

CALHOUN COUNTY, IOWA

Community Health Needs Assessment (CHNA) Report

Date Revised: August 27, 2018

February 15, 2021



Public Health
Elevate. Promote. Protect.
Calhoun County



Stewart Memorial
Community Hospital

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Executive Summary: 2021

Stewart Memorial Community Hospital is a 25-bed critical access hospital located in Calhoun County, Iowa. With U.S. Health Reform, came legislation to collect public opinion regarding community health needs and preferences, officially called a “Community Health Needs Assessment” or CHNA. A CHNA is a systematic collection and analysis of information about the health of the community. By using the findings of the assessment, communities can initiate strategies to begin improving the health of their residents. A CHNA gives Stewart Memorial an opportunity to gather valuable information to better serve the people in our communities and gauge the perceptions of our residents. Our CHNA incorporates input from community stakeholders, public health experts, and residents of the communities we serve, and identifies action and implementation plans to improve community health.

To conduct the CHNA, Stewart Memorial facilitated a survey along with Calhoun County Public Health and CHNA resources available from other sources including the Iowa Hospital Association and Iowa Public Health to:

- Obtain community input
- Identify and rank community health needs
- Develop an implementation plan

Community input was obtained through a community survey to healthcare stakeholders as well as Calhoun County residents. The survey was available electronically and in paper form with 130 surveys returned in December of 2020 to provide data for our 2021 Community Needs Assessment Report.

Key Findings: 2021

23 questions were asked of respondents about Direct Health Services

Access to Primary care within 20 minutes or 30 miles

- Available meets existing needs: 96.92%
- Available but fails to meet needs: 3.08%
- Not available: 0%

Access to mental/behavioral health care within 20 minutes or 30 miles

- Available meets existing needs: 68.33%
- Available but fails to meet needs: 20.83%
- Not available: 10.83%

Access to Dental Care within 20 minutes or 30 miles

- Available meets existing needs: 84%
- Available but fails to meet needs: 12.80%
- Not Available: 3.20%

6 questions were asked of respondents concerning access to health education & information resources

Information related to health maintenance & disease prevention

- Available meets existing needs: 84.17%
- Available but fails to meet needs: 13.33%
- Not Available: 2.50%

How and where to find needed health care services

- Available meets existing needs: 86.78%
- Available but fails to meet needs: 12.04%
- Not Available: 0.83%

17 questions were asked of respondents concerning additional community support that was available

Access to public transportation

- Adequate: 45.16%
- Needs Improvement: 39.52%
- Not Adequate: 15.32%

Job Training Opportunities- Gender Specific

- Adequate: 50.93%
- Needs Improvement: 33.33%
- Not Adequate: 15.74%

Child and Elder Care Services (including caregiver health)

- Adequate: 51.61%
- Needs Improvement: 42.74%
- Not Adequate: 5.65%

Bike Trails and Lanes

- Adequate: 54.92%
- Needs Improvement: 35.25%
- Not Adequate: 9.84%

Healthy Food access available at farmer's markets, community supported farms, community gardens, and food retail businesses

- Adequate: 62.70%
- Needs Improvement: 24.37%
- Not Adequate: 9.52%

5 questions were asked of respondents concerning community building activities

Housing

- Adequate: 48.03%
- Needs Improvement: 39.37%
- Not Adequate: 12.60%

Income and Income Distribution

- Adequate: 42.86%
- Needs Improvement: 45.38%
- Not adequate: 11.76%

Economic Development

- Adequate: 51.20%
- Needs Improvement: 37.60%
- Not adequate: 11.20%

Implementation Summary

Stewart Memorial set realistic goals and determined needs we can make a difference in.

Future Assessments

Stewart Memorial Community Hospital is required to do a CHNA every three years. Along with surveying our service area, we are required to choose “needs” to address, have a plan and strategies on file to address these needs, and seek board approval of our plan. We do survey the community in conjunction with Calhoun County Public Health and share our plans and collaborate on similar needs and findings.

Objectives of a Community Health Needs Assessment

Stewart Memorial has many long-standing initiatives focused on improving the health of the communities we serve. Stewart Memorial approaches this CHNA process as an opportunity to evaluate and assess needs through a formalized structured process involving key personnel and communication strategies to gather the information.

Goals of Stewart Memorial CHNA were:

- Better understand health care needs in the community
- Collaborate with community health leaders
- Develop an action plan with realistic goals based on available resources
- Improve the health of the communities we serve

The overall health of the community is a shared responsibility among many stakeholders including governmental agencies, health care providers, and community members themselves. Collaboration amongst all of these entities is essential in gathering and achieving the desired goals.

Definition of the Stewart Memorial Community

Stewart Memorial Community Hospital is a complete rural health delivery system located in Lake City, Iowa. Services provided include inpatient, outpatient, obstetrics, and emergency department care as well as four provider-based rural health clinics (Lake City, Rockwell City, Lake View and Gowrie), community wellness and many other related healthcare programs. Staffed Beds: 25, Admissions (Acute): 333, Inpatient Days (Acute): 918 Average Daily Census (Acute): 2.5, Average Length of Stay (Acute): 67 hours, 20 minutes.

Primary service area as reported by Iowa Hospital, Association includes the following towns in Calhoun, Sac, and Webster County with the number of residents served: Lake City-17,695 discharges, Rockwell City-15,776, Gowrie-6,127, Lohrville-3,541, Lake View-3,461, Farnhamville-2,469, Auburn-2,463, Pomeroy- 2,365. Secondary market area includes the above counties in addition to Carroll and Greene. Manson-2,221, Wall Lake-1,856, Lytton-1,225, Sac City-1,211, Harcourt-958, Churdan-951, Carroll-919, Fort Dodge-875, Dayton-832, Somers-818, Callendar-80.

Existing healthcare facilities and resources within the community include:

Calhoun County Ambulance Service

Sunny View Retirement

Sunny Knoll Care Center

Shady Oaks Care Center

Opportunity Living

Rock-Judisch Vision Clinic

Calhoun County Public Health

Family First Dental

Kalkwarf Dental

Community Pharmacies of Lake City, Rockwell City, Gowrie and Lake View

Redenius Chiropractic

Schleisman Chiropractic

Nick Hildreth Medical Clinic

County Demographics

Population: 9,668

% of Population below 18 years of age: 21.3%

% of Population 65 and older: 23.5%

% Rural: 100%

% Females: 48.1%

93.7% Non-Hispanic White

2.1% Hispanic

2.4% Non-Hispanic Black

Social and Economic Factors

94% High School Completion

64% Some College

2.6% Unemployment
14% Children in poverty
20% Children in single-parent households
Uninsured 6%

Methods Used to Conduct the Community Health Needs Assessment

The Community Health Improvement Process developed by the Iowa Department of Public Health served as our guideline for a model to plan and implement the CHNA. Stewart Memorial working in conjunction with the Calhoun County Public Health adopted this model in the development of our CHNA.

To further identify the health needs of the community secondary data sources used included the U.S. Census Information, Iowa Department of Public Health, the County Health Rankings, and Cancer in Iowa 2021.

Steps taken included the following:

- Gather preliminary data from all mailbox holders in Calhoun County through paper and digital survey
- Gather input for the public and major stakeholders
- Compile results
- Identify Needs
- Research supporting data to support top needs
- Develop Action Plan
- Implement Action Plan
- Review Progress of Action Plan Yearly

2021 Implementation Plan

CALHOUN COUNTY, IOWA

Promote Healthy Living Assessment

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

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
<p>1 Chronic Disease Prevention and Screening: Improve Access to Quality Health Services and Support</p>	<p>According to the 2014 Iowa Public Health Tracking Portal and a local survey the: Top causes of death for all ages in 2014 were Heart Disease and Stroke, Cancer, Alzheimer's Disease and COPD. Top causes for hospitalizations were Diabetes, Osteoarthritis, Respiratory infections, and Mental Health conditions. According to 2015 County Health Rankings, 31% of adults are obese, which is higher than Iowa and highest in group of 6 regional counties. According to local BMI studies, 34% of elementary students and 37% of high school students > 85th percentile.</p> <p>2018 According to Stewart Memorial Community Hospital (SMCH) assessment survey, 47% respondents stated weight control was a challenge. This correlates with County Health Rankings for obesity at 34%, an increase from 2015 data.</p> <p>2021 According to the Iowa Cancer Registry Calhoun County is estimated to have 75 new cancer diagnosis in 2021. In Iowa the cancer types related to this new diagnosis are breast cancer at 29.4%, prostate cancer @ 25.3% and lung cancer @ 12.6%in females and 13.4% in males. Currently there are 640 residents living with cancer. County Health Rankings report mammography screening rate at 47%. According to the SMCH assessment survey 29.27% of those surveyed stated that screening services were available but failed to meet needs with 2.4% stating screening was not available.</p> <p>According to the SMCH assessment 14.53% felt that cardiovascular disease prevention, screening & treatment was available but failed to meet needs with 6.84% stating these services were not available.</p> <p>County Health Ranking for adult obesity in Calhoun County showed a slight increase to 35% and ranked physical inactivity at 33%. In 2021 the SMCH assessment stated that 71.05% felt that services were available to meet their needs and access to exercise opportunities was ranked 74%.</p>	<p>Yes</p>	<p> <input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources <input type="checkbox"/> Other </p>

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
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2 Addictive Behaviors in Adults:
Need: Increase the availability of Substance Abuse Support Groups and Services

2015 County Health Rankings report: 22% of Calhoun County adults smoke tobacco which exceeds Iowa's 18% and is 2nd highest in group of 6 regional counties; 27% of adults report binge or heavy drinking, an increase from 18% in 2010, exceeds Iowa's report of 20% and the U.S report of 16%, and ranks highest in group of 6 regional counties.

2018 According to SMCH assessment survey, tobacco use was a high concern at 48%. Respondents reported services available and meets needs at 71%. The 2018 County Health rankings indicate that adult smoking was at 16%, below Iowa's report use of 17%; excessive drinking is reported by 19% of adults, a decrease from 22% in 2015.

2021 The County Health Rankings indicate that adult smoking increased to 20% which is above the Iowa's report of 17%. According to the SMCH assessment 25% surveyed stated that smoking cessation services were available but failed to meet needs and 3.70% stated smoking cessation services were not available.

According to the County Health Rankings, Calhoun County had 60% for alcohol-impaired driving deaths compared to Iowa at 27%. The SMCH assessment showed that only 25.98% felt that alcohol and drug abuse prevention and treatment- gender specific services were available but failed to meet needs with 18.75% stating that services were not available.

Yes

- Other priorities rated higher
- Existing programs already address problem/need
- Lack of human resources/ staff
- Community partners do not exist
- Lead organization does not exist
- Lack of financial resources
- Other

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
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3 Addictive Behaviors in Children: Need to Increase Access to Quality Health Services and Support

2014 Iowa Youth Survey reports: *82% of Calhoun 11th graders report easy access to illegal substances; 72% in Iowa *6th & 8th grade alcohol usage (more than few sips) 33%, up from 28% in 2012; 11th graders 49% compared to Iowa's 30%. *Youth reports if ever gambled for money 31%, up from 29% in 2012.

2018 The Iowa Youth Survey is completed every two years, most recently in 2016. Results are that 14% of 6th graders, 39% of 8th graders and 41% of 11th graders report alcohol usage, indicating an improvement.

2021 The Iowa Youth Survey for Calhoun County reports: 42% of Calhoun County 11th graders ever had alcohol with 12% reporting binge drinking in the past 30 days. 19% of the 11th grader students reported using tobacco and 24% reported smoking e-cigarettes or vaping. 15% of the 11th graders reported marijuana usage. The SMCH assessment showed that only 25.98% felt that alcohol and drug abuse prevention and treatment- gender specific services were available but failed to meet needs with 18.75% stating that services were not available

Yes

- | | |
|--|---|
| <input type="checkbox"/> Other priorities rated higher
<input type="checkbox"/> Existing programs already address problem/need
<input type="checkbox"/> Lack of human resources/ staff

<input type="checkbox"/> Other | <input type="checkbox"/> Community partners do not exist
<input type="checkbox"/> Lead organization does not exist
<input type="checkbox"/> Lack of financial resources |
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CALHOUN COUNTY, IOWA

Prevent Injuries & Violence Assessment

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

Injuries & Violence Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:	
<p>1 Unintentional injury rates for adults: Need to Increase Access to Quality Health Services and Support</p>	<p>According to Iowa's Public Health Tracking Portal and CDC's Community Health Status Indicators, motor vehicle accidents and unintentional injuries from falls, are #3 in the Top 5 causes of death, #8 and #10 in the Top 10 county hospitalizations, and #1 in the Top 10 reasons for local Emergency Department visits; local injury rates (79) exceed Iowa's (59). Calhoun's injury hospitalization rate is #1 highest rate in region of 6; ED visit rate is #3 highest in region of 6; motor vehicle accident death rate is #3 highest in region of 6; unintentional injury death rate is #2 highest in region of 6.</p> <p>2018 County Health Rankings report 20 motor vehicle crash deaths in Calhoun County which is higher than the Iowa county average of 11. In Calhoun county 38% of motor vehicle deaths are alcohol related, which is higher than the Iowa average of 27%.</p> <p>2021 County Health Rankings report 78 injury deaths in Calhoun County which is higher than the Iowa average of 68. In Calhoun County 60% of motor vehicle deaths are alcohol related, which is higher than the Iowa Average of 27%.</p> <p>According to the SMCH assessment 26.13% stated that violence and injury prevention programs were available but failed to meet their needs and 26.31% stated that services were not available.</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> <input type="checkbox"/> Other	<input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources <input type="checkbox"/> <hr/>
<p>2 Unintentional injury rates for children</p>	<p>According to 2014 Fact Sheet from the National Children's Center for Rural and Agricultural Health and Safety, the leading sources of nonfatal injuries for childhood agricultural injuries are surfaces (falls), animals and vehicles. Children are exposed to injuries through sports or recreation that include riding or driving on- and off-road 2- and 4-wheeled vehicles, water activities, and non-compliant / out-dated car safety seats.</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other	<input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Injuries & Violence Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
3 Child abuse and neglect rates	<p>According to Iowa Dept of Human Service Reports, 106 confirmed or founded events of child abuse and neglect occurred in 2014, involving 3 types of abuse: 26 Denials of critical care (neglect), 4 Physical abuse, 2 Sexual Abuse; 1 Allowed access by registered sex offender. The age range for child victims of confirmed or founded abuse or neglect in 2014 was: <5 years - 7(29.2%); 6-10 years – 12; >11 years - 5.</p> <p>2018 65% of respondents to the SMCH survey stated that child abuse is a high concern, with only 27% stating that available service meets needs.</p> <p>2021 76.36% of respondents to the SMCH assessment survey stated that Child Preventative services were available and met existing needs while 19.09% felt service were available but failed to meet needs.</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources <input type="checkbox"/>

Injuries & Violence Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
4 Bullying	<p>According to 2014 Iowa Youth Survey, 70% of female students and 54% of males in 6th through 11th grade report being bullied 1 or more times in the past 30 days.</p> <p>2018 75% of SMCH survey respondents state that bullying is an issue of concern; 21% feel that services to address bullying are available and meet needs.</p> <p>According to the 2021 Iowa Youth Survey 5% of the Calhoun County 11th Grade students stayed home because student felt unsafe going to school compared to Iowa average of 9%</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources <input type="checkbox"/>

CALHOUN COUNTY, IOWA

Protect Against Environmental Hazards Assessment

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

Environmental Hazards Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Healthy Living Environment	<p>Local Public Health receives frequent requests from renters re lack of adequate plumbing and heating in Calhoun County rental properties. No housing assessment, written minimum housing standards or ordinances, or written agreement between landlord and renter to assure basic provisions prior to habitation. No routine access to smoke detectors or fire extinguishers. Local Public Health receives frequent requests from concerned citizens / city officials re hoarding / nuisances in or around homes that create safety hazards for inhabitants, neighbors and emergency responders. Inconsistent enforcement of inadequate policies have been ineffective to eliminate recurring public complaint.</p> <p>2018 SMCH and Calhoun County Public Health (CCPH) staff participated in a housing needs assessment involving multiple counties. Results have not been published as of the date of this report.</p> <p>48.03% of the respondents on the 2021 SMCH assessment felt that housing needs were adequate with 39.7% stating needs improvement and 12.60% stating they are inadequate. Severe housing problems in Calhoun County was ranked at 10% according to the County Health Rankings in 2021.</p>	Yes	<p><input type="checkbox"/> Other priorities rated higher</p> <p><input type="checkbox"/> Existing programs already address problem/need</p> <p><input type="checkbox"/> Lack of human resources/ staff</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Community partners do not exist</p> <p><input type="checkbox"/> Lead organization does not exist</p> <p><input type="checkbox"/> Lack of financial resources</p>

Environmental Hazards Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Surface and ground water quality	<p>Calhoun County is 1 of 3 being sued by Des Moines Waterworks for high nitrate runoff. Calhoun County hosts large and small animal confinements that utilize surface distribution methods to dispose of manure. Field run-off creates potential hazards for water quality and soil erosion. There is no long-term routine public monitoring of surface water.</p>	Yes	<p><input type="checkbox"/> Other priorities rated higher</p> <p><input type="checkbox"/> Existing programs already address problem/need</p> <p><input type="checkbox"/> Lack of human resources/ staff</p> <p><input type="checkbox"/> Community partners do not exist</p> <p><input type="checkbox"/> Lead organization does not exist</p> <p><input type="checkbox"/> Lack of financial resources</p>

Other _____

Environmental Hazards Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
<p>3 Food Safety and hazardous waste disposal</p>	<p>Buena Vista County assumed all Food inspections for Calhoun County in October 2015. Calhoun County EH maintains a Household Hazardous Waste site in collaboration with Metro Waste Authority.</p> <p>2018 Only 22% of SMCH survey respondents state that food safety is a concern and 75% feel that services are available to address food safety and meets needs.</p>	<p>No</p>	<p><input type="checkbox"/> Other priorities rated higher</p> <p><input type="checkbox"/> Existing programs already address problem/need</p> <p><input checked="" type="checkbox"/> Lack of human resources/ staff</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Community partners do not exist</p> <p><input type="checkbox"/> Lead organization does not exist</p> <p><input type="checkbox"/> Lack of financial resources</p>

CALHOUN COUNTY, IOWA

Prevent Epidemics & the Spread of Disease Assessment

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

Epidemics & Spread of Disease Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Immunization rates	<p>According to 2014-15 Iowa Registry of Immunization Services (IRIS) and annual Iowa Dept of Public Health Reports, Calhoun County adults and children do not meet state or national goals for all available vaccine types which prevent disease. 2014 Iowa Public Health Tracking Portal reports pneumonia and influenza are in Top 5 Causes of Death and Top 10 reasons for hospitalizations; 2nd highest rank in region of 6 counties and greater than Iowa in all age-adjusted groups.</p> <p>2018 48% of SMCH survey respondents had a high concern about child immunizations; 95% reported feeling that childhood immunization services are available and meet needs. According to Iowa Registry of Immunization Services (IRIS) 82% of children at age two meet state immunization requirements which exceeds the national target of 80%.</p> <p>According to respondents on the 2021 SMCH assessment 97.52% felt immunization services for children and adults were available</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Epidemics & Spread of Disease Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Infectious disease	<p>Calhoun County Public Health staff investigated 18 reportable disease events in fiscal year 2015 that are preventable with community education. According to CDC's Community Health Status Indicators, Calhoun's chlamydia rate of 197.4 and gonorrhea rate of 10.4 falls within a moderate national category of incidence; 192 newly diagnosed chlamydia cases is an increase from 125 in 2010. Chlamydia was the highest reportable infectious disease in 2012.</p> <p>2018 CCPH staff investigated 18 reportable disease events in FY 2018 equal to FY2015. County Health Rankings combine all sexually transmitted disease. Calhoun County's rate is 202.7, which is lower than Iowa's rank of 388.9.</p> <p>On the 2021 County Health Rankings Calhoun County's rate is 205.2, which is lower than the Iowa average of 466.7.</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

CALHOUN COUNTY, IOWA

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

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

Preparedness Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Human Resource Capacity	<p>Routine and periodic education and training is needed at all community levels to assure a rapid and appropriate all-hazards response. Responders need access to supplies and equipment.</p> <p>2018 CCPH and SMCH participate in the Service Area 7 Regional Disaster Coalition where training needs will be addressed for the region.</p> <p>According to the respondents of the SMCH assessment 71.19% stated services were available and met existing needs for: Protection against environmental hazards, 76.86% for Prevention of epidemics and the spread of disease, 82.93% for Preparation for public health emergencies, 85.12% for Responding to public health emergencies, and 80.83% for Recovering from public health emergencies.</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/staff <input type="checkbox"/> Other <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Preparedness Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Planning	<p>Shelters are needed throughout the county that are accessible to persons with disabilities. One of three largest towns have yet to sign an MOU with the HealthCare Coalition to assure open Point of Dispensing for mass distribution of vaccines and or antibiotics. 50% of the respondents on the 2021 assessment shelters were available and met existing needs.</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/staff <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Other _____

Preparedness Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:	
3 Technical and Communication Capacity	<p>Community preparedness and successful emergency notifications depend on updated and redundant methods of communication that is tested periodically.</p> <p>2018 CCPH and SMCH both have HANS (Health Alert Network System) and WENS (Weather and Emergency Notification System) which are tested routinely.</p> <p>2021 Calhoun County and SMCH have switched to the RAVES alert system</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/>	<input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources <input type="checkbox"/>
			<input type="checkbox"/> Other _____	

CALHOUN COUNTY, IOWA

Strengthen the Health Infrastructure Assessment

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

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Access to Quality Health Services and Support	<p>According to 2015 County Health Rankings, the ratio of population to mental health providers is triple the ratios for Iowa and U.S. Local survey respondents report they do not receive routine health care due to cost / no insurance, can't take work time off / no appointment available when convenient for patient. Providers report patients verbalize lack of reliable transportation prevents compliance to medical appointments.</p> <p>2018 According to County Health Rankings, mental health providers in Calhoun County are 4,920 to 1. Through participation with Rolling Hills Mental Health Coalition, mental services are available through tele-health at SMCH.</p> <p>According to 2021 County Health Rankings Calhoun County respondents average 3.7 poor mental health days compared to the Iowa average of 3.5. While county residents: mental health providers is 4,830:1 compared to the Iowa average of 610:1. According to the 2021 SMCH assessment access to mental health care within 20 minutes or 30 miles 68.33% felt their were adequate services to meet existing needs, 10.83% felt services</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> <input type="checkbox"/> Other <hr/> <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Accreditation and Standardization of Health Programs and Services	<p>According to Healthy People 2020, expanding the evidence base for community interventions and for the effective organization, administration, and financing of public health services is critical to the future development of public health infrastructure. The emerging field of public health systems and services research is planing an important role in the development of this evidence base; its role should be supported and expanded over the decade, with a strong focus on translating research into practice (12/4/15)</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other <hr/> <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
3 Poverty	<p>According to 2015 County Health Rankings, 36% of Calhoun County's children live in single-parent households, compared to 29% in Iowa and 31% in U.S. According to 2014 ISU Extension Poverty and Food Needs report, 21% of families with children under 18 live in poverty compared to 15% in 2010; 36% of families with a single female parent have incomes below the poverty level, and the rate increases to 79% when incomes <185% of poverty level. 22% of individuals < 18 years live below poverty guidelines; 23% of persons >18 years live below poverty guidelines - all county levels exceed Iowa's rates.</p> <p>2018 County Health Rankings state that 29% of children live in single parent households which is an improvement and equal to Iowa. In Calhoun County 16% of children live in poverty.</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

CALHOUN COUNTY, IOWA

February 15, 2021

Community Health Needs Assessment SNAPSHOT



Promote Healthy Living

- Priority #1 Chronic Disease Prevention and Screening
- Priority #2 Addictive Behaviors in Adults
- Priority #3 Addictive Behaviors in Children



Prevent Injuries & Violence

- Priority #1 Unintentional injury rates for adults
- Priority #2 Unintentional injury rates for children
- Priority #3 Child abuse and neglect rates
- Priority #4 Bullying



Protect Against Environmental Hazards

- Priority #1 Healthy Living Environment
- Priority #2 Surface and ground water quality
- Priority #3 Food Safety and hazardous waste disposal



Prevent Epidemics & the Spread of Disease

- Priority #1 Immunization rates
- Priority #2 Infectious disease



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

- Priority #1 Human Resource Capacity
- Priority #2 Planning
- Priority #3 Technical and Communication Capacity



Strengthen the Health Infrastructure

- Priority #1 Access to Quality Health Services and Support
- Priority #2 Accreditation and Standardization of Health Programs and Services
- Priority #3 Poverty