

# Community Health Assessment - Sioux County

## Executive Summary

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### Introduction

A community health assessment (CHA) provides an opportunity for non-profit hospitals, federally qualified health centers, and public health agencies to identify needs and resources within the community. Since 2010, 501(c)3 hospitals conduct assessments at least once every three years. As part of the assessment, each hospital is required to collect input from individuals representing the community as well as those with public health expertise. Public Health agencies in Iowa are required to complete a CHA at least once every five years. The following report outlines the process undertaken by Community Health Partners of Sioux County, IA to fulfill these requirements. Community Health Partners conducted this Community Health Assessment (CHA) as a collaborative process with four other hospitals and the federally qualified health center in Sioux County. This group collaborated on the previous assessment conducted in 2019.

### Summary of Health Needs

The following prioritized health needs were identified for all of Sioux County with the collaborative:

1. Mental Health
2. Social Determinants of Health - Ongoing Assessing and Addressing
3. Heart Disease - Prevention
4. Health Care Access

### Summary of Method and Process

The CHA was conducted using a collaborative planning and data collection process integrating secondary data and primary data collected from community stakeholders through attending existing community meetings and through a web-based questionnaire. The following steps were taken:

1. Identify desired data indicators
2. Review, analyze and compile available data from a variety of existing data sets from national, state, and local sources
3. Collect primary data through community groups and stakeholder web-based questionnaire
4. Convene planning group to identify county priorities
5. Identify health system priorities

## Introduction and Background

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A community health assessment (CHA) provides an opportunity to systematically identify needs and resources within the community. Public health agencies in Iowa are required to complete a CHA at least every five years. This report represents the 2022 health assessment report for Community Health Partners of Sioux County, the public health agency serving Sioux County, Iowa.

Community Health Partners of Sioux County conducted this assessment as part of a collaborative process with the four hospitals and the federally qualified health center in the county. This process included joint planning, identification of common data indicators, and county-wide stakeholder engagement. Although the process was collaborative, each individual hospital reviewed both community level and county level data and input. Community Health Partners of Sioux County presents this community health assessment as an individual assessment and will develop an implementation plan based on this assessment.

## About Community Health Partners

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Community Health Partners of Sioux County (CHP) was established in 1995 through a collaborative effort between four hospitals in Sioux County to provide management services to the respective home care programs. In 1997 CHP became the county provider of public health services. Since that time, CHP has continued to expand the public health services provided in Sioux County.

Mission Statement: Partnering to promote and improve the health of all who live, learn, work and play in Sioux County

Vision Statement: A healthy equitable and resilient Sioux County

## Our Community

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Sioux County is a county in northwest Iowa with an estimated 2020 population of 35,872 (U.S. Census Bureau). This is a 6.43% increase in population since the 2010 census. In comparison, the state of Iowa population grew by 4.3% in the same time period. Sioux County's population is predominantly white (85.7%), which is in line with the rest of the state. The next largest population group is those of Hispanic origin (13.7%). From 2010 to 2020 the percent white population decreased by 7.6% and the percent Hispanic origin increased by 4.8%.

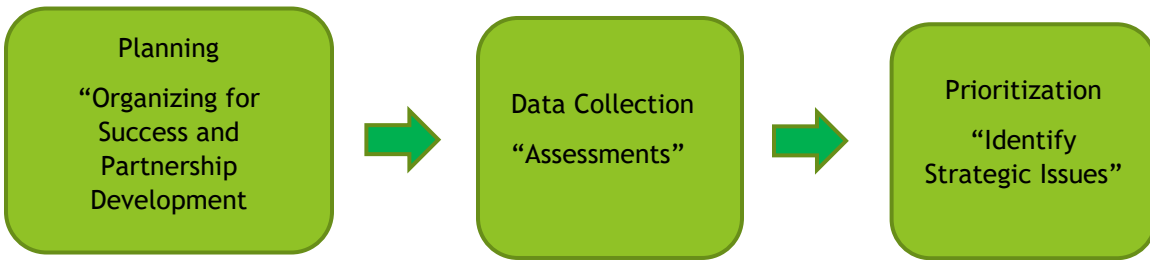
Sioux County includes 14 incorporated communities, the largest of which are Sioux Center, Orange City, Rock Valley, Hawarden, and Hull. According to data provided through the ISU Extension, Data for Decision Makers, the median household income in Sioux County is \$73,260, compared to median household income of \$61,836 for the state of Iowa. 5.5% of the total population of Sioux County lives below the poverty level, compared to 11.1% for the state of Iowa.

Additional data about Sioux County and health status indicators can be found in the Community Health Status Report.

## Process and Methods

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The community health assessment was conducted using a modified MAPP (Mobilizing for Action through Planning and Partnerships) process through collaboration among CHP and the four critical access hospitals located within Sioux County, Iowa. Steps in the process included 1) Planning - called "Organizing for Success and Partnership Development" in the MAPP framework, 2) Data collection - called "Assessments" in MAPP framework language, and 3) Prioritization - "Identify Strategic Issues" in the MAPP framework.



## Planning

Community Health Partners of Sioux County, the local public health agency for Sioux County, Iowa convened a group of representatives from Sioux County health care organizations to conduct a collaborative community health assessment. Other partners in the collaborative process were four critical access hospitals and a federally qualified health center: Hegg Health Center, Sioux Center Health, Orange City Area Health System, and Hawarden Regional Healthcare, and Promise Community Health Center.

The planning phase of the project included identifying data indicators that should be included in the data review and considering community stakeholders to be included in outreach efforts. After reviewing the 2019 assessment report and County Health Snapshot, the group identified additional data indicators that should be included in the updated snapshot.

The collaborative group decided to focus on existing community groups and a web-based questionnaire since a county-wide survey and extensive focus group interviews were completed in 2019. In the interim, COVID-19 impacted many community organizations, especially healthcare organizations and Community Health Partners collected ongoing community needs data throughout the pandemic in an effort to respond quickly to community needs. Recognizing this ongoing assessment, the group did not want to burden organizations with extensive data collection processes.

## Assessment

Community Health Partners identified available sources for relevant data to include in a **community health status report** using secondary data sources. Priority was given to data identified through the Iowa Department of Public Health Public Health Tracking System, County Health Rankings, and the U.S. Census Bureau. The “2022 Community Health Status Report” describes the health status of Sioux County through Demographics, Social Determinants of Health, Health Resource Availability, Death/Injury/Illness, Maternal and Child Health, Social and Mental Health, Environmental Health, and Behavioral Risk Factors. This Community Health Status Report was reviewed by the collaborative and areas where Sioux County was unfavorable compared to state or comparison county data were specifically considered.

**Community Input** was gathered throughout Sioux County through participation in existing community meetings and through a web-based questionnaire. A community health consultant attended community meetings and facilitated discussion about priority health needs in the community following the “Three Key Questions for Partners” provided by the Iowa Department of Public Health. This community input was collected between November and March 2022. Of these community groups, three were comprised of a cross section of providers who serve a variety of roles throughout the county including school nurses, social service providers, mental health providers, the Board of Health and public health providers. A web-based questionnaire using the same questions was sent to mailing lists that included health care providers, pastors, social service providers, and community care coordinators. A total of 43 web-based responses were received. The following table outlines participants who represented specific low-income, minority and underserved populations.

Participants	
Organization / Individual	Representative Group
Early Childhood Iowa / Decategorization	Low income, underserved
ATLAS	Low-income
Elderbridge	Underserved and older adults
Love, Inc.	Low income
Lutheran Social Services of Iowa	Low income
School nurses	Underserved
Community care coordinators	Underserved, low-income, minority
Habitat for Humanity	Underserved, low-income
Parent Partners	Underserved
Promise CHC	Underserved, low-income

Web-based questionnaire - CHP provided a link to a web-based questionnaire through SurveyMonkey that included three key questions for stakeholders. There were 43 responses received. The three questions are below:

1. Based on your interactions with the people you serve, what are the 3 most important issues/topics we need to focus on to improve health in our community?
2. What reasons led you to choose each?
3. Are there things that already exist in our community that we can capitalize on to make/sustain improvement?

## Summary of Input from Community

Priority needs identified in web-based questionnaire:

*Mental Health* was identified as the top priority by 14 of the respondents and as the second priority for 11. Within this category, specific areas of need were family and individual stress, destigmatizing mental health, the need for more mental health services and providers, anxiety, mental health resources for minorities, the need for ongoing support, and identifying the connection between physical health and mental health. Others identified increasing use of social media (2) and family structure and parenting (2) connecting to the wellbeing of youth.

Rationale for including this as a top priority included the prominence of mental health issues across age and demographic profiles, the lack of providers, the lack of nearby inpatient services, the need to better care for ourselves and others from a prevention standpoint, the increase in depression and other mental health disorders throughout the COVID-19 pandemic, the increasing levels of anxiety in middle school, the hesitation to seek help or talk about stresses and anxiety, a lack of resources for those seeking support, and the long wait times for existing services. One response specifically noted a 2-3 day wait time for placement for those in crisis and a 3+ month wait for outpatient services.

Resources noted include existing providers, a regional hospital, capable local agencies with experience providing a spectrum of ongoing support, churches, concerned community members and teachers, school counselors, and county coordination.

*Obesity, Nutrition, and Physical Activity* - Six respondents identified needs related to obesity, nutrition, and physical activity as the most important issue to address, while ten identified this as the second more important issue and four as the third. Within this category, specifically mentioned were diet and nutrition, promotion of health habits, opportunities and spaces for physical activity especially those that are available year-round and at low or no cost, and outdoor spaces such as parks.

Rationale for inclusion connected nutrition and exercise habits to overall health and an increase in diabetes, hypertension, and cardiovascular disease, noted challenges with accessing places for physical activity in the wintertime and the importance of spaces like parks for activity, a need for low cost options for activity and the need for learning about healthier ways to cook and eat.

Resources available include existing parks, recreation centers, fitness centers, places that could host cooking classes such as schools, libraries, and gyms, groups for weight loss support, clinics, prevent diabetes groups, community centers and walking paths.

*Health Care Access* - Seven respondents identified health care access issues as the most important issue; two identified this as the second most important and three as the third most important. Specific needs include staffing, positive attitude, senior care services, Alzheimer's services, specific clinic needs, specialty care, screening exams and understanding existing coverage, creating a welcoming and friendly environment for patients, and improving healthcare funding and financing access.

Rationale for including this as a top priority include the desire to have services available close to home because family care is important, the wait times for care in local clinics, lack of knowledge about financial coverage, challenges with access for minority groups, and the added stress that comes from financial aspects of accessing health care.

Resources to address this issue include bilingual staff, insurance availability and assistance for enrollment.

*Social Determinants of Health* were mentioned either as a general category of need or specific social determinants such as housing (6) transportation (2) and daycare availability (2).

Rationale for inclusion included the inadequacy of existing transportation services to meet the needs of some community members who rely on it, the cost of housing, the challenges of hiring employees when daycare access is limited, the number of families in shared housing or housing that does not meet housing codes or is rodent infested, and the lack of housing availability.

Resources noted were specific programs such as Family Crisis Center homelessness unit, HUD, ATLAS, and Mid-Sioux Opportunity as well as employers who have an interest in increasing available housing.

*Community Ethos* - A number of respondents included needs such as trust (1), honesty and transparency (1), empathy (1), respect (1), privacy (1), and sense of community support (1) that indicate an overall need relating to the general ethos of the community.

Rationale for these was limited, but included statements about becoming individualistic, the growing diversity of the population, the desire to see coworkers who are happier and more productive, and the connection between demonstrating care and openness to discussing health issues.

*Healthcare Response to Covid-19* - Issues that either directly relate to COVID-19 or with an implied connection included the needs for improved immunization practices (1), a desire to decrease the use of masks in patient settings (1), personal choice (1), COVID-19 pandemic resources (1), changing covid regulations and safety (1), and addressing the needs of those impacted by Covid (1).

Rationale for inclusion included the number of people impacted by COVID-19, the challenge of providing care, and a lack of education about vaccines.

No specific resources were noted aside from vaccine locations and web information.

*Substance Use*, including alcohol and cannabis use was highlighted by four respondents.

The rationale included a note that heavy drinking impacts communities, vaping nicotine is rising in Sioux County, cannabis use among youth is rising and cannabis is increasingly available in multiple forms, and substance use is seen at all ages.

Rosecrance Jackson, Seasons Crisis and Celebrate Recovery were noted as specific resources to address substance use.

### **Priority needs identified in Stakeholder meetings:**

Similar to the questions asked in the web-based questionnaire, stakeholders at existing community groups or coalitions were asked to identify the top three issues, the reasoning for selecting the issue, and resources that are available to address the issue.

*Mental health* emerged as a need in stakeholder meetings, specific the challenges related to recruiting enough providers in rural areas, the challenge of asking for help, a growing need among children and teens and increasing challenges with generational issues such as intense family dynamics. Additionally, there was recognition of a growing challenge of co-occurring mental health and substance use disorders and the need for trauma education. It was specifically noted that there was a 17% increase in alcohol sales in Sioux County between 2018-2020.

Resources identified include Elderbridge, Love, Inc, Parent Partners, Mental Health First Aid training, churches, engaged school nurses, trauma informed care trainings, a 24/7 text or chat line [www.yourlifeiowa.org](http://www.yourlifeiowa.org) and outreach through radio, newspapers and social media.

*Financial needs* were also noted as a need, specifically stakeholders have noted an increased number of clients with transportation challenges including loss of ability to drive due to aging and increasing costs of transportation. A general challenge for many clients is managing money, especially when price increases occur - these clients are hardest hit by financial challenges. The cost of healthcare services also impacts finances and more low cost or sliding scale services are needed.

*Physical activity and nutrition* was also identified by stakeholder groups, especially the need for physical activity options in the winter months.

*The healthcare workforce* was also identified as an area of need, with recognition that long-term care facilities and the behavioral health workforce (as noted above) are areas of particular need.

The issues identified by stakeholder groups are similar to those identified in the web-based questionnaire and additional resources or community assets were identified.

**Prioritization** - A summary of the health issues raised through community input was presented to the collaborative planning group along with the secondary data report.

On May 11, 2022, Community Health Partners convened a stakeholder meeting with attendees representing the participating healthcare organizations. Participants reviewed a summary of all assessments (community input, secondary data), identified and prioritized key issues. To determine priorities that healthcare systems will address collaboratively, the collaborative team used the Stakeholder Survey Results, Community Health Status Report, and stakeholder meeting input to generate a list of health needs / issues. Identified issues were:

- Health care access - can include recruiting employees and connecting to providers
- Connecting patients to providers
- Recruiting long term care employees
- Heart disease - prevention factors
- Melanoma - potential connection to ag work
- Mental health access, prescribing provider
- Social determinants - assessing and addressing on an ongoing basis
- Cancer screenings
- Dental services for Medicaid
- Exercise and nutrition
- Substance Use/Abuse
- Routine Screenings
- Social determinants - housing, transportation, daycare

The collaborative team used a multi-voting technique to narrow the list of health needs/ issues to a priority list after discussion, determining that the identified issues were supported by data, important to the community and broad enough to have potential for a variety of community actions to address. The priority needs identified were:

Mental Health

Social Determinants of Health - assessing and addressing on an ongoing basis

Heart Disease - Prevention focus

Health Care Access

## Summary of Priority Needs

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For the purposes of this assessment, a health need includes requisites for the improvement or maintenance of health status in both the community at large or in particular parts of the community (such as a specific group experiencing disparities). Requisites for improvements or maintenance of health status include underlying factors that influence health such as transportation or housing.

## Mental Health

### *Description of the issue*

Mental health is part of overall health and refers generally to emotional, psychological and social well-being (mentalhealth.gov). Challenges related to mental health can occur at any age and can be transient or long-standing. Healthcare related to mental health is provided by a variety of providers including those who specialize in diagnosis, medical treatment, therapy, and rehabilitation.

*Statistical Data (Secondary data):* Sioux County adults reported an average of 3.8 days of poor mental health over the past 30 days. This is slightly lower than the Iowa overall, where 4.1 days were reported. The suicide death rate (per 100K) is 11.5 compared to the state of Iowa rate of 10. Among youth in grades 6, 8, and 11 participating in the Iowa Youth Survey, 17% seriously thought about killing themselves in the past 12 months.

*Related data indicators:* The ratio of mental health providers to the population in Sioux County is 800:1, lower than the state ratio 570:1.

*Community Input (Primary data):* Survey respondents and stakeholder groups, alike, identified mental health as one of the top issues. Both an increase in the experiences of poor mental health and the need for additional providers were noted as important aspects of this need, indicating that there are needs along the continuum from prevention to treatment.

### *Potential resources to address the issue:*

Resources and Programs available in Sioux County to address this issue include:

Resources noted include Sioux Rivers Regional Mental Health & Disabilities Services, existing mental health providers, a regional hospital, capable local agencies with experience providing a spectrum of ongoing support, churches, concerned community members and teachers, school counselors, and county coordination. Elderbridge, Love, Inc, Parent Partners, Mental Health First Aid training, engaged school nurses, trauma informed care trainings, a 24/7 text or chat line [www.yourlifeiowa.org](http://www.yourlifeiowa.org) and outreach through radio, newspapers and social media were also noted as available resources.

A full listing of mental health resources in Sioux County can be found on the county resource guide:

<https://siouxcountychp.org/resource-category/mental-health-counseling-support-groups/>

## Social Determinants of Health - assessing and addressing

### *Description of the issue*

Social determinants of health refer to underlying conditions that influence health including the built environment, education, health care access, community context and socioeconomic status (CDC, 2022).

### *Statistical Data (Secondary data):*

In Sioux County, 6% of children under age 18 live below the poverty level, which is lower than the state rate of 12%; 41% of students are eligible for free and reduced lunch, which is slightly lower than the state percentage of 42%. Additionally, 7% of families spend 50% or more of their income on housing and 5% report food insecurity. While the median income in Sioux County (\$74,900) is higher than the state (\$62,400) there are income disparities when comparing median household income by ethnicity where the median income for those identifying as Hispanic is \$42,900 compared to \$68,300 for those identifying as American Indian or Alaska Native and \$75,800 for those identifying as White.

The high school graduation rate in Sioux County (91%) is the same as the state, but there is a higher rate of adults age 25+ who have completed less than 9<sup>th</sup> grade (3.6%) in Sioux County than across the state (2.9%).



### *Community Input (Primary data):*

Focus group participants noted the need for ongoing assessment and addressing social determinants of health. This type of assessment can occur at both the community and individual level and strategies for addressing them are similarly both at the community and individual level.

### ***Potential resources to address this issue:***

Resources and Programs available in Sioux County to address this issue include:

- Care coordination resources in health care systems and at Community Health Partners
- PRAPARE assessment used at Promise CHC
- Unite Us referral platform

## Heart Disease

### ***Description of the issue***

Heart disease is a term that refers to a number of heart conditions, the most common of which is coronary artery disease, which can lead to heart attack. Other types include heart rhythm problems, heart valve diseases, and heart muscle diseases. Risk factors for heart disease include high blood pressures, high cholesterol, and smoking ([cdc.gov/heartdisease/about.htm](https://www.cdc.gov/heartdisease/about.htm))

### ***Statistical Data (Secondary data):***

Although the mortality rate for heart disease in Sioux County (113.5 per 100,000) is lower than the state (165.5 per 100,000), it is the leading causes of death.

***Community Input (Primary data):*** Although heart disease itself was not identified as a specific theme in the stakeholder groups, it was mentioned as a key reason for including obesity prevention, physical activity, and nutrition as a priority issue. In other words, preventing cardiovascular disease is one of the drivers for addressing physical activity and nutrition. The prioritization team specifically identified issues related to awareness of heart disease as a leading cause of death and the need for prevention messaging related to heart disease, especially for women.

### ***Potential resources to address this issue:***

Existing programs that address obesity, physical activity, and nutrition can be connected more broadly to heart disease. These resources include Prevent Diabetes Northwest Iowa, Healthy Sioux County's 5-2-1-0 activities and outreach, and community education activities. Additionally, all county health care organizations regularly provide heart disease and heart health messaging in February.

## Health Care Access

### ***Description of the issue***

Access to health care is a determinant of health that impacts the ability to detect and treat illness and other health conditions. Access can be related to both the availability of health care services and the ability of people to connect to those services, which may include convenience and affordability.

### ***Statistical Data (Secondary data):***

There are four critical access hospitals and one federally qualified community health center in Sioux County. Total number of available inpatient beds is 96, which is 20th in rank in Iowa [5]. There are 4 nursing facilities in the county with 288 facility beds. There is one physician for every 1200 people in Sioux County, which is a slightly better ratio than the state as a whole, where there is one physician for every 1350 people.

### *Community Input (Primary data):*

Stakeholder groups and the survey respondents identified healthcare staff as an important need related to access to health care. Service availability is limited when there is not adequate staff for facilities. This is especially noted in the area of long term care nursing facilities in the county. Other areas noted were specialty care, financial aspects of, creating a welcoming and friendly environment for patients including minority groups, and improving healthcare funding and financing access

### ***Potential resources to address this issue:***

Resources include bilingual staff within the health care systems, existing programs for enrollment into insurance programs, care coordination programs, and recruiting incentives.

## **Evaluation of Prior CHNA/Implementation Plan**

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Since the previous CHNA, the participating health care organizations have worked jointly to address the priority issues of healthy living, mental health, and coordinating access to services. Many of the planned actions from the previous implementation plan were put on hold due to efforts related to the COVID-19 pandemic.

Specific achievements of efforts undertaken are below:

### ***Healthy Living***

Community Health Partners' Community Health Worker is working with the Newcomer class at Sioux Center High School. She is presenting weekly health and wellness education for the students who are learning English and about community and cultural practices and expectations of Sioux County in addition to the normal school subjects. Health topics include both physical and mental health and wellness.

Prevent Diabetes Northwest Iowa (NDPP) is a CDC recognized diabetes prevention program that is a county-wide partnership. No new cohorts were started during the pandemic, but the program successfully completed existing cohort programs despite the pandemic challenges. A new, web-based platform (HALT) was piloted last fall through Orange City Area Health System and Sioux Center Health. Sioux Center Health covered the cost of employee participation in HALT. Sioux Center Health has also added nutrition services to employees on their insurance plan that includes dietician consulting on weight management.

Community Health Partners piloted a Diabetes in-home education program, but the program was determined to be unsustainable without extensive collaboration and/or risk of duplication of other community services. Promise Community Health Center began providing diabetes education services/health coaching. This service has specifically benefitted the Spanish speaking population in Sioux County.

### ***Mental Health***

Healthy Sioux County - This county-wide coalition meets monthly (via zoom since the COVID-19 pandemic). The multidisciplinary group (including public health professionals, librarians, school nurses, health care professionals, professionals from social services, behavioral health, veteran's affairs, and the area agency on aging) has worked on implementing the 2019 CHP CHIP focusing on the 3 priority areas identified in the CHIP process. Coalition projects have included: a community Healthiest State Walk, the sack pack program, mental health training for agencies' staff members and facilitating special events during Mental Health Month in May, including disseminating a calendar with mental health activities for each day and a Chalk the Walk event in the communities of Sioux County.

Several school districts, including private schools, have added mental health counseling services in schools. Sioux Center Community School joined the Unite Us platform to assist in making community referrals.

#### *Access to Services*

##### Translation and Interpretation Workgroup:

A county-wide translation and interpretation work group continues to meet with the goal of looking for how to bridge the gap for Spanish speakers in our community. Interpreters from each local healthcare center/hospital collaborate to ensure that each facility is following interpreting ethics as well as identifying where each facility can serve their LEP patients better. There have been bilingual and interpreting proficiency tests established for facility use. This group will be meeting with local school interpreters to ensure interpreter standards are met in the school setting.

##### Community Care Coordination:

Community Health Partners, the four healthcare systems, and Promise Community Health Center have continued to provide community care coordination services, a program that began as a joint project through the Sioux County SIM, a grant funded project that wrapped up in 2020. During the COVID-19 pandemic response, care coordination continued - and burgeoned - with a focus on meeting needs related to pandemic response in addition to other needs.

##### Assessing resource needs:

Related to the goals of increased access to services, during early stages of the pandemic, a county-wide assessment of ongoing needs was conducted on a quarterly basis and results shared with the provider community. As a result, needs such as transportation, housing, and food resources were identified and shared with Sioux County provider organizations so they could respond appropriately.

CHP hired one additional bilingual community health worker and increased the FTE's of existing bilingual staff. Community Health Partners' website and Community Resource Guide is now available in multiple languages.

Promise CHC began routine use of the PRAPARE SDOH screening tool. Sioux Center Health created a new position for a bilingual Community Health Worker. The new CHW will also implement the PRAPARE tool. CHP staff will begin to use it on new admissions.

Many community partners began using Unite Us platform for referrals, including Promise CHC, Sioux Center Health, Mid Sioux, Hope Food Pantry, Hands Up Communication, All Kids Can, Family Crisis Center, and CCR&R.

Preschool navigation program: CHP is collaborating with Mid Sioux Opportunity on a pilot program funded by Early Childhood Iowa to assess the number of children eligible for preschool who do not enroll in preschool and to work with families to address the barriers that prevent their children from enrolling in and attending preschool. CHP's Community Health Worker is taking the lead in working with families, identified in various community settings, to assist them in the preschool enrollment process. CHP developed a guide to preschools in Sioux County --posted on the CHP website:

<https://siouxcountychp.org/preschool/>

CHP provides weekly classes (*La Escuelita*) to help equip low literacy Spanish speaking parents to work with their children to enhance literacy and language acquisition and prepare them for pre-school and kindergarten. Each week's themed session includes a story, an activity, health education, and a backpack filled with learning activities to take home for the week. The classes are conducted in Spanish. CHP offered Summer Boost Family Literacy sessions this summer in four Sioux County towns including Hawarden, Orange City, Sioux Center, and Rock Valley. CHP secured DeCat Funding for FY23 to continue to program and provide ongoing support for expanding this service area.

CHP convened an Oral Health Advisory group comprised of representatives from public health, a pediatric dentist, representatives from local health care systems, our county's I-Smile coordinator, and members of the community. The advisory group includes two native Spanish speakers and one Spanish speaking Family Support Specialist. The group is committed to addressing oral health from a prevention perspective. Our goal is decreasing (and eventually preventing) the significant and urgent oral health needs that currently exist in our target population (people at risk for poor oral health outcomes, including women and children, those with limited socioeconomic resources, and those who are members of minority populations, including recent immigrants) and increasing understanding about the vital link between oral and overall health. The advisory group developed culturally and linguistically appropriate teaching materials for the target population with the intent that consistent health messaging will be shared by all health care and dental providers across the county. The materials were developed with attention to the cultural and linguistic needs of the women who are served, taking into account household and interpersonal dynamics, cultural views of "programs" and understanding of U.S. medical protocols and expectations.