BLACK HAWK COUNTY FY23-25 COMMUNITY HEALTH IMPROVEMENT

HEALTH EQUITY

Foundational principle

FOOD INSECURITY

MENTAL HEALTH & TRAUMA

EMERGING ISSUES FOR COMMUNITY ACTION

Access to Care

STIs

Summary:
2022 Community Health Assessment
FY23-25 Community Health Improvement Plan

December 2022

Prepared by Black Hawk County Health Department in partnership with MercyOne, Peoples Community Health Clinic, and UnityPoint Health

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Acknowledgements

This document is a summary of the work that has taken place for FY23-25 Community Health Improvement (CHI). The update builds on the work completed during FY20-22 for community health assessment and improvement planning. This work would not be possible without support from the Black Hawk County Board of Health, the CHI Steering Committee as well as the priority issue task teams. COVID-19 had many impacts on the community and organizations, not the least was the impact on local workforces including the Black Hawk County Health Department (BHCHD) and many of the organizations involved in community health improvement. We acknowledge all who contributed to this work either directly or through their time or financial support.

Allen College
Black Hawk Grundy Mental Health
Black Hawk County Health Department
Black Hawk County Social Services
Cedar Falls Community School District
Cedar Valley United Way
Central Rivers Area Education Agency
City of Waterloo
Community Foundation of Northeast Iowa
Elevate CCBHC
EMBARC
Family YMCA of Black Hawk County
Grow Cedar Valley
Hawkeye Community College
House of Hope
Iowa Northland Regional Council of Governments
McElroy Trust
MercyOne
National Alliance on Mental Illness
Northeast Iowa Food Bank
Northeast Iowa Area Agency on Aging
Operation Threshold
Otto Schoitz Foundation
Pathways Behavioral Services
Peoples Community Health Clinic
Waterloo Community School District
Waterloo Public Library
UnityPoint Health
University of Northern Iowa (UNI)
UNI Center for Energy and Environmental Education
United Way

Community Survey Participants
Focus Group Participants

Original Inhabitants

To acknowledge the traditional territory is to recognize its longer history, reaching beyond colonialism, which continues to be present today. It is to recognize the significance for the Indigenous peoples who lived and continue to live in this territory, and whose practices and spiritualities were tied to the land and continue to develop today. We acknowledge that Black Hawk County is on the traditional lands of the Sioux, Wahpeton, Sauk, and Meskwaki, and we pay our respects and appreciation to the people who have stewarded this land throughout the generations.

Purpose

The purpose of this document is to share the data, priority health issues, improvement plan, and framework for Black Hawk County's (CHI) process. Outputs include the 2022 Community Health Assessment (CHA) update and the FY23-25 Community Health Improvement Plan (CHIP) update.

Local health departments, federally qualified health centers, and non-profit hospitals have requirements to complete assessments and improvement plans on a 3- or 5-year timeframe. While the requirements (and even the acronyms) vary, this joint plan recognizes the mutual goals of a collaborative approach for assessing the community and planning for decision-making that impacts the health and well-being of the Black Hawk County community. Organizations and individuals interested in and working to improve the health of Black Hawk County are encouraged to use the plan to identify local health issues and coordinate resources.

Framework

The CHA and CHIP are based on the national Mobilizing for Action through Planning and Partnerships (MAPP) model, a community-wide strategic planning process for improving public health, as well as an action-oriented process to help communities prioritize public health issues, identify resources for addressing them, and taking action[1]. MAPP 1.0 provides the framework, guidance, structure, and best practices for developing healthy communities and was used for this iteration of community health improvement.

Vision & Structure

As part of an initial training for MAPP in 2019, stakeholders received an overview of the MAPP visioning process and participated in guided activities designed to facilitate brainstorming the important facets of a community-wide vision. Using the elements identified during this workshop, the CHI Steering Committee adopted a final shared vision statement to guide the work of the CHA and CHIP: *Our community works together so all people have equitable opportunities & resources to lead healthier, more fulfilled lives.*

MAPP focuses on continuously improving processes that lead to better health. It also guides communities to look beyond addressing health disparities to actively address power imbalances and systems of oppression that create and perpetuate inequity. To better align with the MAPP framework, the CHI Steering Committee was formalized in 2022 for the purposes of:

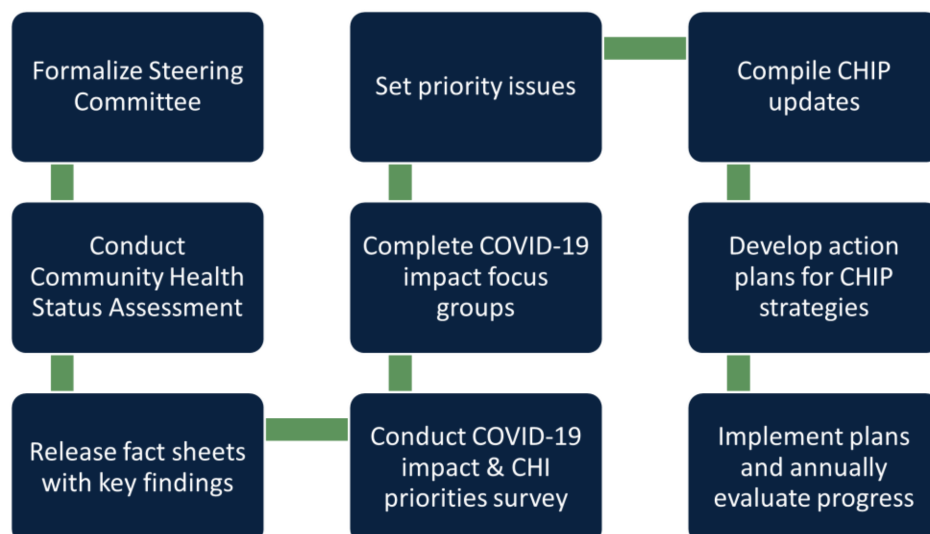
- Building the foundations for community health based on the principles of equity, systems thinking, trusted relationships, community power, strategic collaboration & alignment, data & community informed action, flexible, continuous, and transparency.
- Providing guidance and oversight for the CHI process: assessment, plan, and actions.
- Ensuring the process has adequate resources.
- Advocating for the coordinated use of community data and planning for decision-making impacting health as an outcome.

Process and Timelines

Planning for this community health improvement cycle began with evaluating progress on the FY20-22 CHIP including the SMART objectives and completion of the action plans for each priority issue. While a considerable amount of work was completed, there were gaps in achievement of the objectives and actions implemented. This was due in part to the community's collective focus on preventing the spread and responding to the COVID-19 pandemic. The Steering Committee also recognized that collaborating to bring transformational change does not begin and end in a single three-year cycle of health improvement. This level of change requires an investment in deepening and broadening the partnerships that guide the structure of the community health improvement process. At the national level, the foundational principles of MAPP are also evolving to reflect the guiding values of equity, inclusion, trusted relationships, community power, strategic collaboration & alignment, and data & community informed action[2].

The 2020 CHA included an extensive Community Needs Survey and systems mapping initiative: 1,621 survey respondents and 75 community partners shared their lived experiences, health status, and perceptions of health. This in-depth level of data collection can't be taken for granted. "Applying an equity lens to the CHI work means we acknowledge that asking for information can trigger trauma for those responding and that we need to guard against over surveying and underserving our community without fully demonstrating how we used the input for action" said a Steering Committee member.

These factors resulted in the decision by the Steering Committee that the priority issues of Healthy Behaviors, Mental Health & Trauma, and Systems Thinking along with an examination of Emerging issues would be the starting point for this cycle of community health improvement. BHCHD epidemiologists recommended that the CHA update include completing the Community Health Status Assessment along with gathering data from the community on the impacts of COVID-19 and the issues that affect healthy living. This was accomplished by conducting focus groups with 5 underserved communities and a survey that was made available through social media, emailed to partners, placed in select locations throughout the community, and linguistically and culturally adapted. Priority issues were adopted by the Steering Committee in September 2022 and updates for the priority issue goal, objectives, and strategies followed. The Steering Committee approved the FY23-25 CHIP in October 2022 with further refinement of the initial strategies completed in December 2022.



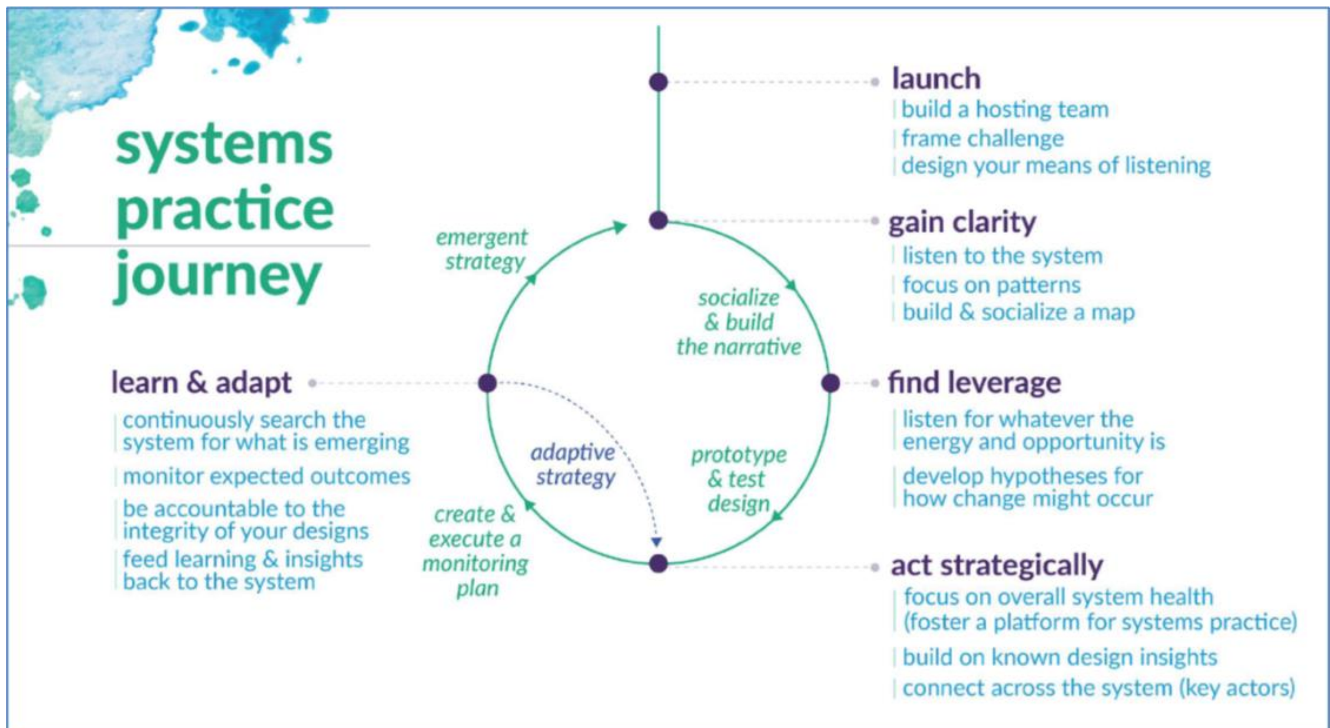
Health Equity

Preparing to use the MAPP framework for community health improvement coupled with the 24/7 Wall Street publication naming Waterloo-Cedar Falls as the worst place for Black Americans to live in the United States in November of 2018 pushed the community to consider the importance of identifying root causes of inequities present in the county[3]. The 24/7 Wall Street publication resulted in conversations and calls to action across the community. BHCHD moved to engage the community in a practice where understanding the patterns, systems, and mental models that create inequities are identified, used to find energy, and then harnessed for action.

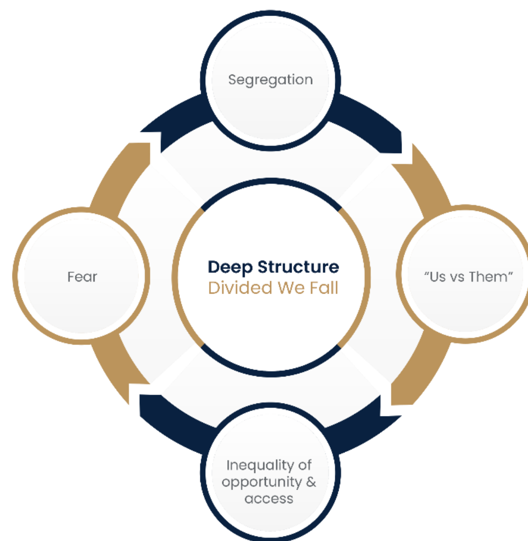
HEALTH EQUITY

Health equity is the attainment of the highest possible level of health for all people. It means achieving the environmental, social, economic, and other conditions in which all people have the opportunity to attain their highest possible level of health. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health, and healthcare disparities.[4]

This participatory action approach of systems mapping and strategy design was initiated in 2019 with support from the Kresge Foundation and Engaging Inquiry LLC with the objective of engaging the community to complete a cycle of the systems practice tool centered around the framing question: *What accounts for the current level of equity in our community[5]?*



A map was created that shows the broader system at work and laid the groundwork for finding leverage points and strategic actions[6]. The Deep Structure is at the core of the map. *Divided We Fall* means that when groups of people within a community are separated from each other, uninformed narratives, and beliefs about the other persist. This creates an *Us versus Them* mentality which leads to, whether deliberately or unintentionally, the selection of sameness. As a result, the inequality in distribution of opportunity and access to resources increases, undermining the ability of the community as a whole to thrive.



Data from the Systems Practice journey was used to inform the CHA and CHIP. Enabling/inhibiting forces of equity and the upstream/downstream impacts, collected during the first workshop from community members, was used for the Forces of Change Assessment. Completing an initial cycle of the Systems Practice journey was one of the measurable objectives for the Systems Thinking priority issue in the FY20-22 CHIP under the goal of *Create a community where everyone has equitable opportunities and resources to lead healthier and more fulfilling lives by building a systems practice culture.*

The CHIP for the FY20-22 cycle was adopted in October 2020 and the second phase of the journey, *Find Leverage*, was conducted the same month; both in the shadow of the COVID-19 pandemic and national racial reckoning. The development of the leveraging hypotheses started with identifying energy already present in the system and connecting that energy so that a relatively small shift can have an outsized impact on the health of the community. Summaries of the hypotheses are shown below.

***Facing Fear* to Reduce Segregation, Profiling & Discrimination**
Harness the media, outreach strategies, and internal work to share accurate community narratives about equity. This will help bring about understanding and connection instead of fear of each other. As fear decreases, actions and behaviors shift to support more equitable policies and programs.

***Passing the Mic* to Build a Sense of Belonging**
Build community power to ensure that those most impacted by inequities are those that are involved in making key decisions and helping to drive action. Connection and trust increase by honoring the knowledge, expertise, and voice of community members and stakeholders.

***It Takes a Village* to Increase Community Resources & Capacity**
Identify priorities, strategies and actions that are driven by the community's voice and grounded in data. Closer alignment will assist in better utilization of existing funds and lead to additional funding, health, safety, and the ability to lead.

During the local response to COVID-19, the systems map and leveraging hypotheses helped the health sector understand the patterns and forces that led to lower vaccination rates based

on ZIP code, race, and ethnicity as well as higher rates of infection in many of these same communities. Due to the local pandemic response, community convenings for the *Act Strategically* phase was paused until 2022. Before initiating external convenings, BHCHD staff looked inward to assess programs and practices against leverage opportunities and identify internal opportunities for improvement and innovation. Developing a culture of learning and quality positioned the department to be a resource for partners engaged in actions to decrease the level of inequities in the community. Another shift made before moving forward with the external *Act Strategically* phase was to merge the CHIP Systems Thinking task team with the CHI Steering Committee. “Coming together made sense as we had essentially the same vision. This helps break down siloed work.” said one Steering Committee member.

Advancing Equity

The community moved to collective action in 2022 when BHCHD, the Community Foundation of Northeast Iowa, and Grow Cedar Valley convened over 114 community partners to consider strategic action based on the leverage hypotheses. Consultants from SWIM (See What I Mean) and TopRANK led participants through the systems mapping process, highlighted examples of action already taking place in the community, and facilitated discussions regarding the three leveraging hypotheses. In addition, participants were asked to complete a survey before the session naming resources that are needed for collective action and ones that they can contribute.

Participants identified:

- Many organizations are focusing on advancing equity by providing services to people who are hard to reach or have been underserved.
- The barriers to stability are complex and intertwined: jobs, housing, food insecurity, education, and bias.
- The top three resources prioritized to advance collective change:
    - Working groups to address specific barriers (i.e., transportation, translation/interpretation).
    - Avenues to increase diversity of staff and boards.
    - Opportunities to listen to Black, Indigenous and People of Color (BIPOC) leaders and people with lived experience.

Based on an initial analysis of data collected from the Advancing Equity Summit, three areas of energy were identified to help advance equity: remove barriers by creating opportunities for equitable access to resources and capital, support organizations and communities to develop equitable practices, and mobilize and connect people, organizations, and resources to advance equity.

This model was shared with over 200 members of the business community in October 2022 at the Cedar Valley Economic

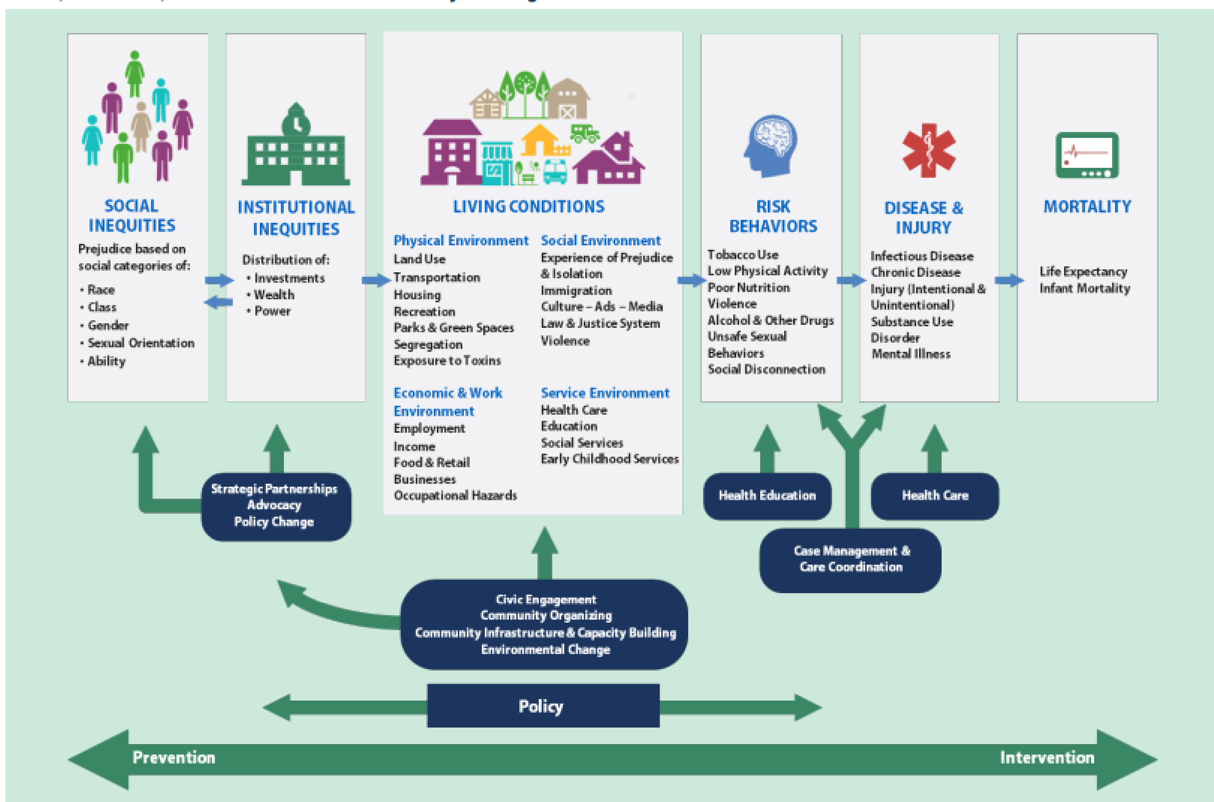
Inclusion Conference. Participants also responded to poll questions designed to capture resources needed by business and ones they can share:

1. Organizations are willing to help fill the needs identified by service providers to advance racial equity.
2. Organizations are taking action. 101 organizations report that they are working on advancing shared language for racial equity.
3. There is a shared desire for more information and learning surrounding racial equity. The top 3 resources prioritized to advance collective change were:
    - Avenues to increase diversity of staff and boards
    - Learning/training opportunities
    - Regular communication and connections about equity and inclusion efforts in the Cedar Valley

Upstream Focus on Health

Beginning with the FY20-22 CHI cycle, BHCHD epidemiologists organized CHA results by the conditions in which people live, learn, work, and play – the Social Determinants of Health[7]. At the national level, expectations for public health are changing to one where public health is asked to deepen and broaden collaborations with non-traditional partners to implement strategies, initiatives, and policies that explicitly address these areas. This directive aligns with BHCHD's role as a convener to improve the health and well-being of the community and has shifted not only how data are reported but also informs CHI priority issues and action plans.

The Bay Area Regional Health Inequities Initiative (BARHAII) framework that illustrates the connection between social inequalities and health was shared with the Steering Committee and CHIP task teams[8]. The framework focuses attention on issues which have not traditionally been included in community health improvement and aligns with the patterns and practices uncovered in the systems practice work that influence inequities in our community. This means that while assessments still examine the data related to mortality, disease, injury, and risk behaviors, whenever possible, data is reported by race, ethnicity, and Zip code. It also shifts the CHIP's goals, objectives, and strategies to reflect living conditions along with institutional and social inequities.



Community Health Assessment (CHA)

The CHA identified the current health status and social/economic needs of the Black Hawk County community using the MAPP 1.0 framework. This CHA update utilized the data from the FY20-22 cycle which included results from a Community Needs Survey that engaged 1,621 residents administered online, through paper surveys, and by in-person interviews with cultural and linguistic adapted questions. The 2020 CHA also included an examination of the activities, competencies and capacities of the local public health system as well as an update of the demographics and health status of the community. The Forces of Change assessment, showing the forces, opportunities and threats that can affect a community, was completed during the initial systems mapping workshops bringing an equity lens to the assessment.

The Community Health Status Assessment (CHSA) update was conducted from March – May 2022 using the MAPP 1.0 framework and guided by the Black Hawk County CHI Steering Committee. The CHSA is a quantitative analysis which answers the questions, "How healthy is the community?" and "What does the health status of the community look like?" Results of the CHSA provide an understanding of the community's health status and ensure that health data is considered in determining the community's priorities.

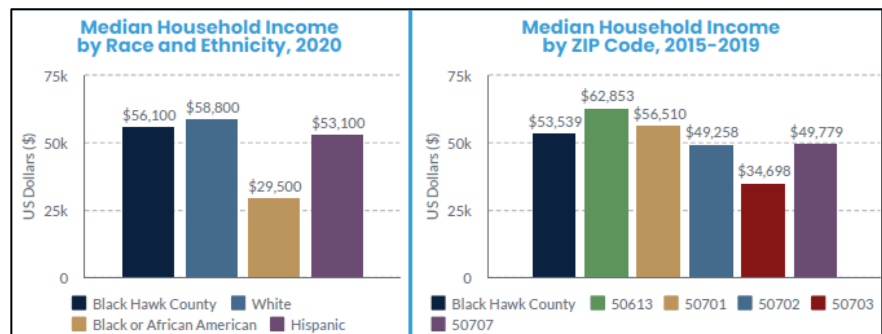
CHSA Method

This assessment incorporated data from the Iowa Department of Public Health (IDPH), Behavioral Risk Factor Surveillance System (BRFSS), Iowa Hospital Association, U.S. Census Bureau, Iowa Secretary of State, Robert Wood Johnson County Health Rankings, Iowa Youth Survey, CDC Wonder, Iowa Department of Education, Iowa Department of Transportation, Feeding America, and CDC PLACES. Some data in this report was obtained through a Data Sharing Agreement with IDPH. The data included BRFSS, Iowa Immunization Registry Information System (IRIS), and Iowa Hospital Association inpatient and outpatient data. Datasets were analyzed by using SPSS, R, and Excel. (Since the CHSA was published, IDPH and the Department of Human Services have merged into the Iowa Health and Human Services Department.

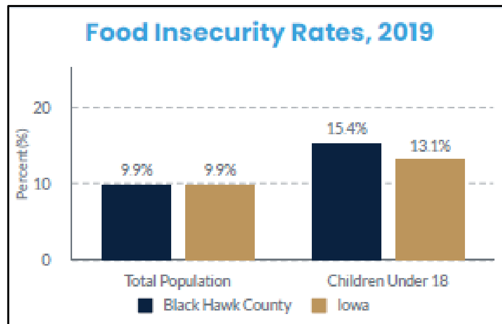
CHSA Findings

The total population in Black Hawk County has increased slightly in the last decade, and the racial and ethnic distributions are changing. The proportion of White, non-Hispanic individuals is decreasing, while all other racial and ethnic groups are increasing.

Black Hawk County had a higher proportion of the population below poverty level than the state and national average. In 2019, the 5-year poverty rate in Black Hawk County was 13.0%. Additionally, the poverty rate of Black Hawk County residents differed by ZIP code. The 50703 ZIP code had the largest portion of the population below the federal poverty level (26.6%).



Overall, most Black Hawk County public school districts had graduation rates above 90.0% between 2018 and 2021, and those rates generally improved in 2020. This was followed by a general decrease in 2021. The Waterloo school district graduation rate followed the same pattern as the other school districts; however, it has been consistently below other Black Hawk County public school district graduation rates, highlighting health equity issues. In 2015, the Waterloo public school district graduation rate was 80.3%, which increased to 85.8% in 2020, and was followed by a decrease to 81.1% in 2021.



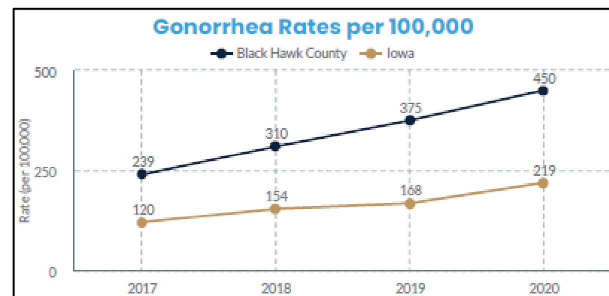
In 2019, Black Hawk County residents had a food insecurity rate of 9.9%, which was similar to the Iowa average. However, 15.4% of Black Hawk County children under 18 were food insecure compared to the Iowa average of 13.1%.

Iowa ranked 7th in the US in overall self-reported obesity prevalence in 2020, with 36.5% of Iowa BRFSS respondents reporting that they are obese. In 2020, the overall obesity rate for Black Hawk County BRFSS respondents was 38.1%. When analyzed by race, the rate for White individuals was 37.5% and the rate for Black or African American individuals was 52.6%.

Generally speaking, mental wellbeing for Black Hawk County residents worsened. BRFSS respondents indicated that they felt more depressed, hopeless, restless, worthless, nervous, and that everything was an effort in the last 30 days in 2019 compared to 2017.

The 5-year mortality rate for poisonings and firearms has increased nationwide, and this trend is also seen in Black Hawk County. The 5-year mortality rate for suicides and homicides in Black Hawk County has also increased from 2012-2016 to 2016-2020.

Black Hawk County has been consistently ranked among the counties with the highest sexually transmitted infection (STI) rates in the nation. These rates are much higher than the state average for the most common STIs (chlamydia and gonorrhea). In 2020, Black Hawk County's chlamydia rate per 100,000 was 767 compared to 478 for Iowa, and Black Hawk County's gonorrhea rate per 100,000 was 450 compared to 219 for Iowa.



Fact sheets summarizing the CHSA were prepared for the current priority issues of Mental Health and Trauma, Healthy Behaviors (nutrition fact sheet) and Systems Thinking (health equity fact sheet) along with Emerging Health issues (Attachment 1).

The full CHSA report and complete CHA results are located on the Black Hawk County Health Department website.

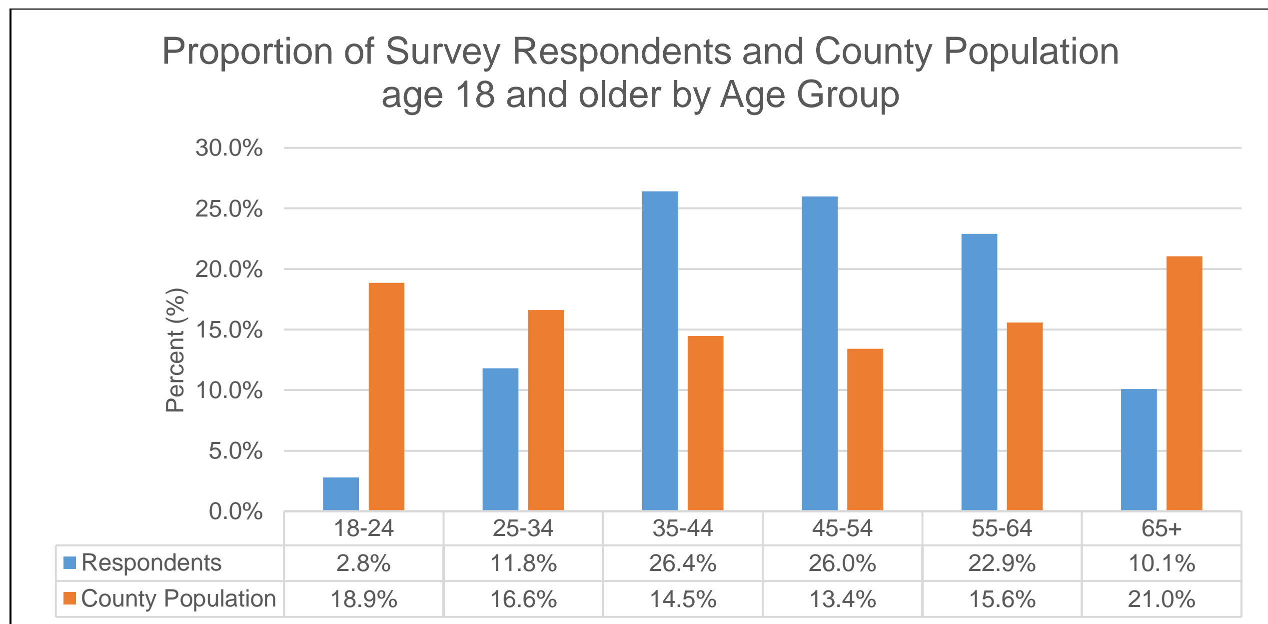
COVID-19 Impact and CHI Priorities Survey

Fact sheets summarizing the updated CHA were shared throughout the community between June 1 and June 13, 2022, along with a request to complete a survey giving input on how the community's health has changed over the past three years and how the COVID-19 pandemic impacted health priorities.

The information was distributed through a press release, social media, and in-person events notifying the public of the availability of the fact sheets and survey. Community partners received the information and were asked to complete the survey and share the fact sheets and survey through their networks. BHCHD community health workers shared the new data and survey using both cultural and linguistic adaptions in order to best communicate within their communities. Extended outreach, including the delivery of paper copies of the survey to organizations serving priority populations was also a focus. A copy of the survey instrument is included in this summary (Attachment 2).

A total of 315 responses were recorded. There were between 280 and 311 answers for each multiple-choice question. Missing values were excluded from the denominators when calculating proportions.

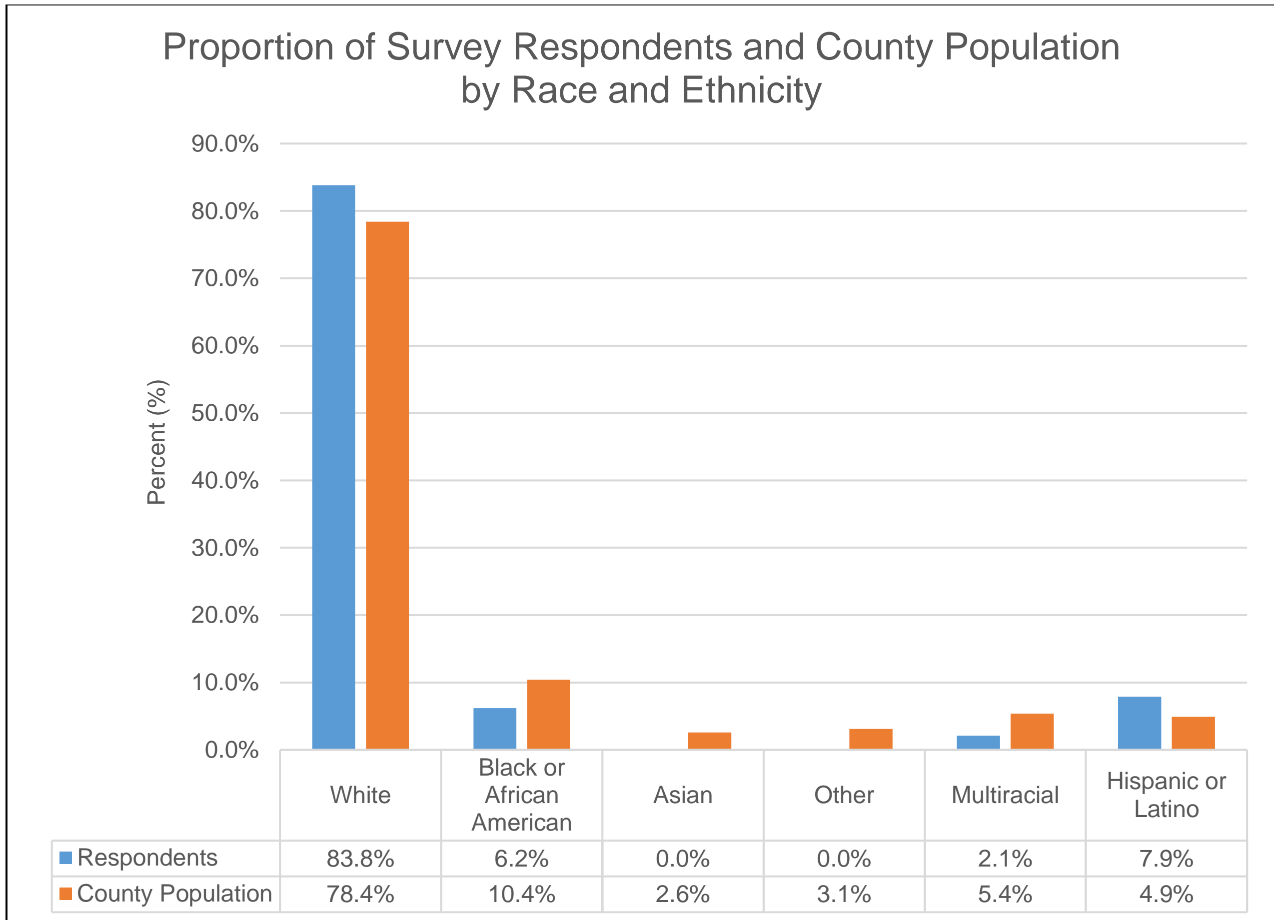
The minimum age to participate in the survey was 18. Survey proportions were different compared to the Census proportions for each age group. There were fewer participants between the ages of 18-34 and older than 65, and more between the ages of 35-64. Most of the respondents were female (80.2%).



	18-24	25-34	35-44	45-54	55-64	65+
Respondents	2.8%	11.8%	26.4%	26.0%	22.9%	10.1%
County Population	18.9%	16.6%	14.5%	13.4%	15.6%	21.0%

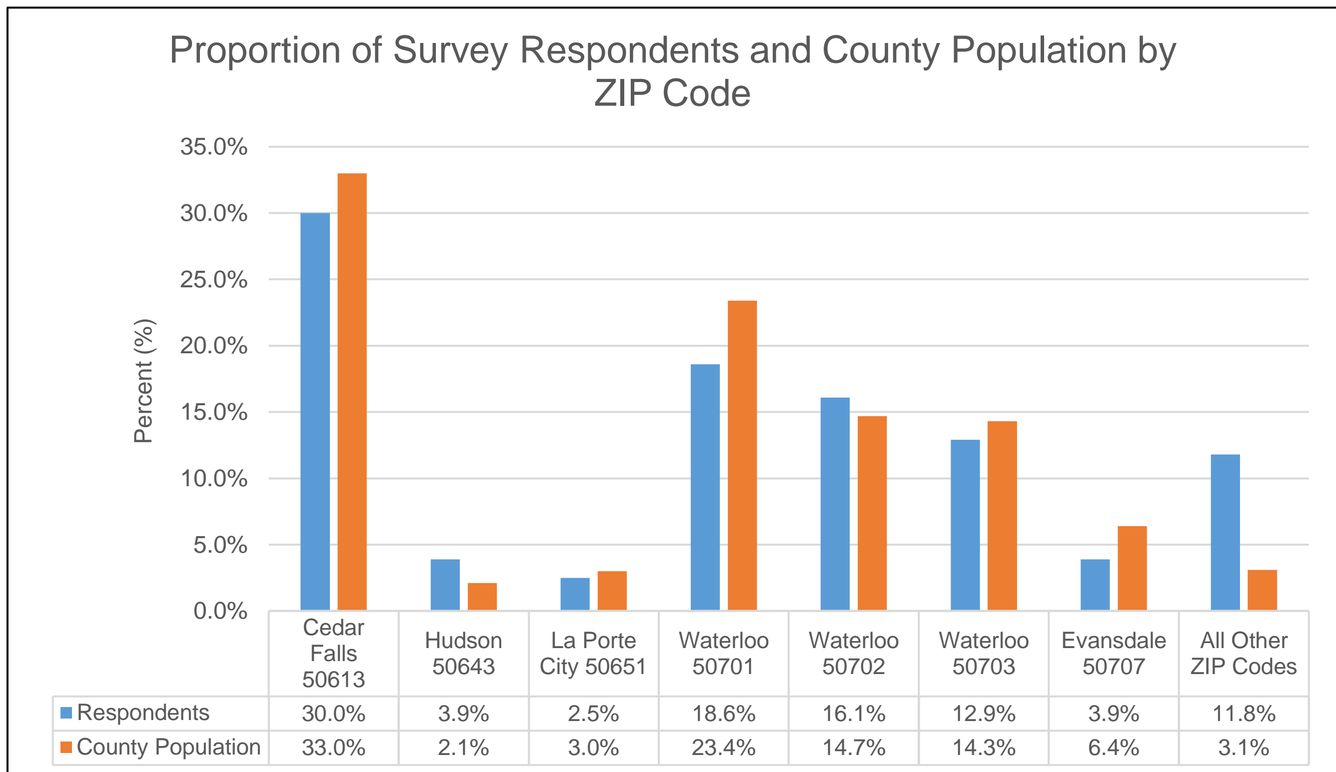
The racial and ethnic distribution of survey respondents was similar to Census proportions. However, differences were seen for Black or African American and Hispanic or Latino. There were fewer Black or African American respondents and more Hispanic or Latino respondents

compared to the Census proportions of Black Hawk County. Individuals were considered Multiracial if they selected more than one race. All Hispanic or Latino individuals are included regardless of race.



	White	Black or African American	Asian	Other	Multiracial	Hispanic or Latino
Respondents	83.8%	6.2%	0.0%	0.0%	2.1%	7.9%
County Population	78.4%	10.4%	2.6%	3.1%	5.4%	4.9%

There were 31 ZIP codes represented within the survey. ZIP codes with less than 6 respondents were combined into the All-Other ZIP Codes category. The ZIP code distribution was also similar to Census proportions, but there were a few noteworthy differences.



	Cedar Falls 50613	Hudson 50643	La Porte City 50651	Waterloo 50701	Waterloo 50702	Waterloo 50703	Evansdale 50707	All Other ZIP Codes
Respondents	30.0%	3.9%	2.5%	18.6%	16.1%	12.9%	3.9%	11.8%
County Population	33.0%	2.1%	3.0%	23.4%	14.7%	14.3%	6.4%	3.1%

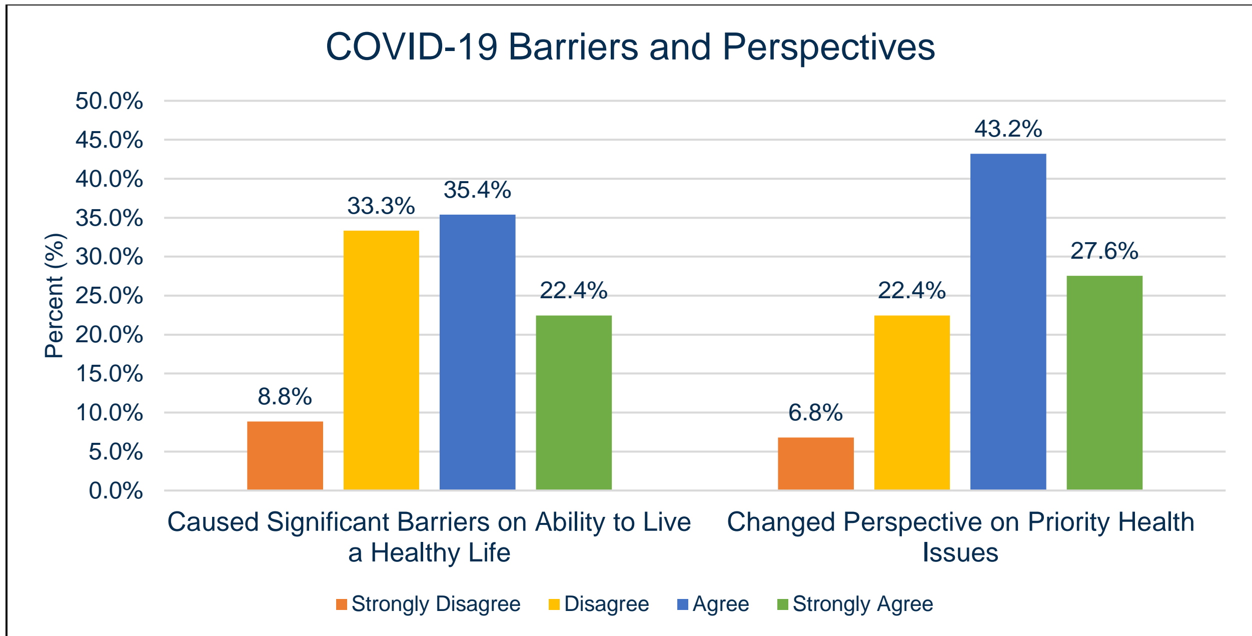
Participants were asked to rank the priority issues on the fact sheets from 1 to 4, with 1 being the highest priority and 4 being the lowest priority. A ranking process was used to create an overall ranking for the priorities. The overall ranking of the priority issues is as follows:

1. Mental Health
2. Health Equity
3. Healthy Eating
4. Emerging Health Issues

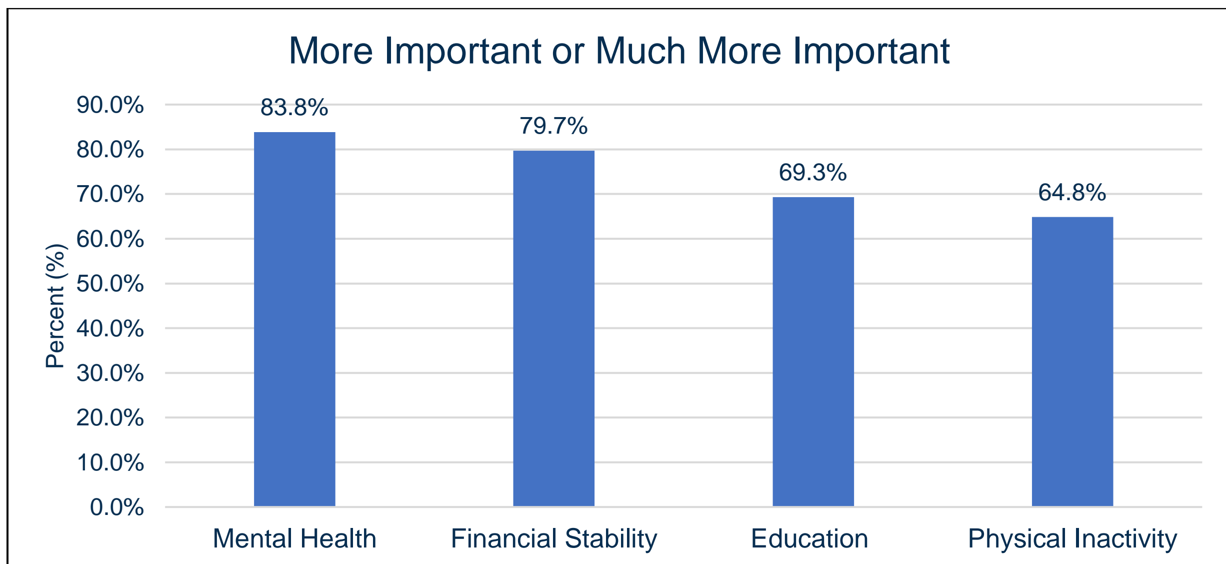
The rankings were analyzed by ZIP code to determine if there were variations on how the priority issues were ranked based on geography. Most ZIP codes had the same ranking as the overall rank, other than ZIP code 50702. Individuals from ZIP code 50702 ranked the priority issues as: 1. Mental Health, 2. Healthy Eating, 3. Health Equity, and 4. Emerging Health Issues.

The rankings were further analyzed by race and ethnicity. The rankings for White individuals were the same as the overall ranking, while the ranking for Black or African American and Hispanic or Latino were different. Black or African American individuals ranked Mental Health as the most important, Healthy Eating and Health Equity as a tie for second most important, and Emerging Health Issues as the least important. Hispanic or Latino individuals had the same ranking as the ZIP code 50702: 1. Mental Health, 2. Healthy Eating, 3. Health Equity, and 4. Emerging Health Issues.

Questions about COVID-19 and its impacts were asked next. Most participants indicated that COVID-19 caused significant barriers on their ability to live a healthy life, and that it changed their perspective on which health issue should be a priority.



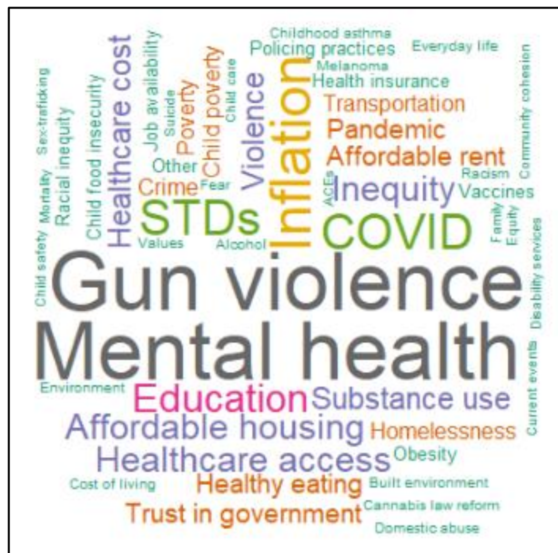
Participants were then presented with 11 specific issues and asked how the COVID-19 pandemic impacted the importance of the 11 issues. An Other option was included to address if there were any issues not listed that impacted the participants during the pandemic. The options available for each issue were: much less important, less important, same importance, more important, or much more important since COVID-19. The issues that increased in importance the most were mental health, financial stability, education, and physical inactivity. Most participants indicated that sexual health had the same level of importance since the beginning of the pandemic (68.4%).



There were 3 open-ended questions within the survey. The responses were reviewed and placed into categories, with each question having different categories based on the question asked. Results are illustrated in word clouds to show the quantity of specific categories in addition to the variety of responses seen. The larger the word in the word cloud the more it was mentioned.

The first open-ended question was based on the review of the fact sheets or personal thoughts and experiences. Participants were asked what they consider as the most important issue affecting healthy living. Mental health was mentioned most often as the most important issue to consider. Economic issues were also mentioned and included inflation/cost of living, employment, and income. Another issue that was mentioned was equity and equity related issues, including poverty, racism, and disparities.

The second open-ended question was based on if any specific issue influenced how participants ranked Emerging Health Issues among the priority issues. Gun violence and mental health were the most common themes identified. Other themes included: inflation, education, sexually transmitted diseases (also referred to as STIs), COVID, and healthcare cost/access.



The final open-ended question addressed what participants considered the biggest impact of COVID-19 on their ability to live a healthy life. Social activities were mentioned the most as the biggest impact of COVID-19. Social activities mentioned were visiting family and friends, shopping, going out in public, and attending church. Mental health was the next most mentioned impact of COVID-19. Other impacts mentioned included: exercise, employment, cost of living, and the need to isolate/quarantine.

Initial CHA Summary and COVID-19 Impact & CHI Priorities Survey Results Released

The CHA and results from the COVID-19 Impact & CHI Priorities Survey were distributed in June 2022 noting that the CHA would be updated with data from the COVID-19 Impact Focus Groups in the fall. The summary was distributed through social media and via email to community partners directing readers to the BHCHD website to view the full CHA. The summary was also shared with the CHI Steering Committee and used in planning for the COVID-19 Impact Focus Groups.

COVID-19 Impact Focus Groups

Additional qualitative primary data was collected for the CHA through focus groups that were designed to enhance understanding of how the county's COVID-19 response met the needs of minoritized populations and to document the health impacts of the pandemic on these communities. Focus groups were prioritized for inclusion in the CHA because of the importance of capturing the lived experiences from community members most impacted by COVID-19. A component of the MAPP framework is updating the CHA/CHIP to respond to emerging issues and shifting priorities. COVID-19 rapidly became the local public health system's emerging issue and caused actions planned for both assessment and improvement planning to dramatically shift.

BHCHD, in conjunction with consultants from Coll Consulting LLC, planned and analyzed data for the focus groups. BHCHD staff reviewed data from the CHA and COVID-19 Impact Survey to determine communities for focus group inclusion. Based on this review, the team planned for Black/African American, Burmese, Congolese, Hispanic/Latinx, and Rural focus groups. Leaders from these communities were consulted to determine recruitment strategies, locations and arrange for facilitation. The Otto Schoitz Foundation covered the expenses for the focus group facilitators and participants.

The focus groups were conducted in August and September 2022 and results were compiled for review by the CHI Steering Committee in September 2022. Data from each focus group is summarized below.

Black/African American

- Top barriers or life impacts discussed included supply chain issues, ability to shop for/access fresh foods, limited social interactions/social isolation, sadness, mental health impacts, and impacts to childcare
- Confusion in conflicting messages
- Accessing testing

Burmese

- Challenges in safely quarantining or isolating within the household
- Top barriers or life impacts discussed included mental health and social isolation, reduced physical activity, lack of resources, and stigma
- Because most appointments and medical services went virtual, it has become a barrier for families to apply for Medicaid and other services

- Need for support/guidance/community health worker navigator. Inability to read written guidance, even in Burmese.

Congolese

- COVID-19 caused significant barriers in ability to live a healthy life, with reduced incomes, not being able to socialize, and loneliness
- Significant fear was expressed.
- Lack of information in primary language (French)
- Lack of understanding of disease

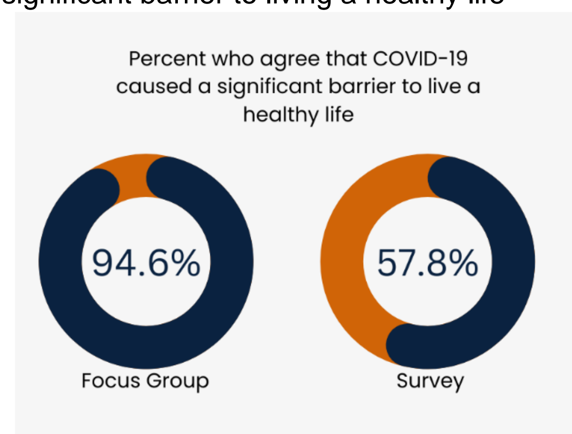
Hispanic/Latinx

- COVID-19 caused significant barriers in ability to live a healthy life, experiencing isolation, unable to work, mental health issues/access to mental health services, children stuck at home/missing socialization
- Lack of care/support when sick at home
- Significant concern was expressed for lack of medical access/insurance for undocumented individuals
- Social isolation and changes to gatherings, resulting effects on mental health of self and children

Rural

- Didn't know who to trust for information. Distrust in medical community/perception that they were not available
- COVID-19 caused significant barriers in ability to live a healthy life due to isolation, confusion and fear of the unknown
- Mental health impacts were experienced, and the event was widely politicized

BHCHD epidemiologists looked for trends and outliers in the focus group data & compared the results to the COVID-19 Impact Survey conducted in June 2022. The data showed that all focus groups mentioned mental health or social activities as a significant barrier to living a healthy life caused by COVID-19, which is similar to the survey results. Also, that 94.6% of focus group attendees agreed that COVID-19 caused a significant barrier to live a healthy life compared to 57.8% of survey respondents. Finally, 82.9% of focus group attendees agreed that COVID-19 changed their perspective on priority health issues compared to 70.8% of survey respondents.

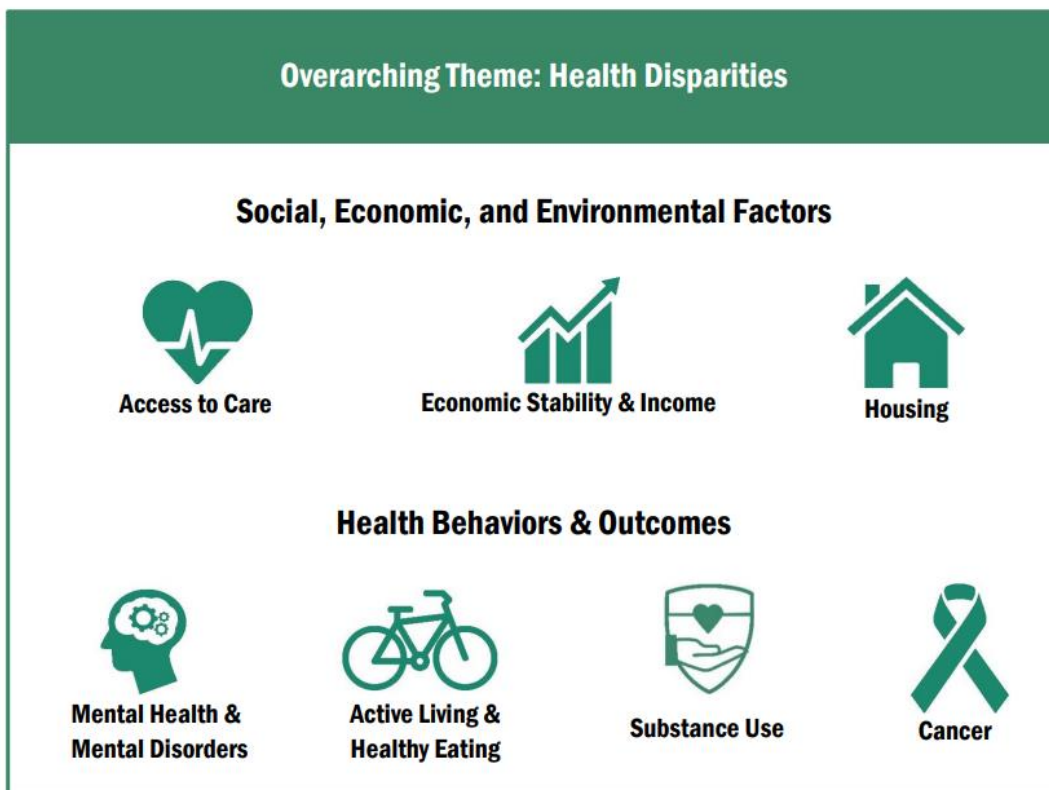


Complete focus group documentation and survey questions are included (Attachment 3).

Priority Issue Update

The Black Hawk County CHI Steering Committee met in September 2022 to review the results from the COVID-19 Impact Focus Groups and consider how the results added to the understanding of the barriers experienced by members of communities disproportionally impacted by COVID-19 as well as the impacts on their health and their views on health priorities. BHCHD epidemiologists shared an analysis of the focus group data with the CHA and COVID-19 Impact Survey and the Steering Committee considered updates to the FY20-22 priority issues of Systems Thinking, Mental Health & Trauma and Healthy Behaviors.

The BARHAII model was reintroduced and an update to the strategic actions that have been implemented for the systems mapping initiative co-led by BHCHD, the Community Foundation of Northeast Iowa, and Grow Cedar Valley.



Finally, the assessment and priorities for the State of Iowa's State Health Assessment (SHA) were introduced and contrasted with Healthy People 2030[9]. Like the SHA, the systems mapping initiative launched by BHCHD in 2019, considers data for the social, economic, and environmental factors as key determinants of our health. The SHA was released in June 2022 and named 7 priority issues in 2 categories with the importance of reducing health disparities overarching all issues.

The Steering Committee was then asked to consider the following questions in determining the priority issue update:

1. *What else is the data (CHA) telling us should be considered?*
2. *What else is the community telling us should be considered? (Focus groups, survey, current organization or community initiatives, priorities, etc.)*
3. *What are we hearing and sensing?*
4. *Who will lead the priority issue?*

Responses from the Steering Committee members are shown below and summarized on the next page.

- Obesity and lack of local food access
- Mental health is still a priority, but the data is telling us that social interaction is part of this component
- Access to cultural foods for all is still difficult
- Behavioral health: finding staff is still challenging and our own employees are not immune to the impacts from COVID
- Access to healthy foods and clean water
- The need for a strong referral system and community wrap around services
- Healthy eating: access, ability to understand how to prepare healthy meals
- Food/Nutrition – access, confronting obesity, and education
- STIs: the county is routinely first, second or third in the state for incidence rates. Syphilis cases, especially congenital, are on the rise
- Access to care: availability and access to care (not everyone can take off work in the middle of the day for an appointment and rely on urgent/emergency room for care as their only option)
- Suspicion of health care as an entity has increased – we have about 20% of the population that don't believe in getting care, vaccines, etc.
- Reducing the consumption of sugar and sugary drinks should be a priority
- Politicization of COVID has led to an increase in fear and suspicion of the healthcare system
- Food insecurity
- STIs – no one is protecting themselves anymore now that AIDS is not a death sentence
- Congenital syphilis
- Trust in the health care system
- Culturally competent care – understanding barriers
- Access to mental health
- Primary care shortage is showing up and impacting care everywhere including nursing homes
- Action plans need to involve the community in their development
- Need to look at non-clinical resources in a new way – community of care – for mental health and trauma
- Fear and misinformation are barriers to access

<table>
<tr><th colspan="2">Black Hawk County FY23-25 Community Health Improvement
Steering Committee Summary of Priorities</th></tr>
<tr><td colspan="2">Health Equity
A focus on the root causes of inequities are foundational for community health improvement.</td></tr>
<tr><td>Food Insecurity
Meeting basic food needs first is a priority as food insecurity is a large need, even considering the pre-pandemic benchmark.
Actions should consider local as well as culturally relevant foods.</td><td>Mental Health and Trauma
Continue the focus on increasing understanding, access, and utilization through trauma-informed cultural specific care.
COVID-19 showed us the impacts of social isolation on our mental and physical health.</td></tr>
<tr><td colspan="2">Emerging Issues
Coalitions, organizations and individuals are encouraged to prioritize actions increasing access to care and decreasing the rates of STIs.

Systems to better connect people with needed programs and services could improve health outcomes.</td></tr>
</table>

Alignment of Priority Issues

Black Hawk County	Healthy Iowans 2017-2021[10]	Healthy People 2030[11] National Prevention Strategy[12]
Mental Health & Trauma	Prevent suicide deaths. Increase access to behavioral health services across the continuum. Reduce the number of Iowa children reporting risk factors associated with adverse childhood experiences. Build capacity at the local and state levels to recognize and respond to trauma across the lifespan.	Improve mental health through prevention and by ensuring access to appropriate quality mental health services. Provide individuals and families with the support necessary to maintain positive mental well-being. Promote early identification of mental health needs and access to quality services.
Food Insecurity	Decrease the percentage of people who are overweight and obese. Decrease the percentage of Iowans who are food insecure. Increase the percent of adults who eat fruits and vegetables.	Promote health and reduce chronic disease risk through the consumption of healthy diets and achievement and maintenance of healthy body weights. Increase access to healthy and affordable foods in communities. Implement organizational and programmatic nutrition standards and policies. Improve nutritional quality of the food supply. Help people recognize and make healthy food and beverage choices.

Community Assets and Resources

Community resources and assets identified and considered in the CHI process were obtained from a variety of sources.

- The CHA identified existing assets and resources that will be leveraged to address the priority health issues adopted by the Black Hawk County CHI Steering Committee. During the systems mapping workshops described in the Forces of Change Assessment, participants were given the framing question of, *What accounts for the current level of equity experienced by our community?* Enabling forces, or assets, prioritized by the stakeholders were:
    - Quality and Access to Education
    - Diversity of the Community
    - Presence of Coalitions & the Willingness to Work Together
    - Strong Economy

The assessment also listed the upstream causes and downstream impacts for each of the enabling forces.

- As part of the FY20-22 prioritization process, participants were asked to brainstorm initial resources that could or are already influencing change for the priority issues identified by the determinants of health. Responses included Success Street, NAMI, Peoples Community Health Clinic, BHCHD, MercyOne, UnityPoint Health, community gardens, school wellness initiatives, ACES Coalition, EMBARC, Center for Urban Education, ISU Extension, University of Northern Iowa, Hawkeye Community College, K-12 school districts, community development organizations, local foundations, behavioral health providers, Boys and Girls Club, faith community, Grow Cedar Valley/business community, Iowa Workforce Development.
- The Systems Map documents opportunities for high leverage engagement including resource areas identified as bright spots and energy for change. The map is available on the BHCHD website.
- Black Hawk County has multiple online and print resource guides related to the Social Determinants of Health. BHCHD has reviewed the guides and linked updated guides on its website. The Mental Health and Trauma Task Team has developed a document where partners can list detailed information about resources available related to the strategies and a summary of that document is also available on the site. Black Hawk County resources for food insecurity and the food system are compiled in a 2020 Community Food Assessment and Food Resource Map.
- A number of organizations in the local public health system are participating in one or more online care coordination sites which, when fully operational, can serve as the unifying infrastructure connecting health and social care. The importance of building this system out for the community is one of the Emerging Issues identified as a priority.

Community Health Improvement Plan (CHIP)

In October 2022, community partners and organizations who served on the FY20-22 CHIP Action Task Teams were invited to consider updates for the CHIP based on the Steering Committee's recommendations for priority issues. During the session, 26 participants reviewed the CHI process for this update cycle, heard key actions that were implemented related to the priority issues, considered the priorities for the Iowa SHA compared to the Healthy People 2030 objectives, and results from the focus groups. Following the general session, participants broke into three groups for facilitated discussions on Health Equity along with CHIPs for Food Insecurity and Mental Health & Trauma.

During the Health Equity break-out session, participants considered the implications of naming health equity as foundational for community health improvement and how to support strategic action for the *Advancing Equity* work. The group also discussed how to best move the community to collaborative action, use data, and seek funding to implement strategies for all priority issues. Finally, how to encourage action related to the emerging issues of Access to Care, including Care Coordination, and the increase in STI rates.

The discussions for the Food Insecurity and Mental Health & Trauma priority issues, centered around a review of the FY20-22 CHIP, determining strategies that should be sustained, modified, added, or deleted. In addition, facilitators led a discussion for these topics

- What FY20-22 CHIP actions are most impactful using an equity lens?

- Who has the expertise and capacity to move the action forward? Who will do what specific actions?
- How do we involve impacted communities in the development of action plans?

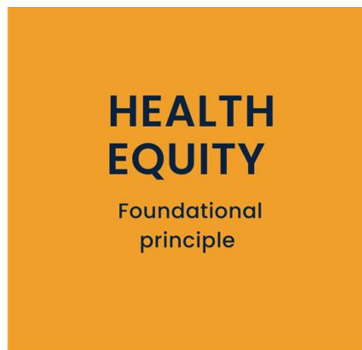
Following the work session, participants were given the opportunity to provide additional feedback as well as consider policies that may need to be addressed to achieve the measurable objectives and strategy actions.

Policies or laws that may need to be addressed for food insecurity strategies include giving more people benefits through nutrition assistance programs, increasing benefit amounts, and reducing unemployment[8]. According to the Mental Health and Trauma Task Team, policies, or laws to address include laws impacting licensing and reimbursement for telehealth visits.

The recommendations were reviewed by the Steering Committee and adopted as the FY23-25 Community Health Improvement Plan.

Health Equity as a Foundational Principle

Setting health equity as a foundational principle means that BHCHD, in partnership with MercyOne, Peoples Community Health Clinic, and UnityPoint Health, will continue to consider *What is equitable?* in each phase of community health improvement. This is in alignment with the vision set by the Steering Committee, *Our community works together so all people have equitable opportunities and resources to lead healthier, more fulfilled lives.* While the redesigned MAPP 2.0, scheduled for released in 2023, is expected to include formal supports and guidance to act on the root causes of inequity, the Steering Committee has already begun to set a structure in place for this CHI iteration[12].



Building trusted relationships and sharing power are already evident in the approach taken for the Systems Thinking journey that began in 2019. The planning task team for the *Find Leverage* phase merged with the CHI Steering Committee in 2021 as the vision for community health improvement and the guiding star for the Systems Thinking journey were in alignment. BHCHD partnered with the Community Foundation of Northeast Iowa and Grow Cedar Valley to move forward with the external component of the *Act Strategically* phase. Local consultants from SWIM and TopRANK, already immersed in equity-related work in the community, were used to facilitate the convenings and provide a report with actionable recommendations. BHCHD also linked the consultants with the University of Iowa College of Public Health through its Academic Public Health Department Partnership to analyze the data collected from the initial Advancing Equity convening. Three areas of energy were identified for strategic action as shown on the above graphic; the final report includes recommendations for each area along with a bridging strategy to communicate equity-related initiatives and develop the necessary infrastructure to collectively advance equity in the Cedar Valley.

As strategic actions are implemented, one of the roles of the CHI Steering Committee will be to share the foundational principles from the MAPP framework to both guide and support strategic actions ensuring that the root causes of inequities are targeted. The process for maintaining this connection was one of the questions considered during the Health Equity CHIP break-out session. During the session, participants considered strategies for collaboration, shared power, and the use of data that should be included by those involved in CHIP implementation.

Summarized responses are as follows:

Community Engagement and Partnerships

- Consider who is at the table when implementing CHIP strategies. Include people who are invested in certain communities and recognize that there is a shift to organizations reaching out into the community to identify community leaders for action or building shared power.
- New organizations are forming to work with underserved communities. It will be important to work together to not duplicate efforts and understand what others are doing. Knowing who is working on what will lead to more effective collaboration.
- Actions should meet people where they are in community settings: Department of Corrections, Barbershops, Faith-based sectors.

Data Hub for Equity

- It's important to drill down to understand the community by looking in-depth at the data at a granular level.
- Assessments also need to be shared and done in collaboration where possible to assure they are completed with an equity lens and respect the data that community members have already provided.

Emerging Issues

During the break-out session, participants were also asked to consider next steps for the Emerging Issues. It was agreed that while not formally part of the CHIP, the issues should be communicated as priorities with the recommendation that organizations, coalitions, and individuals should consider prioritizing action. The CHI Steering Committee will continue to monitor the data and actions related to these issues.

Food Insecurity CHIP Update

Goal

Increase equitable access to healthy foods to improve the health of Black Hawk County community members.

Objectives

1. By 2025, maintain the 2022 Double Up Food Bucks amount redeemed in Black Hawk County (BHC). (2022 baseline = $80,645.)
2. By 2025, reduce the food insecurity rate for the BHC population to 9% (2020 baseline = 9.8%) and to 15.8% for Black Hawk County children under age 18 (2020 baseline = 16.8%).

Strategies

Coalition Building & Gap Analysis

1. Identify an ongoing healthy food access coalition or organization to document existing programs and resources for healthy food.
2. Determine additional gaps in policies and programs related to equitable healthy food access. The gap analysis should have a health equity focus such as identifying culturally specific gaps in programming and reach related to food production, preparation, and preservation for environmental health.

Increase Access for Existing Gaps

1. Increase the number of locations that have at least one automatic water bottle filling stations available to the public or placed in targeted locations such as schools.
2. Reduce local food deserts along with equitably increasing healthy food and beverage options in existing locations.

Increase Education for Existing Gaps

1. Provide consistent messaging, with a focus of long-term benefits, regarding consumption of healthy food and beverages throughout the community.
2. Provide education regarding water quality testing along with nitrate and lead rates.
3. Implement and support race, ethnicity and geographic specific integrative education for healthy eating and beverages to include community health workers and health coaches.

Mental Health and Trauma CHIP Update

Goal
Increase understanding, access and utilization of mental health services through trauma-informed, culturally specific care.

Objectives

Objectives

1. By 2025, decrease the percent of respondents that indicated they could benefit from mental health services, even though they did not receive them, as measured by the Community Health Survey from 44.4% of respondents to 30%.

2. By 2025, decrease the percent of cases with a mental health diagnosis that present to the hospital Emergency Department by increasing the availability of other mental health services. (Baseline data will be available in 2023.)

Strategies

Increase Understanding

1. Reduce the stigma associated with seeking mental health services and increase the perception that seeking mental health services is positive and health enhancing.

2. Increase community awareness and understanding of trauma, mental health, suicide prevention, and substance abuse disorders including how to talk with someone experiencing concerns and identifying ways to get appropriate levels of help for yourself or others.

Increase Access

1. Identify community health workers and other behavioral health support workers providing navigation/connection services and determine gaps in providing this support for underserved communities. Offer training and mechanisms for collaboration including the use of care coordination systems.

2. Review the qualitative research study to better understand barriers to mental health services such as transportation, insurance, childcare, stigma, culture, distrust of institutions and/or timely access.

3. Increase timely access to appropriate levels of mental health care by advocating for additional resources including providers, crisis care, transitional services, and inpatient beds along with advocating for policy change.

Implement CHIP and Evaluate Progress

A workplan with timelines and lead organizations will be developed for each of the CHIP strategies by March 2023. The CHI Steering Committee will work with the lead organizations to facilitate implementation of the workplan and provide support as needed.

Select data within the CHA as well as the improvement strategies included in the CHIP will be evaluated annually after each fiscal year starting in August 2023. The report will include the status of implementation efforts, effectiveness of strategies, changes in priorities, resources, or community assets. The update will be available on the BHCHD website.

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Attachments

Attachment 1: CHA Fact Sheets

Attachment 2: COVID-19 Impact Survey Tool

Attachment 3: COVID-19 Focus Group Tool and Results

Attachment 1

Health Equity

Black Hawk County Health Department
2022

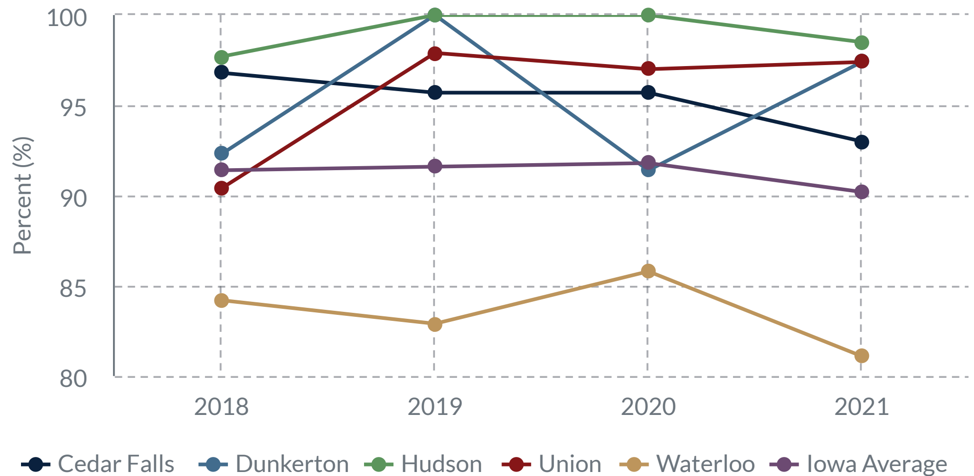
Education

In 2020, Waterloo schools had an average graduation rate of **85.8%**, compared to 80.3% in 2015.

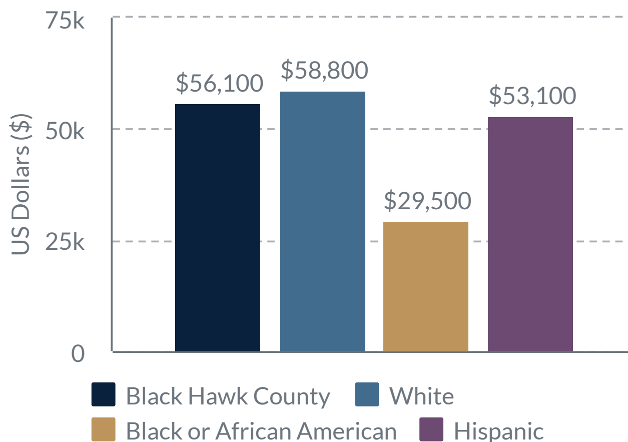
Other Black Hawk County school districts' graduation rates ranged from **91.4-100.0%** in 2020.

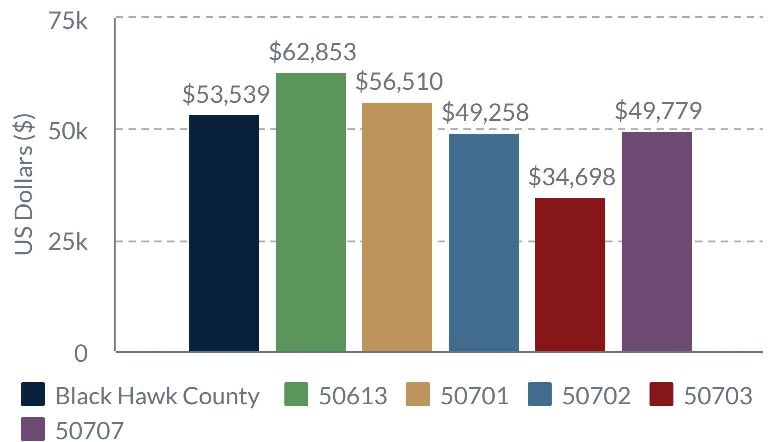
Between 2018-2021, Waterloo schools had lower graduation rates than other Black Hawk County schools.

In 2021, Waterloo, Cedar Falls, and Hudson schools all saw a decrease in graduation rates.

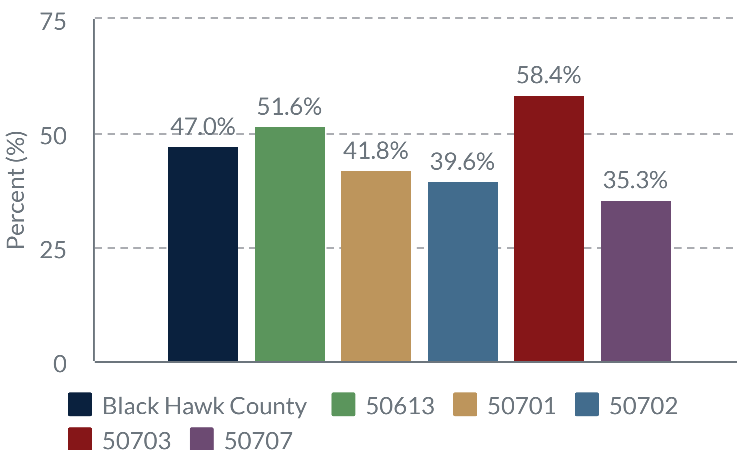


Poverty





Rent Burden



From 2015-2019, the average poverty rate for Black Hawk County was **15.8%**. Disparities were identified among ZIP codes, race, and ethnicity.

In 2019, the **median household income for Black or African American individuals** was almost **half** the rate for White individuals. The median household income for Hispanic individuals was also lower than the rate for White individuals.

The **Waterloo 50703** ZIP code had a median household income that was about **two thirds** the median household income of the county.

Rent burden is when 30% or more of household income is spent on rent.

The Waterloo 50703 ZIP code had the highest percentage of households paying 30% or more of their income for rent.

Sources

US Census Bureau

Iowa Department of Education

Mental Health & Trauma

Black Hawk County Health Department

2022

Sources

Behavioral Risk Factor Surveillance System

Iowa Hospital Association

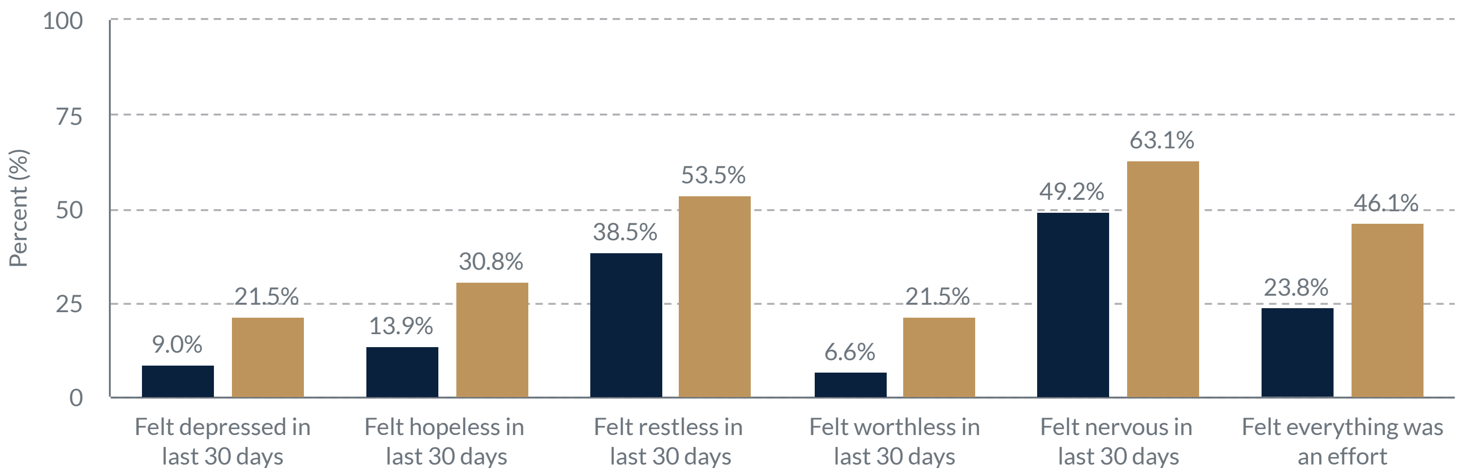
Iowa ACEs 360

Behavioral Risk Factor Surveillance System (BRFSS)

Mental wellbeing of Black Hawk County BRFSS respondents worsened from 2017 to 2019.

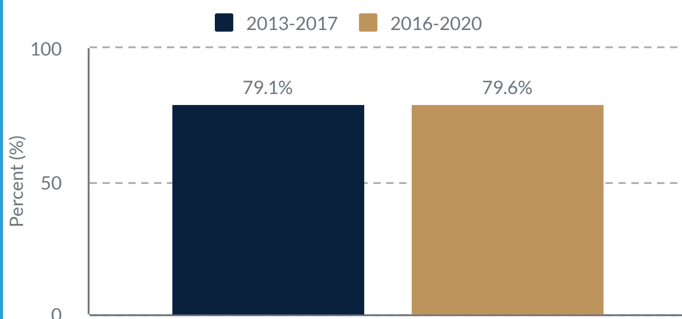
The average number of days mental health was not good in the last 30 days increased from **2.4 days** in 2016 to **4.4 days** in 2020.

Mental Wellbeing in Last 30 Days



Inpatient Admissions with Primary Mental Health Diagnoses

Admissions Seen Through the ER



A primary diagnosis is the condition that caused the patient to visit a healthcare provider.

79.6% of Black Hawk County residents that were admitted to a hospital with a primary mental health diagnosis were seen through the ER. There was a slight increase from the 5-year data over 2013-2017 compared to the 5-year data over 2016-2020.

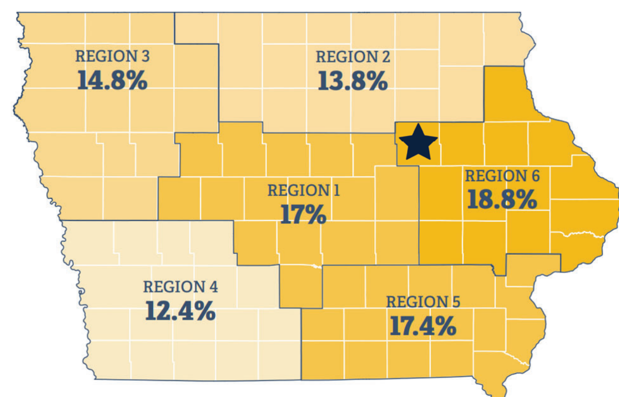
Between the years 2016-2020, a higher proportion of residents from the 50703 ZIP code were diagnosed with a substance use disorder than expected relative to the ZIP code population size.

Adverse Childhood Experiences (ACEs)

ACEs can have lasting, negative effects on health, wellbeing, and life opportunities such as education and job potential. These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems, involvement in sex trafficking, and a wide range of chronic diseases.

Region 6, a 14-county region that includes Black Hawk County (noted with a **star**), had a higher proportion of individuals reporting 4 or more ACEs than all other regions.

Respondents Reporting 4 or More ACEs 2020



Nutrition

Black Hawk County Health Department
2022

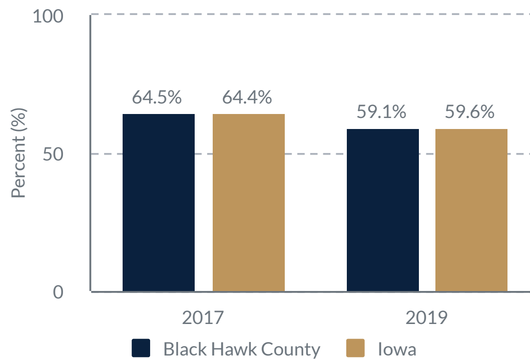
Healthy Food Choices

Eating healthy food is an important way to reduce the risk of health problems later in life.

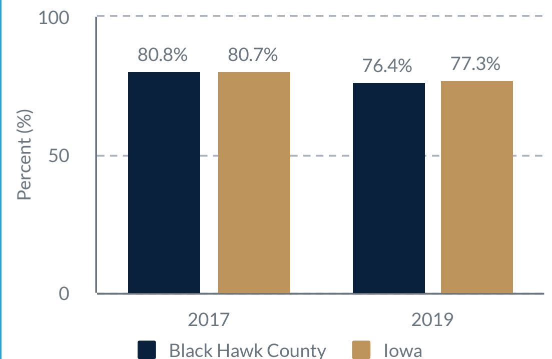
Adults should consume 1.5-2 cups of fruit and 2-3 cups of vegetables a day.

From 2017 to 2019, Black Hawk County residents reported eating fewer fruit and vegetable servings.

People Eating One or More Fruits a Day

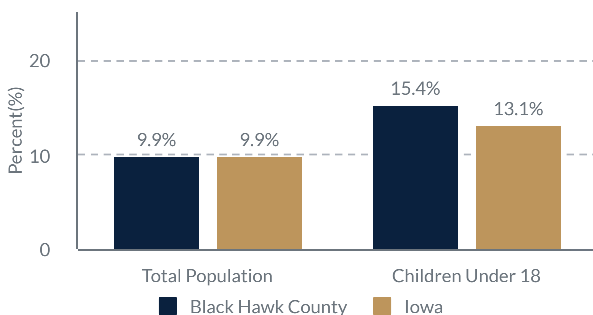


People Eating One or More Vegetables a Day



Food Insecurity

Food Insecurity Rates, 2019



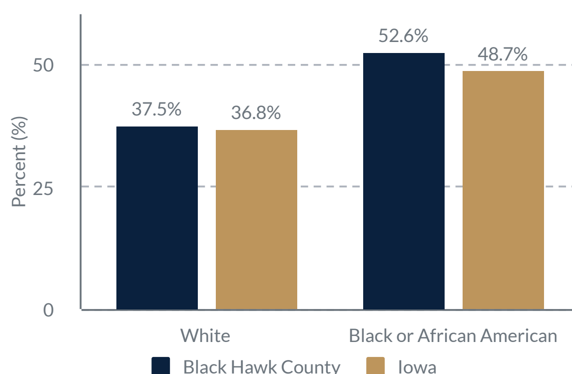
Those who experience food insecurity have reduced access to healthy food. In 2019, **9.9%** of Black Hawk County residents and **15.4%** of Black Hawk County children under 18 were food insecure.

Average Meal Price

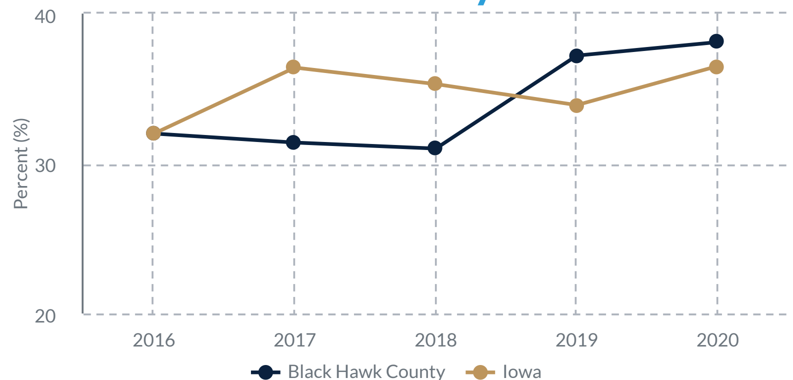
In 2019, the average meal price in Black Hawk County was **$2.95**, compared to the Iowa average of **$2.88**.

Obesity

Obesity by Race, 2020



5-Year Obesity Trend



The overall prevalence of obesity has been increasing at the local, state, and national levels.

Iowa ranked 7th in the US in overall self-reported obesity prevalence in 2020, with **36.5%** of people reporting that they are obese.

In 2020, the overall obesity rate for Black Hawk County was **38.1%**, while the rate for White individuals was **37.5%** and the rate for Black or African American individuals was **52.6%**.

Sources

Behavioral Risk Factor Surveillance System

CDC

Feeding America

Emerging Health Issues

Black Hawk County Health Department

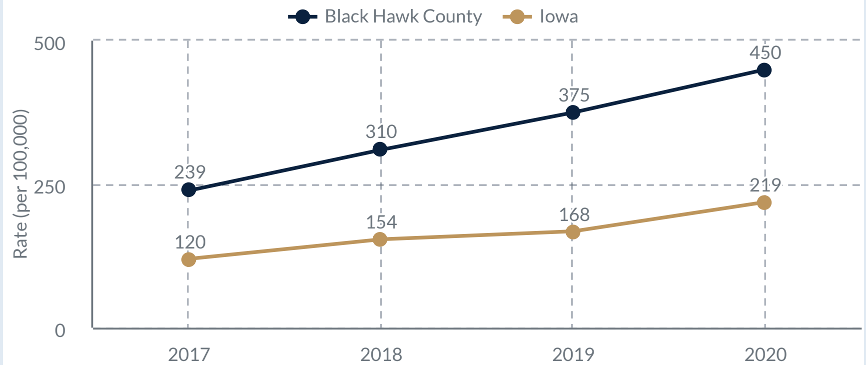
2022

Sexually Transmitted Infections

Rates of sexually transmitted infections are increasing. The gonorrhea rate in Black Hawk County almost doubled from 2017 to 2020.

Chlamydia rates have been steady from 2017 to 2020, but Black Hawk County rates are higher than the Iowa average. In 2020 Black Hawk County's rate per 100,000 was **767** compared to **478** for Iowa.

Syphilis rates increased statewide from 2018 to 2020. The Black Hawk County rate per 100,000 doubled from **11** in 2018 to **22** in 2020.



Other Increasing Trends

Asthma

Hospitalizations due to asthma in 5-14 year-olds are **over three times higher** in Black Hawk County than the state.

Melanoma

The age-adjusted incidence rate increased from **26.8** to **48.6** per 100,000. (2012-2016 to 2014-2018)

Child Poverty

has increased

43.5%

since 2000.

Nitrates

Private wells testing positive for nitrates increased from

9.8% to **20.3%**

from 2019 to 2020.

Healthcare Costs

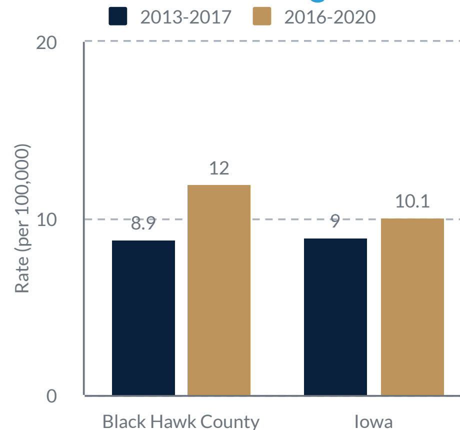
Between 2016 and 2020, the percent of people who couldn't see a doctor because of cost increased from **4.8%** to **7.3%**.

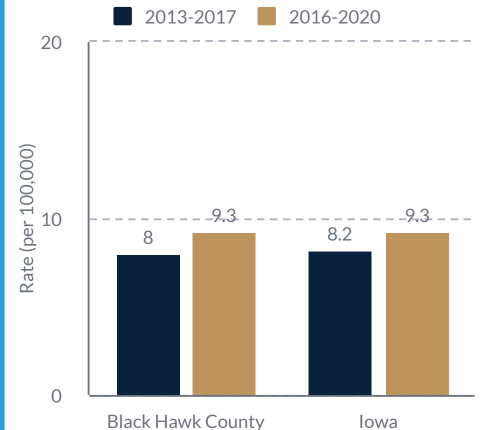
Mortality

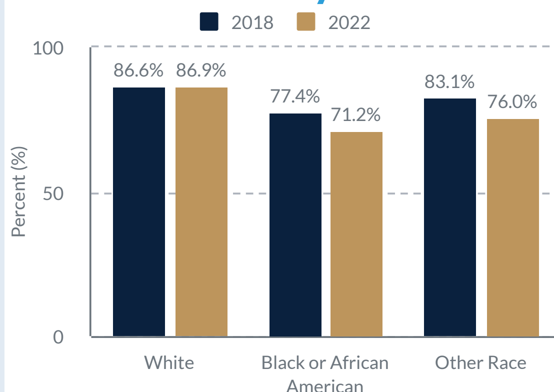
The 5-year poisoning and firearm mortality rates have increased nationwide.

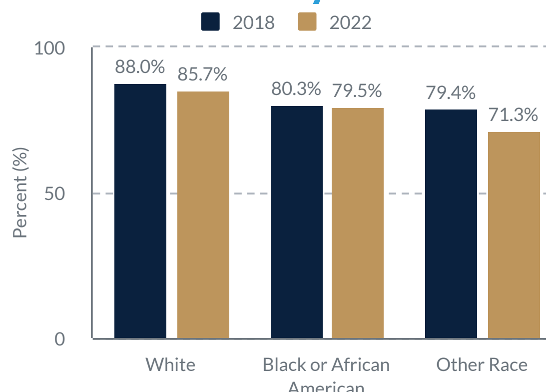
Recent poisoning issues include: suicide, substance use, and accidental exposure to fentanyl.

In 2020, **54%** of all gun-related deaths in the U.S. were suicides, while **43%** were murders.









Sources

Census Bureau

Behavioral Risk Factor Surveillance System

Iowa Department of Public Health

CDC

Attachment 2

Community Health Assessment 2022

Survey responses must be received by Black Hawk County Health Department, 1107 Independence Ave, Waterloo, IA 50703 by June 13

1. Have you reviewed the recently published fact sheets regarding health problems within our community?

Mark only one oval.

- ⬭ Yes
- ⬭ No

2. Based on either your review of the fact sheets or your own personal thoughts and experiences, what information regarding major issues that affect healthy living within our community is most important to consider?

3. Please rank the previously identified priority issues in order of importance to you, with 1 being the most important, and 4 being the least important.

Mark only one oval per row.

	1	2	3	4
Healthy Eating	⬭	⬭	⬭	⬭
Equity	⬭	⬭	⬭	⬭
Mental Health and Trauma	⬭	⬭	⬭	⬭
Other/Emerging Issues	⬭	⬭	⬭	⬭

4. Are there specific issues you considered when ranking Other/Emerging Issues? If so, please explain.

____

5. What was the one biggest impact of the COVID-19 pandemic on your ability to live a healthy life?

____

6. The COVID-19 pandemic:

Check all that apply.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Caused significant barriers in my ability to live a healthy life	☐	☐	☐	☐
Changed my perspective on which health issues should be a priority	☐	☐	☐	☐

7. How has the COVID-19 pandemic changed the importance of the following issues for you?

*Health equity is achieved when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Health disparities or inequities are types of unfair health differences closely linked with social, economic or environmental disadvantages that adversely affect groups of people. (CDC)

Check all that apply.

	Much Less Important	Less Important	Same Importance	More Important	Much More Important
*Health Equity	☐	☐	☐	☐	☐
Healthy Eating	☐	☐	☐	☐	☐
Mental Health and Trauma	☐	☐	☐	☐	☐
Sexual Health	☐	☐	☐	☐	☐
Education	☐	☐	☐	☐	☐
Violence	☐	☐	☐	☐	☐
Housing	☐	☐	☐	☐	☐
Childcare	☐	☐	☐	☐	☐
Drug and Alcohol Use	☐	☐	☐	☐	☐
Physical Inactivity	☐	☐	☐	☐	☐
Financial Stability	☐	☐	☐	☐	☐
Other (explain bellow)	☐	☐	☐	☐	☐

8. If you selected Other, please explain.

____

9. Please select your race/ethnicity.

Check all that apply.

- [ ] American Indian or Alaskan Native
- [ ] Native Hawaiian or other Pacific Islander
- [ ] Asian
- [ ] Black or African American
- [ ] White or Caucasian
- [ ] Hispanic or Latino
- [ ] Other: ____________________

10. Please select your gender.

Mark only one oval.

- ( ) Male
- ( ) Female
- ( ) Non-Binary
- ( ) Transgender Male to Female
- ( ) Transgender Female to Male
- ( ) Other: ____________________

11. Please select your age range.

Mark only one oval.

- ( ) 18-24
- ( ) 25-34
- ( ) 35-44
- ( ) 45-54
- ( ) 55-64
- ( ) 65 and over

12. What is your ZIP code?

____

Attachment 3

COVID-19 After Action Report Focus Group Overview and Results

Black Hawk County Health Department (BHCHD) coordinated the implementation of 5 focus groups for the purposes of enhancing the county's understanding of how the COVID-19 pandemic response met the needs of the communities most impacted by the virus and to better understand the strengths and improvements experienced during the response.

The focus groups were conducted as part of the Black Hawk County COVID-19 After Action Report/Improvement Plan (AAR/IP). The AAR/IP assesses the ability to meet objectives and capabilities by documenting strengths, areas for improvement, capability performance, and recommendations. Through subsequent improvement planning, BHCHD will utilize identified corrective actions to improve plans, build and sustain capabilities, and maintain readiness. The focus group results were also used to determine priority issues for community health improvement and inform actions for the FY23-25 Community Health Improvement Plan.

BHCHD epidemiologists reviewed data from the Community Health Assessment and COVID-19 Impact Survey conducted in June 2022 to determine communities for focus group inclusion. Based on this review, the team planned for Black/African American, Burmese, Congolese, Hispanic/Latinx, and Rural focus groups. Leaders from these communities were consulted to determine recruitment strategies, locations and arrange for facilitation. The Otto Schoitz Foundation covered the expenses for the focus group facilitators and participants.

The focus groups were conducted in August and September 2022 and results were compiled by Coll Consulting LLC in September 2022. Summarized data from each focus group are shown below followed by the interview tool and complete results.

Black/African American

- Top barriers or life impacts discussed included supply chain issues, ability to shop for/access fresh foods, limited social interactions/social isolation, sadness, mental health impacts, and impacts to childcare
- Confusion in conflicting messages
- Accessing testing

Burmese

- Challenges in safely quarantining or isolating within the household
- Top barriers or life impacts discussed included mental health and social isolation, reduced physical activity, lack of resources, and stigma

- Because most appointments and medical services went virtual, it has become a barrier for families to apply for Medicaid and other services
- Need for support/guidance/community health worker navigator. Inability to read written guidance, even in Burmese.

Congolese

- COVID-19 caused significant barriers in ability to live a healthy life, with reduced incomes, not being able to socialize, and loneliness
- Significant fear was expressed.
- Lack of information in primary language (French)
- Lack of understanding of disease

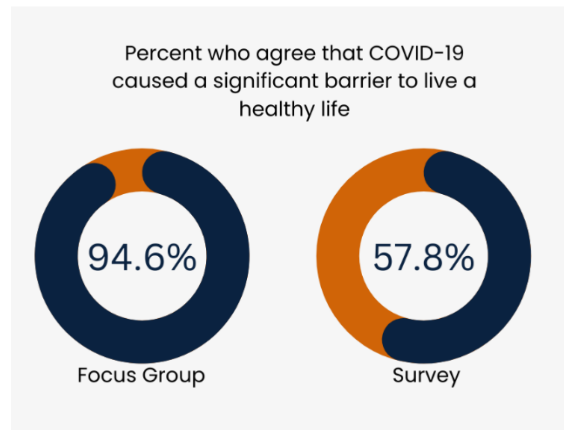
Hispanic/Latinx

- COVID-19 caused significant barriers in ability to live a healthy life, experiencing isolation, unable to work, mental health issues/access to mental health services, children stuck at home/missing socialization
- Lack of care/support when sick at home
- Significant concern was expressed for lack of medical access/insurance for undocumented individuals
- Social isolation and changes to gatherings, resulting effects on mental health of self and children

Rural

- Didn't know who to trust for information. Distrust in medical community/perception that they were not available
- COVID-19 caused significant barriers in ability to live a healthy life due to isolation, confusion and fear of the unknown
- Mental health impacts were experienced, and the event was widely politicized

BHCHD epidemiologists looked for trends and outliers in the focus group data & compared the results to the COVID-19 Impact Survey conducted in June 2022. The data showed that all focus groups mentioned mental health or social activities as a significant barrier to living a healthy life caused by COVID-19, which is similar to the survey results. Also, that 94.6% of focus group attendees agreed that COVID-19 caused a significant barrier to live a healthy life compared to 57.8% of survey respondents. Finally, 82.9% of focus group attendees agreed that COVID-19 changed their perspective on priority health issues compared to 70.8% of survey respondents.



Black Hawk County Focus Group Script

Welcome and Introductions

Hello, my name is ____________ and I am going to lead us through a discussion over the next hour or so to get feedback from you as a Black Hawk County community member. This is _______________ who will be taking notes.

We want to know areas where we met your needs during the COVID-19 pandemic and especially areas where we can improve. We are also interested in knowing about the needs or barriers that existed for you so we have a better understanding of how we can do better in the future.

We are conducting this focus group on behalf of Black Hawk County Health Department. We need your input and want you to share your honest and open thoughts with us.

Ground rules:

1. WE WANT YOU TO DO THE TALKING.
   We would like everyone to participate.
   I may call on you if I have not heard from you in a while.

2. THERE ARE NO RIGHT OR WRONG ANSWERS
   Everyone's experiences and opinions are important.
   Speak up whether you agree or disagree.
   We want to hear a wide range of opinions.
   Please be respectful of each person's comments.

3. WHAT IS SAID IN THIS ROOM STAYS HERE
   We want folks to feel comfortable sharing when sensitive issues come up.

4. WE WILL BE RECORDING THE GROUP
   We want to capture everything you have to say.
   We do not identify anyone by name in our report. You will remain anonymous.
   This recording is to help our note taking only.

We have a consent form for you to fill out before we begin and an optional, anonymous survey for you to complete by the end of the focus group.

Thank you for participating!

I am starting the recorder now. START RECORDER.

Let's start by going around the room and introducing ourselves by saying our first name and our favorite part about living in Black Hawk County. I will go first. My name is __________ and my favorite part about living here is ____________________.

1) As a member of our community, what were some of the greatest needs of you/your household during the COVID-19 pandemic?

a) Were these needs able to be met? By who? (for example the Public Health Department, a community-based organization, a faith-based organization, other?) If not, what were the barriers you experienced?

2) *Please answer by raising your hand when you hear the answer you most agree with for this question:* Did you feel like you have enough information about COVID-19 when you needed it? (Possible examples, who was most at risk, how to stay healthy, or what to do if you were exposed or sick?

a) Strongly agree?__________

b) Agree? _________

c) Disagree?__________

d) Strongly disagree?__________

3) If you disagreed, what were the barriers you experienced?

4) Where did you get information about COVID-19?

5) *Please answer by raising your hand when you hear the answer you most agree with for this question:* Were you able to get COVID-19 testing if you needed it?

a) Strongly agree?__________

b) Agree? _________

c) Disagree?__________

d) Strongly disagree?_________

6) If you disagreed, what were the barriers you experienced? *(Possible prompts: transportation, location of testing sites wasn't convenient, didn't know where to go, concerns about cost)*

7) *Please answer by raising your hand when you hear the answer you most agree with for this question:* Were you able to get COVID-19 vaccine when you were eligible?

a) Strongly agree?__________

b) Agree? _________

c) Disagree?__________

d) Strongly disagree?__________

8) If you disagreed, what were the barriers you experienced? *(Possible prompts: transportation, location of vaccine sites wasn't convenient, didn't know where to go, confusion about eligibility, concerns about cost, concerns about vaccine safety)*

9) What was the one biggest impact of the COVID-19 pandemic on your ability to live a healthy life?

10) *Please answer by raising your hand when you hear the answer you most agree with for this question:* COVID-19 caused significant barriers in my ability to live a healthy life.
a) Strongly agree?__________
b) Agree? _________
c) Disagree?__________
d) Strongly disagree?__________

11) *Please answer by raising your hand when you hear the answer you most agree with for this question:* COVID-19 changed my perspective on which health issues should be a priority.
a) Strongly agree?__________
b) Agree? _________
c) Disagree?__________
d) Strongly disagree?__________

12) Is there anything else you'd like to say about the impact of COVID-19 on your health or lives?

Coll Consulting, LLC
Black Hawk County Health Department: COVID-19 After Action Themes/Trends by Focus Group (FG)

Black/African American

- Demographics tended to be older populations, primarily female, with the highest education levels and highest income levels of any group.
- During discussions, most participants referenced ability to utilize virtual platforms for work and/or socialization, which may be attributed to higher education and/or income levels. Virtual platforms were not referenced by other FGs.
- FG participants sought out information from a variety of sources ranging from the news, social media, radio, Google, television, school nurses, VA, BHCHD, and other association distributions. 100% Agreed or Strongly Agreed they had enough information about COVID-19 when they needed it.
- Greatest challenges were around testing. 86% (6/7) FG participants were not able to get testing when they needed it. There were anecdotal examples of being turned away from sites and not being able to find information about where to go or eligibility. Once at home tests became available, there was confusion about where to find and how to receive free test kits.
- 100% of FG participants were able to get COVID-19 vaccine when eligible.
- Top barriers or life impacts discussed included supply chain issues, ability to shop for/access fresh foods, limited social interactions/social isolation, sadness, mental health impacts, and impacts to childcare.
- This FG referenced challenges with misinformation/disinformation and the politicization of the pandemic.
- This FG experienced confusion when message conflicted between local/state/federal entities, and confusion with frequently changing guidance, but in general expressed following guidance and trust in the public health message.
- Trends: issues in accessing testing, confusion in conflicting messages.

Burmese

- Demographics were spread across all age groups, with an equal mix of male and female participants. Education was split between less than high school and high school/GED equivalent, and income was also split between less than $20K and $20-40K per year.
- The majority of FG participants (63%) agreed they had enough information about COVID-19 when they needed it, primarily receiving from local news, Facebook, People's Community Health Clinic, and BHCHD. Participants recognized significant language and education barriers within the community to receive and comprehend public health messaging.
  - *Although written information was available in Burmese, not all families can read Burmese. Written information in the Burmese language is not useful for us, because most community members do not read or write Burmese."*
  - *We needed someone who can guide us to social distancing, self-quarantine & self-isolation.*
  - *If any organizations were to host a community forum, we believe that it's best to do it in person and by direct invitation. Also, look into convenient times for community members to attend. We hope to have a program that will help us with applying for Medicaid or teach us about Covid-19 information in the languages we speak.*

- The majority of FG participants (63%) were able to get testing when needed, primarily at work (Tyson) and at the People's Community Health Clinic.
- 100% of FG participants were able to get COVID-19 vaccine when eligible. Most received 2 or more COVID-19 vaccines at the People's Community Health Clinic; some were at work (Tyson). 1 person got their first shot at the local Burmese grocery store and 1 at their church. 1 participant didn't receive any shot due to her preference but knows where the vaccine is available.
- FG participants referenced challenges in safely quarantining or isolating within the household.
- Top barriers or life impacts discussed included mental health and social isolation, reduced physical activity, lack of resources, and stigma.
    - *It divided the community and created a stigma for people who tested positive.*
- Because most appointments and medical services went virtual, it has become a barrier for families to apply for Medicaid and other services.
- Multiple participants experienced significant symptoms and long-term effects from contracting COVID-19.
- Trends: Not understanding disease, symptoms, guidance. Need for support/guidance/ CHW navigator. Inability to read written guidance, even in Burmese.

<u>Congolese</u>

- Demographics were equally spread across 30-60+ age groups, with an even mix of male and female participants. Education levels varied; more than half of participants received college degrees, and the remaining split between less than high school, high school, and Associates degree. All participants were employed full time with income ranges starting under $20K, but with more than half making between $60-80K.
- 78% (7/9) FG participants disagreed or strongly disagreed that they had enough information about COVID-19 when needed.
    - *Information was changing often, and sometime information was conflicting.*
- Participants sought information from the internet, friends, hospitals, and often overseas/French media due to language barriers.
    - *We didn't have enough information what the symptoms was and how to protect ourselves when it started.*
    - *Nobody knew what was going to happen. Even doctors were not able to answer our questions.*
- 100% agreed or strongly agreed they were able to get COVID-19 testing when needed.
- 100% agreed or strongly agreed they were able to get COVID-19 vaccines when eligible, although participants did reference concerns related to vaccine safety.
- 100% agreed or strongly agreed that COVID-19 caused significant barriers in ability to live a healthy life, with reduced incomes, not being able to socialize, and loneliness. Many continue to experience long COVID symptoms or impacts. Significant fear was expressed.
    - *We still live in fear, mistrust and not knowing what will come next.*
    - *EMBARC brought some food but we couldn't use it because it was not the food we eat.*
- Trends: lack of information in primary language (French), lack of understanding of disease.

Hispanic/Latinx

- Focus group participants were evenly distributed between 18-59 years age categories. All participants but one was female, with education split between less than high school and high school/GED. The majority of participants worked part time with incomes less than $20K, all less than $40K.
- 80% of FG participants disagreed that they had enough information about COVID-19 when needed. Sources included work, the news, and YouTube. There were significant fears expressed from not knowing what was happening. There were some barriers with language.
- 91% agreed they were able to get COVID-19 testing when needed but commented that (at home) tests were expensive and usually unavailable.
- 91% agreed they were able to get COVID-19 vaccines when eligible.
- 100% agreed that COVID-19 caused significant barriers in ability to live a healthy life, experiencing isolation, unable to work, mental health issues/access to mental health services, children stuck at home/missing socialization. Individuals had lack of care/support when sick at home.
- Many continue to experience long COVID symptoms or impacts.
- Significant concern was expressed for lack of medical access/insurance for undocumented individuals.
    - *When we greet, we hug and kiss. All of a sudden we had to stop.*
    - *Not being mentally prepared for isolation and shut down.*
- Trends: social isolation and changes to gatherings, resulting effects on mental health of self and children; concerns for undocumented community members in receiving benefits and services.

Rural

- This focus group was the smallest (5); with the majority of individuals over 60 years old, retired, with associates or college degrees. One college student (18-29). Incomes ranged between less than $20K to over $80K. Note in this focus group it appears that individuals abstained from voting in multiple instances.
- Participants were split between agreement (3) and disagreement (2) on having enough information about COVID-19 when needed. Sources referenced were television and doctors.
- There was overwhelming reference to and challenges from mixed information and not knowing who to trust for information. There was distrust in medical
- community/perception that they were not available, that there needed to be “two sides” in the information about COVID, and confusion when local, state, and/or federal guidance conflicted.
    - *The doctors didn’t really know themselves and didn’t want to be involved.*
    - *There's a lot of disinformation and you don't know what side to believe half the time. I mean, they say that a person died in the car accident, and they tested them for the virus. They put down that he died from the virus even though we do not know just so hospitals could make more money.*
    - *I mean there's just complete different information out there*
    - *My parents were taking Black Hawk County over the state because at times the county in the state were in disagreement. And so generally, my parents were like, you need to listen to what Black Hawk County is putting out, disregard, what the state is saying.*

    - *At the beginning of the pandemic, I was in the South and one of my churches did say listen to the CDC rather than listening to the news. So I tried to listen more, but the news was little bit louder to me.*
- 100% agreed or strongly agreed they were able to get COVID-19 testing when needed.
- 100% agreed or strongly agreed they were able to get COVID-19 vaccines when eligible, although participants did reference concerns related to vaccine safety, concerns based on the EUA, and a disconnect on who was a "front line worker" for eligibility.
- Participants agreed that COVID-19 caused significant barriers in ability to live a healthy life due to isolation, confusion, and "fear of the unknown." The mixed acceptance within the community of masking, distancing, and providing mitigation measures (sanitizer, wipes) was divisive and led to health and safety concerns for others. Mental health impacts were experienced, and the event was widely politicized.
    - *Unless you were impacted personally, people didn't take it seriously and change their outlook.*
    - *Pull the politics out of it and just have good information.*
    - *Let's have the health professionals run this rather than our lawmakers.*
- Trends: misinformation, conspiracy theories, politicization of the pandemic, not knowing which voices/guidance to trust.

Focus Group Voting Results

Did you feel like you have enough information about COVID-19 when you needed it?

Group	Strongly Agree	Agree	Disagree	Strongly Disagree
Black/African American	1	6		
Burmese	1	4	2	1
Congolese		2	3	4
Hispanic/Latinx		2	8	
Rural		3	2	

Were you able to get COVID-19 testing if you needed it?

Group	Strongly Agree	Agree	Disagree	Strongly Disagree
Black/African American		1	3	3
Burmese	5		1	2
Congolese	5	4		
Hispanic/Latinx		10	1	
Rural	1	4		

Were you able to get COVID-19 vaccine when you were eligible?

Group	Strongly Agree	Agree	Disagree	Strongly Disagree
Black/African American	6	1		
Burmese	8			
Congolese	4	4		1
Hispanic/Latinx		10	1	
Rural	1	2		

COVID-19 caused significant barriers in my ability to live a healthy life.

Group	Strongly Agree	Agree	Disagree	Strongly Disagree
Black/African American		6	1	
Burmese	5	2	1	
Congolese	8	1		
Hispanic/Latinx		10		
Rural		3		

COVID-19 changed my perspective on which health issues should be a priority.

Group	Strongly Agree	Agree	Disagree	Strongly Disagree
Black/African American		3	4	
Burmese	6		2	
Congolese	8	1		
Hispanic/Latinx		10		
Rural		1		