2015 Lee Co CHNA local survey	23% found access difficult	2018 2020	15% 10%

Strategy 1-1.1	Market and propagate community resource directories, safety cards, warm/hotlines and behavioral health assistive technology.	<u>Strategy Type</u> Counseling & Education
	<u>Who's Responsible</u> Jail Diversion and Community-based Provider Committee	<u>Target Date</u> By 2017

Strategy 1-1.2	Improve access to Mental Health care by decreasing appointment wait/availability time to be seen/treated.	<u>Strategy Type</u> Clinical Intervention
	<u>Who's Responsible</u> KAH; FMCH; CHC-SEIA; Counseling Associates; Bridgeway; Optima; Inside Out Christian Counseling; Lee Co Jail; Community Connections, and Keokuk Ministerial Association/faith-based providers	<u>Target Date</u> By 2021

Strategy 1-1.3	Look into unique and innovative opportunities to develop mental health/behavioral health services.	<u>Strategy Type</u> Clinical Intervention
	<u>Who's Responsible</u> Mental Health/Behavioral Health Taskforce	<u>Target Date</u> By 2018

Objective 1-2	Assessment tools will be selected to effectively identify individual supports needed related to MH/BH and substance related diagnostics for pediatric birth to 17 year olds.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	34% of proportion of children screened at risk of dev/beh and social delays using a parent reported standardized screening tool	2020	10% increase of children screened

Strategy 1-2.1	Implement a standardized screening tool across birth to 5 programming to facilitate comparable data collection (ASQ-3, ASQ-SE/SE-2, and/or M-CHAT R/F)	<u>Strategy Type</u> Clinical Intervention
	<u>Who's Responsible</u> LCHD; CHCSEIA; Young House Family Services	<u>Target Date</u> By 2017

Strategy 1-2.2	Implement a standardized screening tool across 6-10 year old programming to facilitate comparable data collection.	<u>Strategy Type</u> Clinical Intervention <u>Target Date</u> By 2019 <u>Who's Responsible</u> LCHD; CHCSEIA; Young House Family Services								
Strategy 1-2.3	Implement a standardized screening tool across 11-17 year old programming to facilitate comparable data collection.	<u>Strategy Type</u> Clinical Intervention <u>Target Date</u> By 2020 <u>Who's Responsible</u> LCHD; CHCSEIA, and Young House Family Services								
Objective 1-3	Assessment tools will be selected to effectively identify individual supports needed related to MH/BH and substance related diagnostics for adults.	<table border="1"> <thead> <tr> <th>Baseline Year</th> <th>Baseline Value</th> <th>Target Year</th> <th>Target Value</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>0</td> <td>2020</td> <td>1</td> </tr> </tbody> </table>	Baseline Year	Baseline Value	Target Year	Target Value	2015	0	2020	1
Baseline Year	Baseline Value	Target Year	Target Value							
2015	0	2020	1							
Strategy 1-3.1	Implement screening tools across all mental health levels of care and programming to facilitate comparable data collection.	<u>Strategy Type</u> Clinical Intervention <u>Target Date</u> By 2017 <u>Who's Responsible</u> KAH; FMCH; CHC-SEIA; Counseling Associates; Bridgeway; Optima; Lee County Jail; Community Connections, Keokuk Ministerial Association and faith-based providers.								
Strategy 1-3.2	Implement screening tools across all substance abuse levels of care and programming to facilitate comparable data collection.	<u>Strategy Type</u> Clinical Intervention <u>Target Date</u> By 2019 <u>Who's Responsible</u> ADDs and other substance abuse service providers								
Strategy 1-3.3	Implement screening tools across all co-occurring levels of care and programming to facilitate comparable data collection.	<u>Strategy Type</u> Clinical Intervention <u>Target Date</u> By 2020 <u>Who's Responsible</u> KAH; FMCH; CHC-SEIA; Counseling Associates; Bridgeway; Optima; Lee County Jail; Community Connections, Keokuk Ministerial Association; other faith-based providers; ADDs, and other substance abuse service providers.								
Strategy 1-3.4	Evaluate progress on Mental Health/Behavioral Health Goal and Objectives annually and revise/update as needed.	<u>Strategy Type</u> Clinical Intervention <u>Target Date</u> Annually <u>Who's Responsible</u> Mental Health/Behavioral Health Taskforce; CHNA partners								

Community Priority

Reduce Transportation Barriers of our Workforce and those with Access to Care issues.

Goal #1 Increase usage and reduce barriers to accessing transportation systems by 2019.		National Alignment	State Alignment			
		Healthy People 2020: AHS-6.1	Healthy Iowans-Access to Quality Health Services and Support-Transportation Services #1.1.10/11			
Objective 1-1	Distribute a survey to at least 12 Lee County employers and their employees to identify and address transportation barriers/needs of our workforce by 2017.	Baseline Year	Baseline Value	Target Year	Target Value	
		2015	0	2016	12	
Strategy 1-1.1	Distribute surveys to local businesses and industries in Lee County area.	<u>Strategy Type</u> Address Social Determinant / Health Inequity				
	<u>Who's Responsible</u> Southeast Iowa Regional Planning Commission (SEIRPC) and Chamber of Commerce	<u>Target Date</u> 6/2016				
Strategy 1-1.2	Analyze survey results to identify the barriers and the available resources to alleviate barriers	<u>Strategy Type</u> Address Social Determinant / Health Inequity				
	<u>Who's Responsible</u> SEIRPC	<u>Target Date</u> 6/2017				
Strategy 1-1.3	Develop and implement plan/system for addressing transportation needs of our workforce	<u>Strategy Type</u> Address Social Determinant / Health Inequity				
	<u>Who's Responsible</u> Lee Co Transportation Task Force; Lee County Economic Development group; SEIRPC; Chambers	<u>Target Date</u> 1/2019				
Strategy 1-1.4	Evaluate Plan at least annually	<u>Strategy Type</u> Address Social Determinant / Health Inequity				
	<u>Who's Responsible</u> Lee County Transportation Task Force	<u>Target Date</u> 2016-2019				
Objective 1-2	Promote the existing non-emergency medical transportation services available in Lee County through outreach and education at least four times per year.	Baseline Year	Baseline Value	Target Year	Target Value	
		2015	0	2016-2019	4	
Strategy 1-2.1	Promote SEIBUS website/schedules and contact information to general public in key locations (hospitals, grocery stores, DHS offices, clients, provider offices, service organizations, etc.)	<u>Strategy Type</u> Address Social Determinant / Health Inequity				
	<u>Who's Responsible</u> SEIRPC; Lee Co Transportation Taskforce	<u>Target Date</u> 2016-2019				
Strategy 1-2.2	Increase awareness of the Iowa Medicaid Non-Emergency Medical Transportation (NEMT) systems that will be utilized by the four MCOs and the requirements for utilizing each specific NEMT service provider for transportation to medical/dental/mental health appointments.	<u>Strategy Type</u> Address Social Determinant / Health Inequity				
	<u>Who's Responsible</u> Lee Co Transportation Taskforce	<u>Target Date</u> 3/2016-2019				

Strategy 1-2.3	<p>Complete messaging through local media outlets about available transportation systems in the county such as through organization websites, face book, press releases, fliers, etc.</p> <p><u>Who's Responsible</u> SEIRPC; LCHD; Lee County Transportation and Communication Task Force groups</p>	<p><u>Strategy Type</u> Address Social Determinant / Health Inequity</p> <p><u>Target Date</u> 6/2016-2019</p>								
Strategy 1-2.4	<p>Invite SEIBUS, cab companies, others to annually evaluate and address transportation access barriers and needs within the local transportation system. Revise and update HIP as needed.</p> <p><u>Who's Responsible</u> Lee County Transportation Task Force</p>	<p><u>Strategy Type</u> Address Social Determinant / Health Inequity</p> <p><u>Target Date</u> 11/2016-2019</p>								
Objective 1-3	<p>Distribute a survey to at least 500 citizens of Lee County to identify and address transportation barriers/needs of our community by 2017.</p>	<table border="1"> <thead> <tr> <th>Baseline Year</th> <th>Baseline Value</th> <th>Target Year</th> <th>Target Value</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>0</td> <td>2016</td> <td>500</td> </tr> </tbody> </table>	Baseline Year	Baseline Value	Target Year	Target Value	2015	0	2016	500
Baseline Year	Baseline Value	Target Year	Target Value							
2015	0	2016	500							
Strategy 1-3.1	<p>Distribute surveys via Lee County Transportation Taskforce member agencies, through email/survey monkey and other contact points in public.</p> <p><u>Who's Responsible</u> Lee County Transportation Taskforce</p>	<p><u>Strategy Type</u> Address Social Determinant / Health Inequity</p> <p><u>Target Date</u> 6/2016</p>								
Strategy 1-3.2	<p>Analyze survey results to identify public barriers and available resources to alleviate barriers.</p> <p><u>Who's Responsible</u> SEIRPC</p>	<p><u>Strategy Type</u> Address Social Determinant / Health Inequity</p> <p><u>Target Date</u> 6/2017</p>								
Strategy 1-3.3	<p>Develop and implement Transportation plan/systems for addressing the transportation needs of our citizens.</p> <p><u>Who's Responsible</u> SEIRPC, Lee Co Transportation Task Force and others to be identified</p>	<p><u>Strategy Type</u> Address Social Determinant / Health Inequity</p> <p><u>Target Date</u> 1/2019</p>								
Strategy 1-3.4	<p>Evaluate Lee County Transportation plan annually and revise/update as needed.</p> <p><u>Who's Responsible</u> Lee Co Transportation TaskForce; CHNA partners</p>	<p><u>Strategy Type</u> Address Social Determinant / Health Inequity</p> <p><u>Target Date</u> Annually</p>								

Community Priority

Improve Communication, provide Education, and Motivate our population for Change

Goal #1 Provide community education and outreach on the established CHNA health priorities (transportation, mental health, behavioral health, healthy lifestyles) and other population health needs identified in Lee County over the next three years.	National Alignment	State Alignment
	Healthy People 2020: HC/HIT-13; HC/HIT-9	Healthy lowans: 4.1.2, 4.1.4, 6.1.1, 6.1.24, 6.1.26, and 6.6.1.28

Objective 1-1 Develop five alternative communication/educational methods to reach our vulnerable populations who have various social determinants of health that create barriers for access or motivation for change by 2017.	Baseline Year	Baseline Value	Target Year	Target Value
	2016	0	2017	5

Strategy 1-1.1 Develop list of five top targeted populations to reach in county who could benefit most from communication/education outreach messaging.	<u>Strategy Type</u> Address Social Determinant / Health Inequity
<u>Who's Responsible</u> Communication/Education Taskforce	<u>Target Date</u> By 2017

Strategy 1-1.2 Develop five locations to reach the targeted populations based on priority needs.	<u>Strategy Type</u> Address Social Determinant / Health Inequity
<u>Who's Responsible</u> Communication/Education Taskforce	<u>Target Date</u> By 2017

Strategy 1-1.3 Work with other invested groups to provide quarterly messaging to the targeted populations aligning topics according to priority needs involving transportation, mental health, behavioral health, healthy lifestyles or other.	<u>Strategy Type</u> Address Social Determinant / Health Inequity
<u>Who's Responsible</u> Communication/Education Taskforce	<u>Target Date</u> By 2017

Strategy 1-1.4 Provide community health information and outreach education during hospital emergency department visits, inpatient discharges, during urgent or prompt care visits and/or during home visits as needed.	<u>Strategy Type</u> Address Social Determinant / Health Inequity
<u>Who's Responsible</u> KAH; FMCH; LCHD	<u>Target Date</u> By 2017

Objective 1-2 Provide our general population with motivational health messaging related to our health need priorities at least four times per year.	Baseline Year	Baseline Value	Target Year	Target Value
	2016	0	2017	4

Strategy 1-2.1 Align with transportation task force to develop outreach messages to increase awareness of available transportation systems in county.	<u>Strategy Type</u> Counseling & Education
<u>Who's Responsible</u> Communication/Education Taskforce- other CHNA task force groups	<u>Target Date</u> By 2017

<p>Strategy 1-2.2</p>	<p>Align with Mental Health/Behavioral Health Task force to develop outreach messages to increase awareness of available resources and systems in place in county; develop health messages based on needs identified in group.</p> <p><u>Who's Responsible</u> Communication/Education Taskforce- other CHNA task force groups</p>	<p><u>Strategy Type</u> Counseling & Education</p> <p><u>Target Date</u> By 2017</p>
<p>Strategy 1-2.3</p>	<p>Align with task force groups and other service organizations who are addressing behavioral health issues and develop outreach messages to increase awareness of available resources and systems in place in county; develop health messages based on needs identified in group.</p> <p><u>Who's Responsible</u> Communication/Education Taskforce- other CHNA task force groups; other</p>	<p><u>Strategy Type</u> Counseling & Education</p> <p><u>Target Date</u> By 2017</p>
<p>Strategy 1-2.4</p>	<p>Align with Live Healthy Lee County coalition to develop outreach messages such as promoting trail use, farmers markets, healthy eating, promoting physical activity, accessing health and dental care, etc. based on needs identified in group.</p> <p><u>Who's Responsible</u> Communication/Education Taskforce- other CHNA task force groups</p>	<p><u>Strategy Type</u> Counseling & Education</p> <p><u>Target Date</u> By 2017</p>
<p>Strategy 1-2.5</p>	<p>Evaluate progress on Communication/Education Goal and Objectives annually and revise/update as needed.</p> <p><u>Who's Responsible</u> Communication/Education CHNA Task Force</p>	<p><u>Strategy Type</u> Address Social Determinant / Health Inequity</p> <p><u>Target Date</u> Annually</p>