



# CHA CHIP Health Priorities Synthesis

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**Kelly Gill**  
Title V MCH Intern

**Jada McDonald**  
Title V MCH Intern



**Health and  
Human Services**

# Table of Contents

<b>Background</b> .....	<b>3</b>
<b>Methods</b> .....	<b>3</b>
<b>Findings</b> .....	<b>3</b>
<b>Mental Health</b> .....	<b>3</b>
Definition .....	4
Background Data .....	4
Disparities .....	4
County-Level Strategies .....	4
Evidence-Based Interventions .....	5
<b>Nutrition, Physical Activity, and Chronic Disease</b> .....	<b>5</b>
Definition .....	5
Background Data .....	5
Disparities .....	5
County-Level Strategies .....	6
Evidence-Based Interventions .....	6
<b>Access to Quality Medical Care</b> .....	<b>6</b>
Definition .....	6
Background Data .....	7
Disparities .....	7
County-Level Strategies .....	7
Evidence-Based Interventions .....	8
<b>Substance Misuse</b> .....	<b>8</b>
Definition .....	8
Background Data .....	8
Disparities .....	8
County-Level Strategies .....	8
Evidence-Based Interventions .....	9
<b>Food Security</b> .....	<b>9</b>
Definition .....	9
Background Data .....	9
Disparities .....	9
County-Level Strategies .....	10
Evidence-Based Interventions .....	10
<b>Feedback and Next Steps</b> .....	<b>10</b>
Standardized Terms for Health Priorities .....	10
Plain Language .....	10
Accessibility Standards .....	11
Moving into Policy .....	11
<b>Appendix</b> .....	<b>12</b>
<b>References</b> .....	<b>12</b>

# CHA CHIP Health Priorities Synthesis

## Background

The Community Health Assessments and Improvement Planning (CHA CHIP) process has over a three-decade history in the state of Iowa. At least every five years, local public health ensures a community-wide process takes place to identify the most important factors affecting health in the community and to plan strategies to build on strengths and work on gaps. It represents a way for local action to promote and protect the health of Iowans. This report aims to synthesize Iowa's most recent CHA CHIP findings to inform the current Title V needs assessment. Having this insight into the barriers and successes at the local level allows for more nuanced planning specific to individual communities.

## Methods

We conducted a qualitative analysis of CHA CHIP reports for each of Iowa's 99 counties. We reviewed each county's most recent CHA CHIP documents (dates ranging from 2019 to 2023), recorded their top health priorities, and then calculated the top five statewide health issues in Iowa. We summarized current data for each health issue, highlighted disparities related to these health issues, and listed common county-level strategies to address them. Finally, we identified several evidence-based programs and strategies to improve these health issues by using Healthy People 2030's Evidence-Based Resources database and other clearinghouses specific to each health priority. We excluded strategies that were policy-based and prioritized programs that are the most feasible for the Title V needs assessment.

## Findings

The full list of priority topics by county and the total number of counties for each priority can be found [here](#).

The top five most commonly identified priority health issues are:

1. **Mental Health**
2. **Nutrition, Physical Activity, and Chronic Disease**
3. **Access to Quality Medical Care**
4. **Substance Misuse**
5. **Food Security**

# 1. Mental Health

## Definition

Mental health refers to emotional, psychological, and social well-being. It impacts how people feel and act and determines how individuals handle stress, relate to others, and the choices they make regarding their health. Mental health is important at every stage of life, from childhood and adolescence through adulthood.<sup>1</sup>

Iowa's CHA-CHIP reports labeled their mental health priority under a number of phrases, including "mental health services," "behavioral health," "awareness of behavioral health resources," "access to mental health services," "mental health disorders," "access to mental health therapy providers," "mental health stigma," "lack of mental health care," "brain health," and "mental health and suicide." This report uses the term "mental health" for consistency.

## Background Data

- 1 in 5 adults experience mental illness in the United States each year.<sup>2</sup>
- 473,000 adults in Iowa have a mental health condition.<sup>2</sup>
- 37,000 Iowans aged 12-17 have depression.<sup>2</sup>
- More than 48,000 people died by suicide in the United States in 2021.<sup>3</sup>
- 581 Iowans died by suicide in 2022, which has increased yearly since 2018.<sup>4</sup>

## Disparities

- Nationally, suicide rates are highest amongst non-Hispanic American Indian and Alaska Native people and non-Hispanic White people.<sup>4</sup>
- In Iowa, people with disabilities are 4 times more likely to experience frequent distress and 3 times more likely to indicate ever having depression.<sup>5</sup>
- Iowans with annual income < \$25,000 are 3.5 times more likely to experience frequent distress and 3.5 times more likely to indicate ever having depression.<sup>5</sup>
- Iowa farmers are 3.5 times more likely to die by suicide.<sup>6</sup>

## County-Level Strategies

As of August 2024, 93 out of 99 counties in Iowa identified mental health as a top priority in their CHIP.

The most common county-level strategies were:

- Mental Health First Aid
- Make it "OK" Campaign
- Stigma Training
- Community outreach and resource awareness (988 hotlines)
- Youth education on mental health signs and resources in school
- Recruit a mental health workforce
- Communal and organizational partnership
- Implementation of the Alternative Response for Community Health (ARCH)
- Promote existing mental health services, such as Out of the Darkness Walk

## Evidence-Based Interventions

These interventions were identified through the [MCH Evidence Center, Title IV-E Prevention Services Clearinghouse](#), [PubMed](#), and the [Rural Health Information Hub](#).

Evidence-Based Interventions
<a href="#">Universal School-Based Cognitive Behavioral Therapy</a>
<a href="#">Treatment Foster Care</a>
<a href="#">Family Check Up</a>
<a href="#">Teen Mental Health First Aid as a school-based intervention</a>
<a href="#">TeleMental Health in Youth Mental Health</a>
<a href="#">Internet-based interventions for postpartum depression</a>
<a href="#">Reach Out, Stay Strong, Essentials for mothers of newborns (ROSE) Program</a>

## 2. Nutrition, Physical Activity, and Chronic Disease

### Definition

A healthy diet is health-promoting and provides adequate, without excess, nutrients and health-promoting substances from nutritious foods, avoiding the consumption of health-harming substances.<sup>7</sup> A healthy diet can prevent chronic diseases, such as diabetes, heart disease, and cancer.<sup>8</sup> In addition, physical activity is one of the most important things people can do to improve their health.

Iowa's CHA-CHIP reports referred to the issues of nutrition, physical activity, and chronic disease under a number of phrases, including "physical wellness," "chronic disease," "obesity," "physical activity," "physical fitness," "healthy lifestyles," "healthy eating," "cancer," "heart disease," or "nutrition." This report uses the label "nutrition, physical activity, and chronic disease" for consistency and to avoid stigmatizing language.

### Background Data<sup>9</sup>

- In 2022, approximately 10.8% of Iowans reported experiencing FPD (frequent physical distress)
- 37.4% of adult Iowans were classified as obese, which is higher than the national median of 33.6%.
- 4.0% of adult Iowans had ever been told by a doctor that they had a heart attack, 4.5% had ever been told they had angina or coronary heart disease (CHD), and 3.1% had ever been told they had a stroke.
- 11.6% of adult Iowans reported ever being told by a health care provider that they had diabetes (excluding women told only during pregnancy).

### Disparities<sup>9</sup>

- Over one-third, 34.6%, of Iowans with a household income of less than \$15,000 reported having 14 or more poor physical health days.
- Adults with disabilities (46.5%) reported a higher rate of obesity than adults without disabilities (33.9%).
- Males reported significantly higher rates of heart attack and CHD compared to females.

## County-Level Strategies

As of August 2024, 54 out of 99 counties in Iowa identified nutrition, obesity, and chronic disease as a top priority in their CHIP.

The most common county-level strategies were:

- Statewide programs, including Iowa Healthiest State and Live Healthy Iowa
- Free and low-cost health screenings (blood pressure, cancer screenings, hearing screenings, lab work, diabetes screenings)
- Adult health education programs for chronic disease prevention and management
- Adult nutrition counseling
- School-based nutrition education (5-2-1-0, MyPlate)
- School-based physical activity education (Play Your Way, Move Your Way)
- Social media campaigns promoting physical activity, healthy diets, and chronic disease prevention
- Creating a directory of local fitness classes, walking or bike trails, gym facilities, or other fitness resources
- Expanding the current recreational opportunities, including hiking/walking trails, bike trails, parks, golf and disc golf courses, sports courts, sports fields, pools, splash pads, adult and youth sports leagues, story walks, and fitness zones

## Evidence-Based Interventions

These interventions were identified through [Healthy People 2030's evidence-based resources directory](#).

Evidence-Based Interventions
Fruit and vegetable incentive (FVI) programs for households with lower incomes.
School-based gardening interventions
Multicomponent Interventions to Increase Availability of Healthier Foods and Beverages in Schools
Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities
Move Your Way
Pregnancy Health: Exercise Programs to Prevent Gestational Hypertension
Obesity: Worksite Programs

## 3. Access to Quality Medical Care

### Definition

Access to healthcare means having “the timely use of personal health services to achieve the best health outcomes.”<sup>11</sup> Access to comprehensive quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.<sup>12</sup>

Attaining good access to care means having the following:<sup>13</sup>

- Health insurance that facilitates entry into the healthcare system.
- Timely access to needed care.
- A usual source of care with whom the patient can develop a relationship, known as a medical home.
- The ability to receive care when there is a perceived need for care.

### Background Data<sup>14,15</sup>

- 33% of Iowa counties have no OB providers and no facilities offering OB care.
- By 2030, Iowa is expected to have ~1,600 too few doctors due to limited medical seats, high cost of education, aging workforce, and burnout.
- 2/3 of Iowa counties are health professional shortage areas, and this disproportionately affects low-income individuals.
- 4.5% of Iowans were uninsured in 2022.



Iowa's Physician-to-Patient Ratio is  
**30 percent worse** than the national average.

**80% worse**  
for emergency  
medicine

**79% worse**  
in geriatric  
medicine

**90% worse**  
in internal  
medicine

**63% worse**  
in pediatrics

**72% worse**  
in psychiatry

### Disparities<sup>16,17</sup>

- Despite people of color being 17% of Iowa's total population, they account for 33% of the uninsured.
- People living in rural areas have trouble accessing providers due to shortage of providers and further travel times
- 1 in 5 black and Hispanic adults report being treated unfairly in medical spaces
- 24% of Hispanic adults and 34% of undocumented reported hardship finding a provider
- Surveys show that 1 in 10 nonelderly adult women experienced some sort of discrimination in health care (gender, sex, sexual orientation, etc.).

### County-Level Strategies

As of August 2024, 38 out of 99 counties in Iowa identified access to quality medical care as a top priority in their CHIP.

The most common county-level strategies were:

- Transportation initiatives
- Free and reduced insurance education
- Community and organizational outreach and partnership
- School-based initiatives
- Expanding provider workforce
- Expansive telehealth services
- Increase preventative health initiatives such as vaccines

## Evidence-Based Interventions

Evidence-Based Interventions
<a href="#">Telehealth Interventions and Outcomes Across Rural Communities in the United State: Narrative Review</a>
<a href="#">Identifying Successful Practices to Overcome Access to Care Challenges in Community Health Centers</a>
<a href="#">Fare Free Iowa City: Two-year free transit pilot</a>

## 4. Substance Misuse

### Definition

“Substance misuse” refers to the inappropriate use of legal substances, such as alcohol and tobacco. The term “misuse” is preferred over “abuse,” which was found to have a high association with negative judgments and punishment.<sup>18</sup> Whether through overindulgence in alcohol, misuse of prescription medication, or use of illegal drugs, substance misuse is harmful to our health.<sup>19</sup>

Iowa’s CHA-CHIP reports referred to the issue of substance misuse under a number of phrases, including “substance abuse,” “substance use,” “substance misuse,” “drug and alcohol abuse or misuse,” and “drug use.” This report uses the label “substance misuse” for consistency and to avoid stigmatizing language.

### Background Data<sup>9,20,21</sup>

- In Iowa, approximately 84.9% of drug overdose deaths in 2022 had at least one potential opportunity for intervention.<sup>20</sup>
- The overall prevalence of adult binge drinking in the past 30 days in Iowa was 21.5% as of 2022.
- An estimated 1.5% of all adult Iowans reported taking opioids either more frequently or in higher doses than directed or when it was not prescribed to them. This is an increase from the 2021 rate of 0.9%
- 6.1% of PRAMS respondents said they smoked an average of 1-20 cigarettes per day during the last 3 months of their pregnancy.

### Disparities<sup>9,20</sup>

- Almost half of males aged 25-34 (46.2%) engaged in recent binge drinking in 2022, which was the highest percentage across the analyzed age and sex categories.
- E-cigarette use was highest among the 18-24 age group (19.3%). This rate is almost double the next highest rate, 10.5%, which was reported among the 25-34 age group.
- Male, 25–34, and Black, non-Hispanic race, had the highest overdose death rates.

### County-Level Strategies

As of August 2024, 37 out of 99 counties in Iowa identified substance misuse as a top priority in their CHIP.

The most common county-level strategies were:

- Health education and media campaigns (aiming to raise awareness about substance use consequences)
- Promotion of local substance use resources and cessation services
- Improved screening and referral processes
- Promotion of drug Take Back Days and safe drug disposal services



## Evidence-Based Interventions

These interventions were identified through the Substance Abuse and Mental Health Services Administration (SAMHSA) [Evidence-Based Practices Resource Center](#) which identifies clinically sound and scientifically based policies, practices and programs. For prevention programming specific to youth, we reviewed [The Title IV-E Prevention Services Clearinghouse](#)

Evidence-Based Interventions
<a href="#">Overdose Education and Naloxone Distribution</a>
<a href="#">LifeSkills Training</a> – School-based curriculum intervention
<a href="#">Communities that Care</a> - Community coalition model
<a href="#">Familias Unidas</a> - Targets Hispanic parents
<a href="#">Guiding Good Choices</a> - Targets families of middle school students
<a href="#">Strong African American Families</a> - Targets African American families in rural areas
<a href="#">Universal Screening for Substance Use Disorder (SUD) in Labor and Delivery</a>

## 5. Food Security

### Definition

The US Department of Agriculture defines food security as having enough food for an active and healthy life at all times. At a minimum, food security includes readily available nutritionally adequate and safe foods as well as the ability to acquire those foods in socially acceptable ways. Having consistent access to safe, healthy, and affordable foods is essential to optimal health and well-being.<sup>21</sup> In this report, the term “food security” includes any county priorities that include access to nutritionally adequate foods.

### Background Data<sup>9,22</sup>

- In 2022, 8.6% of adults in Iowa reported that in the last year, they received food stamps (SNAP benefits) on an EBT card, and 9.5% of Iowa adults reported that they struggled to afford food in the past year.
- Nearly 11% of Iowans (1 in 9) and 15.4% of Iowa children (1 in 6) face food insecurity.
- In Iowa, 344,550 persons (10.8%) do not know where they will find their next meal. That includes 110,500 children. The annual meal gap in Iowa is more than 64.7 million meals.
- In Iowa, 89 out of 99 counties have areas identified as having low food access.

### Disparities<sup>9</sup>

- Adult Iowans identifying as LGBT+ reported a higher prevalence of struggling to afford food when needed (21.2%) compared to non-LGBT Iowans (8.7).
- Adults with disabilities reported a higher prevalence of struggling to afford food when needed (19.9%) compared to adults without disabilities (5.4%).
- Over half (51.5%) of Iowans with a household income of less than \$15,000 reported that they received food stamps within the past year.
- A quarter of Hispanic (25.7%) and Multiracial, non-Hispanic (24.6%), as well as a fifth of Black, non-Hispanic (21.2%) Iowans reported struggling to afford food, compared to 7.3% of White, non-Hispanic adults.

**County-Level Strategies**

As of August 2024, 27 out of 99 counties in Iowa identified food security as a top priority in their CHIP.

The most common county-level strategies were:

- Promotion and enrollment support for existing federal food assistance resources (SNAP, WIC)
- Directory/guide for local food assistance resources
- Increase healthy food options at food pantries
- Expand hours and locations of food pantries
- Create or expand community gardens and farmer’s markets

**Evidence-Based Interventions**

The most common county-level strategies for Food Security align closely with the best evidence-based interventions. The following programs and strategies were identified through the [Food Security Evidence Review](#) and [MCH Evidence Center](#).

Evidence-Based Interventions
<a href="#">Increase Access to Nutrition Assistance Programs</a>
<a href="#">Mobile Produce Markets</a>
<a href="#">Farmer’s Markets and Healthy Corner Stores</a>
<a href="#">Fruit and Vegetable Prescription Programs</a>

**Feedback and Next Steps**

After reviewing the CHA CHIP documents, we have several recommendations for improving the utility of these reports and ideas for the next steps.

**Standardized Terms for Health Priorities**

We recommend providing counties with a list or “menu” of health priorities for consistent terminology. Similar to how HRSA provides states with performance measures they can choose from during the Title V needs assessment process, Iowa could create a list of health priorities that counties could choose to pick from. Standardizing the health priority language and providing a universal definition will make future data analysis easier and promote greater efficiency and accuracy for tracking state health priorities over time. When creating this list, the state should consider choosing the most appropriate terms that avoid stigmatizing language.

**Plain Language**

We also recommend following [plain language guidelines](#) in the final reports. Since these documents are published for public view, counties should consider using these guidelines. Plain language practices ensure the content will be easier for the general public to read and understand. The CDC’s [Everyday Words for Public Health Communication](#) offers expert recommendations on how to reduce jargon and improve readers' understanding. You can search for public health jargon or plain language words and find alternatives and example sentences.

## Accessibility Standards

Many of the CHA-CHIP documents were not in accessible formats. The new ADA Title II website [accessibility rule](#) mandates that state and local government websites, web content, and mobile apps must be accessible to people with disabilities. Entities with 50 or more employees must comply with this mandate by January 1, 2025.

Some tips for increasing CHA CHIP report accessibility:

- **DO NOT** have the final report be a photocopy or scanned image. If the PDF was created by scanning or taking a picture of a document (which creates images) and then the image is saved as a PDF, this method of creating digital PDFs is not accessible with a screen reader.
- **DO NOT** have poor color contrast. People with limited vision or color blindness cannot read text if there is not enough contrast between the text and background (for example, light gray text on a light-colored background).
- **DO** implement [hierarchical headings](#). Headings communicate the organization of the content on the page. Web browsers, plug-ins, and assistive technologies can be used to provide in-page navigation.
- **DO** ensure the [font choice and size](#) meet accessibility standards.
- **DO** include text alternatives ([“alt text”](#)) on images. People who are blind will not be able to understand the content and purpose of images, such as pictures, illustrations, and charts when no text alternative is provided. Text alternatives convey the purpose of an image, including pictures, illustrations, charts, etc.

## Moving into Policy

While the report emphasized packaged interventions, curriculum, and community-level strategies, legislation holds the potential for an even greater impact. The most effective approaches to address Iowa’s population health issues include policy changes. Future research should prioritize identifying evidence-based policies for the state’s top health concerns.

## Appendix

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