

| Mission Thursd Jasper C | er County Board of Health AGENDA: Protecting and improving the health of Jasper County. ay, January 9, 2025, 11:00 AM County Office Building, 315 W. 3rd St. N., Large Conference Room, Newton, Iowa option available via Zoom link at the end of the agenda. |
|--------------------------------------|---|
| Call to | ve Agenda: Order (by Chair, Julie Smith) Time: Ill of Jasper County Board of Health members: |
| | Julie Smith, Chair Dr. Andrew Cope, Medical Director Donna Akins Jody Eaton Doug Cupples – welcome (1st meeting) |

Introduction of others present:

Approval of Minutes (Action)

November 14, 2024, meeting minutes (Attachment, 2 pages)

Agenda Approval (Action)

• Consider and approve the agenda (Attachment, 2 pages)

Comments from Citizens

The public may comment on public health items (Limit: 3 minutes)

Outside Agency Reports (Information)

Environmental Health: November & December report (Attachment, 2 pages) – Presented by Jamie Elam

Old Business

- **IHHS Updates:** Information Only (Attachment, 1 page)
- **Board of Health Member Updates:** Information Only (Attachment, 1 page)
 - Doug Cupples appointed by the Board of Supervisors on 9/17/2024 to replace Denny Stevenson. Term expires December 31, 2026.

New Business:

- 1. Elect Chairperson for 2025 (Action)
- 2. Community Health Assessment Report (Action) (Attachment, 98 pages)
- 3. Community Health Improvement Plan for 2025-2030 (Action) (Attachment, 3 pages)

Topics include:

- Mental Health and Substance Misuse
- Lack of Healthcare Professionals
- Lack of Affordable Housing
- Food Insecurities
- Lack of Affordable Daycare
- Transportation for Healthcare
- 4. **IPIB**: updates on 12/9/2024 (Attachment, 65 pages) Information only
- 5. <u>Budget/Financial</u> Updates (Action) (Attachment, 1 page) Becky Pryor
 - FY2025 mid-year status.
 - FY2026 expenses
 - Becky will present the budget to the Board of Supervisors.
 - Administrator recommends is to keep consistent with the County raises and pay scale for hourly and non-department head scales.

AGENCY REPORT

Administrator report: Becky Pryor

- <u>Union</u>: Board of Health no longer has a Union because could not be collective for a Union of one person.
- November/December report (Attachment, 1 page)
- Local Public Health Services: Grant, survey, and report are complete.
- Jasper County Cares Coalition: Contact list updated. Last meeting 12/11, next 2/12.
 - Schools: Working with Blank Children's Hospital with the CAP (Child Assault Prevention) on education for all the Jasper County Schools
 - Other: updated resource guide and events updated.
 - Leadership: Guidelines and Community Health Improvement Plan.
- PHEP: Numerous tasks, required CEU and training, updating plans.

Kristina: Immunizations and EPI. Wellness: Maintain don't gain challenge. Melissa: Homecare 6 clients. CPPC projects: Child Abuse Prevention Month planning. Car seat installs.

Next meeting:

• Date: Thursday, March 13, 2025, 11:00 AM.

Motion to Adjourn: (Action)

Time:

Join Zoom Meeting Join Zoom Meeting

By phone dial: (309) 205-3325 Meeting ID: 810 4931 0464

The hybrid/virtual meeting option is provided for convenience but cannot guarantee access. To ensure participation, members of the public should attend in person.

Contact: Becky Pryor, bpryor@jasperia.org

Posted on website, courthouse, and building bulletin board

Jasper County Board of Health- Minutes

Thursday, November 14, 2024, 11 AM
Jasper Co. Office Building, 315 W 3rd St N, Large Conference Room, Newton, Iowa
Also available via Zoom.

1. Call to Order Time: 11:00 AM

- 2. Roll call: Jasper County Board of Health Members. Julie Smith, Dr. Andrew Cope, Donna Akins, Jody Eaton. Absent: Denny Stevenson
- 3. Introduction of others present: Staff: Becky Pryor, Kristina Winfield, Melissa Gary
- 4. Outside Agencies: Jamie Elam: Community Development; Emma Krapfl: American Lung of Iowa; Megan Thompson: MICA (Zoom); Jamee Pierson, Newton Daily News (Zoom)
- 5. Approval of Minutes: September 12, 2024, meeting. See 3-page attachment.

Motion: Dr. Andrew Cope Second by: Donna Akins Motion passed: unanimously

6. Consider and approve the agenda: See 2-page attachment

Motion: Jody Eaton

Second by: Dr. Andrew Cope Motion passed: unanimously

- 7. Citizen comments: None
- 8. Other Outside Agency Reports:
 - 1.) Environmental Health: Jamie Elam presented the September & October report. See 2-page attachment. FY25 first quarter Grants to Counties report has been submitted to the State. Jasper County billed \$7,796.47 for well water tests, well fills and, new well permits. In September, 21 services provided and in October, 15 services provided. Environmental Health is still busy as contractors are working to finish up before the ground freezes.
 - 2.) MICA: Megan Thompson, MICA Report for September 2024. See 2-page attachment.

 80 families in Colfax and 485 families in Newton were assisted with the WIC program in the first quarter of FY25. I-Smile Coordinator Krissy Burma, can train local medical providers in oral health care services, including fluoride varnish. Providers can then offer this service at children's well-child visits. Serving 6 schools for I-smile
- 3.) <u>American Lung of Iowa:</u> Emma Krapfl presented the report with handouts. See 7-page attachment Old Business:
- 9. IHHS updates: Becky presented a summary of Public Health System Structures in Iowa. See handout.
 - Iowa's Local Governmental Public Health System: Results of the 2023 Local Public Health Systems Survey. Dated 7/31/2024

Weblink: 2023 Iowa HHS Local PHSS 7.31.2024

- 2023 Local Public Health Structures. Dated: November 2024 Weblink: 2023 Local Public Health Structures
- Meetings: Becky attended the Administrator meeting in Des Moines on 9/25/2024.
 Public Health Office Hours, and LPHS Administrator's regional meeting on 10/25/2024
- 9. Board of Health members:

The Board of Supervisors approved the following on 9/17/2024:

- New member term will replace Denny Stevenson's term. Expires on 12/31/2026
- Julie Smith's current term ends 12/31/2024. Reappointed on 9/25/2024 by the Board of Supervisors for 3-year term and will end 12/31/2027.

• Dr. Andrew Cope's current term end 12/31/2024. Reappointed on 9/25/2024 by the Board of Supervisors for a 3-year term and will end on 12/27/2027.

New Business:

10. Board of Health Date for 2025. See 1-page attachment Motion: Dr. Andrew Cope

Second by: Jody Eaton Motion passed: unanimously

- 11. Administrator report- Becky Pryor
 - <u>Jasper County Health Department monthly report:</u> See 1-page attachment. Busy with school and daycare audits, along with Red Ribbon Week and many other programs.
 - Local Public Health Services: We will spend all grant funds by mid-month.
 - <u>Jasper County Cares Coalition</u> updates. Meeting yesterday. Guide/events/calendar updates.
 - Subgroups MCH met on 10/9/2024 and discussed patients are being referred to Pella, Grinnell, and Des Moines
 - Schools: Red Ribbon Week complete.
 - Community Health: Leadership Advisory was 11/13/2024. The CHIP report & plan are in progress.
 - <u>Immunizations</u>: Grant complete for FY25. School and daycare audits are complete, except for one daycare. VFA going well.
 - PHEP: Emergency Preparedness. EMA offering free EMT training and CERT volunteers
 - <u>Kristina</u>: Immunization audits at schools and daycares are complete. Standing orders signed by Dr. Cope for new VFA (Vaccines for Adults) to start. We have given 4 immunizations to uninsured adults. Employee influenza vaccines complete, for the most part, did have a couple people this week. Employee blood draw completed on 10/31/2024, around 60 employees participated. Attended the Immunization Summit on 9/2024 and attended the TB Conference on 10/25/2024.
 - <u>Melissa</u>: 6 homecare clients, this month's cost a little higher due to being seen 5 times. Working with Meredith from Linn County on CPPC projects including the Trick or Treat safety bags given to the YMCA and car seats being ordered. We had a meeting to discuss Child Abuse Prevention Month planning, backpacks for the Open Arms Foundation, and DeCat funding.
- 12. Next meeting: Date: January 9, 2025, 11:00 AM.
 - Elect BOH chair
 - Community Health Improvement Plan (new)
 - Budget
- 13. Motion to Adjourn: Time: 11:49 AM
 Motion: Donna Akins
 Second by: Jody Eaton
 Motion passed: unanimously

| Board Member's Signature | Date |
|---|------|
| Minutes taken by Melissa Gary on 11/14/2024 | |

Environmental Report for Jasper County Board of Health For FY25- 7/1/2024 to 6/30/2025

| Environmental Reporting | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|--------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Septic Eval & Inspections | 5 | 6 | 10 | 9 | 5 | 4 | | | | | | | 39 |
| Time of Transfer Inspections | 6 | 4 | 4 | 2 | 5 | 4 | | | | | | | 25 |
| New Water Wells | 0 | 2 | 0 | 1 | 1 | 0 | | | | | | | 4 |
| Plugged Water Wells | 3 | 5 | 0 | 1 | 2 | 0 | | | | | | | 11 |
| Water Tests | 3 | 2 | 4 | 0 | 1 | 1 | | | | | | | 11 |
| Pool/Spa Inspections | 0 | 0 | 0 | 0 | 9 | 1 | | | | | | | 10 |
| Tanning Facility Inspections | 0 | 0 | 0 | 0 | 8 | 2 | | | | | | | 10 |
| Tattoo Facility Inspections | 0 | 0 | 0 | 0 | 8 | 3 | | | | | | | 11 |
| Septic Tank Pumper Inspections | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 |
| Nuisance Complaints | 4 | 4 | 2 | 2 | 2 | 0 | | | | | | | 14 |
| Rabies / Dog Bites | 0 | 0 | 2 | 0 | 1 | 0 | | | | | | | 3 |
| Radon Test Kits Sold | 1 | 1 | 0 | 0 | 0 | 0 | | | | | | | 2 |
| Any Issues or Complaints | 0 | 0 | 0 | 0 | 2 | 0 | | | | | | | 2 |
| | | | _ | | | _ | | | | | | _ | _ |
| Totals | 22 | 24 | 22 | 15 | 44 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 142 |

Grants to Counties

Nitrate(1)/Coliforms(2)/Ecoli(3)/Arsenic(4)/Manganese(5)

| | Wells Plugged | Wells Tested | Test Results (present noted) | Well Permits | Amt Submitted | Amt Submitted |
|-----------------------|------------------|-----------------|------------------------------|---------------|----------------------|---------------|
| 1st Quarter GTC 24/25 | 07/11 Chapman | 07/02 Winn | 123 | 08/09 Parks | Submitted 10/29/2024 | \$ 7,796.47 |
| | 07/11 Chapman | 07/05 Beyer | 124 | 08/20 Daniels | | |
| | 07/23 Newberg | 07/12 Hammond | 2 4 5 | | | |
| | 08/12 Poole | 08/26 Bowman | 125 | | | |
| | 08/12 Poole | 08/26 Davis | 125 | | | |
| | 08/13 Dunsbergen | 09/10 Leix | 2 4 5 | | | |
| | 08/19 Roush | 09/11 Pierce | 1245 | | | |
| | 08/21 Key Coop | 09/05 Horn | 25 | | | |
| | | 09/04 Wing | 1 | | | |
| 2nd Quarter GTC 24/25 | 11/18 Woody | 11/20 Vanderpol | 123 | 11/3 Pak | | |
| | 12/4 Blom | 12/19 Winn | 123 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Jasper County Board of Health Roster as of 11.26.2024

Doug Cupples

Term Expires: December 31, 2026.

Member since 11/26/2024 (Replaced Denny Stevenson, BOS)

Dr. Andrew Cope, Medical Director

Term Expires: December 31, 2027 (BOS November 9, 2021)

Member since 2018 - 7 years

Donna Akins

Term Expires: December 31, 2026,

Member since 2019- 5 years

Julie Smith

Term Expires: December 31, 2027 Member since 1/2022- 3 years

Jody Eaton

Term Expires: December 31, 2025 Member since 1/2023- 2 year

Public Health: Possible Future Changes

Date: 1/3/2025 for Board of Health discussion on 1/9/2025.

To: Jasper County Board of Health, staff, and subcontractors.

Here are the key points regarding potential changes to the public health system under IHHS:

- 1. **Focus on Social Determinants of Health**: The realigned public health system will prioritize addressing the social drivers of health in order to improve overall health outcomes across the state.
- 2. **Funding for Local Public Health**: Continued funding is essential for maintaining local public health services, with a presence in all counties. Experienced public health staff will remain crucial to ensure programs operate effectively.
- 3. **Regional/District Approach**: A regional or district-based approach is being considered to simplify funding streams while ensuring that public health services are available in every county.
- 4. **Behavioral Health and Public Health**: Behavioral Health districts and activities will not dictate the direction of public health development.
- 5. **Legislative Changes**: Legislative activities related to changes in the public health and environmental health systems have been postponed until 2026, though the exact effective date is still uncertain.
- 6. **Board of Health and System Overhaul**: Any changes to the current structure for the Board of Health, public health, and environmental health will require legislative changes.
- 7. **Contact Information**: For further clarification, questions should be directed to the Jasper County Health Department Administrator.

COMMUNITY HEALTH ASSESSMENT

JASPER COUNTY, IOWA



2025-2030





Table of contents

| Executive summary | 3 |
|--|----|
| About us | 4 |
| MercyOne Newton Medical Center | 4 |
| Jasper County Health Department | 4 |
| Advisory Committee | 5 |
| Summary of previous needs assessment | 5 |
| Community description | 5 |
| Geographic area | 5 |
| Population characteristics | 6 |
| Assessment process | 7 |
| Input from community leaders and community organizations | 7 |
| Input from community members | 7 |
| Quantitative data gathering | 10 |
| Indicator data summary | 10 |
| Primary data summary table | 10 |
| Town hall summary table | 12 |
| Secondary data summary table | 12 |
| Significant community health needs | 14 |
| Prioritized needs | 17 |
| Community assets and resources | 18 |
| Next steps | 23 |
| Appendix | 24 |
| Primary indicator data | 24 |
| Secondary indicator data | 42 |
| Community input survey | 79 |
| Community town hall presentation | 90 |

Executive summary

MercyOne Newton Medical Center and Jasper County Health Department, in collaboration with an advisory committee of community partners, conducted a comprehensive Community Health Needs Assessment (CHNA) for the geographic area of Jasper County. The CHNA was presented to, and adopted by the MercyOne Newton Medical Center Board of Directors on (approval date). The CHNA was presented to, and adopted by the Jasper County Board of Health on January 9th, 2025.

Six significant health needs were identified based on the information gathered through a community input survey, review of secondary data indicators, and a community town hall. The advisory committee then ranked the identified significant health needs based on the number of people impacted, impact on vulnerable populations, importance to the community, and feasibility of change. The significant community health needs, ranked order of priority, include:

- 1. Mental health and substance misuse
- 2. Shortage of healthcare professionals
- 3. Housing
- 4. Food insecurity
- 5. Childcare
- 6. Transportation

MercyOne Newton Medical Center, Jasper County Health Department, and the advisory committee reconvened in December 2024 to develop an action plan for the Community Health Improvement Plan.

Printed copies of this report are available upon request at MercyOne Newton Medical Center. This report is also available electronically at https://www.mercyone.org/about-us/community-health-and-well-being/

Please email questions, comments, and feedback to communityhealth@mercyhealth.com.

The CHNA report is also available electronically on the Jasper County website at https://www.jasperia.org/health/.

About us

MercyOne Newton Medical Center

Our Mission

We, MercyOne, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be your most trusted health partner for life.

Our Core Values

- **Reverence:** We honor the sacredness and dignity of every person.
- **Commitment to Those Experiencing Poverty:** We stand with and serve those who are experiencing poverty, especially those most vulnerable.
- Safety: We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- Justice: We foster right relationships to promote the common good, including sustainability of Earth.
- **Stewardship:** We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- **Integrity:** We are faithful to who we say we are.

MercyOne is a connected system of health care facilities and services dedicated to helping people and communities live their best lives. The system's more than 220 clinics, medical centers, hospitals and care locations are located throughout the state of Iowa and beyond. MercyOne employs more than 22,000 colleagues. MercyOne is a member of Trinity Health based in Livonia, Michigan.

MercyOne Newton Medical Center, a member of MercyOne, is a faith-based, full-service community health system-serving residents of Jasper County. The campus has 48 beds and about 200,000 square feet of space. Attached to the hospital is a 50,000-square-foot medical office building containing local physician practices and the hospital's physical medicine and rehabilitation center.

MercyOne Newton Medical Center participates in a clinically integrated network (CIN) where providers work together to improve health, increase patient satisfaction, and lower healthcare costs for members and the communities served.

Jasper County Health Department

Jasper County Health Department services as the public health office for Jasper County, Iowa.

Our Mission

Protecting and improving the health of Jasper County

Our Vision

Healthy residents and communities in Jasper County

Advisory Committee

Thank you to our community and public health partners for their active engagement in the assessment process:

- Jasper County Health Department
- MercyOne Newton Medical Center
- Jasper County General Assistance
- Capstone Behavioral Health Center
- Pregnancy Center of Central Iowa
- Newton Police Department

Summary of previous needs assessment

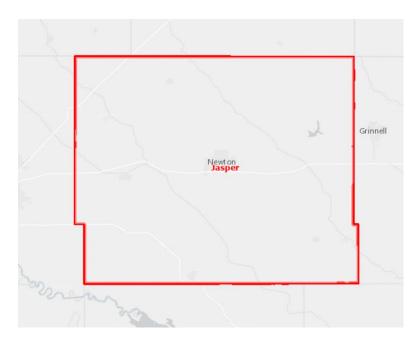
The MercyOne Newton Medical Center Board approved the previous Community Health Needs Assessment (CHNA) in June 2022. The significant health needs identified in the FY22 CHNA, in order of priority, include:

- 1. Mental health
- 2. Substance abuse
- 3. Own your health/preventive & wellness
- 4. Homelessness
- 5. Childcare
- 6. Healthcare staffing
- 7. New emergency room
- 8. Healthcare transportation
- 9. Access to primary care
- 10. Obesity (nutrition/exercise)
- 11. Affordable housing
- 12. Poverty

Community served

Geographic area

The geographic area for this assessment is Jasper County. 92% of the patients at MercyOne Newton Medical Center reside within this area. This service area does not exclude low-income or underserved populations.



Population characteristics

A total of 37,808 people live in the 730.43 square mile service area defined for this assessment according to the U.S. Census Bureau American Community Survey 2018-22 5-year estimates. The population density for this area, estimated at 52 persons per square mile, is less than the national average population density of 94 persons per square mile. The majority of the population is rural (57.84%).

22.04% of the population is under 18 years, and 19.10% of the population is over the age of 65 years. The majority of the population is White (93.82%); 1.83% are Black or African American, 0.20% are American Indian or Alaska Native, 0.59% are Asian, 0.00% are Native Hawaiian and Other Pacific Islander, 0.75% are some other races, and 2.82% are two or more races. 2.79% of the population is Hispanic or Latino.

In the service area, 29.68% of individuals are living in households with income below 200% of the Federal Poverty Level (FPL). The majority of jobs in the service area are government and government enterprises, followed by health care and social assistance, manufacturing, and construction.

The below table summarizes the demographics of the service area using 2018-2022 population estimates.

| Race and Hispanic Origin | |
|--|--------|
| White alone | 93.82% |
| Black or African American alone | 1.83% |
| American Indian or Alaska Native alone | 0.20% |
| Asian alone | 0.59% |
| Native Hawaiian and Other Pacific Islander alone | 0.00% |
| Some other race alone | 0.75% |
| Two or more races | 2.82% |
| Ethnicity | |
| Hispanic or Latino (of any race) | 2.79% |
| Not Hispanic or Latino | 97.21% |

| Age | |
|--|--------|
| Under 18 | 22.04% |
| 18-64 | 58.86% |
| 65 and older | 19.10% |
| Sex | |
| Male | 52.21% |
| Female | 47.79% |
| Household Income | |
| Under \$25,000 | 13.00% |
| \$25,000-\$49,999 | 22.30% |
| \$50,000-\$99,999 | 34.00% |
| \$100,000+ | 30.70% |
| Population characteristics | |
| Foreign-born population | 2.35% |
| Population age 5+ with limited English proficiency | 1.69% |
| Population with a disability | 13.17% |
| Geography | |
| Population per square mile | 52 |

^{*} Data Source: US Census Bureau, American Community Survey. 2018-22.

Assessment process

Advisory committee

The CHNA Advisory Committee met for the first time in May 2024. The Advisory Committee discussed the purpose and requirements for conducting a CHNA as well as the role of the Advisory Committee. The Advisory Committee reviewed the draft community input survey and discussed the process to distribute the survey.

The Advisory Committee convened in August to review the primary and secondary data findings and finalize details for the Community Town Hall. The Committee discussed the top needs identified on the community input survey and what secondary data was available to support these findings. It was determined that the top categories would be presented at the Community Town Hall.

After the Town Hall, The Advisory Committee filled out a survey to provide feedback on the event and rank the top priorities based on the output of the Town Hall. Their responses were compiled, and the Advisory Committee convened again in November to review responses and finalize the priority needs.

Community input

Community input was collected through a 43-question survey. A total of 373 responses were collected between May 3, 2024, and May 31, 2024. Surveys and flyers were distributed to community members and organizations throughout Jasper County, including, but not limited to, community-based organizations, the

hospital, clinics, county employees, schools, and local businesses. The survey was available both electronically and via a paper form. The survey was available in English and Spanish. A copy of the survey is included in the Appendix.

The below zip codes are represented in survey responses.

| Zip codes | | | | | | | |
|-----------|-------|-------|-------|-------|-------|-------|--|
| 50208 | 50170 | 50263 | 50251 | 50009 | 50232 | 50158 | |
| 50028 | 50135 | 52211 | 50228 | 50317 | 98372 | 50214 | |
| 50207 | 50054 | 50219 | 50111 | 50112 | 50327 | 50315 | |
| 50153 | 50168 | 50169 | 50010 | 50021 | 50150 | | |

The below table summarizes the demographics of survey respondents.

| Race and ethnicity | |
|---|--------|
| Hispanic | 1.10% |
| White / Caucasian | 97.25% |
| American Indian or Alaskan Native | 1.38% |
| Black or African American | 1.38% |
| Asian / Pacific Islander | 0.55% |
| Multiple Ethnicities / Other | 0.55% |
| Age | |
| Under 18 | 0.29% |
| 18-24 | 4.90% |
| 25-40 | 34.01% |
| 41-64 | 45.24% |
| 65+ | 15.56% |
| Gender | |
| Male | 19.89% |
| Female | 79.28% |
| Other | 0.83% |
| Marital status | |
| Married | 69.21% |
| Single, divorced, widowed | 24.25% |
| Unmarried living with significant other | 5.45% |
| Other | 1.09% |
| Household income | |
| Less than \$39,999 | 17.71% |
| \$40,000 to \$69,999 | 24.00% |
| \$70,000 to \$99,999 | 20.57% |

| \$100,000 to \$149,999 | 25.14% |
|------------------------------------|--------|
| \$150,000+ | 12.57% |
| Work situation | |
| Employed, working full-time | 70.05% |
| Employed, working part-time | 11.54% |
| Not employed, looking for work | 1.37% |
| Not employed, not looking for work | 1.65% |
| Retired | 12.91% |
| Disabled, not able to work | 2.47% |
| Educational attainment | |
| Less than a high school degree | 0.85% |
| High school graduate or GED | 13.60% |
| Some college | 17.00% |
| Associate degree | 14.73% |
| Bachelor's degree | 25.78% |
| Graduate degree | 28.05% |
| Healthcare coverage | |
| Insurance through employer | 59.56% |
| Private insurance | 14.48% |
| Medicare | 18.31% |
| Medicaid | 11.20% |
| Not covered by health insurance | 1.91% |
| Other | 7.10% |
| Occupation | |
| Education | 23.32% |
| Healthcare | 14.75% |
| Administrative/clerical | 6.70% |
| Retired | 5.09% |
| Other | 23.33% |
| Declined to answer | 26.81% |

To assist in providing feedback to the CHNA findings, and to also assist in prioritizing community needs, a Community Town Hall was held in September 2024. 82 local partners convened for a data presentation and prioritization workshop. Attendees were briefed on four different broad health topics through a presentation. These topics were selected based upon the results of primary and secondary data analysis. Topics included: Access to Medical Care, Mental Health or Substance Use Disorders, Active Living, Healthy Eating, and Lifestyle, and Social, Economic, and Environmental factors.

After each presentation, participants engaged in table discussion to spend time digging further into the data

related to the respective need. Each group identified the top two issues related to each need. Participants also had an opportunity to individually submit responses for the top three strengths and the top three gaps related to health in Jasper County.

Quantitative data gathering

Secondary data, comparisons, and benchmarks include figures and interpretation from the following sources:

- American Community Survey 5-Year Estimates
- Center for Applied Research and Engagement Systems (CARES)
- Centers for Medicare and Medicaid Services
- Centers for Disease Control and Prevention
- County Health Rankings
- Feeding America
- Federal Bureau of Investigation
- Federal Communications Commission
- Healthy People 2030
- Iowa Department of Health and Human Services
- Iowa Department of Public Health
- Kids Count Data Center
- Jasper County Community Input Survey
- National Center for HIV/AIDs, Viral Hepatitis, STD, and TB Prevention
- National Center for Education Statistics
- State Cancer Profiles
- Trust for Public Land
- University of Wisconsin Population Health Institute
- U.S. Census Bureau
- U.S. Department of Agriculture
- U.S. Department of Education
- U.S. Department of Health and Human Services
- U.S. Department of Labor

Indicator data summary

Primary data summary table

| Community Input Survey | |
|------------------------------------|--------|
| Health behaviors and risk factors | |
| Less physically active than peers | 27.84% |
| Recommended fruit/vegetable intake | 12.33% |
| Mental health & substance misuse | |

| Fair or poor mental health | 30.73% |
|--|--------|
| Know someone who talked about/attempted/died by suicide | 79.67% |
| Personally impacted by substance misuse | 74.19% |
| Barriers to healthcare | |
| Lack of insurance or insurance coverage | 23.29% |
| Cost | 49.07% |
| The time of the appointment | 28.88% |
| Transportation | 5.90% |
| Getting out of the house | 2.80% |
| Lack of providers | 29.81% |
| Work or school conflicts | 39.44% |
| Difficult to get an appointment (wait list) | 33.54% |
| Don't want to seek care | 12.42% |
| Other | 11.49% |
| Chronic disease & injury | |
| Individual in household has/at risk for a chronic disease | 89.01% |
| Experienced a fall with injury in the last year | 9.73% |
| Healthcare | |
| Primary provider in Jasper County | 69.54% |
| Received services outside Jasper County | 84.05% |
| Quality of healthcare delivery in Jasper County (out of 5) | 3.3 |
| Dental visit in the last year | 76.69% |
| Social and community | |
| Overall availability of support services in Jasper County (out of 5) | 3.5 |
| Social contacts less than once a week | 6.50% |
| Aware of community resources | 56.45% |
| Unable to get childcare when needed | 16.08% |
| Economic stability & income | |
| Not enough money to purchase healthy food | 17.52% |
| Trouble paying for childcare | 6.65% |
| Trouble paying for food | 17.17% |
| Trouble paying for housing | 12.74% |
| Trouble paying for medication | 14.96% |
| Trouble paying for medical appointments | 16.90% |
| Trouble paying for transportation | 6.65% |
| Trouble paying for utilities | 15.51% |
| Trouble paying for something else | 2.49% |
| Housing | |
| Have a steady place to live today, but worried about losing it in the future | 3.80% |
| Worried that in the next two months may not have stable housing | 3.54% |

| Most important strengths for a healthy Jasper County (Free text-top themes) | |
|---|--------|
| Healthcare | 17.55% |
| Sense of community | 9.27% |
| Housing | 6.71% |
| Mental health | 5.72% |

| Needed health improvements in Jasper County (Free text-top themes) | |
|--|--------|
| Healthcare (including access to primary care & specialists) | 21.71% |
| Mental health | 16.63% |

| Substance misuse | 7.39% |
|------------------|-------|
| Emergency room | 6.70% |

Town Hall summary table

| Access to Medi | cal Care | Mental Heal Substance Use D | | Active Living, Healthy Eating, & Lifestyle | | · · · · · · · · · · · · · · · · · · · | |
|---------------------------|----------|-------------------------------------|-------|---|-------|--|-------|
| Issue | Votes | Issue | Votes | Issue | Votes | Issue | Votes |
| Dental care: Medicaid | 1 | Treatment/ inpatient care | 6 | Food insecurities | 2 | Lack of food, utilities, clothes, insurance, or transportation | 3 |
| Medications costs | 1 | Low reimbursement | 1 | Socialization | 1 | Violence or abuse prevention | 1 |
| Emergency care/urgent | 1 | Schools & children | 2 | Independent aging | 1 | Lack of childcare | 6 |
| Lack of transportation | 4 | Mental health professional shortage | 9 | Prevention of chronic diseases/cancer | 4 | Unaffordable housing or homeless | 5 |
| OB and prenatal | 4 | | | Sexual health | 1 | Poverty/ economic stability | 2 |
| Healthcare staff shortage | 5 | | | Wellness programs | 3 | Lack of job training | 1 |
| | | | | Stress | 2 | | |
| | | | | Lack of health education | 1 | | |

Secondary data summary table

| | Jasper | | United |
|-------------------|--------|------|--------|
| Secondary Data | County | Iowa | States |
| HEALTHCARE ACCESS | | | |

| Health Insurance : Uninsured percentage | 3.39% | 4.83% | 8.68% |
|---|----------|----------|----------|
| Recent Primary Care Visit | 74.70% | 75.16% | 73.60% |
| Primary Care Providers | 55.54 | 109.71 | 113.2 |
| Mental Health Providers | 66.11 | 136.69 | 183.75 |
| Addiction/substance abuse Providers | 31.74 | 22.38 | 28.28 |
| Dentists | 53 | 71 | 73.4 |
| QUALITY OF CARE | | | |
| Preventable hospitalizations | 1,815 | 2,289 | 2,752 |
| 30-day hospital readmissions | 11.90% | 15.20% | 18.10% |
| Mammography screenings | 47.00% | 53.00% | 43.00% |
| EMPLOYMENT AND INCOME | | | |
| Labor Force Participation | 63.20% | 66.62% | 63.47% |
| Unemployment rate | 2.20% | 2.20% | 3.50% |
| Food insecurity rate | 7.50% | 7.62% | 10.28% |
| Median Household income | \$67,784 | \$70,571 | \$75,149 |
| Poverty (Population Below 200% FPL) | 29.68% | 27.14% | 28.80% |
| Children eligible for free/reduced-price lunch | 35.60% | 40.10% | 51.70% |
| Households receiving SNAP | 10.80% | 9.37% | 11.52% |
| Students scoring not proficient or worse in reading | 23.20% | 34.50% | 60.10% |
| EDUCATION | | | |
| Head Start | 4.63 | 13.16 | 10.53 |
| Preschool enrollment | 44.24% | 43.19% | 45.62% |
| Chronic absenteeism | 19.75% | 22.64% | 20.94% |
| No High school diploma | 5.81% | 6.97% | 10.86% |
| Bachelor's degree or higher | 19.67% | 30.28% | 34.31% |
| Young people not in school and not working | 6.63% | 5.65% | 6.94% |
| COMMUNITY SAFETY | | | |
| Violent crime (per 100,000 population) | 251.8 | 283 | 416 |
| SOCIAL AND COMMUNITY | | | |
| Broadband access | 94.19% | 95.11% | 93.84% |
| Park access | 28.33 | 45.28 | 43.57 |
| Low income and low food access | 13.84% | 19.53% | 19.41% |
| Social associations (per 100,000 population) | 166.61 | 146.66 | 101.89 |
| HOUSING AND TRANSPORTATION | | | |
| Housing costs | 23.58% | 23.04% | 30.51% |
| Overcrowded housing | 1.22% | 1.72% | 4.74% |
| Substandard housing | 23.80% | 23.41% | 31.70% |
| Drinking water safety | No | Yes | Yes |
| Households with no motor vehicle | 4.08% | 5.61% | 8.33% |
| Commuter Travel Patterns - Public Transportation | 0.08% | 0.77% | 3.79% |
| MATERNAL, INFANT AND CHILD HEALTH | | | |
| Infant mortality (per 1,000) * | 2.03 | 4.64 | |
| Low birth weight | 7.00% | 6.80% | 8.30% |

| Teen births | | 15.60 | 14.40 | 16.60 |
|---|--|--------|--------|--------|
| Child immunization (age 2) | | 77.90% | 69.70% | |
| Child abuse/neglect (per 1,000) | | 15.70 | 14.50 | |
| HEALTH BEHAVIORS AND RISK FACTORS | | | | |
| Tobacco Use | | 17.70% | 15.78% | 13.50% |
| Physical inactivity | | 25.00% | 24.82% | 23.70% |
| Grocery stores and supermarkets | | 18.51 | 19.03 | 23.38 |
| Binge drinking | | 19.00% | 19.72% | 15.50% |
| Alcohol-impaired driving deaths | | 23% | 26% | 26% |
| Chlamydia (per 100,000 population) | | 256.90 | 489.20 | 495.50 |
| HIV Prevalence | | 106.20 | 114.20 | 382.20 |
| CHRONIC DISEASES | | | | |
| Alzheimer's disease (Medicare, 2018) | | 9.60% | 9.60% | 10.80% |
| Cancer incidence (per 100,000 population) | | 464.80 | 486.80 | 442.30 |
| Breast Cancer (per 100,000 females) | | 139.70 | 134.70 | 127 |
| Colon and Rectum Cancer (per 100,000 population) | | 39.30 | 40.70 | 36.50 |
| Prostate Cancer (per 100,000 population) | | 90.10 | 120.40 | 110.50 |
| Lung and Bronchus Cancer (per 100,000 population) | | 61.00 | 60.70 | 51.00 |
| Bladder Cancer (per 100,000 population) | | 20.40 | 21.50 | 18.90 |
| Diabetes (Adult) | | 10.30% | 9.88% | 11.30% |
| High blood pressure | | 32.70% | 31.10% | 32.70% |
| Heart disease (Medicare) | | 23.70% | 24% | 26.80% |
| Obesity (Adult) | | 36.30% | 36.64% | 33% |
| Depression | | 18.20% | 18.30% | 19.50% |
| QUALITY OF LIFE | | | | |
| Poor physical health days | | 10.60% | 10.10% | 10.90% |
| Poor or fair health | | 13% | 13% | 15.30% |
| Poor mental health | | 14.30% | 14.42% | 14.70% |
| LIFE EXPECTANCY | | | | |
| Life expectancy at birth | | 78.20 | 78.10 | 77.60 |
| Cancer mortality (per 100,000 population) | | 227.10 | 199.20 | 182.70 |
| Lung disease mortality (per 100,000 population) | | 54 | 55.80 | 46 |
| Suicide mortality (per 100,000 population) | | 20.80 | 17.10 | 14.50 |
| Coronary heart disease mortality (per 100,000 population) | | 138.40 | 139.40 | 112.50 |

| Кеу |
|--------------------------------------|
| Better than State and National rates |
| Worse than State and National rates |
| Between State and National Rates |

Significant community health needs

After analyzing primary and secondary data, along with input from the advisory committee, six significant community health needs were identified.

| Significant health need | Supporting data |
|--------------------------------------|---|
| Mental health and substance misuse | Secondary data indicates that there are significantly less mental health providers in Jasper County than in Iowa or the United States. Secondary data indicates that suicide mortality in Jasper County is higher than the state of Iowa and national rates. The mental health professional shortage and mental health and substance use treatment and inpatient were two of the top concerns identified at the Community Town Hall. Over 30% of survey respondents reported fair or poor mental health. Almost 80% of survey respondents reported knowing someone who talked about/attempted/died by suicide. Almost 75% of survey respondents reported that they have been personally impacted by substance misuse. Mental health was rated the number three priority by survey respondents, and substance misuse was rated fifth. Mental health was rated the second highest needed improvement in Jasper County by survey respondents, and substance misuse was rated third highest. |
| Shortage of healthcare professionals | Secondary data indicates that there are significantly less primary care providers in Jasper County than in Iowa or the United States. Newton Clinic and MercyOne Newton Medical Center paused all labor and delivery services in October 2024 due to significant recruitment and physician workforce challenges. Over one-third of survey respondents reported it was difficult to get a healthcare appointment. Over 85% of survey respondents reported receiving healthcare services outside of Jasper County in the last two years. Healthcare (including access to primary care and specialists) was rated the number one needed improvement in Jasper County by survey respondents. Access to healthcare was rated the number two priority by survey respondents. |

| | The healthcare staffing shortage was rated one of the top five concerns at the Community Town Hall. |
|-----------------|---|
| Housing | Secondary data indicates that housing costs and rates of substandard housing are slightly higher than lowa rates. Unaffordable housing/homelessness was rated one of the top five concerns at the Community Town Hall. Almost 13% of survey respondents reported having trouble paying for housing within the last year. 3.80% of survey respondents reported that they have a steady place to live today, but are worried about losing it in the future. 3.54% of survey respondents reported that they are worried that in the next two months they may not have stable housing. Housing was rated the number four priority by survey respondents. |
| Food insecurity | Secondary data indicates that Jasper County has a higher rate of households receiving SNAP benefits than the state of lowa. Secondary data indicates that Jasper County has a lower number of grocery stores and supermarkets (per 100,000 population) than lowa and the United States. Food insecurity was a concern identified by attendees at the Community Town Hall. Only 12.33% of survey respondents are eating the recommended fruit and vegetable intake. 17.52% of survey respondents reported not having enough money to purchase healthy food, and 17.17% of survey respondents reported having trouble paying for food within the last year. Active living and healthy eating were rated the number six priority by survey respondents. |
| Childcare | Secondary data indicates that Jasper County has significantly few head start programs (per 10,000 child) than the state of Iowa and the United States. Secondary data indicates that preschool enrollment in Jasper County is Iower than the national rate. Over 16% of survey respondents reported that they were unable to get childcare when needed in the last year. 6.65% of survey respondents reported that they have had trouble paying for childcare in the last year. Lack of childcare was rated one of the top three concerns at the Community Town Hall. |

| Transportation | Secondary data indicates that only 0.08% of residents in Jasper |
|----------------|---|
| | County utilize public transportation as their primary means of |
| | commuting to work; this is lower than the state of lowa and |
| | national rates. |
| | |
| | Almost 6% of survey respondents identified transportation as |
| | being a barrier to accessing healthcare. |
| | 6.65% of survey respondents reported that they have had |
| | trouble paying for transportation in the last year. |
| | , , , |
| | Lack of transportation (related to accessing medical care) and |
| | lack of transportation in general were rated in the top ten |
| | concerns at the Community Town Hall. |
| | |

Prioritized needs

After the Community Town Hall, the Advisory Committee was asked to rank the top five needs, taking into consideration primary and secondary data and the output of the Town Hall. Through this initial ranking, 10 needs were identified:

| Advisory Committee Preliminary Ranking | Rank | Points |
|---|------|--------|
| Mental Health (providers, crisis stabilization, inpatient, schools) | 1 | 31 |
| Healthcare professional shortage, medical providers | 2 | 16 |
| Childcare/daycare | 3 | 15 |
| Substance Abuse Treatment and prevention | 4 | 12 |
| OB (GYN) Prenatal | 5 | 10 |
| Transportation | 6 | 6 |
| Affordable housing | 7 | 5 |
| Food insecurities | 8 | 3 |
| Chronic diseases | 9 | 2 |
| Dental for Medicaid | 10 | 1 |

The Advisory Committee subsequently met in November 2024 to discuss the findings and finalize the prioritization of needs. Through discussion, it was determined that some of the above needs could be combined due to similarities and the overlap of available resources. For instance, the group chose to combine mental health and substance misuse, as these can be co-occurring issues and addressed by similar resources available in the county. After the needs were regrouped, the Advisory Committee conducted a final analysis of available resources in the county to address these needs. Through this, the Committee came to a final list of six prioritized needs.

The significant community health needs, ranked order of priority, include:

- 1. Mental health and substance misuse
- 2. Shortage of healthcare professionals
- 3. Housing

- 4. Food insecurity
- 5. Childcare
- 6. Transportation

Community assets and resources

The Advisory Committee identified the following community resources and assets that may be available to address the highest priority health needs.

Mental health and substance misuse

- 988 Suicide and Crisis Lifeline
- Capstone Behavioral Healthcare
- DMACC Newton Campus
- Your Life Iowa
- Central Iowa Community Services
- Connect Counseling PLLC
- Crisis Canines of the Midlands
- House of Mercy Newton Center
- Howerton Child and Family Therapy
- Integrated Treatment Services
- Iowa Victim Call Center
- Iowa Warm Line
- National Alliance on Mental Illness of Central Iowa
- Optimae Life Services
- Pal'ay Christian Counseling
- Phoenix House LLC
- Progress Industries
- Eyerly Ball Rural Behavioral Health Team
- Seasons Change Counseling LLC

- The Nightingale Center
- Center for Interpersonal Effectiveness
- Dr. Karen Quinn
- Dr. Sally Kuhn
- Alcoholics Anonymous
- Al-Anon
- Clearview Recovery, Inc.
- Narcotics Anonymous
- Sheepgate
- Jasper County schools
- Local colleges
- Mindspring Alliance
- Discover Hope 517 Ministry
- Newton Clinic
- Pella Regional Medical Clinic in Sully
- Pella Regional Medical Clinic in Prairie City

Shortage of healthcare professionals

- MercyOne Newton Medical Center
- The Iowa Clinic
- Mission Health Oncology & Hematology
- Iowa Ear Center
- Iowa Ortho
- Wolfe Eye Clinic
- Newton Clinic
- Jasper County Health Department

- Free Clinics of Iowa
- Grinnell Regional Public Health
- UnityPoint Health Grinnell Regional Medical Center
- Quick Visit Urgent Care
- Mission Cancer + Blood
- Davita Newton Dialysis
- Jasper County Schools
- Local colleges
- Park Centre Senior Living Community
- Newton Village Senior Living
- Newton Health Care Center
- Accura Healthcare of Newton
- Traditions Memory Care of Newton
- Progress Industries
- Local home care and hospice agencies
- Capstone Behavioral Healthcare
- House of Mercy Newton Center
- Integrated Treatment Services
- Clearview Recovery, Inc.
- Sheepgate
- Optimae Life Services
- Local EMS agencies
- Local pharmacies
- Local dental providers
- Kinetic Edge Physical Therapy
- Local physical and occupational therapy providers

Housing

- Iowa Housing Help
- Jasper County General Assistance
- Central Iowa Shelter & Services Rolling Hills Coalition
- Aging Resources of Central Iowa
- Family Crisis Center Newton Office
- Habitat for Humanity of Jasper County
- IMPACT Community Action Partnership
- Jasper County Veterans Affairs
- Newton Housing Development Corporation
- Local landlords and rental companies
- Iowa Legal Aid

Food insecurity

- Department of Health and Human Services Newton Office
- Aging Resources of Central Iowa
- Blessing Boxes
- First United Methodist Church
- IMPACT Community Action Partnership
- Jasper County Hunger Relief
- Jasper County Veterans Affairs
- Mid-lowa Community Action
- Women, Infants and Children Program
- SNAP hotline
- Free & Reduced School Lunch Programs
- Local farmer's markets

- Baxter Food Pantry
- Colfax-Mingo Area Food Pantry
- East Jasper Christian Food Pantry
- Food Bank of Iowa
- Grace Food Pantry
- Heart to Heart Food Pantry
- Mingo Public Library
- PCM Food Pantry
- Salvation Army
- Discover Hope 517 Ministry
- Jasper County Elderly Nutrition
- Local schools
- Local churches

Childcare

- Newton YMCA
- Diamond Trail Children's Center
- Growing Greatness Childcare Center
- Inspirations Childcare and Preschool
- Monroe Elementary School Pre-Kindergarten Classes
- Newton Early Learning Academy
- Peck Child Development Center
- Young Heart Children's Center
- Childcare Resource & Referral of Central Iowa
- Department of Health and Human Services Newton Office
- Child Care Connect Iowa

- Mid-Iowa Community Action 1st Five Program
- Local schools

Transportation

- HIRTA Public Transit
- Jasper County Ride RSVP Program
- Go Go Grandparent
- Hometown Cab LLC
- Jasper County Veterans Affairs
- Lyft
- Non-Emergency Medical Transport
- DART Ride Share
- Uber
- Local schools

Next steps

The Advisory Committee reconvened in December 2024 to develop an action plan for the Community Health Improvement Plan. The Community Health Improvement Plan will be publicly available as a separate document.

Printed copies of this report are available upon request at MercyOne Newton Medical Center, 204 N 4th Avenue E, Newton, IA 50208. This report is also available electronically at https://www.mercyone.org/about-us/community-health-and-well-being/

Please email questions, comments, and feedback to communityhealth@mercyhealth.com.

The CHNA report is also available electronically on the Jasper County website at https://www.jasperia.org/health/

The next community needs assessment for MercyOne Newton Medical Center will be completed in fiscal year 2028.

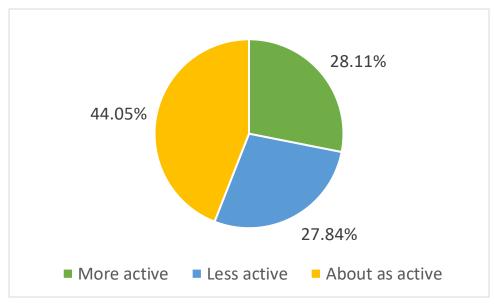
Appendices

Primary indicator data

NUTRITION & PHYSICAL ACTIVITY

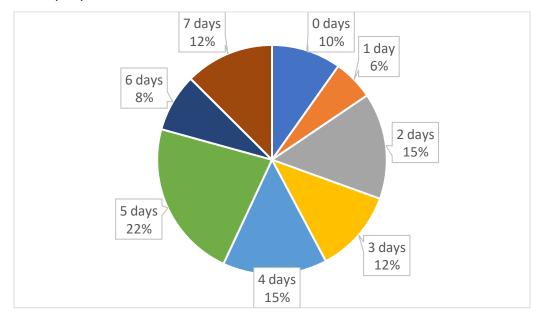
Active living

The majority of respondents (72.16%) reported that they were about as active or more active than other people their age.



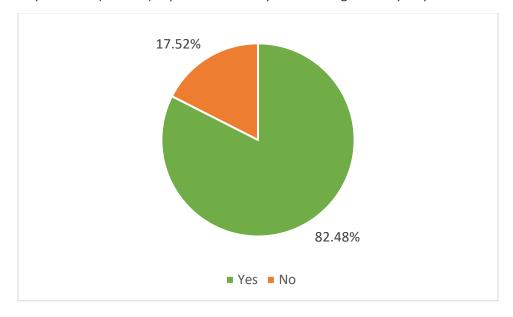
Healthy eating

The majority of respondents (86.06%) are not eating the recommended amount of 2 servings of vegetables and 2 servings of fruit every day.



Food security

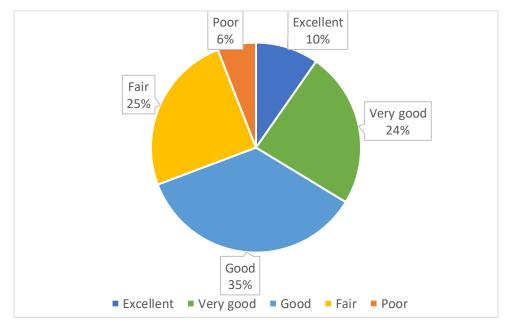
The majority of respondents (82.48%) reported that they have enough money to purchase healthy food.



MENTAL HEALTH

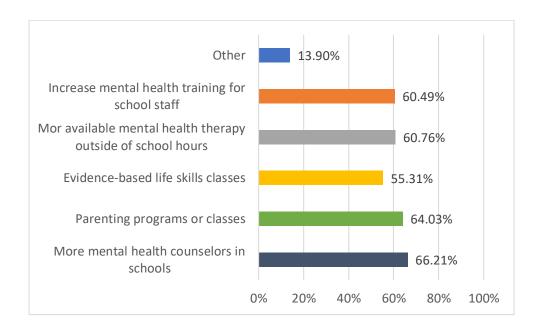
Mental health status

Almost one-third (30.73%) of respondents rated their overall mental health as fair or poor.



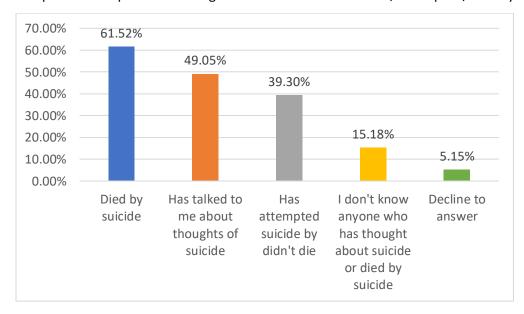
Children's mental health

Many potential improvements to address children's mental health were rated highly, with 51 additional ideas submitted. Top themes for the "other" submissions include: access to care (more providers and services) and training and support for school staff.



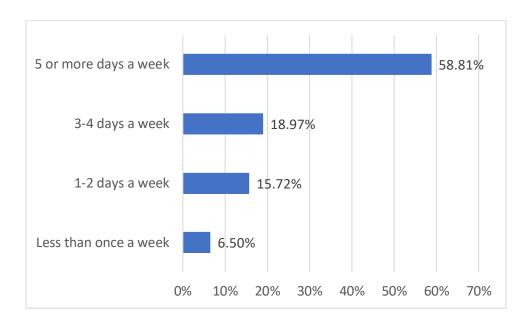
Suicide

The majority of respondents reported knowing someone who talked about/attempted/died by suicide.



Support systems

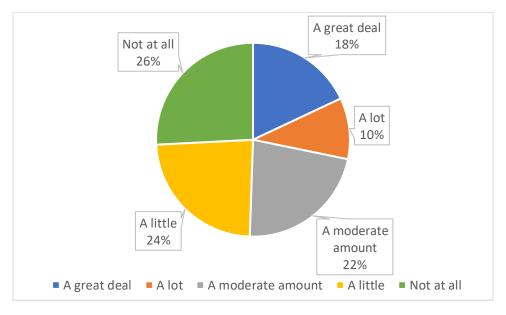
The majority of respondents (58.81%) reported seeing or talking to people that they care about and feel close to 5 or more days a week.



SUBSTANCE USE

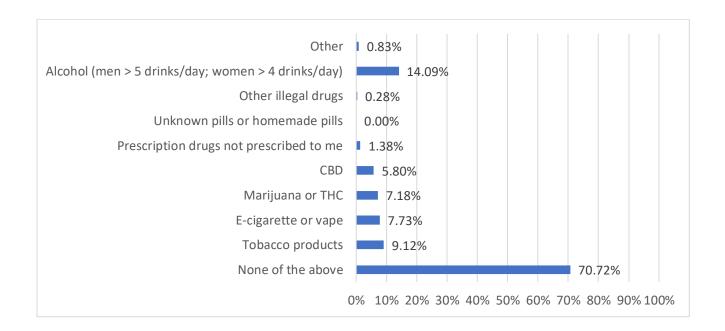
Personally impacted by substance use

The majority of respondents (74.20%) reported being personally impacted by substance misuse to some degree.



Substance use

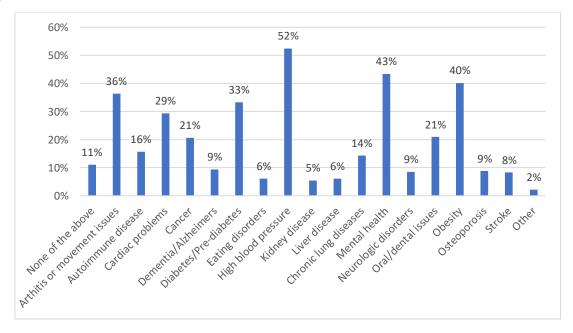
The majority of respondents (70.72%) reported not using any listed substance in the last year. Of those that reported using a substance, alcohol was the most common.



CHRONIC DISEASE

Chronic disease

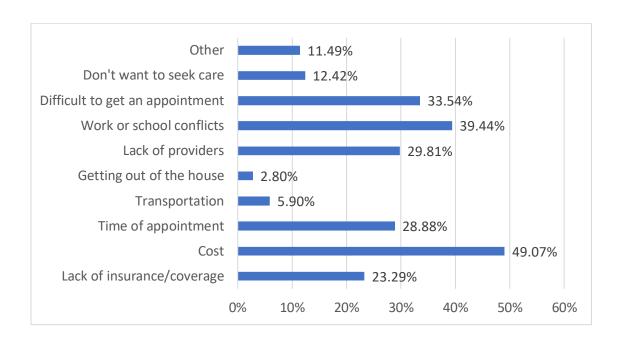
The majority of respondents reported being told by a healthcare professional that they and/or someone in their household has, or is at risk of, a chronic disease. Only 10.99% of respondents reported never being told this for any of the below conditions. The most commonly reported condition was high blood pressure (52.47%).



HEALTHCARE

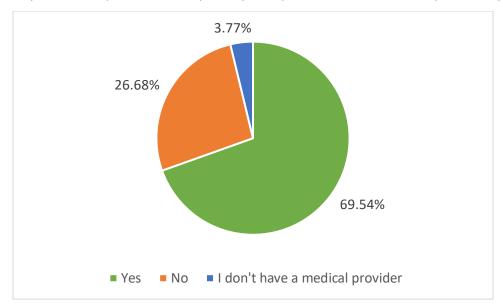
Access barriers

The majority of respondents reported that cost was a barrier making it difficult for them to access healthcare services or to get medication.



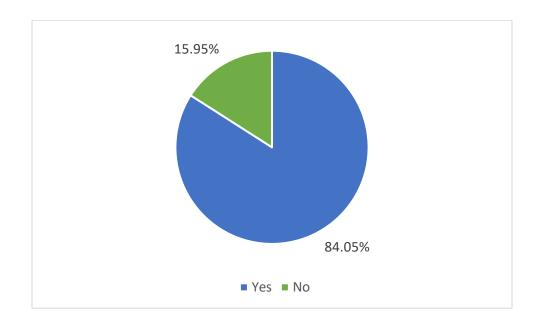
Primary care provider

The majority of respondents report that their primary care provider is located in Jasper County.



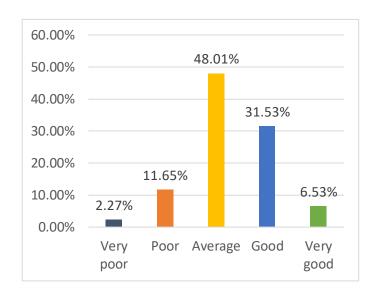
Care outside of county

The majority of respondents (84.05%) reported receiving healthcare services outside of Jasper County within the last two years.



Perception of quality

Respondents rated the overall quality of healthcare delivery in Jasper County 3.3 out of five.





Perception of services

Respondents rated the below healthcare services in Jasper County. The average rating is out of five points. Services are listed highest rating to lowest.

| SERVICE | WEIGHTED AVERAGE |
|--------------------|---------------------|
| Ambulance Services | 4.26 |

| SERVICE | WEIGHTED AVERAGE |
|------------|---------------------|
| Dieticians | 3.45 |

| EMS or First Responders | 4.19 | | Obstetric Care | 3.4 |
|--|------|---|---|------|
| Eye Doctor/Optometrist | 4.17 | _ | Home Health | 3.35 |
| Physical/Occupational Therapy | 4.17 | _ | Telehealth | 3.3 |
| Chiropractors | 4.15 | _ | Hearing /Audiologist | 3.29 |
| School health (nurses) | 3.92 | | Inpatient Services- hospital | 3.26 |
| Dentists | 3.86 | _ | Pain clinic- hospital | 3.14 |
| Pharmacies | 3.85 | | Emergency Care - hospital | 3.09 |
| Public health – immunizations, communicable disease | 3.75 | | Pediatrics | 3.08 |
| Cancer Care | 3.64 | | Family Planning Services | 3.07 |
| Hospice | 3.63 | _ | Disability centers | 2.97 |
| Primary medical care (doctors) | 3.62 | | Nursing Home/Long Term Care | 2.97 |
| Outpatient services- hospital | 3.58 | _ | Urology | 2.83 |
| Adult Daycare | 3.57 | _ | Substance treatment | 2.76 |
| Assisted Living | 3.52 | | Mental Health | 2.75 |
| Cardiology- specialist- hospital | 3.5 | | Neurology - specialist - hospital | 2.67 |
| | | | | |

Perception of healthcare (free text)

Question: Describe the general perception of healthcare delivery in Jasper County. (similar free text responses are grouped together and shortened for clarity).

| Perception | Count |
|-----------------------------|-------|
| Good | 27 |
| Poor | 27 |
| Average | 26 |
| Seek care outside of county | 20 |
| Not good | 20 |

| Mixed | 17 |
|---|----|
| Sufficient for everyday needs, but not sufficient for | 17 |
| specialty care | |
| Insufficient resources | 7 |
| Long wait times | 7 |
| Adequate | 6 |
| Don't know | 6 |
| Great | 4 |
| Could be better | 3 |
| Lacking | 3 |
| Limited | 3 |
| Very good | 3 |
| Above average | 2 |
| Available | 2 |
| Fair | 2 |
| Poor bedside manner | 2 |
| Convenient | 1 |
| Excellent | 1 |
| Improving | 1 |
| Inconsistent | 1 |
| Insurance issues | 1 |
| Slow | 1 |
| Unorganized | 1 |
| Unreliable | 1 |

Healthcare improvements needed (free text)

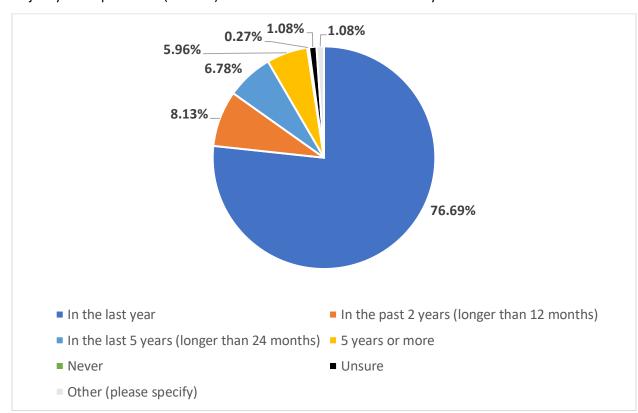
Question: What healthcare services need to be improved in Jasper County? (similar free text responses are grouped together and shortened for clarity)

| Healthcare service | Count |
|--------------------|-------|
| Mental health | 75 |
| Emergency room | 49 |
| Specialty care | 22 |
| All | 15 |
| Inpatient | 13 |
| Pediatrics | 13 |
| Substance abuse | 13 |
| OBGYN | 12 |
| Unsure | 12 |
| Dental | 11 |
| Primary care | 11 |
| Nursing homes | 10 |
| Outpatient care | 9 |

| Provider bedside manner | 9 |
|-------------------------------------|---|
| Urgent care | 7 |
| Cost | 6 |
| Customer service | 6 |
| Lab | 2 |
| Wellness | 2 |
| Christian based services | 1 |
| Electronic access to medical record | 1 |
| Geriatrics | 1 |
| Home health | 1 |
| Hospice | 1 |
| Most | 1 |
| Palliative care | 1 |
| Safety | 1 |
| Transportation | 1 |
| Veterans services | 1 |

Dental care

The majority of respondents (76.69%) have had a dental visit in the last year.



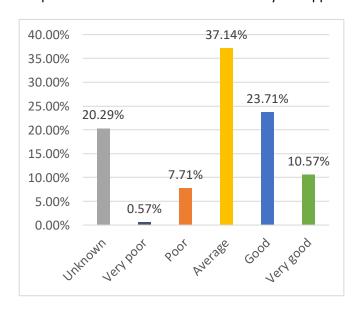
SUPPORT SERVICES

Respondents rated the below supportive services in Jasper County. The average rating is out of five points. Services are listed highest rating to lowest.

| Service | Weighted average |
|--------------------------------------|------------------|
| Libraries | 4.22 |
| College - DMACC Newton | 4.09 |
| Farmer/agriculture | 4.01 |
| Fitness/wellness | 3.68 |
| Volunteer opportunities | 3.59 |
| Schools | 3.58 |
| Recreation | 3.45 |
| Family events in Jasper County | 3.42 |
| Senior services | 3.40 |
| Food assistance | 3.34 |
| Employment, job, training assistance | 3.18 |
| Childcare providers | 3.16 |
| Veteran | 3.09 |
| Parenting | 2.94 |
| Support groups | 2.94 |
| Transportation | 2.90 |
| Housing assistance | 2.84 |
| Violence prevention | 2.70 |

Perception of availability

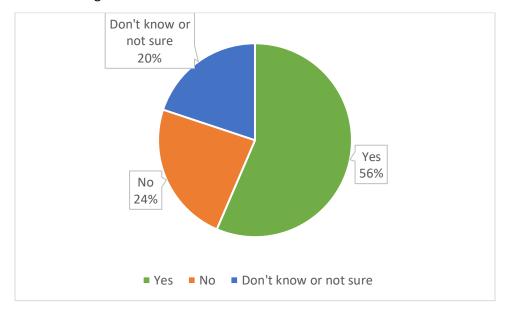
Respondents rated the overall availability of support services in Jasper County 3.5 out of five.





Resource awareness

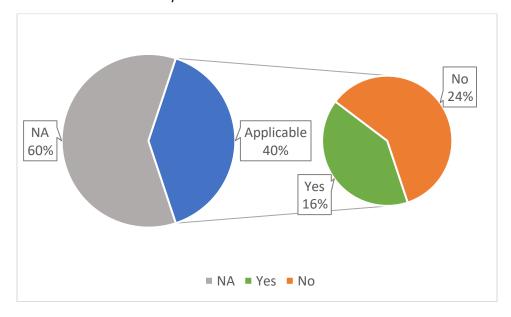
The majority of respondents (56.45%) reported to be aware of available community resources that can support health and well-being.



CHILDCARE

Availability

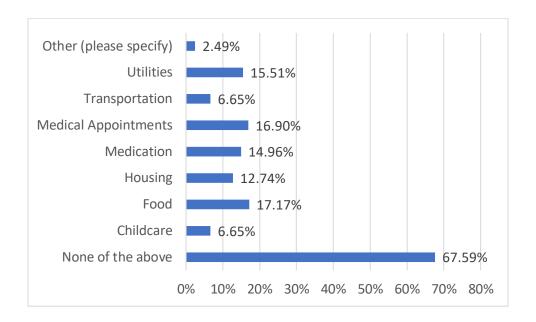
For respondents that childcare availability was applicable to, 40.41% reported that they were unable to get childcare when it was needed in the last year.



ECONOMIC STABILITY & INCOME

Ability to pay for goods/services

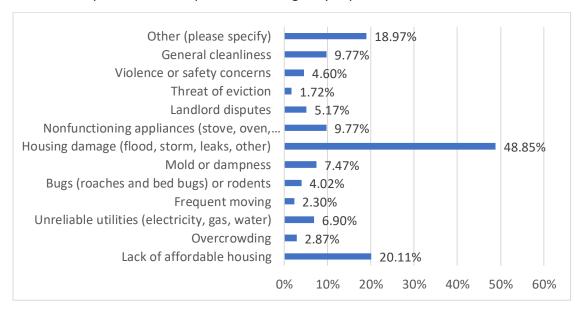
Of respondents that identified trouble paying for a good/service, the top needs were food (17.17%), medical appointments (16.90%), and utilities (15.51%).



HOUSING

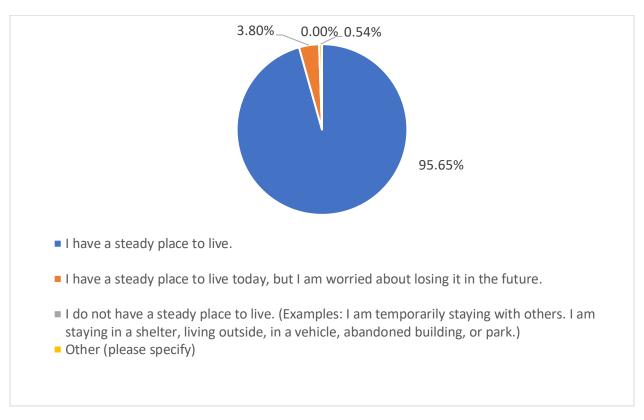
Problems with living arrangement

Almost half (46.65%) of respondents reported experiencing a problem with their current living arrangement. Top problems identified were housing damage (48.85%) and lack of affordable housing (20.11%). The majority of "other" responses were respondents stating they experienced none of these issues.



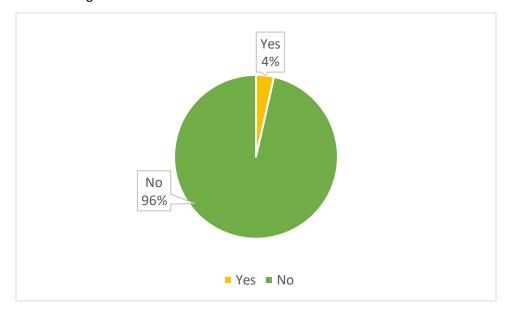
Current living situation

The majority of respondents (95.65%) reported that they have a steady place to live.



Stable housing

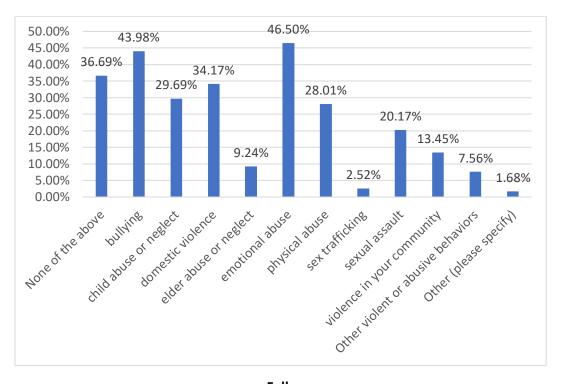
The majority of respondents (96.46%) reported that they are not worried that in the next two months, they may not have stable housing.



INJURY & VIOLENCE

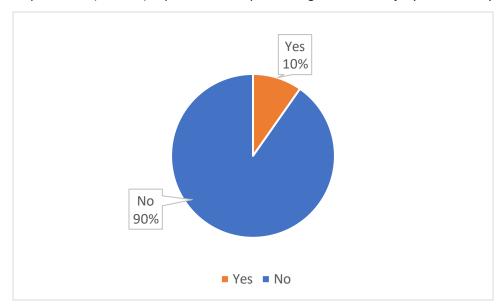
Violence

The majority of respondents (63.31%) reported knowing someone that has been affected by a form of violence. Top categories were: emotional abuse (46.50%) and bullying (43.98%).



Falls

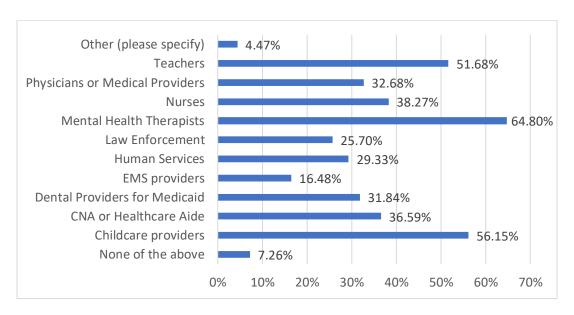
The majority of respondents (90.27%) reported not experiencing a fall with injury in the last year.



WORKFORCE

Workforce shortage perception

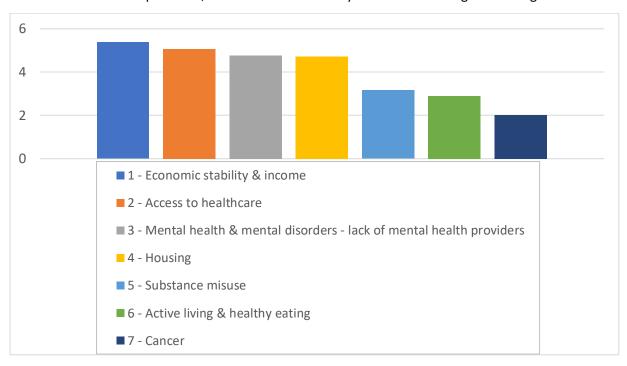
The largest perceived workforce shortages among respondents were mental health therapists (64.80%), childcare providers (56.15%), and teachers (51.68%).



COMMUNITY HEALTH NEEDS

Priority ranking

Respondents ranked seven priorities, with economic stability and income being ranked highest.



Community strengths (free text)

Question: What do you think are the three most important strengths for a healthy Jasper County? (similar free text responses are grouped together and shortened for clarity)

| Strength | Count |
|------------|-------|
| Healthcare | 89 |
| Community | 47 |
| Housing | 34 |

| Mental health | 29 |
|---------------------------|----|
| Education | 25 |
| Affordability | 23 |
| Employment | 21 |
| Economy | 20 |
| Parks & recreation | 20 |
| Food | 19 |
| Law enforcement | 18 |
| Ems | 16 |
| Community activities | 14 |
| Substance misuse services | 12 |
| Communication | 8 |
| Safety | 8 |
| Community resources | 7 |
| Elder care | 7 |
| Ymca | 7 |
| Family support | 6 |
| Nutrition | 6 |
| Physical environment | 6 |
| Exercise | 5 |
| Public health department | 5 |
| Taxes | 5 |
| Dental | 3 |
| Entertainment | 3 |
| Fire fighters | 3 |
| Fitness centers | 3 |
| Public assistance | 3 |
| Agriculture | 2 |
| Lower crime rates | 2 |
| Daycare | 2 |
| Eye doctor | 2 |
| Faith | 2 |
| Location | 2 |
| Retail | 2 |
| Transportation | 2 |
| Volunteers | 2 |
| Accessibility | 1 |
| Adaptive programs | 1 |
| Assistance | 1 |
| Childcare | 1 |
| County management | 1 |
| Diversity & inclusion | 1 |
| Emergency preparedness | 1 |
| Family | 1 |
| Healthy food access | 1 |

| Infrastructure | 1 |
|------------------|---|
| Insurance | 1 |
| Library | 1 |
| Pharmacies | 1 |
| Resource guide | 1 |
| Social services | 1 |
| Veterans affairs | 1 |

Community improvements (free text)

Question: What do you think are the three areas of needed health improvements in Jasper County? (similar free text responses are grouped together and shortened for clarity)

| Improvement | Count |
|--|-------|
| Healthcare (including access to primary care & | |
| specialists) | 94 |
| Mental health | 72 |
| Substance misuse | 32 |
| Emergency room | 29 |
| Housing | 27 |
| Food | 17 |
| Dental | 15 |
| Community | 12 |
| Education | 12 |
| Elder care | 12 |
| Resources | 12 |
| Childcare | 10 |
| Activities for children | 9 |
| Economy | 7 |
| Employment | 6 |
| Family support | 6 |
| Health insurance | 6 |
| Transportation | 6 |
| Exercise | 4 |
| Parks & recreation | 4 |
| Volunteering | 4 |
| Walkability | 4 |
| Care coordination | 3 |
| Behavioral health | 2 |
| Communication | 2 |
| Community events | 2 |
| Diversity & inclusion | 2 |
| EMS | 2 |
| Financial resources | 2 |
| Nutrition | 2 |

| Physical environment | 2 |
|----------------------|---|
| Utilities | 2 |
| Wellness | 2 |
| Domestic violence | 1 |
| Faith | 1 |
| Government | 1 |
| HHS | 1 |
| Insurance | 1 |
| Prescriptions | 1 |
| Social services | 1 |
| Taxes | 1 |
| Tobacco | 1 |
| Veteran support | 1 |

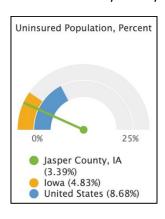
Secondary indicator data

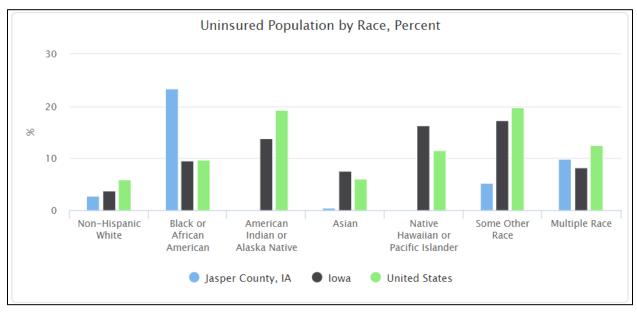
HEALTHCARE ACCESS

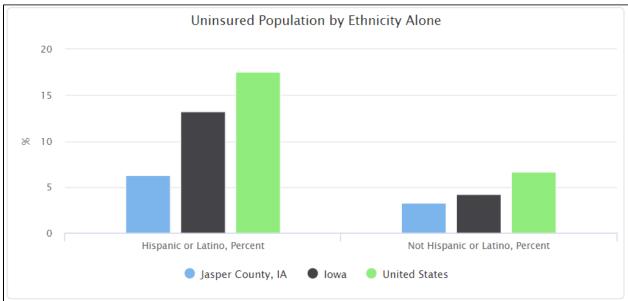
Health Insurance

The lack of health insurance is a key driver of health status. Healthy People 2030 identified increasing the proportion of people with health insurance as a leading health indicator.

- **Benchmark:** Uninsured rate (3.39%) in Jasper County is lower than the state overall (4.83%).
- **Disparities:** Uninsured rates are highest among people of color in Jasper County.
- **Healthy People 2030 target**: The county's insured rate of 96.61% exceeds the Healthy People 2030 target rate of 92.4% of people having health insurance.
- Data Source: US Census Bureau, American Community Survey. 2018-22. Healthy People 2030.



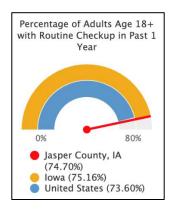




Recent Primary Care Visit

In Jasper County, 74.70% of adults had a routine checkup in the past year.

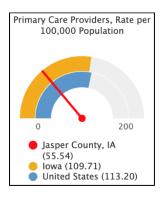
- **Benchmark:** In Jasper County the percentage rate is comparable to state (75.16%) and national (73.60%) rates.
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via Places Data portal. 2021.



Primary Care Providers

Primary health providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics. In Jasper County, there are 21 primary care physicians with a CMS National Provider Identifier (NPI) translating to a rate of 55.54 primary care providers per 100,000 population.

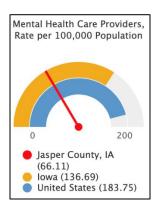
- **Benchmark:** The shortage in Jasper County is more significant than state (109.71) and national shortages (113.29).
- **Data source(s):** Centers for Medicare and Medicaid Services, CMS National Plan and Provider Enumeration System (NPPES). June 2024.



Mental Health Providers

Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counseling, or child, adolescent, or adult mental health. Jasper County has 25 providers with a CMS National Provider Identifier (NPI) translating to a rate of 66.11 mental health providers per 100,000 population.

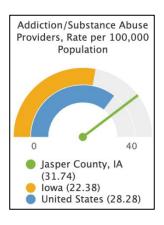
- **Benchmark:** The shortage in Jasper is much more significant than state (136.69) and national shortages (183.75).
- **Data Source(s):** Centers for Medicare and Medicaid Services, CMS National Plan and Provider Enumeration System (NPPES). June 2024.



Addiction/substance abuse Providers

Providers include Doctor of Medicine (MDs), Doctor of Osteopathic Medicine (DOs), and other credentialed professionals with a Center for Medicare and Medicaid Services (CMS) and a valid National Provider Identifier (NPI). In Jasper County, there are 12 addiction/substance use providers translating to a rate of 31.74 providers per 100,000 population. A total of two facilities specialize in addiction and substance abuse treatment in Jasper County.

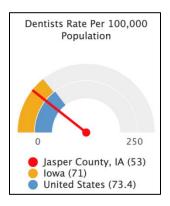
- Benchmark: Jasper County's rate has more providers than the state (22.38) and national rates (28.28).
- Data Source(s): Centers for Medicare and Medicaid Services, CMS National Plan and Provider Enumeration System (NPPES). June 2024.



Dentists

In Jasper County, there are 20 dentists translating to a rate of 53 dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

- **Benchmark:** The shortage in Jasper County is more significant than state (71) and national shortages (73.4).
- **Data Source(s)**: US Department of Health & Human Services, Health Resources and Services Administration, HRSSA Area Health Resource File. Accessed via County Health Rankings. 2022.

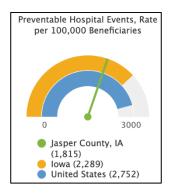


QUALITY OF CARE

Preventable hospitalizations

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. The preventable hospitalization rate in Jasper County was 1,815 per 100,000 beneficiaries.

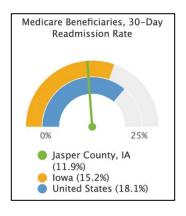
- **Benchmark:** The preventable hospitalization rate in Jasper County is lower than the state rate (2,289) and the United States (2,752).
- Data Source(s): Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2021.



30-day hospital readmissions

This indicator reports the number and rate of 30-day hospital readmissions among Medicare beneficiaries aged 65 and older. Hospital readmissions are unplanned visits to an acute care hospital within 30 days after discharge from a hospitalization. Patients may have unplanned readmissions for any reason, however readmissions within 30 days are often related to the care received in the hospital, whereas readmissions over a longer time period have more to do with other complicating illnesses, patients' own behavior, or care provided to patients after hospital discharge. Jasper County has a 30-day hospital readmission rate of 11.90%.

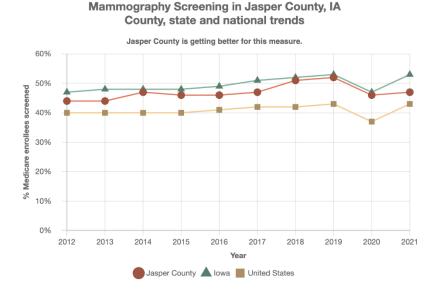
- **Benchmark:** The preventable hospitalization rate in O'Brien County is lower than the state rate (15.20%) and United States (18.1%).
- Data Source(s): Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File.
 2020.



Mammography screening

About half (47%) of female Medicare enrollees ages 65-74 in Jasper County received an annual mammography screening.

- **Benchmark:** The Mammography screening rate in Jasper County is lower than the statewide screening rate (53%) and higher than the national screening rate (43%).
- Data Source(s): County Health Rankings. 2021.

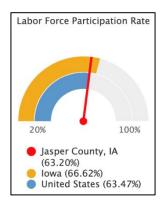


EMPLOYMENT AND INCOME

Labor Force Participation

Labor force participation rate measures the percentage of working age adults employed or seeking employment. Healthy People 2030 identifies increasing employment in working-age people as a leading health indicator. The labor force participation rate in Jasper County is 63.20%.

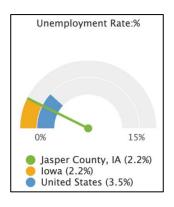
- Benchmark: Labor force participation in Jasper County is lower than in the state (66.62%).
- Target: Labor force participation in Jasper County is below the Healthy People 2030 target of 75%.
- Data Source(s): US Census Bureau, American Community Survey. 2018-22. Healthy People 2030.



Unemployment rate

Total unemployment in the report area equals 134, or 2.2% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

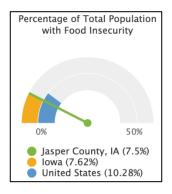
- **Benchmark:** The unemployment rate in Jasper County is equal to the state rate (2.2%) and lower than the national rate (3.5%).
- Data Source(s): US Department of Labor, Bureau of Labor Statistics, April 2024.



Food insecurity rate

Food insecurity estimates the percentage of the population that experienced food insecurity at some point during the year. Thirty percent of the food insecure population is ineligible for assistance programs (SNAP, WIC, school meals, CSFP, and TEFAP). According to Healthy People 2030, food insecurity is linked to negative health outcomes in children and adults, and it may cause children to have trouble in school. It is identified as a leading health indicator for Healthy People 2030.

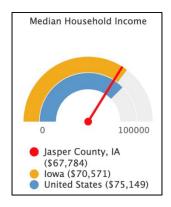
- **Benchmark:** The food insecurity rate in Jasper County is lower than the state (7.62%).
- Target: Jasper County has not met the Healthy People 2030 target rate of 6%.
- Data Source(s): Feeding America 2020; Healthy People 2030.

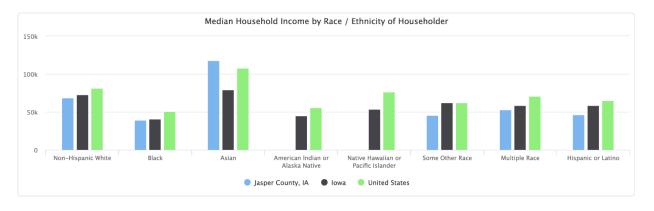


Median Household income

The median household income in Jasper County is \$67,784 (2018-2022).

- Benchmark: The median household income in Jasper County is lower than the state median of \$70,571.
- Disparities: Median household income is lower among race/ethnicities in Jasper County.
- Data Source(s): US Census Bureau, American Community Survey 2018-22

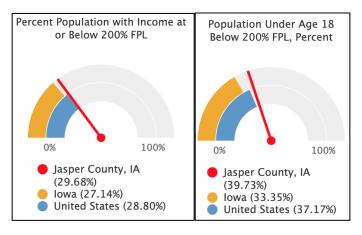




Poverty

In Jasper County 29.68% or 10,713 individuals for whom poverty status is determined are living in households with income below 200% of the Federal Poverty Level (FPL). For those under the age of 18 it is at 39.73%. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

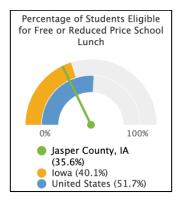
- Benchmark: The percentage of individuals living in poverty in Jasper County is higher than Iowa (27.14).
 For the population under 18 the percentage is also higher than Iowa as a whole (33.35%).
- Target: Jasper County is not meeting the 8.0% Healthy People 2030 target.
- Data Source(s): US Census Bureau, American Community Survey. 2018-22. Healthy People 2030.



Children eligible for free/reduced-price lunch

Free or reduced-price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130 percent (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP). Out of 5,711 total public school students in the report area, 2,034 were eligible for the free or reduced-price lunch program in the latest report year.

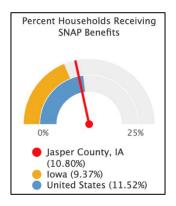
- **Benchmark:** The percentage of children eligible for free or reduced-price lunch is lower in Jasper County (35.60%) than in the state (40.1%).
- Data Source(s): National Center for Education Statistics, NCES Common Core of Data. 2021-2022.



Households receiving SNAP

In the report area, an estimate of 756 or 15.04% households receive Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

- **Benchmark:** The value for Jasper County at 10.80% is less than the national average of 11.52% and greater than the state average of 9.37%.
- Data Source(s): US Census Bureau, American Community Survey. 2018-2022.

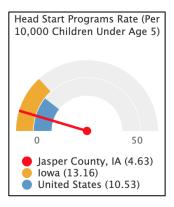


EDUCATION

Head Start

Head Start is a program designed to help children from birth to age five who come from families at or below poverty level. Jasper County has one (1) Head Start program, a rate of 4.63 per 10,000 children. This indicator is important because the program's goal is to help children become ready for kindergarten while also providing the needed requirements to thrive, including health care and food support.

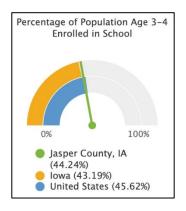
- Benchmark: Jasper County has a lower rate of head start programs than the state (13.16).
- **Data Source(s):** US Department of Health and Human Services (HHS), HRSA Administration for Children and Families, 2022.



Preschool enrollment

Jasper County has 426 children aged 3-4 enrolled in school, which is 44.24% of the county population aged 3-4.

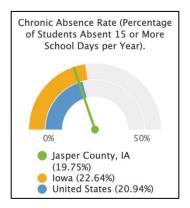
- **Benchmark:** Preschool opportunities are more available in Jasper County than in Iowa as a whole (43.19%).
- Data Source(s): US Census Bureau, American Community Survey. 2018-22.



Chronic absenteeism

In Jasper County, 19.75% of children missed 15 or more school days during the 2020-2021 school year. This indicator is important because chronic absence can jeopardize students' academic proficiency, social engagement, and opportunities for long-term success.

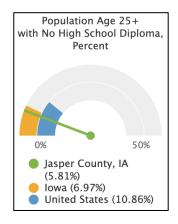
- Benchmark: Absenteeism in Jasper County is lower than Iowa as a whole (22.64%).
- Data Source(s): U.S. Department of Education, US Department of Education Civil Rights Data Collection. 2020-21.



No High school diploma

In Jasper County there are 1,550 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 5.81% of the total population aged 25 and older.

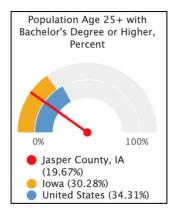
- **Benchmark:** The population aged 25 or higher with no High School Diploma percentage in Jasper County is slightly lower than the state (6.97%).
- Data Source(s): US Census Bureau, American Community Survey. 2018-22.



Bachelor's degree or higher

Less than a quarter (19.67%) of Jasper County residents aged 25 or older have obtained a Bachelor's degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

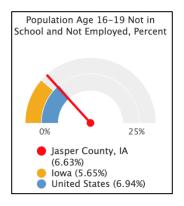
- **Benchmark:** The percentage of Jasper County residents with a Bachelor's degree or higher is lower than the state (30.28%).
- Data Source(s): US Census Bureau, American Community Survey. 2018-22.



Young people not in school and not working

This indicator reports the percentage of youth aged 16-19, who are not currently enrolled in school and who are not employed. 6.63% of youth in Jasper County are not in school and not employed.

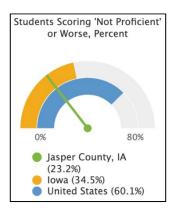
- **Benchmark:** The percentage of youth who are not enrolled in school and who are not employed is higher in Jasper County (6.63%) than in the state of Iowa (5.65%).
- Data Source(s): US Census Bureau, American Community Survey. 2018-22.



Student reading proficiency (4th grade)

According to Healthy People 2030, children with poor reading skills are more likely to struggle in school and to take part in risky behaviors as adolescents. Increasing the proportion of 4th-graders with reading skills at or above the proficient level is a leading health indicator for Healthy People 2030. In Jasper County, a total of 76.8% of 4th grade students had reading skills at or above the proficient level, with only 23.2% scoring not proficient or worse.

- Benchmark: Students in Jasper County performed better than students statewide.
- Target: Jasper County is performing above the Healthy People 2030 target of 41.5%.
- Data Source(s): US Department of Education, EDFacts. Additional data analysis by CARES. 2020-21.

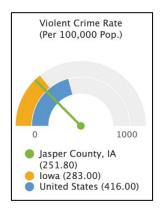


COMMUNITY SAFETY

Violent crime

Within the report area, the 2015-2017 three-year total of reported violent crimes was 283, which equates to an annual rate of 251.80 crimes per 100,000 people. Violent crime includes homicide, rape, robbery, and aggravated assault.

- Benchmark: The rate of violent crimes in Jasper County is lower than the state rate of 283.00.
- Data Source(s): Federal Bureau of Investigation, FBI Uniform Crime Reports. <u>FBI</u> Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2015-2017.

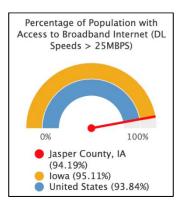


SOCIAL AND COMMUNITY

Broadband access

This indicator reports the percentage of population with access to high-speed internet. Data is based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.

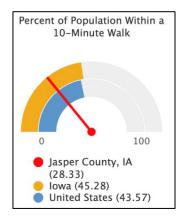
- **Benchmark:** Access to broadband in Jasper County (94.19%) is lower than the state percentage rate (95.11%).
- Data Source(s): FCC FABRIC Data. Additional data analysis by CARES. 2023.



Park access

This indicator displays the number of people who live within a 10-minute walk from a park.

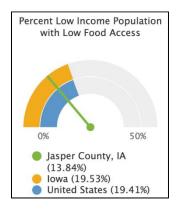
- **Benchmark:** People who live within a 10-minute walk from a park in Jasper County (28.33%) is lower than the state percentage rate (45.28%).
- Data Source(s): Trust for Public Land. 2020.



Low income and low food access

This indicator reports the percentage of the low-income population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

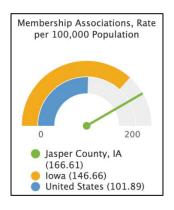
- **Benchmark:** The percentage of the low-income population with low food access in Jasper County is lower (13.84%) than both the Iowa (19.53%) and United States rates (19.41%).
- **Data Source(s):** US Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas. 2019.



Social associations

Jasper County has 63 social establishments per 100,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations.

- Benchmark: Jasper County has a higher rate (166.51) of social establishments than the state (146.66).
- Data Source(s): US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2021.



Drinking water safety

This indicator reports the presence or absence of one or more health-based violations in drinking water within community water systems that serve the community. No community water system in Jasper County reported a health-based drinking water violation.

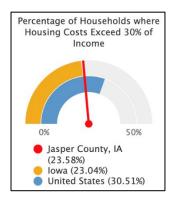
• **Data Source(s):** University of Wisconsin Population Health Institute, 2022 County Health Rankings, which utilizes figures from the 2020 Safe Drinking Water Information System (SDWIS).

HOUSING AND TRANSPORTATION

Housing costs

A total of 23.58% of households in Jasper County have housing costs exceeding 30% of their total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs.

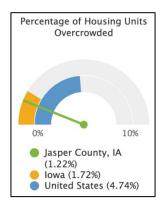
- **Benchmark:** The percentage of cost-burdened households in Jasper County is higher than the Iowa rate of 23.04%.
- Data Source(s): US Census Bureau, American Community Survey. 2018-22.



Overcrowded housing

A total of 1.22% of households in Jasper County are overcrowded. Overcrowding is defined as more than one occupant per room.

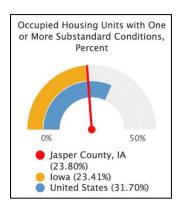
- Benchmark: The percentage of overcrowded households in Jasper County is lower than Iowa (1.72%).
- Data Source(s): US Census Bureau, American Community Survey. 2018-22.



Substandard housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard.

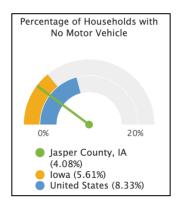
- **Benchmark:** The percentage of housing units with substandard conditions in Jasper County is higher than the lowa rate of 23.41%. The only condition where Jasper County performs more poorly than the state is housing units lacking a complete kitchen. Housing units in Jasper County (2.64%) that lack a complete kitchen is higher compared to Iowa (2.41%).
- Data Source(s): US Census Bureau, American Community Survey. 2018-22.



Households with no motor vehicle

In Jasper County, a total of 4.08% of households do not have a motor vehicle.

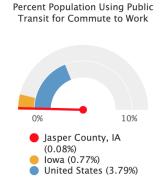
- **Benchmark:** A lower percentage of households in Jasper County are without a motor vehicle than the state percentage (5.61%).
- **Disparities:** Within the service area, there are significantly more renter-occupied households with no vehicle (11.23%) than owner-occupied households (1.86%).
- Data Source(s): US Census Bureau, American Community Survey 2018-22.



Commuter Travel Patterns – Public Transportation

This indicator reports the percentage of the population using public transportation as their primary means of commuting to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

- **Benchmark:** Jasper County percentage of population using public transit for commute to work is lower than lowa percent (0.77%).
- Data Source(s): US Census Bureau, American Community Survey. 2018-22.

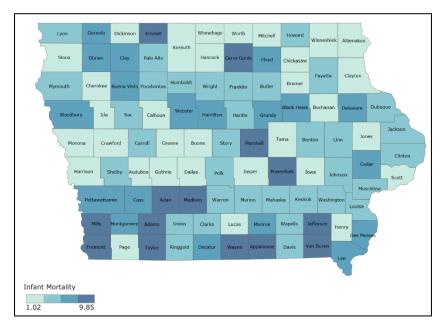


MATERNAL, INFANT AND CHILD HEALTH

Infant mortality

Infant mortality is defined as the measure of deaths that occur in infants younger than 1 year of age. Jasper County has an infant mortality rate of 2.03 per 1,000 live births. The mortality rate is highest in infants between 28 days old and one year old. Healthy People 2030 has identified infant mortality as a leading health indicator.

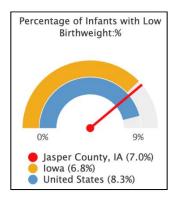
- **Benchmark:** The infant mortality rate is lower in Jasper County than the state of Iowa (4.64 per 1,000 live births).
- **Target:** Jasper Counties infant mortality rate exceeds the Healthy People 2030 target rate of 5.0 per 1,000 live births.
- Data Source(s): Iowa Public Health Tracking Portal, Infant Mortality Data, 2018-2022. Healthy People 2030.



Low birth weight

Seven percent of infants born in Jasper County had a low birth weight. Low birth weight is defined as less than 2,500 grams (approximately 5 lbs., 8 oz.).

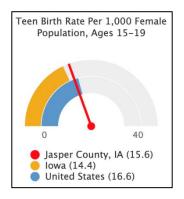
- **Benchmark:** The prevalence of infants born at a low birth weight is slightly higher in Jasper County (7.00%) than lowa as a whole (6.8%).
- **Data Source(s):** University of Wisconsin Population Health Institute. National Center for Health Statistics Natality Files (2016-2022). County Health Ranking. 2016-22.



Teen births

This indicator reports the seven-year average number of births per 1,000 female population age 15-19. In Jasper County, the teen birth rate is 15.6 per 1,000.

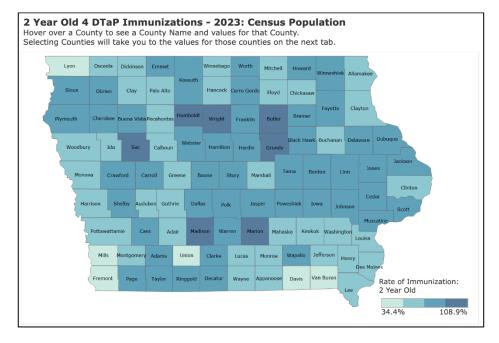
- Benchmark: The teen birth rate in Jasper County is higher than the state's teen birth rate (14.4).
- **Data Source(s):** Centers for Disease Control and Prevention, CDC National Vital Statistics System. Accessed via County Health Rankings. 2016-2022.



Child immunizations

Nearly 78% (77.9%) of children in Jasper County received the recommended doses of the 4:3:1:3:3:1:4 series by age 24 months (about 2 years).

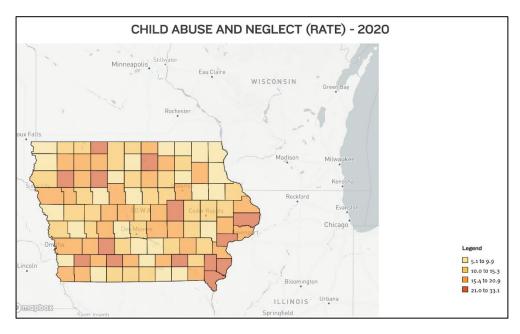
- **Benchmark:** The immunization rate in Jasper County is higher than the Iowa vaccination rate (69.7%).
- Data Source(s): Iowa Department of Health and Human Services. Iowa Public Health Tracking Portal. Children: Immunization Data for 2-Year-Old. 2023.



Child abuse and neglect

Jasper County had a Child Abuse rate of 15.7 per 1,000 children in 2020.

- Benchmark: The child abuse rate in Jasper County is higher than the statewide rate of 14.5.
- Data Source(s): Kids Count Data Center. Child abuse and neglect in Iowa. 2020.

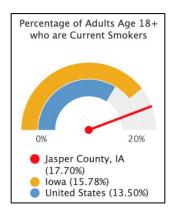


HEALTH BEHAVIORS AND RISK FACTORS

Tobacco Use

This indicator reports the percentage of adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. According to Healthy People 2030, cigarette smoking causes cancer and early death and is identified as a leading health indicator. Adults in the United States are more likely to use cigarettes than any other tobacco product.

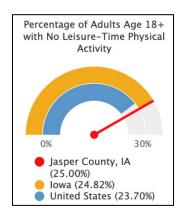
- Benchmark: The tobacco use rate of 17.70% in Jasper County is higher than the statewide rate of 15.78%.
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Access via the PLACES Data Portal. 2021. Healthy People 2030.



Physical inactivity

In Jasper County, 25% of adults reported no leisure-time physical activity outside of work (age adjusted).

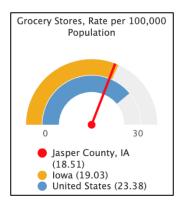
- Benchmark: Jasper County residents are less active than their lowa peers (24.82%).
- **Data Source(s):** County Health Rankings. 2021. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.



Grocery stores and supermarkets

Jasper County has 7 grocery establishments with a rate of 18.51 per 100,000 population. Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are a major provider of these foods. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

- **Benchmark:** Jasper County residents have less access to grocery establishments than Iowans as a whole (19.03 per 100,000).
- Data Source(s): US Census Bureau, County Business Patterns. Additional data analysis by CARES 2021.

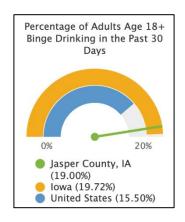


Binge drinking

This indicator reports the percentage of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days.

In Jasper County,19% of adults report binge or heavy drinking. Healthy People 2030 identified reducing the proportion of people aged 21 years and over who engaged in binge drinking in the past month as a leading health indicator.

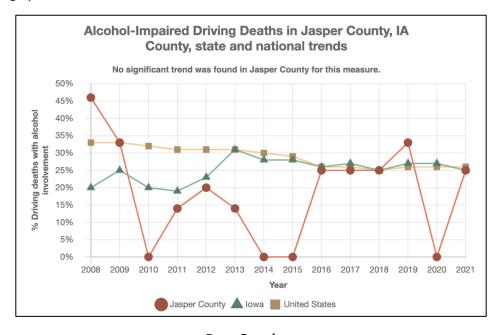
- **Benchmark:** Jasper County residents report slightly less binge/heavy drinking than their lowa peers (19.72%).
- Target: Jasper County exceeds the Healthy People 2030 target rate of 25.4%.
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.



Alcohol-impaired driving deaths

In Jasper County, Iowa, 23% of motor vehicle crash deaths between 2017-2021 involved alcohol.

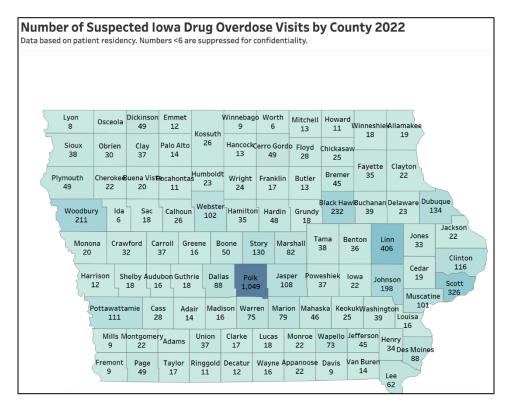
- **Benchmark:** More than a quarter (26%) of motor vehicle crash deaths in both Iowa and United States involved alcohol.
- **Data Source(s):** County Health Rankings, which utilizes figures from the 2017-2021 Fatality Analysis Reporting System.



Drug Overdose

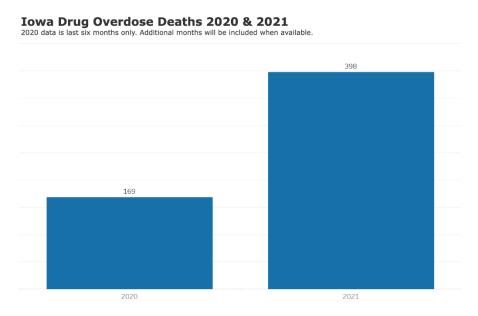
Drug overdose deaths continue to be a leading cause of mortality in the United States. According to the CDC, since 2009 an increasing proportion of drug overdose deaths have been caused by opioids, with overdose deaths involving opioids increasing 15% from 2020 to 2021. Tracking emergency department (ED) drug overdose data involves collecting data about the number of emergency hospital admissions due to a substance overdose. In Jasper County, there were 108 suspected drug overdose visits in 2022. Healthy People 2030 has identified drug overdoses as a leading health indicator and a national public health emergency.

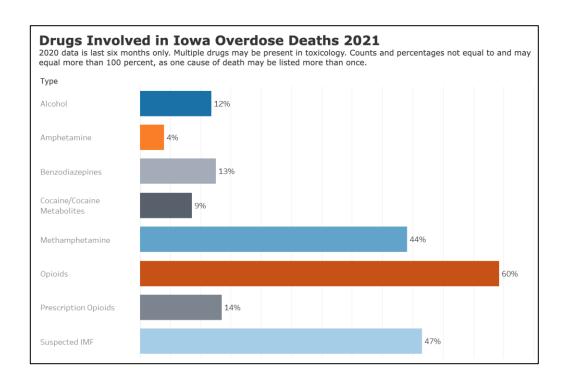
• **Data Source(s):** Centers for Disease Control and Prevention, Iowa Department of Health and Human Services. Healthy People 2030.



Drug Overdose Statewide

The State Unintentional Drug Overdose Reporting System (SUDORS) is a statewide surveillance system that collects information on overdose deaths. Overdoses that are unintentional or have an undetermined intent are included in the system. SUDORS is a unique multi-source data system combining information from death certificates, toxicology reports, and medical examiner reports. Cases that only involve alcohol, tobacco, or inhalants (such as organic solvents) are excluded. In 2021 there were 398 drug overdose deaths. The three primary drugs used in the overdose deaths included opioids, suspected IMF and methamphetamine.

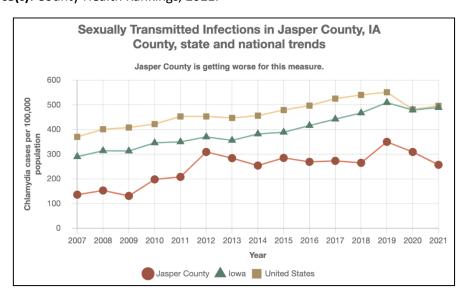




Chlamydia

In Jasper County, Iowa, 256.9 new cases of chlamydia were diagnosed per 100,000 people.

- Benchmark: Jasper County has a lower rate than Iowa (489.2) and the United States (495.5).
- Data Source(s): County Health Rankings, 2021.

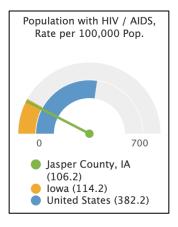


HIV prevalence

The prevalence of HIV disease in Jasper County is 106.2 per 100,000 residents. Healthy People 2030 identifies increasing knowledge of HIV status as a leading health indicator as people are most likely to get HIV from people who don't know they have it.

• **Benchmark:** The prevalence in Jasper County is lower than the state (114.2 per 100,000 residents).

• **Data Source(s):** Centers for Disease Control and Prevention, Healthy People 2030, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021.

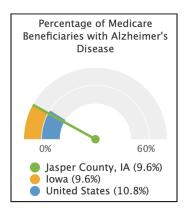


CHRONIC DISEASES

Alzheimer's disease (Medicare Population)

Close to 10% percent of Medicare Fee-For-Service beneficiaries in Jasper County are living with Alzheimer's disease.

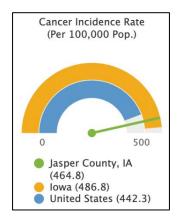
- **Benchmark:** The percentage of beneficiaries with Alzheimer's disease in Jasper County is the same as in the state (9.6%).
- **Data Source(s):** Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services Chronic Conditions. 2018.



Cancer incidence – All Sites

The age-adjusted cancer incidence rate in Jasper County is 464.8 per 100,000 population. The top five most diagnosed cancers in Jasper County include breast cancer, colon & rectal cancer, prostate cancer, lung & bronchus cancer, and bladder cancer.

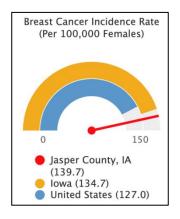
- **Benchmark:** The cancer incidence rate in Jasper County is lower than the state rate (486.8) but higher than the national rate (442.3).
- Data Source(s): State Cancer Profiles. 2016-20.



Breast Cancer

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). In Jasper County there were 35 new cases of breast cancer.

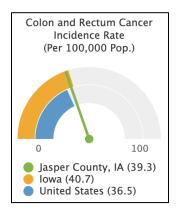
- **Benchmark:** The Breast Cancer incidence rate in Jasper County (139.7) is higher than the state rate (134.7).
- Data Source(s): State Cancer Profiles. 2016-20.



Colon and Rectum Cancer

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). In Jasper County there were 20 new cases of Colon and Rectum Cancer. Healthy People 2030 identifies increasing the proportion of adults who get screened for colorectal cancer as a leading health indicator.

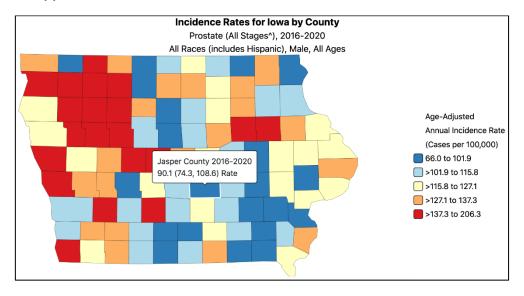
- **Benchmark:** The Colon and Rectum Cancer incidence rate (39.3) in Jasper County is lower than the state rate (40.7), but higher than the national rate (36.5).
- Data Source(s): State Cancer Profiles. 2016-20. Healthy People 2030.

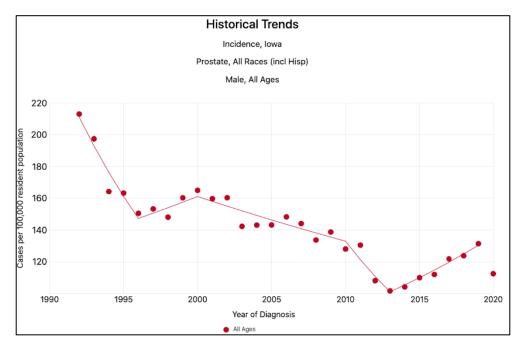


Prostate Cancer

The Prostate Cancer incidence rate for males is 120.4 in Iowa and 110.5 in United States from 2016-2020. In Jasper County it is at 90.1 per 100,000 population.

- **Benchmark:** The Prostate Cancer incidence rate in Jasper County (90.1) is slightly lower than the state rate (120.4) and national rate (110.5).
- Data Source(s): State Cancer Profiles. 2016-20.

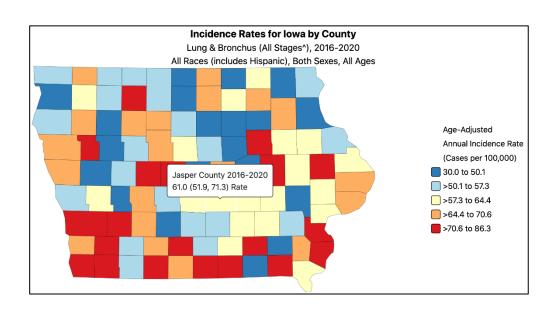


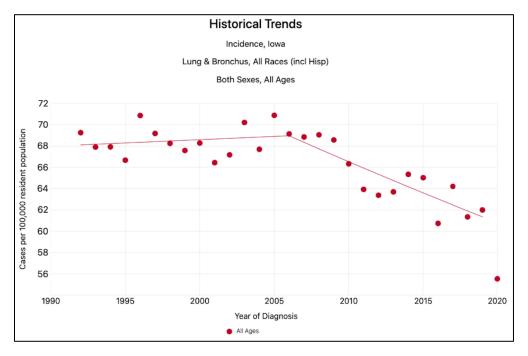


Lung and Bronchus Cancer

The Lung and Bronchus Cancer incidence rate for both males and females is 60.7 in Iowa and 54 in United States from 2016-2020. In Jasper County it is 61.0 per 100,000 population.

- **Benchmark:** The Lung and Bronchus Cancer incidence rate in Jasper County (90.1) is higher than the state rate (60.7) and national rate (54).
- Data Source(s): State Cancer Profiles. 2016-20.

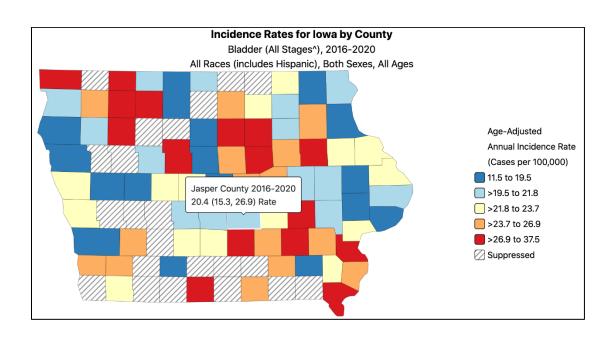


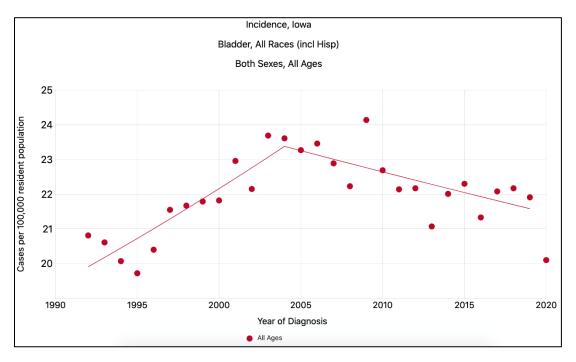


Bladder Cancer

The Bladder Cancer incidence rate for both males and females is 21.50 in Iowa and 18.90 in United States from 2016-2020. In Jasper County it is 20.4 per 100,000 population.

- **Benchmark:** The Bladder Cancer incidence rate in Jasper County (20.4) is lower than the state rate (21.50) and higher than the national rate (18.90).
- Data Source(s): State Cancer Profiles. 2016-20.

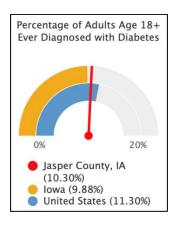




Diabetes (Adult)

In Jasper County a total of 10.30% of adults have been told by a health care professional that they have diabetes (excludes gestational diabetes). Reducing the number of diabetes cases diagnosed yearly is a leading health indicator identified by Healthy People 2030.

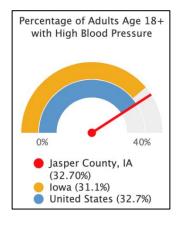
- **Benchmark:** The percentage of adults with diabetes in Jasper County (10.30%) is higher than in the state (9.88%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System via Places Data Portal. 2021. Healthy People 2030.



High blood pressure

A total of 32.70% of Medicare Fee-For-Service beneficiaries in Jasper County have hypertension (high blood pressure). Healthy People 2030 identified increasing control of high blood pressure in adults as a leading health indicator.

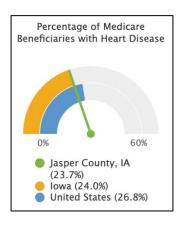
- **Benchmark:** The percentage of Medicare Fee-For-Service beneficiaries with hypertension in Jasper County is higher than the state (31.10%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System accessed via Places Data Portal. 2021. Healthy People 2030.



Heart disease

In Jasper County a total of 23.70% of Medicare Fee-For-Service beneficiaries are living with ischemic heart disease.

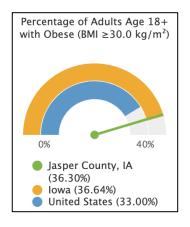
- **Benchmark:** The percentage of Medicare Fee-For-Service beneficiaries with ischemic heart disease in Jasper County is lower than lowa as a whole (24.0%).
- Data Source(s): Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services -Chronic Conditions. 2018.



Obesity

A total of 36.30% of Jasper County adults are obese, defined as having a BMI of \geq 30.0 kg/m², calculated from self-reported weight and height.

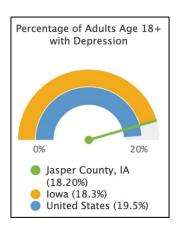
- **Benchmark:** Obesity is slightly lower in Jasper County than in the state (36.64%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System accessed via Places Data Portal. 2021.



Depression

This indicator reports the percentage of adults aged 18 and older who report having been told by a doctor, nurse, or other health professional that they had depressive disorder. Within Jasper County there were 18.20% of adults aged 18 and older who reported having depressive disorder of the total population.

- Benchmark: Depression is slightly lower in Jasper County than in the state (18.30%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System accessed via Places Data Portal. 2021.

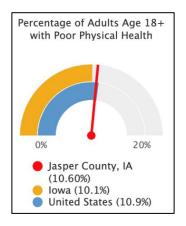


QUALITY OF LIFE

Poor physical health days

Within Jasper County, 10.60% of adults reported having 14 or more days during the past 30 days during which their physical health was not good.

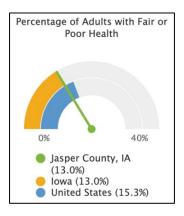
- **Benchmark:** A slightly larger percentage of adults in Jasper County reported poor physical health days than Iowa (10.10%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System accessed via Places Data Portal. 2021.



Poor or fair health

Within Jasper County, 13.0% of adults report having poor or fair health.

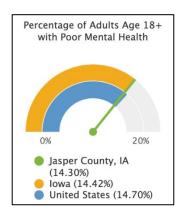
- **Benchmark:** The percentage of adults reporting poor or fair health in Jasper County is the same as the state rate (13.0%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System accessed via County Health Rankings. 2021.



Poor mental health

Within Jasper County, 14.30% of adults reported poor mental health in the past month.

- **Benchmark:** The percentage of adults reporting poor mental health in Jasper County is slightly lower than the state rate (14.42%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System accessed via Places Data Portal. 2021.

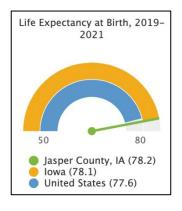


LIFE EXPECTANCY

Life expectancy

The average age-adjusted life expectancy at birth in Jasper County is 78.2 years.

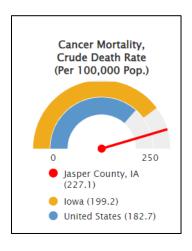
- **Benchmark**: The life expectancy in Jasper County (78.2) is higher than the state life expectancy (78.1 years).
- **Data Source(s):** Centers for Disease Control and Prevention, CDC-National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



Cancer mortality

The age-adjusted death rate due to cancer in Jasper County is 227.1 per every 100,000 population.

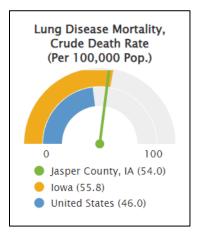
- **Benchmark:** The cancer mortality rate is higher in Jasper County than the state (199.2 per 100,000) and United States (182.7 per 100,000)
- **Data Source(s):** Centers for Disease Control and Prevention, CDC National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.



Lung disease mortality

The age-adjusted death rate due to lung disease in Jasper County is 54 per every 100,000 population.

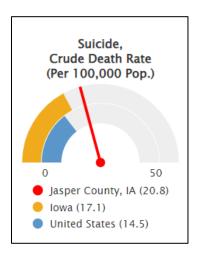
- **Benchmark:** The lung disease mortality rate is lower in Jasper County than the state (55.8 per 100,000) and higher than the United States (46.0 per 100,000).
- **Data Source(s):** Centers for Disease Control and Prevention, CDC National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



Suicide mortality

This indicator reports the 2018-2022 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health. Jasper County's rate is 20.8 per 100,000. Healthy People 2030 has identified reducing suicide rates as a leading health indicator and states that suicide rates have increased in almost every state over the last 2 decades.

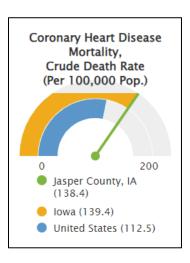
- **Benchmark:** Jasper County's crude suicide mortality death rate is higher than the state of Iowa's crude rate (17.1 per 100,000) and higher than the United States' crude death rate (14.5 per 100,000).
- Target: Jasper county's rate is higher than the Healthy People 2030 target rate of 12.8 per 100,000.
- Data Source(s): Centers for Disease Control and Prevention, CDC National Vital Statistics System.
 Accessed via CDC WONDER. 2018-2022. Health People 2030.



Coronary heart disease mortality

The age-adjusted death rate due to coronary heart disease in Jasper County is 138.4 per every 100,000 population.

- **Benchmark:** The heart disease mortality rate is slightly lower in Jasper County than in the state (139.4 per 100,000).
- **Data Source(s):** Centers for Disease Control and Prevention, CDC National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.





Jasper County, Iowa Community Health Assessment Survey - May 2024

| 1. Jasper County Community Health Survey | T . |
|--|--|
| Jasper County Health Department and Mercas a tool to assess the health needs and word Jasper County, Iowa. | - |
| 1. ACTIVE LIVING: Would you say that you ar active as other people your age? | e physically more active, less active, or about as |
| More active | |
| C Less active | |
| About as active | |
| 2. HEALTHY EATING: How many days a week do 2 servings of fruit? Enter 0-7 (days) 3. MENTAL HEALTH: How would you rate you | o you eat at least 2 servings of vegetables and ar overall mental health, which includes stress, |
| depression, anxiety, problems with emotions, | |
| Excellent | ○ Fair |
| ○ Very Good | Poor |
| Good | |
| 4. MENTAL HEALTH/CHILDREN: How can we children? | e improve mental health for school-age |
| More mental health counselors in schools. | More available mental health therapy outside of |
| Parenting programs or classes. | school hours. |
| Evidence-based life skills classes. | Increase mental health training for school staff. |
| Other (please specify) | |
| | |
| None of the above | |
| 5. MENTAL HEALTH: Which of the following i Someone I know | is true for you? Please select all that apply. |
| died by suicide. | I don't know anyone who has thought about |
| has talked to me about thoughts of suicide. | suicide or died by suicide. |
| has attempted suicide but didn't die. | Decline to answer. |

| 6. SUBSTANCE: Have you been personally imp (you or someone else) | pacted by substance misuse? (alcohol or drugs) |
|---|--|
| A great deal | A little |
| A lot | Not at all |
| A moderate amount | |
| 7. USAGE: Have you used any of the following | in the past year? |
| Tobacco products | Unknown pills or homemade pills |
| E-cigarette or vape | Other illegal drugs |
| Marijuana or THC | Alcohol (Men more than 5 drinks on any day; |
| CBD | Women, more than 4 drinks on any day) |
| Prescription drugs not prescribed to me such as pain relievers, stimulants, sedatives, and opioids. | |
| Other (please specify) | |
| | |
| None of the above | |
| Trong of the above | |
| 8. CHRONIC DISEASES: Has a healthcare prohousehold that they have/had, or are at risk for | |
| arthritis or movement issues | liver disease |
| autoimmune disease | lung disease chronic (asthma, COPD/emphysema, or chronic bronchitis) |
| cardiac problems (heart attack, coronary heart disease, high cholesterol) | mental health |
| cancer | neurologic disorders |
| dementia or Alzheimer's | oral/dental issues |
| diabetes or prediabetes | obesity |
| eating disorders | osteoporosis |
| high blood pressure | stroke |
| kidney disease | |
| Other (please specify) | |
| | |
| None of the above | |
| | |
| 9. RESOURCES: Are you aware of available co | ommunity resources that can support your |
| health and well-being in the local area? | |
| Yes | |
| ○ No | |
| On't know or not sure | |

| 10. BARRIERS: V healthcare service | | | - | or someone | e in your home | e to access |
|---|------------------------------|--------------|---------------------------|--------------------------------|-------------------|--------------------|
| Lack of insurar | nce or insurance | coverage | Lac | k of providers | S | |
| Cost | | | Wo | rk or school c | onflicts | |
| The time of the | e appointment | | Diff | ficult to get a | n appointment. (| Wait list) |
| Transportation | | | Dor | n't want to see | ek care | |
| Getting out of | the house | | | | | |
| Other (please s | specify) | | | | | |
| | | | | | | |
| 11. HEALTHCAR | E: Is your pri | mary medio | cal provider (d | loctor) loca | ted in Jasper | County? |
| Yes | | | | | | |
| O No | | | | | | |
| I don't have a r | nedical provider. | | | | | |
| 12. HEALTHCAR healthcare service Yes | | | | omeone in y | our househol | d receive |
| O | | | | | | |
| O No | | | | | | |
| 13. HEALTHCARE: | - | on, how wo | uld you rate tl | he "Overall | Quality" heal | thcare |
| 13. HEALTHCARE: | - | | uld you rate th | he "Overall _{Good} | - | thcare ery Good |
| 13. HEALTHCARE: delivery in Jasper C | ounty. | | - | | - | |
| 13. HEALTHCARE: delivery in Jasper C Very Poor | ounty. Poor | | Average | Good | V | ery Good |
| 13. HEALTHCARE: delivery in Jasper C Very Poor 14. HEALTHCARE: | ounty. Poor | | Average | Good | V | ery Good |
| 13. HEALTHCARE: delivery in Jasper C Very Poor 14. HEALTHCARE: Ambulance Services | ounty. Poor Please rate th | ne following | Average g healthcare s | Good ervices in J | v asper County | ery Good |
| 13. HEALTHCARE: delivery in Jasper C Very Poor 14. HEALTHCARE: Ambulance Services Adult Daycare | ounty. Poor Please rate th | ne following | Average g healthcare s | Good ervices in J | v asper County | ery Good |
| 13. HEALTHCARE: delivery in Jasper C Very Poor 14. HEALTHCARE: Ambulance Services Adult Daycare Assisted Living | ounty. Poor Please rate th | ne following | Average g healthcare s | Good ervices in J | v asper County | ery Good |
| 13. HEALTHCARE: delivery in Jasper C Very Poor 14. HEALTHCARE: Ambulance Services Adult Daycare Assisted Living Cancer Care | ounty. Poor Please rate th | ne following | Average g healthcare s | Good ervices in J | v asper County | ery Good |
| 13. HEALTHCARE: delivery in Jasper C Very Poor 14. HEALTHCARE: Ambulance Services Adult Daycare Assisted Living | ounty. Poor Please rate th | ne following | Average g healthcare s | Good ervices in J | v asper County | ery Good |
| 13. HEALTHCARE: delivery in Jasper C Very Poor 14. HEALTHCARE: Ambulance Services Adult Daycare Assisted Living Cancer Care Cardiology- | ounty. Poor Please rate th | ne following | Average g healthcare s | Good ervices in J | v asper County | ery Good |
| 13. HEALTHCARE: delivery in Jasper C Very Poor 14. HEALTHCARE: Ambulance Services Adult Daycare Assisted Living Cancer Care Cardiology- specialist- hospital | ounty. Poor Please rate th | ne following | Average g healthcare s | Good ervices in J | v asper County | ery Good |
| 13. HEALTHCARE: delivery in Jasper C Very Poor 14. HEALTHCARE: Ambulance Services Adult Daycare Assisted Living Cancer Care Cardiology- specialist- hospital Chiropractors | ounty. Poor Please rate th | ne following | Average g healthcare s | Good ervices in J | v asper County | ery Good |
| 13. HEALTHCARE: delivery in Jasper C Very Poor 14. HEALTHCARE: Ambulance Services Adult Daycare Assisted Living Cancer Care Cardiology- specialist- hospital Chiropractors Dentists | ounty. Poor Please rate th | ne following | Average g healthcare s | Good ervices in J | v asper County | ery Good |

| Responders | | | | | | |
|---|------------|-------------|---------------|--------------|----------------|------------|
| Eye Doctor/Optometrist | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | |
| Family Planning Services | | | | | \bigcirc | |
| Hearing /Audiologist | | | | | | |
| Home Health | | | | | | |
| Hospice | | | | | | \bigcirc |
| Inpatient Services- hospital | | | | | | |
| Mental Health | \bigcirc | | | | | \bigcirc |
| Neurology - specialist - hospital | | \bigcirc | \bigcirc | \bigcirc | \bigcirc | |
| Nursing Home/Long Term Care | \bigcirc | \bigcirc | | | \bigcirc | |
| Obstetric Care | | | | | | |
| Outpatient services- hospital | \bigcirc | | | \bigcirc | | |
| Pain clinic- hospital | | | | | | |
| Pediatrics | \bigcirc | | | | | \bigcirc |
| Pharmacies | | | | | | |
| Physical/Occupational Therapy | \bigcirc | | | \bigcirc | \bigcirc | \bigcirc |
| Primary medical care (Doctors) | | \bigcirc | | \bigcirc | \bigcirc | |
| Public Health- Immunizations, Communicable Disease | | \bigcirc | \bigcirc | \bigcirc | \bigcirc | |
| School Health (Nurses) | | | | \bigcirc | | |
| Substance Treatment | | | | | | |
| Telehealth | | | | | | |
| Urology - specialty - hospital | | | | | | \bigcirc |
| Walk In Clinics/Urgent Care | | \bigcirc | | \bigcirc | \bigcirc | \bigcirc |
| ther (please specify) | | | | | | |
| 5. HEALTHCARE: De | scribe the | general per | ception of he | ealthcare de | livery in Jasp | er County. |

| | | | 4 | | | |
|---|------------------|-----------------------|-------------------------|----------------------|------------------------------|-----------------------|
| 17. DENTAL: Wi | nen did you la | ıst visit a den | itist or denta | al clinic for a | any reason? | |
| In the last year | r | | _ 5 y | ears or more | | |
| In the past 2 y | ears (longer tha | n 12 months) | O Ne | ver | | |
| In the last 5 ye | ears (longer tha | n 24 months) | O Un | sure | | |
| Other (please | | | | | | |
| 3. SUPPORTIVE S | SERVICES: Pl | ease rate the Poor | following su Average | ipportive se Good | ervices in Jasp Very Good | er County. Unknown |
| Childcare Providers | VOIY 1 001 | 0 | Avorage | 300u | O | Olikilowii |
| College- DMACC Newton | 0 | | | \circ | 0 | |
| Employment, Job, Training assistance | \bigcirc | | | \bigcirc | \bigcirc | |
| Family Events in asper County | \bigcirc | \bigcirc | \bigcirc | \bigcirc | | \bigcirc |
| Farmer/Agriculture | | | | | | |
| Fitness/Wellness | | | | \bigcirc | | \bigcirc |
| Food assistance | | | | | | |
| Housing Assistance | | | | | | \bigcirc |
| Libraries | | | | | | |
| Parenting | | | | \bigcirc | | |
| Recreation | | | | | | |
| Schools | | | | \bigcirc | | |
| Senior Services | | | | | | |
| Support Groups | | | | | | |
| Transportation | | | | | | |
| <i>V</i> eteran | | | | | | |
| Violence Prevention | | | | | | |
| Volunteer Opportunities | | | | \bigcirc | | |
| ther (please specify) | | | | | | |

| County. | | | | ty of support ser | |
|-----------------------|------------------------------------|-----------------------------------|--------------------------|--------------------|-------------------|
| | esource guide f | or available serv | rices. <u>https://ww</u> | ww.jasperia.org/r | resources/ |
| Very Poor | Poor | Average | Good | Very Good | Unknown |
| | | | | | |
| 20. SUPPORT close to? | SYSTEMS: Ho | ow often do you s | see or talk to po | eople that you ca | re about and feel |
| Less than o | once a week | | | | |
| 1-2 days a | week | | | | |
| 3-4 daye a | week | | | | |
| 5 or more | days a week | | | | |
| 21. FOOD: In Yes No | the last year, d | lid you have eno | ugh money to p | ourchase healthy | food? |
| | RE: In the past en it was neede | | or any family m | embers been un | able to get |
| | | & INCOME: Wit g for any of the | following? | ar, have you or an | nyone in your |
| Food | | | Transpor | tation | |
| Housing | | | Utilities | | |
| Medication | 1 | | | | |
| Other (plea | ase specify) | | | | |
| None of th | e above | | | | |

| 24. HOUSING: Have you experienced the foll (Check all that apply) | owing with your current living arrangement? |
|---|---|
| Lack of affordable housing | Housing damage (flood, storm, leaks, other) |
| Overcrowding | Nonfunctioning appliances (stove, oven, |
| Unreliable utilities (electricity, gas, water) | refrigerator) |
| Frequent moving | Landlord disputes |
| Bugs (roaches and bed bugs) or rodents | Threat of eviction |
| Mold or dampness | Violence or safety concerns |
| _ | General cleanliness |
| Other (please specify) | |
| | |
| | |
| 25. HOUSING: What is your current living sit | uation? |
| I have a steady place to live. | |
| I have a steady place to live today, but I am worrie | ed about losing it in the future. |
| I do not have a steady place to live. (Examples: I a shelter, living outside, in a vehicle, abandoned but | am temporarily staying with others. I am staying in a ilding, or park.) |
| Other (please specify) | |
| | |
| | |
| 26. HOUSING: Are you worried that in the ne | ext two months, you may not have stable |
| housing? | |
| Yes | |
| ○ No | |
| 27. VIOLENCE: Do you know anyone who has | s been affected by the following? |
| bullying | sex trafficking |
| child abuse or neglect | sexual assault |
| domestic violence | violence in your community |
| elder abuse or neglect | Other violent or abusive behaviors |
| emotional abuse | |
| physical abuse | |
| Other (please specify) | |
| | |
| None of the above | |
| | |

| 28 | . FALLS/IN | JURY: Have you experienced a fal | l with injury in the last year? |
|-------|----------------------|---|--|
| | Yes | | |
| | No | | |
| | | RCE: In your opinion, is there a sick all that apply. | hortage of the following workers in Jasper |
| | Childcare | providers | Mental Health Therapists |
| | CNA (Cert | tified Nurse Assistant) or Healthcare | Nurses |
| | | oviders for Medicaid | Physicians or Medical Providers Teachers |
| L | EMS prov | | |
| L | Human Se | | |
| L | Law Enfor | | |
| | Other (ple | ase specify) | |
| | | | |
| | None of th | ne above | |
| | | | |
| 30. P | RIORITIES | : Rank the 7 priorities (Rank 1-7 v | with 1 being the highest priority) |
| ≡ | | Access to Healthcare | |
| ≡ | • | Economic Stability & Income | |
| ≡ | • | Housing | |
| ≡ | • | Mental Health & Mental Disorders- lack o | of Mental Health providers |
| ≡ | • | Active Living and Healthy Eating | |
| ≡ | • | Substance Misuse (Substance, Alcohol, Di | rug Use) |
| ≡ | • | Cancer (Burden, Death, Screening) | |
| | TRENGTH r County? | S: What do you think are the three | e most important strengths for a healthy |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| | | | |

| 32. IMPROVEMENTS: What do you think are the three areas of needed health improvements in Jasper County? |
|---|
| 1 |
| 2 |
| 3 |
| 33. Age |
| |
| 34. Zip Code |
| |
| 35. What is your gender? |
| Female |
| ○ Male |
| Other (specify) |
| |
| <u> </u> |
| 36. Which race/ethnicity best describes you? (Please choose only one.) |
| American Indian or Alaskan Native |
| Asian / Pacific Islander |
| Black or African American |
| Hispanic |
| White / Caucasian |
| Multiple ethnicity / Other (please specify) |
| |
| |
| 37. What is your marital status? |
| ○ Married |
| Single, Divorced, Widowed |
| Unmarried living with significant other |
| Other (please specify) |
| |
| |

| Spanish Other (please specify) 40. EMPLOYMENT: Which of the following categories BEST describes your employr status? Employed, working full-time Not employed, NOT looking for work Employed, working part-time Retired Not employed, looking for work 11. INCOME: What is your total household income? Less than \$39,999 \$40,000 to \$69,999 \$150,000 or More \$70,000 to \$99,999 What is your profession? 43. INSURANCE: Which of the following is your source of health insurance coverage Medicare Medicare Medicaid Insurance through employer Other (please specify) | 38. LANGUAGE: In what language do y English | ou speak most often: |
|--|---|---|
| Other (please specify) 39. EDUCATION: What is the highest level of education you have completed? 40. EMPLOYMENT: Which of the following categories BEST describes your employer status? Employed, working full-time | _ | |
| 39. EDUCATION: What is the highest level of education you have completed? 40. EMPLOYMENT: Which of the following categories BEST describes your employr status? Employed, working full-time | | |
| 40. EMPLOYMENT: Which of the following categories BEST describes your employer status? Employed, working full-time | Other (please specify) | |
| 40. EMPLOYMENT: Which of the following categories BEST describes your employer status? Employed, working full-time | | |
| 40. EMPLOYMENT: Which of the following categories BEST describes your employer status? Employed, working full-time | | |
| 40. EMPLOYMENT: Which of the following categories BEST describes your employnestatus? Employed, working full-time | 39. EDUCATION: What is the highest le | evel of education you have completed? |
| Employed, working full-time Not employed, NOT looking for work Employed, working part-time Retired Not employed, looking for work Disabled, not able to work 41. INCOME: What is your total household income? Less than \$39,999 \$100,000 to \$149,999 \$40,000 to \$69,999 \$150,000 or More \$70,000 to \$99,999 What is your profession? What is your profession? Private Insurance Medicaid Not covered by health insurance Insurance through employer | \$ | |
| Employed, working part-time | | ving categories BEST describes your employmen |
| Not employed, looking for work 41. INCOME: What is your total household income? Less than \$39,999 \$100,000 to \$149,999 \$40,000 to \$69,999 \$150,000 or More \$70,000 to \$99,999 What is your profession? 43. INSURANCE: Which of the following is your source of health insurance coverage Medicare Private Insurance Medicaid Not covered by health insurance Insurance through employer | Employed, working full-time | Not employed, NOT looking for work |
| 41. INCOME: What is your total household income? Less than \$39,999 \$100,000 to \$149,999 \$40,000 to \$69,999 \$150,000 or More \$70,000 to \$99,999 What is your profession? 43. INSURANCE: Which of the following is your source of health insurance coverage Medicare Private Insurance Medicaid Not covered by health insurance Insurance through employer | Employed, working part-time | Retired |
| Less than \$39,999 \$100,000 to \$149,999 \$40,000 to \$69,999 \$150,000 or More \$70,000 to \$99,999 What is your profession? 43. INSURANCE: Which of the following is your source of health insurance coverage Medicare Private Insurance Medicaid Not covered by health insurance Insurance through employer | Not employed, looking for work | Oisabled, not able to work |
| \$40,000 to \$69,999 \$150,000 or More \$70,000 to \$99,999 What is your profession? 43. INSURANCE: Which of the following is your source of health insurance coverage Medicare Private Insurance Medicaid Not covered by health insurance Insurance through employer | 41. INCOME: What is your total housel | hold income? |
| \$70,000 to \$99,999 What is your profession? 43. INSURANCE: Which of the following is your source of health insurance coverage Medicare Private Insurance Medicaid Not covered by health insurance Insurance through employer | Less than \$39,999 | \$100,000 to \$149,999 |
| What is your profession? 43. INSURANCE: Which of the following is your source of health insurance coverage Medicare Private Insurance Medicaid Not covered by health insurance Insurance through employer | \$40,000 to \$69,999 | \$150,000 or More |
| 43. INSURANCE: Which of the following is your source of health insurance coverage Medicare Medicaid Not covered by health insurance Insurance through employer | \$70,000 to \$99,999 | |
| Medicare Private Insurance Medicaid Not covered by health insurance Insurance through employer | What is your profession? | |
| Medicare □ Private Insurance Medicaid □ Not covered by health insurance Insurance through employer | | |
| Medicaid Not covered by health insurance Insurance through employer | 43. INSURANCE: Which of the followin | ng is your source of health insurance coverage? |
| Insurance through employer | Medicare | Private Insurance |
| | Medicaid | Not covered by health insurance |
| Other (please specify) | Insurance through employer | _ |
| | Other (please specify) | |
| | | |

Community town hall presentation

JASPER COUNT

COMMUNITY HEALTH ASSESSMENT (CHA)

September 11, 2024



JASPER COUNTY COMMUNITY HEALTH TOWN HALL

Becky Pryor Jasper County Health Dept.



Welcome: 20 mins

Demographics: 10 mins

4 Areas/Table Activity: 45 mins

hello

Individual Input: 10 mins











Use your cell phone- QR or website. Need help?



COMMUNITY HEALTH

CHA = ASSESSMENT

CHIP=IMPROVEMENT PLAN

CHA/CHIP Introduction





- History
- Iowa Plan
- Current Health Improvement Plan

CHA & CHIP





Purpose of CHA/CHIP

A community-wide process for identifying the most important factors affecting health in the community and developing a plan to improve health by building on community strengths and working on gaps.

Source: IHHS





Jasper Co. Community Health Improvement Plan 2022-2025

- 1.Mental Health *
- 2.Substance Misuse *
- 3. Wellness * (Active Living)
- 4. Homelessness
- 5.Childcare
- 6. Healthcare Staffing *(Access)
- 7. Update ER (hospital's goal) *
- 8. Health Transportation *
- 9. Primary Care *
- 10.Housing



Current Improvement Plans EFR will have an IPN grant partnership with Jasper

| | | | 2 300 | starice ivi | iisuse (Diugs) | | group focused on at risk children two times per year in schools. | | |
|---|------|---|---|----------------------|--|---|---|--|--|
| CHNA Health Areas (Need and Goals | of . | Т | "Specific Actions" to Address Community Health Need or "Reasons Why Hospital Will Not" Address Need | Identified "Lead" | Identified Partners | ш | EFR will provide "Too Good For Drugs" program, general population training; twice per year in schools. NPD will do "Too Good For Drugs" and life skills | EFR / Newton | |
| Mental Health | | I | Improving access to care via targeted awareness of | | Newton PD, Capstone, MercyOne Newton | 2 | classes. | Police | |
| (Diagnosis, Treatmer Aftercare) | nt, | 3 | resources (stigma, etc.) through monthly PR marketing (i.e. mobile crisis line, proactive education, etc.); 1-2 monthly items marketed. | Country | Medical Center, Public Health, CICS, EFR, School, Sheriff, YMCA, Everly Ball, | - | USC and EFR will provide a media campaign for problem gambling. | USC/EFR | |
| | | | | | USC | ľ | EFR's grant will address alteration to the physical environment (lighting, cameras, cleaning it up), changing the physical location of where use is | EFR | |
| Anticipated Impact: Increase | | | Jasper County Cares Coalition is meeting monthly with all | | Newton PD, Capstone, MercyOne Newton | | happening in Jasper County | | |
| visibility and awareness of mental health services in Jas County | | ь | work to achieve longer term goals. Hospital will attend monthly meetings with key representatives. | Cares Coalition | Hospital, Public Health, CICS, EFR, School, Sheriff, YMCA, Everly Ball, USC | 1 | Jasper County Cares Coalition will help coordinate education and promotion of initiatives - monthly educational items to help with stigma reduction, resource promotions, etc. | Jasper County Cares Coalition | |
| Anticipated Impact: Increase options for after-hours servi- for mental health | | | Marketing and PR for Your Life Iowa, mental health, brain health, succide prevention, gambling, substance missuse, stress, coping, domestic and sexual violence prevention using but not limited to social media, newspaper, radio, bill boards, website. | EFR | Jasper County Cares Coalition | | Explore implementation and development of stabilization center via Discover Hope/The Well | Discover Hope/The | |
| Anticipated Impact: Reduce stigmassociated with mentl health | | | CICS is working to improve income guidelines to help with copay or deductibles by July 1st, 2022 for outpatient mental health services; currently can fund up to 250% of FPL, moving up to 500% for outpatient services. | | Jasper County Cares Coalition | | | | |
| | Ţ | Ī | Providing mental health services for children; BHIS (Behavioral Health Intervention Services) will provide | cics | BHIS | | | | |

Improvement Plan: Mental Health



Text, Call, Chat 988. 24/7.

988 SUICIDE & CRISIS



Improvement Plan: Substance Misuse Improvement Plan: Other



xplore implementation and development of Restoration House)

Continue laundry program with Salvation Army reimbursement with Neighbors Helping Neighbors funding.



Neighbors Helping Neighbors Need empty, plastic, laundry containers with a screw top lid



Jasper County Health & Human Services Resource Guide





Analysis of services offered in Jasper County Current Health and Human Services Programs

(S) STRENGTH

- #1- Jasper Co. Cares Coalition
- Community collaboration
- participation, and growth The amazing amount of services
- and resources available Resource guide- easy to use

(W) WEAKNESS

· #1- Transportation- can't afford

placements, school programs,

Need more Mental Health providers,

High quality senior care

programs, Public Health, lots of

- Schools and law enf, involved Educate about resources
- Services mentioned hospital. YMCA, new PAT, food
 - 24 mobile crisis utilize more Need the following agencies to
 - attend- Sal. Army, HIRTA, DHS Better funding Medicaid -

OPPORTUNITIES (O)

· Nest program- Pregnancy Center

· Expansion and new space JCC

· Mental health support groups for

· Discover Hope- drop in center

. Educ, on services available

· Transportation funding

MH/dental

THREATS (T)

- #1 State changes AEA
- · IHHS restructuring- Mental

Strengths- Jasper Co. Cares

Highlights- 2022-2025

- · Jasper Co. Cares Coalitions
- Collaboration!!!!
- · Less meetings
- Resources, Guide, PR, Events Funding & More
- Focus groups- Schools, MCH, Seniors, Transportation
- · Mental health, substance, homeless



2nd Wed, 10:30 AM



GAPS?

THREATS (T)

- #1 State changes AEA
- IHHS restructuring- Mental Health and Public Health
- Dental providers don't take Medicaid or patients
- Funding- local/County property tax reform
- Lack of Medicaid funding for Mental Health center
- Lack of funding for no cost transportation



Goal Healthy

Healthy Jasper County

History CHA CHIP

Requirements

- Public Health every 5 years
 - Report to State
- Non-profit hospitals every 3 years
 - IRS report for hospital (2010)
- Required to publish widely

How long ago?

• Over 30 years in Iowa.







Demographics of Jasper Co.

KristinaWinfield



Environmental

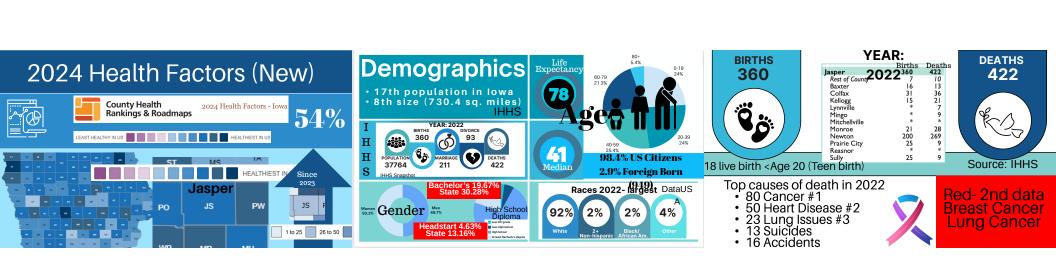
Jasper County Health Dept

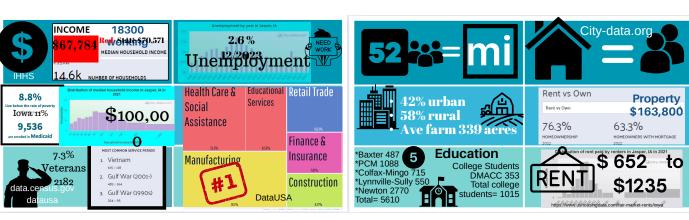


Demographics- NAMES

cdiv style="position: relative; padding bottom: 56.25%; padding top: 35px; height: 0; overflow; hidden;'> «frame sandbox=allow scripts allowsame origin allowpresentation allowfullscreen="true" allowpransparency="true" frameborder="0" height="315" arc=https://www.mentimeter.com/app/presentation/all-4uhrqnyff894vrldy53fx[44]cgrue/mebed* style="position: absolute; top: 0; left: 0: width=1005, height=1005, width=14005-xiftrame><ddiv>













- 1. Access to Medical Care
- 1. Healthcare Staff Shortage 2. Lack of Transportation 3.Insurance Issues 4. Dental Care: Medicaid 5. Lack of Preventive Healthcare
- 6. Medications Costs 7. Poor Quality of Care
- 8. Home Care or Hospice 9. Hospital 10.Emergency Care/Urgent
- 11.Specialty Care 12.OB and Prenata 13.Senior & Disability Care

14.Pediatric Care

4. Drug Overdose Prevention 5. Prevention Programs 6.Schools & Children 7. Treatment / Inpatient Care 8. Binge Drinking Prevention 9.Impaired Driving Prevention 10.Legal Issues 11.Low Reimbursement MH 12.Stigma

13.Lack of Support

Prevention

14. Tobacco & Vaping

2. Mental Health or

Substance Use

Disorders

1.Mental Health Professional

Shortage 2.Lack of Crisis Intervention

3. Suicide Prevention

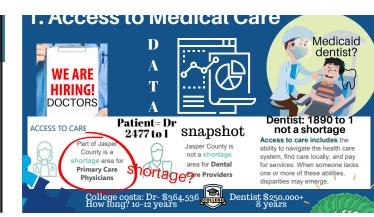
- 3. Active Living. Healthy Eating, & Lifestyle
- 1. Built Environment 2. Wellness Programs 3. Physical Activity 4. Prevention of Chron Diseases/Cancer
- 5. Obesity 6. Food Insecurities 7. InjuryPrevention 9. Independent Aging
- Prevention 6. Lack of Childcare 10.Sexual Health 7. Parenting Programs 11.Premature Death 8. Lack of Education/College 12.Breastfeeding 9. Lack of Health Equity Ed./Support 10.Poverty/Economic 13.Stress Instability 14.Lack of Health Educ.

1. Access to **Medical Care**



1. Access to **Medical Care**

- 1. Healthcare Staff Shortage
- 2. Lack of Transportation
- 3. Insurance Issues
- 4. Dental Care: Medicaid 5. Lack of Preventive
- Healthcare 6. Medications Costs
- 7. Poor Quality of Care
- 8. Home Care or Hospice
- 9. Hospital
- 10. Emergency Care/Urgent
- 11. Specialty Care
- 12. OB and Prenatal 13. Senior & Disability Care
- 14. Pediatric Care



T.Physician Shortage

AAMC Physician Education - lowa highest at 40% of physicians education in lowa.

AAMC report March 2024-shortage of:

- Primary care 20,200-40,400 by 2036
- Why? Population growth, aging population.
- Dr age- 17% over 65 years old, 25% age 55-64





4. Social.

Economic, &

Environmental

1. Lack of Available

2. Lack of Job Training

3. Unaffordable Housing of

4. Lack of food, utilities,

clothes, insurance, or

transportation

5. Violence or Abuse

Resources

Homeless

Des Moines | University

For immediate release: May 9 2024

Iowa is currently facing a physician workforce shortage crisis and is ranked 45th in the nation for patient-to-physician ratios per 100,000 population.

T. ACCESS to IVIEUICAL CATE. **OB. & LABOR AND DELIVERY**



Due to a decade of significant recruitment and physician workforce challenges, The Newton Clinic is announcing they will no longer continue to pursue recruitment of physicians dedicated to obstetrics for labor and delivery services. As a result, maternal care partner MercyOne Newton Medical Center must pause labor and delivery services indefinitely after October 15 to investigate other care models and options to provide obstetric care in our rural areas. MercyOn Newton does not directly employ any physicians but relies on partnering medical groups for

Newton Clinic is asking all mothers expected to deliver after October 15 to continue their heduled prenatal care appointments with their Newton Clinic obstetrical physician to discuss eir care and options for transfer and delivery. Mothers scheduled to deliver prior to October 1 will continue to have the excellent care they've been receiving and can deliver in Newton at

As difficult as this decision is, patient safety is of utmost importance to both organizations. Both the Newton Clinic and MercyOne Newton Medical Center will continue to commit to the high standards of prescribed and emergency care followed by every care center in Iowa. Appropria hospital policies and procedures, along with interfacility arrangements, are in place to safely care for and triage all patients.

Nurses employed in the labor and delivery department at MercyOne Newton Medical Center will be offered continued employment in other open nursing positions and departments.

Questions regarding patient care may be directed to Mark Thayer at The Newton Clinic 641-792-2112.

1. Access to Medical Care: **OB & LABOR AND DELIVERY**

- In Iowa, 33.3 percent of counties are defined as maternity care deserts compared to 32.6 percent in the U.S.
- 14.0 percent of women had no birthing hospital within 30 minutes compared to 9.7 percent in the U.S.
- **10.6** percent of birthing people received no or inadequate prenatal care, less than the U.S. rate of 14.8 percent.

IHHS, Maternal Data and Report Births that occurred in Jasper Co, Iowa, 2021

OBGYN 78 61.4% Family Med 47 37.0% Nurse Midwife ** 1.6%



1. Access to Medical: Survey \ \ / /

Strengths

 Healthcare 17.55% • Community 9.27%

Recreation, Volunteer, Events

Housing 6.71 %

Health Care: (rated good or very good) Ambulance, EMS, Eye doctor, Dental, school nurses, pharmacy, home health, hospice, chiropractors, PT, public health, primary care Drs., cancer care, cardiology Supportive Services 3.5/5 (Q18) (rated good or very good) Libraries, DMACC, Schools, Fitness,



Q14, Q16, Q18 Q16, Q29

3.5★ average rating

 $\star \star \star \star$

Emergency Dept (care/space) 2nd data Red-Primary Care &

Providers, Pediatrics, Specialists,

of Care, Affordability, Urgent care,

Urology, Neuro, Primary Care, Quality

Dentist



Healthcare Workforce (Top improvements needed: Hospital,

SHORTAGE(Survey: Q 29) Nurses, CNA, Dental for Medicaid, Physicians Note: Mental Health providers in next section



1.Barriers: Survey

\$\$\$\$\$

· Cost (out of pocket) 49%

· Lack of Ins. or coverage 23%

Appointments

- Work or school conflicts 39% • Difficult to get an appt 33%
- Time of appt. 28%

· Lack of providers 29%

J.J

average rating

Common terms (Q15): good improving, need more providers, average, ok, poor,

> Empower data 2024 Jasper
> 381 Electrical dependent
> 307 O2 dependent

ᡂ᠊ᡡ Helped 10 people with medication (1 time gap funding)

Medical outside Jasper 84% Primary in Jasper 69% Dental visit last vear 77%

Data: Jasper County General Asst QUALITY OF CARE reventable Trinity 1.815

0-day hospital













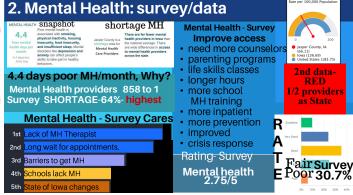
12. Stigma

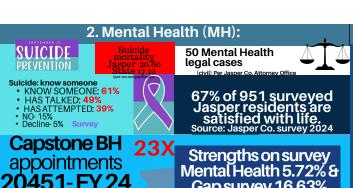
13. Lack of Support

Prevention

14. Tobacco & Vaping







Gap survey 16.63% #1 workforce shortage

2. Mental Health (MH): 6th-8th-11th gracervey/data lowa students increasingly sad and hopeless, 2016-2021, Iowa Youth Survey Across the United States and Iowa, teens are experiencing high rates of poor

mental health.

- In 2021, that number had jumped to 31%.
- All increased, but 6th graders experienced the biggest jump to 27% in 2021.
- Females is twice that of males. In 2021, 41% of female students. Iowa Youth Survey

2. Substance Misuse: Data

Personally impacted by substance misuse

No 26% Survev

Little 24% Moderate 22% Impacted Great deal 18 % A lot 10%

24.6% binge drinking 24.7% Iowa avg

Alcohol is the most commonly misused substance in lowa. lowa's alcohol use rates for almost every demographic are among the highest in the

snapshot

Choose one

person per

table

to enter the

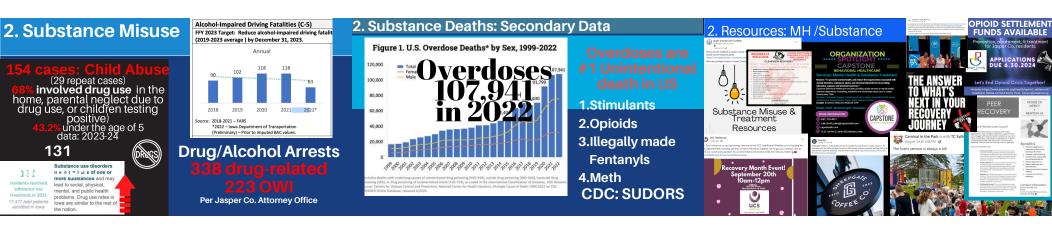
TOP 2

health issues on the iPad using the number on the left (1,2,3..)

0

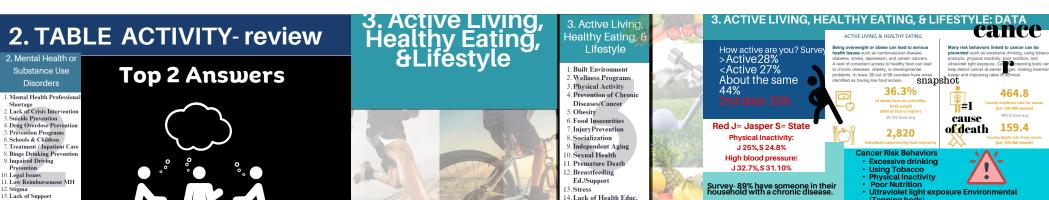
Survey: Excessive Drinking ~14.09% Vaping 7.73%, Marijuana/THC 7.18%, 5.8% CBD, Prescription not prescribed 1.38%









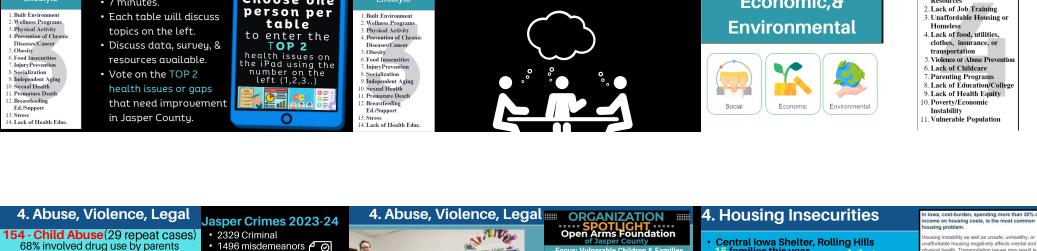


14. Tobacco & Vaping

(Tanning beds)









Violence 13.45%

9.24%

· Elder Abuse or Neglect

Sex trafficking 2.52%

Family Crisis Center

Total Crisis Center

Family Crisis Center

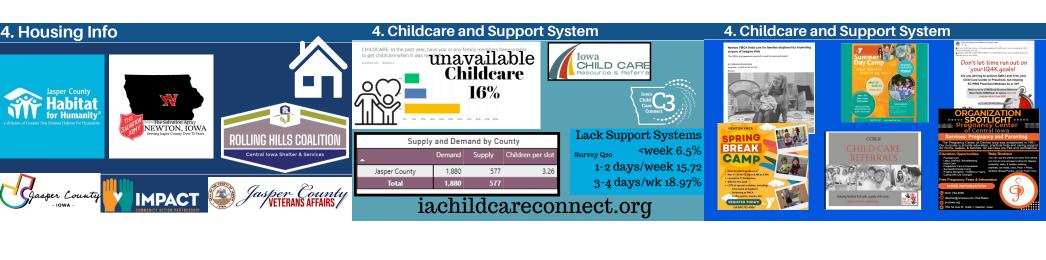
Family Crisis Center

Family Crisis Center

Total Community to Support

Family Crisis Center

Family Crisis Cen







Parenting Programs
Lack of Education/College

Instability

. Lack of Health Equity . Poverty/Economic

health issues or gaps

in Jasper County.

that need improvement

Parenting Programs

). Poverty/Economic

11. Vulnerable Population

Instability

8. Lack of Education/College 9. Lack of Health Equity

We need your input!!!

QR code eginning) nti.com & enter code 12519815 G



Compile feedback, data, surveys

Meet w/Jasper Co. Cares Partners

NEW Community Health Improvement Plan

Report-publish, IRS & State

Take Action, Make improvements







nank you

MERCYONE

LUNCH

JASPER COUNTY

COMMUNITY HEALTH ASSESSMENT

hank you

Health is not valued until sickness comes.

Contact: bpryor@jasperia.org Next Jasper Co. Cares is Oct 9 at 10:30 AM









- Thank you for attending today and giving us input into the health improvement plan To everyone who attends Jasper Co. Care Coalition thank you, thank you, thank you. It has grown beyond any vision we had. The ongoing work to make Jasper County healthier, the collaboration to improve & fill gaps, the willingness to lend a hand, and the amount of progress is nothing short of AMAZING! Many thanks to all the people and agencies who helped gather data for this presentation and report.
- To all the health and human service workers, law enforcement, educators, and other supportive services that serve Jasper County residents. You are the heroes!!! Thanks for making it all happen every day!
- Nika Schneider & Amanda Woken for summaries of the survey & secondary data.

 Melissa Gary for distributing flyers, surveys, folders, resource guides, postcards, distribution lists, iPads, and tables. Kristina
- for presenting, the data, and looking over this presentation. Special thanks to Rita Baker, Discover Hope, Capstone, and several schools & organization
- Thank you for your help with the surveys.

 Stephanie Alexander, PR behind the RSVP list at MercyOne Newton.
- A special thanks to the CHA Advisory Committee- Chief, Julie, Rita, Keri, Kristina, Amanda, and Connie. Thank you Julie Smith for the table items also.
- MercyOne Newton, Keri, & Lauren for coordinating lunch today.

Lunch provided by **MercyOne Newton**

| | Jasper County Cor | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | YEAR 5 | | | |
|---|--|---|--|---|-------------|------------|------------|------------|------------|
| | Objective 1 Mental Health and Substance Misuse Priority Jasper County CHIP 2025 | | | | Goal Status | | | | |
| | Promote mental health and s | ubstance use prevention and trea | tment for Jasper County r | residents by the 4 actions by 12/31/2027. | 12/31/2025 | 12/31/2026 | 12/31/2027 | 12/31/2028 | 12/31/2029 |
| | Action / Strategy | Likely Effect | Resources | Partners | | | | | |
| 1 | Increase the number of mental health and substance misuse providers in Jasper Co. by 12/31/2027. 1.) Capstone Behavioral Health will explore options for students and interns. 2.) Capstone Behavioral Health will explore opportunities to partner with Substance Treatment Providers. 3.) Capstone will explore recruitment and retention for mental health providers. 4.) Capstone will launch a marketing campaign to pecunit providers. | Increase the number of people who receive services in Jasper Co. Decrease the number of people who use substances in Jasper Co. Increase the number of mental health providers at Capstone. | Staff time Funding Loan Payback Incentives Options for Telehealth Indeed, Iowa Workforce Social Media: Facebook, Linkedin, Websites | Capstone & CICS- Lead Mental Health Providers: House of Mercy, Private Providers, Jasper County Schools, DMACC, DMU, Grandview University, & other colleges Mercy One Newton & Newton Clinic Substance Treatment Partners: Clearview Recovery, Sheepgate, Capstone, ITS, House of Mercy Jasper Co. Cares Coalition NAMI | | | | | |
| 2 | Work with Jasper Co. 5 School Districts to increase mental health counselors and substance misuse prevention programs by 12/31/2027. Capstone BH will work with schools to explore options for mental health services. 2. EFR and SROs will work with schools to explore evidence-based prevention programs in schools. | Increase the number of students who receive services in Jasper Co. Increase access to Mental Health services by school-aged children. Increase in the prevention of children misusing substances. | Staff time Funding | EFR and Capstone BH- Lead Mental Health partners & CICS Jasper County school & college Partners Mercy One Newton and Newton Clinic Treatment Partners: Clearview Recovery, Sheepgate, Capstone, ITS, House of Mercy Jasper Co. Cares Coalition Law Enforcement, SROs | | | | | |
| 3 | Provide access to and outreach to increase the distribution of mental health resources to the public by 12/31/2026. 1.) Launch a social media campaign in coordinating with Jasper County Cares Coalition of available resources. 2.) Offer materials for the Jasper County Cares Resource Table and online Resource Guide. | Increase access to Mental Health information Increased equity of access for all the community Increased awareness of mental health issues and resources | Staff time Funding Flyers Resource Guide Website . | Mental Health partners & CICS Jasper County school & college Partners Mercy One Newton and Newton Clinic Treatment Partners: Clearview Recovery, Sheepgate, Capstone, ITS, House of Mercy Jasper Co. Cares Coalition NAMI Mindspring Alliance | | | | | |
| 4 | Promote the Mental Health America (MHA) screening link by 12/31/2025. 1.) Activate a media and social media campaign about the screening link. 2.) Mercy One Newton will promote the link to providers. Capstone will discuss screening tools including the PHQ9 and GAD7 with | Increased community awareness of online screening availability with resources based on results Increase access to Mental Health information. | Link provided. mhanational.org Resources with website link results Staff time | CICS, Capstone BH, Mental Health Providers Jasper Co. Health Dept Mercy One Newton Jasper Co. Cares Coalition NAMI Mindspring | | | | | |

| | Jasper County Community H | iy Health Improvment Plan 2025-2030 | | | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | YEAR 5 |
|---|--|--|---|---|-------------|------------|------------|------------|------------|
| | Objective 2 | Lack of Healthcare Professionals | | Jasper County CHIP 2025 | Goal Status | | | | |
| | Developing strategies to overcome the shortage | of healthcare professionals by 12/31/2026. | | | 12/31/2025 | 12/31/2026 | 12/31/2027 | 12/31/2028 | 12/31/2029 |
| | Action / Strategy | Likely Effect | Resources | Partners | | | | | |
| 1 | Expand education and training opportunities for healthcare positions including funding, accelerated training programs, and online by 12/31/2026. DMACC in Newton will promote healthcare career opportunities and offer a job fair. 2.) Explore employer on the job training programs | Increase the number of people to pursue healthcare jobs. Increase in healthcare college students. Increase in healthcare positions filled. | Staff time Funding College incentive programs Incentives Social media | Jasper County Schools, DMACC (lead), UI, DMU, Dubuque, & other colleges Mercy One Newton and Newton Clinic LTC, Health and human service providers Jasper Co. Cares Coalition | | | | | |
| 2 | Recruitment for careers in healthcare fields with financial, competitive salaries, and benefits by 12/31/2026. 1.) Mercy One Newton will work with healthcare recruiters to draw more people to Newton. 2.) Mercy One Newton will explore options for OB providers in Newton. 3.) Newton Clinic will explore options for medical provider recruitment and retention. 4.) Capstone will explore options for provider recruitment and retention. 5.) Explore marketing to potential healthcare employees. | Increase the number of people to pursue healthcare jobs. Increase in healthcare college students. Increase in healthcare positions filled. | Staff time Funding: Salaries, Loan Payback, Incentives Options for Telehealth Remote Options Indeed, Facebook, Linkedin, Websites. Recruiter | Mercy One Newton (lead) and Newton Clinic LTC. Health and human service providers /employers Jasper Co. Cares Coalition Mental Health and Substance Abuse Providers. | | | | | |
| 3 | Retain existing healthcare professionals by 12/31/2026. 1.) Healthcare agencies will meet and discuss ways to keep existing staff including upward mobility programs. 2.) Jasper Co. Cares will explore options for presenters about burn out and leadership. | Decrease in turnover rate in facilities. Increase in a skilled work environment. Increase in positive work environment. Increase in patient satisfaction scores. Increase flexibility for providers. | Staff time Funding Flyers Resource Guide Website | Mercy One Newton (lead) and Newton Clinic LTC, Health and human service providers/employers Jasper Co. Cares Coalition Mental Health and Substance Abuse Providers. | | | | | |
| 4 | Explore technology and innovation to improve access to healthcare by 12/31/2030. 1.) Healthcare offices will research telehealth and remote options. | Save time and money on commuting and office space. Increase in staff available to serve the patients. | Staff time Funding: Salaries, Loan Payback, Incentives Options for Telehealth Remote Options Indeed, Facebook, Linkedin, Websites. | Mercy One Newton (lead) and Newton Clinic Health and human service providers/employers Jasper Co. Cares Coalition Mental Health and Substance Abuse Providers. | | | | | |

| | Jasper County Community H | iy Health Improvment Plan 2025-2030 | | | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | YEAR 5 |
|---|--|--|---|---|-------------|------------|------------|------------|------------|
| | Objective 2 | Lack of Healthcare Professionals | | Jasper County CHIP 2025 | Goal Status | | | | |
| | Developing strategies to overcome the shortage | of healthcare professionals by 12/31/2026. | | | 12/31/2025 | 12/31/2026 | 12/31/2027 | 12/31/2028 | 12/31/2029 |
| | Action / Strategy | Likely Effect | Resources | Partners | | | | | |
| 1 | Expand education and training opportunities for healthcare positions including funding, accelerated training programs, and online by 12/31/2026. DMACC in Newton will promote healthcare career opportunities and offer a job fair. 2.) Explore employer on the job training programs | Increase the number of people to pursue healthcare jobs. Increase in healthcare college students. Increase in healthcare positions filled. | Staff time Funding College incentive programs Incentives Social media | Jasper County Schools, DMACC (lead), UI, DMU, Dubuque, & other colleges Mercy One Newton and Newton Clinic LTC, Health and human service providers Jasper Co. Cares Coalition | | | | | |
| 2 | Recruitment for careers in healthcare fields with financial, competitive salaries, and benefits by 12/31/2026. 1.) Mercy One Newton will work with healthcare recruiters to draw more people to Newton. 2.) Mercy One Newton will explore options for OB providers in Newton. 3.) Newton Clinic will explore options for medical provider recruitment and retention. 4.) Capstone will explore options for provider recruitment and retention. 5.) Explore marketing to potential healthcare employees. | Increase the number of people to pursue healthcare jobs. Increase in healthcare college students. Increase in healthcare positions filled. | Staff time Funding: Salaries, Loan Payback, Incentives Options for Telehealth Remote Options Indeed, Facebook, Linkedin, Websites. Recruiter | Mercy One Newton (lead) and Newton Clinic LTC. Health and human service providers /employers Jasper Co. Cares Coalition Mental Health and Substance Abuse Providers. | | | | | |
| 3 | Retain existing healthcare professionals by 12/31/2026. 1.) Healthcare agencies will meet and discuss ways to keep existing staff including upward mobility programs. 2.) Jasper Co. Cares will explore options for presenters about burn out and leadership. | Decrease in turnover rate in facilities. Increase in a skilled work environment. Increase in positive work environment. Increase in patient satisfaction scores. Increase flexibility for providers. | Staff time Funding Flyers Resource Guide Website | Mercy One Newton (lead) and Newton Clinic LTC, Health and human service providers/employers Jasper Co. Cares Coalition Mental Health and Substance Abuse Providers. | | | | | |
| 4 | Explore technology and innovation to improve access to healthcare by 12/31/2030. 1.) Healthcare offices will research telehealth and remote options. | Save time and money on commuting and office space. Increase in staff available to serve the patients. | Staff time Funding: Salaries, Loan Payback, Incentives Options for Telehealth Remote Options Indeed, Facebook, Linkedin, Websites. | Mercy One Newton (lead) and Newton Clinic Health and human service providers/employers Jasper Co. Cares Coalition Mental Health and Substance Abuse Providers. | | | | | |

Iowa sunshine laws

Erika Eckley, Iowa Public Information Board

DISCLAIMER

This presentation is not intended to serve as legal advice. You should consult with your government entity's attorney about specific situations you encounter.

Enacted in 2013, the Iowa Public Information Board provides:

an official, efficient and free legal resource for citizens and government officials

To ask questions about lowa open meetings and records laws, and to address complaints about alleged violations of the laws.

The board is one of a few agencies in the nation with the authority to advise and enforce the state's sunshine laws.



The board is authorized by Iowa Code section 23.6...

- To issue advice regarding the applicability of the public records and open meetings laws.
- To receive and investigate complaints alleging violations and seek resolution through informal assistance, mediation and settlement.
- If a complaint cannot be resolved informally, and the board has probable cause to believe the law has been violated, to prosecute the government body or official in a contested-case proceeding under the Administrative Procedures Act.
- To issue subpoenas to investigate complaints and prosecute cases, and to issue declaratory orders with the force of law to require compliance with the sunshine laws.

- Any person can bring a complaint before the board or can bring an action in state district court.
- If more than one party simultaneously brings an action before the board and in court, the court shall stay the case pending resolution of the complaint by the board.
- A final board order is subject to judicial review.



- Has no jurisdiction over the judicial or legislative branches, or over the governor and governor's office.
- Limited to addressing issues involving Chapters 21 and 22 of the lowa Code.
- Complaints must be made within 60 days of the alleged violation.
- Declaratory orders issued by the board, determining the applicability of the open meetings or records law to specific fact situations, have the force of law.

IPIB BOARD MEMBERS

Joan Corbin, Pella - Government Representative
E. J. Giovannetti, Urbandale - Public Representative
Barry Lindahl, Dubuque - Government Representative
Catherine Lucas, Johnston – Government Representative
Joel McCrea, Pleasant Hill - Media Representative
Monica McHugh, Zwingle - Public Representative
Luke Martz, Ames - Public Representative
Jackie Schmillen, Urbandale - Media Representative

Board meetings are typically the 3rd Thursday of the month.

Livestreamed and available at https://www.youtube.com/@lowaPublicInformationBoard

IPIB STAFF



Erika Eckley
Executive Director
Erika.Eckley@iowa.gov



Kimberly Murphy
Deputy Director
Kim.murphy@iowa.gov



Alexander Lee Agency Counsel Alexander.Lee@iowa.gov

Open Meetings 101

Iowa Code Chapter 21

HISTORY

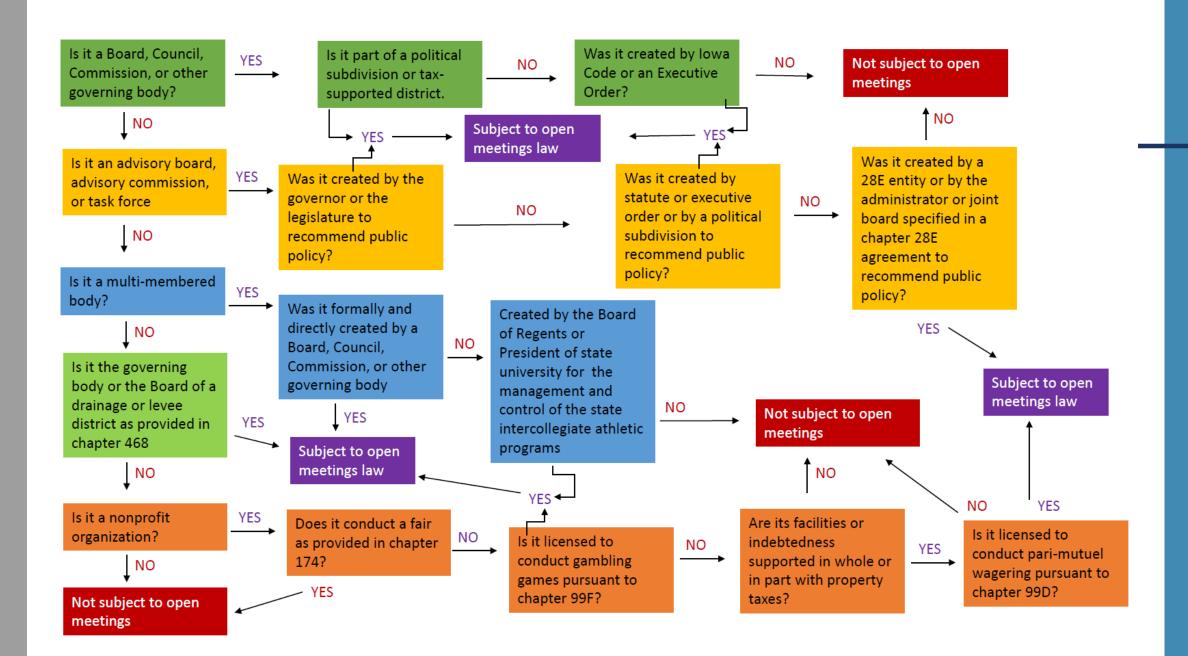
"Ambiguity in the construction or application of this chapter should be resolved in favor of openness."

Iowa Code Section 21.1

DEFINING A GOVERNMENT BODY

Governmental Bodies are:

- Boards, Councils and Commissions created by law or appointed by other governing bodies
- Bodies created by the Board of Regents or a president of a university
- Advisory boards, advisory commissions, and task forces created by state or local governments to develop and make recommendations on public policy
- Non-profit corporations (other than a fair) who are supported with property tax revenue and licensed to conduct pari-mutual betting
- Non-profit corporations licensed to conduct gambling games pursuant to chapter 99F
- Governing bodies of drainage or levee districts
- Advisory boards, advisory commissions, advisory committees, task forces created through 28E agreements or by statute or executive order of state or subdivision to develop and make recommendations on public policy



BEST PRACTICES

- While some ad hoc committees, advisory board or task forces may not be required to be open, they are often encouraged to do so as a matter of good public policy.
- Allowing the public to observe the deliberations will add to the "buy in" necessary to enact any decision or recommendation made by the group.

DEFINING A MEETING

"...a gathering in person or by electronic means, formal or informal, of a majority of the members of a governmental body where there is deliberation or action upon any matter within the scope of the governmental body's policy—making duties."

- 1. A formal or informal gathering of members of a governmental body;
- 2. In such numbers so as to constitute a majority;
- 3. During which deliberation or actions occurs; and
- 4. Such deliberation or action is within the scope of the governmental body's "policy-making duties."

1981 Iowa Op. Att'y Gen. 162 (1981).

24AO:0001 - CHAPTER 21 REQUIREMENTS FOR WORK SESSIONS

A work session is a meeting that requires appropriate notice under Iowa Code § 21.4.

No matter what the gathering is called, if there is deliberation or action upon any matter within the scope of the body's policy-making duties by a majority of the members, it is considered a meeting and must be open.

If a chapter 21 meeting occurs, minutes of that meeting must be taken.

PREPARING FOR A MEETING

Meetings must –

- Be preceded by a public notice of at least 24 hours giving the date, time, place and a tentative agenda.
- Notice of the meeting must be sent to any news organization requesting it.
- The notice must be posted in a prominent place accessible to the public at the government office. If no office is available, notice should be prominently placed where the meeting will be held.
 - Posting on the inside of a glass door into the governmental building, posting on a website or community calendar, or at the post office are all ways to promote transparency in government.

AGENDAS

What needs to be included in an agenda? Barebones agenda information such as "approval of old minutes, old business, new business" would <u>not</u> be sufficient, nor would using the same agenda for meeting after meeting.

- Tentative agenda can changed under certain circumstances.
- The law allows discussion and action on emergency items, but if action can reasonably be deferred to a later meeting, it should be.
- Information on the agenda must be reasonably sufficient to alert interested people as to the subject matter to be considered.
- The agenda must specifically state any issues the board intends to discuss in open or in closed sessions.

KCOB/KLVN, Inc. v. Jasper Cty. Bd. Of Sup'rs, 473 N.W.2d 171, 174-75 (Iowa 1991).

SOCIAL GATHERINGS

Can members get together socially? Yes, <u>BUT they cannot discuss</u> business.

- A gathering becomes a "meeting" when a quorum of officials engage in discussion on matters over which they exercise judgment.
 - Deliberation occurs "if the members of the governmental body engage in any discussion that focuses at all concretely on matters over which they exercise judgment or discretion." *Hutchison v. Shull*, 878 N.W.2d 221, 231 fn. 1 (lowa 2016).
- The purpose of the law is to allow citizens to see how their officials arrive at a decision and to heard discussion and opinions.
- Even retreats are public meetings if a quorum is present and policy is discussed.

BEST PRACTICES

If all members will be gathering together, prepare a notice of the event.

The agenda can describe the event as a social event and indicate that no business will be conducted.

Make sure there is no deliberation.

ATTENDANCE AT SOCIAL AND MINISTERIAL EVENTS

"Chapter 21 excludes events attended by members of a government body, such as social, political and civic events, so long as the members avoid deliberation on policy issues within their policy-making duties and their attendance at the event is not to avoid the transparency requirements of the open meetings law."

To avoid deliberation, the members of a governmental body should ensure they take in the information received and ask clarifying questions if needed, but avoid providing any commentary on the topic. They should avoid any comments that begin with phrases similar to the following, which will likely lead toward deliberation.

• "I think we should...", "I feel this could..., "I support/won't support this...", "My opinion on this matter is...", "I want to take a poll/see what you all are thinking"

ATTENDANCE AT SOCIAL AND MINISTERIAL EVENTS (CONT.)

A better option is to conduct the conversation in an open meeting following the requirements of chapter 21, so there is no concern with the ministerial gathering becoming an improper meeting.

Persons serving on governmental bodies should be constantly aware that their activities are subject to public scrutiny and should avoid even the appearance of engaging in unauthorized [meetings]. ...

Provide notice the members of the government body will be attending the social event. Providing notice when the government body will be attending the event demonstrates transparency.

Do not sit together or gather in a majority at the event. Ensuring members are socializing with other attendees at the event prevents any deliberation on matters within the members' scope.

If members are together, make sure the conversation topics are social in nature to avoid bringing up government business."

See IPIB Advisory Opinion 24AO:0004

EMAIL

Can members e-mail each other concerning governmental business?

- Every situation is fact specific, and it is easy to send an e-mail to all members just to share relevant information on a topic without the intent to avoid the Open Meetings Law.
- If members want to share an opinion or debate policy, they should save that discussion for the open session.
- Emails are public records.

Best Practice- if some information, such as an agenda, is shared with the members, sending as a BCC to the members helps prevent any inadvertent discussion through "reply all."

MINUTES

Minutes should show, at a minimum:

- the date, time and place of the meeting,
- the members present, and
- the action taken at any meeting
 - All votes must be recorded
 - Votes by each member must be noted individually but a unanimous vote can be so noted as long as all present vote.

Minutes become public record as soon as they are complete and must be published as required by law, in the appropriate newspaper. Although not a substitute to publishing, minutes can also be made available online.

ADVISORY OPINION-23A0:0007

Minutes are the public record of a governmental body's activities and decisions. Their usage should be to document the official actions of a governmental body. This means they should contain the legally required information as well as enough information in context to ensure understanding of the actions and topics covered by the Board or Council. Minutes should not include partial commentary or editorial additions. Including these items in minutes causes unnecessary issues ... https://ipib.iowa.gov/23ao0007-editing-meeting-minutes-publishing

DO MEMBERS OF THE PUBLIC HAVE THE RIGHT TO SPEAK AT AN OPEN MEETING?

While most bodies have a time noted on their agendas for public comment, members of the public have no right to participate in the discussion of an item unless they are on the agenda.

Comments made do not have to be placed in the minutes. Minutes only need to include the actions taken and other information required in Iowa Code chapter 21.

lowa Code 21.7 allows a governmental body to make and enforce reasonable rules for the conduct of its meetings to assure those meetings are orderly, and free from interference or interruption by spectators. **BUT, make sure this is uniformly enforced** and not based on the content of the message. See *Peterson v. City of Newton*

CLOSED SESSIONS

Closed sessions may be held **only** by the vote in open session of **two-thirds** of the members of the body or all members present and only after citing one of the following reasons

- To review or discuss a record which is required or authorized by state or federal law to be kept confidential or as a condition to retain federal funding.
- To discuss application for a patent.
- To discuss strategy with counsel on matters that are currently or may imminently be in litigation.
 - Note- counsel must be identified and must be present in some capacity.
- To discuss contents of a licensing examination, initiate disciplinary investigation or proceeding if the body is involved with licensing or examining.

CLOSED SESSIONS

- To conduct a hearing or discuss whether to conduct a hearing to suspend or expel a student unless the student and/or parent wants the meeting to remain open.
- To discuss the decision to be rendered in a contested case.
- To avoid disclosure of specific law enforcement matters which if disclosed would enable law violators to avoid detection or facilitate disregard of requirements imposed by law.
- To evaluate the professional competency of an individual whose appointment, hiring, performance, or discharge is being considered.
 The individual must request a closed session.
 - *Teig v. Loeffler*, No. 24-0029 (Ia. Ct. App. Dec. 4, 2024)- requires the government body to determine whether a closed session is necessary to prevent needless and irreparable injury to the reputation of the individual requesting the closed session and only being in closed session for that portion.

CLOSED SESSIONS

- To discuss the purchase or sale of real estate. The minutes and audio recording of the closed session shall be made available when the transaction is dropped or completed. (j) [this section may require an entity to retain the closed session records longer than as required in 21.5]
- To discuss records concerning security procedures and emergency preparedness for the protection of government employees, visitors, people under the care and protection of the government and its property.
- To discuss patient care quality and process improvement initiatives in a meeting of a public hospital that if disclosed might harm the hospital's competitive position.

Other sections of the Iowa Code may permit a government agency to close a meeting OR exempt meetings from the requirements of the open meetings law. (For example, Iowa Code § 279.15 exempts some meetings and records involving the termination of a teacher.)

PROCEDURE DURING CLOSED SESSION

- No additional topics can be discussed.
 - The purpose and topics for the closed meeting must be the same
 - Recent district court case- Dewitt School Board
 - "The scope of the meeting was breathtaking in contrast to its stated purpose."
- The session must be recorded and "detailed minutes" must be taken. These records must be retained for <u>at least</u> one year and are not public record.
- Members who would have otherwise had access to the closed session may get access to the closed session recording and minutes.
- Final action must happen in open session.
- Nothing in Iowa Code 21 requires a governmental body to hold a closed session to discuss or act upon any matter.

NEW LAW: ELECTRONIC MEETINGS

Amendment to Iowa Code section 21.8 – passed during the 2024 legislative session

- "A governmental body <u>shall</u> provide for hybrid meetings, teleconference participation, virtual meetings, remote participation, and other hybrid options for the members of the governmental body to participate in official meetings."
- Effective July 1, 2024
- No longer a requirement to state in the minutes why an in-person meeting was impossible or impractical.

TYPES OF ELECTRONIC MEETINGS

- "Hybrid meeting" means a meeting involving both remote participation and in-person participation by members.
- "Remote participation" means real-time participation by a remotely located individual in a meeting which is being held in a different physical location using integrated audio, video, and other digital tools.
- "Teleconference participation" means participation using audio conference tools involving multiple participants in at least two separate locations.
- "Virtual meeting" means a meeting involving real-time interaction using integrated audio, video, and other digital tools, in which participants do not share a physical location.

24AO:0006: ELECTRONIC MEETING

IPIB has received a lot of questions from governmental bodies regarding implementation of the law. These are common questions:

Is a governmental body required to provide electronic access to meetings for members of the governmental body pursuant to the new law?

Yes. Effective July 1, 2024, Iowa Code § 21.8 requires that a governmental body provide for electronic meeting options for members of the governmental body.

Is a governmental body required to provide electronic meeting options if none have been requested or it is believed none will be utilized?

The language is mandatory that the option be provided for official meetings of the governmental body.

Is a governmental body required to provide all electronic meeting options? No. A governmental body is not required to utilize all options for every meeting.

EXEMPT SESSIONS

A meeting of a governmental body to discuss strategy in matters relating to employment conditions of employees of the governmental body who are not covered by a collective bargaining agreement under chapter 20 is exempt from this chapter. For the purpose of this section, "employment conditions" mean areas included in the scope of negotiations listed in section 20.9:

- wages,
- hours,
- vacations,
- insurance,
- holidays,
- Leaves of absence,
- Shift differentials,
- Overtime compensation,
- Supplemental pay,
- seniority,

- Transfer procedures,
- Job classifications,
- Health and safety matters,
- · Evaluation procedures,
- · Procedures for staff reduction,
- in-service training,
- grievance procedures for resolving any questions arising under the agreement, and
- Other matters mutually agreed upon

Public Records 101

Iowa Code Chapter 22

PUBLIC RECORDS

All governmental bodies, officials and employees are covered by Chapter 22 - public records.

- "Record" includes:
 - documents, tape or other information stored or preserved in any medium of or belonging to a governmental body
 - including electronic communication such as e-mails, websites, or texts
 - all records relating to the investment of public funds
- Each body must designate a "lawful custodian" and publicly announce who holds that responsibility.

PRIVATE EMAIL COMMUNICATION ON PUBLIC DEVICE

Are private email communications sent from a government email address public records?

The records requested included email communications from a city police officer to agencies, individuals, and various email addresses on government email in both a personal and public capacity.

Case law consistently states, that whether a document is a public record depends on the nature of the document and whether they are created and/or held by the police officer in his official capacity. Records related to the police officer's children, personal court cases, and personal communications were deemed not created or held by him in his official capacity and were not be public records. Records related to his investigative role as a police officer would be public records subject to disclosure according to lowa Code chapter 22. See lowa Public Information Board Advisory Opinion 24AO:0007.

PUBLIC EMAIL COMMUNICATION ON PRIVATE DEVICE

Personal emails ARE public records.

In Kirkwood Institute v. Sand, No. 23-0201 (Apr. 26, 2024) -

The court held that a factual issue was created about whether the delay in producing the records request was reasonable when the auditor's office failed to provide an email thread sent from an employee's personal email to a reporter.

The email thread was related to the government body's business and was a public record.

LAWFUL CUSTODIANS – PRIVATE DEVICES

Recording made by employee of the County Auditor's Office includes interaction between government officials related to government business. Clear precedent exists to establish that "any medium," as used to define a public record, includes personal recording devices. The recording is a public record that belongs to the county. It is a violation of lowa Code Chapter 22 to refuse to disclose a public record unless it falls within an exception.

The public records request should be made to the government body, and more specifically, the publicly-designated, responsible official or employee of the government body.

See Iowa Public Information Board Advisory Opinion 24AO:0008.

BEST PRACTICES

Best practices dictate that a government body should develop a policy governing the use of private devices for government business. This policy could require that the government body or lawful custodian have access to private devices and could establish the specifics of access.

Best practices also should include discussion of the public records request with legal counsel if there is a question regarding disclosure. This will ensure that governmental bodies comply with lowa law and avoid civil damages, payment of costs, and attorney fees.

GOVERNMENT-MODERATED SOCIAL MEDIA

Assuming the social media platform in question is free to use and widely available to the public, that format would also presumably qualify as "useable with commonly available data processing or database management software." If a requester submits a Chapter 22 request for public records in this category, the government body may satisfy its responsibilities as lawful custodian by directing the requester to the public social media page, as doing so provides the requester with access.

If a county board of supervisors chooses to publish PDF copies of its weekly meeting minutes to its Facebook page as a supplement to other publication requirements set forth elsewhere in the Code, a requester seeking a PDF for a particular meeting would still be entitled to the release of that particular record as normal. The county board in this instance could not discharge its duties simply by directing the requester to its Facebook page to locate the minutes for themselves, as social media would not be the only format in which the requested PDF, as an electronic record, would be readily accessible to the government body.

A government body may be required to produce existing data, "even if some type of manipulation is required to make the data readable," but there is no accompanying requirement that the government body perform custom searches or rearrange existing data to answer a query. Similarly, Chapter 22 does not impose any retention requirements for public records, meaning that nothing in this analysis would prevent a government body from deleting or editing a social media post consistent with an applicable retention policy. 24AO:0012: Public Records Requests and

BEST PRACTICES

- Do not use text or other informal means to conduct government body business.
- Put in place a policy regarding the use of and how to obtain access to public records created on personal devices, such as texts, or on personal accounts, such as non-government email addresses
- Put in place a retention policy and follow it.
- Keep your public and personal information separate-
 - Different phones for email or do not download work emails to personal devices.

WHO HAS THE RIGHT TO EXAMINE PUBLIC RECORDS?

- Anyone can examine, photograph or copy a public record without charge while the public record is in the physical possession of the custodian.
- The governmental body cannot prevent examination of the records by contracting with a nongovernmental entity to create, hold, or store those records. (Section 22.2 (6))
- Governmental bodies can control the terms and conditions of the examination of non-confidential records stored within geographic computer databases. Bodies must establish reasonable rates (actual costs) for the examination of these records. (Section 22.2(3)(a)).
 - But if it is provided to the public as a public record...
- If it's a public document for one person, it is a public document for everyone!
- Remember, public documents can be posted on the internet, shared with anyone, etc.

MUST A REQUEST BE BY AN IDENTIFIABLE INDIVIDUAL?

Although "person" is not defined in lowa Code chapter 22, lowa Code section 4.1(20) defines "person" to mean "individual, corporation, limited liability company, government or governmental subdivision or agency, business trust, estate, trust, partnership or association, or any other legal entity." There are many examples of records requests filed by media groups or organizations that are considered valid and enforceable record requests.

A requestor of public records <u>can remain anonymous and does</u> <u>not need to provide a contact name.</u> There just needs to be enough information to provide the information sought.

HOW MUCH TIME DOES A CUSTODIAN HAVE TO RESPOND TO A RECORD REQUEST?

- Chapter 22 is silent as to the time for response to a records request.
- Based on our review of section 22.8(4)(d), we believe it is not intended to impose an absolute twenty-day deadline on a government entity to find and produce requested public records, no matter how voluminous the request. *Horsfield Materials, Inc. v. City of Dyersville*, 834 N.W.2d 444 (lowa 2013).
 - If a request is routine, work to provide it immediately or as soon as possible.
 - A good faith delay is allowed to determine whether the record in question is a public record or confidential. (Section 22.8(4))
 - A reasonable delay for this purpose ordinarily should not exceed 10 business days and cannot exceed 20 calendar days.
 - Record custodians should communicate with requesters to ensure that the correct records are released in as timely a manner as possible and any issues are discussed.
- But, several Supreme Court decisions have raised specifically fact questions regarding "unreasonable delay." See Belin, Kirkwood Institute, and Teig

24AO:0010 "REASONABLE DELAY" INQUIRY

How promptly the defendant acknowledged the plaintiff's requests and follow-up inquiries Best practices are to "promptly acknowledge" the receipt of a records request, but what is considered "promptly" has always been based on the facts existing at the time the request is made.

Whether the defendant assured the plaintiff of the defendant's intent to provide the requested records Showing an intent to provide the requested records would include considering such things as communications by the custodian to the requestor establishing an estimate for when the records may be available or the custodian providing an estimate regarding the cost of retrieval and copying the records, and communications seeking clarification of the request.

Whether the defendant explained why requested records weren't immediately available (e.g., what searches needed to be performed or what other obstacles needed to be overcome) The Court has repeatedly refused to provide a specific timeframe for when requests must be produced because the variety and scope of requests is as vast as the type of government body subject to the requirements of lowa Code Chapter 22. For simple requests, generally, there should be limited delay in producing the records by the custodian. For more complex or broad requests, however, retrieval and production could take time.

ADVISORY OPINION-23A0:0005

Email Requests, Generally

Electronic requests sent through email to the records custodian should include the specific request within the body of the email. There is no reason a request needs to be sent in an attachment or through a link. The email request provides written notice of the request and also includes the date and time when it was sent, so there is a documented record of the request. Including links or attachments to email increases the risk that the message may be automatically routed to a "spam" folder or quarantine filters to address cyber security and phishing concerns. Requesters should provide the request in a format that enables the government entity to receive and respond to the request.

Government entities should request the sender resubmit the request in the body of the email if requests are received that have attachments or other extraneous information. Like all requests, government entities should provide acknowledgement of the request and responses regarding the records and fees.

Request Portals and online forms

Providing a portal or online request form is an appropriate and safe way to allow for electronic requests to be submitted. It will be important that the portal or form system provide requesters a copy of their request including when and to whom it was submitted. Acknowledgment of the request and other appropriate follow up information and documents should be provided as well. If a records request is such that fees are charged, communication about how the fees can be paid, including whether they can be handled through the portal, should be clearly communicated.

SUPERVISION AND FEES

- The custodian may charge a reasonable fee for the services of the custodian in retrieval and for the copies. (upheld by *Teig* case)
- Fees should be based on the actual costs directly attributable to examination or copies of records.
- Fulfillment may be made contingent upon pre-payment of a fee
- Estimated expenses must be communicated to the requestor.
- Fees cannot exceed the **actual cost** of providing the service and cannot include the costs of ordinary administrative office expenses, such as insurance, depreciation, etc.
- lowa Code states the custodian shall make reasonable effort to provide the record at no cost other than actual copying costs for a record taking less than thirty minutes to produce.

FEES- LEGAL REVIEW

- "Costs for legal services should only be utilized for the redaction or review of legally protected confidential information." Iowa Code 22.3 (eff. 7/1/22).
- A lawful custodian should not charge a requester for legal services <u>used to determine whether the records requested</u> <u>contain confidential</u> information.
- The lawful custodian should only charge the requester for the time an attorney spends actually redacting or reviewing confidential information.

See 23AO:0002, March 3, 2023 Costs for legal services

IS REDACTION REQUIRED?

Records cannot be withheld because they contain both nonconfidential and confidential material. Government entities need to ensure examination of a public record is possible and need to find a way to remove or redact confidential material from records if applicable. (Section 22.3A(2))

CONFIDENTIAL RECORDS

- Section 22.7 includes a list of records that are confidential under the open records law.
- Additional laws may also contain provisions on confidentiality.
- The most common confidential records are-
 - Medical records.
 - Trade secrets protected by law. (Trade secrets are defined in Iowa Code Chapter 550),
 - The work product of an attorney related to litigation by or against a public body.
 - Note- there must be litigation.
 - Attorney-client privilege is different and should be invoked if it applies. (*Teig* confirms long-standing attorney-client confidentiality under lowa Code chapter 22 documents)

CONFIDENTIAL RECORDS, CONT.

- Peace officers' investigative reports, except for date, time, specific location, and immediate facts and circumstances surrounding a crime or incident.
- A crisis intervention report generated by a law enforcement agency regarding a person experiencing a mental health crisis, substance-related disorder crisis, or housing crisis.
- Appraisal information concerning the sale or purchase of property for public purposes prior to announcement of the project.
- Information that if released would cause the loss of federal funding
- Information regarding homeland security.

CONFIDENTIAL PERSONNEL RECORDS

- Certain personal information held in confidential personnel records of government employees is confidential such as
 - age, race, sex, address
 - Social Security,
 - · home telephone numbers,
 - reason for sick leave. (This does not include the dates and times of use of sick or vacation leave.) 22.7(11) and (32)
- The following information in personnel records <u>is public</u> under 22.7(11):
 - employee's name,
 - compensation (anything of value given to an employee, including pay, benefits, vacation, severance payments and retirement benefits, including any written agreement about terms of employment
 - employment dates and positions held,
 - educational background and previous employment
 - whether the individual resigned in lieu of termination, was discharged, or was demoted as the result of a disciplinary action, and the documented reasons and rationale

PERSONS OUTSIDE GOV'T

- Persons outside government
- Communication not required by law or rule
- If the <u>lawful custodian could reasonably determine</u> that the person would be dissuaded from reporting if made public
 - The communication is a public record to the extent that the person outside of government making that communication consents to its treatment as a public record.
 - Information contained in the communication is a public record to the extent that it can be disclosed without directly or indirectly indicating the identity of the person outside of government making it or enabling others to ascertain the identity of that person.
 - Information contained in the communication is a public record to the extent that it indicates
 the date, time, specific location, and immediate facts and circumstances surrounding the
 occurrence of a crime or other illegal act, except to the extent that its disclosure would
 plainly and seriously jeopardize a continuing investigation or pose a clear and present
 danger to the safety of any person.

JOB APPLICATIONS

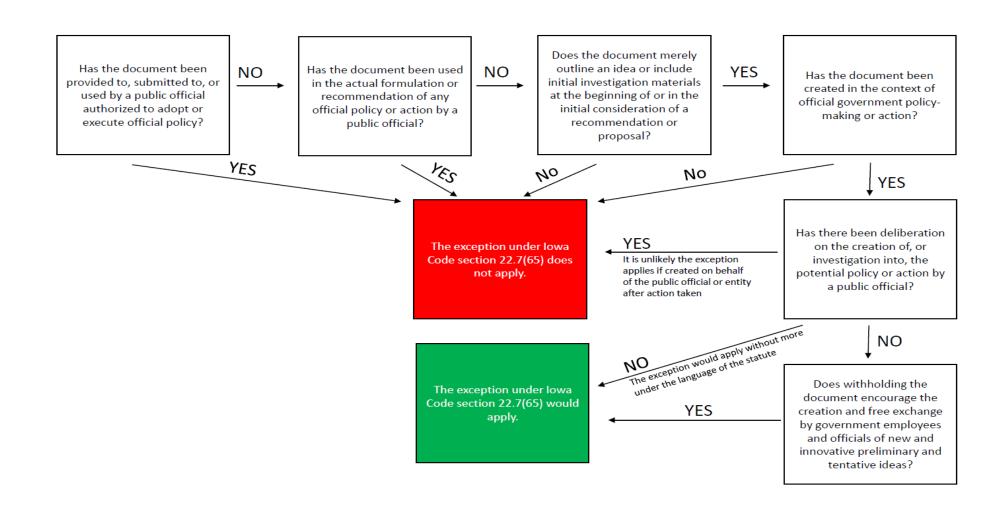
Teig v. Chavez, No. 23–0833 (June 7, 2024)- Job applications from external candidates (not currently employed by the government entity) can be confidential under lowa Code 22.7(18) if the custodian has reason to believe disclosure would discourage outsiders from future communications.

Does not apply to internal government body candidates because they have an "arrangement for compensation" with the government body.

"DRAFT" RECORDS

- Custodians can withhold "tentative, preliminary, draft, speculative, or research material, prior to its completion for the purpose for which it is intended."
- This exception does not apply to public records that are actually submitted for use by government bodies or that are used in the formulation, recommendation, adoption of government policy or action. Section 22.7(65).
- Notes taken to create minutes are a public record.

23AO:0008 DRAFT DOCUMENTS



22.7(5) INVESTIGATIVE REPORTS

Peace officers' investigative reports, privileged records or information specified in section 80G.2, and specific portions of electronic mail and telephone billing records of law enforcement agencies if that information is part of an ongoing investigation, except where disclosure is authorized elsewhere in this Code. ... However, the date, time, specific location, and immediate facts and circumstances surrounding a crime or incident shall not be kept confidential under this section, except in those unusual circumstances where disclosure would plainly and seriously jeopardize an investigation or pose a clear and present danger to the safety of an individual.

Specific portions of electronic mail and telephone billing records may only be kept confidential under this subsection if the length of time prescribed for commencement of prosecution or the finding of an indictment or information under the statute of limitations applicable to the crime that is under investigation has not expired.

23AO:0003: CONFIDENTIALITY OF POLICE INVESTIGATIVE FILES

Qualified Privilege of Confidentiality

The confidentiality afforded to police investigative reports under 22.7(5) is a qualified, rather than categorical, privilege. See Mitchell v. City of Cedar Rapids, 926 N.W.2d 222, 232–234 (Iowa 2019). ...demonstrating that a particular record is part of a police investigative report is a necessary, but not sufficient, condition to an ultimate determination that the record is in fact confidential under § 22.7(5).

In addition to demonstrating that the record in question is part of an investigative report, "[a]n official claiming the privilege must satisfy a three-part test: (1) a public officer is being examined, (2) the communication [to the officer] was made in official confidence, and (3) the public interest would suffer by disclosure." *Mitchell v. City of Cedar Rapids*, 926 N.W.2d 222, 232 (lowa 2019) (citing *Hawk Eye v. Jackson*, 521 N.W.2d 750, 752 (lowa 1994)).

RELEASE OF CONFIDENTIAL RECORDS

The public records law allows the release of confidential information when "ordered by a court, by the lawful custodian of the records, or by another person duly authorized to release such information..."

SETTLEMENT RECORDS

- When a government entity is involved in a legal dispute, the entity must prepare a summary after the dispute is resolved that indicates the identity of the parties involved, the nature of the dispute and the terms of the settlement.
- The summary and the settlement agreement are public records. (Section 22.13)

PENALTIES

- The law provides for civil lawsuits.
- A court can issue an injunction ordering a government body to comply, assess damages between \$100 and \$500, order payment of costs and attorney fees, and remove repeat violators from office. If a member of a governmental body knowingly participated in a violation, damages increase to \$1,000-\$2,500. (Section 22.10(3)(b))
- Ignorance of the law is not a defense, but damages will not be assessed against officials who
 - voted against the violation,
 - refused to participate in the violation,
 - engaged in efforts to resist the violation, or
 - relied upon a formal opinion of the attorney general, the advice of an attorney provided in writing or memorialized in a meeting or the Iowa Public Information Board. (Section 22.10(3)(b))

BEST PRACTICES FOR RECORDS REQUESTS

- Promptly acknowledge the request and provide contact information for the lawful custodian's authorized designee.
- Provide an approximate date by which an estimate for any reasonable expenses and the release of a copy of the public record or a response to the request will be provided
- Inform the requester of any expected delay
- Communicate, communicate, communicate!



BEST PRACTICES FOR RECORDS REQUESTS

- If lengthy text, attachments, or links are included in what appears to be an emailed records request-
 - Kindly request the sender resubmit the specific records requested in the body of the email.
 - If pushback is received, kindly restate that the information needs to submitted clearly in the body of the email for you to process the request.
 - If necessary, remind them that there is an option to mail the request if unable to put the request in the body of an email.
 - BEST PRACTICE: Clearly articulate the limitations on electronic records requests that will be required and enforce them uniformly.
- If extensive email records are sought or requests for everything on a specific server, contact IT provider quickly regarding any cyber security concerns and to determine a reasonable estimate of the time and expense of responding. Clearly communicate any estimated costs and time frames and any limitations on what may be confidential.

lowa Public Information Board

BEST PRACTICES FOR RECORDS REQUESTS

- If no record exists, then clearly articulate that there is no record. A record is not required to be created if it does not exist.
- If a record is being withheld due to it being a confidential document, clearly articulate that the document(s) is being withheld and the legal authority for withholding it.
- If a record request is simple and takes less than 30 minutes to provide it, then consider providing it at no charge.
- If a record request is extensive, provide a reasonable, good faith estimate of the
 expected costs of fulfilling the request and ask for payment before working on
 the request. If the costs are too high, try to work with the requester to narrow the
 search or make the documents more targeted to reduce time and
 expense.

lowa Public Information Board

CONTACT US WITH ANY QUESTIONS

ipib.iowa.gov

ipib@iowa.gov

515-393-8339



Board of Health / Jasper Co Health Dept Budget

| EXPENSES | FY24 budget | FY25 request | FY26 request | |
|-----------------------------|-------------|--------------|-----------------|---|
| WAGES-DEPT HEAD, RN | 103300 | 107300 | 107300 | Last year amount |
| WAGES- PUBLIC HEALTH RN | 74000 | 80500 | | pay scale, non dept head |
| WAGES-CLERK | 47300 | 49500 | 49500 | Last year amount |
| OFFICE SUPPLIES | 1800 | 1800 | 1800 | |
| MEDICAL/LAB SUPPLIES | 2000 | 2000 | 2000 | |
| APPAREL/UNIFORMS | 400 | 400 | 400 | |
| PUBLICATIONS/ADVERTISING | 500 | 500 | 500 | |
| POSTAGE/MAILING | 600 | 600 | 600 | |
| EMPLOYEE MILEAGE/MEAL | 2000 | 2000 | 2000 | |
| TELEPHONE SERVICES/INTERNET | 2000 | 2000 | 2000 | |
| HCA SERVICES | 50000 | 40000 | 40000 | decrease \$10,000 |
| EDUCATIONAL/TRAINING | 1000 | 1000 | 1000 | |
| MAINT-OFFICE/COMPUTER | 3000 | 3000 | 3000 | |
| DUES/MEMBERSHIPS | 750 | 750 | 750 | |
| PASS-THRU STATE GRANTS | 50000 | 40000 | 40000 | decrease \$10,000 |
| WAGES | 224600 | 237300 | 239300 | recommend consistent with County raises and payscales |
| FICA-COUNTY PORTION | 18000 | 19000 | | Will change, wage increase not figured |
| IPERS-COUNTY PORTION | 22000 | 22500 | 23000 | Will change, wage increase not figured |
| EMPLOYEE GROUP INSURANCE | 65000 | 64990 | 67000 | Increased based on Auditors sheets |
| Totals: | 443650 | 437840 | 442350 | |

| REVENUE | FY24 budget | FY25 request | FY26 request |
|--------------------------------|-------------|--------------|-----------------|
| PHEP GRANT | 50000 | 40000 | 40000 |
| MISC | 0 | 500 | 0 |
| IMMUNIZATION GRANT | 11000 | 16101 | 11000 |
| LOCAL PUBLIC HEALTH SERV GRANT | 85000 | 86940 | 85000 |
| Totals: | 146000 | 143541 | 136000 |

| Difference- County amount | \$ | 297,650 | \$ | 294,299 | \$ 306,350 |
|---------------------------|----|---------|----|---------|------------|
|---------------------------|----|---------|----|---------|------------|

| Budget | FY2 | 26 | |
|---------------|-----|---------|------|
| Wages & | \$ | 348,300 | 79% |
| Grants- pass | | | |
| thru | \$ | 40,000 | 9% |
| Homecare | \$ | 40,000 | 9% |
| Other- office | | | |
| | \$ | 14,050 | 3% |
| Total | \$ | 442,350 | 100% |

| Jasper Co. Health Dept FY25 | | | July 1, 2024- June 30, 2025 | | | | |
|--|----------|----------|-----------------------------|----------|----------|---------|--|
| Public Health | July | Aug | Sept | Oct | Nov | Dec | |
| Communicable Disease | 5 | 3 | 4 | 7 | 10 | 8 | |
| TB medication per day | 31 | 31 | 30 | 31 | 56 | 62 | |
| Immunization given | 5 | 86 | 27 | 25 | 16 | 6 | |
| School Audits | | | 1966 | 3414 | | | |
| Daycare Audits | | | 321 | 229 | 256 | | |
| Health Fair/Com Ed # people approx (Cares) | 27 | 56 | 91 | 3990 | 713 | 575 | |
| Car seat installed | 2 | 2 | 0 | 4 | 3 | 6 | |
| Promotions/Outreach | | | | | | | |
| Instagram impressions | 23 | 231 | 123 | 133 | 233 | 175 | |
| Instagram followers | 509 | 512 | 514 | 519 | 517 | 518 | |
| Facebook impressions: JCHD + Cares | 14118 | 41221 | 17807 | 136658 | 17269 | 15949 | |
| Facebook followers: JCHD + Cares | 5105 | 5150 | 5162 | 5194 | 5201 | 5224 | |
| Twitter followers | 239 | 239 | 240 | 240 | 233 | 222 | |
| Media-articles,ad,mentions | 6 | 9 | 8 | 4 | 7 | 5 | |
| Media reach: appr./15,000 | 90000 | 135000 | 120000 | 60000 | 105000 | 75000 | |
| Website reach | 406 | 617 | 492 | 746 | 340 | | |
| Home Care Aide - reimbursement | | | | | | | |
| Total Clients | 7 | 7 | 6 | 6 | 6 | 6 | |
| Claims paid in month | \$1,820 | \$2,310 | \$1,960 | \$1,680 | \$1,960 | \$1,540 | |
| Referrals Made | | | | | | | |
| # referrals | 10 | 21 | 74 | 127 | 86 | 77 | |
| Grant billed | | | | | | | |
| Local Public Health Services | \$18,191 | \$18,926 | \$17,238 | \$21,629 | \$10,956 | | |
| Emergency Prep- PHEP | \$5,059 | \$1,967 | \$1,655 | \$1,227 | \$1,799 | \$0 | |
| Immunization grant | \$882 | \$3,048 | \$4,076 | \$3,194 | | | |
| Other funding | \$500 | | | | | | |
| Total billed for month | \$24,632 | \$23,940 | \$22,969 | \$26,051 | \$12,755 | \$0 | |