

2008 Community Health Summit Report

Linn County, IA



**Thursday, November 13
Cedar Rapids Metropolitan
YMCA**

Agenda:

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Introduction:

Following the historic flooding throughout the Midwest in the summer of 2008, community partners addressing health needs began to identify how the disaster would impact the community health status of all those who live, learn and work in Linn County. On Thursday, November 13th, facilitated by Healthy Linn Care Network, more than 70 stakeholders from throughout the County came together to identify and discuss some key post-flood health concerns. More than 40 agencies participated in what proved to be a valuable and insightful discussion on what the future may hold for Linn County residents.

In addition to opening the lines of communication and facilitating cooperation among community agencies, one of the primary goals of the Summit was to create an awareness of key issues that will hopefully be addressed proactively, saving time and limited resources while improving the quality of life for Linn County residents.

The discussion began with a presentation on the nature of Community Health Improvement Planning and philosophy of Health Promotion – a key component to the successful identification, coordination and implementation of strategies to meet the true needs of target populations. This overview was followed by a panel of experts in some of the key areas previously identified by the 2004 Community Health Needs Assessment that were likely to be impacted by the flooding and related conditions. Access to healthcare, mental health, sexually transmitted infection, domestic violence and financial security were the priority issues of focus for the summit; however, other issues such as substance abuse and obesity have, and will continue to be, major public health concerns throughout the State of Iowa.

Healthy Linn Care Network

Mission: To identify and address the community's health and well-being by creating a network based on collaboration, coordination and partnering to improve the overall health of Linn County

Vision: A healthier community in which the well being of all who live, learn, and work in Linn County is promoted and protected.

Goals for Community Health Improvement Processes

- Facilitate and support efforts to address health issues
- Mobilize community through education and awareness
- Identify indicators to assess community health status
- Bring new models to the community to address health concerns

Health Promotion: “The process of enabling people to increase control over, and to improve, their health.”

Philosophy: A healthy community is not necessarily one that has high health status, rather it is one that continually strives to be healthier in all decisions it makes.

2005 Priority Health Issues

Linn County:

- Access to Healthcare
- Cancer and Chronic Disease
- Mental Health
- Obesity (Poor Nutrition and Physical Inactivity)
- Sexually Transmitted Infection/HIV/AIDS
- Substance Abuse

State:

- Smoking
- Binge Drinking
- Obesity

How are issues addressed?

- Communities have unique, complex issues that will not be solved at a National level
- Multi-sector involvement is required
- Resources are limited
- Collaboration is essential
- Multi-component solutions are required

Data and Indicators

- Data does not “keep up” with change in Community Health Status
- Data is not tracked consistently
- Combination of indicators/sources is used to identify priority issues
- Census data is useful for identifying specific population issues

Process for Initiating Health Improvement

- Engage community stakeholders
- Identify needs, resources and barriers
- Select priority strategies (based on timing, data availability, community interest, etc.)
- Create Logic Model and Action Plan
- Implement strategies at all levels of impact (see below)
- Evaluate effectiveness
- Re-assess needs

Socio-Ecological Model of Health Promotion



Access to Healthcare

Indicators:

- Prenatal Care
 - **Trimester Pregnant At 1st Prenatal Care Visit (IDPH 2006)**
 - 1st State: 92% Linn: 91%
 - 2nd State: 07% Linn: 08%
 - 3rd State: 01% Linn: <1%
- ER Usage
- Health Insurance Coverage
- Health Disparities (Age, Race, Income)
- Health Literacy
- Donated Care (Project Access)

Cancer and other Chronic Diseases

Indicators:

- Wellness and Prevention Behaviors – cholesterol, blood pressure, mammograms, paps, colonoscopy
- Hospitalizations
- Morbidity/Mortality – heart disease, cancer, respiratory disease, diabetes
- Chronic Disease Self Management Program

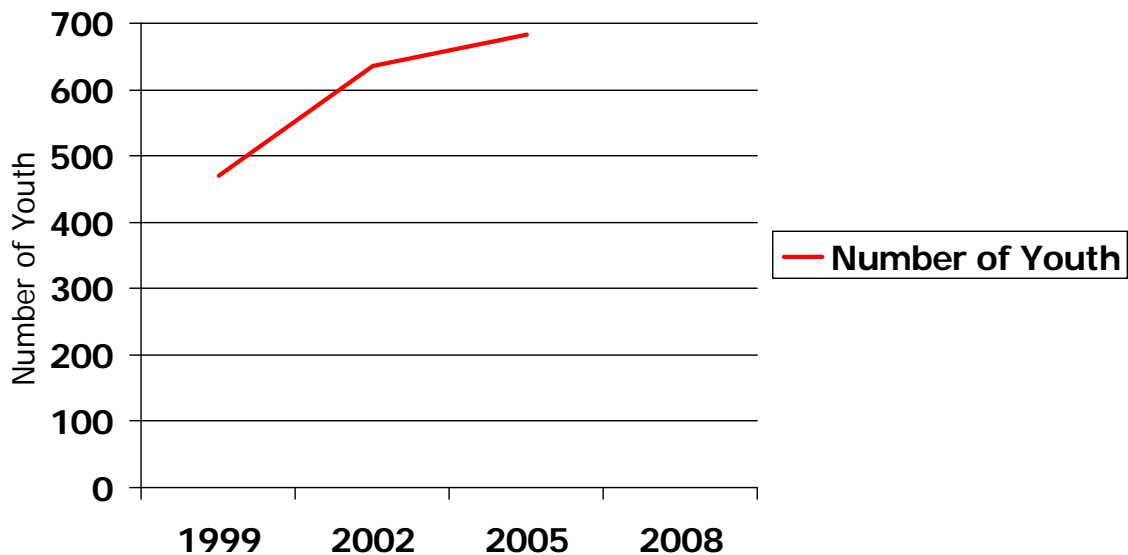
Mental Health

Indicators:

- Suicide Mortality
- Suicide Attempts
- Emergency Room Data
- SED Wraparound
- Teen Screen

Suicide Attempts

Self-Reports from Iowa Youth Survey

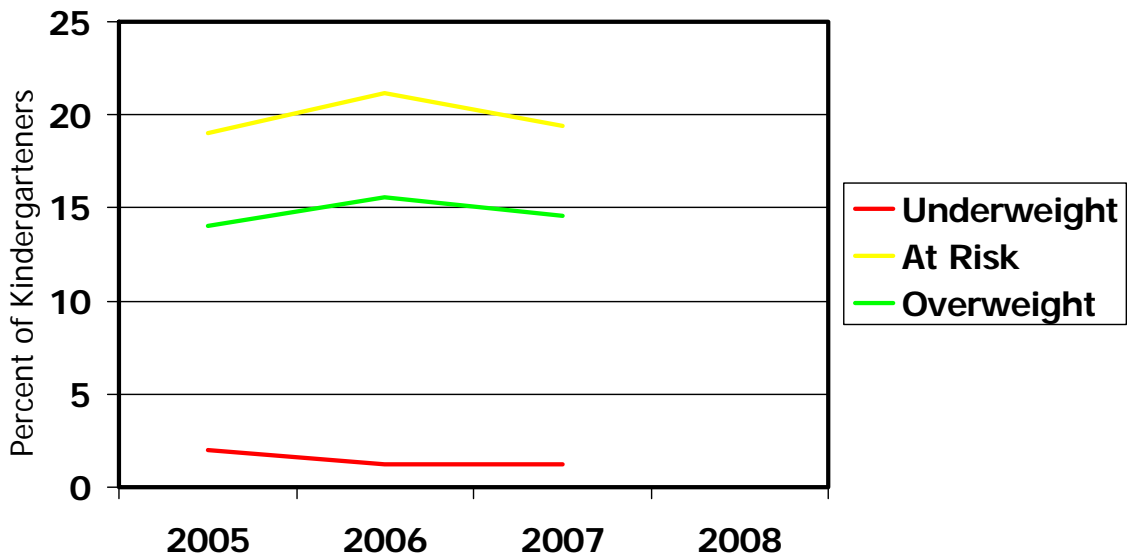


Obesity

Indicators:

- Fruit/Vegetable Consumption
- Physical Activity
- Body Mass Index
- Cholesterol
- Blood pressure

CRCSD At Risk or Overweight Kindergarteners

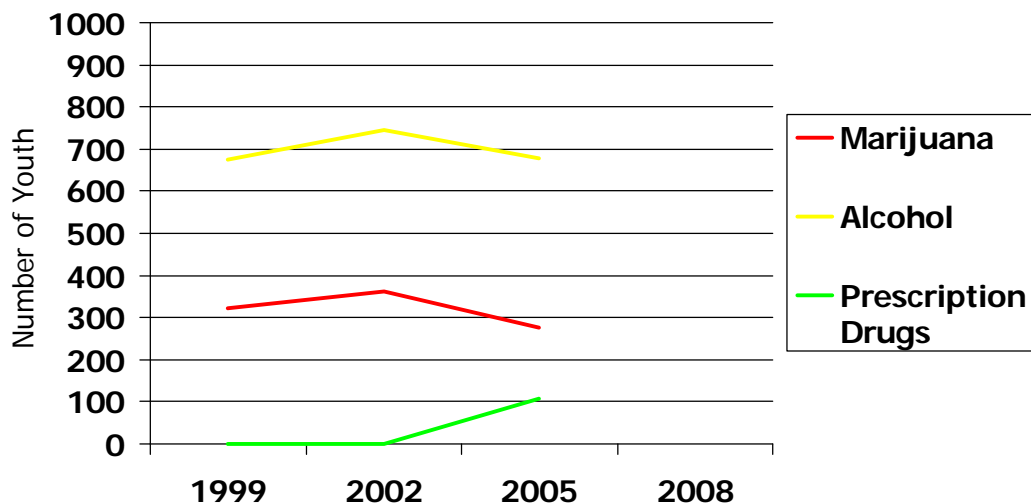


Substance Abuse

Indicators:

- Adult Binge Drinking
- 30 Day Use
- Parental Disapproval
- Perception of Risk/Harm
- Average Age of Onset
- Successful Treatment
- Drug Endangered Children/Children at Risk

30 Day Use of Substances



The Road to Census 2010

Partnership and Data Services Plan for the 2010 Census



United States
Census
2010

USCENSUSBUREAU



Partnering Objectives

- Develop grassroots partnerships
- Focus efforts on hard-to-enumerate areas
- Develop network to engage populations that otherwise might not participate in the census

Strategies

Building on the Best Practices
from Census 2000

- Complete Count Committee (CCC) Program
- Faith-Based Program
- Census in Schools Program
- Media Outreach

CCC Program

- **Who?**
 - State, local and tribal governments
 - Community-based organizations
- **What?**
 - Team of community leaders who develop and implement a locally-based outreach and awareness campaign for Census 2010
- **Why?**
 - To ensure that everyone is counted
- **When?**
 - NOW!

Timeline 2009

- Hold first CCC Meeting
- Set schedule for CCC meetings
- Develop plan for Census Awareness Campaign
- Receive Census 2010 Training
- Implement at least one awareness activity/month:
 - Generate local media coverage or coordinate PSA's • Hand out census materials • Insert messages in utility bills, pay checks, grocery bags • Organize a census rally, parade, booth or walk/run • Organize an interfaith breakfast or ethnic luncheon • Develop a speakers bureau

Timeline 2010

- Continue census awareness activities
- February-March: Census questionnaires are mailed out
- April 1: Census Day
- May-August: Implement activities to urge non-responding households to fill out a questionnaire or cooperate with a census taker; Thank the community for their participation
- December 31: Census delivers population counts to the President

Project Recovery Iowa

Sue Blome – Abbe Center for Community Mental Health

Project Recovery Iowa is a grant that the Iowa Department of Human Services received from FEMA. It is a collaborative program administered by the Iowa Department of Human Services designed to empower those affected by the flood disaster through educating people about disaster reactions, teaching them coping skills, assessing them for individual needs, and linking them to appropriate community resources. Project Recovery Iowa is being administered in Linn, Jones, and Benton counties by Abbe Center for Community Mental Health. We have hired on approx. 27 FTE's to provide the crisis counseling. Individuals hired on come from a varied background including people from neighborhood associations, the school system, human services agencies, and retired people. Crisis counseling is a strengths-based, outreach-oriented approach to helping disaster survivors access and identify personal and community resources that will aid the recovery process. It consists primarily of supportive, educational, face-to-face interventions with individuals and communities in their natural environments.

Outreach workers have gone door to door in the affected areas as well as attending various community meetings and events. While in attendance at the meetings and events, outreach workers are actively listening to the people and providing educational materials on stress related reactions and coping mechanisms. Referrals also come from the Iowa State University Iowa Concern Hotline, United Way 211, and various human services agencies.

The initial phase of the grant was the outreach activities in the affected neighborhoods going door-to-door. This current phase of the grant has the outreach workers focusing on specific groupings of individuals. The teams are organized to focus on schools, businesses, transitional/temporary housing, elderly/disabled, faith-based, neighborhoods, Benton/rural Linn county, and Jones county. Outreach workers are focusing on building relationships and assisting individuals in developing natural supports, continuing to provide support, education and information on resources available. A new focus is assisting in the development of groups and the establishment of natural supports with their own peer group.

It is anticipated the grant will continue till the end of September 2009.

RedBat by ICPA, Inc.

Flood 2008 Results
Marty Ralston, Assistant Director
Linn County Public Health



RedBat is a multi-use syndromic surveillance system for hospitals and public health agencies. Besides its comprehensive system for outbreak detection, it has capabilities for tracking injuries, reportable diseases, asthma, etc. This presentation will demonstrate how public health is using the software to track flood related issues, our expectation that this will ultimately be a tool utilized by many community partners, and our need to expand our community health surveillance network.

RedBat Benefits

- Automatically imports ED signs and symptoms--no manual data entry.
- Automatically calculates 11 syndromes with thresholds and color-coded flags.
- Sends a text alert to email or cell phone if a “red flag” occurs. You don’t miss a major alert.
- Is faster than lab data; besides, not all diseases (e.g., SARS) have a diagnostic lab test.
- Identifies potential reportable diseases seen in the ED.

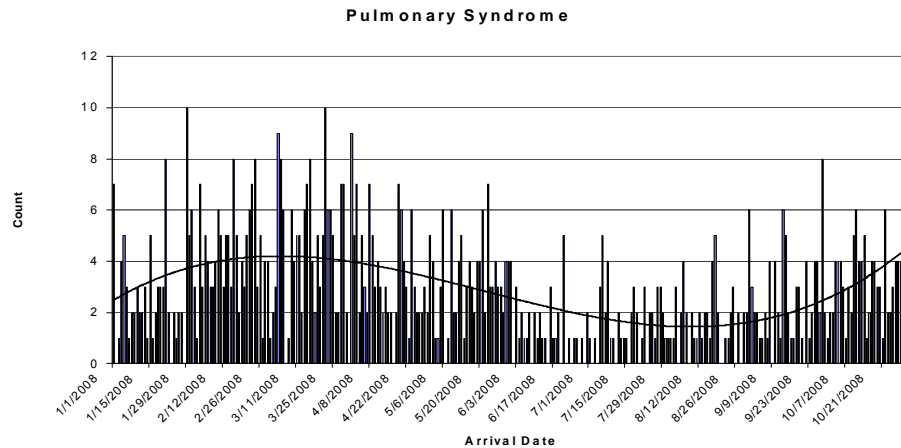


RedBat Benefits

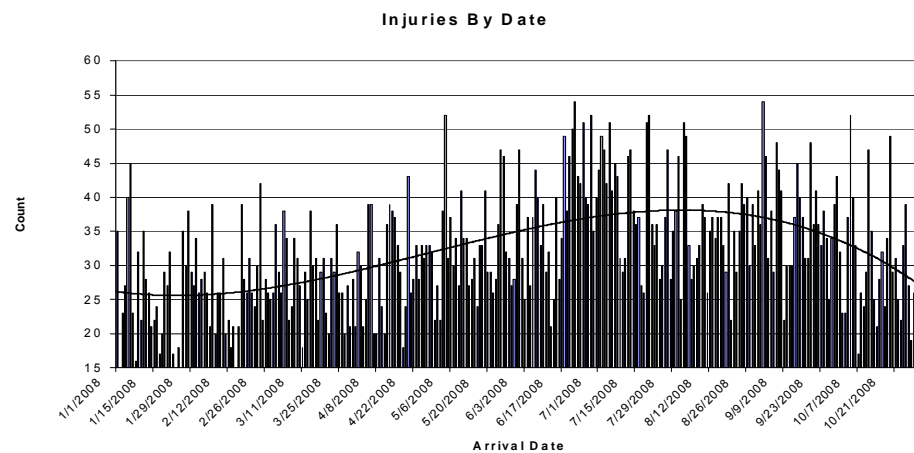
- Is multi-use:
 - Identifies clusters of activity.
 - Quantifies injuries and asthma in ED patients.
- Addresses The Joint Commission standards for identifying an influx of infectious patients.
- Makes data immediately available for investigating outbreaks and for reassuring the “worried well” public.
- Automatically exports data to public health authorities.



Pulmonary Syndrome Cases



Injuries By Date



RedBat Downfalls During Flood

- Without internet access, information could not get updated!
- Information currently from Emergency Departments only.

Planned Parenthood of East Central Iowa

Community Health Summit
Post-Flood Health Issues
November 13, 2008

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P P E C I Gonorrhea GC RATES Jan.-May, 2008 & June-October, 2008

- Female- ↓ 36%
 - Male- ↑ 71%
-

- The IDPH reports a 19% increase over the last 10 years.

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P P E C I S yphilis R ates

Jan.-May, 2008 & J une-October,2008

For both females and males, while we have been conducting more screenings/tests, we have had no positive results.

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P P E C I C hlamydia (C T) R ates

Jan.-May,2008 & J une-October,2008

- Total # of females tested remains unchanged
- Females with positive results- ↑ 71%
- Total # of males tested- ↑ 55%
- Males with positive results- ↑ 75%

-
- The IDPH reports a 67% increase over the last 10 years.

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P P E C I HIV Rates

Jan.-May,2008 & June- October,2008

Total # of females tested remains unchanged.
No positive results for females.

Total # of males tested ↑ 57%.
No positive results for males.

While at the state level, the IDPH states that if a person is positive for Chlamydia, they are 2-5 times at higher risk for HIV, we are not seeing that at P P E C I.

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P P E C I Pregnancy Testing & Rates by Age

Jan.-May,2008 and June-October,2008

	Jan-May	June-Oct.
• <u>Total tests done</u>	296	343
• % positive	33%	31%
• <14 y/o POS	1	0
• <14 y/o NEG	2	3
• 15-19 y/o POS	21	30
• 15-19 y/o NEG	70	62 (33% POS)
• >20 y/o POS	76	77
• >20 y/o NEG	126	147

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Darlene Schmidt – Executive Director/CEO

**Community Health Free Clinic (CHFC) Mission statement:
To provide Medical and Dental care to the uninsured and under-served to East
Central Iowa through model Community Partnerships.**

Location and services:

The CHFC is located at 947 14th Ave beside Jane Boyd Community House, across the street from Bender Pool or up the hill from Metro High School. Services are available five days a week. More than 600 individuals volunteer at the Clinic, which serves more than 23,000 patients.

Role during flooding:

During the flooding, the CHFC provided nine total full days of medical coverage both at Viola Gibson & Prairie High School. We specifically treated over 300 individuals with repeated visits equaling over 550 services provided to these victims of the disaster. Mercy Medical Center provided five days of coverage of registered nurses to help augment our shifts. We worked in conjunction with DMAT (Disaster Medical Assistance Team) established by the federal government. DMAT must have local assistance to aid in community resources information and provide medical care. We provided that care. For the first 24 hours, CHFC housed the medically fragile patients on site before losing electricity. Routine patient care was only unavailable for one day: June 13, 2008.

Changes since flooding:

Our census was lower for June, July and August; however, it has now returned to normal. We believe that some of our patients that were having difficulty living alone were placed with relatives, assisted living or nursing homes. Many others we believe have left the community or trying to cope with living arrangements, food and clothing and medical care is far down on the needs list.

Future issues:

I would suspect that the "New Poor" will surface with in 6/9 months. These are folks that have never used any Community Resources and will need to reach out for assistance.

Domestic Violence In Our Community: Post-Flood Considerations

Tara R. Beck
Supervisor of Advocacy Services

Phone: 319-365-1458 x. 143
tara@waypointservices.org

“Living with the *daily disaster* of domestic violence puts women at special risk before, during, and after natural disasters.” Elaine Enarson, Disaster Preparedness Resources Center, University of British Columbia (1998)

Domestic Violence: A *system of tactics* used against an intimate partner for the purpose of gaining and maintaining *power and control* over them.

Prior to a disaster, victims of DV experience:

- Isolation
- Lack of Resources
- Lack of Housing Options
- Lack of Support
- Financial Dependence on Abusive Partner
- Greater Danger When Leaving versus Staying

Post-disaster all of these barriers to safety still exist and can be intensified as community resources become strained.

What May Be Down the Road for Us?

Grand Forks, ND 1997

- Crisis Calls: Up 21%
- Counseling: Up 59%
- Protective Orders: Up 18%

Any increases in numbers of DV clients served that may be seen in our community may not begin to appear until 6-12 months post-flood.

Waypoint's Services *Free, Safe, and Confidential*

We Provide:

- One-on-One Counseling
- Support Groups
- Advocacy within the Medical and Legal Systems
- Emergency Shelter



Horizons Housing and Financial Assistance
Kathi Moss, Financial Wellness Programs
Coordinator

Pre-Flood Activity

Even before the flood, Horizons Housing and Financial Assistance started to see more clients with housing issues – somewhere between 3-4 per week. Up to 30% of clients may not have been able to secure other housing because of credit issues.

Post-Flood Activity

The flooded homes are so damaged, clients cannot return; their health can't take it. Most clients seen at Horizons are trying to deal with financial problems. The clients cannot afford to make both house and rental payments – one has to go; and, they need a roof over their head.

Flood homeowners are faced with a new set of decisions:

“Do I stay and rebuild or walk away?” “My neighbors are not coming back.”

With each client, staff discuss all options, and the pros and cons of each. They are not mental health counselors, but their listening skills are put to the test. They empathize, discuss options, listen and refer to other community services as necessary.

Clients not only have the loss to deal with, but the credit issues that will affect their future. Credit issues bring a sense of shame. Most clients seek to relocate with down payment assistance; however, many will not get this assistance as their credit history prohibits the approval of a new mortgage or additional credit.

Bankruptcy has been increasing steadily since the flood; some saw an attorney quickly following the flood to begin this process. This process causes additional problems with credit and attempts to get another mortgage.

Jumpstart funds serve about 200 new clients at Horizons. Many mortgage companies will not work with the home owners. Horizons helps by calling the company with the client in their office. Many times, these calls are lengthy and frustrating; mortgage companies seem to have forgotten those struggling with post-disaster issues. Up to 12 months mortgage payment assistance is available. For some clients, their home is already in foreclosure before they are able to access this resource.

Future issues

Horizons predicts an increase in foreclosure in the next couple of months. The information is printed in the newspaper, causing additional shame for individuals struggling with these challenges. Also, as unemployment increases, many individuals (both flood affected and not) will begin to experience financial problems.

Group Discussion Summary

Families and Early Childhood

Priorities:

- Transportation
- Ability to pay for services
- Mental Health
- Early Developmental Screening Awareness

Needs:

- Community wide transportation services that is quicker than the city bus, is safe and can contain car seats if needed
- Having resources available (ie. free clinic) where clients know they don't have to pay
- Support groups for post-partum mothers (ie. Mommy and me classes at hospitals)
- More awareness on increasing activity rather than limiting food for better health

Strategies:

- Replicate aging services transportation programs for families
- Link post-partum to maternal health program through WIC for general access
- Nutrition classes for parents

Communication methods:

- Advocacy

Youth

Priorities:

- Mental Health
- Access to Healthcare and Resources
- Violence/Abuse (bullying, child abuse)

Needs:

- Partnerships
- Communication
- Assessment of "real needs" (versus perceived)
- Transportation
- Time
- Money
- Prevention
- Screening

Strategies:

- Involve youth in developing interventions – ask for youth input
- Assess current community/school resources – avoid duplication
- Identify possible partnerships

Communication methods:

- Media
- “Viral” campaigns

Low Income

Priorities:

- Mental Health
- Substance Abuse
- Access to Preventive and Diagnostic Health Care

Needs:

- Health Literacy
- Funding
- Partnerships/Collaboration

Strategies:

- Investigate funding sources
- Form new collaborations
- Outreach to “New Poor”
- Promote volunteerism – “take care of your neighbors”
- Use media to “broadcast” community needs

Older Adults

Priorities:

- Affordable Housing
- Access to Nutritious Foods
- Availability of Socialization Opportunities
- Financial Concerns

Needs:

- Helping people admit need for assistance
- Talking to older adults to determine need
- Awareness to rest of Country about Cedar Rapids’ situation
- Non-traditional partnerships (housing, business, health care)
- Increased funding/financial assistance

Strategies:

- Engage business community
- Promote/Expand Chronic Disease Self Management Program
- Shift health care dollars to prevention
- Develop media partnerships

Communication methods:

- Legislative “special sessions”
- Press/media coverage on local needs
- More formal methods of communicating information

Special Populations (Veterans, Minorities, People with Disabilities)

Priorities:

- Healthy, affordable housing
- Mental Health support

Needs:

- Resources to develop housing opportunities
- Public/private partnerships

Strategies:

- Recognition of barriers for accessing mental health support
- Develop strategic plans for existing mental health groups
- Tap into National resources to alleviate stress on local
- Engage legislators to advocate policy change

Communication methods:

- Grassroots: neighborhood associations
- Media

Common Themes

Some common themes emerged across population groups, including mental health issues, transportation, increased need for partnerships (with a special emphasis on media partners to promote and communicate important messages about services availability and resources), and increased funding to support the development of new initiatives as needs change over time.

Final Thoughts

At the conclusion of the Summit, it was determined that it would be valuable to hold additional summits and/or forums throughout the year. A post-summit evaluation revealed that 93% of respondents would participate in these types of events in the future.

In Spring 2009, Healthy Linn Care Network will host a series of Community Health Forums on priority issues from the 2005 Community Health Plan. Those who live, learn and work in Linn County will be invited to share their thoughts, concerns and suggestions for how we can improve the health of our community.

The Summit connected many individuals and agencies looking for support, resources, and information. Participants were energized by the opportunity to see a larger picture and begin work toward a comprehensive community strategic plan. Through this connectivity, it is hoped that together, we can work together to quickly and successfully rebuild our community.