

Community Health Needs Assessment

CHI Health Missouri Valley – Missouri Valley, IA
2025

Adopted April 2025



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EXECUTIVE SUMMARY

CHNA Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs in the community served by CHI Health Missouri Valley. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CommonSpirit Health Commitment & Mission

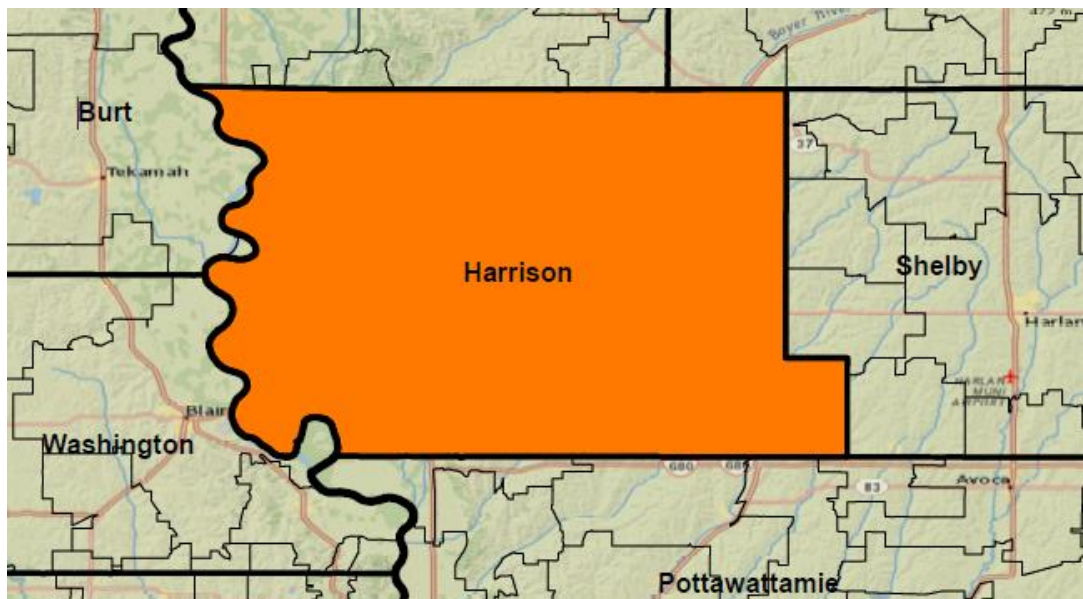
The hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community partners is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Collaborators

This assessment was conducted solely on behalf of CHI Health Missouri Valley by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Community Definition

CHI Health Missouri Valley is a critical access hospital located in Missouri Valley, Iowa, and largely serves the Harrison County area. In light of this, CHI Health Missouri Valley identified Harrison County as the community definition for the purposes of this CHNA. Harrison County also houses the majority of the hospital's primary service area (ZIP Codes 51529, 51546, 51555, 51556, 51557, 51564, and 51579) which represents 80% of patients served. This community definition is illustrated in the following map.



Assessment Process & Methods

This assessment incorporates data from the PRC Online Key Informant Survey, as well as secondary research (vital statistics and other existing health-related data).

Primary Data Collection. The [PRC Online Key Informant Survey](#) allows key community leaders and providers in the area an opportunity to give extensive qualitative input about what they see as the most pressing issues in the populations they serve.

Secondary Data Collection. Secondary data provide information from existing data sets (e.g, public health records, census data, etc.) that complement the primary research findings.

Identifying & Prioritizing Significant Health Needs

Significant health needs for the community were identified through a review of the data collected for this assessment. These were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

Prioritization of the health needs was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

This process yielded the following prioritized list of community health needs:

1. **BEHAVIORAL HEALTH** ► Key informants identified both Mental Health and Substance Use as top concerns in the community. Existing data also revealed a relatively high suicide mortality rate and a relatively low ratio of mental health providers in the county.
2. **NUTRITION, PHYSICAL ACTIVITY & WEIGHT** ► This was a top concern among participating local key informants.
3. **TOBACCO USE** ► Key informants identified this as a top concern in the community. Existing data revealed a high prevalence of cigarette smoking.
4. **ORAL HEALTH** ► Oral health was among the top concerns among participating local key informants. Existing data show a relatively low number of dentists for the population size.
5. **CANCER** ► Existing data revealed high cancer mortality and cancer incidence (including for prostate cancer and female breast cancer).
6. **RESPIRATORY DISEASE** ► Existing data revealed high lung disease mortality, as well as a high prevalence of chronic obstructive pulmonary disease (COPD).
7. **INJURY & VIOLENCE** ► Mortality associated with unintentional injury (including motor vehicle crashes) is high in Harrison County.
8. **ACCESS TO HEALTH CARE SERVICES** ► Existing data revealed a relatively low ratio of primary care physicians for the population size.

Resources Potentially Available to Meet Significant Health Needs

Measures and resources (such as programs, organizations, and facilities in the community) potentially available to address the significant health needs were identified by key informants giving input to this process. While not exhaustive, this list — which includes dozens of potential resources — draws on the experiences and wide knowledge base of those directly serving our community.



Report Adoption, Availability & Comments

This CHNA report was adopted by the CHI Health Board of Directors in April 2025. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at the Administration Office of CHI Health Missouri Valley. Written comments on this report can be submitted via mail to CHI Health - The McAuley Fogelstrom Center (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities); electronically at: <https://forms.gle/KGRq62swNdQyAehX8> or by calling Ashley Carroll, Market Director, Community and Population Health, at: (402) 343-4548.



IRS FORM 990, SCHEDULE H COMPLIANCE

For nonprofit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2022)		See Report Page
Part V Section B Line 3a	A definition of the community served by the hospital facility	6
Part V Section B Line 3b	Demographics of the community	22
Part V Section B Line 3c	Existing health care facilities and resources within the community that are available to respond to the health needs of the community	81
Part V Section B Line 3d	How data was obtained	10
Part V Section B Line 3e	The significant health needs of the community	13
Part V Section B Line 3f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g	The process for identifying and prioritizing community health needs and services to meet the community health needs	19
Part V Section B Line 3h	The process for consulting with persons representing the community's interests	10
Part V Section B Line 3i	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	83



ASSESSMENT PROCESS & METHODS

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented in July and August 2024 as part of this process. A list of recommended participants was provided by CHI Health Missouri Valley; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 42 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	2
Public Health Representatives	5
Other Health Providers	12
Social Services Providers	11
Other Community Leaders	12

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. These populations include African-American residents, Asian/Pacific Islander residents, children (including those with mental health issues), residents with disabilities, older adults, Hispanic residents, those who are unhoused, those who are immigrants/refugees, LGBTQ+ people, those receiving Medicare/Medicaid, women who are pregnant, people in nursing homes, those with multiple diagnoses, those with behavioral health issues, people without transportation, residents from Ukraine, and those without insurance.

Final participation included representatives of the organizations outlined below.

- AEA Green Hills
- Boyer Valley
- Building Blocks Academy
- CHI
- Dunlap Food Pantry/Iowa DHHS
- FAMILY, Inc.
- Fletcher Counseling
- Harrison County Development Center
- Harrison County Home & Public Health
- Harrison County Welcome Center
- Heartland Family Service
- LoMa CSD
- Missouri Valley Chamber
- Missouri Valley Christian Church
- Missouri Valley Community School District
- Mosaic
- Pottawattamie Co. WIC
- Southwest Iowa Mental Health and Disability Services
- The Crew Center
- West Central Community Action
- WHCSD
- Woodbine Food Pantry
- Woodbine Main Street/Heistand Foundation
- Woodbine Police Department



In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Harrison County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Comparisons

Iowa & National Data

Where possible, state and national data are provided as an additional benchmark against which to compare local findings.

Healthy People 2030 Objectives

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.



Determining Significance

For the purpose of this report, “significance” of secondary data indicators (which might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs. In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

CHI Health Missouri Valley invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.



SUMMARY OF FINDINGS

Summary Tables: Comparisons With Benchmark Data



















The following tables provide an overview of indicators in Harrison County, grouped by health topic.






Reading the Summary Tables














- In the following tables, Harrison County results are shown in the larger, gray column.
- The columns to the right of the Harrison County column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Harrison County compares favorably (☀️), unfavorably (💜), or comparably (🌤️) to these external data.

























Note that blank cells in the tables that follow signify that data are not available or are not reliable for that area and/or for that indicator.













SOCIAL DETERMINANTS	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Linguistically Isolated Population (Percent)	0.0	 1.9	 3.9	
Population in Poverty (Percent)	7.6	 11.1	 12.5	 8.0
Children in Poverty (Percent)	9.2	 13.0	 16.7	 8.0
No High School Diploma (Age 25+, Percent)	6.9	 7.0	 10.9	
Unemployment Rate (Age 16+, Percent)	2.1	 2.7	 3.9	
Housing Exceeds 30% of Income (Percent)	18.2	 23.0	 30.5	 25.5
		 better	 similar	 worse













OVERALL HEALTH	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
"Fair/Poor" Overall Health (Percent)	18.9	 16.5	 17.9	
		 better	 similar	 worse








ACCESS TO HEALTH CARE	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Uninsured (Adults 18-64, Percent)	6.3	 6.1	 11.2	 7.6
Uninsured (Children 0-17, Percent)	4.8	 3.6	 5.1	 7.6
Routine Checkup in Past Year (Percent)	77.1	 77.4	 76.1	
Primary Care Doctors per 100,000	61.7	 117.2	 116.2	
		 better	 similar	 worse










CANCER	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Cancer Deaths per 100,000	231.0	 199.2	 182.7	
Cancer Incidence per 100,000 (Age-Adjusted)	521.5	 486.8	 442.3	
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)	176.2	 134.7	 127.0	
Prostate Cancer Incidence per 100,000 (Age-Adjusted)	158.5	 120.4	 110.5	
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)	41.6	 40.7	 36.5	
Lung Cancer Incidence per 100,000 (Age-Adjusted)	55.5	 60.7	 54.0	
Breast Cancer Screening in Past 2 Years (Women 50-74, Percent)	79.3	 78.7	 76.5	 80.5
Cervical Cancer Screening in Past 3 Years (Women 21-65, Percent)	82.7	 82.6	 82.8	 84.3
Colorectal Cancer Screening (Age 45-75, Percent)	63.2	 66.6	 66.3	 74.4
		 better	 similar	 worse








DIABETES	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Diabetes Prevalence (Percent)	9.7	 9.4	 10.0	
		 better	 similar	 worse














DISABLING CONDITIONS	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Disability Prevalence (Percent)	12.1	 12.2	 12.9	
		 better	 similar	 worse









HEART DISEASE & STROKE	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Heart Disease Deaths per 100,000	112.0	 139.4	 112.5	
Stroke Deaths per 100,000	56.0	 44.6	 47.7	
High Blood Pressure Prevalence (Percent)	28.6	 27.9	 29.6	 42.6
High Blood Cholesterol Prevalence (Percent)	29.8	 29.4	 30.4	
		 better	 similar	 worse










INFANT HEALTH & FAMILY PLANNING	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Low Birthweight (Percent of Births)	6.8	 6.8	 8.3	
Teen Births per 1,000 Females 15-19	12.1	 14.4	 16.6	
		 better	 similar	 worse










INJURY & VIOLENCE	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Unintentional Injury Deaths per 100,000	68.6	 52.0	 60.2	
Motor Vehicle Crash Deaths per 100,000	15.4	 11.0	 12.5	
Violent Crimes per 100,000	87.4	 283.0	 416.0	
		 better	 similar	 worse






MENTAL HEALTH	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Suicide Deaths per 100,000	18.2	 17.1	 14.5	
Mental Health Providers per 100,000	34.3	 193.5	 311.0	
		 better	 similar	 worse







NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Fast Food Restaurants per 100,000	82.3	 65.4	 80.0	
Population With Low Food Access (Percent)	19.7	 20.0	 22.2	
No Leisure-Time Physical Activity (Percent)	21.4	 19.7	 19.5	 21.8
Obese (Percent)	32.7	 33.4	 30.1	 36.0
		 better	 similar	 worse

ORAL HEALTH	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Dental Visit in Past Year (Percent)	62.3	 66.0	 63.4	 45.0
Dentists per 100,000	48.0	 62.5	 66.4	
		 better	 similar	 worse

RESPIRATORY DISEASE	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Lung Disease Deaths per 100,000	81.2	 55.8	 46.0	
Asthma Prevalence (Percent)	10.3	 9.9	 9.9	
COPD Prevalence (Percent)	7.2	 6.1	 5.9	
		 better	 similar	 worse

SEXUAL HEALTH	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
HIV Prevalence per 100,000	73.2	 119.4	 386.6	
Chlamydia Incidence per 100,000	266.1	 457.2	 495.0	
Gonorrhea Incidence per 100,000	40.9	 139.5	 194.4	
		 better	 similar	 worse

SUBSTANCE USE	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Excessive Drinking (Percent)	20.5	 23.1	 18.1	
		 better	 similar	 worse

TOBACCO USE	Harrison County	HARRISON COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Cigarette Smoking (Percent)	19.5	 15.7	 12.9	 6.1
		 better	 similar	 worse

Prioritized Description of Significant Community Health Needs

Identification of Significant Health Needs

The following represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the preceding section).

The significant health needs were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

Community Feedback on Prioritization

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

PRIORITIZED LIST OF SIGNIFICANT HEALTH NEEDS		
Priority	Significant Health Need	Key Supporting Evidence
1	BEHAVIORAL HEALTH	<ul style="list-style-type: none">▪ Suicide Deaths▪ Mental Health Provider Ratio▪ Key Informants: <i>Mental Health</i> ranked as a top concern.▪ Key Informants: <i>Substance Use</i> ranked as a top concern.
2	NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none">▪ Key Informants: <i>Nutrition, Physical Activity & Weight</i> ranked as a top concern.
3	TOBACCO USE	<ul style="list-style-type: none">▪ Cigarette Smoking▪ Key Informants: <i>Tobacco Use</i> ranked as a top concern.
4	ORAL HEALTH	<ul style="list-style-type: none">▪ Access to Dentists▪ Key Informants: <i>Oral Health</i> ranked as a top concern.

— continued on next page —



SIGNIFICANT HEALTH NEEDS (continued)		
Priority	Significant Health Need	Key Supporting Evidence
5	CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Cancer Deaths ▪ Cancer Incidence <ul style="list-style-type: none"> – Including Prostate Cancer and Female Breast Cancer
6	RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Lung Disease Deaths ▪ COPD Prevalence
7	INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Unintentional Injury Deaths <ul style="list-style-type: none"> – Motor Vehicle Crash Deaths
8	ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> ▪ Access to Primary Care Physicians

Hospital Implementation Strategy

CHI Health Missouri Valley will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found at the end of this report.





COMMUNITY DESCRIPTION

DEMOGRAPHIC SUMMARY

Note the following demographic makeup of our community.

Core Demographic Summary

	Harrison County
Urbanization	57.4% Urban
Total Population Size	14,582
Race & Ethnicity	
<i>Hispanic</i>	2.0%
<i>White</i>	95.5%
<i>Asian</i>	0.3%
<i>American Indian or Alaska Native</i>	0.2%
<i>Black</i>	0.2%
Median Household Income	\$75,830
Percent of Population Living in Poverty (Below 100% FPL)	7.6%
Unemployment Rate (September 2024)	2.1%
Percent of People Age 5 and Older Who are Non-English Speaking	0.0%
Percent of People Without Health Insurance (Age 18-64)	6.3%
Percent of People with Medicaid	18.7%
Health Professional Shortage Area	Mental Health
Medically Underserved Areas/Populations	Yes
Number of Other Hospitals Serving the Community	None



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Poverty

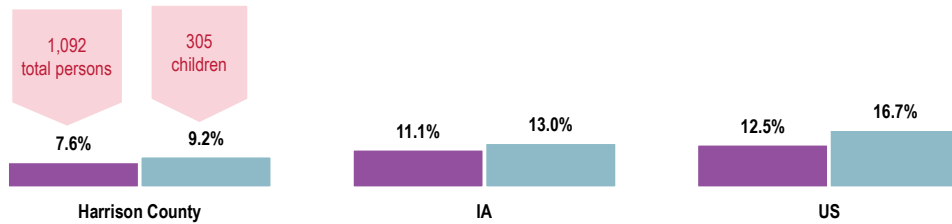
Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to accessing health services, healthy food, and other necessities that contribute to health status. The following chart and maps outline the proportion of our population below the federal poverty threshold, as well as the percentage of children in Harrison County living in poverty, in comparison to state and national proportions.



Percent of Population in Poverty (2018-2022)

Healthy People 2030 = 8.0% or Lower

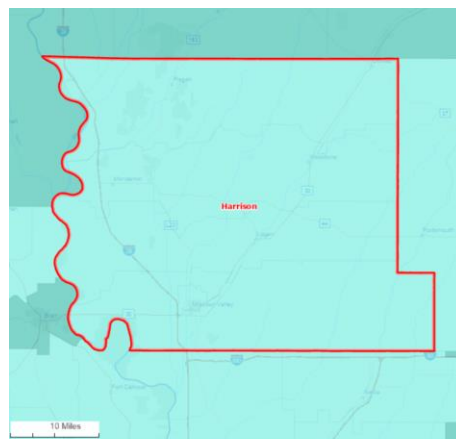
■ Total Population ■ Children



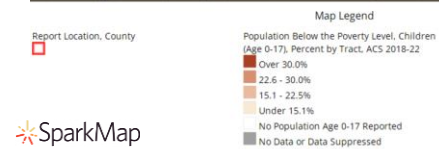
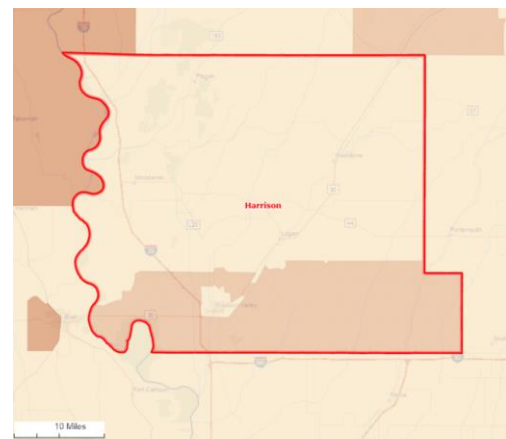
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Population Below the Poverty Level



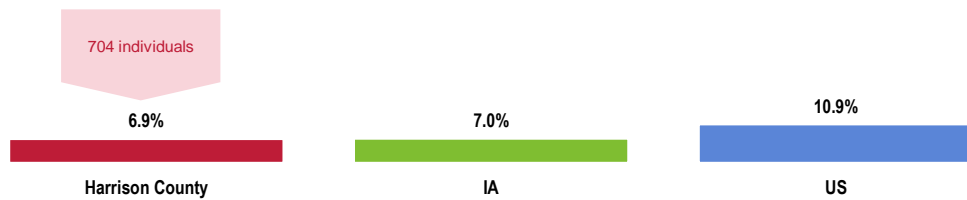
Children Below the Poverty Level



Education

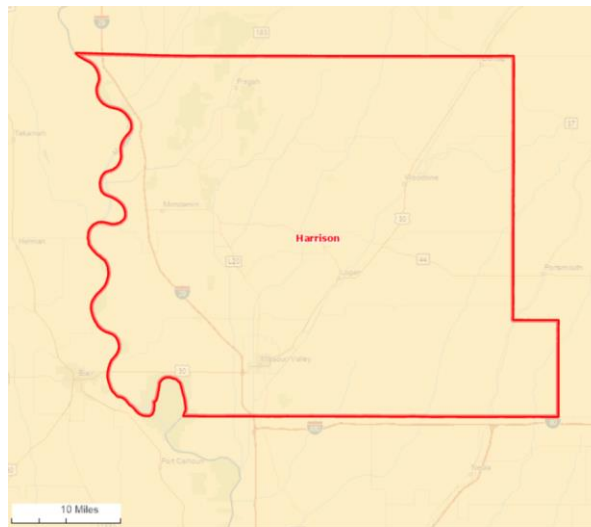
Education levels are reflected in the proportion of our population age 25 and older without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes.

Population With No High School Diploma (Adults Age 25 and Older, 2018-2022)



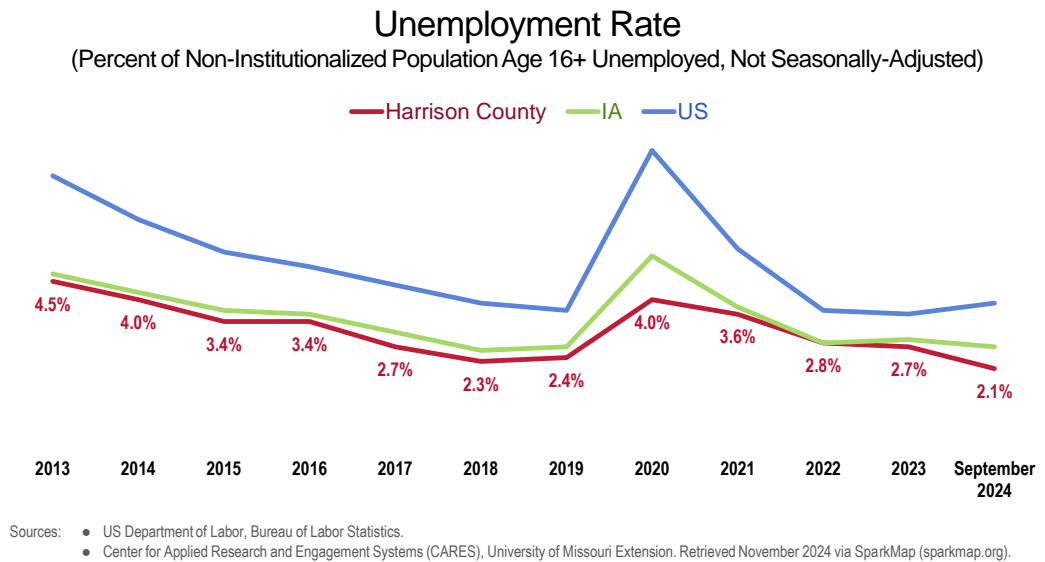
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).



Employment

Changes in unemployment rates in Harrison County over the past several years are outlined in the following chart. This indicator is relevant because unemployment creates financial instability and barriers to accessing insurance coverage, health services, healthy food, and other necessities that contribute to health status.

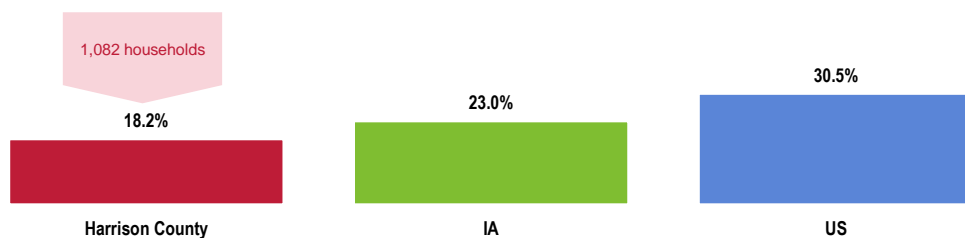


Housing Burden

“Housing burden” reports the percentage of the households where housing costs (rent or mortgage costs) exceed 30% of total household income.

The following chart shows the housing burden in Harrison County. This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

Housing Costs Exceed 30 Percent of Household Income (Percent of Households; 2018-2022)



Sources:
 • US Census Bureau, American Community Survey, 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).



Social Vulnerability Index

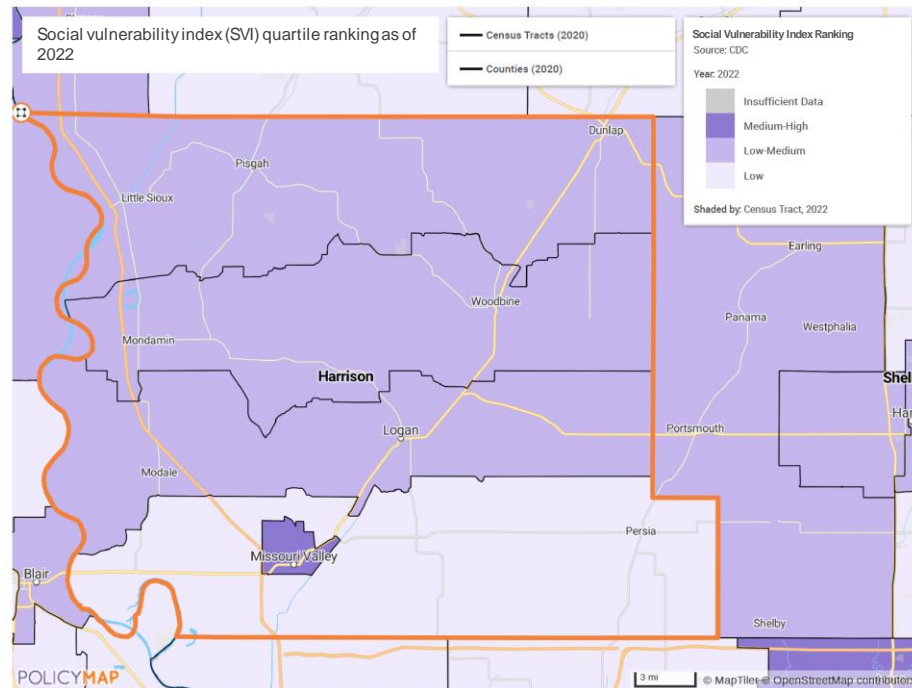
Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

The CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI) uses 16 US census variables to help local officials identify communities that may need support before, during, or after disasters.

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability.

Note those census tracts in Harrison County with the highest social vulnerability.

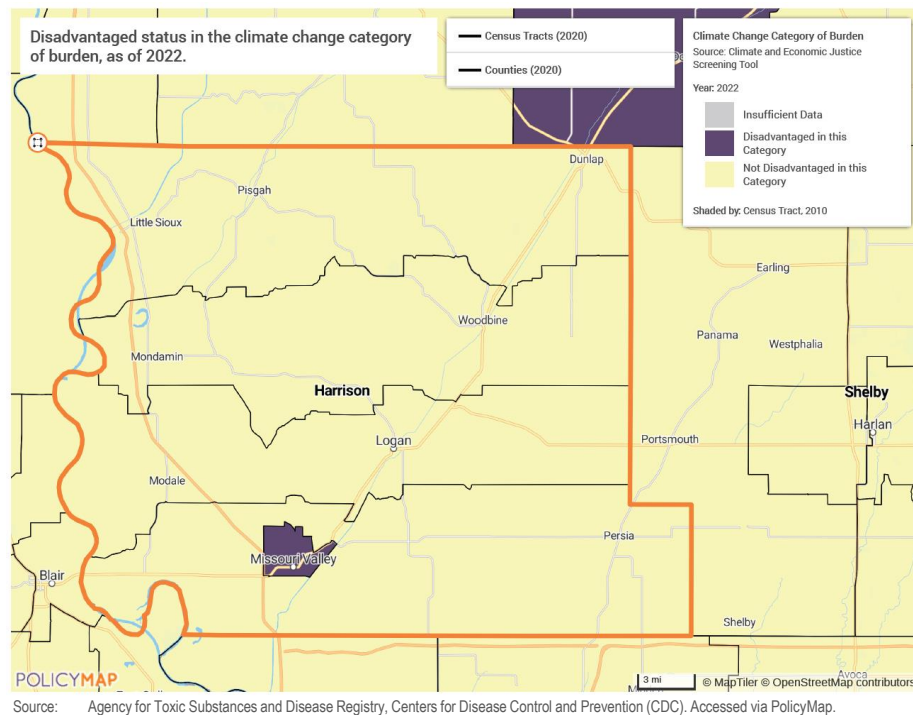


Climate Change Burden

The Climate and Economic Justice Screening Tool (CEJST) was developed by the Council on Environmental Quality to identify disadvantaged communities that face burdens across eight categories: climate change, energy, health, housing, legacy pollution, transportation, water and wastewater, and workforce development. CEJST combines a number of publicly available national datasets to identify disadvantaged communities.

Census tracts are considered disadvantaged if they meet the thresholds for at least one of the CEJST categories of burden or if they are on land within the boundaries of Federally Recognized Tribes. Meeting one of the CEJST categories of burden requires that a tract be at or above specified thresholds for one or more environmental, climate, housing, health or other burdens and be at or above the threshold for an associated socioeconomic burden (e.g., low income or low educational attainment). Additionally, a census tract that is completely surrounded by disadvantaged communities and is at or above the 50th percentile for low income is also considered disadvantaged.

Note those census tracts in the service area with the highest burden relative to climate change.



Key Informant Input: Social Determinants of Health

Key informants' ratings of the severity of *Social Determinants of Health* as a concern in Harrison County are outlined below.

Perceptions of Social Determinants of Health as a Problem in the Community (Key Informants; Harrison County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Housing

Inflation – no one can keep up with the higher costs of living compared to the last generation. Housing for low-income families isn't available, or isn't in good shape – Public Health Representative

Affordable housing for low income people is limited. Quality of this type of housing is poor. Programs that can financially help with rent assistance are always out of money. Lack of good paying jobs with benefits. Lack of transportation options to get to good jobs. Lack of educational opportunities for adults to help them get better paying jobs. – Other Health Provider

We have limited alternative housing available in Harrison County. – Public Health Representative

Affordable housing. A lack of employment opportunities causes other issues in the household, including a lack of food in the home. Affordable healthcare. Being unable to afford daycare so they can go to work. – Social Services Provider

Access to Care/Services

No agencies local to assist in any of the listed categories. – Community/Business Leader

Employment

A lack of businesses hiring within our community limits job opportunities for individuals that do not have transportation. There is a major lack of communication about housing, transportation and financial assistance support within the area. The lack of diversity is not addressed/diversity is not celebrated whatsoever. – Community/Business Leader

Income/Poverty

High levels of poverty, high ACE scores in kids and adults across the board, lack of social supports to improve in these areas. – Physician

Incidence/Prevalence

Per the HMS Hub [Harrison, Monona, and Shelby County Hub] review, SDOH are a major concern for individuals in the community including food security, housing and stable income. – Social Services Provider

Homelessness

Homelessness and lack of benefits. – Other Health Provider





HEALTH STATUS

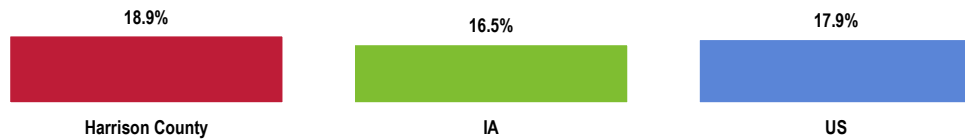
OVERALL HEALTH STATUS

The CDC's Behavioral Risk Factor Survey, from which these data are derived, asked respondents:

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

The following indicator provides a relevant measure of overall health status in Harrison County, noting the prevalence of residents' "fair" or "poor" health evaluations. While this measure is self-reported and a subjective evaluation, it is an indicator which has proven to be highly predictive of health needs.

Adults With "Fair" or "Poor" Overall Health (2022)



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

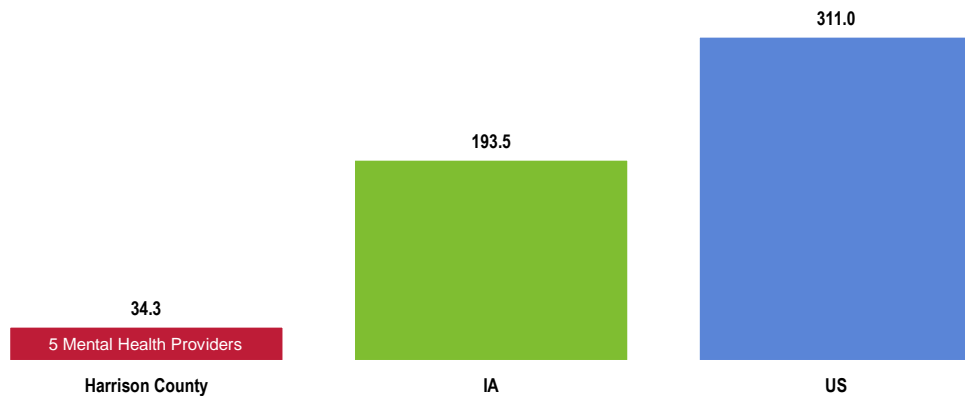
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Providers

The data below show the number of mental health care providers in Harrison County relative to the Harrison County population size (per 100,000 residents). This is compared to the rates found statewide and nationally.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2024)

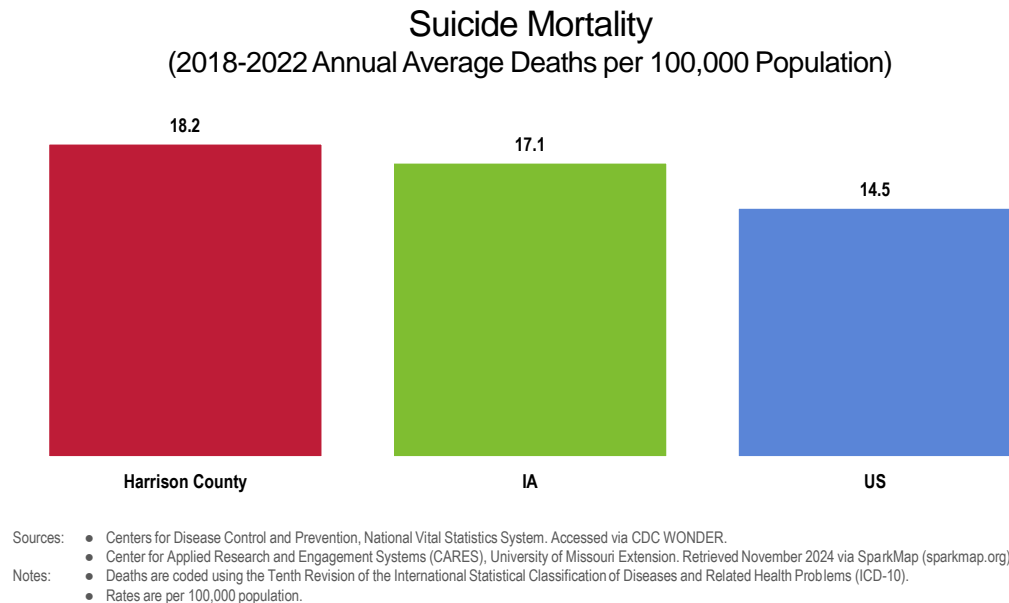


Sources: • Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).
Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.



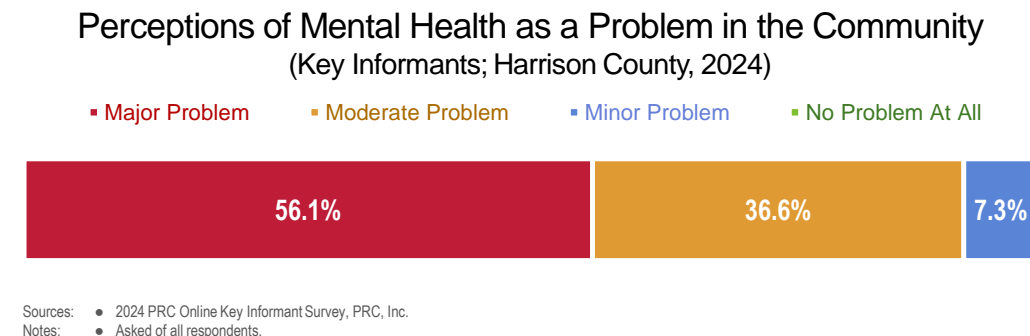
Suicide

The following reports the rate of death in Harrison County due to intentional self-harm (suicide) in comparison to statewide and national rates. This measure is relevant as an indicator of poor mental health.



Key Informant Input: Mental Health

Key informants' ratings of the severity of *Mental Health* as a concern in Harrison County are outlined below.



Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Having enough services available. The cost of mental healthcare. – Social Services Provider
- Not enough resources, facilities, and doctors that a patient can see to help with mental health issues. – Other Health Provider



Access to specialty psychiatric care is very difficult, usually with 3-6 month wait lists, and then transportation to the Omaha area once they are scheduled. PCPs in our area are managing a high percentage of psychiatric meds, which is very helpful and convenient to patients. But, without additional counseling, therapy, and psychologist options, patients are still not getting all of the help they need to be mentally healthy in the long-term. – Physician

No access to urgent mental health care. – Community/Business Leader

Lack of resources and transportation to access resources. – Other Health Provider

Affording, scheduling, and stigma around seeking mental health care. Transportation to mental health care and the motivation to get to appointments. Lack of follow up. – Public Health Representative

The growth of mental health illnesses and the need for better treatment options far exceeds the resources available to get the help on all levels. – Public Health Representative

Not enough space in the surrounding metro for inpatient treatment. Nowhere for these patients to go. Not enough providers. – Other Health Provider

Lack of assistance such as therapy, BHIS, and behavioral health, and long waitlists. – Community/Business Leader

Access to services. – Public Health Representative

CHI is doing a great job with Behavioral Health. Supporting this program is essential to grow this access. – Other Health Provider

Limited access to mental health medication prescribers. In some cases people's PCPs should not be prescribing psychotropic medications and a specialist should be reviewing and prescribing. There has been a great increase in mental health providers like counseling services but still lacking in the medication management area. – Public Health Representative

Lack of Providers

The biggest challenge is the availability of counselors. Even though there are multiple services available, they are normally booked up and not available when the individuals are in a crisis situation. – Community/Business Leader

There are not many mental health providers in Harrison County. There are some, but they cannot keep up with the demand for services. Many are booked out far into the future. Additionally, the providers that are working in Harrison County have offices in Missouri Valley. Many individuals with mental health concerns do not always have access to transportation, so that can be a barrier – getting to appointments in other towns in the county. – Social Services Provider

Lack of providers and long wait periods to see any. Also, the stigma of mental health is alive and well, especially in our rural populations. – Other Health Provider

Limited provider options in town. There are several options in the Council Bluffs and Omaha area, but transportation can be a barrier for some of our families. – Social Services Provider

Denial/Stigma

Stigma seems to be a concern in smaller communities as well as accessing therapy services that accept insurance sources. – Social Services Provider

Stigma around having mental health issues and unwillingness to ask for help. Finding a mental health provider, and one that can see you on a variety of different kinds of schedules. Finding a provider that can prescribe appropriate meds and follow-up in an appropriate time frame. Having a mental health issue lessens the chance that an individual will be hired for a job, which leads to other problems. – Public Health Representative

Parenting

Parents failing to parent their children. The lack of parenting at a young age leads to straight out defiance and mental health issues as they age. The lack of accountability at a young age eventually catches up to them as they get older. They are not provided with the guidance as a small child to deal with being told no or having consequences for their actions, that in turn causes mental health issues when they are forced to have consequences when they are older. – Community/Business Leader

I feel that the students or parents who have the most issues with or have the highest needs with mental health could benefit from additional mental health guidance or interventions. – Community/Business Leader

Isolation/Loneliness

Disconnections neighbor-to-neighbor and declining church attendance. Supports in schools. Staff stretched so very thin. – Community/Business Leader

Social Media

Social media and electronics are a negative impact on children and teenagers. – Physician





DEATH, DISEASE & CHRONIC CONDITIONS

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

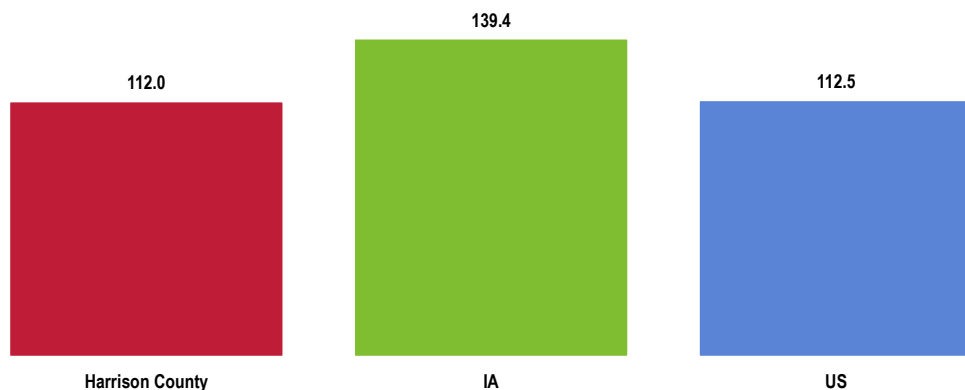
In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Heart Disease Deaths

Heart disease is a leading cause of death in Harrison County and throughout the United States. The chart that follows illustrates how our mortality rate compares to rates in Iowa and the US.

Heart Disease Mortality
(2018-2022 Annual Average Deaths per 100,000 Population)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).

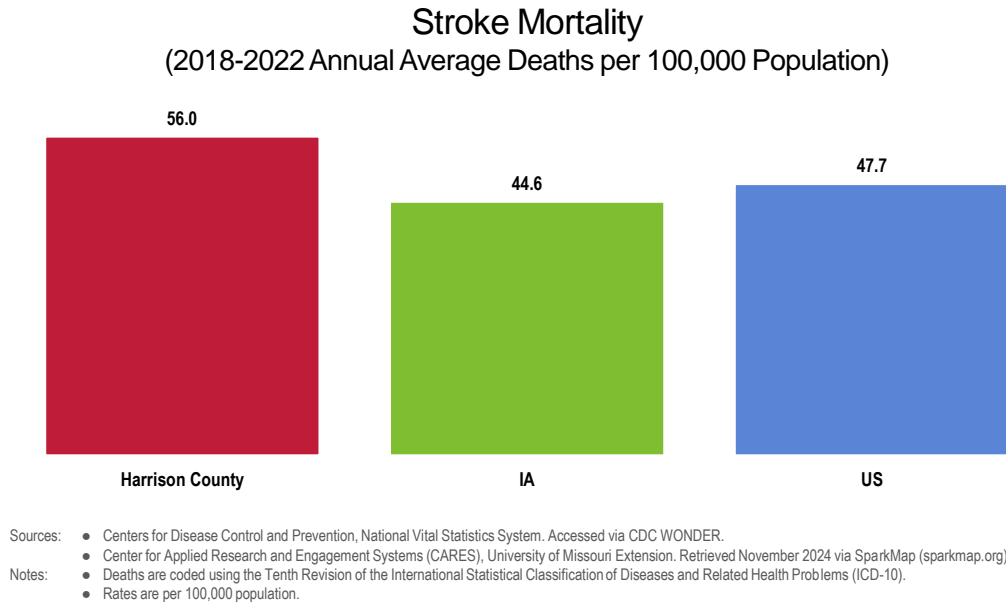
Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



Stroke Deaths

Stroke, a leading cause of death in Harrison County and throughout the nation, shares many of the same risk factors as heart disease. Outlined in the following chart is a comparison of stroke mortality locally, statewide, and nationally.



Blood Pressure & Cholesterol

The following chart illustrates the percentages of Harrison County adults who have been told that they have high blood pressure or high cholesterol, known risk factors for cardiovascular disease.

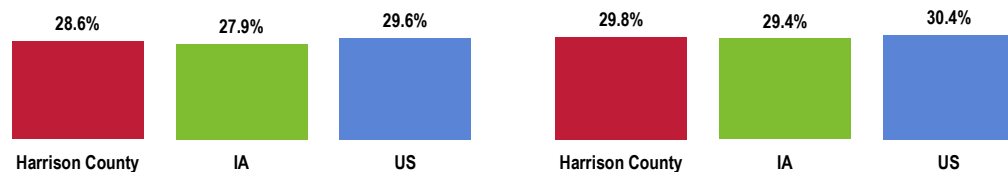
The CDC's Behavioral Risk Factor Survey asked:

"Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?"

"Have you ever been told by a doctor, nurse, or other health professional that your cholesterol is high?"

Prevalence of High Blood Pressure (2021)
Healthy People 2030 = 42.6% or Lower

Prevalence of High Blood Cholesterol (2021)



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

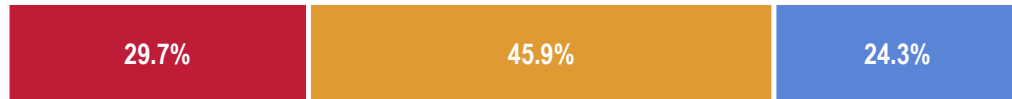


Key Informant Input: Heart Disease & Stroke

Outlined below are key informants' levels of concern for *Heart Disease & Stroke* as an issue in Harrison County.

Perceptions of Heart Disease & Stroke as a Problem in the Community (Key Informants; Harrison County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

We have an older population in this county and we also have obesity rates that are higher. I also believe that the population is slow to seek healthcare due to cost, time, denial of symptoms, and lack of access to specialized providers. Diet in this area tends to be lots of processed foods that are fast and cheap due to lack of access to organic fresh products in most stores. Chemical exposure in the environment and through substance use is also a factor. – Public Health Representative

Elderly population. Lifestyle choices. – Public Health Representative

Incidence/Prevalence

Very common health problems here. I believe it's a combination of factors that contribute such as genetics, inactivity, and an inability or resistance to accessing healthcare. – Public Health Representative

Majority of the cases we see in the hospital are about cardiac cases, and there's a high percentage of patients who have heart disease and who have had a stroke, especially in the elderly population. – Other Health Provider

Lifestyle

Poor diet and sedentary lifestyle. Aging population. – Other Health Provider

Obesity and a lack of exercise by a majority of the population. Access to fitness centers and walking trails.

Education about the risks of heart disease and stroke. – Social Services Provider

Lack of Providers

No specialists in this area are available. – Community/Business Leader



CANCER

ABOUT CANCER

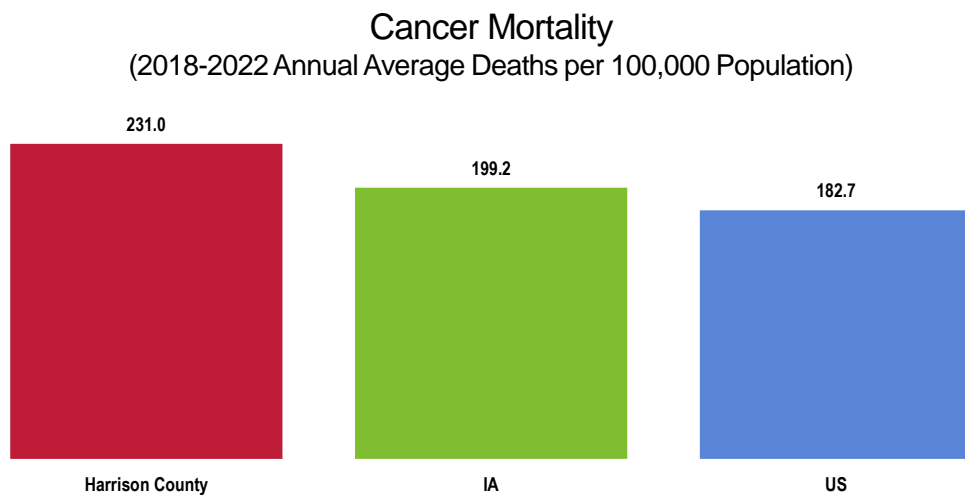
Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Cancer Deaths

Cancer is a leading cause of death in Harrison County and throughout the United States. Cancer mortality rates are outlined below.



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

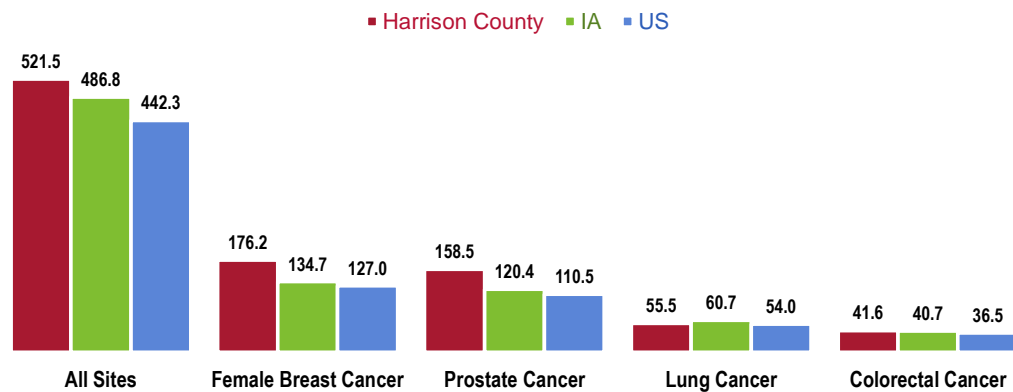


Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

It is important to identify leading cancers by site in order to better address them through targeted intervention. The following chart illustrates Harrison County incidence rates for leading cancer sites.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2016-2020)



Sources:

- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older).



Cancer Screenings

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

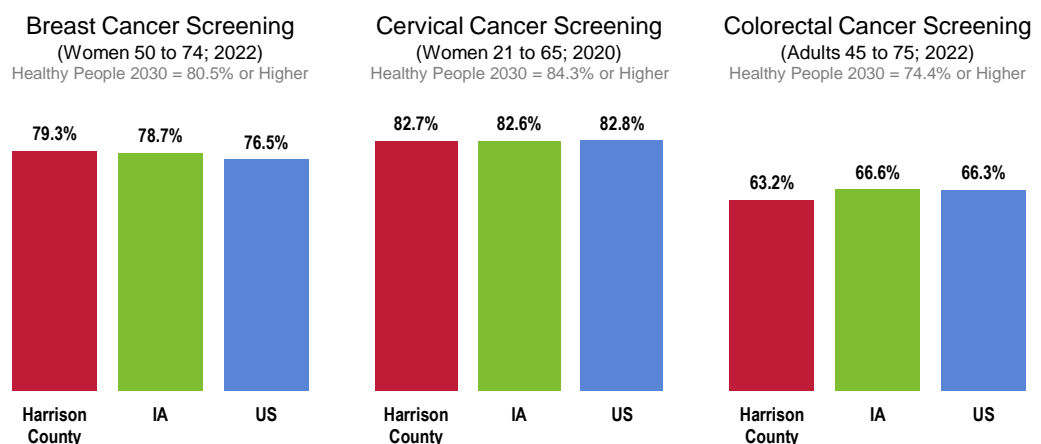
COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

The following outlines the percentages of residents receiving these age-appropriate cancer screenings. These are important preventive behaviors for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers.



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Each indicator is shown among the age group specified. Breast cancer screenings are mammograms among females age 50-74 in the past 2 years. Cervical cancer screenings are Pap smears among women 21-65 in the past 3 years. Colorectal cancer screenings include the percentage of population age 45-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.

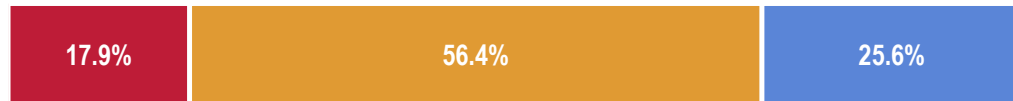


Key Informant Input: Cancer

Key informants' perceptions of *Cancer* as a local health concern are outlined below.

Perceptions of Cancer as a Problem in the Community (Key Informants; Harrison County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

There appears to be so many people who are battling cancer. Many young and middle-aged residents. – Community/Business Leader

A lot of people are even younger now when being diagnosed. More people needing services. – Social Services Provider

Obesity

I believe the obesity issue in rural communities (due to lack of education, access to indoor fitness options for reduced or no-cost, mental illness which contributes to stress related conditions) is a huge issue. Kids and parents are extremely overweight (compared to my Baby Boomer generation) and have little idea what to eat or how to cook whole, nutritious foods. It is very sad and will only increase exponentially, unless we break the generational cycle. Obesity and lack of exercise are a direct impact factor to cancer and heart disease, and I really don't see any changes in habit through programming. – Community/Business Leader

Access to Care/Services

Our local hospital just purchased portable Tablo Dialysis Systems, but prior to that, residents had to transport to Omaha or a larger city in order to receive care. I'm also not sure what kind of support we have offered for those going through treatment and directly following as far as hair loss, diet, etc. – Other Health Provider

Environmental Contributors

Exposure to chemicals, toxic environments, and household items. Poor nutrition. – Other Health Provider

Lack of Providers

No specialty provider. – Community/Business Leader

Prevention/Screenings

Low screening. High incident. – Other Health Provider



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

– Healthy People 2030 (<https://health.gov/healthypeople>)

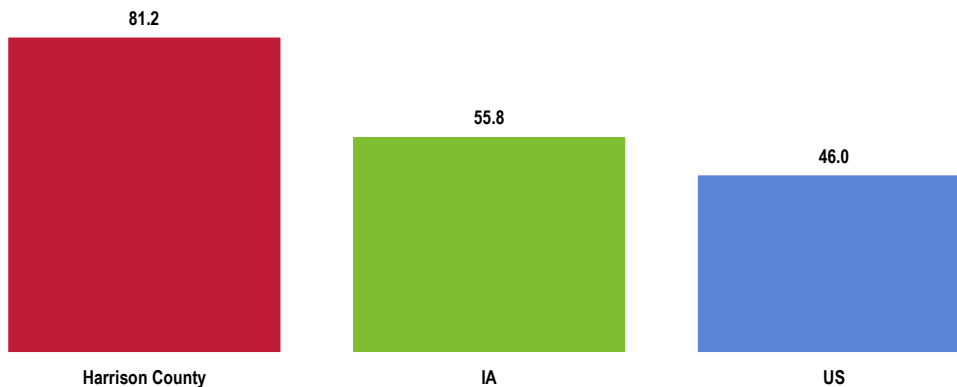
Note that this section also includes data relative to COVID-19 (coronavirus disease).

Lung Disease Deaths

The mortality rate for lung disease in Harrison County is summarized below, in comparison with Iowa and national rates.

Note: Here, lung disease reflects chronic lower respiratory disease deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Lung Disease: Age-Adjusted Mortality
(2018-2022 Annual Average Deaths per 100,000 Population)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



Asthma Prevalence

The following chart shows the prevalence of asthma among Harrison County adults.

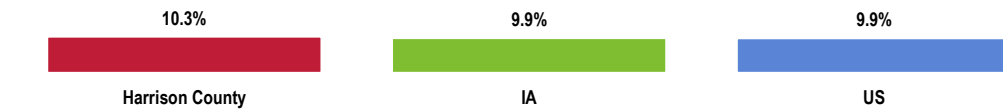
The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

"Has a doctor, nurse, or other health professional ever told you that you had asthma?"

"Do you still have asthma?"

Prevalence includes those responding "yes" to both.

Prevalence of Asthma (2022)



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).

Notes:

- Includes those who have ever been diagnosed with asthma and report that they still have asthma.

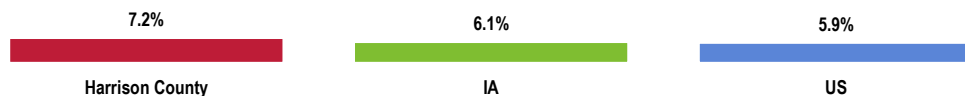
COPD Prevalence

The following chart shows the prevalence of chronic obstructive pulmonary disease (COPD) among Harrison County adults.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

"Has a doctor, nurse, or other health professional ever told you that you had COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis?"

Prevalence of Chronic Obstructive Pulmonary Disease (COPD) (2022)



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).

Notes:

- Includes those who have ever been diagnosed with chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis.



Key Informant Input: Respiratory Disease

The following outlines key informants' perceptions of *Respiratory Disease* in our community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants; Harrison County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

COVID-19

COVID-19 protocol continues to evolve, and there is a lack of county-wide communication about these changes. This continues affecting staff, students, and community members. Specifically, with the LOMA district from what I have observed. – Community/Business Leader

Lack of Providers

No specialist. Pulmonologist. – Community/Business Leader

Tobacco Use

High cases of COPD and people smoking. – Other Health Provider



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Unintentional Injury

Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for Harrison County, Iowa, and the US.

Unintentional Injuries Mortality
(2018-2022 Annual Average Deaths per 100,000 Population)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).

Notes:

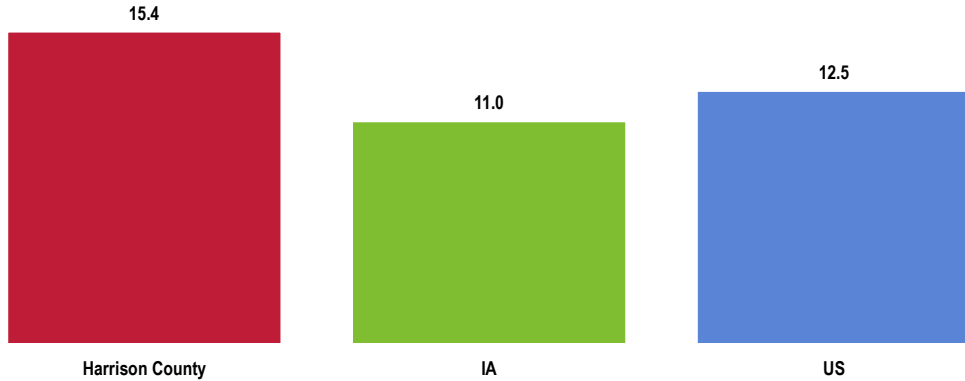
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



Motor Vehicle Crash Deaths

Motor vehicle crash deaths are preventable and are a cause of premature death. Mortality rates for motor vehicle crash deaths are outlined below.

Motor Vehicle Crash Mortality
(2018-2022 Annual Average Deaths per 100,000 Population)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).

Notes:

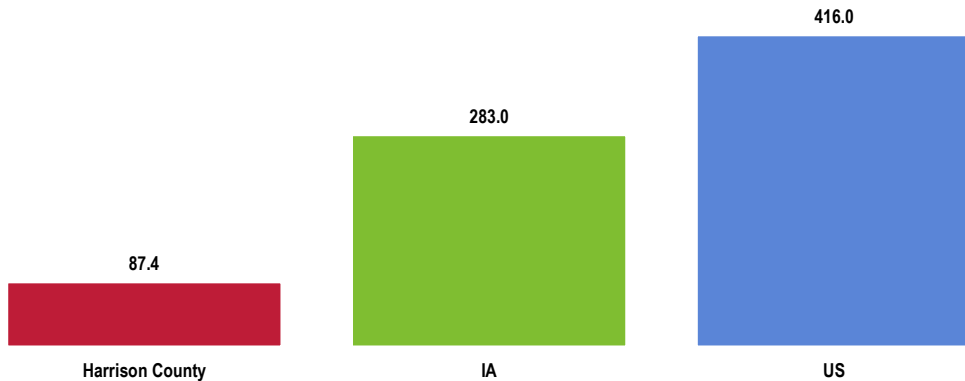
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Intentional Injury (Violence)

Violent Crime Rate

The following chart shows the rate of violent crime per 100,000 population in Harrison County, Iowa, and the US.

Violent Crime
(Reported Offenses per 100,000 Population, 2015-2017)



Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault. Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.



Key Informant Input: Injury & Violence

Key informants' perceptions of *Injury & Violence* in our community:

Perceptions of Injury & Violence as a Problem in the Community (Key Informants; Harrison County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Especially lately, it seems there has been a lot of injury and violence. Unfortunately, there is more happening behind closed doors that doesn't get reported. I believe mental health is the biggest contributing factor, but alcohol and drug use is another. – Public Health Representative

Income/Poverty

Our poverty threshold is low and being a border county to NE and hosting the interstates, we are a good stop-over for major drug trafficking – in addition to lower-income families, we have a small police presence in some communities and the sheriff deals with the rest. – Public Health Representative

Lack of Providers

Only care is at the emergency room for initial injury. No specialist for trauma care or a sane specialist for rape and other topics. – Community/Business Leader

Fear

As a domestic violence survivor myself, people are afraid to make a report. If they do make a report the judicial system lets them down. The county doesn't seem to offer protection orders to victims even when victims have gone in front of the judge requesting it as well as working with Catholic Charities DV counselor. – Public Health Representative

Alcohol/Drug Use

Due to the high number of users of drugs and/or alcohol, there is also an increase in injuries and violence in the community. – Social Services Provider



DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

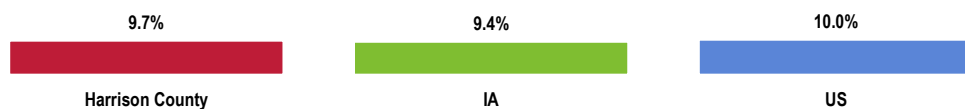
Prevalence of Diabetes

Diabetes is a prevalent and long-lasting (chronic) health condition with a number of adverse health effects, and it may indicate an unhealthy lifestyle. The prevalence of diabetes among Harrison County adults age 20 and older is outlined below, compared to state and national prevalence levels.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

"Has a doctor, nurse, or other health professional ever told you that you had diabetes?"

Prevalence of Diabetes (Adults Age 20 and Older; 2021)



Sources: • Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).

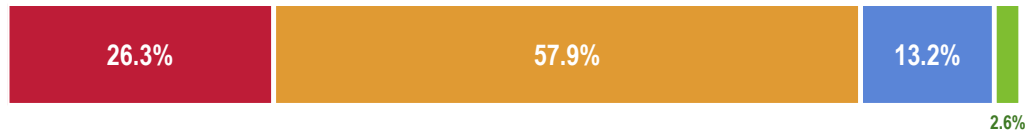


Key Informant Input: Diabetes

The following are key informants' ratings of *Diabetes* as a health concern in Harrison County.

Perceptions of Diabetes as a Problem in the Community (Key Informants; Harrison County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Lifestyle

Eating correctly and getting activity. – Other Health Provider

Diet and personal responsibility. – Other Health Provider

Overweight population due to lack of exercise and extremely poor understanding of a balanced diet. The lowa traditional diet is not based on fresh whole foods and focuses on few “meat & potato” ingredients. Fast food, energy drinks, high calorie coffees, etc. will have prevailing consequences for our young families. – Community/Business Leader

Weight loss. Access to fresh produce. Processed food is cheap. – Community/Business Leader

Affordable Care/Services

Affordability. – Other Health Provider

Cost of care, access, medications, and affordable low-carb foods. – Physician

Follow Up/Support

Lack of support and education leads to noncompliance. People with diabetes are not getting more frequent monitoring of their blood sugars to help them be more compliant. If newly diagnosed people could come in and meet with a case manager to review blood sugars and meal logs and make changes accordingly until the person “graduates” from a program as a compliant diabetic. Or if there is a noncompliant person they could be enrolled in a program like this as well and get them on a CGM device and a monitoring program. – Public Health Representative

Access to Affordable Healthy Food

Access to healthy, affordable, and fresh fruits and vegetables. Affordable groceries and transportation to the grocery store for healthy food items. Access to health care for diagnosis and treatment. – Social Services Provider

Awareness/Education

Knowledge of the disease process and access to medication. – Other Health Provider

Disease Management

Compliance to medication regimens and for some patients, money to pay for their medications. – Other Health Provider



DISABLING CONDITIONS

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

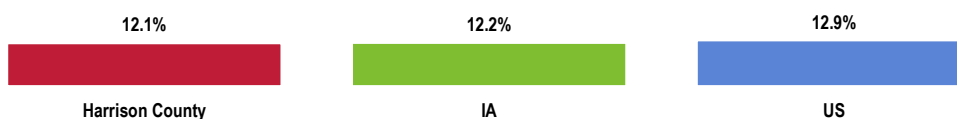
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Disability

The following represents the percentage of the total civilian, non-institutionalized population in Harrison County with a disability. This indicator is relevant because disabled individuals may comprise a vulnerable population that requires targeted services and outreach.

Population With Any Disability (Among Civilian Non-Institutionalized Residents; 2018-2022)



Sources:

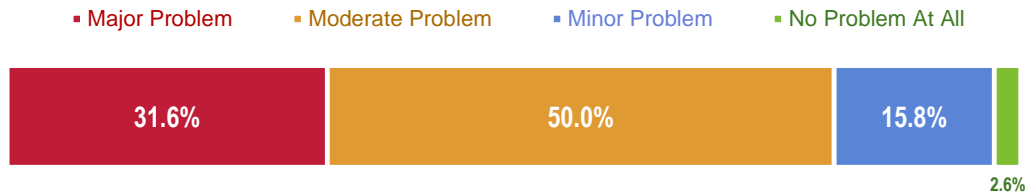
- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).



Key Informant Input: Disabling Conditions

Key informants' perceptions of *Disabling Conditions* are outlined below.

Perceptions of Disabling Conditions as a Problem in the Community (Key Informants; Harrison County, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

Aging population. Low income community. – Other Health Provider

I would say chronic pain and dementia are probably the leading causes of activity limitations especially in our older population. Many people do not seek help from medical providers until pain is very bad, I believe this is mostly due to cost of services even with healthcare, out of pocket expenses add up very quickly and deductibles are usually very high now. Also, many people do not think their condition is “bad enough” to seek help or self-medicate with other substances. Others do not have paid time off or medical leave to go to seek services or may lack transportation. Then there is a lack of specialty services in this county so wait times for more local visits must be scheduled out months unless very emergent. Dementia effects all of the family that is caring for the individual and there is a huge lack of support systems in our county for these families such as respite care, “sitters”, and even residential dementia care is limited. Hearing and vision care is very limited here also. – Public Health Representative

Rural populations are high aging-in-place populations. Harrison Co communities have many seniors “trapped” or isolated without extended family. Meals on Wheels is a good program, but the food is not the best (comes from Atlantic) and social connections become weaker. We could certainly do much better in our community to fund and serve seniors. – Community/Business Leader

Access to Care/Services

No access to local care, but affordability of that care is an issue as well. – Social Services Provider

Limited resources. – Other Health Provider

Built Environment

Buildings in the county are not all handicapped accessible. Lack of transportation to appointments. People often need more personal care and errand-type services if they do not have family involved, which is often the case. – Public Health Representative

Disease Management

We have patients or seen patients who need mobility assistive device but don’t use them or they don’t own one and just improvise to get around, hence higher incidents of fall and trauma. Same for those with dementia and vision/hearing loss who lives by themselves. Chronic pain is an issue and with patients taking more pain medications just to relieve them of the pain can cause dependence or polypharmacy. – Other Health Provider

Employment

It seems that people with disabilities do not have very many opportunities for employment for multiple reasons. Employers can’t or will not provide accommodations for disabled employees, and transportation can be a big issue. – Public Health Representative



Incidence/Prevalence

Many of my clients are disabled and have a very hard time moving around the county. – Social Services Provider

Isolation/Loneliness

Disabling conditions isolate people in their homes, and services are limited in our county to provide transportation and in home services. – Public Health Representative

Lack of Providers

No specialists available. – Community/Business Leader





BIRTHS

BIRTH OUTCOMES & RISKS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

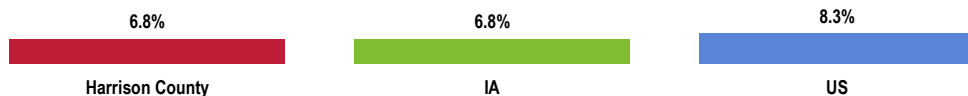
– Healthy People 2030 (<https://health.gov/healthypeople>)

Low-Weight Births

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. The following chart illustrates the percent of total births that are low birth weight.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Low-Weight Births
(Percent of Live Births, 2016-2022)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g).



FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression ... family planning services can help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

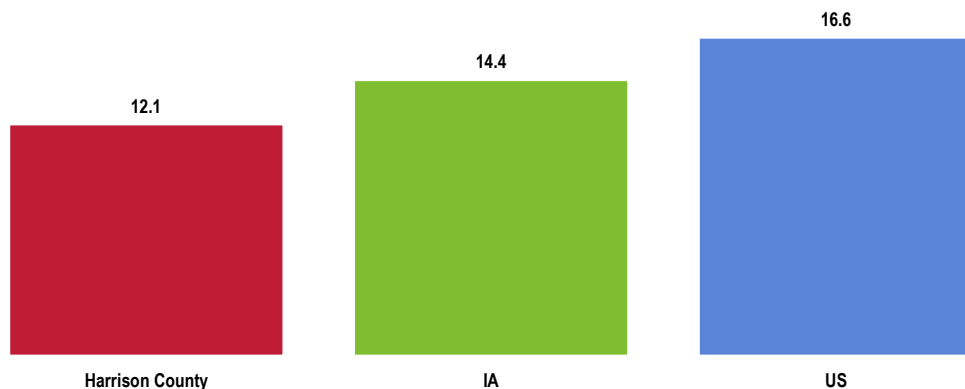
– Healthy People 2030 (<https://health.gov/healthypeople>)

Births to Adolescent Mothers

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

The following chart outlines the teen birth rate in Harrison County, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2016-2022)



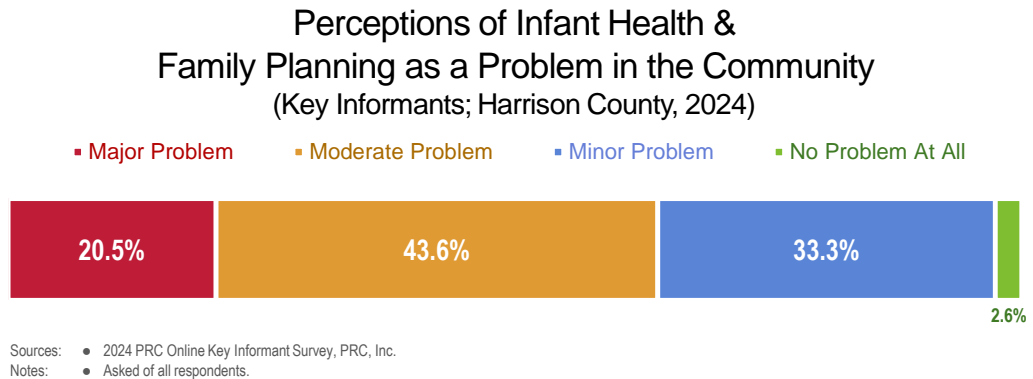
Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).



Key Informant Input: Infant Health & Family Planning

Key informants' perceptions of *Infant Health & Family Planning* as a community health issue are outlined below.



Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Lack of Providers

No specialist in this area. – Community/Business Leader

There are no pediatricians or obstetricians in this county. Persons need to travel an hour one way to see any specialist for pregnancy or pediatrics. There are no low cost or free family planning clinics in the county. Persons need to travel to Denison or Council Bluffs for title x services. Over the counter emergency contraceptives are either not stocked or out of price range for most that would need them. Quality breastfeeding support is limited. Mother support groups are minimal, many young families lack reliable transportation even from one town to another. The Family Planning Program (through IA Medicaid) provides coverage for services but many people do not know this program exists and many providers will not bill through it. – Public Health Representative

I believe there is only one certified lactation consultant in the county and only one nurse who is certified to draw blood from infants. – Other Health Provider

Access to Care/Services

Not very many resources for pediatric or prenatal care. – Other Health Provider

With no birthing hospitals and only one provider doing any sort of obstetric care, there are certainly barriers in accessing care in Harrison County. Transportation to a larger community (Sioux City, Council Bluffs, and Carroll) provides additional barriers to ensure healthy outcomes for pregnant individuals and infants. – Social Services Provider

Funding

I believe if the funds were available, we could have a very successful mother/infant and infant/child wellness program to boost overall health of this demographic. – Public Health Representative

Lack of Support Services

Unplanned pregnancy including teenage unplanned pregnancy. Lack of support for families with young children and/or babies. Lack of daycare. Lack of employment for that population group while having flexible hours for daycare. – Social Services Provider





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

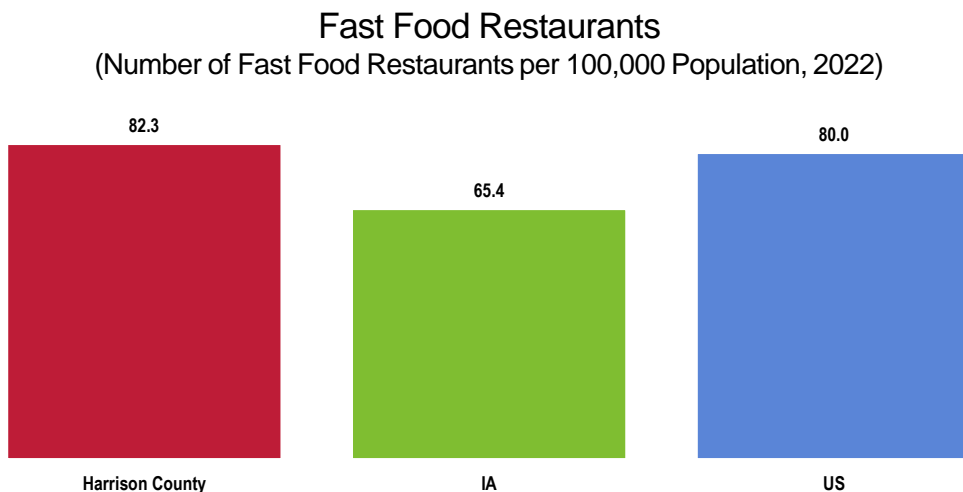
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Food Environment: Fast Food

Here, fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

The following shows the number of fast food restaurants in Harrison County, expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on dietary behavior.



Sources:

- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).

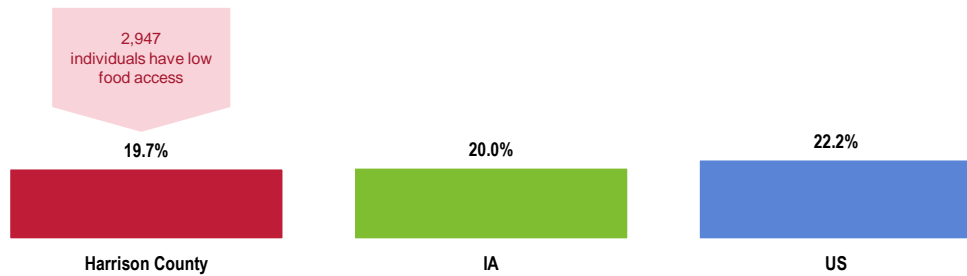


Low Food Access

Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store (or 10 miles in rural areas).

The following chart shows US Department of Agriculture data determining the percentage of Harrison County residents found to have low food access, meaning that they do not live near a supermarket or large grocery store.

Population With Low Food Access (Percent of Population Far From a Supermarket or Large Grocery Store, 2019)

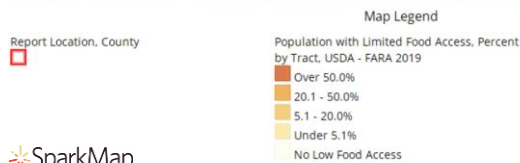
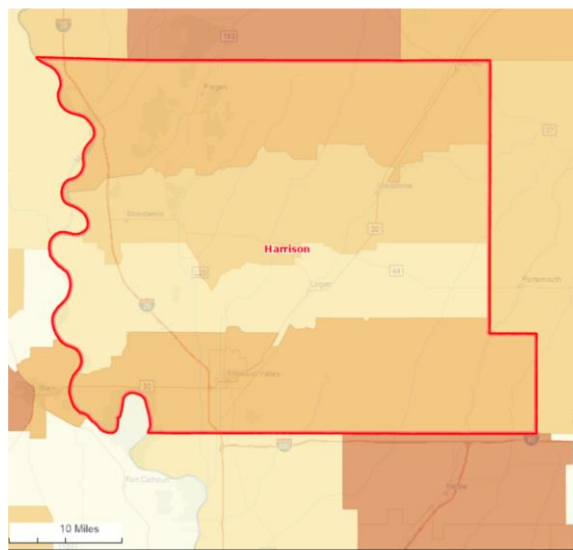


Sources:

- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).

Notes:

- Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

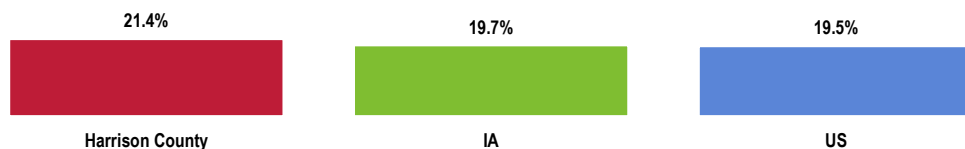
Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Leisure-Time Physical Activity

Below is the percentage of Harrison County adults age 20 and older who report no leisure-time physical activity in the past month. This measure is important as an indicator of risk for significant health issues such as obesity or poor cardiovascular health.

No Leisure-Time Physical Activity in the Past Month (Among Adults Age 20 and Older, 2021) Healthy People 2030 = 21.8% or Lower



Sources:

- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

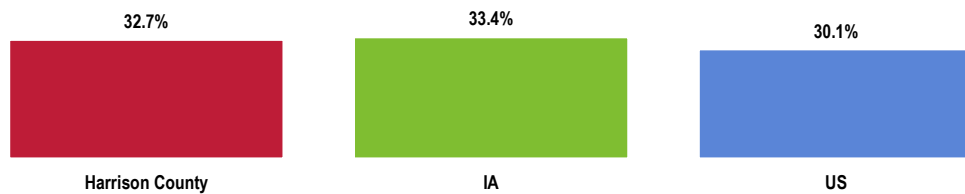


Obesity

"Obese" includes respondents with a BMI value ≥ 30.0 .

Outlined below is the percentage of Harrison County adults age 20 and older who are obese, indicating that they might lead an unhealthy lifestyle and be at risk for adverse health issues.

Prevalence of Obesity (Among Adults Age 20 and Older With a Body Mass Index ≥ 30.0 , 2021) Healthy People 2030 = 36.0% or Lower



Sources:

- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants' ratings of *Nutrition*, *Physical Activity* & *Weight* as a community health issue are illustrated below.

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community (Key Informants; Harrison County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources:

- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.



Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Affordable Healthy Food

High cost for healthy foods and eating, especially when someone is on a special diet for a medical condition. Gluten-free food availability and high costs for someone with celiac disease. High cost for using facilities, even though they're great. – Public Health Representative

Access to affordable, healthy food and access to fitness areas and walking paths. – Social Services Provider

The grocery stores in Harrison County are very expensive in comparison to other stores outside of the county, have limited selections, and do not do a very good job of keeping expired foods off the shelves and tend to buy/rec poor quality produce and fresh foods. The farmers market does a great job, but the independent food stands are not thoroughly regulated. – Public Health Representative

Cost of healthy food compared to cheaper, more readily accessible food. – Social Services Provider

Access to healthy foods. Meal planning. Nutrition education. – Public Health Representative

Access to nutritional food at a reasonable cost. – Community/Business Leader

Healthy food desert, so even if the majority of the population was able to afford healthy, unprocessed foods regularly, if they don't have transportation they have limited grocery store options in our towns. A CHI farmer's market or produce box prescription option would go far to help in this. Culturally, patients are either over-working with very physical jobs or are sedentary. There seems to be an acceptance for obesity and poor health, so in general there is not much motivation to be active or improve in this area. – Physician

Food Insecurity is an issue, as well as access to fresh produce and non-processed foods. Many towns in Harrison County do not have a grocery store and if they do, the prices for fresh fruit or veggies are more than they would pay for canned / processed food. Harrison County is trying very hard with their farmers markets and giving away vouchers for people to purchase the fresh produce from the farmers markets. This is an excellent strategy for the county to continue to work on food insecurity and access to fresh produce. – Social Services Provider

Obesity

Most people are overweight, and seeing a doctor to help with weight management is not usually covered by insurance. – Other Health Provider

We have many overweight individuals in the community. When obesity looks like the norm, people aren't as likely to consider the major health risks associated with it. – Community/Business Leader

Physical Activity

There is limited access for adults to attend gyms. There are no adult sports available in the area. No access to bike trails. Limited access to cheap nutrition foods. A lot of the adults are obese. – Other Health Provider

Built Environment

With little outdoor opportunities and modern technology, many people prefer air conditioning, video games, and cell phones as opposed to exercise and outdoor activities. There's also not a wide variety of workout facilities available. – Other Health Provider

Funding

Funding for programs that help struggling families would be great. – Community/Business Leader

Income/Poverty

Low income. Poor diet choices. Small town grocery store is more expensive than driving 35 minutes to a Walmart. – Other Health Provider



SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Excessive Alcohol Use

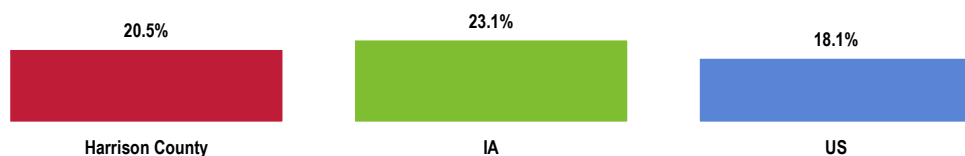
Excessive drinking includes heavy and/or binge drinking:

HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.

BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

The following illustrates the prevalence of excessive drinking in Harrison County, as well as statewide and nationally. Excessive drinking is linked to significant health issues, such as cirrhosis, certain cancers, and untreated mental/behavioral health issues.

Engage in Excessive Drinking (2021)



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).
- Notes:
- Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period.



Key Informant Input: Substance Use

Note the following perceptions regarding *Substance Use* in the community among key informants taking part in an online survey.

Perceptions of Substance Use as a Problem in the Community (Key Informants; Harrison County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Places to go. – Other Health Provider

There are no substance abuse treatment options in Harrison County. With the transportation barrier, it is hard for people to get the help they need. – Social Services Provider

The lack of access to substance abuse treatment in Harrison County has to do with the low number of providers providing services in Harrison County. Heartland Family Service is supposed to be providing substance abuse treatment in Harrison County. They have an office in Logan, but it's not been open since before the pandemic in 2020. Residents of Harrison County who need substance abuse treatment often times have to go to Council Bluffs for their appointments. Many of these folks do not have transportation to get them to all their appointments they need to be at – therefore adding an additional barrier for them getting the help they need. – Social Services Provider

We have little or less known recovery groups and limited access to detox cares. – Public Health Representative
Cost, stigma from family, providers, pharmacists, and employers. Lack of providers knowledgeable and/or willing to use MAT. Lack of awareness of medication assisted treatment. Lack of counselors. Lack of transportation to appointments. Lack of support to recover. – Public Health Representative

No local substance abuse treatment options. – Public Health Representative

A lack of resources and communication about these resources, if any. – Community/Business Leader

There are no services in Harrison County. Transportation, money, or resources. – Other Health Provider

Lack of a formal substance use disorder treatment clinic. The Missouri Valley CHI hospital is ideally suited for this, with the ER, providers able to offer these services, etc. Harrison County has options for group therapy and vocational training to meet the remaining needs of a certified treatment center. There just needs to be the time, energy, and funds to make that happen. – Physician

Awareness/Education

Not enough education or proper channels where people can get help in regards to substance abuse. Easy access to illegal substances. – Other Health Provider

Either people don't know about them or worry about the stigma from receiving treatment. Some are very reclusive, so even neighbors might not realize if they are manufacturing and/or doing drugs. Low numbers in our police forces, as well, and I'm not sure if our officers are 100 percent trained to handle the mental health issues that arise or are often accompanied with/by drug abuse. – Other Health Provider

Denial/Stigma

Stigma. Generational issues. – Public Health Representative

Lack of recognition of the problem by society. Abusers and addicts themselves not wanting help. Lack of adequate resources. – Social Services Provider



Lack of Providers

No substance abuse specialist or management for methadone or suboxone treatment, which results in transportation to bigger city areas. That is creating barriers for the majority of the people in this category. – Community/Business Leader

Only one provider is in Harrison County, and they have a limited amount of times per week. Heartland Family Services is the providers. CHI MH may also provide some sub abuse treatment but I am not sure. Limited access to inpatient sub abuse treatment, those that I am aware of that do provide services is Jackson Recovery and Rosecrance (Sioux City) and Ivory Plains. – Social Services Provider

Most Problematic Substances

Note below which substances key informants (who rated this as a “major problem”) identified as causing the most problems in Harrison County.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)	
ALCOHOL	76.5%
METHAMPHETAMINE OR OTHER AMPHETAMINES	17.6%
MARIJUANA	5.9%



TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking Prevalence

Tobacco use is linked to the two major leading causes of death: cancer and cardiovascular disease. Note below the prevalence of cigarette smoking in our community.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

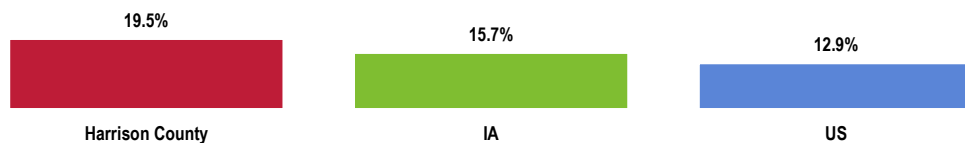
“Have you smoked at least 100 cigarettes in your entire life?”

“Do you now smoke cigarettes every day, some days, or not at all?”

Cigarette smoking prevalence includes those who report having smoked at least 100 cigarettes in their lifetime and who currently smoke every day or on some days.

Prevalence of Cigarette Smoking (2022)

Healthy People 2030 = 6.1% or Lower



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Includes those who report having smoked at least 100 cigarettes in their lifetime and currently smoke cigarettes every day or on some days.



Key Informant Input: Tobacco Use

Below are key informants' ratings of *Tobacco Use* as a community health concern.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants; Harrison County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Large population of patients who smoke or chew tobacco. – Other Health Provider

High cases of people smoking not only in adult or elderly populations but also in adolescents. – Other Health Provider

It always has been. Too many people smoking. – Public Health Representative

Tobacco use continues to be a problem for many adults in our community. However, vaping/nicotine use is now a major problem in our community, for adults and youth alike. Many adults and youth believe that vaping is better for you than smoking (it's not – research shows this), so they vape with a false sense of "security" that they are choosing a better option. the amounts of nicotine in these vape devices and cartridges are way more than the amount of nicotine in a cigarette, which is causing skyrocketing rates of nicotine addiction. Many people then turn to vaping other substances, like marijuana and all the Delta 8 derivatives of delta 9 THC, which is also causing a major problem with not only substance addiction, but also mental health issues. – Social Services Provider

Adults and minors regularly use tobacco in cigarettes and/or chewing tobacco. – Community/Business Leader

High percentage of people still smoking. See the complications of lung cancer and COPD across the geriatric population. – Physician

Tobacco, vaping, and drugs. Number of adults, teens, and young adults seen using tobacco products. – Social Services Provider

E-Cigarettes

Vaping of nicotine and other substances has increased dramatically over the last few years, we cont. to see new vape shops popping up and advertising in our convenience stores is very prominent. Tobacco/nicotine is an “acceptable” substance to use. Nicotine salts from vapes are very addictive and people are not aware of this difference. – Public Health Representative

I see a lot of our youth vaping and many adults smoking outside of restaurants and bars. – Other Health Provider

Vaping. We have several businesses that sell the product. Access is too easy. – Community/Business Leader

Easy Access

Multiple vape stores in our community offering attractive products with a large population of students. Access to products and no in-school programs to teach kids about the harm of these products. – Community/Business Leader

Availability. – Public Health Representative

Awareness/Education

Smoking is not seen as an issue. People don't recognize nicotine as a drug. – Social Services Provider

Income/Poverty

The number of individuals who smoke cigarettes and can't afford the cost. – Social Services Provider



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

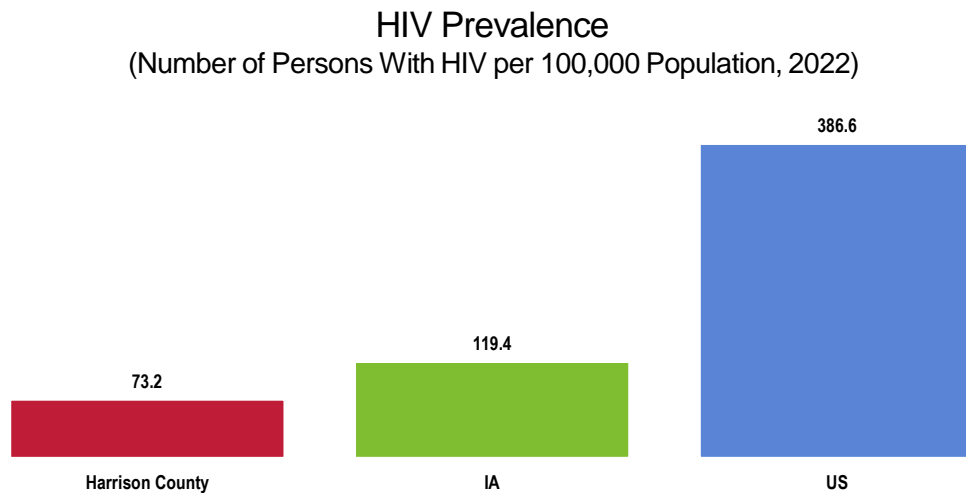
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

— Healthy People 2030 (<https://health.gov/healthypeople>)

HIV

The following chart outlines the prevalence of HIV in our community, expressed as a rate per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.



Sources:

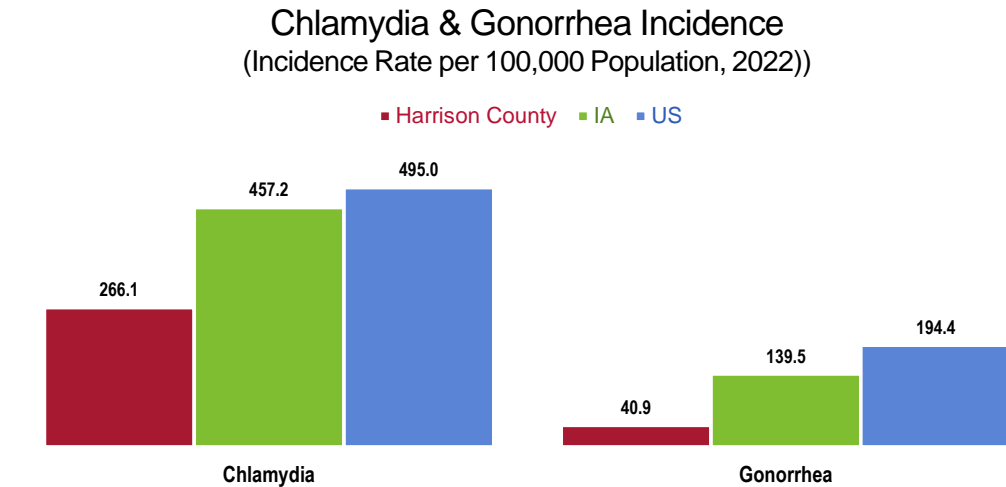
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).



Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

Chlamydia and gonorrhea are reportable health conditions that might indicate unsafe sexual practices in the community. Incidence rates for these sexually transmitted diseases are shown in the following chart.

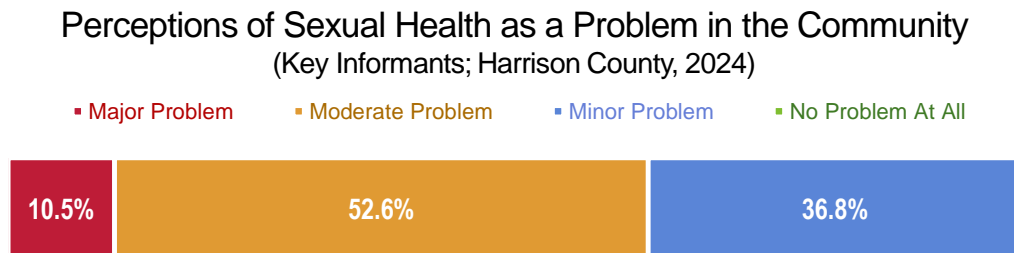


Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

Key informants' ratings of *Sexual Health* as a community health concern are shown in the following chart.



Sources:

- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care

No public health to assist in women's health, especially with no insurance. Closest is Harlan or Carroll. – Community/Business Leader

Awareness/Education

A lack of education and advertised anonymous resources. – Community/Business Leader
STI-related issues. – Other Health Provider





ACCESS TO HEALTH CARE

BARRIERS TO HEALTH CARE ACCESS

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Lack of Health Insurance Coverage

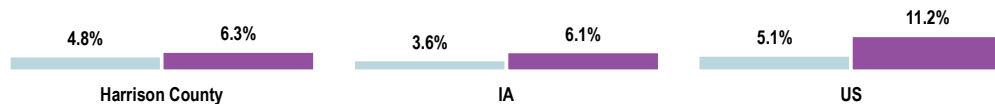
Health insurance coverage is a critical component of health care access and a key driver of health status. The following chart shows the latest figures for the prevalence of uninsured adults (age 18 to 64 years) and of uninsured children (under the age of 18) in Harrison County.

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population) who have no type of insurance coverage for health care services — neither private insurance nor government-sponsored plans.

Uninsured Population (2018-2022)

Healthy People 2030 Target = 7.6%

■ Children (0-17) ■ Adults (18-64)



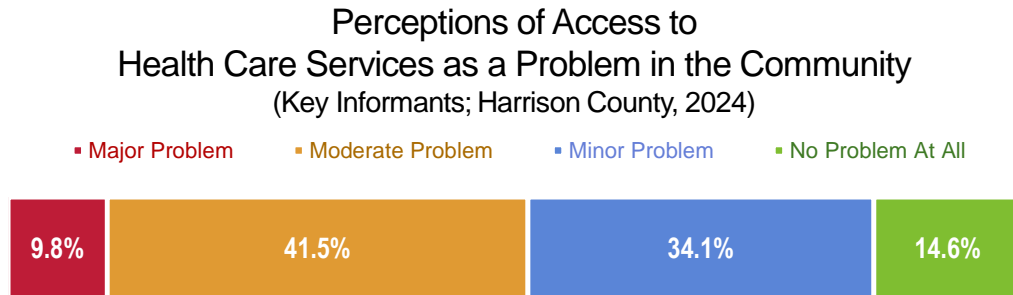
Sources:

- US Census Bureau, Small Area Health Insurance Estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Key Informant Input: Access to Health Care Services

Key informants' ratings of *Access to Health Care Services* as a problem in Harrison County is outlined below.



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Outside of Missouri Valley, Harrison County has a lack of access to health care and behavioral health care. There is a hospital in Missouri Valley, but outside of that hospital that is all there is. Residents of Harrison County would have to travel to Missouri Valley for health care and behavioral health care. Additionally, there is a lack of behavioral health care providers (both mental health and substance abuse) in the county. There are no local options for mental health or substance abuse services in Harrison County. – Social Services Provider

Affordable Care/Services

Cost of healthcare. Even with insurance, deductibles are so high that families find themselves in financial difficulties just trying to meet or pay medical costs before the deductible is reached. – Social Services Provider

Behavioral Health

As a mental health professional with the field of education, the limited mental health services available to children and their families are drastically hindering youth development within the county. Therapy and behavioral services, specifically CHI in Missouri Valley, have incredibly long waitlists. – Community/Business Leader

Transportation

Transportation and money or insurance to cover the expenses. – Other Health Provider



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

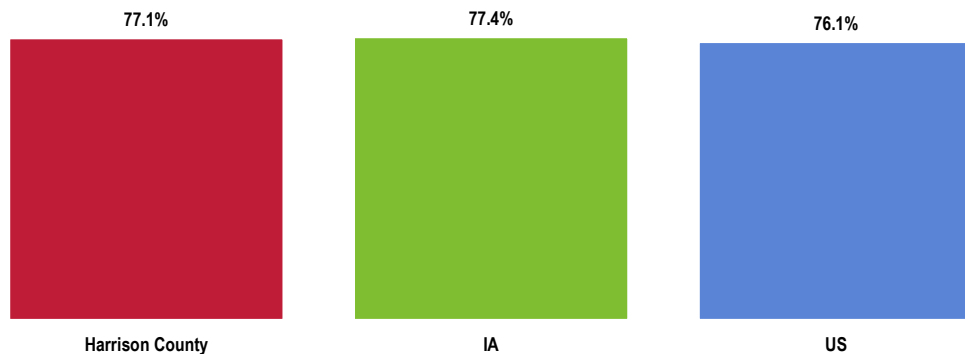
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Primary Care Visits

The following chart reports the percentage of Harrison County adults who visited a doctor for a routine checkup in the past year.

Primary Care Visit in the Past Year
(2022)



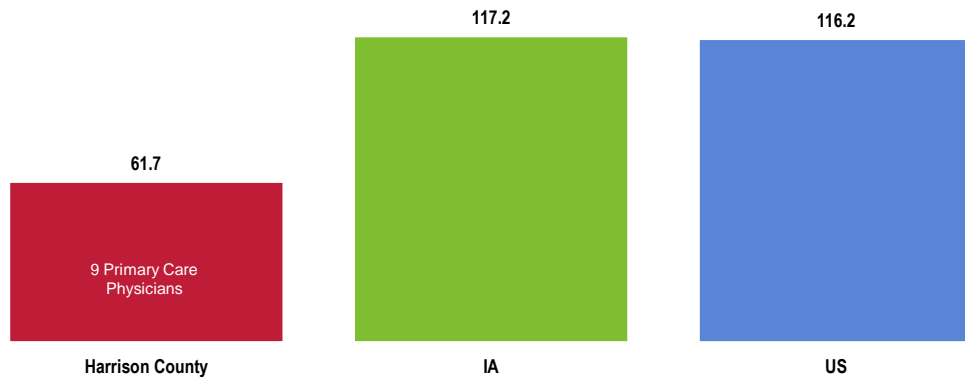
Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).
Notes: • This indicator reports the number and percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year.



Access to Primary Care

The following indicator outlines the number of primary care physicians per 100,000 population in Harrison County. Having adequate primary care practitioners contributes to access to preventive care.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2024)



- Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).
- Notes:
- Doctors classified as "primary care physicians" by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.



ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

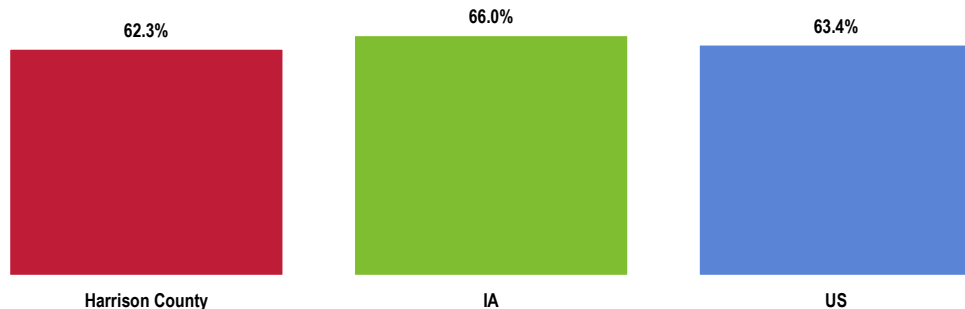
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Dental Visits

The following chart shows the percentage of Harrison County adults age 18 and older who have visited a dentist or dental clinic in the past year.

Visited a Dentist or Dental Clinic in the Past Year
(2022)



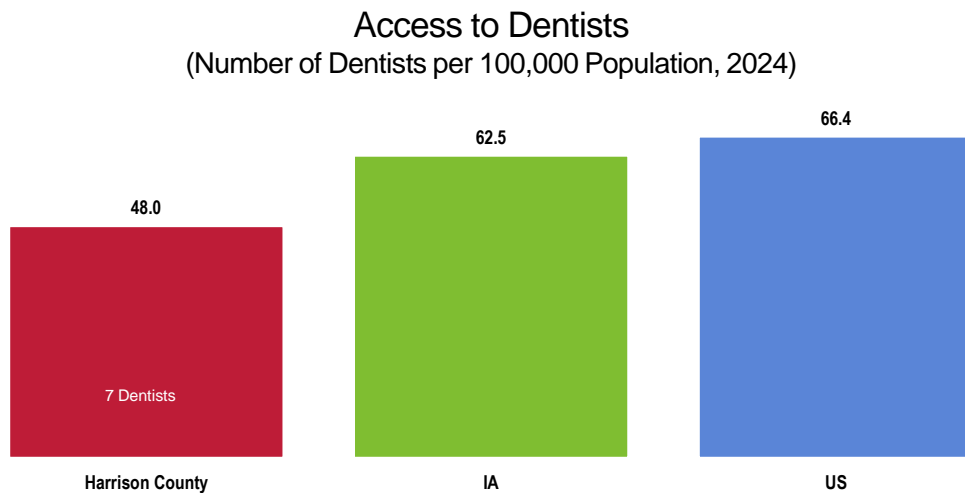
Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).



Access to Dentists

The following chart outlines the number of dentists for every 100,000 residents in Harrison County.



Sources:

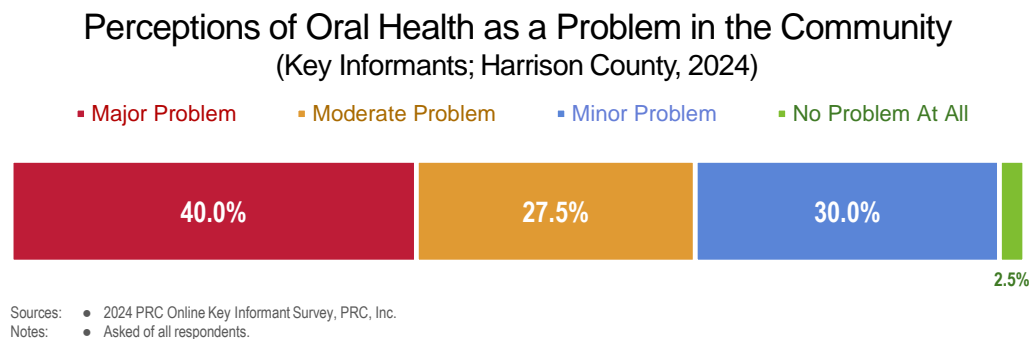
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2024 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD) — who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Key Informant Input: Oral Health

Key informants' perceptions of *Oral Health* are outlined below.



Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access for Medicare/Medicaid Patients

- Access to a dentist for families on Medicaid. – Social Services Provider
- Access to dental providers for those on Medicaid. Especially adults on Medicaid. – Community/Business Leader
- Access to a dentist who accepts new clients with Medicaid. – Social Services Provider
- There are no dental providers accepting new patients with Medicaid insurance as their payment source, and roughly 50% of children have Medicaid. In addition, care for adults and pregnant women on Medicaid is not possible within the county. – Social Services Provider
- No Medicaid providers. Limited providers in county. – Public Health Representative
- We have a large population of children and adults on Medicaid, and there is a huge lack of dentists who will accept Medicaid as payment for kids and adults. – Public Health Representative



Many patients on Medicaid, but local dentists don't all take Medicaid dental insurance. With high levels of meth use, we have seen a lot of very poor dentition and hygiene, with recurrent dental abscesses and infections. These over time lead to worse conditions, including cardiac conditions. Those with good insurance and transportation do well, those without are at higher risk anyway and do not have easy access to the care they need. – Physician

Access to Care/Services

Lack of openings for pediatric oral health at Wall Clinic, and Midlands Dental no longer accepts IA Medicaid, which is a large group of pediatric patients or those with no insurance. The inability of patients to afford care. – Community/Business Leader

There are few dental offices available. From personal experience, the one in my hometown changes dentists about once every other year, so there is no consistency. I refuse to go there or take my family there. – Other Health Provider

Not enough dental providers. The ones that we have can only afford to see a certain number of Medicaid patients due to reimbursement. Lack of fluoride in some communities. Transportation for dental appointments.

Emergency dental care – have to go to the city, usually if you're able to get there at all and find someone who will see you – Public Health Representative

There is a lack of dentist offices in the area. They are only located in Missouri Valley, IA. Those lacking transportation have difficulty getting there. – Community/Business Leader

Affordable Care/Services

Access for families struggling in poverty. Low Medicaid acceptance. More mobile goes-to-the-school based programs would be a good start. – Community/Business Leader

It is costly and not well covered by insurance. There are few providers locally, and there are very few providers that will take Medicaid clients. Specialty care is expensive and out of county usually. – Public Health Representative

Alcohol/Drug Use

Our area has a population of drug users, and meth is known to destroy teeth. – Community/Business Leader

Insurance Issues

Most dentists do not widely accept all insurances, limiting access to routine care. – Public Health Representative





LOCAL RESOURCES

Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- CHI Health Missouri Valley
- Family Connections
- Full Circle Therapy

- Public Health
- Southwest Iowa Transit Agency
- Vision Care Clinic

Cancer

- CHI Community Memorial Hospital
- CHI Health
- CHI Health Missouri Valley
- Counseling Services
- Doctors' Offices
- Food Banks/Food Pantries
- Healthy Harrison
- Hospitals
- Parks and Recreation
- School System

Heart Disease & Stroke

- Angels Home Care
- CHI Health
- Crew Center
- Doctors' Offices
- Harrison County Home and Public Health
- Harrison County Homemakers
- Heartland Family Services
- Loess Hills Environmental
- Nursing Homes
- Southwest Iowa Transit Agency

Diabetes

- Angels Home Care
- Certified Diabetes Educator
- CHI Health
- Crew Center
- Doctors' Offices
- Farmer's Market
- Harrison County Home and Public Health
- Harrison County Homemakers
- Health Care Foundation
- Hospitals
- Missouri Valley Hospital
- Pharmacies
- Registered Dietitian

Infant Health & Family Planning

- CHI Health
- Department of Health and Human Services
- Firefly
- First Five
- Harrison County Home and Public Health
- School System
- Thriving Families
- Women, Infants and Children

Disabling Conditions

- CHI Health
- CHI Health Missouri Valley
- Crew Center
- Harrison County Home and Public Health
- Horizon Physical Therapy
- Meals on Wheels

Injury & Violence

- CHI Health
- CHI Mental Health
- Department of Health and Human Services
- Heartland Family Services
- Mental Health Services
- Southwest Iowa Transit Agency

Mental Health

- Alegent Health
- CHI Behavioral Health
- CHI Health



- CHI Health Missouri Valley
- Counseling Services
- Doctors' Offices
- Family Connections
- Fletcher Counseling
- Full Circle Therapy
- Harrison County Home and Public Health
- Heartland Family Services
- Integrated Therapy Resources
- Mental Health and Disability Services
- National Alliance on Mental Illness
- Online Resources
- School System
- Senior Health Solutions
- VA Office

Nutrition, Physical Activity & Weight

- CHI Health
- CHI Health Missouri Valley
- Crew Center
- Department of Health and Human Services
- Doctors' Offices
- Farmer's Market
- Fitness Centers/Gyms
- Food Banks/Food Pantries
- Food Land
- FoodBank for the Heartland
- Harrison County Home and Public Health
- Healthy Harrison
- HMS Hub
- Libraries
- Parks and Recreation
- School System
- Super Foods
- Welcome Center
- Women, Infants and Children
- Work It Out Fitness
- Youth Sports Programs

Oral Health

- Broadway Dental
- Delta Dental
- Dentists' Offices
- Department of Health and Human Services
- Firefly
- Hospitals
- I-Smile
- Midlands Dental
- Public Health
- School System

- Southwest Iowa Transit Agency
- Walls Family Dental

Sexual Health

- Public Health

Social Determinants of Health

- Community Action Agency
- First Five
- General Relief Office
- Government Programs
- Harrison County Home and Public Health
- Harrison County Veterans Affairs
- HMS Hub
- Housing and Urban Development
- Low Income Home Energy Assistance Program
- Public Health

Substance Use

- AA/NA
- CHI Behavioral Health
- CHI Health
- Community Action Agency
- Doctors' Offices
- Family Access Center
- Fletcher Counseling
- Harrison County Home and Public Health
- Harrison County Sheriff DARE Program
- Heartland Family Services
- Help Lines
- Mental Health and Disability Services
- Substance Use Centers

Tobacco Use


- 1-800-QUIT-NOW
- CHI Health
- Department of Health and Human Services
- Doctors' Offices
- Harrison County Home and Public Health
- Harrison County Sheriff DARE Program
- Heartland Family Services
- Help Lines
- Hospitals
- My Life My Quit
- Public Health





IMPACT OF ACTIONS TAKEN SINCE THE PRECEDING CHNA

Strategies and Program Activities by Health Need

	Health Need #1: Behavioral Health
Goals & Anticipated Impact	<p>Goals:</p> <ul style="list-style-type: none"> • Expand access to and provision of youth mental health services • Provide access to behavioral health services in Harrison County and encourage greater collaboration between primary care and behavioral health providers • Expand capacity to effectively treat individuals in mental health crisis in the appropriate care setting • Prevent social isolation and increase community capacity to support healthy aging • Prevent youth substance use <p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Decrease in youth feeling sad or hopeless • Increase the number of individuals receiving behavioral health services in Harrison County • Reduce the need for Harrison County residents to travel outside the county to access behavioral health services • Improve access to psychiatric assessment and mental health consultation in Harrison County • Reduce the need to transfer behavioral health patients outside their community to access behavioral healthcare • Increase in social connections among aging residents in Harrison County and increased community capacity to recognize early signs of dementia • Reduce youth substance use
Community Indicators	<p>CHNA 2022</p> <ul style="list-style-type: none"> • 24% of Harrison County respondents reported excessive drinking (County Health Rankings, 2021) • The average number of poor mental health days reported in past 30 days for Harrison County was 3.8 (County Health Rankings, 2021) • 37% of 8th graders report feeling “worthless,” “some of the time” or “most of the time” in the past 30 days. (Iowa Youth Survey, 2018)

Strategy	Key Activities
1.1 Expand access to community-based mental health services for youth	<p>1.1.1 Support school-based mental health programs and training, such as Youth Mental Health First Aid training and Question. Persuade. Respond. (QPR)</p> <p>FY23 Actions and Impacts</p> <ul style="list-style-type: none"> Offered MHFA and QPR training to Harrison County school districts, none have been provided. Training needs are being met through partnerships and internal capacity. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Offered free MHFA training to all interested community members. MHFA is an eight hour training that teaches participants the skills needed to reach out and provide initial support to someone who may be developing a mental health or substance use problem. It costs \$150 per participant. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
	<p>1.1.2 Invest in community organizations addressing mental health through the implementation of the Community Health Improvement Grant (CHIG) program.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Activity created in FY24. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Awarded a CHIG to Missouri Valley Hope Squads. The nonprofit facilitates a variety of school and community-based mental health awareness and education events for youth. <p>FY24 Measures</p> <ul style="list-style-type: none"> CHIG funds awarded (1/1/24-12/31/24): \$9,000 <p>FY25 Results Pending</p>


<p>1.2 Expand access to clinic- based behavioral health services for youth and adults</p>	<p>1.2.1 Implement and sustain an Integrated behavioral health/primary care model.</p> <p>FY23 Actions and Impacts</p> <ul style="list-style-type: none"> Hired Clinical Psychologist, on January 23, 2023 to implement Integrated BH/ Primary Care model to the Harrison County clinics. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. Due to the nature of the position, which includes not only the typical Integrated tasks such as consultations and telephonic interventions, but also Psychological Testing, Hospital ED and Department Consultations, community education, and therapy, we do not yet have an appropriate tracking mechanism for position. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Mercy Psychiatric Associates continued to send two Psychiatric Nurse Practitioners and two Mental Health Therapists to Harrison County primary care clinics, each one day per week. This helped provide coverage for psychiatric medication management, mental health therapy and psychiatric diagnostic evaluations to the area. <p>FY24 Measures</p> <ul style="list-style-type: none"> Therapy visits: 2,000 <p>FY25 Results Pending</p>
	<p>1.2.2 Implement a co-located model of care</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Activity created in FY24. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Two therapists and two nurse practitioners saw patients in the Missouri Valley, Logan, and Woodbine, IA family medicine clinics one day per week. A psychologist provided consultations, therapy, and testing services to the Missouri valley, Logan, Woodbine, Dunlap, and Oakland, IA family medicine clinics. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>

<p>1.3 Partner with the Region to support and implement the Crisis Center Network</p>	<p>1.3.1 Engage in the Southwest Iowa Mental Health and Disability Services Region Crisis Center Network and Behavioral Health Evaluation & Transfer Service</p> <p>FY23 Actions and Impacts</p> <ul style="list-style-type: none"> • Serve on the Governing Board and Advisory Boards of the Southwest Iowa Mental Health and Disability Services Region. We continue to receive referrals to our Psychiatric Immediate Care Clinic on the Mercy Council Bluffs campus for patients that are suffering from a mental health crisis. Coordinate care for patients through referrals to and from the SW Iowa Region for services. <p>FY23 Measures</p> <ul style="list-style-type: none"> • No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • The Clinic Administrator continued to serve on the Governing Board and Advisory Boards of the Southwest Iowa Mental Health and Disability Services Region. • The Psychiatric Immediate Care Clinic on the Mercy Council Bluffs campus continued to coordinate care for patients who are experiencing a mental health crisis by sending and receiving referrals. <p>FY24 Measures</p> <ul style="list-style-type: none"> • No measures to report. <p>FY25 Results Pending</p>
<p>1.4 Support social connection and dementia prevention education</p>	<p>1.4.1 Participate in and support community-based social groups for the aging population to receive kinship and dementia education.</p> <p>FY23 Actions and Impacts</p> <ul style="list-style-type: none"> • Referred patients to community based support and resources. <p>FY23 Measures</p> <ul style="list-style-type: none"> • No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • Partnered with Senior Life Solutions, a CMS-approved outpatient program designed to provide mental health support to older adults living in rural communities. <p>FY24 Measures</p> <ul style="list-style-type: none"> • Patients referred to Senior Life Solutions: 10-12 <p>FY25 Results Pending</p>

1.5 Access to Substance Abuse Prevention	<p>1.5.1 Support and promote school- and community- based programming to prevent youth substance abuse</p> <p>FY23 Actions and Impacts</p> <ul style="list-style-type: none"> Community partner addressing need. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Continued to offer Question, Persuade, Refer (QPR) suicide prevention classes for schools and community organizations in Harrison County. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
1.6 Behavioral Health Testing	<p>1.6.1 Improve behavioral health testing</p> <p>FY23 Actions and Impact:</p> <ul style="list-style-type: none"> Activity created in FY24. <p>FY23 Measures:</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact:</p> <ul style="list-style-type: none"> Psychologists engaged in pediatric diagnostic testing to clarify and diagnose conditions such as autism and ADHD. <p>FY24 Measures:</p>
Related Activities	<p>The following activities represent complementary efforts in which CHI Health system or CHI Health Missouri Valley is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof.</p> <ul style="list-style-type: none"> CHI Health Missouri Valley provides telehealth services to expand access to mental health services for consultation and medication management. Leadership from CHI Health Missouri Valley participates in the Missouri Valley Coalition for Change, which focuses on the prevention of substance abuse and awareness about mental health among teens.
Planned Resources	<p>The hospital will provide registered nurses, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.</p>

Planned Collaborators

- Harrison County Schools (Missouri Valley, Woodbine, etc.)
- Harrison County Schools (Missouri Valley, Woodbine, etc.)
- Southwest Iowa Mental Health and Disability Services Region
- Harrison County Home and Public Health Department
- Angels Care Home Health
- Alzheimer's Association
- Heartland Family Service
- Prevention Means Progress

	Health Need #2: Health Related Social Needs
Goals & Anticipated Impact	<p>Goal:</p> <ul style="list-style-type: none"> • Provide access to healthy, locally- sourced produce for Harrison County residents • Reduce transportation barriers for low- income and aging residents to access health care and healthy foods • Improve access and availability of affordable housing in Harrison County <p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Increase in access to healthy foods in Harrison County • Decrease in food security in Harrison County • Expand access to housing at various income levels and for various needs of population strata (young people, families with children, aging, etc.)
Community Indicators	<p>CHNA 2022</p> <ul style="list-style-type: none"> • 37% of adults in Harrison County are obese (County Health Rankings, 2021) • 45% of 6th graders and 26% of 11th graders report being active for 60 mins or more for 7 days of past week (2018 Iowa Youth Survey- Harrison County results) • 7% and 3% of students in grades 6, 8 and 11 report consuming 5 vegetables/ fruits daily (respectively) (2018 Iowa Youth Survey- Harrison County results)
Strategy	Key Activities
2.1 Support and promote the Welcome Center Farmer Market	<p>2.1.1 Provide financial support to the Welcome Center Farmer's Market through annual sponsorship</p> <p>FY23 Actions and Impacts</p> <ul style="list-style-type: none"> • Supported Welcome Center Farmers' Market through distribution of promotional materials. <p>FY23 Measures</p> <ul style="list-style-type: none"> • No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • No updates to report. <p>FY24 Measures</p> <ul style="list-style-type: none"> • No measures to report. <p>FY25 Results Pending</p>

<p>2.2 Expand access to healthy foods for Harrison County residents who are food insecure</p>	<p>2.2.1 Provide financial and in-kind support for county efforts to expand healthy food access to low-income residents, such as the Fresh Fruit and Vegetable Voucher Program or exploration of Double Up Food Bucks Program</p> <p>FY23 Actions and Impacts</p> <ul style="list-style-type: none"> Continued to support the Harrison County Farmer's Market Fresh Fruit and Vegetable Voucher Program. Engaged in the planning committee and provided in-kind support. <p>FY23 Measures</p> <ul style="list-style-type: none"> # and value of vouchers redeemed: \$2,114 # of community organizations distributing vouchers: 20 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Continued to support the Harrison County Farmer's Market Fresh Fruit and Vegetable Voucher Program. <p>FY24 Measures</p> <ul style="list-style-type: none"> Value of vouchers redeemed <ul style="list-style-type: none"> 2023: \$2,061 2024: \$2,530 <p>FY25 Results Pending</p>
<p>2.3 Expand accessible transportation and/ or home based care and food delivery</p>	<p>2.3.1 Explore opportunities to expand home- based health care services and/or increase transportation opportunities for medical care and food</p> <p>FY23 Actions and Impacts</p> <ul style="list-style-type: none"> Increase access to transportation from a census of 2 to 12. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Partnered with Southwest Iowa Transit Agency (SWITA) to coordinate transportation from homes to appointments. Partnered with Midwest Medical for transportation from the hospital to home or a nursing home. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>

2.4 Health Equity Transformation Assessment (HETA)	<p>2.4.1 Complete the American Hospital Association's HETA and utilize results to develop an action plan.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Activity created in FY24. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Completed the HETA assessment. Created a health equity action plan and formed a committee to advance the work. Will focus on reducing racial disparities in hypertension management in FY25. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25 Results Pending</p>
Related Activities	<p>The following activities represent complementary efforts in which CHI Health system or CHI Health Missouri Valley is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof.</p> <ul style="list-style-type: none"> CHI Health Missouri Valley sponsors community events and provides staff volunteers throughout the year (e.g. PokeRmon Bicycle Run hosted in June at Woodbine Community School and an annual wellness screening for Boyer Valley School teachers) CHI Health Missouri Valley provides bicycle helmets and sponsors bicycle safety education for all 3rd graders in Harrison County CHI Health provides financial support for the Healthy Harrison Coalition, including meeting space, meals and executive leadership Certified diabetes educators provide counseling and education on nutrition and physical activity through CHI Health Clinics
Planned Resources	<p>The hospital will provide registered nurses, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.</p>
Planned Collaborators	<ul style="list-style-type: none"> Welcome Center Farmer's Market Harrison County Home and Public Health Dept Southwest Iowa Mental Health and Disability Services Region Harrison County Board of Supervisors