

Community Health Needs Assessment

CHI Health Missouri Valley – Missouri Valley, IA
2019



CHI Health Missouri Valley Community Health Needs Assessment Report

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Executive Summary

“The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.”

CHI Health is a regional health network consisting of 14 hospitals, two stand-alone behavioral health facilities, a free standing emergency department, 136 employed physician practice locations and more than 11,000 employees in Nebraska and Western Iowa. Our mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our wall. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The following community health needs assessment (CHNA) was completed with our community partners and residents in order to ensure we identify the top health needs impacting our community, leverage resources to improve these health needs, and drive impactful work through evidence-informed strategies.

CHI Health Missouri Valley is a community-based hospital in Missouri Valley, Iowa, and primarily serves the rural area of Harrison County, located in the Loess Hills, near the Missouri River. The hospital consists of 25 acute inpatient beds, which are also certified swing beds allowed under Critical Access Hospital rules. The community-based hospital offers many forms of care: technologically advanced medical services, quality health education, health screenings, and more. Beyond the hospital walls, CHI Health Missouri Valley works closely with businesses, community groups, churches, schools, social service agencies, and others to build a healthier community.

A Community Health Needs Assessment was conducted in partnership with the Harrison County Home and Public Health Department (HCHPH) to satisfy regulatory compliance. Primary and secondary data were collected, analyzed and interpreted to derive health priorities for CHI Health and community partners to collectively address over the next three years, beginning July 1, 2019 and concluding June 20, 2020. CHI Health will work with internal teams and external partners to further prioritize the community health needs identified in the CHNA, dedicate resources and implement impactful activities with measurable outcomes through the implementation strategy plan (ISP) to be published in July 2019.

CHI Health Missouri Valley Community Health Needs Assessment

In fiscal year 2019, CHI Health Missouri Valley conducted a community health needs assessment (CHNA) by completing a secondary data review of community health indicators available from sources such as the Centers for Disease Control and Prevention, County Health

Ranking & Roadmaps, Iowa Department of Public Health, and the U.S. Census Bureau. The CHNA process led to the identification of two priority health needs for Harrison County. With the community, CHI Health Missouri Valley will further work to identify the role of the hospital in addressing these health needs and develop measurable, impactful strategies. A report detailing CHI Health Missouri Valley's implementation strategy plan (ISP) will be released in July 2019.

The process and findings for the CHNA are detailed in the following report. If you would like additional information on this Community Health Needs Assessment please contact Kelly Nielsen, Kelly.nielsen@alegent.org, and (402) 343-4548.

Introduction

Health System Description

CHI Health is a regional health network with a unified mission: nurturing the healing ministry of the Church while creating healthier communities. Headquartered in Omaha, the combined organization consists of 14 hospitals, two stand-alone behavioral health facilities, a free-standing emergency department and more than 136 employed physician practice locations in Nebraska and southwestern Iowa. More than 11,000 employees comprise the workforce of this network that includes 2,180 licensed beds and serves as the primary teaching partner of Creighton University's health sciences schools. In fiscal year 2018, the organization provided a combined \$179.3 million in quantified community benefit including services for the poor, free clinics, education and research. Eight hospitals within the system are designated Magnet or Pathway to Excellence by the American Nurses Credentialing Center. With locations stretching from North Platte, Nebraska, to Missouri Valley, Iowa, the CHI health network is the largest in Nebraska, serving residents of both Nebraska and southwest Iowa. For more information, visit online at CHIhealth.com.

Hospital Description

CHI Health Missouri Valley is a community-based hospital in Missouri Valley, Iowa, and primarily serves the rural area of Harrison County, located in the Loess Hills, near the Missouri River. The community-based hospital offers many forms of care: technologically advanced medical services, quality health education, health screenings, and more. Beyond the hospital walls, CHI Health Missouri Valley works closely with businesses, community groups, churches, schools, social service agencies, and others to build a healthier community. In 2019, CHI Health Missouri Valley was a recipient of the Top 100 Critical Access Hospitals designation by the Chartis Center for Rural Health.

CHI Health Missouri Valley provides the following services:

- 24-hour emergency care with heliport accommodations
- Diagnostic imaging services:
- Diagnostic and evaluative laboratory services
- Cardiovascular services
- Cardiac and pulmonary rehabilitation
- Inpatient and outpatient physical therapy for orthopedic, burn, occupational health, stroke, and sports injuries
- Inpatient and outpatient occupational and speech therapy
- Mental/Behavioral health
- Geriatric services
- Nutritional services
- Outpatient surgery
- Outpatient clinics
- Social services
- Educational programs and instruction for patients, staff and the community

CHI Health Missouri Valley also provides a variety of specialty clinics:

- Audiology
- Cardiology non-invasive studies
- Dentistry
- Ear, nose and throat
- Gastroenterology including video-scope equipment
- General surgery/Wound care
- Medical/Surgical consultation
- Obstetrics/gynecology
- Ophthalmology
- Orthopedics
- Pain management
- Podiatry
- Psychiatry
- Rehabilitation Services
- Urology

Purpose and Goals of CHNA

CHI Health and our local hospitals make significant investments each year in our local community to ensure we meet our mission of creating healthier communities. A Community Health Needs Assessment (CHNA) is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

The goals of this CHNA are to:

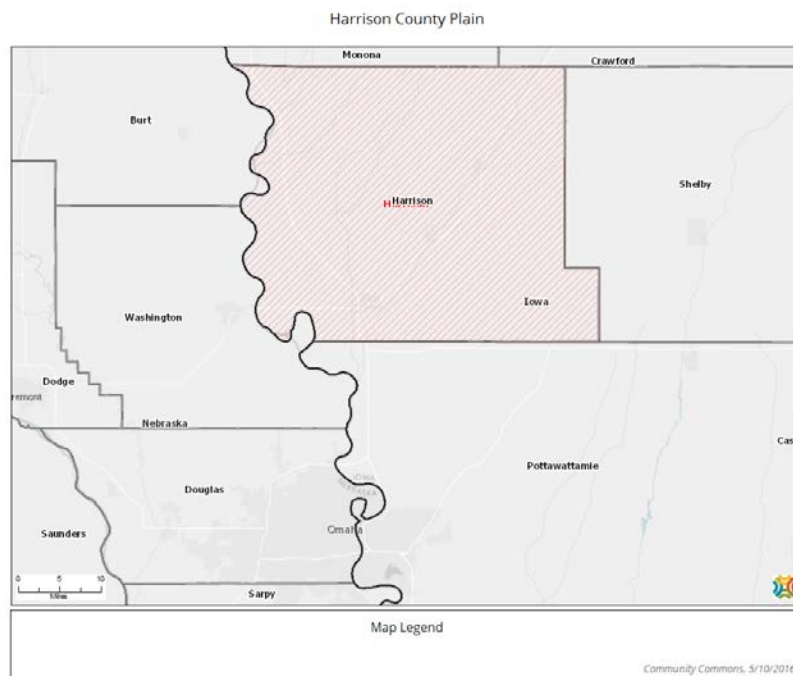
1. Identify areas of high need that impact the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Set priorities and goals to improve these high need areas using evidence as a guide for decision-making.
4. Ensure compliance with section 501(r) of the Internal Revenue Code for not-for-profit hospitals under the requirements of the Affordable Care Act.

Community Description

Community Definition

CHI Health Missouri Valley is a Critical Access Hospital located in Missouri Valley, IA and largely serves the Harrison County area. Harrison County was identified as the community for this CHNA, as it is the primary service area for CHI Health Missouri Valley.

Figure 1. CHI Health Missouri Valley Service Area - Harrison County, Iowa¹



¹ Community Commons Maps & Data. Accessed March 2019. <http://www.communitycommons.org/maps-data/>

Community Description

CHI Health Missouri Valley is located in Missouri Valley, Iowa. Missouri Valley is in the southwest corner of Harrison County, a non-metropolitan county located in west central Iowa. Harrison County is composed of nine school districts and 10 incorporated towns: Dunlap, Little Sioux, Logan, Magnolia, Missouri Valley, Modale, Mondamin, Persia, Pisgah and Woodbine. Logan is the county seat and there are also six unincorporated towns, and 20 townships.²

Population

According to the most recent census estimates, Harrison County is 81% rural, encompasses 697 square miles and has 14,134 residents. The population density of Harris County is estimated at 21.4 persons per square mile, making it less than half as densely populated as the state of Iowa (54.5 persons per square mile). The population of Harrison County is primarily non-Hispanic White, and a slightly higher percentage of residents over 65 years of age reside in Harrison County (19.6%) compared to the State of Iowa (16.7%). See Table 1 for community demographics.³

Table 1. Community Demographics³

	Harrison	Iowa
Total Population (V2018)	14,134	3,156,145
Population per square mile, 2010	21.4	54.5
Total Land Area (sq. miles), 2010	696.85	55,857.13
Rural vs. Urban⁴	81.12% Rural	35.98% Rural
Age		
% below 18 years of age	23.1%	23.3%
% 65 and older	19.6%	16.7%
Gender		
% Female	50.1%	50.3%
Race		
% Black or African American	0.4%	3.8%
% American Indian & Alaskan Native	0.4%	0.5%
% Asian	0.3%	2.6%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	1.8%	6.0%

² Harrison County, Iowa. 2017. Accessed May 2019. <http://www.harrisoncountyiowa.org/>

³ US Census Bureau QuickFacts. Accessed May 2019.

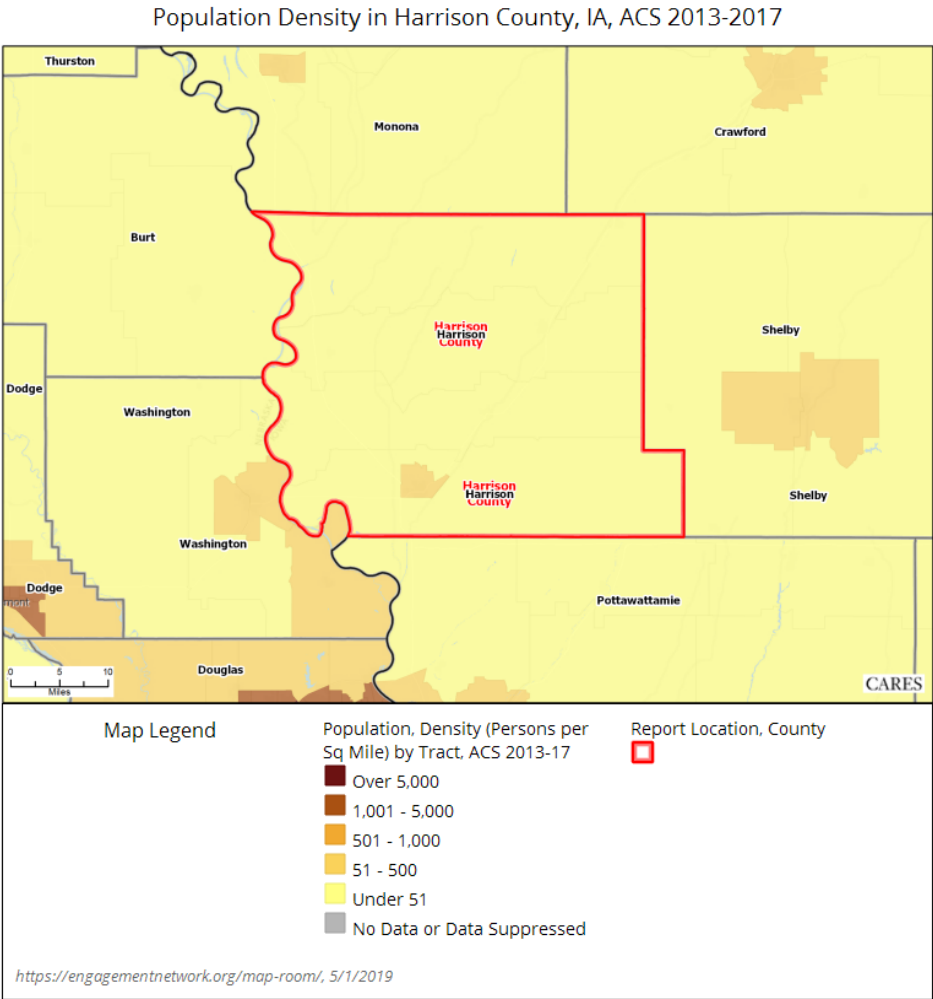
<https://www.census.gov/quickfacts/fact/table/harrisoncountyiowa,ia#>

⁴ US Census Bureau. Decennial Census. 2010. Source geography: Tract. Accessed May 2019. Retrieved from CARES Engagement Network. <https://engagementnetwork.org/assessment/>

% Non-Hispanic White	96.2%	85.7%
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As shown in Figure 2, Harrison County is sparsely populated; 81% of all residents live in what is classified as a rural area. Harrison County’s seat, Logan, is approximately 45 miles from Omaha, Nebraska and Council Bluffs, Iowa, which is a major metropolitan area.

Figure 2. Population density in Harrison County, Iowa⁵



Socioeconomic Factors

Table 2 shows key socioeconomic factors known to influence health including household income, poverty, unemployment rates and educational attainment for the community served by CHI Health Missouri Valley. The median income in Harrison County (\$57,558) is slightly higher than the state average (\$56,570). Harrison County has a similar percentage of high school graduates aged 25 and older, compared with the State of Iowa, but educational

⁵ CARES Engagement Network. Maps. Source geography: County. Data Source: American Community Survey 5-Year Estimates 2013- 2017. Accessed May 2019. <https://engagementnetwork.org/map-room/>

attainment is lower in Harrison County with regard to completion of a Bachelor’s degree (Harrison County: 17.8%, Iowa: 27.7%).⁶

Table 2. Socioeconomic Factors⁶

	Harrison	Iowa
Income		
Median Household Income (2017 dollars)	\$57,558	\$56,570
Employment		
Unemployment ⁷	2.8%	2.7%
Poverty Rates		
Persons in Poverty	10%	10.7%
Children in Poverty ⁸ (% Below 100% FPL)	13.08%	14.75%
Education		
% of High School Graduates Age 25 and Older	92.0%	91.8%
Bachelor's degree or higher	17.8%	27.7%
Insurance Coverage⁸		
% of Population Uninsured	5.4%	5.5%
% of Uninsured Children	3.1%	3.4%

Harrison County’s poverty, unemployment and uninsured rates are all similar to the State of Iowa. The percentage of the total population that lacks health insurance coverage in Harrison County is 5.4%, compared to the State of Iowa average (5.5%).⁸ Unemployment is low both in Harrison County (2.8%), as well as across the state (2.7%).⁷

Poverty presents a barrier to many factors impacting health, including: access to care, nutrition, education, safe housing, etc. See Figure 3 for a map of the youth population in Harrison County currently living below the Federal Poverty Level. Approximately 13% of Harrison County youth are living in households with incomes below 100% of the Federal Poverty Level (FPL); for the State of Iowa the rate is 14.75%.⁸

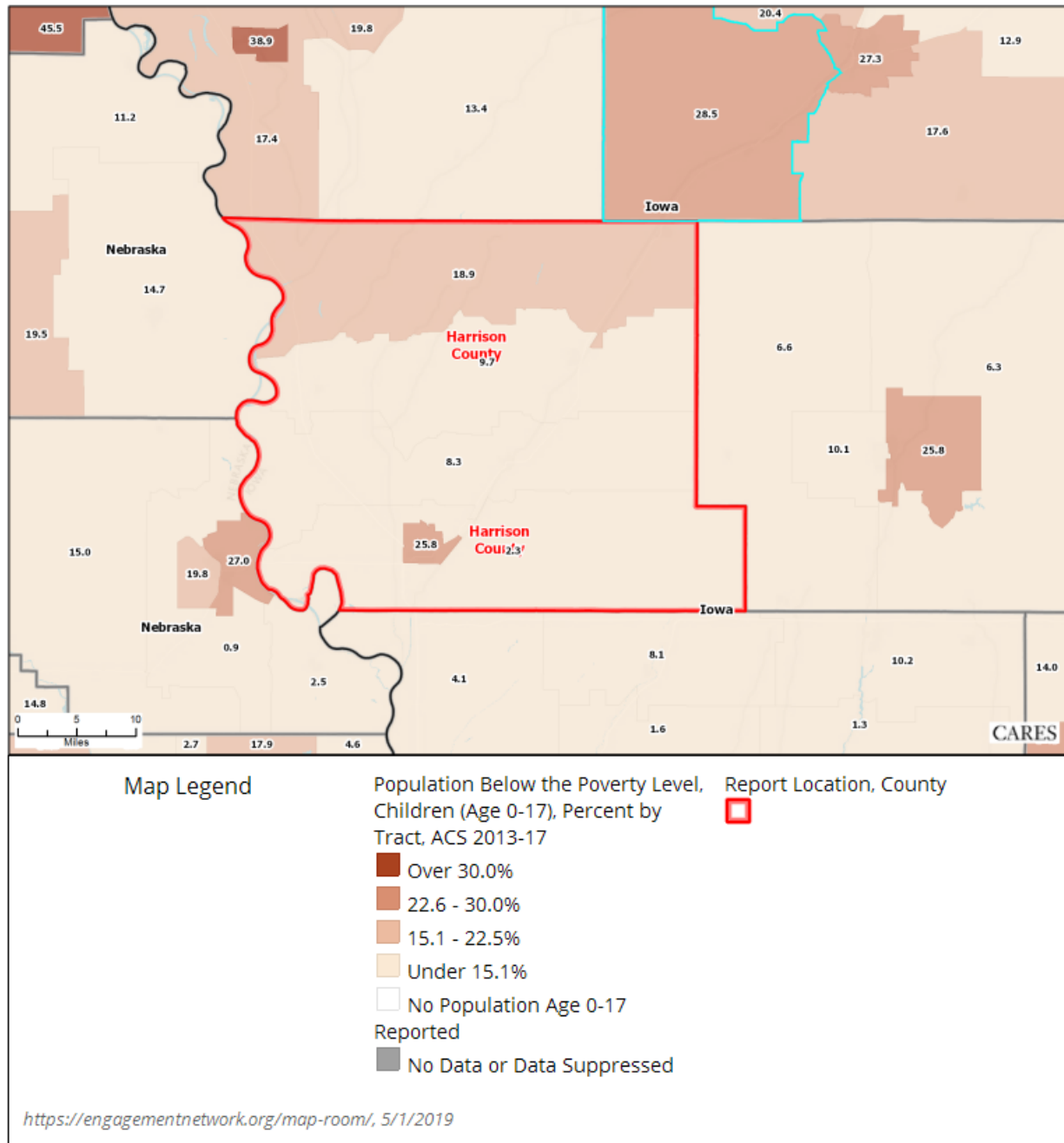
⁶ US Census Bureau QuickFacts. Accessed May 2019. <https://www.census.gov/quickfacts/fact/table/harrisoncountyiowa,ia#>

⁷ US Department of Labor, Bureau of Labor Statistics. 2019 - February. Source geography: County Accessed May 2019. Retrieved from CARES Engagement Network. <https://engagementnetwork.org/assessment/>

⁸ US Census Bureau, American Community Survey. 2013-17. Source geography: Tract. Accessed May 2019. Retrieved from CARES Engagement Network. <https://engagementnetwork.org/assessment/>

Figure 3: Harrison County % of Children 0-17 Living Below the FPL⁹

Harrison County % of Children Living Below the FPL, % by Tract, ACS 2013-2017



Other Community Characteristics

Harrison County is primarily rural in nature with manufacturing and agriculture the major industries. Local businesses such as Tommy Gate, Carry On, and E4 Precision Ag provide steady

⁹ CARES Engagement Network. Maps. Source geography: Tract. Data Source: American Community Survey 5-Year Estimates 2013- 2017. Accessed May 2019. <https://engagementnetwork.org/map-room/>

job opportunities and bring resources to the communities. Harrison County cities are family-oriented and have a strong sense of community pride in local neighborhoods. A stable county government as well as strong support from Iowa State University Extension services also maximizes resources in the county. Missouri Valley is situated less than a mile east of Interstate 29 and less than five miles north of Interstate 80.

Other Health Services

CHI Health Missouri Valley is the only hospital located in Harrison County. CHI Health Missouri Valley works with Harrison County Home and Public Health (HCHPH) to collaborate in addressing community health needs. Formed in 2013 in response to the Community Health Needs Assessment, both entities stepped up to co-lead the Healthy Harrison Coalition (HHC), with the mutual goal of improving health in Harrison County through shared vision and collaboration.

CHI Health Missouri Valley also has a network of highly skilled and specialty care physicians with clinics located in Dunlap, Logan, Missouri Valley and Woodbine. Skilled nursing facilities exist throughout Harrison County through Care Initiatives Dunlap Specialty Care, Longview Continuing Care Retirement Community, Rose Vista Continuing Care Retirement Community, and Westmont Healthcare Community.

Community Health Needs Assessment Process

The process of identifying community health needs in Harrison County was led by CHI Health, in partnership with Harrison County Home and Public Health Department (HCHPH).

- **Harrison County Home & Public Health Department** partners with state public health, policymakers, health care providers, business and many others to fulfill its mission to promote physical and mental health and prevent disease, injury, and disability for the residents of Harrison County, IA.

Overall Methodology

A comprehensive examination of existing secondary data sources was completed by CHI Health Missouri Valley and HCHPH in late 2018 through early 2019, focusing primarily on the following sources:

- CARES Engagement Network 2019- <https://engagementnetwork.org>
- Child & Family Policy Center - https://www.cfpciowa.org/en/data/kids_count/child_abuse_and_neglect/
- County Health Rankings and Roadmaps 2018 – www.countyhealthrankings.org

- Iowa Department of Public Health Tracking Portal – <http://idph.iowa.gov/PublicHealthData/search>
- Iowa Behavioral Risk Factor Surveillance System (BRFSS) - <https://idph.iowa.gov/Portals/1/Files/BRFSS/2016BRFSSAnnualReport.pdf>
- 2016 Iowa Youth Survey - http://www.iowayouthsurvey.iowa.gov/images/2016_County_reports/43.Harrison.pdf
The State of Obesity - <http://stateofobesity.org/states/ia/>
- U.S. Census Bureau/ American Community Survey- <https://www.census.gov/>

In order to analyze data, benchmarking is vital. This was accomplished by reviewing trend data provided by the Iowa Department of Public Health, Iowa Youth Survey, Behavioral Risk Factor Surveillance System (BRFSS) data, and Healthy People 2020 (HP2020). See Table 3 for more information regarding commonly cited data sources used in the CHI Health Missouri Valley CHNA.

Table 3. Frequently Cited Data Sources in 2019 CHI Health Missouri Valley CHNA

Frequently Cited Data Sources	
Data Source	Description
Center for Applied Research and Engagement Systems (CARES) Engagement Network	An interactive platform designed for community leaders and decision-makers- populated with both national and local data, the site features interactive maps, Community Health Needs Assessment reports, and resources to serve all cities and counties across the United States.
Child & Family Policy Center	CFPC collects and distributes a wide variety of data on child and family well-being from Iowa Kids Count and other data sources. Specific data and policy focus areas for the state of Iowa include child care and early education, health and well-being, and family economic success.
County Health Rankings and Roadmaps	The annual County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America.
Iowa Behavioral Risk Factor Surveillance System (BRFSS)	An ongoing telephone survey conducted in partnership with the State of Iowa and the Centers for Disease Control and Prevention (CDC). The most recent report available was released in 2016. BRFSS collects information regarding health status, health care access, risk factors, preventive efforts such as cancer screenings and immunizations, attitudes and awareness of major contributors to illness, disability and premature death. BRFSS also monitors the prevalence of these indicators over time. Comparisons are made to other states and to Healthy People 2020 and Healthy Iowans goals.

Iowa Department of Public Health Tracking Portal	A wide array of data around births, causes of mortality, causes of hospitalization, access to social programs, child abuse and neglect, health professionals, and cancer, among other areas.
Iowa Youth Survey	A survey of youth in grades 6, 8 and 11 on health risk factors such alcohol, tobacco, and drug use, and bullying. The survey was conducted most recently in 2016.
The State of Obesity	An annual report that features state- level adult and youth obesity statistics and highlights promising approaches for reversing the epidemic at the state and local level.
U.S. Census/ American Community Survey	U.S. Census Bureau estimates on demographic elements such as population, age, race/ethnicity, household income, poverty, health insurance, single parent families, and educational attainment. Annual estimates are available through the American Community Survey.

Gaps in Information

Although the CHNA is quite comprehensive, it is not possible to measure all aspects of the community’s health, nor can we represent all interests of the population. Challenges exist in Harrison County around reliable data collection due to small sample sizes among different populations and indicators.

This assessment was designed to represent a comprehensive and broad look at the health of the overall community. During specific hospital implementation planning, gaps in information will be considered and other data/input brought in as needed.

Input from Community

Strong community involvement is a critical element of the CHNA process. Community input was gathered through the Healthy Harrison Coalition, co-led by CHI Health Missouri Valley and Harrison County Home and Public Health Department, and CHI Health Missouri Valley’s Patient and Family Advisory Council. A detailed description of the data validation and health need prioritization process can be found in the Prioritization Process section below, along with a list of participating stakeholders (see Table 5).

Special Population Consideration

Specific populations at higher health risk or that have poorer health outcomes were identified in the Harrison County community as:

- Individuals 65 years and older
- Low-income population
- Persons with disabilities

- Individuals impacted by violence

On December 18, 2018, the Healthy Harrison Coalition hosted a Community Health Needs Assessment data presentation facilitated by CHI Health. Members representing special populations- aging, disability, violence and low- income- were invited to participate. Participants and their sponsoring organization are listed in Table 5. The objectives of the meeting were to review community health data, engage in a facilitated discussion to validate the top health needs for Harrison County, and brainstorm potential strategies and partnerships to impact the top health needs over the next three- year implementation strategy plan (ISP), beginning July 1, 2019 and concluding June 30, 2022.

Slides and a community health indicator handout from the December 18 convening can be found in the Appendix.

Findings

The following data provides information around the health issues identified through the CHI Health Missouri Valley CHNA process. Following a review of the leading causes of death in Harrison County, the data below takes into account trends and disparities. The data is focused primarily on Harrison County and includes comparison to peer counties, the State of Iowa, the U.S. overall and Healthy People 2020 (HP2020) objectives, where applicable.

CHI Health Missouri Valley identified the following 10 health needs as ‘Areas of Opportunity’ after consideration of various criteria, including:

- Standing in comparison with benchmark data (health district, state and national data)
- Identified trends
- Preponderance of significant findings within topic areas
- Magnitude of the issue in terms of the number of persons affected
- Potential health impact of a given issue
- Issues of greatest concern among community stakeholders (key informants) giving input to this process

Based upon data gathered by CHI Health for the CHNA, the following “Areas of Opportunity” in Table 4 represent the significant health needs identified in the Harrison County community.

Table 4. Areas of Opportunity Identified in Harrison County to Improve Health

HEALTH NEED	SUPPORTING DATA/ RATIONALE	DATA SOURCES
<p>Aging Problems</p>	<p>Alzheimer’s is the third leading cause of death in Harrison County, observed at a rate of 5.0 deaths per 10,000 population. For the State of Iowa, the age-adjusted death rate due to Alzheimer’s is 3.8, making it the fifth leading cause of death. It is important to note that Harrison County has a slightly older population than the state and national average; 18.8% of Harrison County residents are 65 years or older, compared to 16.07% for the State of Iowa and 14.87% for the US.</p> <ul style="list-style-type: none"> • 13.47 of Harrison County residents have a disability, compared to 11.6% in the State of Iowa and 12.59% of all individuals in the US. • 38.39% of Harrison County residents with a disability are 65 years or older • The rate of preventable hospital events (defined as the discharge rate per 1,000 Medicare enrollees for conditions that are ambulatory care sensitive- i.e. pneumonia, dehydration, asthma, diabetes, etc.) is 71.9 in Harrison County compared to 48.9 for the State of Iowa and 49.4 for the US. 	<ul style="list-style-type: none"> • Iowa Department of Public Health, 2017 • US Census Bureau, American Community Survey 2013- 2017 • CARES Engagement Network CHNA Indicator Report, 2019
<p>Cancer</p>	<p>Cancer is the second leading cause of death in Harrison County. According to the Iowa Cancer Registry, the age adjusted cancer mortality rate in Harrison County is 175.0 deaths per 100,000 population, compared to 167.8 for the State of Iowa (2011- 2014).</p> <ul style="list-style-type: none"> • Breast cancer incidence rate in Harrison County is 142.2 cases per 100,000 population per year, compared to 123.4 for the State of Iowa and 124.7 for the US • Lung cancer incidence rate in Harrison County is 73.1 cases per 	<ul style="list-style-type: none"> • 2019 Cancer in Iowa Report, University of Iowa College of Public Health • 2017 Vital Statistics of Iowa, Iowa Department of Public Health Bureau of Health Statistics • State Cancer Profiles, NIH (CARES Engagement Network CHNA

	100,000 population per year, compared to 63.6 for the State of Iowa and 60.2 for the US	Indicator Report, 2019)
Cardiovascular Disease	Heart disease is the leading cause of death in Harrison County and the State of Iowa, occurring at a rate 13.0 and 17.7 deaths per 10,000 population, respectively.	<ul style="list-style-type: none"> • 2017 Vital Statistics of Iowa (IA Public Health Tracking Portal)
Child Abuse & Neglect	Since 2010, the rate of child abuse and neglect in Harrison County has improved; from 18.6 confirmed cases per 1,000 children ages 0-17 in 2010, to 6.2 and 9.8, in 2014 and 2017, respectively. The rate in Harrison County is better (lower) than the State of Iowa rate of 12.9 confirmed cases per 1,000 children ages 0-17 (2017). Due to the relatively small number of confirmed cases of child abuse and neglect per year in Harrison County, it is difficult to interpret trends in the data.	<ul style="list-style-type: none"> • IA Department of Human Services, Child Family & Policy Center, 2017
Chronic Lower Respiratory Disease	<p>Chronic lower respiratory disease is the fourth leading cause of death in Harrison County.</p> <ul style="list-style-type: none"> • The age-adjusted death rate due to chronic lower respiratory disease in Harrison County is 67.1 deaths per 100,000 population; 48.01 and 41.3 for the State of Iowa and the US, respectively 	<ul style="list-style-type: none"> • 2017 Vital Statistics of Iowa (IA Public Health Tracking Portal) • CARES Engagement Network CHNA Indicator Report, 2019
Mental Health	<p>Ratio of mental health providers to population is 4,710:1 compared to Iowa overall at 700:1. Suicide rates in Harrison County are at 14.23 (per 100,000 population) and have declined slightly since 2013 however are still above Iowa rate at 13.20.</p> <ul style="list-style-type: none"> • 33% of 8th graders in Harrison County report feeling “worthless”, “some of the time”, “most of the time”, or “all of the time” in past 30 days. 	<ul style="list-style-type: none"> • County Health Rankings, 2018 • Iowa Youth Survey, 2016

	8% of 8 th graders in Harrison County have attempted suicide, double the rate of attempted suicide for the State of Iowa.	
Obesity & Lifestyle Factors for Chronic Disease	<p>The percent of adults who are obese: Harrison County 34.2%, Iowa 32.1% and Healthy People 2020 goal 30.5%. Lack of recreation facilities for physical activity and low fruits and vegetable consumption may be contributing factors.</p> <ul style="list-style-type: none"> • 23% of Harrison County adults report no leisure time physical activity, compared to 22% in the State of Iowa and 21.3% in the US. • 33.1% of Harrison County adults have been told by a doctor that they have high blood pressure or hypertension • Only 24% of 6th graders and 34% of 11th graders report being active for 60 min or more, 7 days/week <p>Less than 6% report consuming 5 fruits/vegetables daily.</p>	<ul style="list-style-type: none"> • CARES Engagement Network CHNA Indicator Report, 2019 • Iowa Youth Survey, 2016
Sexually Transmitted Infections	<p>The rate of sexually transmitted infections in Harrison County is worsening.</p> <ul style="list-style-type: none"> • The incidence rate of chlamydia in Harrison County is 273.4 cases per 100,000 population (based on 2016 data), compared to 121 cases in 2007. 	<ul style="list-style-type: none"> • County Health Rankings, 2019
Substance Abuse	<p>Harrison County is considered in the “moderate” range for adult binge drinking with 19% of adults reporting excessive or binge drinking. The percent of adults who smoke cigarettes in the county is 14%, which is higher than the Healthy People 2020 goal of 12%.</p> <ul style="list-style-type: none"> • 9% of 8th grade students and 21% of 11th grade students admit ever using tobacco products. <p>3% of 11th graders report smoking 2-5 cigarettes per day in past 30 days.</p>	<ul style="list-style-type: none"> • CARES Engagement Network CHNA Indicator Report, 2019 • Iowa Youth Survey, 2016

Unintentional Injuries	<p>Death due to unintentional injuries is the fifth leading cause of death in Harrison County.</p> <ul style="list-style-type: none"> The rate of death due to unintentional injury (accident) is 45.4 deaths per 100,000 population in Harrison County, compared to 41.96 for the State of Iowa. 	<ul style="list-style-type: none"> 2017 Vital Statistics of Iowa (IA Public Health Tracking Portal) CARES Engagement Network CHNA Indicator Report, 2019
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For a complete list of community health indicators reviewed in consideration of the Community Health Needs Assessment for CHI Health Missouri Valley, please refer to the Appendix. Data collected through the CHNA process was presented to CHI Health hospital administration, Community Benefit teams, and community groups for validation of needs. All parties who reviewed the data found the data to accurately represent the needs of the community.

Prioritization

Prioritization Process

On December 18, 2018, CHNA findings were presented to community stakeholders at the Healthy Harrison Coalition. Individuals from organizations representing public health, aging, disability, mental health, low income and education were in attendance. Participants and their sponsoring organization are listed in Table 5. The objectives of the meeting were to review community health indicators, validate top health needs, and brainstorm potential strategies for inclusion on the CHI Health Missouri Valley Implementation Strategy Plan (ISP).

Table 5. Stakeholders that participated in CHNA data presentation/ top health needs community voting hosted by Healthy Harrison Coalition- December 2018

Participant Name	Representing Organization
Darla Peterson	Iowa Department of Public Health
Jeannie Wortman	Missouri Valley Chamber of Commerce
Linda Grimm	Valley Drug Store
Molly Brown	Southwest Iowa Mental Health and Disability Services Region
Shelby Evans	Parent

Mandy Pitt	Harrison County Home and Public Health Department
Lonnie Maguire	Southwest Iowa Mental Health and Disability Services Region
Clint Sergeant	Crossroads of Western Iowa
Tracy Kelley	Woodbine and Boyer Valley Schools
Robert Valentin	CHI Health Missouri Valley

Table 5 below shows the top health needs identified by community stakeholders through the Healthy Harrison Coalition on December 18, 2018, with supporting discussion points relative to each identified health need. The group prioritized:

1. **behavioral health**
2. **nutrition/ physical activity**

Table 5. Top Health Needs Identified by Healthy Harrison Coalition

CHNA Data Discussion	
Top Health Needs	
Behavioral Health	Nutrition and Physical Activity
<p>Context: a lot changing within behavioral health due to IA law</p> <ul style="list-style-type: none"> • Mobile crisis unit implementation (in development) • Nursing home support needed? • Health care budget for incarcerated population a concern • Missouri Valley drug coalition- enhanced partnership • STD data? • Vaping data? (emerging issue) • Caregiver support needed- social networks? • Access to behavioral health services • Good progress with programs and services currently being offered in schools • Transportation is important • After hours services necessary to increase access • School-based services available (previous integrated school- based mental health work in Woodbine) • Council Bluffs school health clinic model 	<ul style="list-style-type: none"> • Opportunity= healthy eating and physical activity • Obesity rate concerning • The intersection of mental health and healthy eating • Lack of local healthy options (food desert/ low food access data) • No recreational facilities in Harrison County • IA has 4th highest adult obesity rate in U.S.

<ul style="list-style-type: none"> • Is primary care and behavioral health integration feasible? 	
<ul style="list-style-type: none"> • Consider needs of elderly population (Alzheimers is the 3rd leading cause of death in Harrison County) 	

On April 4, 2019, CHI Health obtained additional community input through the Patient and Family Advisory Council (PFAC) hosted at CHI Health Missouri Valley. There were nine community members and eight CHI Health Missouri Valley staff present. The group affirmed the two top health needs for Harrison County as being behavioral health and nutrition, physical activity. The group suggested broadening the definition of nutrition/ physical activity to encompass food access, which will be adopted in CHI Health Missouri Valley’s Implementation Strategy Plan (ISP). The PFAC brainstormed strategies related to increasing access to summer meals for school-age students and implementing a supplemental meal program for students at risk of food insecurity during the school year, such as the Backpack Program managed by Foodbank for the Heartland.

Finally, now in the third and final year of CHI Health National Mission and Ministry Grant funding, it has been affirmed by community partners, including leaders from CHI Health Missouri Valley and HCHPH that the Harrison County Behavioral Health Coalition should continue to convene and seek additional funding, as several successful impacts have resulted from the collaboration, including:

- Mental Health First Aid training
- Mobile Crisis Response program
- School- based substance abuse and suicide prevention curriculum, such as Me360 and Coping through the teen years (respectively)

Southwest Iowa Mental Health and Disability Services Region (SWIA MHDS) provides current leadership for the Harrison County Behavioral Health Coalition. However to comply with newly-enacted state law, the Region is shifting staff capacity to ensure compliance with additional provisions now under their jurisdiction. CHI Health Missouri Valley’s Community Benefit Action Team (CBAT), current co-leaders of the Missouri Valley Behavioral Health Coalition and leadership from the Healthy Harrison Coalition (HHC) convened throughout the spring of 2019 to discuss HHC assuming the role of backbone convener for the Missouri Valley Behavioral Health Coalition. Both parties assented to integrating the two coalitions under one moniker, the Healthy Harrison Coalition.

It is expected that under this newly formed partnership, greater collaboration and impact can be achieved to improve the health of Harrison County residents by creating a shared vision,

connecting partners, leveraging resources and securing additional funding for community health improvement initiatives.

CHI Health Missouri Valley will consider the outcomes of the impending HHC three- year strategic plan, which aligns with the Hospital's current fiscal year (July 1, 2019- June 30, 2022) during implementation strategy planning (ISP).

Resource Inventory

An extensive list of resources for the identified health areas of opportunity can be viewed in the Appendix of this report.

Evaluation of FY14-FY16 Community Health Needs Implementation Strategy

The previous Community Health Needs Assessment for CHI Health Missouri Valley was conducted in 2016. CHI Health Missouri Valley completed the Community Benefit activities listed below for the community health priorities identified in 2016. The priority areas in 2016 were:

1. Nutrition, Physical Activity and Weight Status
2. Behavioral Health
3. Child Abuse and Neglect

Priority Area # 1: Mental Health & Substance Abuse (Behavioral Health)

Goal	To increase the preventive outreach, education efforts and resources that support the resiliency of community members who experience mental health and substance use issues.
Community Indicators	<p>CHNA 2013</p> <ul style="list-style-type: none"> The average number mentally unhealthy days reported in past 30 days for Harrison County was 2.5 in 2013 (County Health Rankings) 24% of 8th graders report feeling “worthless”, “some of the time” or “most of the time” in past 30 days. (Iowa Youth Survey 2012)
	<p>CHNA 2016</p> <ul style="list-style-type: none"> 21% of Harrison County respondents reported heavy drinking (Community Health Status Indicators (2011) The average number mentally unhealthy days reported in past 30 days for Harrison County was 2.9 in 2014 (County Health Rankings) 26% of 8th graders report feeling “worthless”, “some of the time” or “most of the time” in past 30 days. (Iowa Youth Survey 2014)
	<p>CHNA 2019</p> <ul style="list-style-type: none"> 3.3 mentally unhealthy days reported in past 30 days in Harrison County (2016) (County Health Rankings) 19% of Harrison County respondents reported excessive drinking (binge or heavy) (2016) (County Health Rankings) 19% of 8th graders report feeling “worthless,” “most of the time” or “all of the time” in past 30 days. (Iowa Youth Survey, 2016)
Timeframe	FY17-FY19
Background	Rationale for priority: Suicide rates in Harrison County are above Iowa rates. While child abuse and neglect cases have declined in Harrison County, the community reports a generational cycle of dysfunction and addiction and rate it as one of the top community health needs.
	Contributing Factors: Awareness and access to appropriate mental health or substance abuse resources; coordination of services among service providers; rural nature of communities make community engagement and youth engagement activities limited outside of sports and farm-related activities; binge drinking

	National Alignment: Healthy People 2020 objectives exist around increasing the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment, as well as specific objectives related to substance abuse.	
	Additional Information: CHI Health received grant funding from CHI national to implement behavioral health programs planned by community coalitions developed through a previous planning grant.	
1.1 Strategy & Scope: Increase the overall awareness of existing and potential resources among community stakeholders through an established behavioral health (BH) community coalition.		
Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> Better coordination of resources to allow for increased awareness and use of such resources by public 	<p>CHI Health System Role(s):</p> <ul style="list-style-type: none"> Provides financial support System-level leadership by Behavioral Health Service Line <p>CHI Health Missouri Valley's Role(s):</p> <ul style="list-style-type: none"> Sponsor Fiscal Agent Community Partner <p>Required Resources:</p> <ul style="list-style-type: none"> Contract with The Network for project coordination CHI Mission & Ministry Grant Funding in the amount of \$179,633 for three years (which includes contracts, staff, materials and all grant expenses) 	<ul style="list-style-type: none"> The Network Iowa Department of Human Services Iowa Department of Public Health Harrison County Home & Public Health
Key Activities	Measures	Data Sources/Evaluation Plan

<ul style="list-style-type: none"> • Establish a community coalition with the support of the Network to facilitate communication and awareness of resources. • Develop a web-based community wide resource directory specific to Harrison County. • Begin developing a sustainability plan for post grant • Finalize sustainability plan and prepare to implement. 	<ul style="list-style-type: none"> • # of Coalition meetings and members • # of resource directories • Members of coalition rate as “effective” • Increased awareness and utilization of resources by public 	<p>Reported annually in May to Coalition and fiscal agent through:</p> <ul style="list-style-type: none"> • Coalition minutes • Community Service Provider Survey • Coalition Member Survey
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Results

Fiscal Year 2017 Actions and Impact:

- Developed community coalition to identify and address behavioral health needs within the community. Coalition continues to explore the best way to increase awareness of behavioral health resources across the community and began developing a sustainability plan to continue the work in the future. Faced barriers in relation to development of resource guide and activity will be carried over to fiscal year 2018.

Measures:

- Number of Coalition meetings and members: 5 meetings; average 15 members attending
- Number of resource directories distributed: not completed and will carry over to FY18
- Members of coalition rate coalition as “effective” in the following 5 domains (n=14):
 - Common Agenda: 82% rated “almost always” or “always”
 - Shared Measurement: 89% rated “almost always” or “always”
 - Mutually Reinforcing Activities: 71% rated “almost always” or “always”
 - Continuous Communication: 85% rated “almost always” or “always”
 - Backbone Organization: 87% rated “almost always” or always”

Fiscal Year 2018 Actions and Impact:

- Maintained community coalition to identify and address behavioral health needs within the community. Coalition continues to explore the best way to increase awareness of behavioral health resources across the community and began developing a sustainability plan to continue the work in the future. Through collaboration with Southwest Iowa Mental Health and Disability

Services (SWIA MHDS) Region, it was decided to improve the already existing online resource directory of the Region which will be updated and maintained by the Region. The revised resource directory was launched on April 6, 2018.

Measures:

- Number of Coalition meetings and members: 6 meetings; average 14 members attending
- Number of resource directories distributed: printed copies of the resource directory will no longer be made available in favor of directing the community to access the online resource directory maintained by the Region. Promotional items with the web address of the online resource directory will be purchased and distributed across 76 locations in Harrison County in FY19
- Members of coalition rate coalition as “effective” in the following 5 domains (n=14):
 - Common Agenda: 91.7% rated “almost always” or “always,” compared to 82% in Fiscal Year 2017
 - Shared Measurement: 83.9% rated “almost always” or “always,” compared to 89.8% in Fiscal Year 2017
 - Mutually Reinforcing Activities: 85.2% rated “almost always” or “always,” compared to 71.4% in Fiscal Year 2017
 - Continuous Communication: 90.9% rated “almost always” or “always,” compared to 85.6% in Fiscal Year 2017
 - Backbone Organization: 95% rated “almost always” or always,” compared to 87.6% in Fiscal Year 2017

1.2 Strategy & Scope: Break the generational cycle of addiction and dysfunction through prevention education of parents and youth through a partnership with the schools.

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> Substance use among parents declines and parents receive the support they need to raise children in healthy, functional homes. 	<p>CHI Health System Role(s):</p> <ul style="list-style-type: none"> Provides financial support System-level leadership by Behavioral Health Service Line <p>CHI Health Missouri Valley's Role(s):</p> <ul style="list-style-type: none"> Sponsor Fiscal Agent Community Partner <p>Required Resources:</p> <ul style="list-style-type: none"> See Strategy 1.1 	<ul style="list-style-type: none"> The Network Schools Law Enforcement Harrison County Home & Public Health
Key Activities	Measures	Data Sources/Evaluation Plan

<ul style="list-style-type: none"> • Subject to school administration approval, offer prevention programs and counseling in the schools. • Counselors build relationships with schools. • Expansion of prevention programming to multi-schools and ages. At least one evidence-based or best practice prevention program implemented in at least two schools for parents and youth. • Provide two dual-diagnosis counselors for children and youth in the schools across the county (on in Mo. Valley and one roving). • Expansion of prevention programming across multiple schools. • Counseling provided in all schools. 	<ul style="list-style-type: none"> • Schools collaborating (list schools) • # prevention programs implemented (names) • # of parents & youth participating (across all programs) • # of youth participating in therapy at the school • Youth & Parents participating in programs report “positive changes” and are satisfied with programming. (Post evaluations) • Decrease in family and youth involved in legal system. • Decrease in ED visits • Decrease in number of EPC’s and law enforcement transports 	<p>Data will be reviewed by Grant Coalition and Hospital CBAT from the following sources:</p> <ul style="list-style-type: none"> • Program evaluations will be reviewed at the end of each program by coalition and fiscal agent. • Law enforcement and ED data will be reviewed January & June (6 month basis)
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Results

Fiscal Year 2017 Actions and Impact:

- Surveyed local school districts to assess behavioral health needs and received responses from all six school districts and received feedback stating needs were met regarding mental health training and resources for staff but a need existed for substance use resources for families and students.
- Identified Me360 program, substance abuse prevention curriculum, to offer in the school setting and coalition will work to have this program implemented in fiscal year 2018.
- Trained one coalition member as a certified trainer in Mental Health First Aid who developed a training schedule to offer the training across the county.
- Coalition identified model to provide licensed mental health clinician services to schools through a partnership with local community agency and will offer if schools identify that as a need.

Measures:

- Number of schools collaborating: 6
- # prevention programs implemented (names): 0, programs to be implemented in fiscal year 2018

- # of parents & youth participating (across all programs): strategy is still being developed so no outputs have been recorded for FY17
- # of youth participating in therapy at the school: not identified as need by schools, therefore, strategy was not developed
- Youth & parents in programs report “Positive changes” and are satisfied with programming: strategy is still being developed so no outputs have been recorded for FY17
- ED visits in fiscal year 2017:
 - 193 visits with BH diagnosis
 - 3,558 total ED visits

Fiscal Year 2018 Actions and Impact:

- Hosted three Youth and three Adult Mental Health First Aid trainings in the community
- Trained one coalition member as a certified trainer in Youth Mental Health First Aid and Adult Mental Health First Aid.
- Implemented two school-based prevention programs, Me360, a substance abuse prevention and education curriculum and Coping Through the Teen Years/ Suicide Prevention, a suicide prevention and education program presented by Boys Town National Hotline clinical staff

Measures:

- Number of school districts collaborating in behavioral health coalition: 6
- # of individuals trained in Youth Mental Health First Aid: 54, representing 8 school, healthcare church and community organizations
- # of individuals trained in Adult Mental Health First Aid: 49, representing 13 school, community and healthcare organizations
- % of Mental Health First Aid training participants reporting they feel more confident they can offer a distressed person basic “first aid” level information and reassurance about mental health problems: 100%
- # prevention programs implemented: 2, Me360 and Coping Through the Teen Years/ Suicide Prevention
- # of youth served by Me360 program: 261 seventh and eighth grade students in three school districts
- # of parents that participated in the parent component of Me360, *Parents, You Matter*: 36
- % change in Me360 training participants reporting a given substance was harmful from pre- post:
 - 51.1% responded using alcohol is “very harmful,” compared to 22.6% at baseline (126% increase)
 - 70.4% responded using marijuana is “very harmful,” compared to 43.4% at baseline (62% increase)
 - 68.4% responded using someone else’s prescriptions drugs are “very harmful,” compared to 45.4% at baseline (51% increase)
 - 93.4% responded using meth is “very harmful,” compared to 76.5% at baseline (22% increase)
- # of youth served by Coping Through the Teen Years/ Suicide Prevention program: 192 students in one school district
 - 91% of middle school students (n=78) and 54% of high school students (n=112) agree/somewhat agree that they could apply the information and skills learned in the presentation to their life

- ED visits in fiscal year 2018:
 - 212 visits with BH diagnosis
 - 4,028 total ED visits

1.3 Strategy & Scope: Improve the community's knowledge of behavioral health and the crisis response to individuals with behavioral health needs by supporting the work of the Network and utilization of common intake form.

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> Community members are more equipped to recognize and respond to mental health crises in their community. 	<p>CHI Health System Role(s):</p> <ul style="list-style-type: none"> Provides financial support System-level leadership by Behavioral Health Service Line <p>CHI Health Missouri Valley's Role(s):</p> <ul style="list-style-type: none"> Sponsor Fiscal Agent Community Partner <p>Required Resources:</p> <ul style="list-style-type: none"> See Strategy 1.1 	<ul style="list-style-type: none"> Network staff Law Enforcement Harrison County Home & Public Health
Key Activities	Measures	Data Sources/Evaluation Plan

<ul style="list-style-type: none"> • Support the work of the Network in developing and implementing a mobile mental health crisis response team concept with the support of law enforcement. • Gather data to assess need for other crisis stabilization services with the hospital as a consideration for location. • The Network develops a local Crisis Response Team that includes training for local law enforcement. • Provide Mental Health First Aid Training and other trainings offered through the Network. 	<ul style="list-style-type: none"> • # of response incidents handled by Crisis Response Team (CRT) • Increased use of Crisis Response Team (CRT) by law enforcement for relevant calls • # of emergency department (ED) visits due to BH or substance use crisis • Training data and training evaluations reporting: <ul style="list-style-type: none"> ○ # Trained for Crisis Response Team (law enforcement) ○ # Trained in Mental Health First Aid 	<ul style="list-style-type: none"> • Law enforcement data will be reported annually in May to CRT, coalition and fiscal agent. • ED data will be reported by the Hospital January & June (6 month basis) to coalition and CRT. • Training data will be reported to coalition and fiscal agent after each training.
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Results

Fiscal Year 2017 Actions and Impact:

- Mobile Crisis Response was implemented in Harrison County in 2016 but has faced barriers due to lack of engagement and buy-in from local law enforcement.
- One law enforcement agency in Harrison County did receive training and are now fully operational to utilize the service.
- Collected community level data to assist in providing a needs assessment to support the need for a crisis stabilization service within the hospital. Full needs assessment was not completed but coalition continues to discuss types of crisis services available and how best to share that information/resources with the community.
- Worked with the Network to offer trainings related to de-escalation and aggression, psychosis and dangerousness risk, oppositional defiant disorder, and suicide identification and prevention. Evaluations showed that participants found the training to have high quality. Evaluations also show that participants felt their knowledge increased as a result of attending the training.
- Held training related to suicide prevention in local community, nine individuals registered for the event; eight attended.

Measures:

- # of response incidents handled by Crisis Response Team (CRT): none reported to date
- # of emergency department (ED) visits due to BH or substance use crisis: 193 with BH diagnosis
- Training data and training evaluations reporting:
 - # trained for Crisis Response Team (law enforcement): 1 agency
 - # trained in Mental Health First Aid: 1

Fiscal Year 2018 Actions and Impact:

- Mobile Crisis Response was implemented in one additional police department (Dunlap Police Department) in Harrison County in Fiscal Year 2018.
- One law enforcement agency (Dunlap Police Department) in Harrison County received training and have activated the service on two occasions.
- Worked with the Network to offer trainings related to sex abuse and trauma, borderline personality disorders, and autism spectrum disorders. A total of 94 community members attended these trainings. Evaluations showed that participants felt their knowledge increased as a result of attending the training.

Measures:

- # of operational Mobile Crisis Response teams within law enforcement agencies in Harrison County: 2
- # of response incidents handled by Crisis Response Team (CRT): two
- # of emergency department (ED) visits due to BH or substance use crisis: 212 with BH diagnosis
- Training data and training evaluations reporting:
 - # trained for Crisis Response Team (law enforcement): 1 agency
 - # trained in Mental Health First Aid: 0

Priority Area # 2: Childhood Abuse & Neglect

Goal	Improve parenting and increase the awareness and resiliency of children in the community affected by, or at risk for child abuse and neglect.
Community Indicators	<p>CHNA 2013 Full Report – Counts the number of reports or assessments – may include one or multiple children within report (2013)¹⁰</p> <ul style="list-style-type: none"> • Cases of child abuse and neglect in Harrison County; Unconfirmed = 64, confirmed = 14, Founded = 24 <p>Type of Abuse</p> <ul style="list-style-type: none"> • Confirmed or founded allegations (may be multiple for one child) for denial of critical care (neglect) = 56 <p>Age of each child at time of confirmed or founded assessment of abuse or neglect</p> <ul style="list-style-type: none"> • 42.9% of children were age 5 or younger (Total of 49 confirmed/founded cases and 73% were 10 or younger) <p>(Data source: Iowa Department of Human Services)</p>
	<p>CHNA 2016: Full Report – Counts the number of reports or assessments – may include one or multiple children within report (2013)</p> <ul style="list-style-type: none"> • Cases of child abuse and neglect in Harrison County; Unconfirmed = 54, confirmed = 5, Founded = 9 • 27 went through Differential Response System’s Family Assessment process¹¹ <p>Type of Abuse</p> <ul style="list-style-type: none"> • Confirmed or founded allegations (may be multiple for one child) for denial of critical care (neglect) = 21 <p>Age of each child at time of confirmed or founded assessment of abuse or neglect</p> <ul style="list-style-type: none"> • 60% of children were age 5 or younger (Total of 20 confirmed/founded cases and 90% were 10 or younger) <p>(Data source: Iowa Department of Human Services)</p>

¹⁰ “Unconfirmed” = report resulted in finding of “no abuse”; “Confirmed” - confirmed but may have been an isolated incident and not likely to happen again – not reported in registry; “Founded” - confirmed and reporting in child abuse registry

¹¹ Differential Reporting System is a process done in addition to the primary investigation, offered only to reports dealing with “denial of critical care” and not physical or sexual abuse.

	<p>CHNA 2019: Full Report – Counts the number of reports or assessments – may include one or multiple children within report (2017)</p> <ul style="list-style-type: none"> • Cases of child abuse and neglect in Harrison County; Unconfirmed = 63, confirmed = 5, Founded = 17 • 31 went through Differential Response System’s Family Assessment process¹² <p>Type of Abuse</p> <ul style="list-style-type: none"> • Confirmed or founded allegations (may be multiple for one child) for denial of critical care (neglect) = 27 <p>Age of each child at time of confirmed or founded assessment of abuse or neglect</p> <ul style="list-style-type: none"> • 39.5% of children were age 5 or younger (Total of 38 confirmed/founded cases and 65.79% were 10 or younger) • (Data source: Iowa Department of Human Services) 	
Timeframe	FY17-FY19	
Background	Rationale for priority: While improvement was made related to this health need since 2010 through the work of the Healthy Harrison Coalition, the community still rates this as one of Harrison County’s top ten health needs, and existing work may be continued.	
	Contributing Factors: Socioeconomic status, parenting support, awareness of the issue, mental illness and substance abuse.	
	National Alignment: Healthy People 2020 objectives call for reduction in fatal and nonfatal child maltreatment to include physical, sexual, and psychological abuse.	
	Additional Information: The Differential Response System enacted by the Iowa Dept. of Human Services continues the investigatory approach with the more serious cases, and uses a proactive approach (family assessment) for less serious cases. For more information please visit: https://dhs.iowa.gov/sites/default/files/Differential-Response-Explainer-2nd-quarter-3.pdf	
2.1 Strategy & Scope: Engage with the Healthy Harrison Coalition to identify current work, existing gaps and potential programs or interventions to address child abuse and neglect among families in Harrison County, Iowa.		
Anticipated Impact	Hospital Role/ Required Resources	Partners

¹² Differential Reporting System is a process done in addition to the primary investigation, offered only to reports dealing with “denial of critical care” and not physical or sexual abuse.

<ul style="list-style-type: none"> • Overall reduction in child abuse and neglect cases • Parents more engaged with children in basic physical and emotional needs. • Awareness of the issue is increased and children and community members are equipped, and acting to intervene on behalf of peer or child. 	<p>CHI Health Missouri Valley's Role(s):</p> <ul style="list-style-type: none"> • Co-leader of specific work • Funder <p>Required Resources:</p> <ul style="list-style-type: none"> • Staff and funding needed to be determined by interventions or programs selected for implementation. 	<ul style="list-style-type: none"> • Healthy Harrison Coalition • Harrison County Home & Public Health • West Central Community Action Partnership • First Five
<p>Key Activities</p>	<p>Measures</p>	<p>Data Sources/Evaluation Plan</p>
<ul style="list-style-type: none"> • Identify existing work, such as the R.E.S.P.E.C.T. and other programs and services relevant to child abuse and neglect in Harrison County. • Work with HHC to identify root causes and potential strategies/interventions to address root causes. • Identify other relevant partners to inform work (Schools, law enforcement, Iowa Dept. of Human Services Child Welfare team) and resources needed • Plan for and implement intervention • Evaluate for impact and sustainability 	<ul style="list-style-type: none"> • # of child abuse/neglect cases "founded" • # of child abuse/neglect cases "confirmed" • Other measures related to intervention or program to be determined 	<p>Hospital and HHC will identify data sources based on intervention:</p> <p>Current data available through IDPH on an annual basis through Div. of Adult Child & Family Services</p>
<p>Results</p>		
<p>Fiscal Year 2017 Actions and Impact:</p> <ul style="list-style-type: none"> • Worked with location coalition around identifying potential program options to address community need. Faced barriers to support existing program and decided to host community event to educate community on Adverse Childhood Experiences and their impact on health. Event to be held in fiscal year 2018. • Will continue working with community to identify root causes and programs to implement or support around child abuse and neglect. 		

Measures:

- # of child abuse/neglect cases “founded” in Harrison County (calendar year 2016): 21 individual cases, 38 duplicate cases
- # of child abuse/neglect cases “confirmed” in Harrison County (calendar year 2016): 6 individual cases, 7 duplicate cases
- Other measures to be decided once program is identified

Fiscal Year 2018 Actions and Impact:

- Hosted community event to educate community on Adverse Childhood Experiences and their impact on health called “Race to Resilience.” There were a total of 76 people in attendance, including 34 children & 42 adults.
- Continued work to identify root causes and programs to implement or support around child abuse and neglect in FY18.

Measures:

- # of child abuse/neglect cases “founded” in Harrison County (calendar year 2017): 32 individual cases
- # of child abuse/neglect cases “confirmed” in Harrison County (calendar year 2017): 6 individual cases

Priority Area # 3: Obesity (Nutrition, Physical Activity, and Weight Status)

Goal	Improve weight status, healthy eating, and physical activity in children and families through education, environment change, and increased access to healthy foods.
Community Indicators	<p>CHNA 2013 31% of adults in Harrison County are Obese</p> <ul style="list-style-type: none"> • Only 29% of 6th graders and 31% of 11th graders report being active for 60 min or more for 7 days of past week • Less than 6% report consuming 5 fruits/vegetables daily. (2014 Iowa Youth Survey – Harrison County Results)
	<p>CHNA 2016 33% of adults in Harrison County are Obese</p> <ul style="list-style-type: none"> • 35% of youth ages 8-13 who attended one of four CHI Health Clinics in 2015 were considered overweight or obese for their age (as measured by BMI – tracking at CHI Health Clinics began in 2014) • Only 24% of 6th graders and 36% of 11th graders report being active for 60 min or more for 7 days of past week • Less than 8% report consuming 5 fruits/vegetables daily. (2014 Iowa Youth Survey – Harrison County Results)
	<p>CHNA 2019</p> <ul style="list-style-type: none"> • 34% of adults in Harrison County are obese (County Health Rankings, 2018) • 24% of 6th graders and 34% of 11th graders report being active for 60 mins or more for 7 days of past week (2016 Iowa Youth Survey- Harrison County Results) • 5% and 6% of students in grades 5, 8 and 11 ate 5 vegetables/fruits daily (respectively) (2016 Iowa Youth Survey- Harrison County Results)
Timeframe	FY17-FY19
Background	<p>Rationale for priority: Harrison County’s adult obesity rate is higher than Iowa and Healthy People 2020 goal. County ranks 43 out of 51 peer counties for obesity levels. County also ranks in the least favorable quartile for mortality related to cancer, diabetes, coronary heart disease and other conditions been linked to weight status. In Harrison County, 4.9% of low-income individuals do not live near a grocery store</p>
	<p>Contributing Factors: Low consumption of fruits and vegetables, low physical activity levels, rural nature makes community-wide access to recreation or healthy foods difficult.</p>

	<p>National Alignment: Healthy People 2020 objectives: Increase in proportion of adults at a healthy weight Reduction in the proportion of adults, adolescents and children who are considered obese. (Ages 2 – 19 in children) Prevent inappropriate weight gain in children, adolescents and adults (Ages 2-19 in children) Eliminate very low food security among children and reduce household food insecurity to reduce hunger Additional objectives around food and nutrient consumption, as well as physical activity for all ages</p> <p>Additional Information: Much of the work on this plan has been identified in partnership with the Healthy Harrison Coalition which is co-led by Harrison County Home & Public Health and CHI Health Missouri Valley.</p>	
<p>3.1 Strategy & Scope: Work with Healthy Harrison Coalition to engage and partner with school districts in Harrison County to promote policies and environment change in schools to support physical activity and healthy eating habits to youth.</p>		
Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Children will learn and practice healthy eating and physical activity habits. • Overall childhood obesity will decrease. 	<p>CHI Health Missouri Valley's Role(s):</p> <ul style="list-style-type: none"> • Co-leadership and support to Healthy Harrison Coalition (HHC) • Funder • Promoter of HHC Activities through hospital channels <p>Required Resources:</p> <ul style="list-style-type: none"> • Staff and funding to be determined based on interventions or programs selected. 	<ul style="list-style-type: none"> • Healthy Harrison Coalition (HHC) • Harrison County Home & Public Health (HCHPH) • School Districts: <ul style="list-style-type: none"> ○ Missouri Valley ○ Logan-Magnolia ○ Woodbine Comm. ○ Boyer Valley Comm. ○ West Harrison Comm.
Key Activities	Measures	Data Sources/Evaluation Plan

<ul style="list-style-type: none"> • Year 1: Partner with local school districts to identify relevant and realistic ways to address childhood obesity in Harrison County. • Identify ways to support the schools or partnering organizations in capturing BMI or healthy-habit related data • Year 2 & 3: Implement programming and support school adoption/integration of programming • Plan for sustainability of intervention or program and implement sustainability plan 	<ul style="list-style-type: none"> • BMI for elementary age students in Harrison County • Other measures to be identified as part of intervention or programming with schools. 	<ul style="list-style-type: none"> • Hospital CBAT and HHC will review BMI data on an annual basis from Hospital/Clinic Data • Progress of key activities reviewed on a monthly basis through HHC meetings and Quarterly at Hospital CBAT meetings to ensure progress is being made. • Program/intervention data to be identified and reviewed on at least annual basis.
<p>Results</p>		
<p>Fiscal Year 2017 Actions and Impact:</p> <ul style="list-style-type: none"> • Strategy was put on hold until fiscal year 2018 because a) it was not clear what schools’ interest was in obesity intervention and b) other existing work was prioritized. This strategy will be revisited in FY18. 		
<p>Fiscal Year 2018 Actions and Impact:</p> <ul style="list-style-type: none"> • The decision was made to discontinue this strategy in pursuit of other priority initiatives with schools where there was greater support among staff. Other strategies for promoting healthy eating and physical activity habits will be explored in FY19. 		

3.2 Strategy & Scope: Provide transportation and vouchers for low-income families in Harrison County to access and benefit from local Farmer’s Market.

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> • Increased free access to fresh fruits and vegetables from local farmers for low-income families. • Increased ability to acquire and prepare healthy meals at home among low-income families. • Improvement in healthy eating habits for local low-income families. 	<p>CHI Health Missouri Valley’s Role(s):</p> <ul style="list-style-type: none"> • Funder • Voucher creation and distribution <p>Required Resources:</p> <ul style="list-style-type: none"> • Estimated \$10,600 for program operation (includes transportation, driver fees, fuel, marketing materials and printing) • Estimated \$3000 for partnership with Center for Rural Affairs 	<ul style="list-style-type: none"> • Healthy Harrison Coalition (HHC) • Harrison County Home & Public Health (HCHPH) • Transportation Agency • Harrison Welcome Ctr. • Heartland Family Services (HFS) • West Central Community Action (WCCA) – Harrison County WIC/Head Start • Center for Rural Affairs
Key Activities	Measures	Data Sources/Evaluation Plan

<ul style="list-style-type: none"> • Year 1 Pilot program and develop plan to measure impact: <ul style="list-style-type: none"> ○ Partner with transportation agency to coordinate pick up and transport of referred participants on round-trip to County Farmer’s Market from designated sites ○ Promote referral process to WCCA (WIC & Head Start programs) • Identify additional partners to improve program participation and/or outcomes around healthy eating behavior (i.e. food pantries, center for rural affairs, Senior Housing units) • Develop a Family Survey for those who use voucher • Explore opportunities to expand number of vendors at market who accept SNAP • Explore possibility to partner with Center for Rural Affairs to increase education for participants around planning and preparing fresh fruits and vegetables for family consumption <p>Year 2&3</p> <ul style="list-style-type: none"> • Measure participation by referring agency to track use and report to referring agency • Evaluate for impact and write sustainability plan if positive impacts on families are indicated • Implement sustainability plan 	<p>Year 1:</p> <ul style="list-style-type: none"> • # of vouchers distributed • Distribution Sites • # of vouchers redeemed <p>Year 2 & 3:</p> <ul style="list-style-type: none"> • # of vouchers given / # vouchers redeemed, by referring site • % of participating families reporting increase in fruits and vegetable consumption at home • % of families report the program having positive impact on overall health • % of referring providers reporting improvement in participating family’s ability to access and consume fruits & vegetables 	<p>Hospital and HHC will review data on a quarterly basis from:</p> <ul style="list-style-type: none"> • Healthy Harrison Coalition • Harrison County & Home & Public Health • Partner agencies (WIC, Head Start) • Iowa Youth Survey
<p>Results</p>		

Fiscal Year 2017 Actions and Impact:

- Funded, developed, and distributed produce vouchers to community members with reduced access to fresh fruits and vegetables.
- Provided transportation from two different pick-up locations, to local farmer's market throughout the season to ensure transportation was not a barrier to accessing fresh produce. Participants were identified through local community agencies and senior housing locations.
- Provided \$9,000 to cover the cost of the vouchers, transportation, and educational food demonstrations once a month at the farmer's market.
- Participant survey was not administered in fiscal year 2017 but planning will occur in fiscal year 2018 to administer survey.

Measures:

- # of vouchers distributed: 5,440
- # vouchers redeemed: 3,243
- # of sites distributing vouchers: 9

Fiscal Year 2018 Actions and Impact:

- Funded, developed, and distributed produce vouchers to community members with reduced access to fresh fruits and vegetables.
- Provided transportation from two different pick-up locations, to local farmer's market throughout the season to ensure transportation was not a barrier to accessing fresh produce. Participants were identified through local community agencies and senior housing locations.
- Provided \$10,000 to cover the cost of the vouchers, transportation, and educational food demonstrations once a month at the farmer's market.
- Participant survey was not administered in fiscal year 2018, but planning will occur in fiscal year 2019 to administer survey.

Measures:

- # of vouchers distributed: 7,500
- # vouchers redeemed: 3,518
- # of sites distributing vouchers: 9
- # of rides provided to/from farmer's market: 368

3.3 Strategy & Scope: Offer Milk Mob Training to healthcare and community professional breastfeeding advocates in Harrison County.

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> Elevated breastfeeding knowledge among health and community professionals Mothers in Harrison County will be more equipped to initiate and sustain breastfeeding Reduce the incidence of childhood obesity, and child abuse/neglect through supported and sustained breastfeeding by mothers. 	<p>CHI Health Missouri Valley's Role(s):</p> <ul style="list-style-type: none"> Partner with Healthy Harrison Coalition (HHC) Funder <p>Required Resources:</p> <ul style="list-style-type: none"> Estimated \$4,000 for planning, promotion and delivery of training by Healthy Harrison Coalition 	<ul style="list-style-type: none"> Healthy Harrison Coalition (HHC) Harrison County Home & Public Health (HCHPH)
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> Partner with HHC, HCHPH and Iowa Breastfeeding Coalition to host the evidence-based Milk Mob Training at CHI Health Missouri Valley Evaluate program for effectiveness in increasing participant knowledge and skills to support breastfeeding moms 	<ul style="list-style-type: none"> Increase in knowledge and confidence among clinical providers and community-based professionals around providing lactation support #Professionals trained Agencies represented in training (WIC, home visitation programming, hospital/clinic staff, etc.) % of participants able to demonstrate 4 interventions that can support breastfeeding for pregnant women as a result of training. 	<ul style="list-style-type: none"> Data for this program will be reviewed following the completion of the training on September 23, 2016. Reviewed by HCHPH and CHI Health Missouri Valley at subsequent HHC Meeting
<p>Results</p>		

Fiscal Year 2017 Actions and Impact:

- Provided funding and a training room to host Milk Mob training and evaluated training for effectiveness around increasing participant's knowledge and skills to support breastfeeding mothers. Will continue to evaluate if additional trainings are needed.

Measures:

- Increase in knowledge and confidence among clinical providers and community-based professionals around providing lactation support: 92% reported increased knowledge as a result of the training
- Number of Professionals trained: 26

Fiscal Year 2017 Actions and Impact:

- This strategy was completed in fiscal year 2017. Additional exploration of future training needs may occur in fiscal year 2019.

Dissemination Plan

CHI Health Missouri Valley will make its CHNA widely available to the public by posting the written report on <http://www.chihealth.com/chna>. A printed copy of the report will be available to the public upon request, free of charge, by contacting Kelly Nielsen at Kelly.nielsen@alegent.org or (402) 343-4548. In addition, a paper copy will be available at the Hospital Information Desk/Front Lobby Desk.

Approval

On behalf of the CHI Health Board, the Executive Committee of the Board approved this CHNA on _____.

Appendix

A. Resource Inventory

Table 11 shows health resources available in the NCHD, as identified by community partners participating in the Community Health Needs Assessment process.

B. CHI Health Missouri Valley CHNA Data Presentation

On December 18, 2018, members of the Healthy Harrison Coalition convened in Missouri Valley, IA to review *Community Health Needs Assessment* findings and validate the top health needs for Harrison County. All parties assented to the two health needs prioritized- behavioral health and nutrition/ physical activity - based on a review of secondary and primary (de-identified patient data) data synthesized within the *CHI Health Missouri Valley Community Health Needs Assessment Data Presentation*.

C. Harrison County, IA Community Health Needs Assessment: Five- County Indicator Snapshot

The CHNA data indicator snapshot shows data trends for Harrison County on community health indicators related to mortality, health risk factors, outcomes and social determinants. Benchmark data is provided to allow for comparison with neighboring counties- Pottawattamie, Mills, Shelby and Monona, along with the State of Iowa, the US and Healthy People 2020 objectives, where applicable.

Health Need Resources Available in Harrison County

Significant Health Need	Assets/Resources
Obesity	Healthy Harrison Coalition Harrison County Public Health Fair Woodbine Sesquicentennial Committee Iowa State University Extension Live Healthy Iowa Woodbine – Blue Zones Community Logan Food Pantry Harrison County Food Pantry – Missouri Valley Congregate Meal Sites (5 Harrison County sites) Child and Adult Care Food Program Women, Infants & Children (WIC)
Mental Health	Behavioral Health Grant through CHI Health Mission and Ministry Fund CHI Health Missouri Valley Heartland Family Service-office and Mobile Crisis Unit Fletcher Counseling Full Circle Counseling Hope4Iowa hotline BoysTown National Hotline and coverage from Council Bluffs
Substance Abuse	Quitline Iowa CHI Health Missouri Valley Heartland Family Service Fletcher Counseling
Aging Problems/Elderly Wellness	Connections Area Agency on Aging Harrison County Homemaker Agency West Central Community Action (WCCA)– Senior Community Service Employment Program (SCSEP) The Alzheimer’s Association – Greater Iowa Chapter Iowa State University Extension and Outreach – Iowa Concern Care Initiatives – Dunlap Specialty Care several other nursing homes/skilled nursing and home health available Harrison County Van (SWITA)
Cancer	American Cancer Society Care Initiatives – Dunlap Specialty Care Iowa Cancer Consortium Check the Girls BCCT program Care for Yourself Program Wise Woman
Cardiovascular Disease	CHI Health Missouri Valley HCHPH Wise Woman
Child Abuse & Neglect	Learning for Life Family Support Program Pinwheel for Prevention Project Iowa State University Extension Iowa KidsNet Heartland Family Service (Logan) Family Service Children’s Emergency Shelter West Central Community Action Partnership Head Start

	Woodbine Police Department Woodbine School District Missouri Valley Police Department Missouri Valley School District Monona County Domestic Abuse Program
Unintentional Injuries	Harrison County Sheriff HCHPH ISU Extension
Epidemiological Awareness	HCHPH
Emergency Preparedness	Harrison County Emergency Management HCHPH
Health Infrastructure & Access to Care	CHI Health Missouri Valley HCHPH



Healthy Harrison Coalition Community Health Needs Stakeholder Meeting

12.18.18

Ashley Carroll, MPH

Healthier Communities Coordinator, CHI Health

AGENDA

- CHNA Process overview
- Review Previous Work
- Community Health Data
- Discussion
- Top Health Needs Prioritization

Setting the Stage

- CHNA: Community Health Needs Assessment
- CHIP: Community Health Improvement Plan
- ISP: Implementation Strategy Plan (hospital plan)

Purpose & Process Overview

Federal Requirements for tax-exempt hospitals

- Conduct Community Health Needs Assessment (CHNA) triennial
 - Top health needs
 - Identify relevant strategies to address health needs
- Write 3-year Implementation Strategy Plan (ISP)

Our Goals

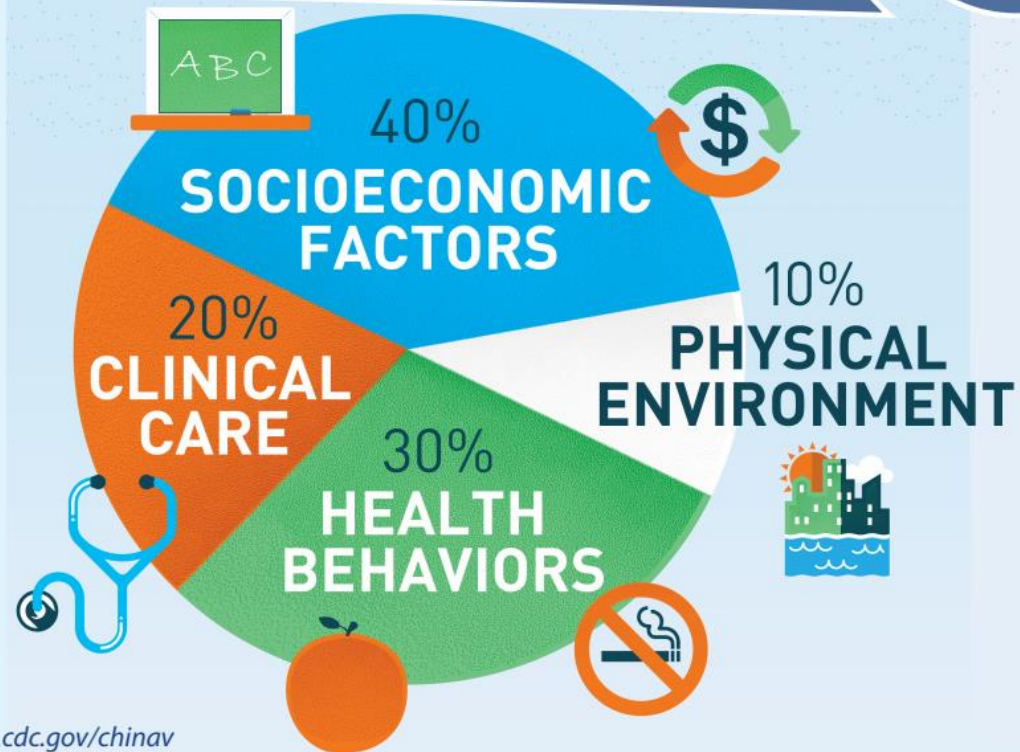
- Identify areas of high need
- Ensure resources are leveraged correctly
- Use data to prioritize and use evidence as a guide to address
- Ensure compliance with section 501(r) of IRS tax code

Framework

- Guiding Principles
 - Use Evidence to Drive Impact
 - Address Disparities
 - Prioritize Root Causes
 - Integrate Community
 - Improve Community Capacity
 - Enhance Care Continuum
 - Consider Education and Research




What is Health?

Know What Affects Health



Source: www.cdc.gov/chinav

CHNA 2016- Top Health Needs

Aging Problems	High Blood Pressure
Cancer	Diabetes
Obesity 	Disabilities
Mental Health 	Child Abuse & Neglect 
Heart Disease/ Stroke	Respiratory/ Lung Disease

FY16-FY19 CHI Missouri Valley Hospital Plan

Health Priority	Strategy
Behavioral Health	Expand resources and awareness through Behavioral Health Coalition
	Substance use prevention education for parents and youth
	Improve mental health crisis response team
Child Abuse & Neglect	Identify & expand prevention programs
Nutrition, Physical Activity & Weight Status	School intervention/ programming
	Expand access to farmer's markets
	Milk Mob breastfeeding training

Overview of Current Work

- Nutrition Physical Activity & Weight Status
- Behavioral Health
- Child Abuse & Neglect

Farmer's Market

YEAR 1:

100 vouchers distributed
20 vouchers redeemed
7 sites distributed

YEAR 2:

5440 vouchers distributed
3243 vouchers redeemed
9 sites distributed

YEAR 3:

X vouchers distributed
3206 vouchers redeemed
9 sites distributed
142 families served

- **In 2018, 368 rides were provided to individuals to visit the Farmer's Markets**

Breastfeeding

- Milk Mob
 - Trained 26 community professionals to become breastfeeding advocates in and around Harrison County.
- Really, Really? Breastfeeding Education
 - materials distributed in 5 counties and across 4 CHI clinics

Behavioral Health

- Launched a behavioral health coalition
- Developed a web- based resource directory for Harrison County
- Me360 substance use prevention education
 - delivered in 3 school districts (Missouri Valley, Woodbine and Logan-Magnolia) to 261 7-8th grade students
- Coping through the teen years
 - provided suicide prevention programming for over 450 middle and high school students
- 3 Youth Mental Health First Aid
 - trainings occurred with 54 participants
- 3 Adult Mental Health First Aid
 - trainings occurred with 49 participants

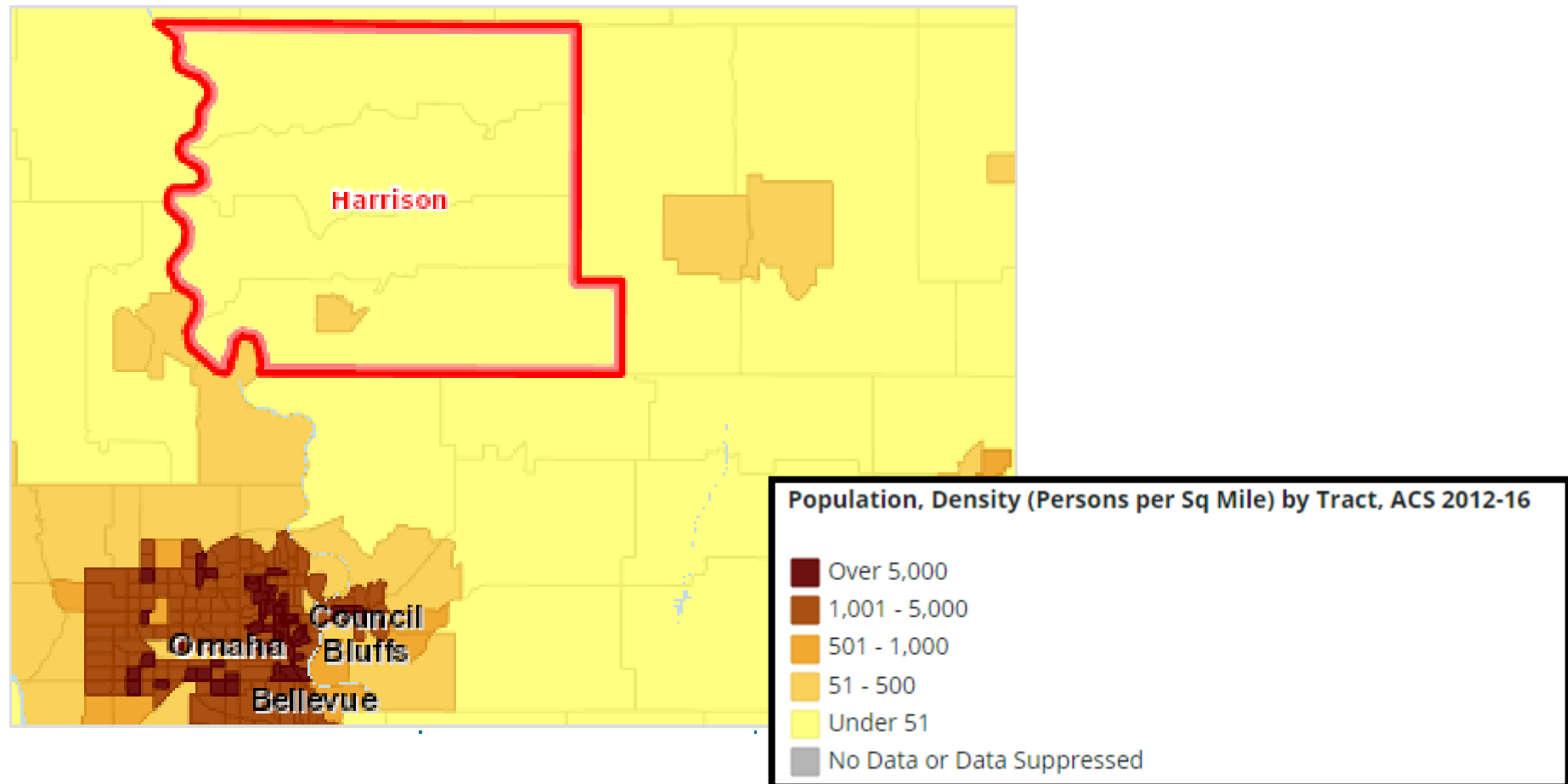
Race to Resilience

- FY18- 76 people in attendance of which 34 were children & 42 were adults
- FY19- Upcoming: Dec 27, 2018
 - 24 families signed up so far



Demographics

Community



Population Total & Median Age

Median Age

This indicator reports population median age based on the 5-year American Community Survey estimate.

Report Area	Total Population	Median Age
Harrison County, IA	14,335	44
Iowa	3,106,589	38
United States	318,558,162	37.7

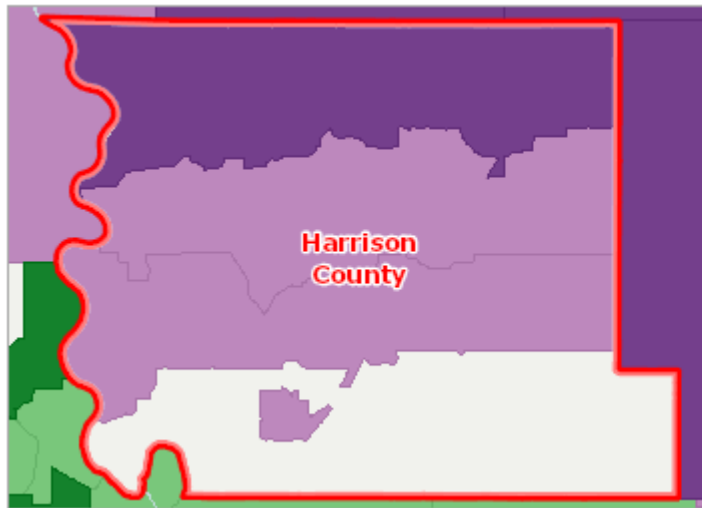
Data Source: US Census Bureau, American Community Survey, 2012-16. Source geography: Tract → [Show more details](#)

[Download Data](#)

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Harrison County, IA	14,335	696.84	20.57
Iowa	3,106,589	55,856.49	55.62
United States	318,558,162	3,532,068.58	90.19

Data Source: US Census Bureau, [American Community Survey](#), 2012-16. Source geography: Tract

Population Change

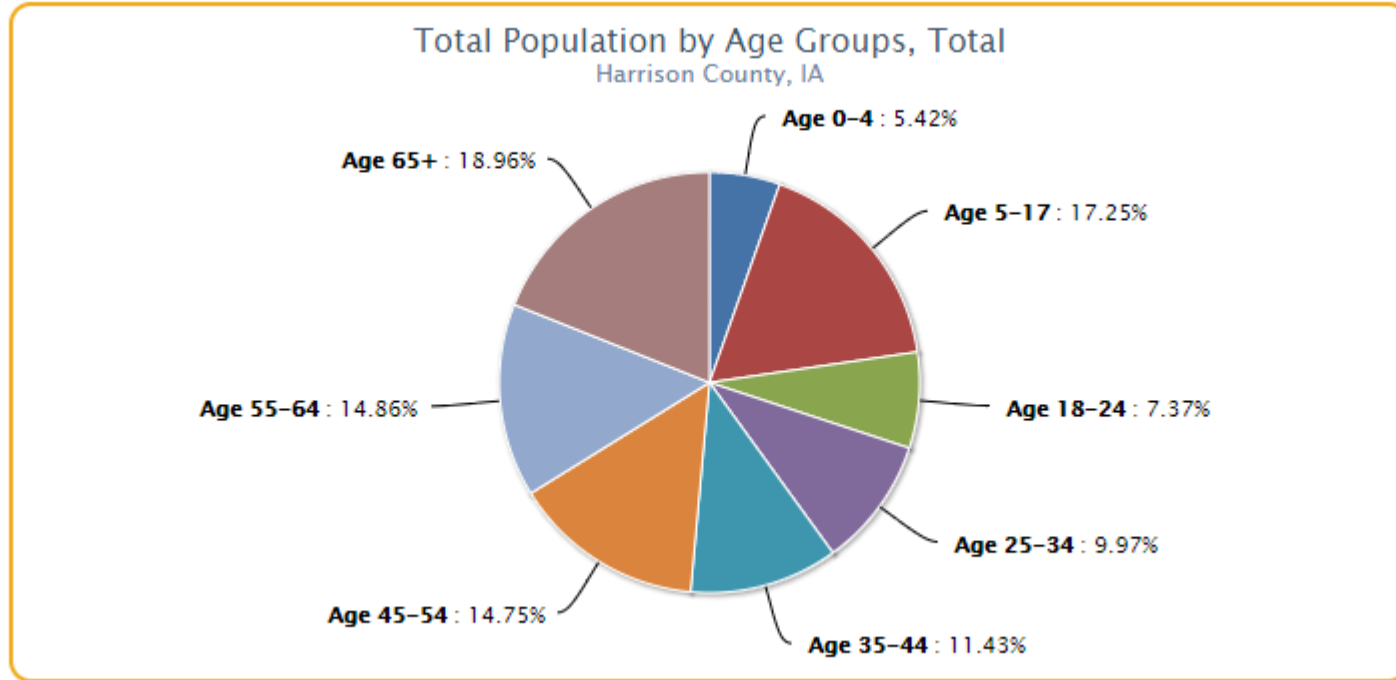


Population Change, Percent by Tract, US Census 2000 - 2010

- Over 10.0% Increase (+)
- 1.0 - 10.0% Increase (+)
- Less Than 1.0% Change (+/-)
- 1.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data
- Harrison County, IA

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
Harrison County, IA	15,666	14,928	-738	-4.71%
Iowa	2,926,325	3,046,355	120,030	4.1%
United States	280,405,781	307,745,539	27,339,758	9.75%

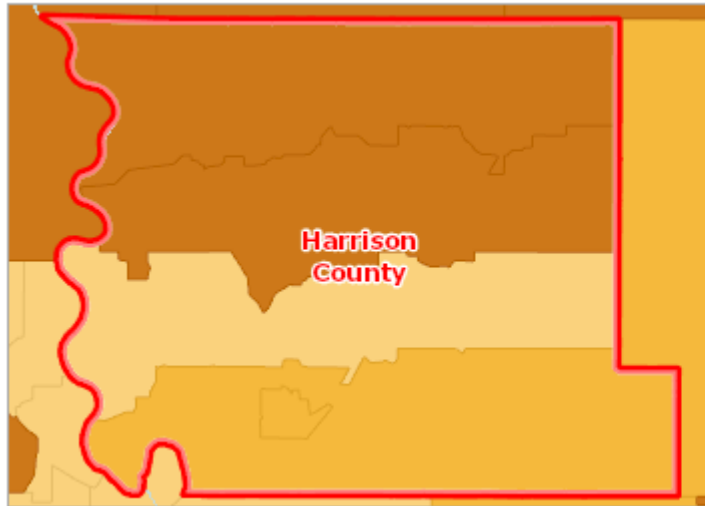
Population Age



Total Population by Age Groups, Percent

[Download Data](#)

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Harrison County, IA	5.42%	17.25%	7.37%	9.97%	11.43%	14.75%	14.86%	18.96%
Iowa	6.34%	17.08%	10.31%	12.6%	11.74%	13.07%	13.07%	15.8%
United States	6.24%	16.87%	9.82%	13.62%	12.73%	13.64%	12.58%	14.5%



Population Age 65+, Percent by Tract, ACS 2012-16

- Over 20.0%
- 16.1 - 20.0%
- 12.1 - 16.0%
- Under 12.1%
- No Data or Data Suppressed
- Harrison County, IA

Population Age 65+

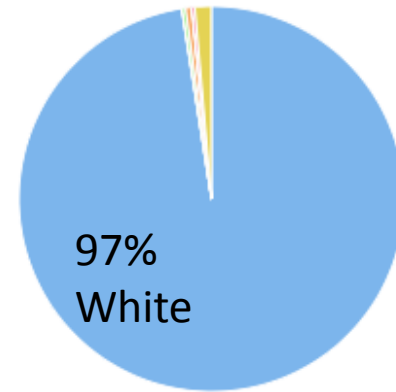
An estimated 18.96% of the population in the report area is age 65 or older according to the U.S. Census Bureau American Community Survey 2012-16 5-year estimates. An estimated total of 2,718 older adults resided in the area during this time period. The number of persons age 65 or older is relevant because this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 65+	Percent Population Age 65+
Harrison County, IA	14,335	2,718	18.96%
Iowa	3,106,589	490,781	15.8%
United States	318,558,162	46,180,632	14.5%

Racial Composition

Total Population by Race Alone, Total

Harrison County, IA



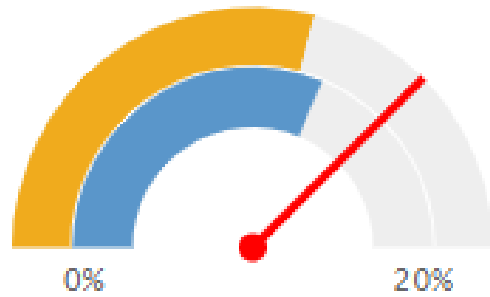
● White
 ● Black
 ● Asian
 ● Native American / Alaska Native
 ● Native Hawaiian / Pacific Islander
 ● Some Other Race
 ● Multiple Races

Total Population by Race Alone, Percent

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Harrison County, IA	97.51%	0.05%	0.31%	0.46%	0.05%	0.24%	1.38%
Iowa	90.9%	3.32%	2.14%	0.32%	0.08%	1.27%	1.97%
United States	73.35%	12.63%	5.22%	0.82%	0.18%	4.75%	3.06%

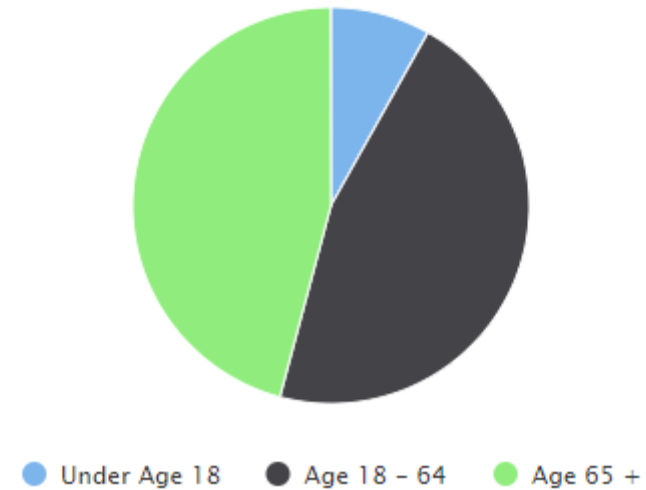
Persons with Disabilities

Percent Population with a Disability



- Harrison County, IA (15.02%)
- Iowa (11.65%)
- United States (12.52%)

Population with Any Disability by Age Group, Total
Harrison County, IA



Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
Harrison County, IA	14,090	2,116	15.02%
Iowa	3,062,954	356,817	11.65%
United States	313,576,137	39,272,529	12.52%

Social & Economic Factors

Education - Bachelor's Degree or Higher

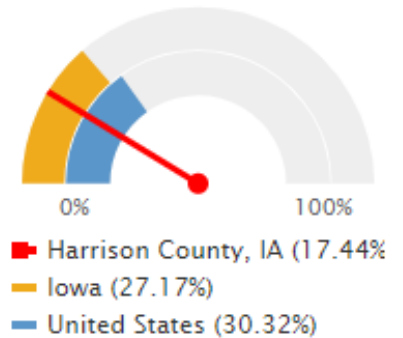
17.44% of the population aged 25 and older, or 1,749 have obtained an Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Percent Population Age 25+ with Bachelor's Degree or Higher
Harrison County, IA	10,029	1,749	17.44%
Iowa	2,058,840	559,431	27.17%
United States	213,649,147	64,767,787	30.32%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract → [Show more details](#)

Percent Population Age 25+ with Bachelor's Degree or Higher



Household Income

Income - Median Household Income

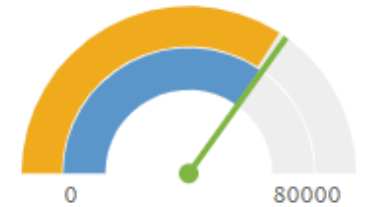
This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

Report Area	Total Households	Average Household Income	Median Household Income
Harrison County, IA	6,046	\$66,214.00	\$55,845.00
Iowa	1,242,641	\$70,708.00	\$54,570.00
United States	117,716,237	\$77,866.00	\$55,322.00

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract → [Show more details](#)

Median Household Income



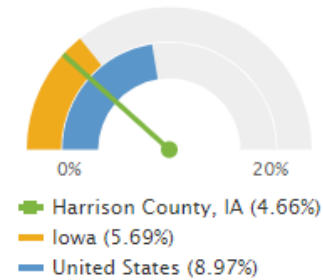
Harrison County, IA (\$55,845.00)
 Iowa (\$54,570.00)
 United States (\$55,322.00)

Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.

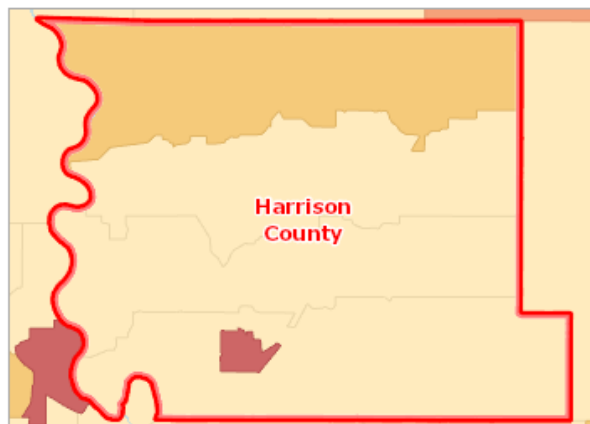
Report Area	Total Occupied Households	Households with No Motor Vehicle	Percentage of Households with No Motor Vehicle
Harrison County, IA	6,046	282	4.66%
Iowa	1,242,641	70,658	5.69%
United States	117,716,237	10,562,847	8.97%

Percentage of Households with No Motor Vehicle

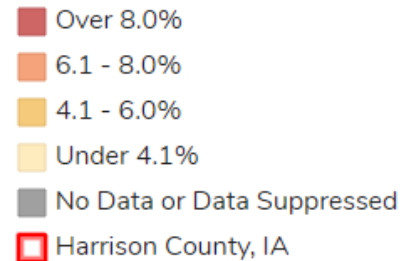


Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2012-16. Source geography: Tract → [Show more details](#)



Households with No Vehicle, Percent by Tract, ACS 2012-16



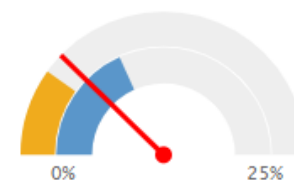
Insurance - Uninsured Population

The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Harrison County, IA	14,090	1,104	7.84%
Iowa	3,062,954	194,710	6.36%
United States	313,576,137	36,700,246	11.7%

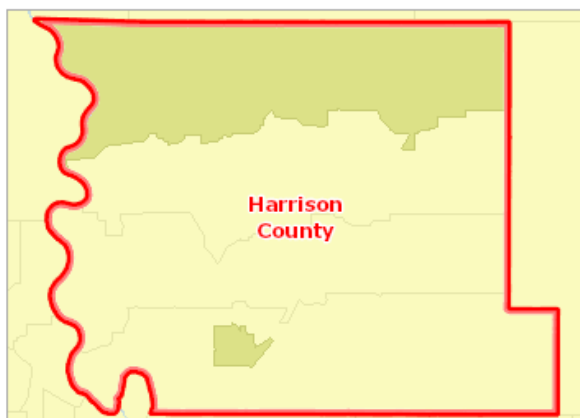
Percent Uninsured Population



- Harrison County, IA (7.84%)
- Iowa (6.36%)
- United States (11.7%)

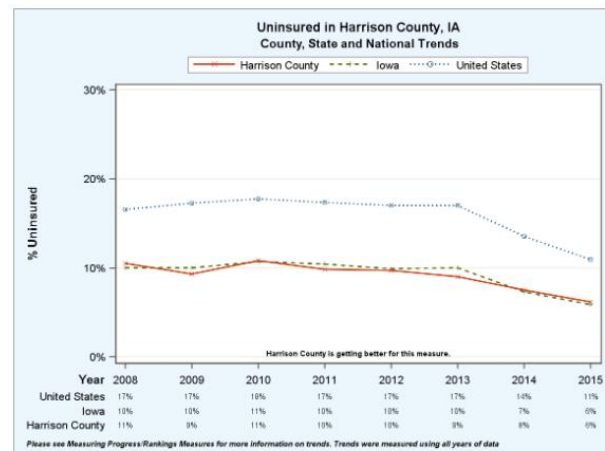
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2012-16. Source geography: Tract → [Show more details](#)



Uninsured Population, Percent by Tract, ACS 2012-16

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Harrison County, IA

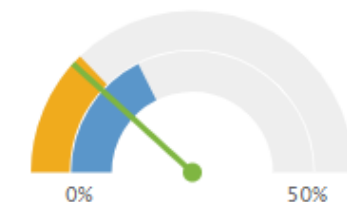


Poverty - Children Below 100% FPL

In the report area 14.09% or 447 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Harrison County, IA	14,020	3,172	447	14.09%
Iowa	3,005,808	714,124	109,300	15.31%
United States	310,629,645	72,456,096	15,335,783	21.17%

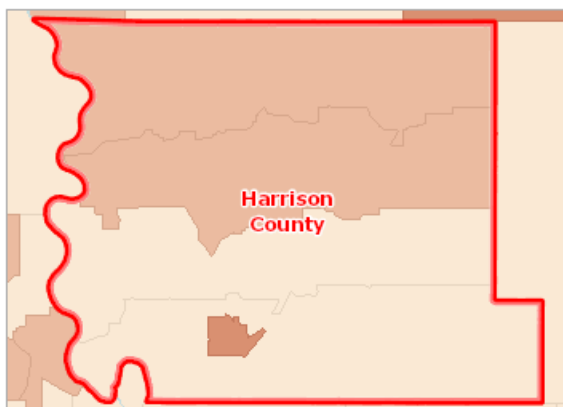
Percent Population Under Age 18 in Poverty



- Harrison County, IA (14.09%)
- Iowa (15.31%)
- United States (21.17%)

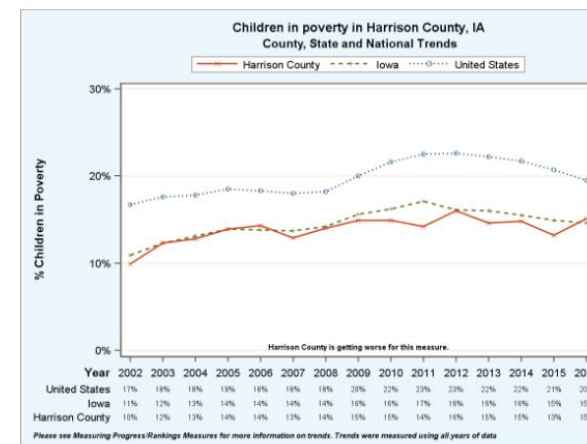
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract → [Show more details](#)



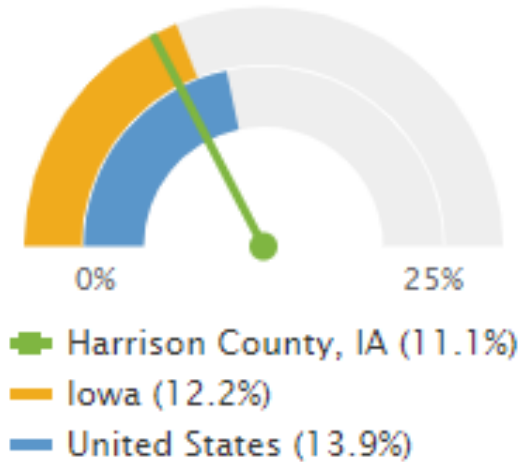
Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2012-16

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Harrison County, IA

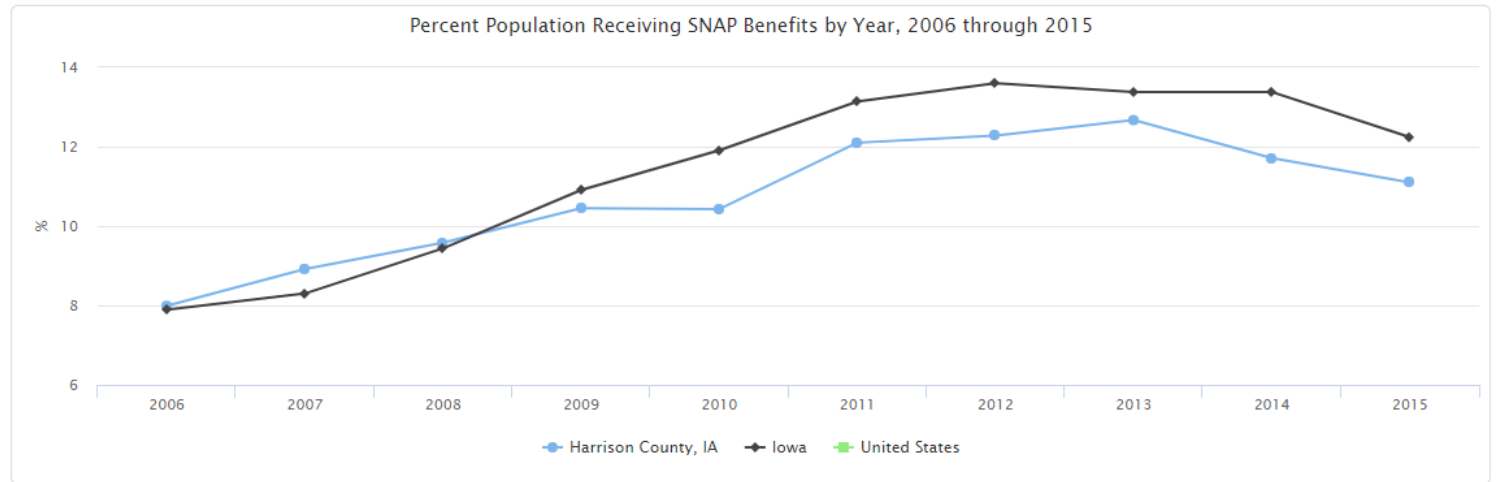


SNAP Participation

Percent Population Receiving SNAP Benefits



Percent Population Receiving SNAP Benefits by Year, 2006 through 2015



Report Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Harrison County, IA	14,265	1,583	11.1%
Iowa	3,123,899	382,258	12.2%
United States	321,396,328	44,567,069	13.9%

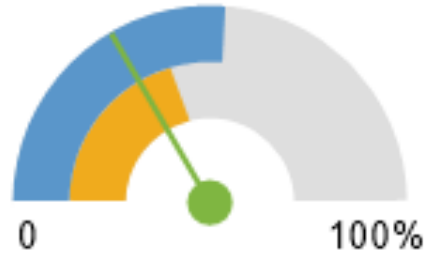
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, Small Area Income & Poverty Estimates. 2015. Source geography: County → [Show more details](#)

Students Eligible for Free or Reduced Meals

[Download Data](#)

Percent Students Eligible for Free or Reduced Price Lunch



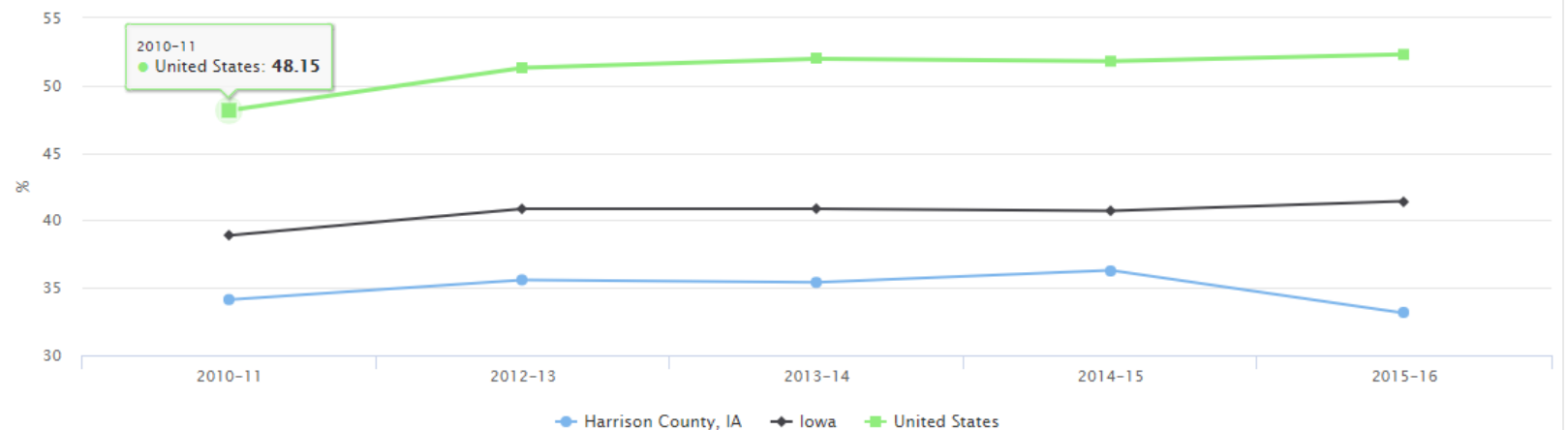
- Harrison County, IA (33.13%)
- Iowa (41.42%)
- United States (52.61%)

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Harrison County, IA	2,572	852	33.13%
Iowa	500,105	207,129	41.42%
United States	50,611,787	25,893,504	52.61%

Note: This indicator is compared with the state average.

Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#), 2015-16. Source geography: Address

Children Eligible for Free Lunch (Alone) by Year, 2010-11 through 2015-16



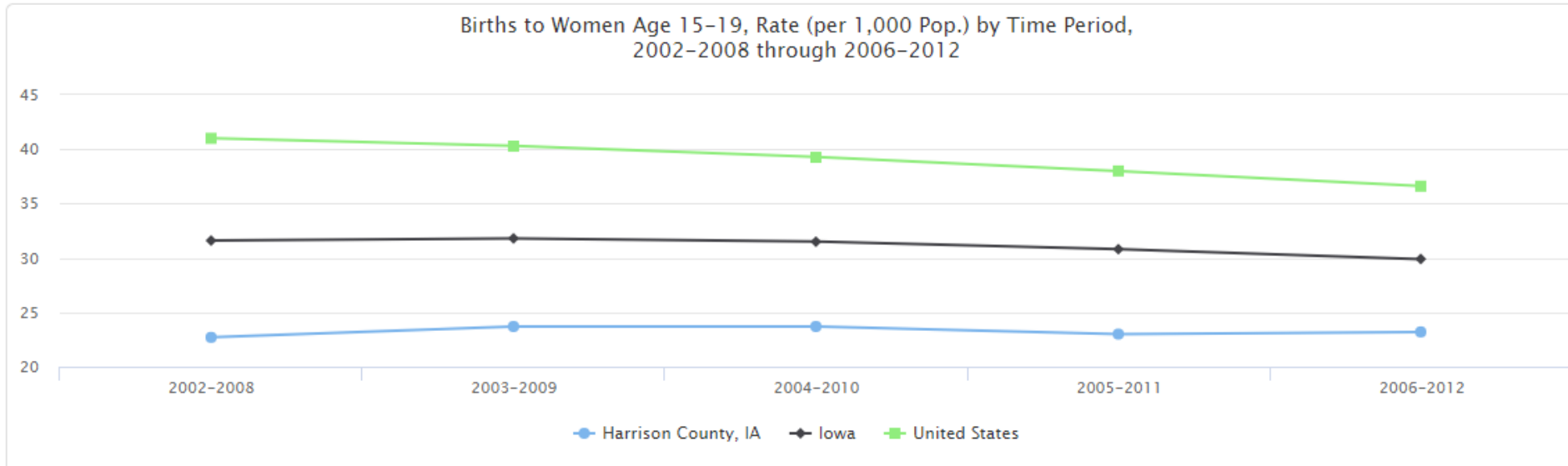
Teen Births

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)
Harrison County, IA	525	12	23.2
Iowa	105,598	3,157	29.9
United States	10,736,677	392,962	36.6

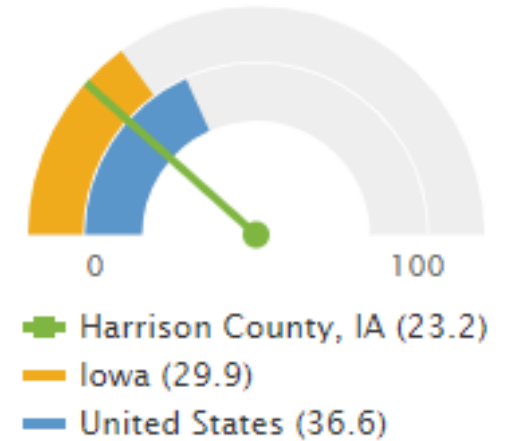
Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, *Health Indicators Warehouse*. Centers for Disease Control and Prevention, National Vital Statistics System.

Accessed via *CDC WONDER*. 2006-12. Source geography: County → [Show more details](#)

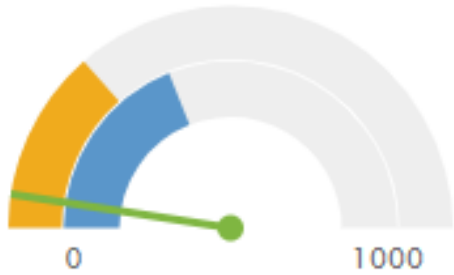


Teen Birth Rate (Per 1,000 Population)



Violent Crime

Violent Crime Rate (Per 100,000 Pop.)



- Harrison County, IA (48.8)
- Iowa (270.6)
- United States (379.7)

Report Area	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Harrison County, IA	13,656	7	48.8
Iowa	3,003,656	8,130	270.6
United States	311,082,592	1,181,036	379.7

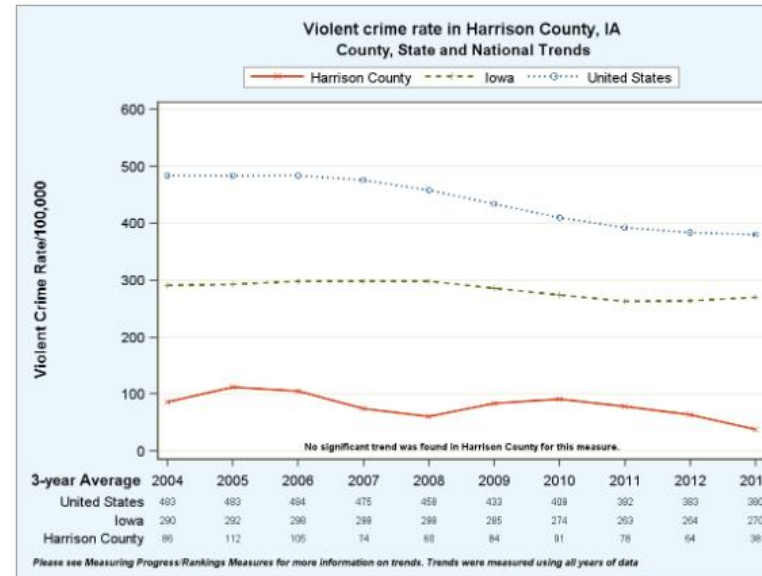
Note: This indicator is compared to the state average.

Data Source: Federal Bureau of Investigation, *FBI Uniform Crime Reports*. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-14. Source geography: County → [Show more details](#)

Daily Log Activity Statistics Report

Missouri Valley Police Dept

Activity	Total	Jan	Feb	Mar	Apr	May	Jun
Domestic Disturbance	35	5	5	5	7	11	2
DUS, DWR, Barred	17	1	3	4	5	3	1
Mental Committal	26	4	7	6	5	1	3





Clinical Care

Access to Primary Care & Mental Health Services

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Harrison County, IA	14,327	3	4,775.5	20.9
Iowa	3,007,833	3,763	799.3	125.1
United States	317,105,555	643,219	493	202.8

Note: This indicator is compared to the state average.

Data Source: University of Wisconsin Population Health Institute, *County Health Rankings*. 2018. Source geography: County → [Show more details](#)

Mental Health Care Provider Rate (Per 100,000 Population)



■ Harrison County, IA (20.9)
■ Iowa (125.1)
■ United States (202.8)

Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Harrison County, IA	14,324	6	41.89
Iowa	3,107,126	2,611	84
United States	318,857,056	279,871	87.8

Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, *Area Health Resource File*. 2014. Source geography: County →

Primary Care Physicians, Rate per 100,000 Pop.



■ Harrison County, IA (41.89)
■ Iowa (84)
■ United States (87.8)

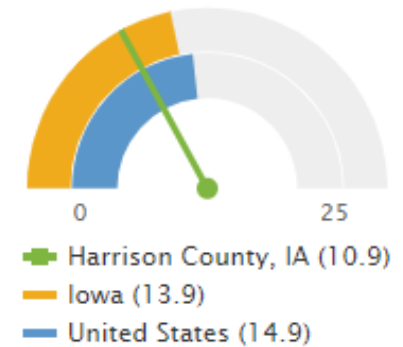
30- Day Hospital Readmissions & Preventable Hospital Events

Report Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries
Harrison County, IA	285	10.9
Iowa	38,461	13.9
United States	2,885,032	14.9

Note: This indicator is compared to the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. → [Show more details](#)

Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries

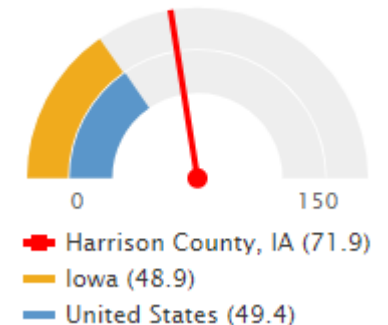


Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Harrison County, IA	1,883	135	71.9
Iowa	313,975	15,356	48.9
United States	22,488,201	1,112,019	49.4

Note: This indicator is compared to the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County → [Show more details](#)

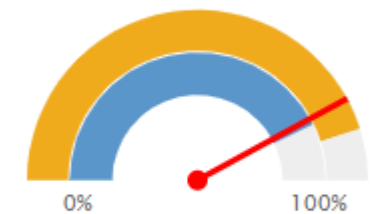
Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)



Diabetes Management

Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
Harrison County, IA	2,362	239	200	84.1%
Iowa	385,061	37,861	34,152	90.2%
United States	26,937,083	2,919,457	2,501,671	85.7%

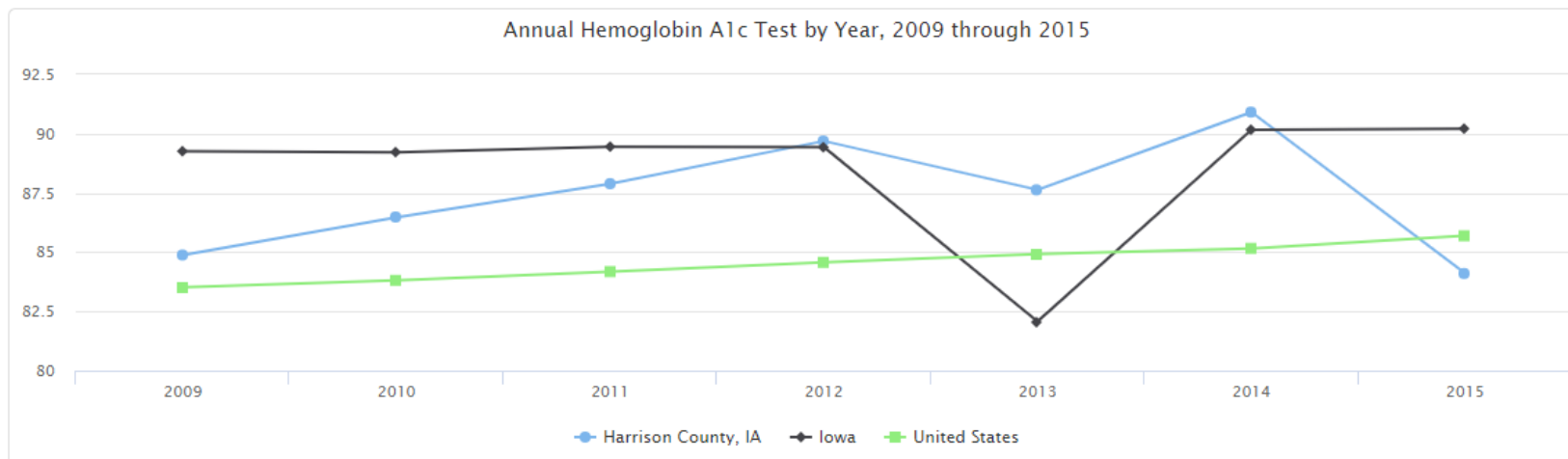
Percent Medicare Enrollees with Diabetes with Annual Exam



- Harrison County, IA (84.1%)
- Iowa (90.2%)
- United States (85.7%)

Note: This indicator is compared to the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County → [Show more details](#)



Behavioral Health ED visits

CHI Health Hospital Emergency Department Mental Health Visits

FY2016	FY2017	% Change
137	193	40.9%

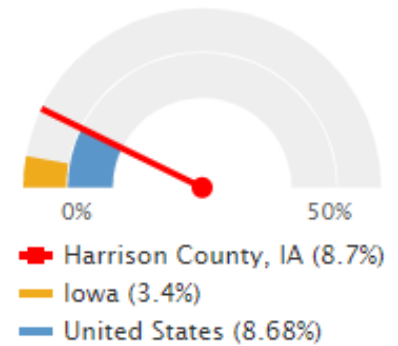
Source: CHI Health Hospital Data

Environmental Factors

% of Workers Commuting 60 mins+

Report Area	Population Age 16+ that Commutes to Work	Population Commuting More than 60 Minutes	Percentage Commuting More than 60 Minutes
Harrison County, IA	6,838	595	8.7%
Iowa	1,489,632	50,654	3.4%
United States	139,199,329	12,083,467	8.68%

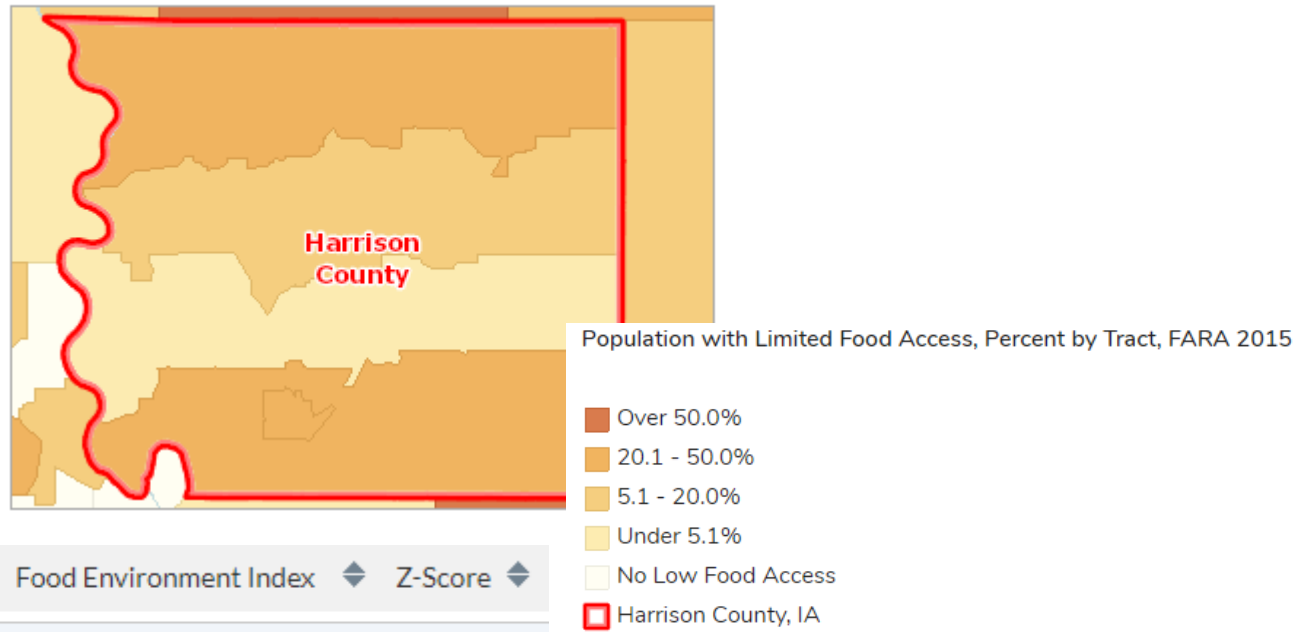
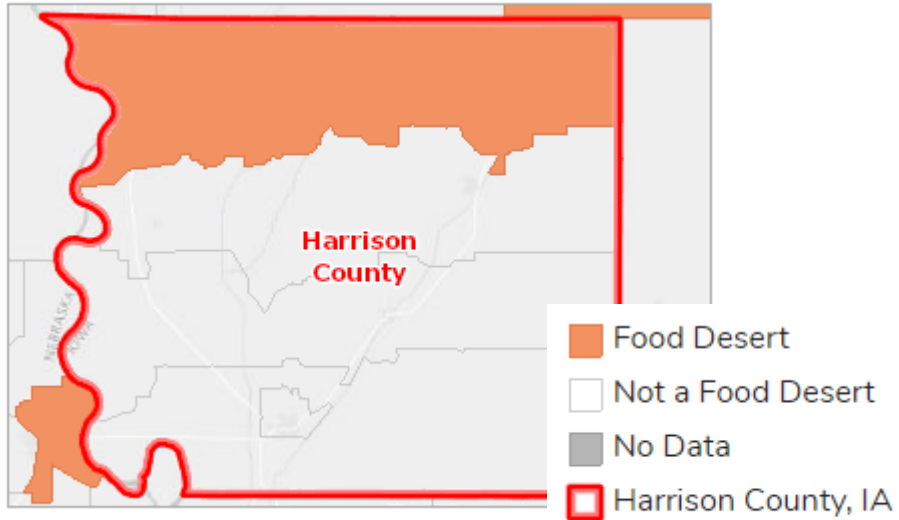
Percentage of Workers Commuting More than 60 Minutes



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract → [Show more details](#)

Food Access

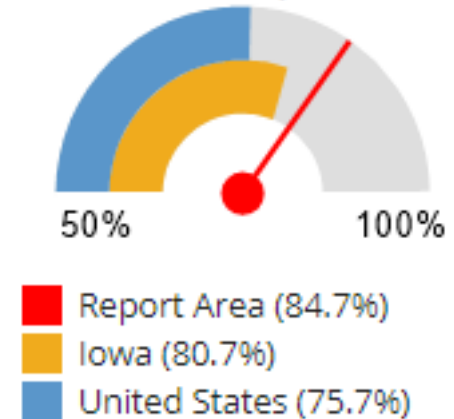


Place	% Limited Access to Healthy Foods	% Food Insecurity	Food Environment Index	Z-Score
Harrison	5%	11%	8.3	-0.20

Vegetable Consumption

Report Area	Total Population (Age 18+)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Report Area	107,462	75,373	84.7%
Harrison County, IA	11,700	10,436	89.2%
Mills County, IA	11,284	no data	suppressed
Monona County, IA	7,158	no data	suppressed
Pottawattamie County, IA	67,946	57,550	84.7%
Shelby County, IA	9,374	7,387	78.8%
Iowa	2,268,969	1,831,058	80.7%
United States	227,279,010	171,972,118	75.7%

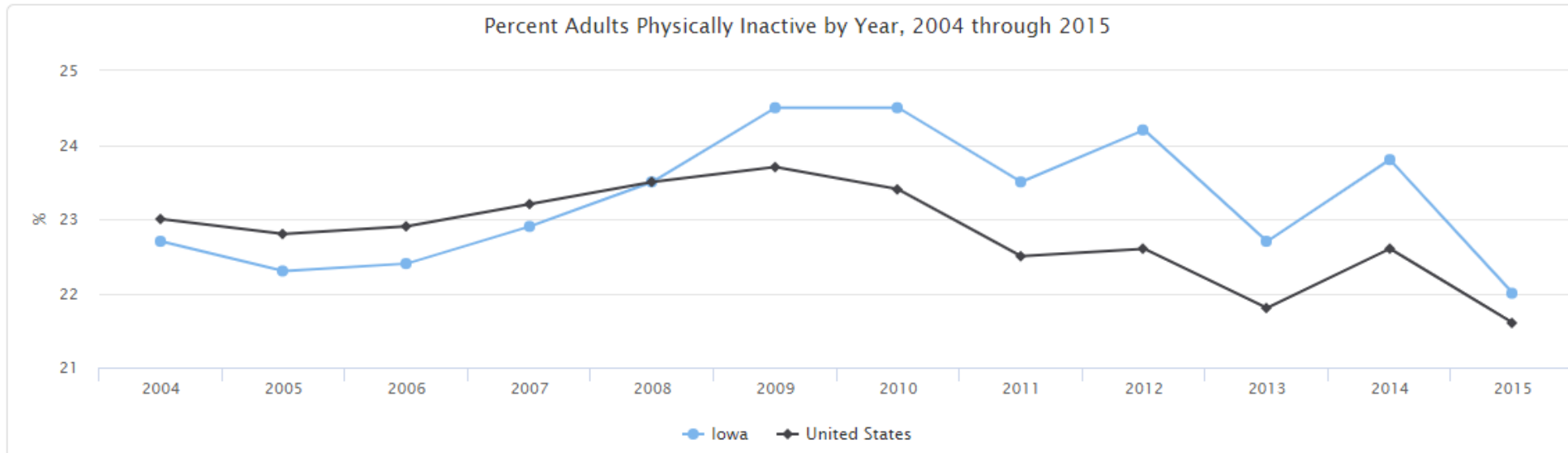
Percent Adults with Inadequate Fruit / Vegetable Consumption



Note: This indicator is compared with the state average.

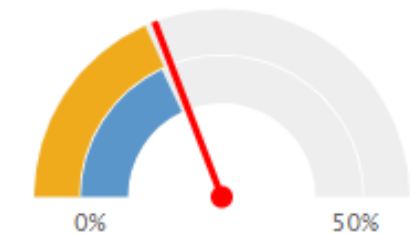
Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2005-09. Source geography: County

Physical Inactivity



Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Harrison County, IA	10,753	2,656	23%
Iowa	2,300,607	528,029	22%
United States	238,798,321	52,960,511	21.6%

Percent Population with no Leisure Time Physical Activity



- Harrison County, IA (23%)
- Iowa (22%)
- United States (21.6%)

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County → [Show more details](#)

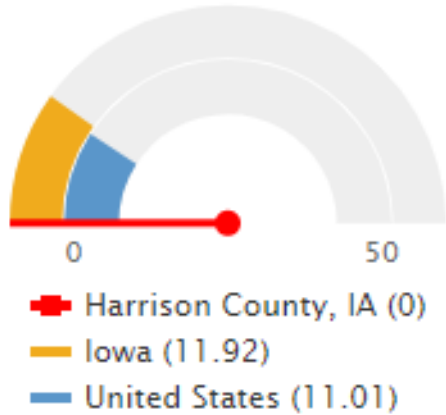
Youth Physical Activity

Iowa Youth Survey, Harrison County Results, 2016

Iowa Youth Survey • 2016 Harrison County Results													Iowa Youth Survey • 2016 State of Iowa Results											
<p>On how many days of the past 7 days were you physically active for a total of 60 minutes (1 hour) or more per day? (Add up all the time you spent in any kind of physical activity like running, walking fast, swimming, riding a bicycle)</p>																								
IYS Question B10	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
0 days	4%	6%	2%	2%	2%	3%	6%	0%	11%	4%	2%	6%	5%	5%	5%	4%	4%	4%	7%	5%	8%	5%	5%	6%
1 day	10%	17%	4%	3%	2%	4%	3%	4%	3%	5%	6%	4%	8%	7%	8%	5%	5%	6%	6%	4%	8%	6%	5%	7%
2 days	6%	8%	2%	12%	7%	16%	4%	2%	6%	8%	5%	9%	10%	9%	11%	8%	7%	10%	9%	7%	12%	9%	8%	11%
3 days	11%	6%	16%	10%	7%	12%	11%	4%	17%	10%	5%	15%	13%	12%	15%	12%	10%	14%	12%	10%	14%	12%	11%	14%
4 days	18%	8%	27%	10%	17%	4%	9%	6%	12%	12%	11%	13%	13%	12%	14%	12%	10%	13%	10%	9%	11%	12%	10%	13%
5 days	15%	14%	16%	20%	20%	19%	16%	18%	15%	17%	18%	17%	13%	12%	14%	15%	14%	17%	16%	16%	16%	15%	14%	16%
6 days	12%	8%	16%	13%	14%	13%	15%	14%	17%	14%	12%	15%	9%	8%	9%	10%	9%	11%	11%	11%	11%	10%	10%	10%
7 days	24%	33%	18%	29%	32%	27%	34%	53%	20%	30%	40%	22%	30%	34%	25%	33%	40%	26%	29%	38%	19%	31%	38%	24%
Percent who answered question	99%	100%	98%	98%	98%	97%	98%	98%	100%	98%	99%	98%	97%	97%	97%	98%	98%	98%	98%	98%	99%	98%	98%	98%
Percent who reported one or more days	96%	94%	98%	98%	98%	97%	94%	100%	89%	96%	98%	94%	95%	95%	95%	96%	96%	96%	93%	95%	92%	95%	95%	94%

Recreation & Fitness Facility Access

Recreation and Fitness
Facilities, Rate
(Per 100,000 Population)



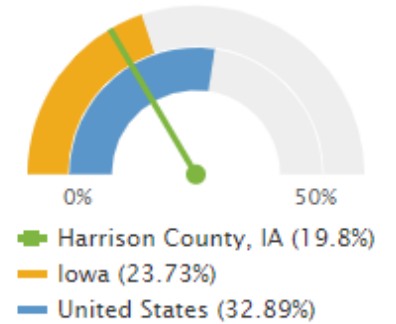
Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Harrison County, IA	14,928	0	0
Iowa	3,046,355	363	11.92
United States	308,745,538	33,980	11.01

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA → [Show more details](#)

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Percentage of Cost Burdened Households (Over 30% of Income)
Harrison County, IA	6,046	1,197	19.8%
Iowa	1,242,641	294,827	23.73%
United States	117,716,237	38,719,430	32.89%

Percentage of Households where Housing Costs Exceed 30% of Income



Note: This indicator is compared to the state average.

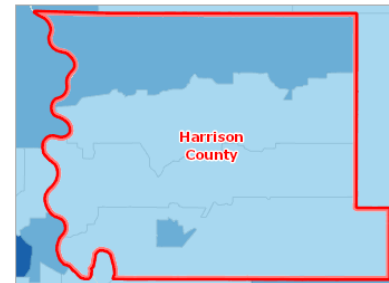
Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract → [Show more details](#)

Cost Burdened Households by Tenure, Total

Harrison County, IA



● Rental Households ● Owner-Occupied Households With Mortgage ● Owner-Occupied Households, No Mortgage



Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2012-16

- Over 35.1%
- 28.1 - 35.0%
- 21.1 - 28.0%
- Under 21.1%
- No Data or Data Suppressed
- Harrison County, IA



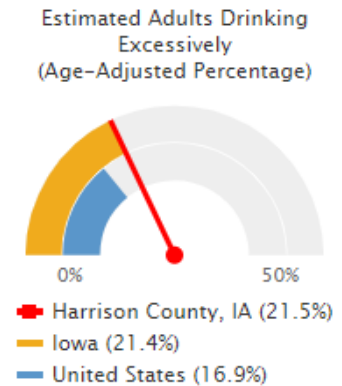
Behavioral health

Excessive Drinking

Place	% Excessive Drinking ⓘ	Error Margin	Z-Score
Harrison	19%	19-20%	-0.47

Data Source, Centers for Disease Control & Prevention. Behavioral Risk Factor Surveillance System. 2016. Accessed via County Health Rankings 12.3.18

Report Area	Total Population Age 18+	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Harrison County, IA	11,334	2,233	19.7%	21.5%
Iowa	2,307,562	463,820	20.1%	21.4%
United States	232,556,016	38,248,349	16.4%	16.9%



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County → [Show more details](#)

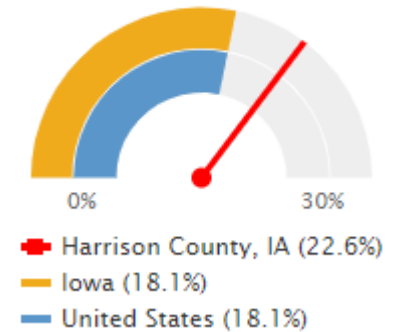
Smoking

Place	% Smokers	Error Margin	Z-Score
Harrison	14%	14-15%	-0.59

Data Source, Centers for Disease Control & Prevention. Behavioral Risk Factor Surveillance System. 2016. Accessed via County Health Rankings 12.3.18

Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Harrison County, IA	11,334	2,527	22.3%	22.6%
Iowa	2,307,562	403,823	17.5%	18.1%
United States	232,556,016	41,491,223	17.8%	18.1%

Percentage of Adults Smoking Cigarettes



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County → [Show more details](#)

Iowa Youth Survey • 2016 Harrison County Results													Iowa Youth Survey • 2016 State of Iowa Results											
Have you ever smoked tobacco or used any tobacco products (not including electronic cigarettes)?																								
IYS Question B27	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	3%	0%	5%	9%	7%	11%	21%	20%	22%	12%	10%	13%	2%	3%	2%	6%	7%	6%	19%	21%	17%	9%	10%	8%
No	98%	100%	95%	91%	93%	89%	79%	80%	78%	88%	90%	87%	98%	97%	98%	94%	93%	94%	81%	79%	83%	91%	90%	92%
Percent who answered question	96%	97%	96%	95%	97%	94%	97%	96%	98%	96%	97%	96%	96%	96%	97%	97%	97%	98%	97%	97%	98%	97%	97%	97%

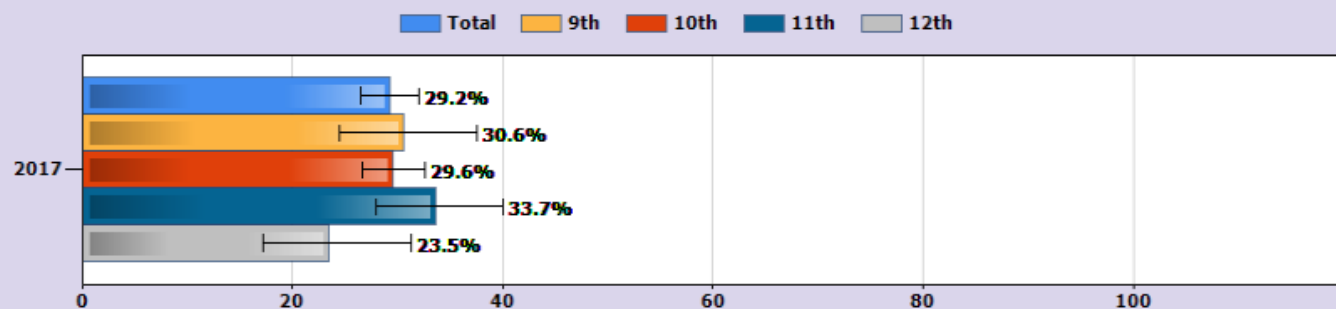
Note: Question B27 is a skip question. If a respondent answered "No" to question B27, he or she was taken to question B38 and responses representing never having used tobacco products were inserted into the data set for all questions in between.

Youth Mental Health- Depression

Felt sad or hopeless

(almost every day for 2 weeks or more in a row so that they stopped doing some usual activities, during the 12 months before the survey)

Iowa, High School Youth Risk Behavior Survey, 2017



Iowa Youth Survey • 2016 Harrison County Results

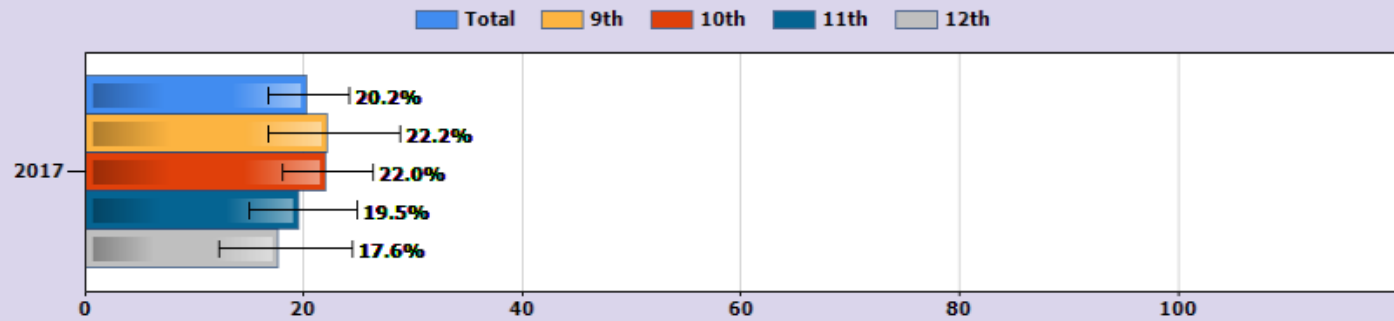
Iowa Youth Survey • 2016 State of Iowa Results

During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?

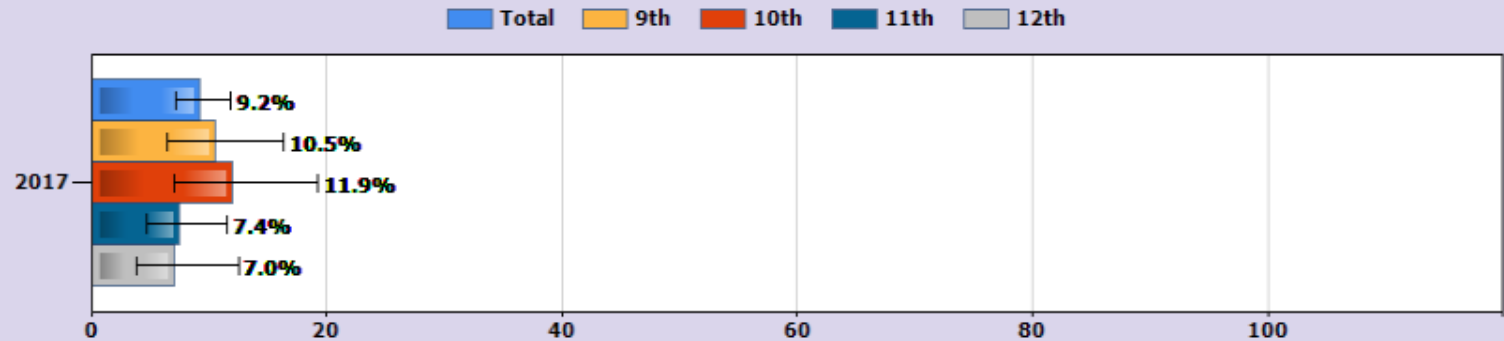
IYS Question B67	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
	Yes	14%	14%	14%	20%	10%	29%	29%	12%	42%	22%	12%	30%	14%	11%	16%	16%	10%	23%	25%	16%	35%	18%	12%
No	86%	86%	86%	80%	90%	71%	71%	88%	58%	78%	88%	70%	86%	89%	84%	84%	90%	77%	75%	84%	65%	82%	88%	76%
Percent who answered question	95%	97%	93%	96%	98%	94%	97%	96%	98%	96%	97%	95%	94%	94%	95%	96%	96%	97%	97%	97%	97%	96%	96%	96%

Iowa Youth Survey • 2016 Harrison County Results												Iowa Youth Survey • 2016 State of Iowa Results												
During the past 12 months, have you seriously thought about killing yourself?																								
IYS Question B68	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	11%	14%	9%	21%	5%	35%	16%	6%	25%	17%	8%	25%	10%	8%	11%	13%	8%	19%	17%	12%	22%	13%	9%	17%
No	89%	86%	91%	79%	95%	65%	84%	94%	75%	83%	92%	75%	90%	92%	89%	87%	92%	81%	83%	88%	78%	87%	91%	83%
Percent who answered question	96%	100%	93%	95%	97%	94%	97%	98%	98%	96%	98%	95%	94%	94%	94%	96%	96%	96%	96%	96%	97%	95%	95%	96%

Seriously considered attempting suicide
 (during the 12 months before the survey)
 Iowa, High School Youth Risk Behavior Survey, 2017



Attempted suicide
 (one or more times during the 12 months before the survey)
 Iowa, High School Youth Risk Behavior Survey, 2017

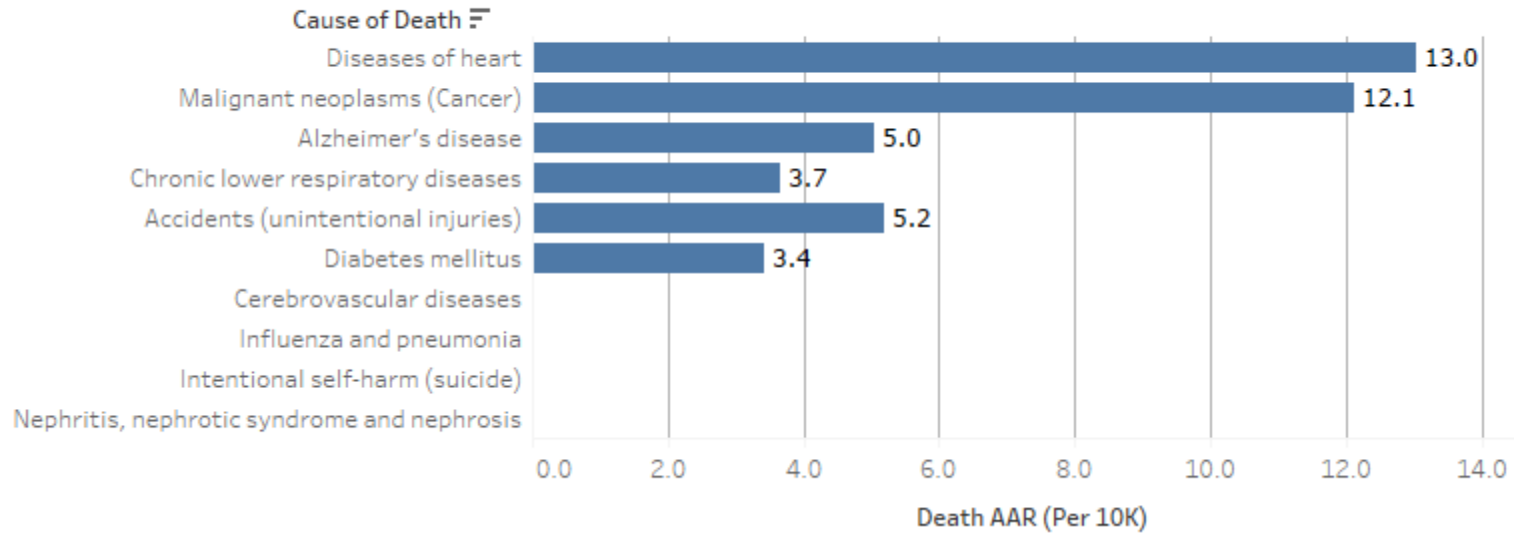




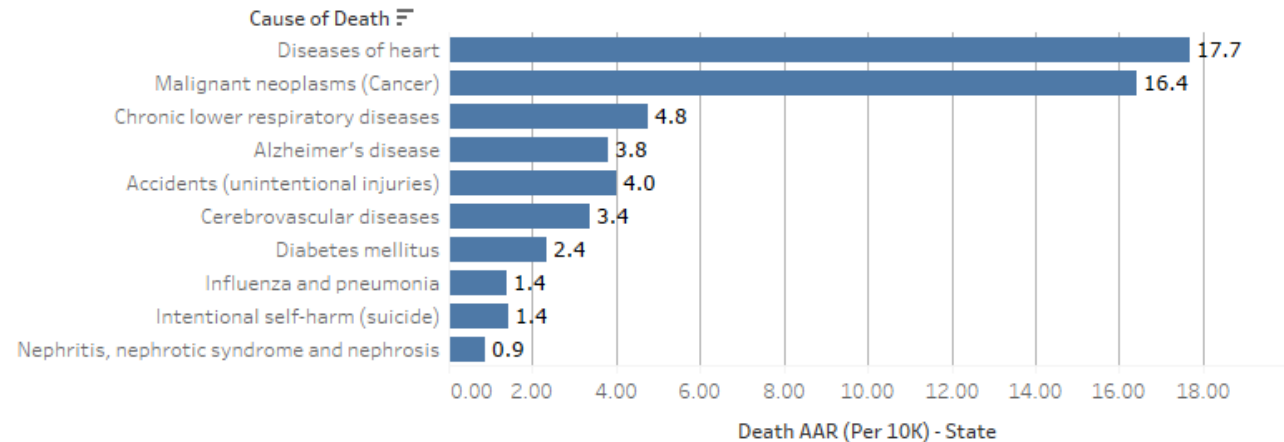
Health Outcomes

Leading Causes of Death

County Top 10 Causes of Death - 2017 Harrison County



State Top 10 Causes - 2017

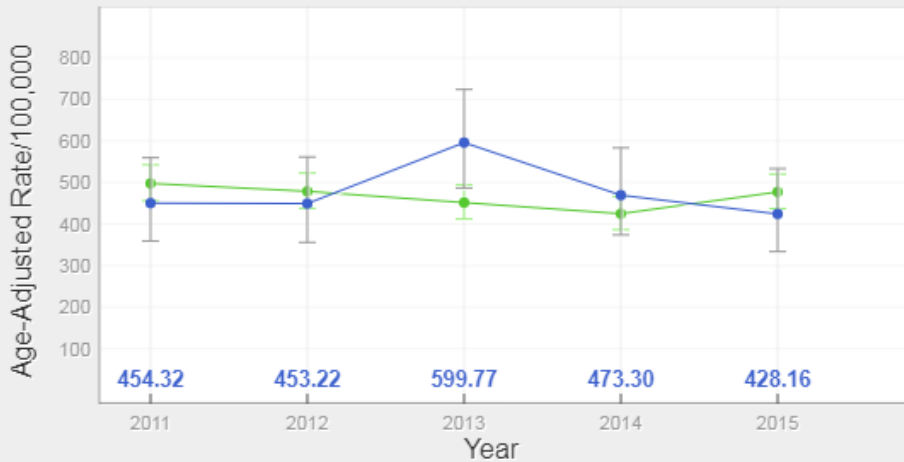


Cancer Incidence

Harrison County

Invasive Cancer Incidence Rates in Iowa
All Sites, 2011 - 2015

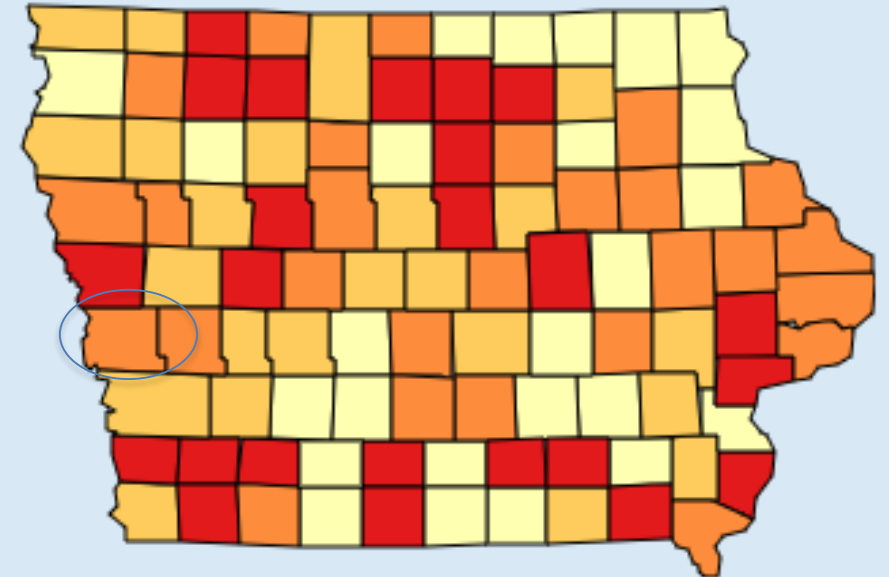
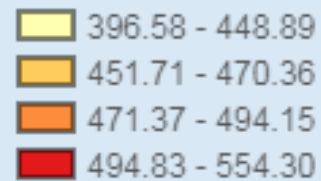
Rates by Year, All Sites **Trend Graph, All Sites** 5 Year Profile, All Sites



Harrison Pottawattamie X

Age-Adjusted Invasive Cancer Incidence Rates in Iowa All Sites, 2011 - 2015 By County Age-Adjusted to the 2000 U.S. Standard Million Population

Iowa Rate: 474.29 / per 100,000



Age- Adjusted Cancer Incidence Ranking:

1. Lung
2. Breast
3. Prostate

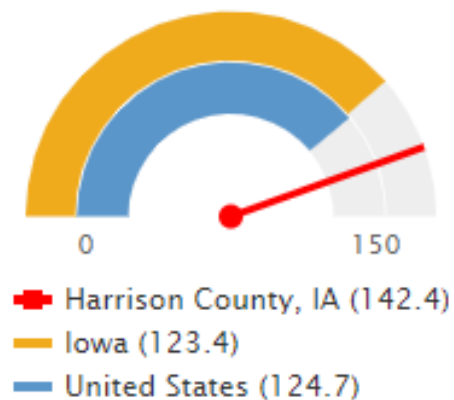
Breast Cancer Incidence

Report Area	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Harrison County, IA	983	14	142.4
Iowa	188,735	2,329	123.4
United States	18,800,721	234,445	124.7

Note: This indicator is compared to the state average.

Data Source: State Cancer Profiles. 2011-15. Source geography: County → [Show more details](#)

Breast Cancer Incidence Rate
(Per 100,000 Pop.)

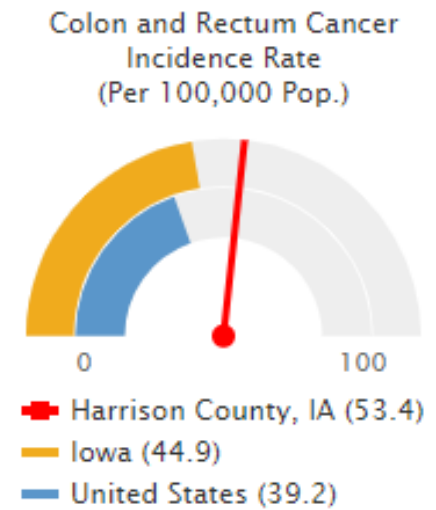


Colorectal Cancer Incidence

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Harrison County, IA	2,059	11	53.4
Iowa	374,387	1,681	44.9
United States	35,701,530	139,950	39.2

Note: This indicator is compared to the state average.

Data Source: State Cancer Profiles, 2011-15. Source geography: County → [Show more details](#)



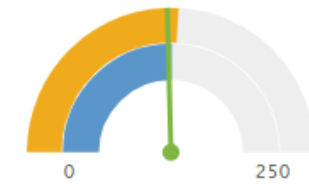
Cancer Mortality

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Harrison County, IA	14,343	33	231.5	157.4
Iowa	3,106,064	6,479	208.6	165.37
United States	318,689,254	590,634	185.3	160.9

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County → [Show more details](#)

Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



- Harrison County, IA (157.4)
- Iowa (165.37)
- United States (160.9)

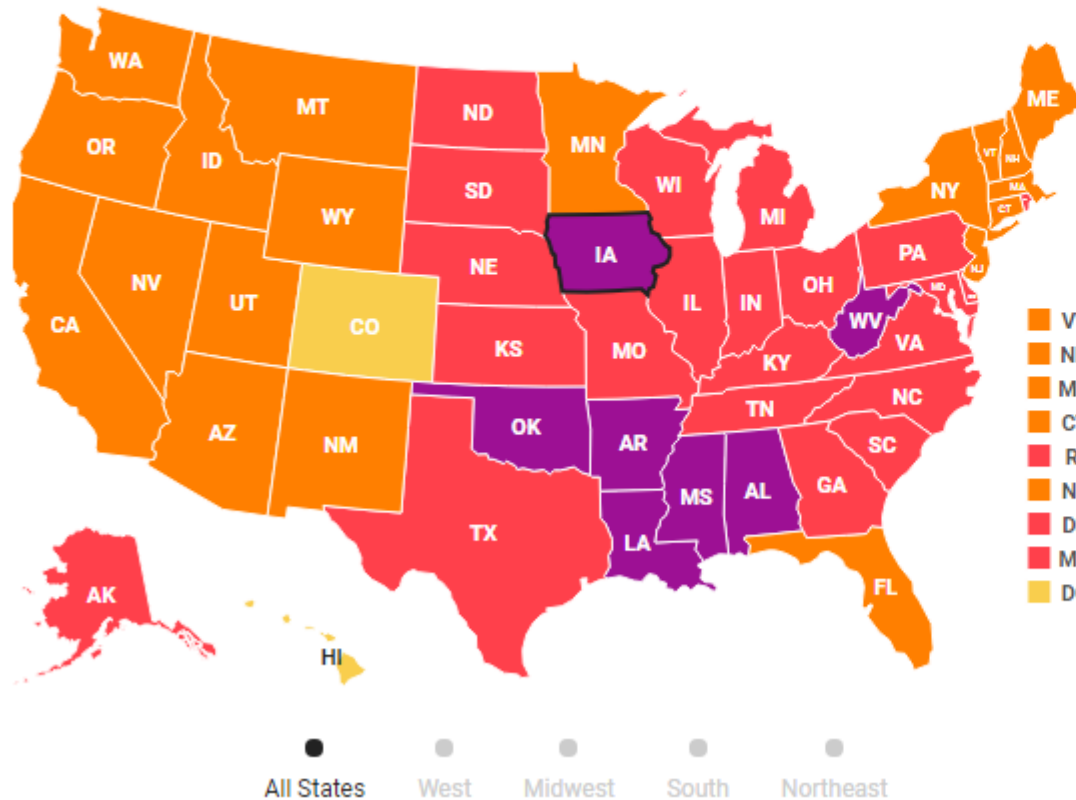


Adult Obesity Rate by State, 2017

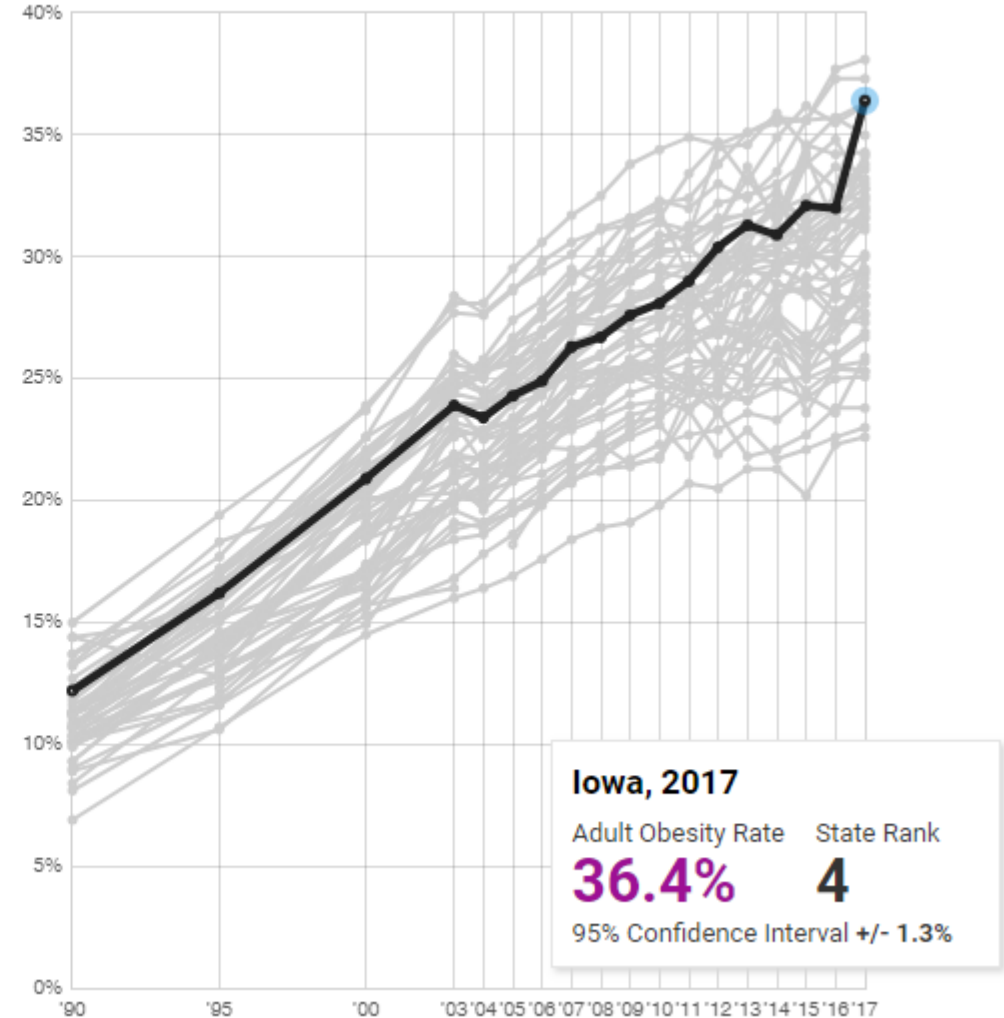
Select years with the slider to see historical data. Hover over states for more information. Click a state to lock the selection. Click again to unlock.

Percent of obese adults (Body Mass Index of 30+)

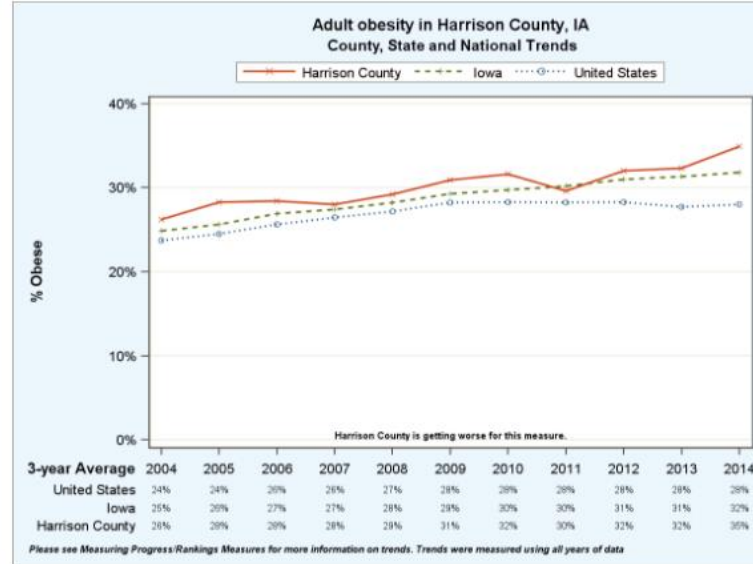
■ 0 - 9.9%
 ■ 10 - 14.9%
 ■ 15 - 19.9%
 ■ 20 - 24.9%
 ■ 25 - 29.9%
 ■ 30 - 34.9%
 ■ 35%+



Adult obesity rates, 1990 to 2017



Obesity Trends & Projections



Heart Disease

Heart disease cases in 2010

206,491

Projected cases of heart disease in 2030

857,998

Arthritis

Arthritis cases in 2010

628,692

Projected cases of arthritis in 2030

494,563

Obesity-Related Cancer

Obesity-related cancer cases in 2010

51,477

Projected cases of cancer in 2030

120,441

Child Abuse & Neglect

Child Abuse and Neglect

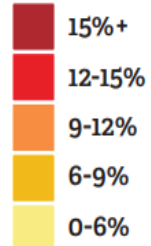
Child Abuse and Neglect measures the number and rate of children age 0-17 who are confirmed to have been abused or neglected during the year. The rate is presented per 1,000 children, age 0-17.

Source: Iowa Department of Human Services

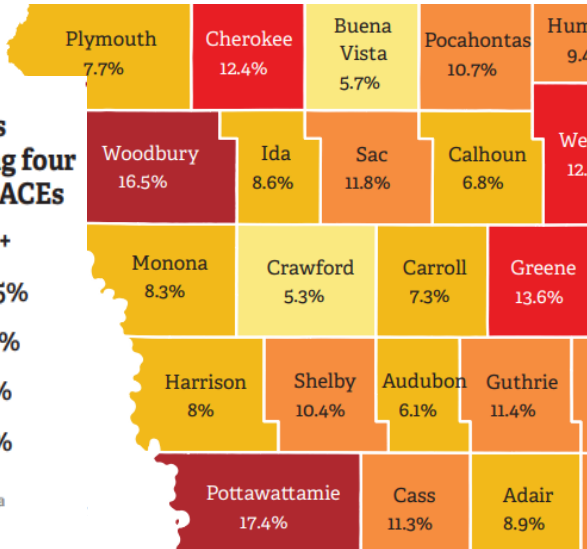
County	2014			2017			2014-2017 Change
	Child Population	Confirmed Children	Rate	Child Population	Confirmed Children	Rate	
Adair	1,649	8	4.9	1,507	39	25.9	433.4%
Adams	831	9	10.8	780	21	26.9	148.6%
Allamakee	3,154	30	9.5	3,219	39	12.1	27.4%
Appanoose	2,832	42	14.8	2,722	64	23.5	58.5%
Audubon	1,172	15	12.8	1,146	34	29.7	131.8%
Benton	6,113	45	7.4	6,003	68	11.3	53.9%
Black Hawk	28,512	418	14.7	28,836	457	15.8	8.1%
Boone	6,003	64	10.7	5,759	75	13.0	22.2%
Bremer	5,399	28	5.2	5,577	36	6.5	24.5%
Buchanan	5,604	33	5.9	5,619	40	7.1	20.9%
Buena Vista	5,204	36	6.9	5,132	57	11.1	60.6%
Butler	3,548	20	5.6	3,334	21	6.3	11.7%
Calhoun	2,034	24	11.8	2,074	20	9.6	-18.3%
Carroll	4,947	43	8.7	4,956	31	6.3	-28.0%
Cass	3,036	48	15.8	2,956	62	21.0	32.7%
Cedar	4,209	35	8.3	4,183	59	14.1	69.6%
Cerro Gordo	8,865	116	13.1	8,978	142	15.8	20.9%
Cherokee	2,489	21	8.4	2,423	33	13.6	61.4%
Chickasaw	2,918	29	9.9	2,842	28	9.9	-0.9%
Clarke	2,240	26	11.6	2,375	40	16.8	45.1%
Clay	3,758	42	11.2	3,636	81	22.3	99.3%
Clayton	3,936	27	6.9	3,771	36	9.5	39.2%
Clinton	10,893	179	16.4	10,859	211	19.4	18.2%
Crawford	4,386	34	7.8	4,278	39	9.1	17.6%
Dallas	22,100	118	5.3	24,543	109	4.4	-16.8%
Davis	2,535	16	6.3	2,596	10	3.9	-39.0%
Decatur	1,801	31	17.2	1,745	32	18.3	6.5%
Delaware	4,147	38	9.2	4,073	18	4.4	-51.8%
Des Moines	9,264	114	12.3	8,926	213	23.9	93.9%
Dickinson	3,231	27	8.4	3,339	40	12.0	43.4%
Dubuque	22,258	149	6.7	22,371	270	12.1	80.3%
Emmet	2,162	31	14.3	1,990	95	47.7	232.9%
Fayette	4,320	49	11.3	4,082	65	15.9	40.4%
Floyd	3,718	34	9.1	3,611	42	11.6	27.2%
Franklin	2,378	28	11.8	2,323	33	14.2	20.6%
Fremont	1,543	19	12.3	1,527	27	17.7	43.6%
Greene	2,111	18	8.5	2,072	25	12.1	41.5%
Grundy	2,899	15	5.2	2,844	22	7.7	49.5%
Guthrie	2,377	22	9.3	2,371	41	17.3	86.8%
Hamilton	3,470	44	12.7	3,459	30	8.7	-31.6%
Hancock	2,503	11	4.4	2,366	22	9.3	111.6%
Hardin	3,643	48	13.2	3,457	50	14.5	9.8%
Harrison	3,232	20	6.2	3,259	32	9.8	58.7%

Adverse Childhood Experiences

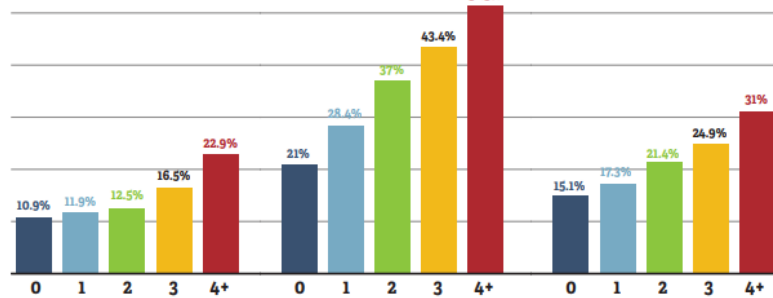
Percent of adults reporting four or more ACEs



2012-2014 data



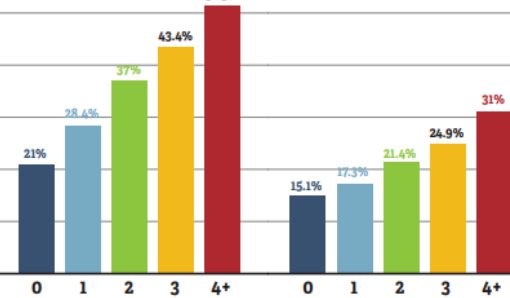
ACES AND POOR PHYSICAL HEALTH



People with **four or more ACEs** compared to those with **zero ACEs**:

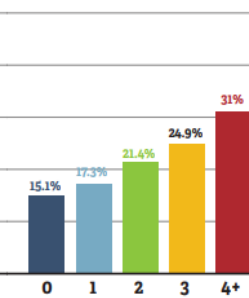
2 times as many self-rate their health as "poor" or "fair"

ACES AND POOR MENTAL HEALTH



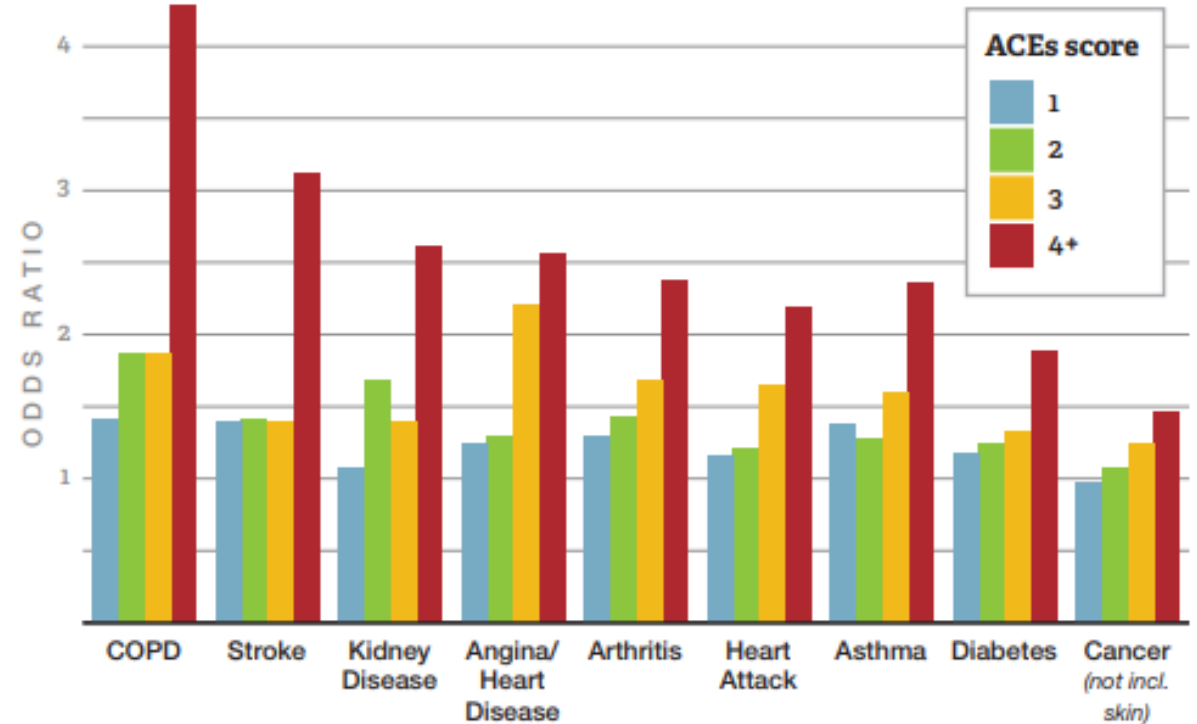
2.5 times as many rate their mental health (including stress, depression, and problems with emotions) as not good

ACES AND ACTIVITY LIMITATIONS



2.5 times as many report limits in activities because of physical, mental or emotional problems

LIKELIHOOD TO DEVELOP HEALTH CONDITIONS BASED ON ACEs



This chart represents odds ratios, or how many times more likely an adult with ACEs is to experience a given health outcome compared to those without ACEs. For example, those with four or more ACEs are 4.3 times more likely to have chronic obstructive pulmonary disease (COPD), 2.4 times more likely to develop asthma, and 2.2 times more likely to have a heart attack than those without ACEs.

Discussion

Harrison County, Iowa Community Health Needs Assessment

Five-County Indicator Snapshot

December 2018

	Missouri Valley	Trend	Mercy Council Bluffs						
Health Need	Harrison		Pottawattamie	Mills	Shelby	Monona	IOWA	US	HP 2020
County Ranking for Health Outcomes Length & Quality of Life	64 of 99		90 of 99	63 of 99	53 of 99	99 of 99			
County Health Ranking for Health Factors Behaviors, clinical care, socioeconomic, and environmental factors	48 of 99		91 of 99	62 of 99	12 of 99	76 of 99			
Premature Death: years of potential life lost before age 75 per 100,000 population	6,700	↓	7,500	6,800	6,800	11,600	5,900		
Poor physical health days: Number of physically unhealthy days in past 30 days (age-adjusted)	3.0		3.2	2.8	2.9	3.1	2.9	3.0*	
Poor mental health days: Number of mentally unhealthy days in past 30 days (age-adjusted)	3.3		3.4	3.0	3.3	3.4	3.3	3.1*	
Behavioral Health: Ratio of MH providers	4,720:1	↑	600:1	2,140:1	1,690:1	2,220:1	760:1	330:1*	
Adverse Childhood Experiences: Percent of adults reporting 4 or more ACES	8%		17.4%	10.3%	10.4%	8.3%	14.5%	14.3%	
Health Behavior: Smoking	14%	↓	17%	15%	14%	16%	17%	14%*	
Health Behavior: Obesity	35%	↑	37%	39%	29%	34%	32%	26%*	30.5%
Health Behavior: Diet % of Adults with Inadequate Fruit & Vegetable Consumption	89.2%		84.7%	suppressed	78.8%	suppressed	80.7%	75.7%	
Health Behavior: Physical Inactivity	24%	↓ ¹	26%	29%	27%	31%	25%	20%*	
Health Behavior: Excessive Drinking	19%	--	20%	23%	18%	18%	22%	13%*	
Aging: Percent of population age 65 and older	18.9%	--	15.7%	15.6%	22.3%	24.5%	15.8%	14.5%	
Access to Care: Ratio of Primary Care Physicians	2,850:1		1,900:1	1,650:1	1,700:1	1,120:1	1,360:1	1,031:1*	
Clinical Care: Preventable Hospital Stays	72	↑	58	62	56	82	49	35*	
Clinical Care: Diabetes Monitoring	91%	↑	91%	90%	94%	93%	90%	91%*	
Clinical Care: Mammography Screening	61%	-- ²	62%	70%	64%	67%	69%	71%*	
Cancer Mortality: Age adjusted death rate	157.4		179	157.7	146.1	183.4	165.37	160.9	<=160.6
Maternal & Child Health: (Low birth weight)	7%		7%	8%	5%	7%	7%		

¹slight decline since 2010

²unchanged since 2010, improvement since 2008

Harrison County, Iowa Community Health Needs Assessment

Five-County Indicator Snapshot

December 2018

Maternal & Child Health: Teen births	20		32	21	16	17	22	15*	
Maternal & Child Health: Child abuse & neglect* Confirmed cases per 1,000 (2017)	9.8	↑	18.9	11.5	8.8	14.4	12.9	9.2	
Violence & Injury	38	↓	693	315	14	154	270		
Social Determinants of Health (SDOH)									
Access to Health Care: % of pop uninsured	6%	↑	6%	5%	5%	7%	6%	6%*	
Education: Percent of population age 25 and older with no high school diploma	9.0%		9.9%	6.73%	8.71%	9.51%	8.26%	13.02%	
Unemployment: Percent of population 16 & older unemployed but seeking employment	3.4%	↓	3.4%	3.7%	3.0%	4.2%	3.7%	4%	
Food Insecurity: Est. % of households experienced food insecurity at some point during the report year. (limited or uncertain access to adequate food.)	11.3%		12.24%	9.9%	11.22%	13.12%	12.4%	14.91%	6%
Food Insecure Children: Est % of pop under 18 experiencing food insecurity at some point during report year.	18.34%		20.63%	16.24%	18.63%	19.79%	19.33%	23.49%	
Children Eligible for Free & Reduced Price Lunch	33.13%	↓	49.73%	34.7%	33.0%	51.85%	41.42%	52.61	
Housing Cost Burden: Percentage of households where housing costs exceed 30% of total household income.	19.8%		26.05%	21.49%	21.7%	23.43%	23.73%	32.89%	
Poverty: persons in poverty (below 100% FPL)	10.5%		11.8%	8.2%	10.03%	14.47%	12.3%	15.1%	
Children in Poverty: Children living below 100% of FPL	15%	--	15%	13%	12%	18%	15%		
Social Connectedness: % of adults 18 and older w/ insufficient social support all or most of the time.	16%		17%	22%	17%	15%	15%	20%	
FY17 – FY19 Hospital Implementation Strategy Plans (ISP) Health needs selected for work on previous ISP	Missouri Valley: Behavioral Health, Child Abuse & Neglect, Nutrition, Physical Activity & Weight Mercy Council Bluffs: Behavioral Health, Maternal & Child Health, Obesity, Violence & Injury								

Data sources:

- Robert Wood Johnson’s County Health Rankings & Roadmaps (www.countyhealthrankings.org) *indicates County Health Rankings measure of top US performers
- Community Commons Mapping & Data Tool www.communitycommons.org
- *Healthy People 2020 (HP2020) www.healthypeople.gov/2020/topics-objectives (Benchmarks)
- Child & Family Policy Center https://www.cfpciowa.org/en/data/kids_count/child_abuse_and_neglect/
- Centers for Disease Control & Prevention: BRFSS ACES Prevalence https://www.cdc.gov/violenceprevention/acestudy/ace_brfss.html
- Central Iowa ACES Coalition: <https://www.iowaaces360.org/iowa-aces-research.html>

