

CERRO  
GORDO  
COUNTY  
DEPARTMENT  
OF PUBLIC  
HEALTH

## Community Health Assessment



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## Table of Contents

<b>Executive Summary</b> .....	<b>4</b>
<b>Message to the Community</b> .....	<b>5</b>
<b>Teams &amp; Acknowledgements</b> .....	<b>6</b>
<b>Vision &amp; Community Health Defined</b> .....	<b>7</b>
<b>Health Status Assessment</b> .....	<b>9</b>
Demographic Characteristics .....	11
Population.....	11
Race & Ethnicity.....	12
Additional Demographics.....	13
Socioeconomic Characteristics .....	13
Educational Attainment.....	13
Employment.....	13
Income Levels .....	14
Poverty.....	14
Family & Households .....	14
Food .....	15
Transportation .....	15
Health Insurance.....	15
Environment & Housing.....	16
Health Care Access.....	17
Healthy Living.....	19
General Health.....	19
Overweight/Obesity.....	19
Diabetes .....	19
Physical Inactivity.....	20
Drug/Substance Use .....	20
Asthma .....	21
Tobacco Use.....	21
Cancer Screening .....	22
Heart Disease .....	22
Adult Oral Health .....	22
Injuries & Violence .....	23
Child Abuse .....	23
Youth Mental Health.....	24
Bullying.....	24
Suicide.....	24
Domestic Violence .....	24
Pedestrian Safety .....	24
Carbon Monoxide .....	24
Unintentional Injury.....	24
Older Adults' Safety .....	24
Environmental Hazards .....	25
Substandard Housing.....	25
Vector Control.....	25
Radon.....	25
Water Quality.....	25

Air Quality .....	26
Epidemics, Disease & Preparedness .....	26
Child Immunization Coverage .....	26
Adolescent Immunization Coverage .....	26
Older Adult Immunization Coverage .....	26
Adult Sexually Transmitted Disease .....	26
Sexually Active Youth .....	27
Unexpected Events .....	27
Individual Preparedness .....	27
Mortality .....	28
Top Causes of Death .....	28
Infant Mortality .....	28
Premature Death .....	28
<b>Community Themes &amp; Strengths .....</b>	<b>29</b>
<b>Forces of Change .....</b>	<b>37</b>
<b>Local Public Health System Assessment .....</b>	<b>44</b>
<b>Health Issues &amp; Inequity .....</b>	<b>46</b>
Population Review .....	46
Uninsured .....	47
Education & Income .....	47
Food Access & Food Insecurity .....	48
Policy Inaction .....	50
<b>Prioritization .....</b>	<b>51</b>
<b>References .....</b>	<b>54</b>
<b>Appendix A: Work Plan for Refreshing, Monitoring &amp; Analyzing ...Data .....</b>	<b>56</b>



# Executive Summary

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The 2016-2020 Cerro Gordo County Department of Public Health Community Health Assessment (CHA) was conducted to identify primary health issues, current health status and needs, and to provide necessary information to make a positive impact on the health of the community's residents.

Planning for this assessment began in summer 2015, and followed an evidence-based model, Mobilizing for Action through Planning and Partnerships (MAPP). The process was developed to ensure that it met the requirements of the Iowa Department of Public Health Community Health Needs Assessment & Health Improvement Plan and for the requirements of partner agencies (i.e. meeting the latest draft of IRS 990 guidelines). The CHA assessment utilized multiple methods to capture data in collaboration with the community.

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## Message to the Community

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The Cerro Gordo County Department of Public Health in collaboration with its multiple partners is proud to present the 2016-2020 Community Health Assessment Report. This report includes a comprehensive review and analysis of data regarding health issues and needs of individuals residing in Cerro Gordo County, Iowa.

The Health Department championed the MAPP Framework. MAPP is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems (NACCHO 2015).

This CHA report provides useful information to public health officials, health care providers, policy makers, area organizations, community groups and individuals who are interested in improving the health status of the community. These results enable organizations to strategically establish priorities, develop interventions and commit resources.

The Cerro Gordo County Department of Public Health's mission is to optimize the health of all people in Cerro Gordo County. We intend this information to drive collaborative efforts to improve the health status of the community and better reach our mission.



## Teams & Acknowledgements

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There were three teams of individuals/organizations involved in making this assessment a success. The Core Team consisted of:

- Susan Kennedy, Mercy Medical Center North Iowa
- Debbie Abben, Mercy Medical Center North Iowa
- Barb Kellogg, North Iowa Community Action Organization
- Jenna Willems, Cerro Gordo County Department of Public Health
- Kara Vogelson, Cerro Gordo County Department of Public Health

The Core Team led and supported the MAPP process. These individuals ensured forward progress and were responsible for the majority of the planning and background work. The Steering Team served a similar function as a board of directors and represented the entire local public health system. They provided guidance throughout the entire process. The Steering Team consisted of:

- Andrew Eastwood, Wellsource
- Kelly Grunhovd, Prairie Ridge Integrated Behavioral Health
- Mary Schissel, Mason City Youth Task Force
- Jodee O'Brien, United Way of North Central Iowa
- Ronald Osterholm, Cerro Gordo County Department of Public Health
- Susan Kennedy, Mercy Medical Center North Iowa
- Debbie Abben, Mercy Medical Center North Iowa
- Barb Kellogg, North Iowa Community Action Organization
- Jenna Willems, Cerro Gordo County Department of Public Health
- Kara Vogelson, Cerro Gordo County Department of Public Health

The third team is the community. We had broad community participation which was vital to a successful MAPP process. Their input was a driving factor throughout the process.

Such a rigorous Community Health Assessment would not have been possible without the engagement of the individuals named above. Our deepest gratitude is given.



## Vision & Community Health Defined —

In November, the Steering Team met to go through a visioning process. Area organizations' vision statements were reviewed and discussed. Then a couple of exercises were used to brainstorm ideas and create a draft vision statement. The draft statement was emailed back out to Steering Team members and at the next meeting it was discussed and finalized for community input. At the December 15, 2015 Community Meeting, the draft vision statement was read aloud and placed on a poster to encourage input. Participant feedback and the work of the Steering Team culminated this vision:

*We are a community collaboratively building a healthy, safe, and accepting environment.*

Other important items were reflected in the value statements:

- › A community that recognizes the connection between body, mind, & spiritual health and provides opportunity for healthy choices and behaviors.
- › A community where people have access to affordable resources, services, and health care to meet basic needs and attain lifelong wellness.
- › A community that provides the foundation for people to be self-sufficient, and resourceful to minimize disease and substance abuse while increasing emotional health.
- › A community that embraces best practices, creativity, lifelong learning, advocacy and peer support that is inclusive and accepting.
- › A community with a commitment for clean, safe, healthy environments including homes and neighborhoods.
- › A community where working together is embraced to build engagement, inclusivity, resiliency, and community-wide engagement and pride.
- › A community that recognizes early childhood as the foundation for lifelong health.

During the first Community Meeting, held December 15, 2015, participants defined a healthy community in a large group discussion by the following terms:

- Safety
- Knowledge of resources

- Access to care
- Community movement towards health and wellness
- Diversity in community
- No bed bugs, safe housing & housing policy

At that meeting, participants were encouraged to add thoughts on a poster; collected comments included:

- Strong inter-related, respecting all
- Safe
- Accessibility to services
- Prepared for natural & man-made disasters
- Opportunities for growth - body/mind/spirit
- Integrity in business practices - small business & large business
- Strong desire for a culture of health
- Safe in my home, on my street, in my school, etc.
- Positive connections matter

From that input, the following definition of community health is defined as:

A safe, diverse community where there is knowledge of resources and accessibility to services and care; where there is community movement towards and a strong desire for a culture of health and wellness; where people are prepared for disaster, employ integrity in business practice and take opportunities for growth in body, mind and spirit, and; where there is safe housing and recognition that positive connections matter.





# Health Status Assessment

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The Community Health Status Assessment (CHSA) is one of four assessments used for the Cerro Gordo County's Community Health Assessments. The CHSA is a quantitative analysis of how healthy Cerro Gordo County is and identifies potential areas of concern. This assessment asked:

1. How healthy is the community?
2. What does the health status of the community look like?

## **Method**

The Core Team met October 28<sup>th</sup>, 2015 to begin determining appropriate health indicators and data sources. These indicators were cross referenced with the CHSA Core Indicator List and the Extended Indicator list on the NACCHO website. Additionally the indicators were compared to those in Healthy People 2020. In November, 2015, the Steering Team oversaw the procedure for data collection. An informal sub-committee of public health employees collected, organized and reported out selected indicators. On December 10<sup>th</sup>, 2015, the Steering Team met and reviewed three presentations/reports. The presentations were split into Cerro Gordo County Youth, Cerro Gordo County Older Adults and Cerro Gordo County Overall.

Feedback from the Steering Team was used to revise the reports to ensure the data was clear, comprehensive and understandable. These three reports were disseminated at the first Community Meeting held December 15, 2015 at Music Man Square. Community members were encouraged to review the reports and provide feedback. The reports were posted on the Cerro Gordo County Department of Public Health website with a feedback form and Facebook and Twitter were used to garner input. The CHSA was guided by several indicator categories with multiple data points for each.

- Demographics
- Socioeconomic Characteristics
- Health Resource Availability
- Healthy Living
- Injuries & Violence
- Environmental Hazards
- Epidemics & Disease
- Public Health Emergencies

Multiple data sources were used including: Cerro Gordo County Department of Public Health program data, Mercy Medical Center North Iowa hospital, Iowa Department of Public Health, Iowa Department

of Education, Community Commons, U.S. Census Bureau, the Behavioral Risk Factor Surveillance System, Iowa Youth Survey, Iowa Behavioral Youth Survey, County Health Rankings, Iowa Public Health Tracking Portal, Uniform Crime Report, Iowa Department of Human Services, Centers for Disease Control and Prevention, Childcare Resource and Referral, North Iowa Community Action Organization, Hawkeye Harvest, Iowa State University Extension, Environmental Protection Agency and others.

## Demographic Characteristics

*Population: Cerro Gordo County has experienced a fairly stable population over the past 70 years.*

According to the U.S. Census Bureau (2015), there were approximately 44,151 people living in Cerro Gordo County in 2014. This reflects a 4.94% decrease in total population from 2000. Two factors contribute to population change, natural change in births and deaths and migration. According to the Iowa Department of Public Health 2013 Vital Statistics of Iowa Report (2014), Cerro Gordo County's birth and death rates are equal (Table 1), but an estimated 5.14% people relocated to the County.

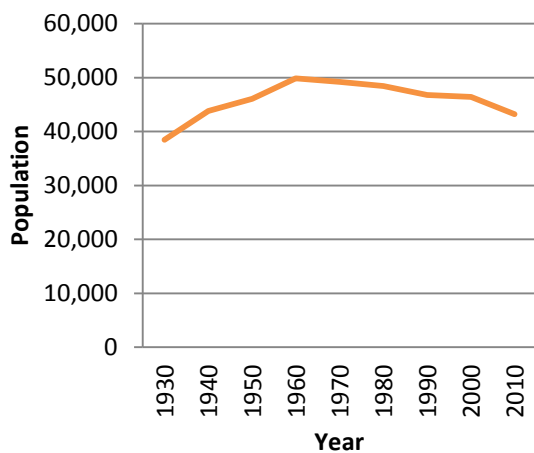
**Table 1 Birth & Death Rates, Cerro Gordo & Iowa, 2012**

Area	Birth Rate	Death Rate
<b>Cerro Gordo</b>	11.0	11.0
<b>Iowa</b>	12.6	9.3

*Rates are per 1,000*

Currently, Cerro Gordo County accounts for about 1.4% of Iowa's population and is the 13<sup>th</sup> most populous county in Iowa. Figure 1 displays the population trend for most of the 20<sup>th</sup> Century. In 2010, the population was approximately equal to that in 1940.

**Figure 1 Population Trend, Cerro Gordo County 1930-2010**



*(U.S. Census Bureau, 2015)*

According to the U.S. Census Bureau (2015), Cerro Gordo County's population density is higher than Iowa's, but lower than the national rate; the County is part of a micropolitan statistical area. About 79% of the County's population is considered urban and 21% is rural. The American Community Survey (2015) shows distribution of sex as 51.3% female and 48.7% male. When compared to Iowa and national rates, Cerro Gordo has a higher proportion of older populations; especially in those aged 65 and older (Table 2). The County's median age of 43.9 is higher than Iowa's at 38.1 and the U.S.'s at 37.3.

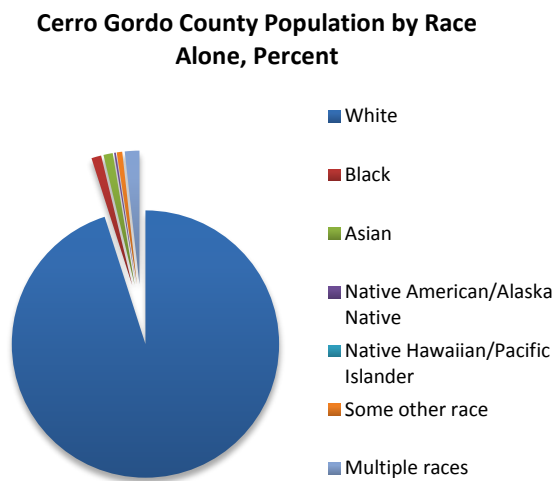
**Table 2 Age Categories, Cerro Gordo, Iowa & U.S.**

Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65
<b>Cerro Gordo County</b>	5.59%	15.66%	7.93%	11.24%	11.09%	15.3%	14.66%	18.53%
<b>Iowa</b>	6.45%	17.22%	10.15%	12.62%	11.86%	14.04%	12.58%	15.08%
<b>United States</b>	6.44%	17.28%	9.97%	13.39%	13.12%	14.29%	12.08%	13.43%

*(U.S. Census Bureau, 2015)*

Race & Ethnicity

Figure 2 Race, Cerro Gordo County



(U.S. Census Bureau, 2015)

Cerro Gordo County is primarily White, with representation in Black, Asian, Native American/Alaska Native, some other race and multiple races (Figure 2). The White population accounts for 95.05% of the population, multiple races 1.76%, Black, 1.19%, Asian 1.12%, some other race .66% and Native American/Alaska Native .21%.

Between 2000 and 2010, minority populations in Cerro Gordo County grew at a faster rate than the white race (Table 3). The numbers of several minority populations are small, so a small change in number has a large impact on percent.

Table 3 Percent Population Change (2000-2010) by Race, Cerro Gordo, Iowa & U.S.

Area	White	Black	Native American/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Other Race	Multiple Races
<b>Cerro Gordo County</b>	-6.14%	54.96%	15.19%	16.36%	0%	1.46%	32.35%
<b>Iowa</b>	1.2%	44.13%	23.31%	44.93%	98.51%	50.01%	67.83%
<b>United States</b>	4.89%	15.27%	21.65%	43.27%	47.12%	24.03%	32.16%

The Hispanic or Latino population in Cerro Gordo County is currently at about 4%; this is a 31.22% increase from 2000 to 2010 (U.S. Census Bureau 2015). The foreign-born population includes anyone who was not a U.S. citizen or national at birth. In Cerro Gordo County, 2.09% of the population is foreign-born which is less than the state rate (4.48%) and national rate of nearly 13% (American Community Survey 2015). Cerro Gordo County has a small linguistically isolated population landing at less than 1%. Linguistically isolated is the percentage of the population ages 5 and older who live in a home in which no person 14 years old and over speaks only English. The limited English proficiency percentage is low at 1.16% when compared to the state rate of 3% and the U.S. rate of 8.63%. Following English, Spanish is the language spoken most often at home in the County. Other languages spoken include Greek, French, Armenian, Vietnamese, Tagalog, Laotian and Arabic.

### Additional Demographics

According to the American Community Survey, Cerro Gordo County has a higher rate of disability (12.35%) of the total population for whom disability status is determined, than Iowa (11.38%) and the U.S. (12.13%) (2015). A disability indicator is relevant as disabled individuals comprise a vulnerable population that may require targeted services and outreach. Nearly, 11.6% of the population ages 18 and older have served in the military; Iowa's average is 9.68% while the U.S.'s rate is 8.99%. Veterans are predominantly male, and spread among multiple age groups.

According to Gates and Newport (2013), the Iowa estimated adult lesbian, gay, bisexual, transgender population is approximately 2.8%; this would equal approximately 1,230 people in Cerro Gordo County. In Iowa, there is an increase of 10.7% between 2000 and 2010 in the number of same sex households. Social inequality is often associated with poorer health status, and sexual orientation has been associated with multiple health threats. Members of the LGBT community are at increased risk for a number of health threats when compared to their heterosexual peers (CDC 2014).

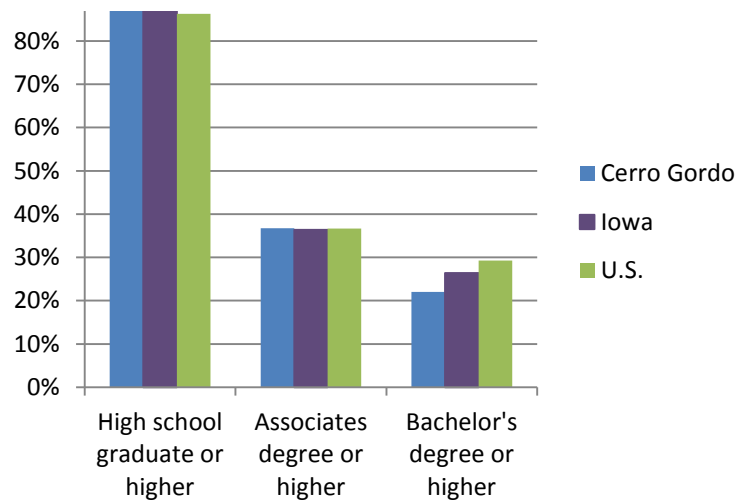
### Socioeconomic Characteristics

Often categorized as measures of education, income and employment, socioeconomic characteristics can have a large impact on health; generally, those of greater privilege have better health. Conversely, individuals who live in low socioeconomic conditions experience greater risk with health behaviors and outcomes.

#### Educational Attainment

Research suggests education is one of the strongest predictors of health. Ninety-three percent of Cerro Gordo County residents aged 25 and older have attained at least a high school diploma which is higher than the state and national averages. All three geographies are approximately equal in attainment of associate's degree or higher. Cerro Gordo County is slightly lower than the state for bachelor's degree attainment (22%) than Iowa at 26.4% and the nation at 29.3%.

Figure 3 Educational Attainment of Cerro Gordo County residents compared to Iowa and the nation



#### Employment

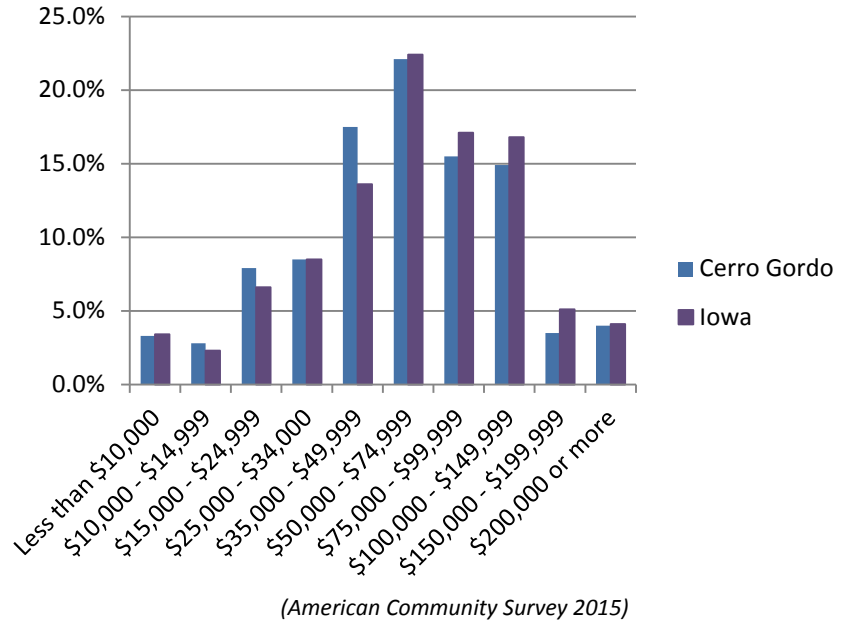
Cerro Gordo County's unemployment rate is 4.7% which is higher than Iowa's rate of 4.3%, but is lower than the U.S. rate at 6.3% (U.S. Census Bureau 2015). Measured by those who are aged 16 years and older and are unemployed, the unemployment rate in the United States is closely linked to access to

health insurance and health care. The County's average annual unemployment rate since 2005 has been consistently higher than Iowa's rate.

*Income Levels*

In Cerro Gordo County, the largest percentage of household income is in the \$50,000-\$74,999 range (22.1%) as is Iowa's (22.4%). For Cerro Gordo County, \$35,000 - \$49,999 is the second highest category (17.5%), but Iowa's second largest category in the \$75,000 - \$99,999 designation (17.1%).

**Figure 4 Proportion of Population by level of income in Cerro Gordo County and Iowa**



*Poverty*

**Table 4 Proportion of population in poverty of children and total population for Cerro Gordo County, Iowa and the nation**

Area	Children in Poverty	Overall Poverty
<b>Cerro Gordo County</b>	17.94%	13.16%
<b>Iowa</b>	16.11%	12.4%
<b>U.S.</b>	21.58%	15.37%

Approximately 1,625 children in Cerro Gordo County are living in households with income below the federal poverty level according to the American Community Survey (2015). In Iowa, that average drops to 16.11%. The overall poverty rate of all people in the County is higher than the state at 13.16% which totals about 5,640 individuals. The percentage of Cerro Gordo County households receiving public assistance income (general assistance & temporary assistance to needy families) is low at 1.69%. Iowa's rate is 2.52% and the U.S. rate is 2.82%.

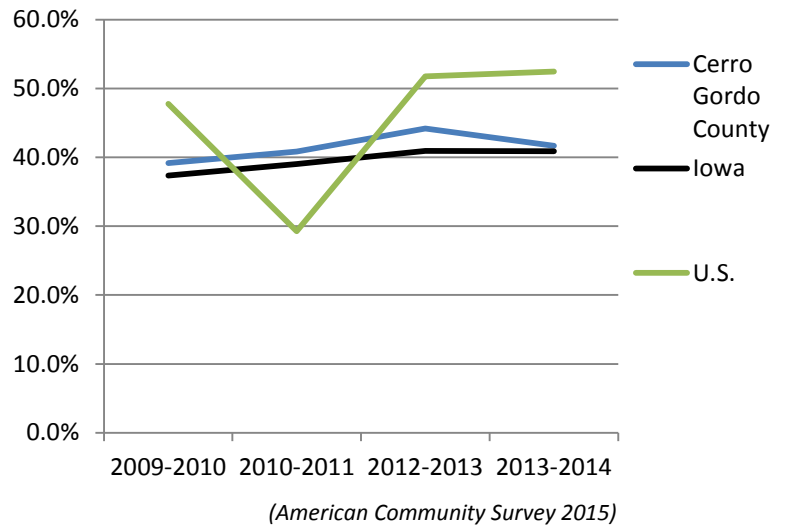
*Family & Households*

The most recent American Community Survey estimates that 24.5% of all occupied households in Cerro Gordo County are family households with one or more child(ren) under the age of 18 (2015). A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Cerro Gordo County has a high proportion of single-parent households at 32% compared to Iowa's rate of 25%.

*Food*

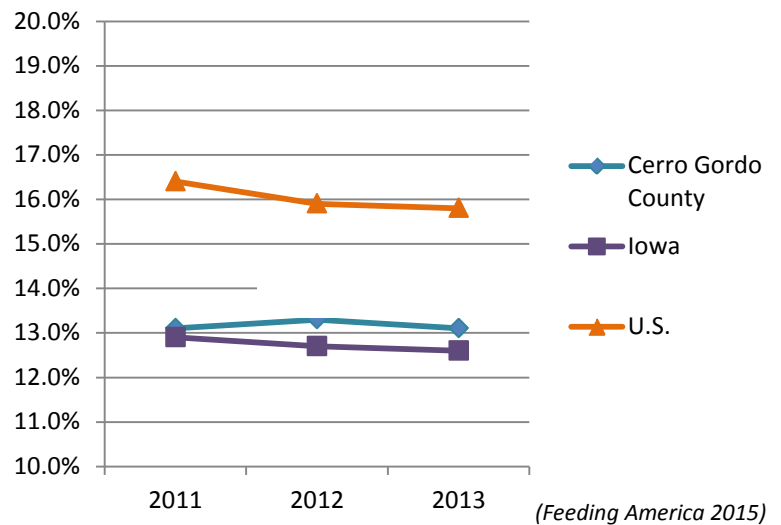
In Cerro Gordo County, 41.68% of public school students are eligible for free/reduced price lunch; that equals 2,456 of the 5,892 total public school students enrolled qualify for this program. Iowa's rate is lower at 40.87%, yet the U.S. rate is 52.35% (National Center for Education Statistics, 2015). Over time, the rate for Cerro Gordo had steadily increased until the last year where it experienced a small decline.

**Figure 5 Percent of children eligible for free/reduced price lunch by Cerro Gordo County, State of Iowa and the nation over time**



Food insecurity, or the condition of limited or uncertain access to adequate food, plagues County residents at a higher level than Iowa. Over 13% of the total population struggled with food security in 2013 which is a higher level than the state as a whole (Feeding America 2015). Over time Cerro Gordo has experienced a steady rate of food insecurity but is currently well below the national rate. For children, food insecurity is an even larger issue on the county level. The County population receiving the Supplemental Nutrition Assistance Program (SNAP) is 12.6%. SNAP provides food-purchasing assistance for low- and no-income people. The County's rate of SNAP participation is higher than Iowa's rate of 11.2% and the U.S. rate of 12.4%.

**Figure 6 Comparison of percent of population who is food insecure by Cerro Gordo County, State of Iowa and the nation over time**



*Transportation*

According to the American Community Survey (2015), 6.75% or 1,347 households have no motor vehicle in Cerro Gordo County. This is higher than Iowa's rate of 5.8%, but lower than the U.S.'s rate at 9.07%. Of Cerro Gordo County renter-occupied households, 7.15% have no motor vehicle.

*Health Insurance*

Between 2008 and 2012, Cerro Gordo County has had a lower uninsured population than the state and national rates.

**Table 5 Uninsured Population Age 18-64 by Year, 2008-2012**

Area	2008	2009	2010	2011	2012
<b>Cerro Gordo County</b>	11.2%	11.8%	12.3%	12.2%	11.6%
<b>Iowa</b>	11.93%	12.15%	13.49%	12.85%	12.25%
<b>U.S.</b>	17.32%	20.66%	21.52%	21.11%	20.76%

(American Community Survey 2015)

Currently, only 3.6% of Cerro Gordo County children do not have health insurance. Iowa’s rate is 4.07% and the U.S. rate is 7.54%.

Almost 19% of Cerro Gordo County’s population with insurance is enrolled in Medicaid whereas approximately 17% of Iowa and 20.21% of the U.S. population does (American Community Survey 2015). The largest proportion of the Medicaid population is those younger than age 18.

*Environment & Housing*

Cerro Gordo County Iowa has a total land area of 568.16 miles with only 77.7 people per square mile according to the U.S. Census (2015). The County hosts nearly 1,400 employer establishments and the mean travel time to work is 15.7 minutes. The rate of fast food restaurant access is 90.6 per 100,000 population, whereas Iowa’s rate is 63.85 per 100,000 population.

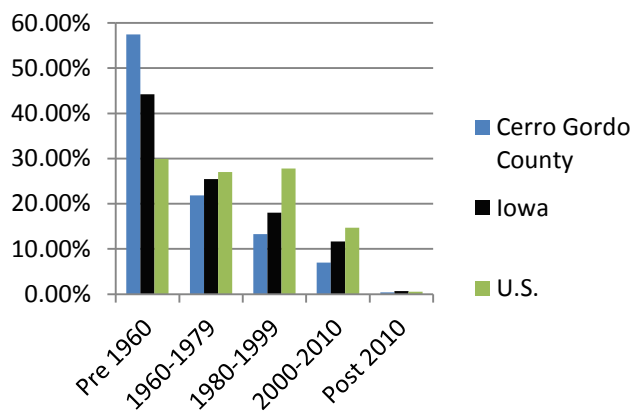
There are 22,238 housing units in Cerro Gordo County according to the U.S. Census with 71.6% owner-occupied (2015). The median home value is \$110,800 and the median rent is \$584. Even with seemingly reasonable home value and rental costs the housing burden is high in Cerro Gordo County. According to the American Community Survey, in Cerro Gordo County, 24.69% of households have housing costs exceeding 30% of total household income. Iowa’s rate is similar whereas the U.S.’s is at 35.47%. These are nearly equally split between owner-occupied and rental households. When housing cost burdens are too high, monthly expenses for owners and renters often are a priority over other healthy behaviors.

In Cerro Gordo County, 9.71% of housing units are vacant. Iowa’s rate is lower at 8.53%, but the U.S. rate is higher at 12.45%. Additionally, Cerro Gordo County does not suffer from overcrowding issues in homes (U.S. Census 2015).

Cerro Gordo County has an older housing stock than Iowa and the U.S. According to the U.S. Census Bureau, Cerro Gordo County has a larger proportion of pre 1960 homes than the state or nation. Older homes can have more maintenance issues than newer homes.

Though Cerro Gordo County does not suffer from a high rate of substandard housing compared to the state or national average, 92 housing units lack complete plumbing facilities, 427 lack complete kitchen facilities and 178 lack telephone

**Figure 7 Comparison of Cerro Gordo County, Iowa and U.S. proportion of housing age in five categories**



(American Community Survey 2015)



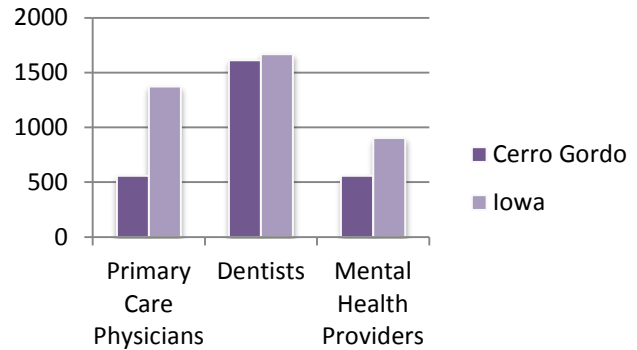
service (American Community Survey 2015).

### Health Care Access

According to the U.S. Department of Health & Human Services, Health Resources & Services Administration (2015) Cerro Gordo County is a designated shortage area in one of three categories. The Cerro Gordo County Catchment Area-02 is a designated shortage site for mental health; however, is not considered a shortage area for primary care or dental health.

Cerro Gordo County has better ratios of provider to individual in all three categories. The ratios are primary care physicians 561:1, dentists 1,614:1 and mental health providers 559:1 (County Health Rankings 2015).

**Figure 8 Ratio of health care providers to individuals comparing Cerro Gordo to Iowa**

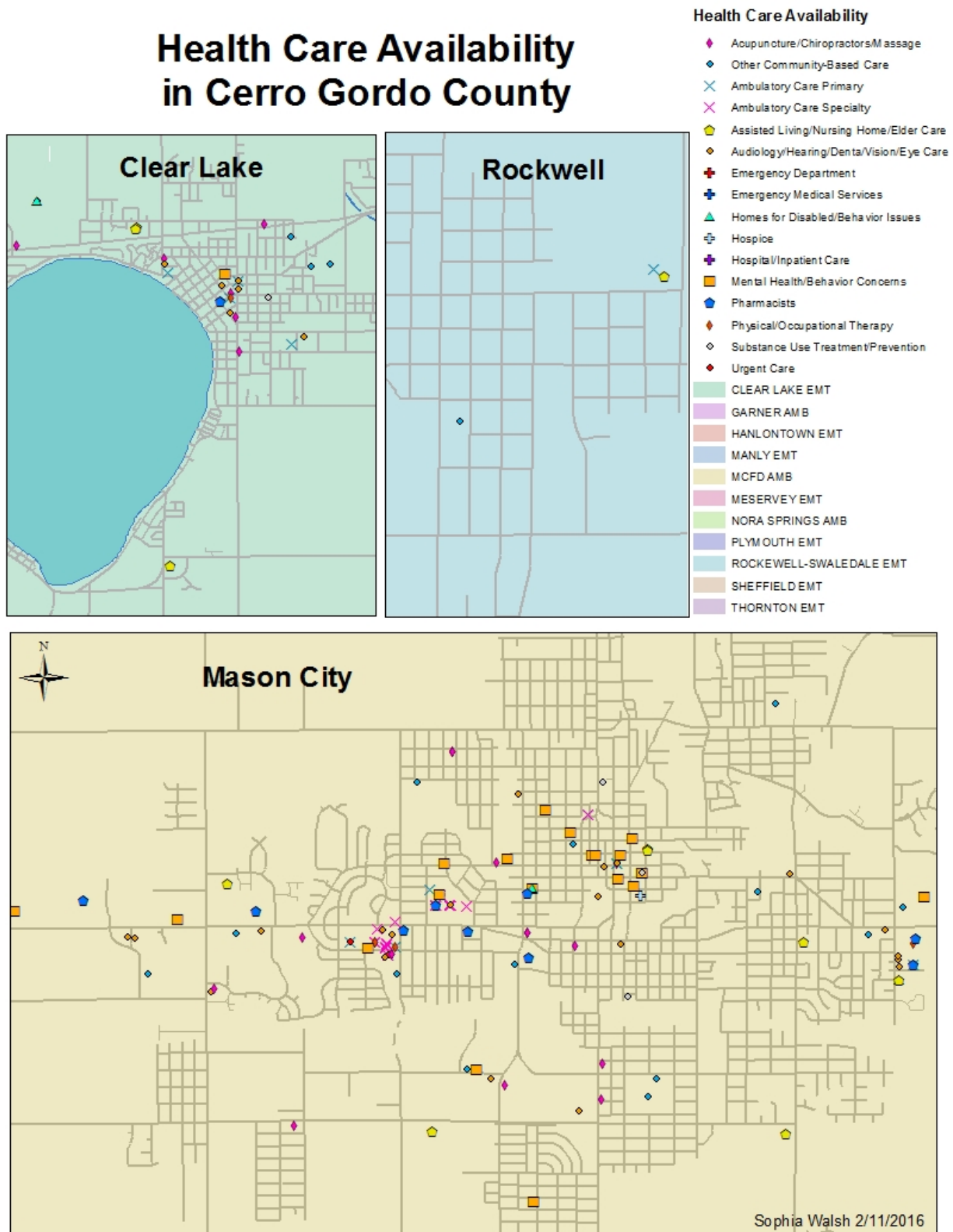


*(County Health Rankings 2015)*

Mercy Medical Center North Iowa clinical data for a six month timeframe in 2015 indicated 37.8% of emergency room usage was for preventive care. Over-use of emergency room can indicate barriers to primary care including access to health providers at a convenient time for the patient. This also may increase wait time for emergent patient care.

The Steering Team conducted a deep dive regarding healthcare availability, brainstormed all available healthcare facilities in the County and found that there are an abundance of traditional and non-traditional healthcare sites. The map on the next page displays the information visually in the three largest Cerro Gordo County cities.

Figure 9 Healthcare availability in Cerro Gordo County, by category



## Healthy Living

### General Health

Equal to the state average, 11% of Cerro Gordo County adults report poor or fair health (BRFSS 2014). A local community survey indicates that 6.1% of respondents would rate their health at unhealthy or very unhealthy (CGCDPH 2015). The largest proportion of respondents ranked their health as healthy or somewhat healthy (83%).

### Overweight/Obesity

Cerro Gordo County has a high percentage of adults self-report being overweight (30.9%) or obese (36.7%). These rates are higher than the state of Iowa and U.S. average.

In Iowa, the highest proportion of overweight adults is Non-Hispanic Whites, followed closely by Non-Hispanic Blacks, Hispanics and then Non-Hispanic Other race. Data is not available at the county level for this indicator due to county demographics.

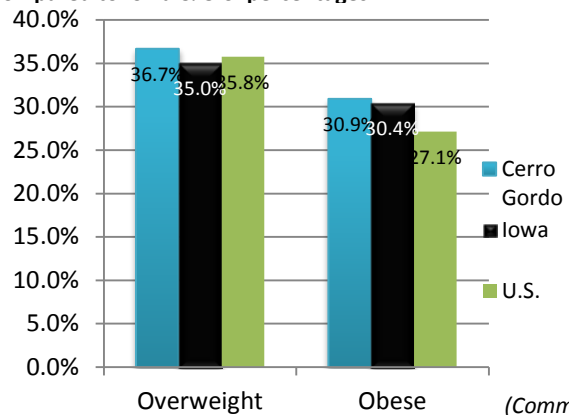
Between 2006 and 2012, obesity increased by 3.3% in Cerro Gordo County reaching 10,475 adults who are obese. In 2012, Cerro Gordo County surpassed the state rate. In 2012, 29.7% of females were obese whereas males were slightly higher at 32.1% obese.

Thirteen point six percent of Cerro Gordo County's Women, Infant & Children program kids aged 2-5 are overweight and 11.7% are obese. Although Iowa's rates are higher, 17.2% and 14.5% respectively, Cerro Gordo County's rates are of concern (PedNSS 2011).

### Diabetes

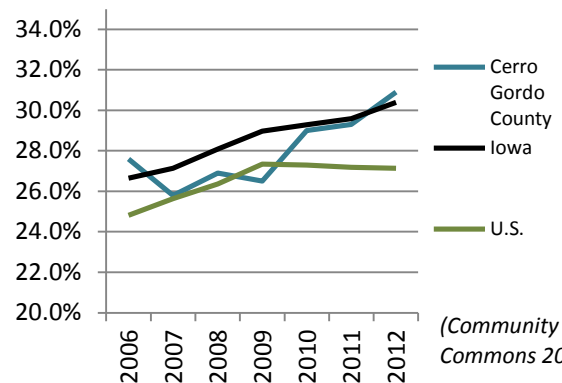
The rate of adults with diagnosed diabetes has been increasing steadily since 2004. In 2011, Cerro Gordo County surpassed both the U.S. and state rates. Nearly 9% of males are diagnosed with diabetes whereas about 8% of females are (Community Commons 2015). In the Medicare population, data indicates that 24.52% of Cerro

**Figure 10 Cerro Gordo County percent of overweight and obese compared to Iowa & U.S. percentages**



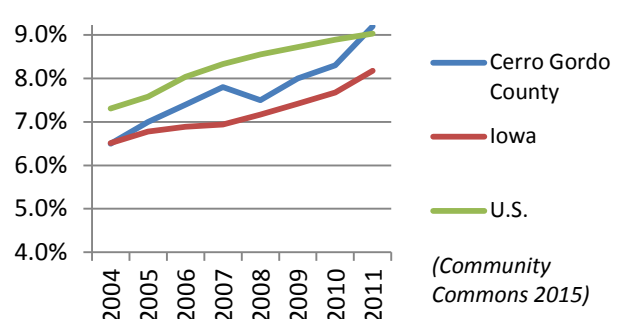
(Community Commons 2015)

**Figure 11 Cerro Gordo County percentage of obese compared to Iowa & U.S. percentages, 2006-2012**



(Community Commons 2015)

**Figure 12 Comparison of 3 locations of self-reported diagnosed diabetes**



(Community Commons 2015)

Cerro Gordo County beneficiaries have diabetes. This is higher than Iowa's average.

Data shows that the Cerro Gordo diabetes hospitalization (2010-2014) rate is higher than the state average for the same period of time at 184.65 per 100,000 population vs 112.32 per 100,000 population (Iowa Department of Public Health 2015). This can indicate diabetes that is not well controlled.

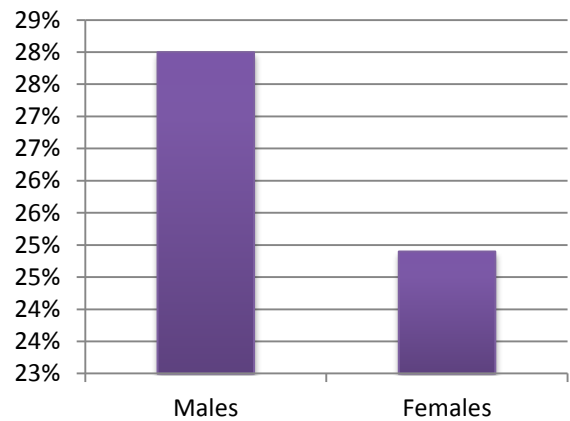
Diabetes mortality for Cerro Gordo County residents is significantly higher than the state rate 50.9 per 100,000 population compared to Iowa's occurrence mortality of 33 per 100,000 population (IDPH 2015).

*Physical Inactivity*

According to data collected by Community Commons from the CDC, approximately 26.5% of Cerro Gordo County adults self-report no leisure time to participate in physical activity. The gender breakdown is unequal. Males responded at 28% and females at 24.9% (2015). Of 375 respondents for a Cerro Gordo County Wellness Survey, only 10.4% engaged in 30 minutes of physical activity every day (Cerro Gordo County 2013).

According to the Iowa Youth Risk Behavior Factor Survey, 48.5% of children were not physically active at least 60 minutes per day on 5 or more days. Conversely, 23.5% of these students watched television for 3 or more hours per day on an average school day (2012).

**Figure 13 Cerro Gordo County gender differences in no leisure time**



(Community Commons 2015)

*Drug/Substance Use*

Adult heavy alcohol consumption is a concern in Cerro Gordo County. An estimated 21.5% of adults drink excessively (defined as more than 2 drinks per day on average for men and 1 per day for women). Cerro Gordo County nudges out Iowa by one tenth of a percent, but is over 3% higher than the national average. Cerro Gordo County is the second highest county of the 99 Iowa Counties for per adult liquor consumption. Nearly 3.31 gallons per adult were calculated for 2013; this is a 5.74% increase from the previous year (Iowa Alcoholic Beverages Division 2015).

Iowa Youth Survey (IYS) data indicates that 37.1% of 6<sup>th</sup>, 8<sup>th</sup> & 11<sup>th</sup> grade respondents currently drink alcohol and 23.8% rode with a driver who had been drinking alcohol (2012).

The percentage of people who use illicit drugs in

**Figure 14 Illicit drug use in the past month of those aged 12 or older by region**



(SAMHSA 2010, 2011, 2012)

Iowa is split into six regions. The North Central region, where Cerro Gordo County is, lands in the 7.47-9.56% of persons aged 12 or older who have used illicit drugs in the past month. The North Central and Southeast regions are the highest in the state. IYS data shows that 14.6% of respondents currently use marijuana and 17.4% have taken a prescription drug without a script.

*Asthma*

The Cerro Gordo County adult asthma prevalence is higher than Iowa's and the nation's prevalence (11.9 and 13.7, respectively). This indicates the percentage of adults aged 18 and older who self-report they have ever been told by a health professional that they had asthma.

The asthma hospitalization rate for all age ranges is higher than the state average by nearly double for all. The emergency department asthma visit rate by age range is also higher than the state in all ranges, but particularly the 15-34 age group. These rates could indicate asthma that isn't controlled.

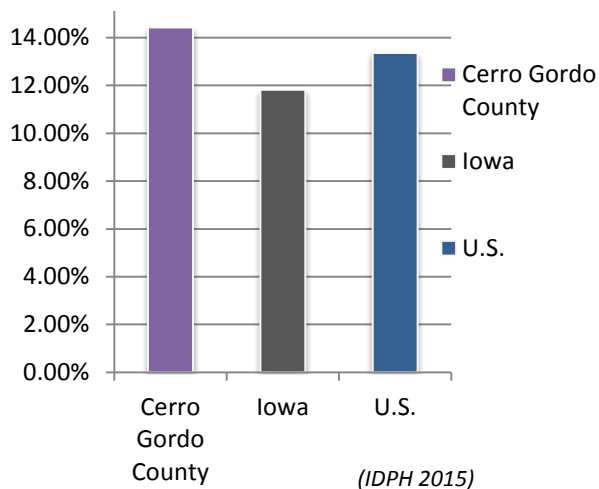
Race/ethnicity is not available at the county level for Cerro Gordo; however Iowa data indicates that Non-Hispanic Blacks suffer at a higher rate than other races or ethnicities.

*Tobacco Use*

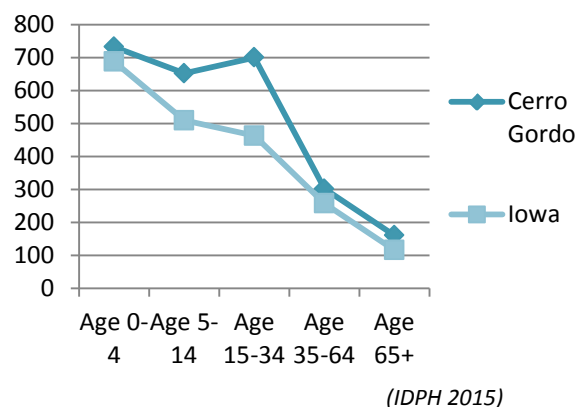
County Health Rankings (2015) report that in Cerro Gordo County 18% of adults currently smoke cigarettes, but BRFSS data shows that 19.6% report regularly smoking cigarettes. This is higher than Iowa and the national percentage, both of which are about 18.1%. The percent of adult smokers who attempted to quit smoking for at least one day in the last year is 47.1% in Cerro Gordo County. This is much lower than the 56.12% for Iowa and the 60.02% for the U.S. (BRFSS 2014).

According to the Iowa Youth Risk Behavioral Survey, 25.3% of 6<sup>th</sup>, 8<sup>th</sup> & 11<sup>th</sup> graders report they use tobacco.

**Figure 15 Asthma prevalence by 3 geographic locations**



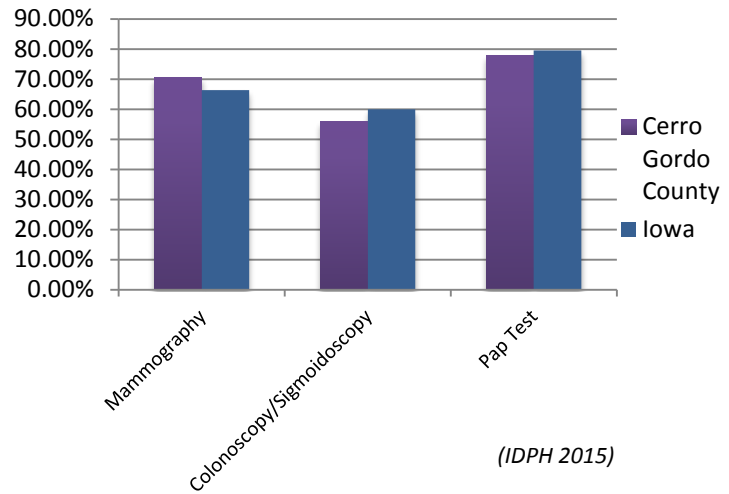
**Figure 16 Cerro Gordo County asthma emergency department visit rate by age range per 100,000**



### Cancer Screening

Cerro Gordo County screens at a higher percentage than Iowa for mammography, but at a lower rate for colonoscopy/sigmoidoscopy and Pap tests. Cerro Gordo County's colon & rectum cancer incidence rate (cases per 100,000 population per year) is higher at 57.1 per 100,000 population vs Iowa's rate of 48.4 and the national rate of 43.3.

Figure 17 Rate of cancer screening for Cerro Gordo County and Iowa



### Heart Disease

BRFSS data shows that 6.19% or over 1,800 adults in Cerro Gordo County have ever been told by a health professional that they have heart disease. Centers for Medicare and Medicaid Services (2012) data shows that 26.81% of Cerro Gordo Medicare beneficiaries have heart disease. Iowa's rate is lower at 25.25%.

### Adult Oral Health

Although Cerro Gordo County adults are reporting they are visiting a dental clinic annually at a higher rate than the state or nation, Cerro Gordo County adults suffer poor dental health at a higher rate than does Iowa. Poor dental health is defined as six or more permanent teeth removed due to tooth decay, gum disease or infection (BRFSS 2014).

## Injuries & Violence

### Child Abuse

The rate of child abuse and neglect in Cerro Gordo County declined from 2009-2013 to 24.1 cases per 1,000 population; however, the County rate is significantly higher than the state rate, 17 per 1,000 population.

### Youth Mental Health

IYS (2012) data indicates that 9% of North Iowa 11<sup>th</sup> graders were prescribed drugs because they felt worthless, nervous or sad. The data also shows that nearly 25% of students felt sad or hopeless, 15% seriously considered attempting suicide and almost 2% tried to commit suicide. Due to the low number of successful teen suicides, data is suppressed in Cerro Gordo County.

### Bullying

Nearly 23% of respondents were bullied on school property and 24.5% were in a physical fight in the last year (IYS 2012).

### Suicide

Cerro Gordo County's rate of death due to intentional self-harm is 15.95 per 100,000 population. This is higher than Iowa's rate of 12.24 and the U.S. rate of 11.82 per 100,000 (CDC 2014). Males have a much higher rate than females at 21.35 per 100,000 vs 12.24 per 100,000 population.

Figure 18 Child abuse rate in Cerro Gordo County and Iowa per 1,000 2009-2013

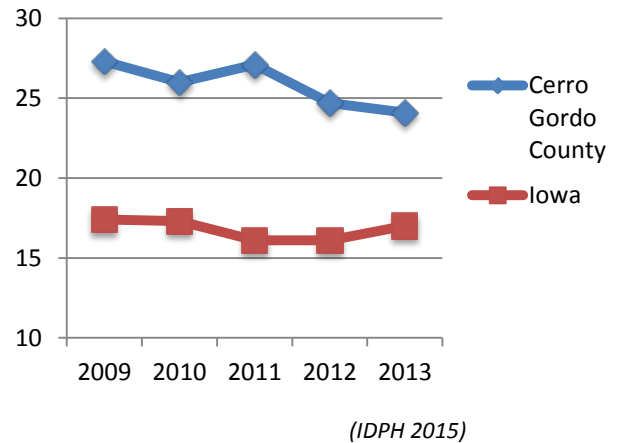
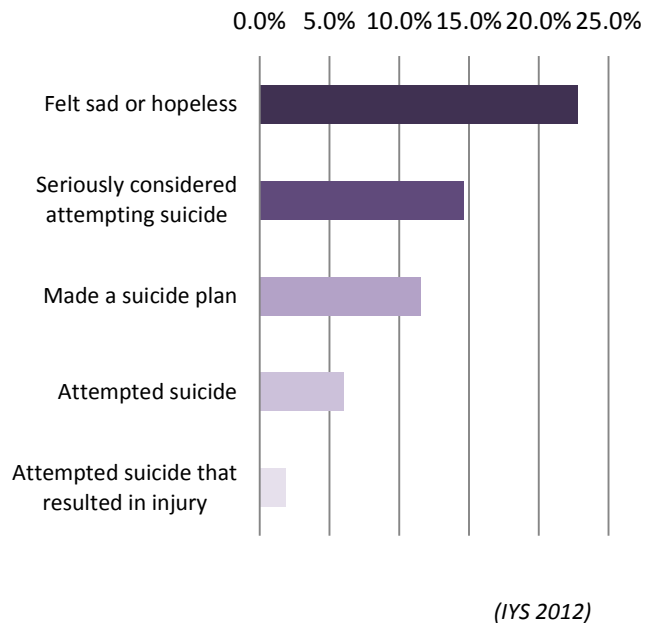


Figure 19 Self-reported data on youth mental health 6<sup>th</sup>, 8<sup>th</sup> & 11<sup>th</sup> grades, Cerro Gordo County



### Domestic Violence

In 2009, there were 103 victims of domestic abuse in Cerro Gordo County; the majority of offenders were male and the majority of victims were female. Thirty-six percent of the victims were a spouse and 63% were a co-habitant.

Ninety-four percent were White while 6% were Black/African American.

### Pedestrian Safety

The pedestrian accident mortality is 2.26 per 100,000 population in Cerro Gordo County. Iowa's rate is lower at 0.74%. Drug/alcohol impairment crashes were 13 in 2010 and 14 in 2011.

### Carbon Monoxide

Cerro Gordo County has an emergency department visit rate for carbon monoxide at over double the state average.

### Unintentional Injury

Non-transport accidents, a sub-category of unintentional injury, are the fourth leading cause of death in Cerro Gordo County. While older adults and children are most vulnerable to sustaining an injury that requires medical attention, all ages are at risk. Resting at approximately 41 per 100,000 population Cerro Gordo's unintentional injury

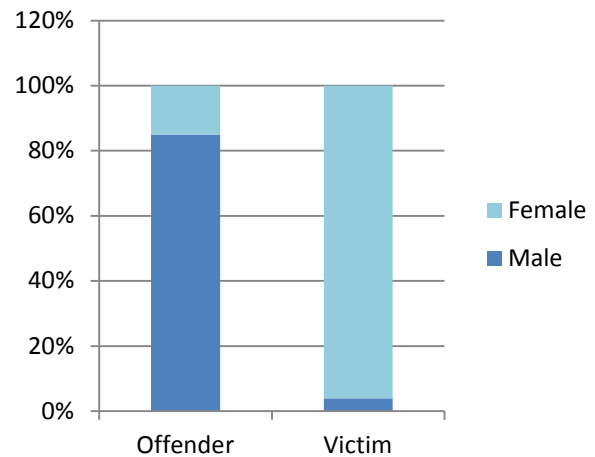
mortality rate is higher than the state (37.83 per 100,000 population, respectively).

The unintentional injury and falls emergency department visit rates for Cerro Gordo County are significantly higher than the state average.

### Older Adults' Safety

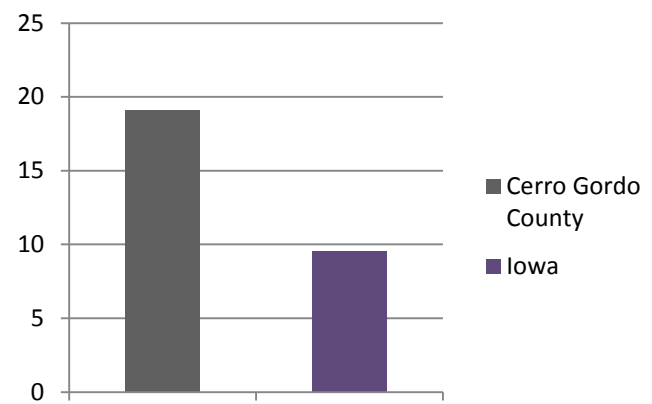
According to a local survey of older adults who don't feel safe in their home, the most prevalent

**Figure 20 Comparison of Cerro Gordo County domestic abuse victims and offenders by gender, 2009**



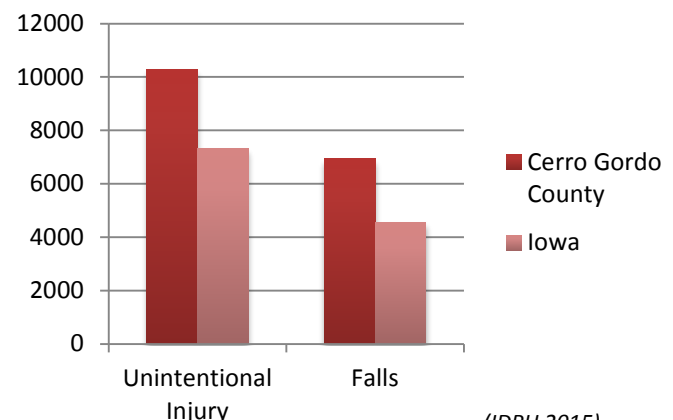
(Iowa Uniform Crime Report 2010)

**Figure 21 Cerro Gordo County and Iowa's emergency department visit rate for carbon monoxide, all ages**



(IDPH 2015)

**Figure 22 Cerro Gordo County and Iowa's emergency department visit rate for unintentional injury and falls, all ages**



(IDPH 2015)



reasons are inability to maintain home, fear of falling and fear of moving around the home safely.

## Environmental Hazards

### *Substandard Housing*

Approximately 24.5% of occupied housing in Cerro Gordo County is considered substandard due to one or more of the following:

- Lacking complete plumbing,
- Lacking complete kitchen
- Having 1.01 or more occupants/room and /or monthly owner or renter costs at greater than 30% of household income

### *Vector Control*

Bed bugs are becoming a large problem nationally and throughout Iowa. Local data is unavailable as to the numbers of sites infested; however, local communication information indicates a growing concern for and inquiry into bed bugs.

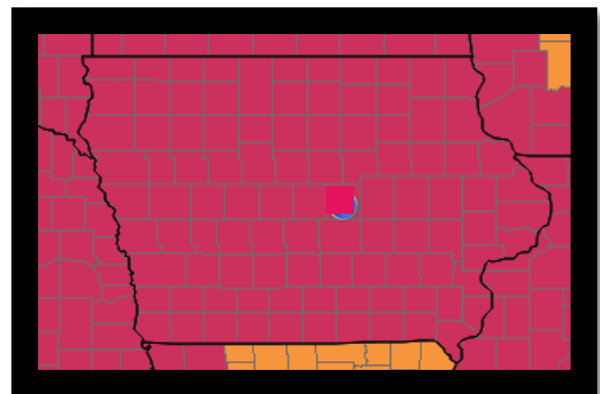
### *Radon*

The entire state of Iowa is in zone 1, the highest zone that indicates predicted average indoor radon screening levels greater than the action level of 4 picocuries per liter. Health Department Program data indicates that 61% of radon tests in Cerro Gordo County homes were elevated.

### *Water Quality*

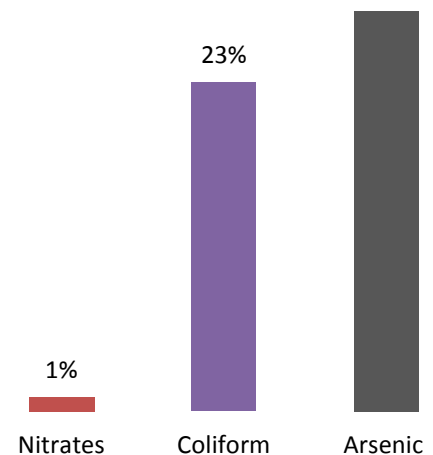
Approximately 15% or over 6,500 citizens use private wells in Cerro Gordo County. According to health department and State Hygienic data, less than 1% of private wells (9) exceeded the maximum contaminant level (MCL) for nitrates. The state average is 29%. In Cerro Gordo County, 23% tested positive for coliform bacteria; the state average is 29%. Approximately 28% of private wells tested for arsenic in Cerro Gordo County exceeded the arsenic maximum contaminant level for public water and there is no state comparative data.

Figure 23 Map of Iowa indicating EPA zones for arsenic, Iowa is zone 1



(EPA 2015)

Figure 24 Cerro Gordo County private well test results with contaminants, 2015



(Cerro Gordo County Program Data 2015)

*Air Quality*

In Cerro Gordo County over the past year, 0 days exceeded standards for ozone. However .27% of days exceeded standards for particulate matter 2.5 levels. Iowa’s rate is 0.9%.

**Epidemics, Disease & Preparedness**

*Child Immunization Coverage*

Cerro Gordo County has increased the proportion of children who have received all recommended vaccines and currently is at a higher coverage percentage than the state (77% vs 69%). For 2 year olds, vaccines include 4 Diphtheria, tetanus and pertussis (Dtap), 3 Polio, 1 Measles, Mumps & Rubella (MMR), 3 Haemphilus influenza type B (Hib), 3 Hepatitis B, 1 Varicella and 4 Pneumococcal immunizations.

*Adolescent Immunization Coverage*

Cerro Gordo County has increased the proportion of adolescents who have received all recommended vaccines. The County (62%) has a higher coverage percentage than the state average (45%). Recommended vaccines include the following for 13-15 year olds, 3 Hepatitis B, 1 Meningitis, 2 MMR, 1Td or Tdap & 2 Varicella.

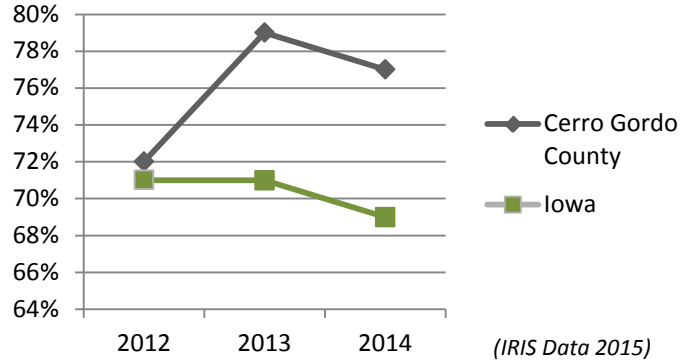
*Older Adult Immunization Coverage*

In Cerro Gordo County, IRIS data indicates that 50% of adults aged 65 and older are properly immunized with pneumococcal vaccine. Only 19% of adults older than 59 are properly immunized zoster (shingles) vaccine.

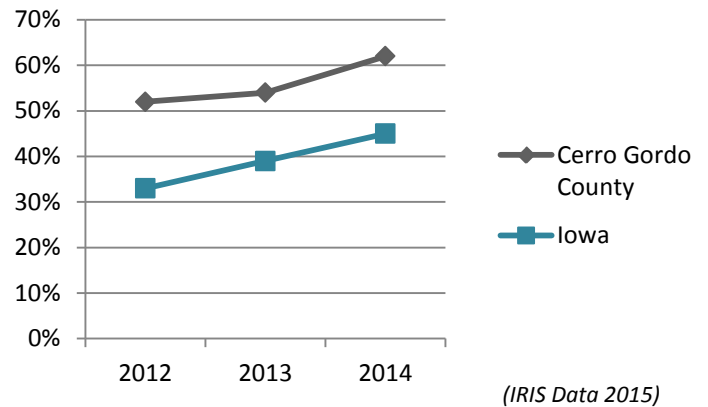
*Adult Sexually Transmitted Disease*

In Cerro Gordo County, Chlamydia rates are lower than the state, but are growing. For

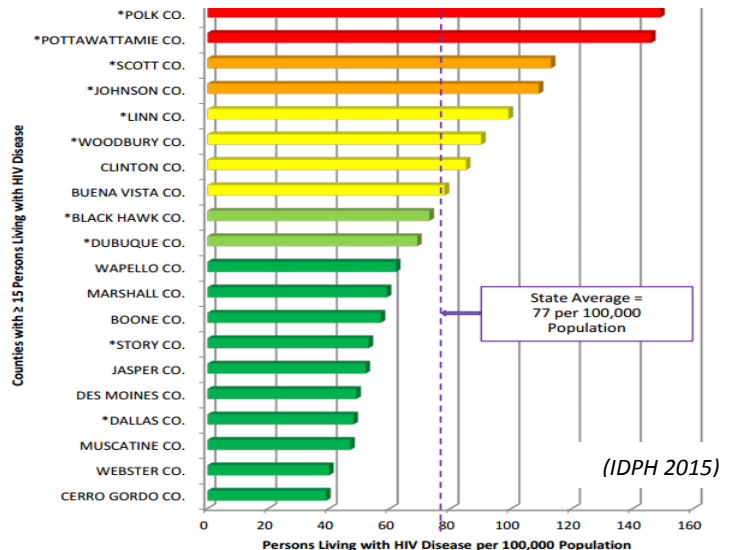
**Figure 25 Proportion of 2 year olds with all recommended vaccines, Cerro Gordo County and Iowa 2012-2014**



**Figure 26 Proportion of 13-15 year olds with all recommended vaccines, Cerro Gordo County and Iowa 2012-2014**



**Figure 27 Prevalence of HIV disease by county of residence per 100,000 population as of December 21, 2014**



2013 & 2014, rates of gonorrhea and syphilis are too low to have data that is able to be shared.

HIV prevalence in Cerro Gordo County is lower than the state average and there are approximately 17 people living with HIV in Cerro Gordo County.

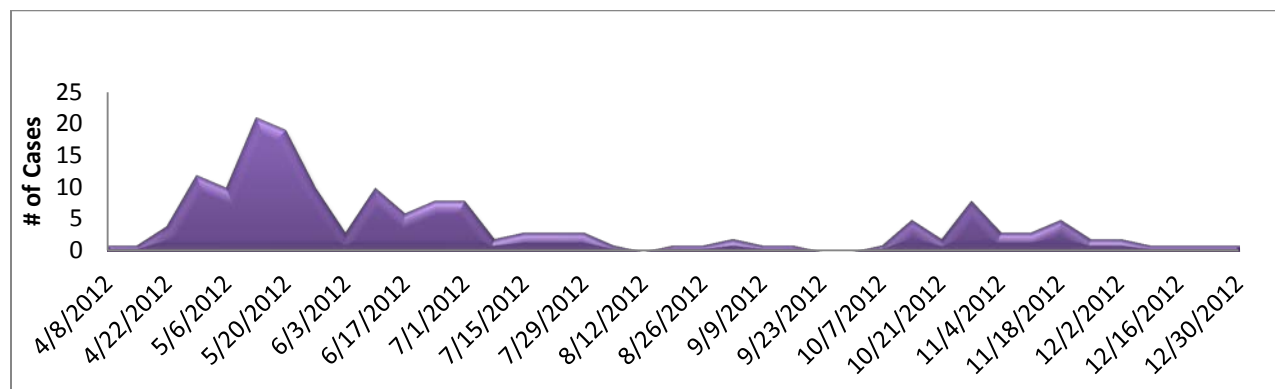
### *Sexually Active Youth*

According to Iowa Youth Behavioral Risk Factor Surveillance System Survey data, 33% of 6<sup>th</sup>, 8<sup>th</sup> & 11<sup>th</sup> graders are sexually active. Iowa Youth Survey indicates 38.6% do not use a condom to protect themselves. Human papillomavirus (HPV) vaccination coverage for Cerro Gordo County females aged 13-15 is at 33%. This is higher than the state level at 27%. Male coverage rates are even lower with Cerro Gordo males at 21% and Iowa males at 15% (IDPH 2015).

### *Unexpected Events*

In 2012, Cerro Gordo County along with the rest of Iowa and parts of the nation experienced a large pertussis outbreak. A total of one probable and 165 confirmed cases were identified total. Pertussis is associated with severe coughing that can make it difficult to breathe.

**Figure 28 Biweekly probable and confirmed pertussis cases in Cerro Gordo County, 2012**



(Cerro Gordo County Program Data 2015)

During the 2012 outbreak, Cerro Gordo County experienced one of the highest per capita rates for pertussis at 360 per 100,000 whereas the state had a rate of 54 per 100,000.

### *Individual Preparedness*

In a survey conducted by the Cerro Gordo County Department of Public Health, 50.4% of respondents felt they were prepared for a natural or man-made disaster.

## Mortality

The top five overall causes of death in Cerro Gordo County are:

1. Diseases of heart
2. Symptoms, signs, abnormal clinical/lab findings
3. All other diseases
4. Non-transport accidents
5. Cerebrovascular diseases

Several causes of death for Cerro Gordo County are higher than the state average including lung disease, stroke, unintentional injury and suicide. Cardiovascular disease, the number one killer in Cerro Gordo County, has had a higher rate than the state for many years.

Adult Cerro Gordo County heart disease mortality is higher than Iowa's average and the national average for 2007-2011 grouped data. Males suffer at a higher rate than females in all 3 geographic locations.

### Infant Mortality

According to the CDC, infant mortality for Cerro Gordo County is 6.3 per 1,000 births which is higher than Iowa's rate, but not the U.S. rate (2014). Twenty-seven percent of mothers in Cerro Gordo County had no prenatal care in the first trimester. Iowa's rate is lower at 15% (IDPH 2015).

### Premature Death

Premature death is the years of potential life lost before age 75; each death occurring before 75 contributes to the total number of years of potential life lost (County Health Rankings 2015). Measuring premature mortality reflects deaths that could have been prevented. Cerro Gordo County's rate is 6,009 per 100,000 whereas Iowa's overall rate is 5,911 (County Health Rankings 2015).

Figure 29 Mortality causes comparing Cerro Gordo County to Iowa 2014

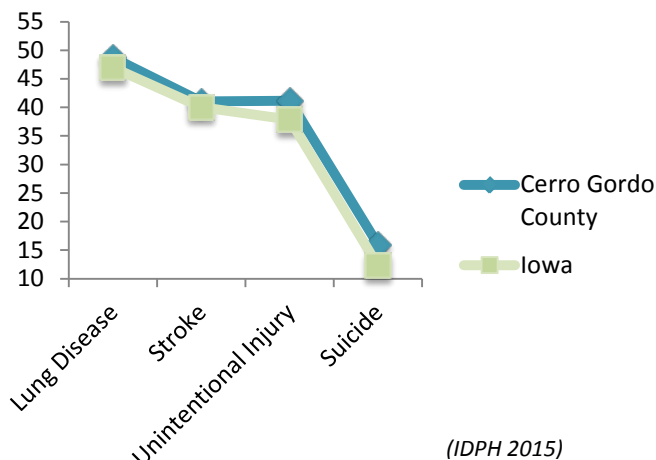


Figure 30 Major cardiovascular disease mortality rates for Cerro Gordo County and Iowa 2010 - 2014

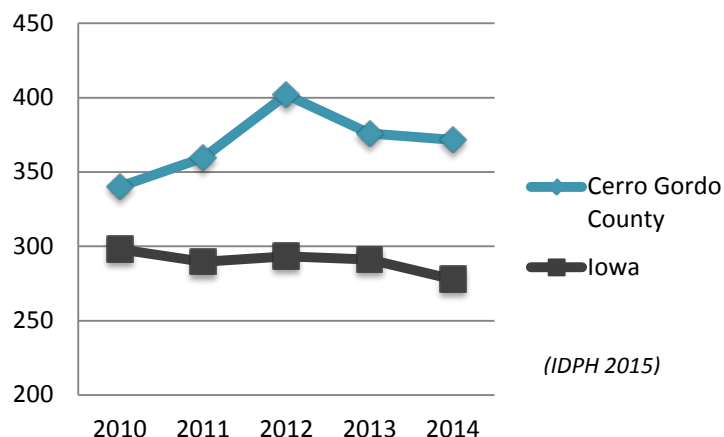
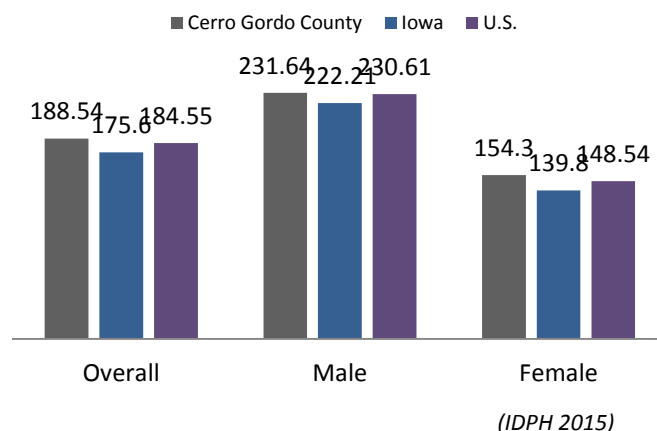


Figure 31 Major cardiovascular disease mortality rates for three geographic regions, by gender





# Community Themes & Strengths

The Community Themes & Strengths Assessment (CTS) is one of four assessments conducted as part of the Mobilizing for Action through Planning and Partnership (MAPP) framework. The CTS Assessment gathers information about what is important to our community, how the quality of life is perceived and what assets we have to improve community health. Several methods were used to conduct the Cerro Gordo County CTS Assessment.

In October of 2015, a community survey was conducted. The survey was created through a local public health partnership of 18 area counties and the Iowa Department of Public Health in an effort to gather and share similar data. The survey consisted of 16 substantive questions, 6 demographic questions, 1 open ended question and 1 survey source question. The survey was transferred to a Survey Monkey web-based format and was available in paper copy in several community locations.

Approximately 420 people responded to the survey, of which 71.3% were female. The age range is outlined in Table 1 below and the race/ethnicity is in Table 2.

**Table 8 Survey Respondent Ages**

Options	Response Percent
<b>0 to 18</b>	22.2%
<b>19 to 29</b>	7.3%
<b>30 to 39</b>	11.6%
<b>40 to 49</b>	15.6%
<b>50 to 59</b>	21.7%
<b>60 to 69</b>	14.1%
<b>70 to 79</b>	5.3%
<b>80 or older</b>	2.3%

**Table 9 Survey Respondent Race/Ethnicity**

Options	Response Percent
<b>American Indian or Alaskan Native</b>	1.3%
<b>Asian / Pacific Islander</b>	0.3%
<b>Black or African American</b>	1.8%
<b>Hispanic American</b>	3.6%
<b>White / Caucasian</b>	88.3%
<b>Multiple ethnicity / Other</b>	4.8%

The Health Department made efforts to include underrepresented populations by having the survey available at the Women, Infants & Child Clinics (WIC), at the Health Department Immunization Clinic, the alternative high school, mainstream high school and at senior centers. The survey was available through the month of October 2015. It was advertised with a local press release, social media, mass email distributions, web links, presentations, community and organizational newsletters, electronic mailing lists and personal invitations. Demographic characteristics indicate that several traditionally

underrepresented groups like minority race and ethnicity and the older population are actually overrepresented.

Several questions were used as follows to gauge what is important to our community and how the quality of life is perceived.

*Survey question #1: How would you rate the overall health of your community?*

**Results** indicated the following percent of respondents in each category:

- Very healthy - 1.7%
- Healthy - 25.2%
- Somewhat healthy - 63.6%
- Unhealthy - 8.3%
- Very unhealthy - 1.2%

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*Survey question # 2: What are the three most important factors for a healthy community (those factors which most improve the quality of life in a community)?*

**Results** indicated the top 5 following responses in descending order:

1. Access to health care
2. Healthy behaviors/lifestyle
3. Good jobs & healthy economy
4. Access to healthy food
5. Clean environment

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*Survey question #4: What do you think are the three most risky behaviors in your community?*

**Results** indicated the top 5 following responses in descending order:

1. Illegal drug use
2. Alcohol abuse
3. Texting or using cell phone when driving
4. Driving while drunk or high
5. Physical inactivity

---

*Survey question #11: How would you rate the social environment (friendly people, willingness to help others) in your community?*

**Results** showed the following percent of respondents in each category

- Excellent - 6%
- Very Good - 33.2%
- Good - 35.8%
- Fair - 20.4%

- Poor - 4.6%

In December 2015 and January 2016, three settings were used for individual discussions. Settings were chosen based on location within the county and access to sub-populations. The same three questions were asked at each setting. The first individual discussion was held December 10<sup>th</sup> from 10:30 to noon at the Mason City Senior Center. This discussion coincided with the Cerro Gordo County Health Department’s December Blood Pressure Clinic. Twelve people participated. The second discussion was held December 21<sup>st</sup> from 9:00 am to 11:00 am at the Mason City Public Library. Thirty-one people participated. The final discussion was held January 4<sup>th</sup>, 2016 from 10:00 am to noon at the Clear Lake Public Library and 12 people participated. Questions and responses from each location are listed below.

1. *What do you think are the three most risky behaviors in your community?*

Mason City Senior Center	Mason City Public Library	Clear Lake Public Library
1. Alcohol abuse 2. Texting or using a phone while driving 3. Illegal drug use 4. <b>TIE:</b> Not wearing a helmet on a bike/motorcycle & Using tobacco	1. Texting or using a phone while driving 2. Alcohol abuse 3. Using tobacco 4. <b>TIE:</b> Unhealthy eating & Driving while drunk or high	1. Driving while drunk or high 2. Alcohol abuse 3. Texting or using a phone while driving 4. Using tobacco 5. Unhealthy eating

2. *What are the three most important factors for a Healthy Community (those factors that improve quality of life in a community)?*

Mason City Senior Center	Mason City Public Library	Clear Lake Public Library
1. Strong family life 2. Access to healthcare services 3. Good jobs & healthy economy 4. Affordable housing 5. <b>TIE:</b> Healthy behaviors & lifestyles  Clean environment   Good schools	1. Good jobs & healthy economy 2. Access to healthcare services 3. Healthy behaviors & lifestyles 4. Parks & recreation 5. Good schools	1. Access to healthcare services 2. <b>TIE:</b> Good jobs & healthy economy & religious or spiritual values 4. <b>TIE:</b> Strong family life, Healthy behaviors and lifestyles, Good schools & Low crime/safe neighborhoods

3. On a scale of 1-10, with 10 being healthiest, how healthy is our community.

Mason City Senior Center Mean Score	Mason City Public Library Mean Score	Clear Lake Public Library Mean Score
5.9	5.8	6.9

In December 2015, the MAPP Steering Team hosted a community meeting consisting of approximately 50 community leaders, including those for organizations, citizen groups, individuals, faith-based groups and coalitions representing over 29 agencies/organizations/coalitions total.

<b>Community Partners</b>	
<b>Sector</b>	<b>Representation</b>
<i>Core of Community</i>	Citizens First Presbyterian Church First Congregational Church Hawkeye Harvest Food Bank Radio station Youth Task Force
<i>Health &amp; Human Services</i>	Public health Local Hospital - Mercy Medical Center North Iowa Community Action Primary care & specialty clinics Mental health North Iowa Transition Center Childcare Resource & Referral Family Connections Prairie Ridge Integrated Health
<i>Government &amp; politics</i>	North Iowa Council on Governments Blue Zones Project
<i>Education</i>	North Iowa Area Community College Mason City Schools Iowa State University Extension
<i>Economics</i>	Mason City Chamber
<i>Recreation &amp; physical environment</i>	YMCA County Conservation
<i>Safety</i>	Mason City Police Department Cerro Gordo County Sheriff's Department
<i>Philanthropy</i>	United Way
<i>Coalitions</i>	North Iowa Diversity Appreciation Team National Alliance on Mental Illness Mental Health Alliance

Within these participants, several underserved populations were represented including Black/African American, under or uninsured, disabled and chronically ill. The assessment provided an opportunity for participants to network, interact and build upon each other's ideas.



Participants were asked, based on the four concepts of an asset being 1) person 2) physical structure or place 3) community service or 4) business, to brainstorm the following question.

*What assets does Cerro Gordo County have that can be or already are used to improve community health?*

The group, led by a facilitator, brainstormed and wrote responses. All responses were placed on a sticky wall and then categorized.

**Table 10 Cerro Gordo County assets brainstormed in community meeting #1, Dec. 2015**

<b>Categories</b>	<b>Asset</b>	
<b>Programs</b>	<ul style="list-style-type: none"> <li>• Blue Zones project</li> <li>• CASA (court appointed special advocate)</li> <li>• Adult Day Health Center</li> <li>• Charlie Brown Preschool &amp; Daycare</li> <li>• free car seat safety classes</li> <li>• Child Care Resource &amp; Referral</li> <li>• Vocational rehabilitation</li> <li>• foster care</li> <li>• physical therapy</li> <li>• mentoring</li> </ul>	<ul style="list-style-type: none"> <li>• Community Care Coordination Program</li> <li>• assisted living</li> <li>• WIC (Women, Infants, Children program)</li> <li>• I-Smile Program (child dental)</li> <li>• child care nurse consultant</li> <li>• certified Nurtured Heart trainers</li> <li>• Family Connections</li> <li>• Meals on Wheels</li> <li>• EMS service</li> </ul>
<b>Agencies</b>	<ul style="list-style-type: none"> <li>• AEA (area education agency)- support for students, teachers &amp; families</li> <li>• Mercy Medical Center-North Iowa</li> <li>• Workforce Development</li> <li>• Elderbridge</li> <li>• Hospice, DHS, Crisis Intervention Services</li> <li>• North Iowa Community Action Organization</li> <li>• parks &amp; recreation departments</li> <li>• NIVC (North Iowa Vocational Center)</li> <li>• United Way</li> <li>• VA (Veterans Association)</li> <li>• Macnider Museum</li> <li>• Child Health Specialty Clinic</li> <li>• Farmer’s Market</li> <li>• Wellsource</li> <li>• Free Health Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Community Kitchen</li> <li>• Public Health</li> <li>• Salvation Army</li> <li>• Iowa Legal Aid</li> <li>• North Iowa Regional &amp; Mason City Housing</li> <li>• Four Oaks</li> <li>• Francis Lauer Youth Services</li> <li>• county social services (Bob Lincoln)</li> <li>• Mason City Clinic</li> <li>• Renew Center</li> <li>• Prairie Ridge</li> <li>• Hawkeye Harvest Food Bank</li> <li>• Urgent Care</li> <li>• regional health care</li> <li>• YMCA/Fitness Centers</li> <li>• KIMT</li> <li>• Habitat for Humanity*</li> </ul>
<b>Services</b>	<ul style="list-style-type: none"> <li>• Mercy birthing classes</li> <li>• Sagelink- health literacy resource</li> <li>• Caregiver Corner radio show</li> </ul>	<ul style="list-style-type: none"> <li>• strong emergency preparedness network</li> <li>• immunizations</li> </ul>
<b>Safety</b>	<ul style="list-style-type: none"> <li>• engaged city and county enforcement</li> <li>• neighborhood watch</li> </ul>	<ul style="list-style-type: none"> <li>• homeless shelters</li> <li>• law enforcement</li> </ul>

<b>Community Culture</b>	<ul style="list-style-type: none"> <li>network of churches &amp; volunteers</li> <li>incentives for community</li> <li>interagency collaboration</li> <li>small enough to know each other</li> </ul>	<ul style="list-style-type: none"> <li>attitudes to help people</li> <li>invested/passionate workforce</li> <li>very low unemployment</li> <li>diversity in the community</li> <li>numerous community resources</li> <li>community culture is increasingly positive</li> </ul>
<b>Community Leaders</b>	<ul style="list-style-type: none"> <li>faith-based communities</li> <li>Senator A. Ragan</li> <li>Representative L. Upmeyer</li> </ul>	<ul style="list-style-type: none"> <li>youth pastors</li> <li>health professionals (dietitians, doctors, food safety inspectors)</li> </ul>
<b>Physical environment</b>	<ul style="list-style-type: none"> <li>free exercise equipment at parks</li> <li>clean water and air</li> </ul>	<ul style="list-style-type: none"> <li>public wildlife areas</li> <li>Lime Creek</li> <li>built environment (lakes, ponds, rivers, trails, parks)</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>public &amp; private schools &amp; preschools</li> <li>Iowa State University Extension</li> <li>Buena Vista College</li> <li>Empowerment preschool scholarships</li> <li>Clear Creek, Lincoln, Harding &amp; John Adams schools - use wraparound training for working with students who have significant needs: home, school, community*</li> </ul>	<ul style="list-style-type: none"> <li>great educational opportunities for everyone</li> <li>NIACC</li> <li>public libraries</li> <li>Kaplan University</li> <li>Mason City Schools (except for high &amp; alternate schools) and Clear Creek are involved in Positive Behavior Interventions &amp; Support*</li> <li>Many schools have Check &amp; Connect training (mentorship)*</li> <li>Teen Screen - all area 9<sup>th</sup> graders*</li> </ul>
<b>Coalitions</b>	<ul style="list-style-type: none"> <li>North Iowa Food Coalition</li> <li>Decat</li> <li>North Iowa Breastfeeding Coalition</li> </ul>	<ul style="list-style-type: none"> <li>Aging Coalition</li> <li>NAMI (National Alliance for Mental Illness)</li> <li>Mason City Youth Task Force</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>Public transit system</li> </ul>	<ul style="list-style-type: none"> <li>NIACOG system</li> </ul>

\*Added to table after meeting through other means of communication

Mason City Youth Task Force held a leader's coffee in October 2015 to discuss collaboration and coalitions in the area. The following table summarizes area groups, the number of organizations involved and focus areas.

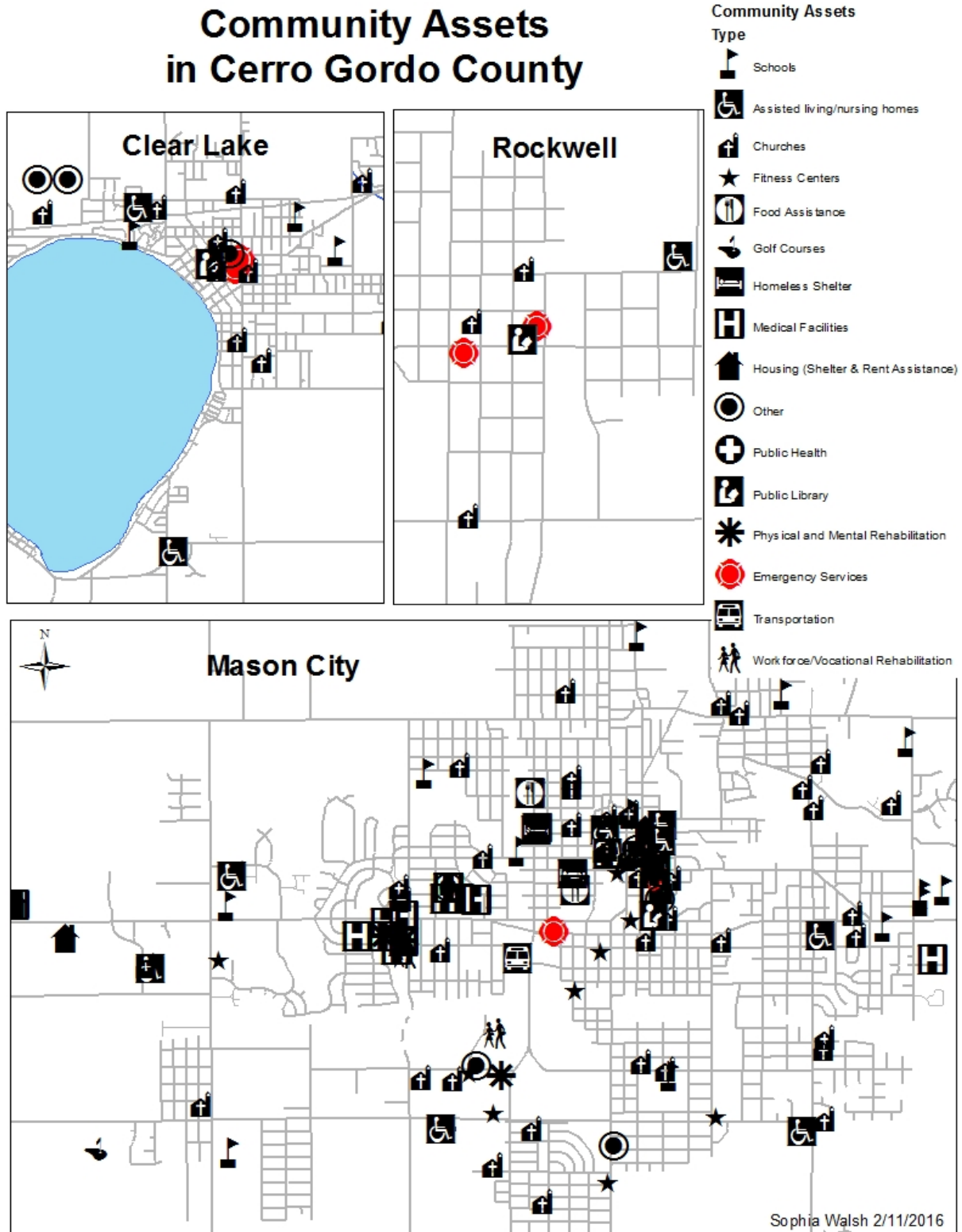
**Table 11 Leaders coffee coalition data Oct. 2015**

Group	# of Orgs	Career, Income & Self-Sufficiency	Education & Life Skills	Environment	Physical Health	Safety & Violence	Well-being
Blue Zones	80+	x	x	x	x	x	x
Community Care Coordination	5 core + affiliates	x	x		x		x
Mason City Youth Task Force	29	x	x	x	x	x	x
North Iowa Child Abuse Prevention	8					x	

Council							
North Iowa Domestic Violence/Sexual Assault Coalition	25					x	
Partners 4 Children	25	x	x	x	x	x	x
Partners for a Tobacco-Free Cerro Gordo County	15		x	x	x		x
United Way of North Central Iowa	20-42	x	x		x	x	x

The map on the next page was created using GIS Software Basic Form to outline the assets discussed at the community meeting. The assets were grouped by city.

Figure 32 Mapped community assets in three communities in Cerro Gordo County





## Forces of Change

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The Forces of Change Assessment (FOC) is one of four assessments conducted as part of the Mobilizing for Action through Planning and Partnership (MAPP) framework. Forces of change are a broad all-encompassing category that includes trends, events, and factors that directly or indirectly affect health and the health of the community. These may carry positive or negative possibilities (or both) but will bring changes. Types of forces include: social, economic, political, technological, environmental, scientific, legal, and ethical. Several methods were used to conduct the Cerro Gordo County FOC Assessment.

In October of 2015, a community survey was conducted and within it, questions addressed factors that influence community health. This survey was created through a local public health partnership of 18 area counties and the Iowa Department of Public Health in an effort to gather and share similar data. The survey consisted of 16 substantive questions, 6 demographic questions, 1 open ended question and 1 survey source question. The survey was transferred to a Survey Monkey web-based format and was available in paper copy in several community locations.

Approximately 420 people responded to the survey, of which 71.3% were female. The age range is outlined in Table 12 below and the race/ethnicity is in Table 13.

**Table 12 Survey Respondent Ages**

Options	Response Percent
<b>0 to 18</b>	22.2%
<b>19 to 29</b>	7.3%
<b>30 to 39</b>	11.6%
<b>40 to 49</b>	15.6%
<b>50 to 59</b>	21.7%
<b>60 to 69</b>	14.1%
<b>70 to 79</b>	5.3%
<b>80 or older</b>	2.3%

**Table 13 Survey Respondent Race/Ethnicity**

Options	Response Percent
<b>American Indian or Alaskan Native</b>	1.3%
<b>Asian / Pacific Islander</b>	0.3%
<b>Black or African American</b>	1.8%
<b>Hispanic American</b>	3.6%
<b>White / Caucasian</b>	88.3%
<b>Multiple ethnicity / Other</b>	4.8%

The Health Department made efforts to include underrepresented populations by having the survey available at the Women, Infants & Child Clinics (WIC), at the Health Department Immunization Clinic, the alternative high school, mainstream high school and at senior centers. The survey was available through the month of October 2015. It was advertised with a local press release, social media, mass email distributions, web links, presentations, community and organizational newsletters, electronic mailing lists and personal invitations. Demographic characteristics indicate that several traditionally underrepresented groups like minority race and ethnicity and the older population are actually overrepresented. Though some of the responses to these questions may be within control, many are outside the control of the respondent. It is for this reason they are included in the FOC assessment and summary of results.

The survey requested that respondents select all responses that apply, based on the question:

*Survey question #9: What do you feel prevents you from being healthier?*

**Results** indicated the following responses in descending order:

1. Lack of motivation
2. Not enough time
3. Other priorities
4. Too expensive to buy healthy foods
5. Other (allergies, don't like the cold, push away from TV, too expensive to join facilities, too tired, stress & health issues, drugs, depression, limited healthcare providers, limited sidewalks, places to workout aren't open when I can exercise, weather, anxiety)
6. Nowhere to exercise
7. Need more education about healthy choices
8. Physical health is too poor
9. Unemployment
10. Lack of access to getting shots (vaccines) to prevent illness

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*Survey question #12: What are the top three social issues facing people in your community?*

**Results** indicated the following responses in descending order:

1. Poor parenting skills
2. Crime and violence
3. Single parent families
4. Poverty
5. Child abuse/neglect
6. Unemployment
7. Domestic abuse
8. Lack of health insurance
9. Lack of transportation services

10. Other (low wage jobs, bullying, drugs, substance/alcohol abuse, loneliness, lack of connection, poor attitudes, motivation to work, higher paying jobs, etc.)

In December 2015, the MAPP Steering Team hosted a community meeting consisting approximately 50 community leaders, including those for organizations, citizen groups, individuals, faith-based groups and coalitions representing over 29 agencies/organizations/coalitions total.

<b>Sector</b>	<b>Community Partners</b>	<b>Representation</b>
<i>Core of Community</i>	Citizens First Presbyterian Church First Congregational Church Hawkeye Harvest Food Bank Radio station Youth Task Force	
<i>Health &amp; Human Services</i>	Public health Local Hospital - Mercy Medical Center North Iowa Community Action Primary care & specialty clinics Mental health North Iowa Transition Center Childcare Resource & Referral Family Connections Prairie Ridge Integrated Health	
<i>Government &amp; politics</i>	North Iowa Council on Governments Blue Zones Project	
<i>Education</i>	North Iowa Area Community College Mason City Schools Iowa State University Extension	
<i>Economics</i>	Mason City Chamber	
<i>Recreation &amp; physical environment</i>	YMCA County Conservation	
<i>Safety</i>	Mason City Police Department Cerro Gordo County Sheriff's Department	
<i>Philanthropy</i>	United Way	
<i>Coalitions</i>	North Iowa Diversity Appreciation Team National Alliance on Mental Illness Mental Health Alliance	

Within these participants, several underserved populations were represented including Black/African American, under or uninsured, disabled and chronically ill.

The FOC Assessment calculated trends in these areas seeking to answer the following question:

*What has occurred recently that may affect the health of our community or the local public health system?*

The assessment provided an opportunity for participants to network, interact and build upon each other's ideas. The group, led by a facilitator, brainstormed and wrote responses. All responses were placed on a sticky wall where they were then categorized as legal, scientific, social, political, economic, environment or technological. Each idea was categorized as a threat, opportunity or both. The information gathered is presented in Table 1.



**Table 14 Community meeting brainstorm & categorization, December 2015**

<b>Categories</b>	<b>Threat</b>	<b>Opportunity</b>	<b>Both</b>
<b>Legal</b>	<ul style="list-style-type: none"> <li>• legalization of illicit drugs</li> <li>• gun violence</li> <li>• increased county jail population</li> </ul>		<ul style="list-style-type: none"> <li>• change in mental health commitment “language”</li> </ul>
<b>Scientific</b>		<ul style="list-style-type: none"> <li>• ACES</li> <li>• Brain Research</li> </ul>	<ul style="list-style-type: none"> <li>• increased development of GMOs</li> </ul>
<b>Social</b>	<ul style="list-style-type: none"> <li>• closing of mental health institutions</li> <li>• drug/alcohol abuse</li> <li>• increase of workforce retirement</li> <li>• increasing child abuse rates</li> <li>• less affordable housing</li> <li>• obesity</li> <li>• aged housing/neighborhoods</li> <li>• medicine is reactive not preventative</li> <li>• decreased knowledge of self-support skills</li> <li>• increase in the number of homeless</li> <li>• weak family structure</li> <li>• heroin</li> <li>• increase in children being raised by “other than parents”</li> <li>• shrinking population base</li> </ul>	<ul style="list-style-type: none"> <li>• tolerance/solidarity</li> </ul>	<ul style="list-style-type: none"> <li>• migration of youth</li> <li>• baby boomers</li> <li>• mental health needs are more apparent at younger ages</li> <li>• beliefs are changing</li> <li>• aging populations</li> <li>• under-utilized Farmer’s Market</li> </ul>
<b>Political</b>	<ul style="list-style-type: none"> <li>• under reimbursement of costs by Medicare</li> <li>• terrorist activity</li> <li>• Donald Trump</li> <li>• Governor Branstad</li> </ul>		<ul style="list-style-type: none"> <li>• presidential election</li> <li>• Ted Cruz</li> <li>• conservative political climate</li> </ul>
<b>Economic</b>	<ul style="list-style-type: none"> <li>• under reimbursement of costs by Medicare</li> <li>• increased free/reduced lunch rate at schools</li> <li>• budget cuts</li> <li>• loss of middle income wages</li> <li>• housing trust fund- loss of funding</li> <li>• declining school enrollment/loss of workforce</li> </ul>	<ul style="list-style-type: none"> <li>• integrated health care</li> <li>• jobs with living wage/benefits</li> <li>• stressing urgent care use vs. E.D. use</li> <li>• Back Pack Buddies</li> </ul>	<ul style="list-style-type: none"> <li>• commercial property tax reduction funding impact</li> <li>• decrease in workforce/talent pipeline</li> <li>• migration of youth</li> <li>• baby boomers</li> </ul>

<b>Economic</b>	<ul style="list-style-type: none"> <li>• managed care organizations</li> <li>• cuts in food stamps</li> <li>• school/education funding issues</li> <li>• lack of environmental program funding</li> <li>• loss of manufacturing plants to Mexico</li> <li>• credit debt</li> </ul>	<ul style="list-style-type: none"> <li>• program</li> <li>• education</li> <li>• attracting jobs to area (i.e. McKesson)</li> <li>• Frank Lloyd Wright Hotel Restoration</li> </ul>
<b>Environment</b>	<ul style="list-style-type: none"> <li>• reduced water quality</li> <li>• climate change/weather patterns and disasters</li> <li>• air quality/spraying</li> <li>• local food safety concerns in restaurants</li> </ul>	<ul style="list-style-type: none"> <li>• Blue Zones</li> <li>• Community certificate</li> <li>• county well program</li> </ul>
<b>Technological</b>		<ul style="list-style-type: none"> <li>• advance in technology (i.e. electronic health records)</li> <li>• limit screen time</li> <li>• increased internet usage</li> <li>• virtual communication</li> <li>• social media/Facebook</li> </ul>

The results of this assessment were shared-back with meeting participants, other community leaders and members along with the Steering Team to garner further conversation. It was also placed on the Cerro Gordo County Health Department website and feedback via an online form was requested. Prompts on Facebook were used to direct traffic to the website.

On December 18<sup>th</sup>, 2015, the Health Department leadership team held an informal discussion with local legislators to further discuss Forces of Change within Cerro Gordo County. The following is a summary of the most important discussions:

1. Funding for local public health systems is always under scrutiny although it comprises a small part of the state budget. The shortfall for Medicaid spending this year is expected at approximately \$65 million. That combined with no funding for other health programs like tobacco cessation and prevention may impact health outcomes.
2. The state evolving to privatization of Medicaid with four for-profit Managed Care Organizations could have a huge impact on health outcomes and socioeconomic factors. As mentioned previously, Medicaid has had a history of being underfunded which does not bode well for recipients. Now with this transition, many caregivers are concerned for the disabled and for the senior citizens regarding

uninterrupted service and having access to services. The local hospital has concluded negotiations with two MCO providers and that sets the tone for our County.

3. Much of the current prevention programming is not a reimbursable service (i.e. insurance will not reimburse a diabetes prevention course). Unfortunately, we are unable to control what is reimbursed and in order for services to be paid, generally a patient would have to be ill. Prevention is preached, but not funded well across the local public health system.

The community survey, community meeting and informal discussion brought shared and unique ideas regarding the forces of change to the forefront. In summary, the most impactful forces of changes include:

1. Political climate: the continual under-funding of preventive services and Medicaid legislatively along with several Iowa-specific transitions including Medicaid privatization and closing of mental health institutions are current forces impacting health. That combined with the ratio of expenditure for healthcare relative to improved health status are creating a storm of change in Cerro Gordo County that may negatively impact the population's health.
2. Social climate: poverty, unemployment and lack of livable wages/ benefits underlie many other issues including stress, no access to exercise facilities or healthy foods and lack of prioritization of personal health. There has been a marked decrease in workforce/talent pipeline along with an out-migration of youth. Items within this category outline the shift of emphasis nationally, statewide and locally to social determinants as an indicator of health.
3. Technological climate: increase in use of health informatics via electronic health records, citizens seeking information online and via virtual communication present an environment ripe for opportunity. Threats exist with this as well with increases in screen times.



# Local Public Health System Assessment—

Cerro Gordo County conducted the local public health system assessment in winter of 2015. The Local Public Health System Assessment (LPHSA) Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the National Public Health Performance Standards (NPHPS) and to progressively move toward refining and improving outcomes for performance across the public health system. The assessment was used as a component of the MAPP process.

The primary purpose of the LPHSA Report is to promote continuous improvement that will result in positive outcomes for system performance. The assessment uses the Essential Public Health Services as the framework for assessing the system and it answers two questions:

1. What are the components, activities, competencies and capabilities of our local public health system?
2. How are the Essential Services being provided in Cerro Gordo County?

The Ten Essential Public Health Services are:

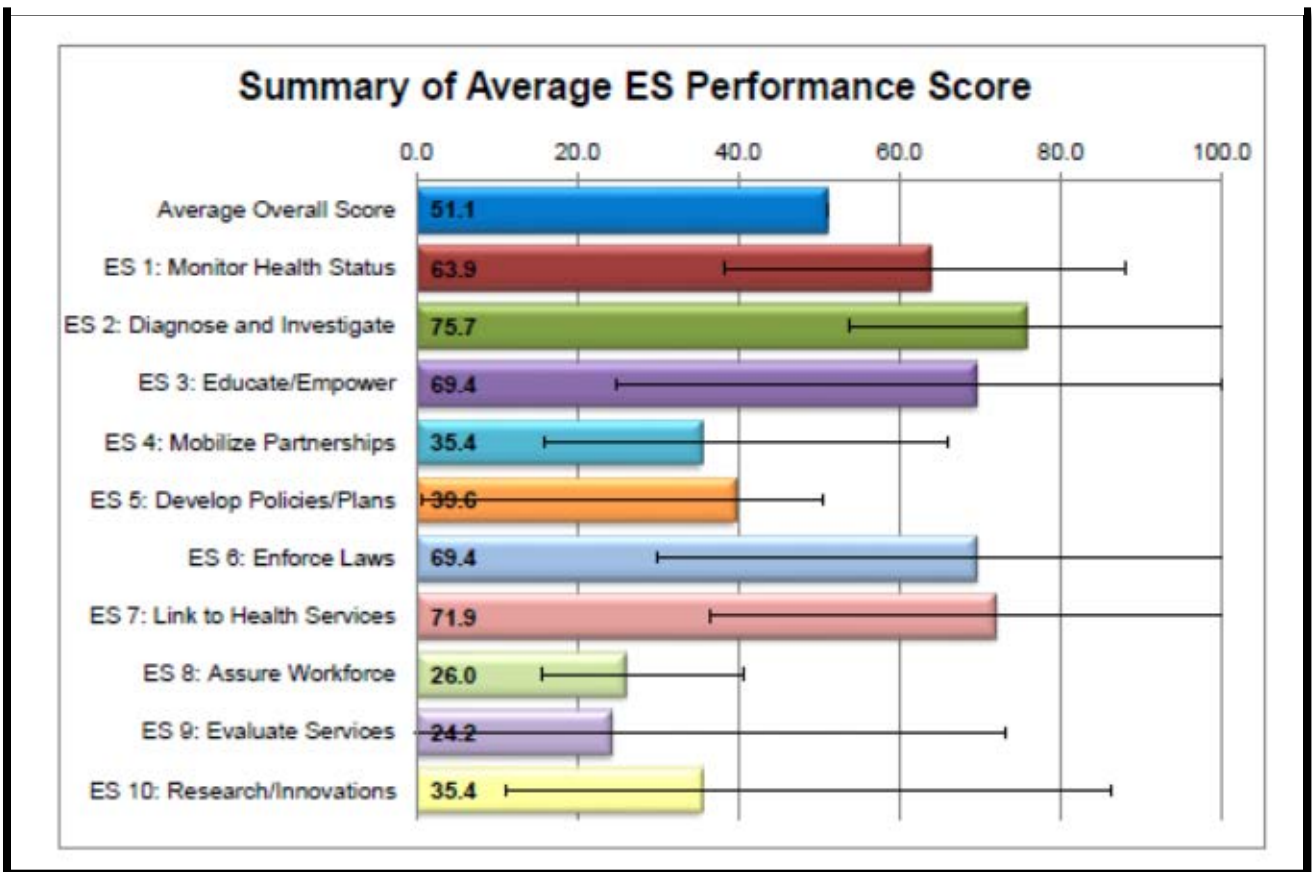
1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
11. Research for new insights and innovative solutions to health problems.

The Steering Team led the assessment and it was completed using the local instrument of the NPHPS provided by the Centers for Disease Control and Prevention. Several groups of individuals representing different facets of the public health system were brought together to assess the services. In-person meetings occurred for all but one of the essential services whereupon Survey Monkey was used to gather input.

*Results*

Each Essential Service score can be interpreted as the overall degree to which the public health system meets the performance standards (quality indicators) for each Essential Service (ES). Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels). The graph below displays the average score for each ES along with an overall average across all ten essential services. The black bars identify the range of reported performance score responses within each ES.

**Figure 33 Cerro Gordo County local public health system, essential service scores**



The system scored well in several categories including ES 2, ES 7, ES 6 and ES 3; however scores in ES 9, ES 8, ES 4 and ES 10 show that there is room for improvement. Ideally, each essential service would operate at an optimum level, scoring in the 76% or higher range. Only 13% of capabilities scored in the optimal level (NPHPS 2015).



# Health Issues & Inequity

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The MAPP process was used to identify populations who lack access to health care and/or for populations who experience barriers to care. Health inequity still exists though we have made successful strides as a nation, state and county. In 1920, the average lifespan for an American was 54 years (Elderweb 2015). Today, in Cerro Gordo County, the lifespan reaches to 76.7 for men and 80.8 for women (Robert Wood Johnson Foundation 2015). Still, in surrounding counties including Mitchell, Franklin, Hancock and Floyd, life expectancies are higher. Why are Cerro Gordo County residents living shorter lives on average than our neighbors only a few miles away? Health inequity or systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity is often the culprit (Virginia Department of Public Health 2013).

Health inequity leads to health disparities or the difference in health status among distinct population segments. Differences can occur by gender, race, ethnicity, income, education or disability. Over the last one hundred years, public health has made incremental and substantial advances in improving health. One of the latest inductions of fighting health inequity was the implementation of the Affordable Care Act (ACA). Provisions in the ACA have helped rouse reforms in the delivery of healthcare. It has also helped spur critical investments in important preventative and population health measures. But the ACA alone cannot bridge the health divide (Kelly 2015).

This segment of the report has a purpose to raise awareness of the differences among several groups regarding several selected health outcomes and health determinants. This data will be used to prompt actions to reduce disparities. The descriptive analysis used data from multiple sources.

## *Population Review*

U.S. Census data in the Demographics section of this report indicates a population of 44,151 people in the County with a slightly decreasing trend (2015). The population is split roughly 51.3% female and 48.7% male. Race and ethnicity statistics specify that in Cerro Gordo County, the White population accounts for 95.05% of the population, multiple races equals 1.76%, Black equals 1.19%, Asian equals 1.12%, some other race equals .66% and Native American/Alaska Native equals .21%.

Although Cerro Gordo minority population rates are lower than Iowa's, these populations are growing in Cerro Gordo County while the White population is decreasing. Between the 2000 and 2010 Census, populations of Minority Races & Ethnicities are increasing (Black up 54.96%, American Indian/Alaska Native 15.19%, Asian 16.36%, Other Race 1.46%, Multiple Race 32.35%). Those of Hispanic origin increased 31.22% (U.S. Census 2015).

Cerro Gordo County has a large population of older citizens, defined as 65 and older, at 18.53% when compared to Iowa's rate of 15.08% and the national rate of 13.43%. Against the backdrop of the population characteristics of age, gender, race and ethnicity the following health disparities will be discussed.

Poor health status, disease risk factors and limited access to health care are often interrelated and have been reported among persons with social, economic and environmental disadvantages (Meyer et al. 2013).

### *Uninsured*

In 2014, the Centers for Medicare and Medicaid Services approved Iowa's Medicaid expansion to low income adults thereby creating a new coverage option for adults who were previously excluded. These national and statewide initiatives have helped drop the rate of uninsured adults to 9% in Cerro Gordo County; however, over 2,300 adults don't have health insurance. The Hispanic Uninsured population in Cerro Gordo County is 20.2% which is lower than Iowa (24.46%) and U.S. (29.62%) rates. The lack of health insurance is a barrier to accessing healthcare including regular primary care. It is a key driver of health status and contributes to poor health status.

Uninsured rates by race alone:

**Table 15 Uninsured rates by race alone comparing 3 geographic locations**

Area	Non-Hispanic White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Other Race	Multiple Race
<b>Cerro Gordo County</b>	7.77%	13.45%	31.18%	2.43%	No data	23.63%	5.06%
<b>Iowa</b>	7.37%	14.19%	21.89%	11.93%	26.57%	29.4%	11.67%
<b>U.S.</b>	10.42%	17.52%	27.92%	14.95%	17.6%	33.22%	14.07%

### *Education and Income*

The factors that influence the socioeconomic position of individuals and groups influence their health.

Often, education and income are commonly used to measure the effect of socioeconomic position on health. Richer, better-educated people live longer than poorer, less-educated people (Deaton 2003). American Community Survey data shows that Cerro Gordo County's high school graduation rate is slightly higher than Iowa's at 89.09% and 89% respectively (2015).

However, this leaves 2,487 people aged 25 and older with no high school diploma; of those:

- 309 are Hispanic/Latino.

By race, the population with no high school diploma is at:

- 0% for Native American/Alaska Native
- 1.36% for Multiple Races,
- 7.58% for White
- 12.01% for Black/African American
- 30.41% for Asians and
- 37.96% for those of some Other Race.

Similarly, for the population aged 25 and older, 36.74% have obtained an Associate's level degree or higher. Research indicates that more education can lower mortality rates and reduce the risk of some diseases.

When combined, the following poverty characteristics create barriers to access to health services, healthy food, healthy homes and other necessities that contribute to poor health status.

The Cerro Gordo County population in poverty is at 5,600 people or 13.16% of the population, a higher rate than the Iowa average of 12.4%. Nearly 18% of children aged 0-17 are living in households with income below the Federal Poverty Level. This is higher than Iowa's average by nearly 2%. U.S. Census Bureau tract data shows that poverty rates are highest in Central and south Mason City, followed closely by north and west Mason City along with the northwest corner of the County.

- Females are in poverty at a greater rate than males.
- Hispanic/Latino children in poverty are at 16.59%, again higher than the state average by nearly 2%.
- Hispanics/Latinos experience poverty at over twice the rate of Non-Hispanic/Latino adults.
- Black or African American children suffer at over twice the rate of Non-Hispanic White children, 37.07% and 17.41% respectively.
- Black/African American adults experience poverty over twice the rate that White adults do
- Children categorized as some other race are higher than White children as well at 26.32%. Multiple Race and Other Race population's poverty rates are approximately 3% higher.

Approximately 34% of Cerro Gordo County children are in single parent households (County Health Rankings 2015). Cerro Gordo County's unemployment rate at 4.7% is higher than Iowa's rate at 4.3%, but lower than the U.S. rate of 6.3%.

#### *Food Access & Food Insecurity*

Although the percent of low income population with low food access is low, this still constitutes 2,697 low income Cerro Gordo County residents with low food access. Nearly 8.51% of Cerro Gordo County population's lives in census tracts with no healthy food outlet and 56.47% live in tracts with low healthy



food access. The burden of living in areas with low healthy food access falls proportionately on nearly every race and ethnicity perhaps due to the micropolitan-rural nature of Cerro Gordo County. Research suggests that persons in rural areas are more likely to lack access. Compounding this issue is the low rate of the supplemental nutrition program for women, infants and children (WIC) authorized food stores. In Cerro Gordo County, the rate is 20.48 per 100,000 population whereas Iowa's average is 22.1. This measure indicates healthy food access for low income women and children (U.S.D.A. Food Environment Atlas 2011).

Not surprisingly, fruits and vegetables are under-consumed in Cerro Gordo County with 79.7% of adults consuming less than 5 servings of fruit and vegetables. The food insecurity rate in Cerro Gordo County is an indicator that reports the estimated percentage of the population that experienced food insecurity at some point within the report year. Food insecurity is the condition of limited or uncertain access to adequate food. Cerro Gordo County's rate at 13.34% is higher than Iowa's average of 12.68%. Food insecurity is associated with higher rates of certain disease, and mental health problems. Those that are food insecure are more likely to be in poor health. Food insecurity in childhood can have detrimental effects in adult health outcomes. With the amount of children eligible for free or reduced school lunches, this may be of concern in Cerro Gordo County. About 2,456 or 41.68% of Cerro Gordo County public school students are eligible for free/reduced price lunch.

In contrast, Cerro Gordo County ranks second of the 99 Iowa counties for hard liquor per resident consumption. According to the Iowa Alcoholic Beverages Division (2015), the quantity rests at 3.5 gallons per adult in fiscal year 2014, up 5.74% from the previous year. The rate of beer, wine and liquor stores per 100,000 is 4.53 in Cerro Gordo County; this is higher than Iowa's rate of 4.17.

*What conditions exist in Cerro Gordo County where healthful food access is low, yet liquor store access is high?*

Unfortunately, due to our small size, Cerro Gordo County data is not as robust as larger metropolitan areas. Rates by race or ethnicity are often not available. Throughout the remainder of this section of the report, you shall find state data interpreted to reflect county indicators.

Preventive screening measures allow for early detection and treatment of health problems such as that for HIV/AIDS. In Cerro Gordo County, there is a high rate of adults who have never been screened for HIV/AIDS (76.74%); Iowa's rate is 73.82% and the U.S. rate is 62.19%. In this case, traditionally marginalized groups such as men who have sex with men or intravenous drug users, are eligible for free HIV screenings at local health departments. Others would have to pay for the screening through insurance and/or income.

In Cerro Gordo County, there are several health related indicators that are higher than the state or national rates. Some of those are in the table below that shows where inequity may occur. Gender indications are known; however race/ethnicity indicators are those identified by statewide rates.

**Table 16 Unequal distribution of selected indicators by race, ethnicity and gender for Cerro Gordo County residents**

	Males	Hispanic/ Latino	Black	Native American/ Alaskan	Other Race
<b>Physical Inactivity</b>	x				
<b>Diabetes Prevalence</b>	x				
<b>High Cholesterol</b>					x
<b>Heart Disease</b>					x
<b>Obesity</b>	x				
<b>Asthma Prevalence</b>			x		
<b>Poor Dental Health</b>			x		
<b>Colorectal Cancer Incidence</b>			x		
<b>Cancer Mortality*</b>	x				
<b>Heart Disease Mortality</b>	x		x	x	
<b>Lung Disease Mortality</b>	x		x		
<b>Unintentional Injury Mortality</b>	x			x	
<b>Suicide</b>	x	x			
<b>Cerebrovascular Disease/Stroke</b>			x	x	
<b>Infant Mortality</b>		x	x		

\* Not an indicator that stands out based on prevalence, but has a striking inequity

*Policy Inaction*

Considering the question, “what conditions in Cerro Gordo County allow for this inequity,” several policy issues arise. Perhaps the lack of policies is a better indicator for disparities. Currently, no policies exist to limit less healthy facilities such as liquor stores or fast food establishments. There is no local public health tax and “sin” tax funding is collected by the state and doled out in small amounts to multiple counties within Iowa. That is, there is no correct correlation with the amount of cigarette tax collected and distributed within the community for prevention and education.

Insurance reimbursement is focused on acute or chronic care in many instances and though changes are on the horizon, there is little sustainable funding for preventive programs. This leads to a lack of prevention programs being available long-term.

Community factors that contribute to higher health risks and poorer health outcomes are steeped in tradition. Early and heavy alcohol consumption is an accepted behavior, especially for males in Cerro Gordo County. Living in a rural area increases the opportunity for operating vehicles (trucks, 4-wheelers, snowmobiles, etc.) under the influence and the use of farm machinery likely contributes to unintentional injury mortality. These factors lead to males being a high-risk factor group.



## Prioritization

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Following the completion of the four MAPP assessments, the results were shared with the public and stakeholders. These results were presented on the Health Department's website and Facebook page as well as at the second Community Meeting held in January 2016. During this meeting, categorized indicators derived from quantitative data were placed on a sticky wall and participants were asked to use their lens of all four MAPP assessments and qualitative data to discuss health indicators; indicators were added as requested by the participant. To prioritize, participants were asked to use the following guiding questions to determine highest priorities:

- 1) Does the problem have an effect on a large portion of Cerro Gordo County residents?
- 2) High morbidity/mortality/disability/suffering condition; does the problem have serious health consequences?
- 3) What is the feasibility/effectiveness of an intervention for this problem/issue?
- 4) Disparities/health inequality; are disparate groups considered?
- 5) What can be done to prevent or reduce impact?
- 6) Are social determinants/root causes being considered (i.e. poverty, unemployment)?

The facilitator gave each participant three stickers and asked participants to place a sticker on their top three health priorities. The table below shows the prioritized health indicators.

Table 17 Prioritized health indicators from January, 2016 community meeting

Categories					
Healthy Living	Environmental Health	Prevent Injuries/Violence	Epidemics/Dis ease	Prepare for/Respond to Disasters	Strengthen Health infrastructure
Overweight/O besity (13)	Substandard Housing (21)	Child Abuse (12)	Child Immunizations (20)	Individuals Not Prepared for Disaster (20)	Poverty (15)
Adult Diabetes (11)	Vector Control (11)	Youth Suicide Attempt (11)	Medical/Public Health Communicable Disease Standardization (14)	Special Needs Population Care During Emergencies (19)	Mental Health Shortage Area (14)
Physical Inactivity (9)	Radon (10)	Older Adults Safety at Home (11)	Sexually Active Youth Using No Protection	Patient Surge in Disasters (7)	Food Insecurity (6)
Adult Drug Use (6)	Water Quality (7)	Unintentional Injury (8)	Adolescent Immunization (1)	County Agency Continuity of Operations (6)	Older Adults with Nobody to Assist (6)
Youth Drug Use (3)	Air Quality: Particulate Matter (2)	Domestic Abuse/Violence (6)		Relocation/Housing During Disaster (5)	Transportation (5)
Asthma (3)	Lead Paint Exposure - Old Homes (1)	Pedestrian Fatality (3)			(too much) Fast Food Access (3)
Smoking/Tobacco Use (2)	Foodborne Illness	Carbon Monoxide Poisoning (2)			(lack of) Dental Access (2)
Cancer Screening (2)	Private Well Contamination (arsenic & coliform)	Bullying (1)			WIC Authorized Store Access (too low) (1)
Heart Disease (1)		Adult Suicides			Unemployment (1)
Adult Dental Health (1)		Falls (Child & Older Adult)			Liquor Store Access (too high) (1)
Alcohol Consumption					(Large) Population Receiving Medicaid (1)
Older Adult Depression					PHAB Accreditation

	Quality Improvement Initiatives
	Housing Vacancy
	Funding Infrastructure Shift

At the same January Community meeting, these prioritized indicators along with the MAPP assessments were used to develop strategic issues affecting Cerro Gordo County. Several strategic issues or themes emerged.

1. Strengthen community partnerships
2. Intervene & educate on various issues must be done at a young age
3. Revitalize neighborhoods
4. Allow for aging in place
5. (tie) Approximately 2/3 of Cerro Gordo County adults are overweight or obese  
(tie) The rate of poverty is impacting all areas & quality of living
6. The rate of abusive social behaviors in Cerro Gordo County is continuously higher than the state average
7. (tie) The increased rate of substandard housing  
(tie) Our childhood immunization rates are not 100%

These brainstormed themes were discussed at length and root causes of most were determined. The root causes were reported out to the group and then the group prioritized these strategic issues as shown above. The Steering Team gathered all of this information, categorized it and analyzed overlap and issues that we can address over the next five years.

Data provided in this report will be collected according to the data refreshed and/or maintained according to the plan in Appendix A.

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## Work Plan for Refreshing, Monitoring, and Analyzing Community Health Assessment Data

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### Purpose

The purpose of this work plan is to provide a continuous effort to better understand the health of the population of Cerro Gordo County through the collection of information and data. This plan serves as a guide to establish a timeline to refresh the Community Health Assessment (CHA) data, analyze trends, and provide an annual update.

### Background

The Healthy Cerro Gordo CHA is the regular and systematic collection, analysis, and dissemination of information on the health of Cerro Gordo County residents. Health indicator data are reported at the county level and, where available, at the city, region, or school district level. Additionally, where possible, health indicators are stratified by sex, age, race/ethnicity, and/or income level. Examining data stratified by these demographics allows for the identification of unique issues to facilitate targeted interventions.

### Data

There are several data systems that support public health including vital records, surveillance systems, periodic surveys, program management data, qualitative data and clinical data.

### *Secondary Data*

The secondary data consist of more than 50 health indicators over 8 broad-based categories that include:

- Demographic Characteristics
- Socioeconomic Characteristics
- Health Care Access
- Healthy Living
- Injuries & Violence



- Environmental Hazards
- Epidemics, Disease & Preparedness
- Mortality

The secondary health indicators have been organized by the data source. The frequency of the data release is typically annually during the latter end of the calendar year.

#### *Primary Data*

The primary data consists of the three MAPP assessments: the Healthy Cerro Gordo Community Themes and Strengths Assessment (CTSA); Local Public Health System Assessment; and Forces of Change Assessment. It also includes community surveys (Aging in Place, Wellness & Community Health Assessment) on well-being. The primary data will be conducted every five years at the onset of the Mobilizing for Action through Planning and Partnerships (MAPP) process.

#### *Work Plan*

##### *Refresh Data Annually*

The CHA data will be updated every two years beginning in January of that year. The Cerro Gordo county Department of Public Health Organizational Development & Research Manager will collect and organize the data and update the existing spreadsheet tables.

##### *Prepare Data for Analysis*

The data collected will be analyzed for overall patterns and trends in order to determine if significant increases or decreases have occurred. Special attention will be placed on those health indicators identified in the Community Health Improvement Plan to determine if they meet specifically stated outcomes. The 2016 CHA will serve as baseline data from which future trends can be identified.

##### *Report Annual Summary*

Healthy Cerro Gordo will present an annual report that utilizes easy to understand descriptions and tables to demonstrate the most important data items. In addition, graphs and info-graphics will be utilized to illustrate data.

The annual CHA summary will be distributed to Healthy Cerro Gordo stakeholders, the media, elected officials, and community at large through multiple communication methods.

##### *Health Indicator List*

The health indicators used for the CHA will be updated every five years based on their relevancy, use, availability, and reliability. The Community Health Status Assessment Subcommittee along with the Healthy Cerro Gordo core team will be charged with updating the CHA health indicators.

**Table 18 External community health assessment secondary data sources & frequency**

<b>Data Source</b>	<b>Health Indicator</b>	<b>Frequency</b>
U.S. Census Bureau, American Community Survey	Population	Annually (January)
	Population Density	
	Sex	
	Age	
	Race/Ethnicity	
	Change in Population by Race	
	Foreign Born	
	Linguistically Isolated/Limited English proficiency	
	Other Languages Spoken	
	Population with Disability	
	Military Veterans	
	Income Levels	
	Children in Poverty (100% FPL); Overall Population in Poverty (100% FPL)	
	Household receiving public assistance & Temporary Assistance to Needy Families	
	Household Composition	
	Single Parent Households	
	Population Receiving SNAP benefits	
	Households with Motor Vehicles	
	Health Insurance Status	
Medicaid Population		
Housing Stock Age/Substandard Housing		
Gates & Newport Gallup Poll	Estimated adult lesbian, gay , bisexual, transgender population	Uncertain
County Health Rankings	Educational Attainment	Annually
US Bureau of Labor Statistics	Unemployment	Annually
National Center for Education Statistics	Children Eligible for Free/Reduced Price Lunch	Annually
Feeding America	Food Insecurity	Annually (November)
US Decennial Census	Land Area & People Per Square Mile	Every 10 years
	Number of Housing Units & Ownership Rates	
	Employer Establishments & Mean Travel Time to Work	
	County Business Patterns: Fast Food Restaurant Access	
	Housing Vacancy	
	Housing Costs	

County Health Rankings/Centers for Medicare & Medicaid Services National Provider Identification/Area Health Resource File  County Health Rankings	Dental provider, Primary care & Mental health provider ratios	Annually (April)
	Premature Death	
Mercy Medical Center North Iowa	Emergency Room Usage	Annually (January)
Behavioral Risk Factor Surveillance System	Poor or Fair Health	Annually (July)
	Overweight	
	Adult Alcohol Consumption	
	Adult Asthma Prevalence	
	Cigarette Smoking	
	Attempts to Quit Smoking	
	Pap Test Cancer Screening	
	Sigmoidoscopy or Colonoscopy Cancer Screening	
Pediatric Nutrition Surveillance System - Iowa (PedNSS)	WIC Children aged 2-5 Obesity	Annually (March)
Centers for Medicare & Medicaid Services	Medicare Beneficiaries with Diabetes	Annually
	Medicare Beneficiaries with Heart Disease	
Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention & Health Promotion	Obese	Annually (November)
	Adult Diabetes	
	Adult Physical Inactivity	
Iowa Youth Risk Behavior Factor Survey	Youth Physical Activity levels	Every 2 Years
	Youth Screen Time	
	Youth Who Use Tobacco	
	Youth Who Aren't Using Protection for Sex	
Iowa Youth Survey	Youth Who Drink Alcohol	Every 2 Years (2014 was available in 2015)
	Youth Who Ride with Drivers who Drink Alcohol	
	Youth Prescribed Drugs Because they felt Worthless, Nervous or Sad	
	Youth Suicide Data	
	Youth Feeling Sad or Hopeless	
	Youth Bullying	
SAMHSA	Illicit Drug Use	Annually
Iowa Alcoholic Beverages Division	Liquor Consumption	Annually

National Institutes of Health SEER	Cancer Incidence - Colon & Rectum	Annually (December)
Centers for Disease Control & Prevention, National Vital Statistics System CDC Wonder	Suicide Mortality	Every 2 years
	Unintentional Injury Mortality	
Iowa Uniform Crime Report	Domestic Violence	Annually
Annie E. Casey Foundation - Kids Count	Child Abuse	Annually
Iowa Department of Transportation	Pedestrian Mortality	Annual
Hawkeye Harvest of North Iowa	Number of People Served	Annually (January)
Centers for Disease Control & Prevention National Environmental Public Health Tracking Network	Particulate Matter (2.5) Days	Annually
US Department of Health & Human Services, Health Indicators Warehouse, National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention	STD & HIV Statistics	Annually (November)
Iowa Department of Public Health Vital Statistics of Iowa Report;	Infant Mortality	Annually
	Top 5 Causes of Death	
	Diabetes Mortality	
Iowa Department of Public Health Tracking Portal	Diabetes Hospitalization Rates	Annually
	Asthma Hospitalization Rates	
	Asthma Emergency Department Visit Rate	
	Carbon Monoxide Emergency Department Visit Rate	
	Unintentional Injury & Falls Emergency Department Visit Rates	

**Table 19 Internal community health assessment secondary data sources & frequency**

<b>Data Source</b>	<b>Health Indicator</b>	<b>Frequency</b>
Radon database	County radon test results	Annually
Private Well Tracking System	County arsenic, nitrate, coliform & e.coli private well test results	Annually
Iowa Immunization Registry System (IRIS)	Childhood, adolescent and adult immunization rates by Department and County	Annually
STELLAR	Children tested for lead and lead level results	Annually
Excel surveillance tracking sheets	Outbreak information	Annually