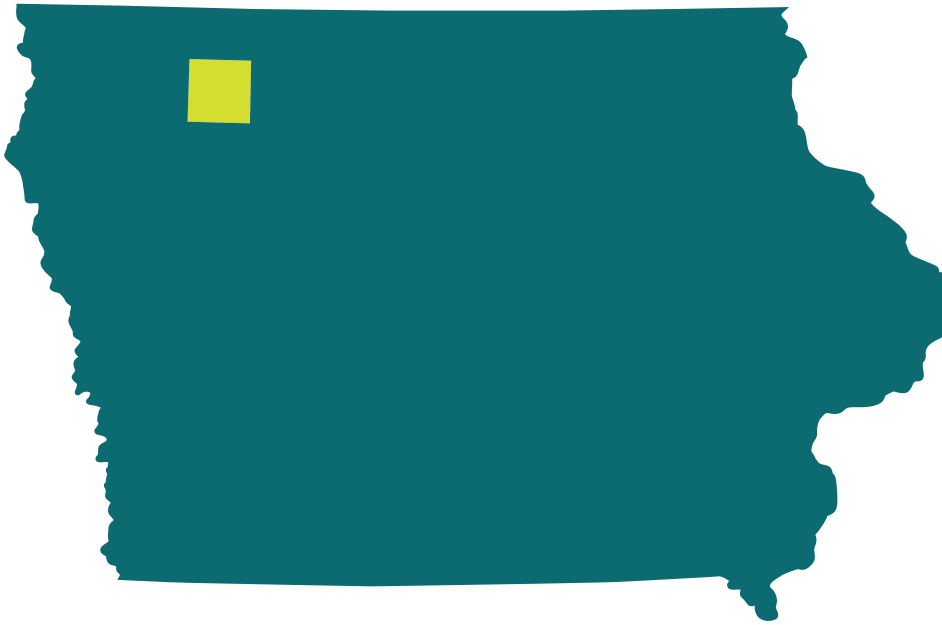


Community Health Improvement Plan



PREVENT • PROMOTE • PROTECT

20
23



Spencer Hospital
Clay County Public Health
Healthier Together.

Introduction of the Community Health Improvement Plan

This plan complements the **Clay County Community Health Assessment**. It will be monitored over the next five years and will be modified with new strategies to meet the changing needs of our local population.

Identified Needs

The results of the Health Assessment Survey, conversations with informants, and the existing data as noted above framed the list of health needs in Clay County (in no particular order):

- Access to Dental Care for Medicaid enrolled or uninsured children
- Affordable / Accessible Child Care
- Chronic Disease Management
- Food Security and Access
- Affordable Housing
- Behavioral and Mental Health Services
- Obesity Prevention and Treatment
- Substance Misuse Prevention
- Suicide Prevention
- Transportation

Prioritized Needs

A final meeting with stakeholders was held in September 2023. Needs were prioritized with goals and action plans discussed. The following were identified as the top two areas of concern:

- Behavioral and Mental Health Services for Adults and Children
- Access to Dental Care for Medicaid enrolled or uninsured Children

#1 - Behavioral and Mental Health

“Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act, and helps determine how we handle stress, relate to others, and make choices”. (Substance Abuse and Mental Health Services Administration; www.samhsa.gov/mental-health)

Mental illnesses range from mild to severe and affect a person’s thinking, mood, and/or behavior. According to the National Institute of Mental Health, nearly one-in-five adults live with a mental illness.

As noted in the Community Health Assessment, the burden of those affected by a mental illness or an addiction continues to grow. The coexistence of both is common. Of major concern, the suicide rate in Clay County is much higher than the state or national rates.

According to the National Alliance on Mental Illness (NAMI), rural Americans experience higher rates of depression and suicide than people who live in urban areas, but they are less likely to access mental health care services. Suicide rates among people living in rural areas are much higher than rates among people living in large urban areas. In addition, many rural communities have a shortage of health care providers.

What are the current assets and resources in Clay County?

Clay County has a strong supportive network of providers and services for both adults and children including:

- 988 Suicide and Crisis Lifeline
- Autumn’s Center for Children
- Avera Medical Group Spencer Providers
- Behavioral Health Outreach Navigator
- Care Connections of Northern Iowa (MHDS)
- Community Housing Access Resource Team (CHART)
- Classroom Clinic in Spencer Schools PK-12
- Crisis Stabilization Center
- Clay County Drug Court
- Faith-based Professionals
- Home Visitation Services
- Lutheran Services of Iowa
- Mobile Crisis Services 24/7
- Private Practice Mental Health Providers
- Rosecrance Jackson Centers
- Seasons Center for Behavioral Health
- Spencer Hospital-Inpatient Unit and Outpatient Therapy
- Clay County Resource Directories:
 - » LINC – <http://www.yourlinc.org>
 - » ISU Extension- <https://www.extension.iastate.edu/clay/clay-county-resource-guide>

What are the current challenges, gaps and barriers?

- Increase in co-existing social and health issues
- Increase in co-existing mental health and addiction issues
- Limited/lack of mental health therapists
- Decrease in family supports
- Patient acknowledgment of diagnosis and compliance with treatment
- Increase in children with behavioral health diagnoses
- Inadequate inpatient bed availability
- Limited outpatient resources
- Transportation to appointments
- Communication among providers and responders
- Inadequate education for consumers, caregivers and providers
- Language barriers
- Stigma of mental illness

What are the goals, objectives, and strategies?

Goals	Increase timely access to behavioral and mental health services for children and adults in Clay County.	Decrease the stigma of mental illness in Clay County.
Objectives	The number of children and adults served by mental health professionals in Clay county will increase by 5% annually. This will be measured by data shared from providers.	Stigma will be reduced by providing education to professionals and/or the general public at least once annually.
Strategies	<ol style="list-style-type: none"> 1. Increase community awareness of available resources and services. 2. Continue educating community partners on resources, referral methods, eligibility, etc. 3. Investigate securing funds to support additional providers to Clay County (i.e. non-profits) 4. Explore options to improve transportation options for patients. 5. Explore the development of a Behavioral Health Coalition of community professionals to work on coordination of these strategies. 	<ol style="list-style-type: none"> 1. Coordinate with Rosecrance Jackson Center to offer their free stigma training for general public. 2. Explore the development of a campaign utilizing the “Make it OK” materials in worksites and schools in the county. 3. Investigate funding sources to provide a speaker at local schools. Consider a panel of professionals and parents. 4. Encourage more Mental Health First Aid training sessions supports through Seasons Center. 5. Collaborate with Elderbridge on activities to combat isolation and loneliness of our senior citizens. 6. Distribute informational cards with resources and the 988 Lifeline. 7. Explore the development of a Behavioral Health Coalition of community professionals to work on coordination of these strategies.
Who is responsible?	Community mental health stakeholders	Community mental health stakeholders

#2- Access to Dental Care for Children

Tooth decay is the most common chronic disease among children in the United States. More than 40% of children have decay by the time they reach kindergarten. Untreated cavities can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. Children who have poor oral health often miss more school and receive lower grades than children who do not. Additionally, children from low-income families are more likely to have cavities. *Source: Centers for Disease Control & Prevention*

Dental access for Medicaid enrolled children in Clay County is an ongoing challenge. Even though local dentist availability is adequate for our population, no local dentists accept Medicaid enrolled patients on a regular basis.

As indicated in the Community Health Assessment, 43% of children in Clay County are enrolled in Medicaid. However, 68% of them did not receive any dental service in FY23. Those that did receive a service did not see a dentist. Rather, a nurse or dental hygienist at their school or WIC Clinic screened them.

What are the current assets and resources in Clay County?

- I-Smile program and subcontractors who offer preventive dental services including screenings, fluoride varnish, sealants, and education
- Dentists who treat children pro bono when severe disease or decay is present
- Fluoridation of municipal and rural water in most communities

What are the current challenges, gaps and barriers?

- Lack of dentists in Clay County who accept patients enrolled in Medicaid
 - » Low reimbursements are at the core of this issue
 - » Workforce and operation costs continue to rise
- Lack of dental insurance due to cost
- Cost of co-pays
- Transportation to appointments
- Language barriers
- Communities who do not fluoridate municipal water (Everly and Peterson)

What are the goals, objectives, and strategies?

Goal	Increase availability of dental services to prevent and treat oral health issues in children 18 years of age and under in Clay County.
Objectives	The number of children enrolled in Medicaid who have received a service from a dentist will increase by 5% annually. This will be measured from I-Smile data.
Strategies	<ol style="list-style-type: none">1. Encourage providers and families to reach out to state legislators with personal experiences and stories.2. Reach out to local providers and explore the development of outreach clinics similar to Iowa Mission of Mercy (IMOM) Clinics3. Expand and encourage education on prevention beginning in infancy:<ol style="list-style-type: none">a. Primary Care Providersb. Nursesc. Home Visitation Programsd. WICe. Local media sources
Who is responsible?	Community mental health stakeholders