DATE ADOPTED: 11/17/2023

2024-2026 COMMUNITY HEALTH IMPROVEMENT PLAN

for north Iowa

Table of Contents

Letter to the Community

We are pleased to present the 2024-2026 North Iowa ***Community Health Improvement Plan (CHIP),*** produced by CG Public Health. The CHIP is a regional effort to address concerns and improve health outcomes identified in the Community Health Assessment (CHA). This collaborative plan is developed as a result of community input and the discovery of patterns that contribute to health issues.

The following counties are represented in this report Butler, Cerro Gordo, Chickasaw, Floyd, Franklin, Hancock, Hardin, Howard, Kossuth, Mitchell, Palo Alto, Winnebago, Worth, and Wright.

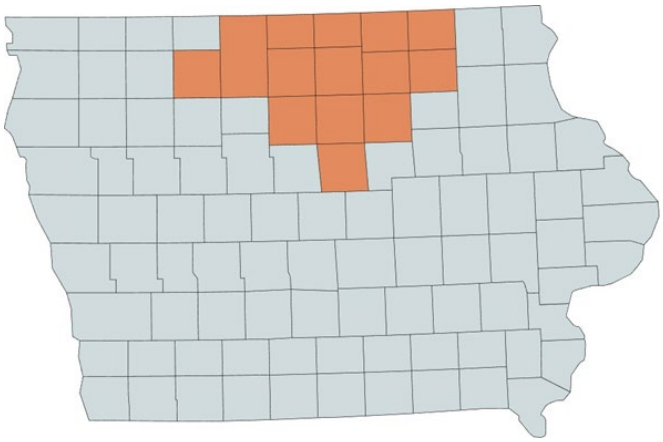

Figure 1: Counties Included in the Region

We would like to extend many thanks to the individuals, agencies, and organizations for their dedication to improving the health of northern Iowa. These devoted individuals supported the development of this document by attending meetings, participating in activities, and developing actionable steps to improving the health of our community. The success of the CHA-CHIP process would not be possible without the support of these individuals and agencies.

The input of the community is essential in determining how to improve the health and well-being of the group. We invite everyone to participate in tackling health priority areas discussed in this plan. The CHIP is a roadmap of change that lays out how to address complex health issues where change cannot happen overnight. Together, over time, we can make progress in supporting healthier communities for all those who, live, work, and play in north Iowa.

Want to get involved? Contact your local public health department to learn more about health improvement or share information from this document with those in your community. Each of us has a role in working to improve the health and quality of life in northern Iowa. What is your role?

Inquiries specific to the content in this report may be directed to:

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Public Health Specialist

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How to Use the Community Health Improvement Plan

What can you, as a resident of northern Iowa, do?

- **Communicate**: Share what you have learned from this report with others! Educate your fellow residents of north Iowa on pressing health topics in the area.
- **Get involved**: Everyone has a role to play in improving the health of a community. The first step to getting involved may be determining your role in improving health. What are you passionate about? What drives you to change?

How can organizations, businesses, and community leaders use the CHIP?

- **Partner:** Our abilities to support the region are far more impactful as a group or team. Conducting this effort regionally has significantly improved collaboration and reduced duplication of services and efforts.
- **Educate:** Use this document to educate those you work with, be a leader in efforts to support your community, and share what you have learned with additional businesses, organizations, and leaders.
- **Lead:** Information outlined in this document may support grant applications, serve as evidence for a shift in programming, and/or highlight opportunities for your organization or business to be involved.

Suggested Citation

Cerro Gordo County Public Health (2023). *North Iowa Community Health Improvement Plan: 2024-2026.* Mason City, IA: Cerro Gordo County Public Health.

Acknowledgments

The development of the 2024-2026 North Iowa Community Health Improvement Plan would not have been possible without the support of participating organizations, businesses, and community members. Many thanks goes out to members of the steering team who supported the development of this document and to members of the three established subcommittees working to carry out efforts outlined in this document.

Steering Team

Members of the steering team guide and oversee the overall development and implementation of the CHA-CHIP process in its entirety.

**Lead author(s) of the 2024-2026 North Iowa Community Health Improvement Plan*

Name	Organization	Sector
Heidi Witt	MercyOne Medical Center North Iowa	Healthcare
Debbie Abben	MercyOne Medical Center North Iowa	Healthcare
Cindy Davis	North Iowa Community Action Organization	Social Services
Jen Arends	United Way of North Central Iowa	Philanthropy
Heidi Nielsen	North Iowa Area Council of Governments	Local Government
Kelly Grunhovd	Prairie Ridge Integrated Behavioral Health	Healthcare
Gail Arjes	Floyd County Public Health	Public Health
Jenna Heiar	CG Public Health	Public Health
Kara Vogelson	CG Public Health	Public Health
Cassidy Flory*	CG Public Health	Public Health
Julie Sorenson	Winnebago County Public Health	Public Health
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Sandy McGrath	Wright County Public Health	Public Health
Sarah Strohman	Palo Alto County Public Health	Public Health

CHIP Workgroups

The following tables define which individuals are participating in workgroups. These individuals represent several organizations in the region ranging from healthcare, philanthropy, local government, and more. To fill workgroups, members of the Steering Team engaged with partnering organizations and individual contacts to gauge interest in participation. Some members had previously been involved in CHA CHIP work and wished to remain part of a team. Commitment to these workgroups consists of participating in workshops to determine goals, objectives, and activities for the group, monthly meetings, and completing assigned to-dos from meetings. To get involved in a workgroup, contact Cassidy Flory at cflory@cghealth.com or 641-421-9345, or reach out to a member listed in the Steering Team or CHIP Workgroup tables.

Food Access Workgroup Members		
Name	Organization	Sector
Carla Miller	North Iowa Community Action Organization	Social Services
Chelcee Schleuger	Hancock County Public Health	Public Health
Jennifer Gast	CG Public Health	Public Health
Lori Ginapp	Cerro Gordo County Board of Supervisors	Local Government
Jenna Heiar	CG Public Health	Public Health
Cassidy Flory	CG Public Health	Public Health
Lori Brandt	North Iowa Community Action Organization	Social Services
Lynzie Nilles	Kossuth County Public Health	Public Health
Mary Beyerhelm Huey	North Iowa Mutual Aid	Philanthropy
Natasha Marquis	North Iowa Mutual Aid	Philanthropy
Robin Jaquis	WestCare/Family Alliance for Veterans of America	Healthcare
Sarah Strohman	Palo Alto County Public Health	Public Health

Mental Health Workgroup Members		
Name	Organization	Sector
Andrea Mujica	North Iowa Area Community College	Education
Betty Krones	CG Public Health	Public Health
Tom Heiar	CG Public Health	Public Health
Cassidy Flory	CG Public Health	Public Health

Samantha Severson	CG Public Health	Public Health
Heather Dewaard	North Iowa Area Community College	Education
Heidi Witt	MercyOne Medical Center North Iowa	Healthcare
John Derryberry	43 North Iowa	Social Services
Katy Thoreson	Community Health Center of Mason City	Healthcare
Lisa Trout	MercyOne Medical Center North Iowa	Healthcare
Lisa Ketelsen	North Iowa Area Community College	Education
Melissa Nelson	North Iowa Area Community Action Organization	Social Services
Robin McKee	Central Iowa Community Services Mason City	Social Services
Savanna Hale	Crisis Intervention Services	Social Services

Aging Services Workgroup Members		
Name	Organization	Sector
Cassidy Flory	CG Public Health	Public Health
Amanda Ragan	Community Member	Community
Gail Arjes	Floyd County Public Health	Public Health
Heidi Metz	MercyOne Medical Center North Iowa	Healthcare
Jessica Hallet	MercyOne Medical Center North Iowa	Healthcare
Michelle Alquist	MercyOne Medical Center North Iowa	Healthcare
Julie Sorenson	Winnebago County Public Health	Public Health
Sandra Jackson	Elderbridge Agency on Aging	Social Services
Jenna Heiar	CG Public Health	Public Health

Introduction

The 2024-2026 Community Health Assessment and Community Health Improvement Plan (CHA CHIP) is the second iteration of a collaborative effort to identify and improve health problems in a 14-county region. Health problems and priorities do not vary widely from county to county, therefore working together strengthens partnerships, and maximizes resources and impact for north Iowa. Though significant challenges were experienced through the outbreak of the COVID-19 pandemic, the group was determined to continue combining efforts for a second iteration of the CHA-CHIP. This process engaged over 800 residents in the region and 18 community organizations utilizing the Mobilizing for Action through Planning and Partnerships framework (MAPP).

Participants were asked to consider social determinants of health and health equity as they conducted assessments and discussions. Throughout this process, the community vision and values guided discussion and direction as further defined on page ten of this document. The MAPP model was utilized by the Steering Team to ensure appropriate engagement at all levels of the CHA-CHIP process. Together, we assessed the current health status of a 14-county region, identified current and future needs, and, utilizing feedback from stakeholders and community members, created a comprehensive plan to address health concerns. The CHA can be found on CG Public Health's website.

Themes in qualitative and quantitative data were analyzed by the Steering Team. After reviewing all data collected, considering ongoing efforts by other community organizations, and grant funding, the group determined three health priorities to focus on for the three-year implementation period. These areas of focus are:

Aging Support

Mental Health Support

Food Access

These priorities guided recruitment for workgroups focused on each area. The CHIP is a living document that serves as a guide for addressing these health priority areas in a collaborative and strategic manner. This document outlines the process for how the community prioritized issues and formed goals and strategies to address these issues.

MAPP Framework

The Mobilizing for Action through Planning and Partnerships (MAPP) framework is an evidence-based collaborative strategic planning tool used to improve community health. This framework was utilized to conduct the CHA-CHIP process as it has a focus on engaging local public health systems, healthcare providers, and community members in a collaborative manner. Additionally, the MAPP framework allows for significant data collection to be carried out during the development of the CHA in support of the CHIP.

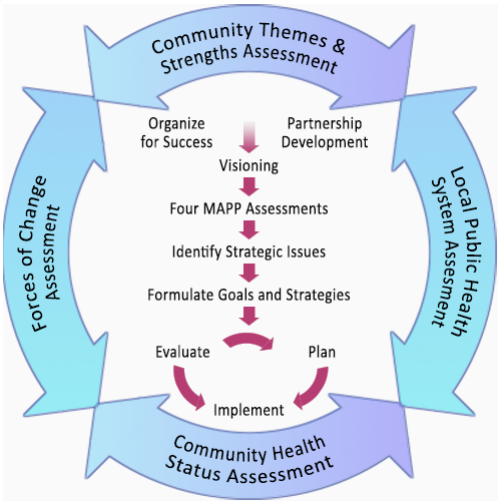


Figure 2: MAPP Model

<u>The six phases of the MAPP framework include:</u>

1. Organizing for Success and Partnership Development
2. Visioning
3. The Four Assessments
4. Identify Strategic Issues
5. Formulate Goals & Strategies
6. Action Cycle

WE ARE HERE!

Phase 1: Organization for success and partnership development

In April 2022, MercyOne and CG Public Health met to establish a timeline for the 2024-2026 CHA-CHIP cycle. This same month, CG Public Health reached out to contacts at all 14 county health departments in the region to determine their level of interest in participating in the combined effort. Seven of the health departments were interested in continuing forward with this effort and remained involved in the Steering Team.

Phase 2: Visioning

At the May 2022 meeting, the Steering Team revisited the vision and values statement established in the first iteration of the combined CHA-CHIP. All members were given the opportunity to address any wishes to alter these statements. The group agreed that the vision and values were still appropriate for the second iteration of the CHA-CHIP and no adjustments were made.

Vision: We are a united community building a healthy, safe, and accepting environment.

Values: We are a united community:

- That recognizes the connection between body, mind, and spiritual health.
- Where people have access to affordable resources.
- That provides the foundation for people to be self-sufficient.
- That embraces best practices, creativity, lifelong learning, advocacy, and peer support.
- With a commitment for clean, safe, healthy environments.
- Where working together is embraced.

Phase 3: The Four Assessments

MAPP outlines four key assessments to be completed during the development of the CHA-CHIP documents. These four phases were carried out from April 2022 to January 2023 as part of the CHA. The assessments were conducted in the following order:

Community Health Status Assessment

This assessment used several secondary data sources to update indicators used in the last round of our regional CHA. To accurately compare and contrast data from the previous CHA-CHIP cycle, similar questions were posed, but additional questions focused on the impact of COVID-19 were added. Over 800 community members took this survey. Methods for data collection included electronic survey distribution as well as in person survey collection.

Local Public Health System Assessment

The second assessment completed by the group was a survey sent to all health departments in the region. This survey was completed by 10 health departments and asked questions specific to capacity in participating in efforts such as the CHA CHIP, community programming, and coalition work. Additional questions were asked about programming provided by the department, the wish list for additional funding, support from Board of Supervisors, and any anxiety experienced by the Iowa Department of Health and Human Services merger.

Forces of Change Assessment

The Steering Team was sent guidance on the Forces of Change Assessment prior to an in-person meeting. Members were asked to identify possible events, trends, or factors that could affect the health of the community or the health system. Key themes were compiled and included, but were not limited to, the politicization of science, upcoming elections, vaccine hesitancy, an aging population, lack of sufficient mental health services, and inflation.

Community Themes and Strengths Assessment

This assessment allowed for partners to meet with members of the community in a key informant and focus group setting for more focused discussion regarding topics introduced in the Community Health Status Assessment survey. This assessment allows for the team to get a better understanding of what the community is experiencing and how their needs may be better met.

Phase 4: Strategic Issue Identification

Strategic issues are defined as issues that must be addressed for the Health Improvement Collaborative to achieve its vision. The Steering Team created the following categories based on the data, themes, and findings from the previously mentioned four assessments. Issues that were repeatedly identified by community members as well as issues where data was readily available were discussed as potential strategic areas of focus. The following categories were identified with chosen strategic issues indicated with an asterisk:

- **Childcare Access**
- **Food Access***
- **Mental Health***
- **Substance Misuse**
- **Aging Support***

A community health forum was held to obtain input from members of the community as well as partnering organizations. With the support of facilitators, we learned major concerns were surrounding worsening mental health conditions, lack of a living wage, limited childcare availability, food insecurity rates, limited funding, and services to support the growing aging population, and access to safe attainable housing for all.

Data gathered while conducting the CHA shows that all topics are cause for concern in the region. There is a significant lack of mental health providers, with the patient-to-provider ratio being 2,682:1 in the region. Five of the counties in the region have suicide rates higher than the state average, roughly 15,650 individuals in the region are impacted by food insecurity, and 12.45 of children in the region are living in poverty.

During the February 2023 Steering Team meeting, members utilized the big easy method of voting outlined in strategic doing. This form of voting accounts for what priority will be the easiest to accomplish while also being impactful. Members of the Steering Team placed the highest impact and ease on efforts focused towards improving food access, mental health services/support, and services for the aging population. Table 1 below identifies votes assigned to each potential strategic issue.

Table 1: Scoring Used to Determine Strategic Issues

Theme	Impact Score	Ease Score	Total Score
Childcare Access	14	13	27
Food Access	**39**	**28**	**67**
Mental Health	**45**	**30**	**75**
Substance Misuse	31	22	53
Aging Support	**40**	**26**	**66**

***A high number indicates high levels of impact or ease whereas a low number indicates low levels of impact and ease.*

The team assigned lower scores towards childcare access due to ongoing efforts from the IMPACT grant which is aimed at increasing childcare availability in northern Iowa as well as other work being done to address this issue. The team did not feel resources would be best spent on this topic.

Substance misuse did not receive necessarily low scores in impact or ease, however, the team felt that this would naturally come up in discussion with mental health as the two are often coexisting circumstances for individuals. The group also felt that there were too many factors pushing against a focus on substance misuse such as laws and regulations prohibiting the distribution of certain harm reduction materials.

Phase 5: Developing Goals and Strategies

Table 2 defines the timeline in which goals, objectives, and strategies were identified.

Table 2: Summary of CHIP Development	
Phase 4: Identify Strategic Issues **When: February 9, 2023**	**What:** The Steering Team reviewed commonly referenced strategic issues and identified data collected from the four assessments and information from the community health forum. **Why:** To discuss strategic priorities and determine the team's ability to focus on each identified issue. **Who:** 10 Steering Team Members
Phase 5: Formulate Goals and Strategies—Mental Health **When:** **Strategic Doing Workshop: June 28, 2023** **Development of goal and objectives: July 19, 2023**	**What:** At the Strategic Doing workshop, members of the mental health team worked to identify what assets were available and how to build potential projects with those assets. **Why:** To identify the initial project to be focused on for the first 120 days. **Who:** Members of the mental health team as identified on page 5.
Phase 5: Formulate Goals and Strategies – Food Access **When:** **Strategic Doing Workshop: June 14, 2023** **Development of goal and objectives: July 12, 2023**	**What:** At the Strategic Doing workshop, members of the food access team worked to identify what assets were available and how to build potential projects with those assets. **Why:** To identify the initial project to be focused on for the first 120 days. **Who:** Members of the food access team as identified on page 4.
Phase 5: Formulate Goals and Strategies – Aging Support/Services **When:** **Strategic Doing Workshop: June 30, 2023** **Development of goal and objectives: July 13, 2023**	**What:** At the Strategic Doing workshop, members of the aging support/services team worked to identify what assets were available and how to build potential projects with those assets. **Why:** To identify the initial project to be focused on for the first 120 days. **Who:** Members of the aging support/services team as identified on page 5.

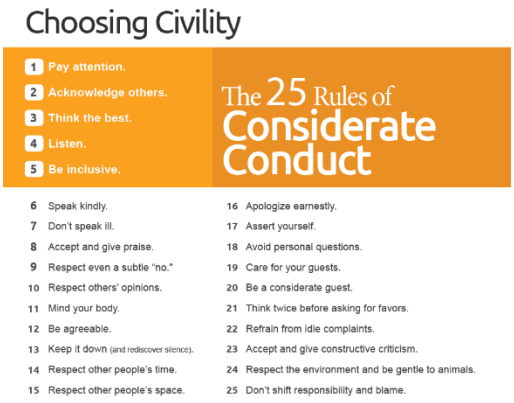
Phase 6: Action Cycle

The development of the 2024-2026 North Iowa CHIP occurred in the final phase of the MAPP framework. After encountering significant challenges with the implementation of the 2020-2023 CHIP, The team decided to use the Strategic Doing framework for the development of the action cycle. Additionally, the group chose to utilize the Strategic Doing framework as it aligns well with MAPP, assigning and maintaining accountability to actions outlined in the plan. Further, both frameworks utilize the development of measurable outcomes to measure the success of a project or action implemented.

Figure 3: Strategic Doing Process

Strategic Doing is a strategy discipline designed for open, loosely connected networks and operates under the mindset that we are more impactful as a team than individuals or individual organizations. With this knowledge, the framework approaches issues by asking a team what could be done, what should be done, and what will be done. All priority issues were appropriate for the Strategic Doing framework as they are adaptive or complex issues; meaning a root cause cannot be easily identified and solutions to the problem require changes in behavior, beliefs, values, roles, and approaches.

Figure 4: Choosing Civility



In Strategic Doing, a workshop is conducted utilizing a framing question. In the case of the CHIP, the framing question serves as the overall goal for each subcommittee. A framing question is developed to guide the overall vision of the workshop and paints the picture of what success may look like. An example of a framing question is "*Imagine that residents of County B had a clear pathway to in-demand job opportunities in the area. What would this look like?".* At the start of the workshop, the ground rules established by the Strategic Doing framework are defined to the group.

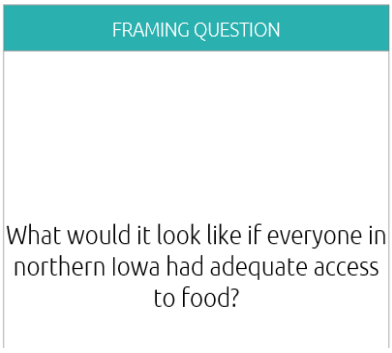


Figure 5: Framing Question Used in the Food

These ground rules work to maintain civility by ensuring all members of the group, and their opinions, are respected (see figure 4). It is essential that all members feel safe and confident in sharing their opinions without fear of ridicule. Further, ground rules explain that all members of the group will be given the opportunity to speak to prevent any one person from dominating the conversation. During the workshop, participants work to uncover hidden assets. Assets **must be** something an individual has access to and is willing to share; these may include physical, skill, social, and/or capital assets (see figure 6).

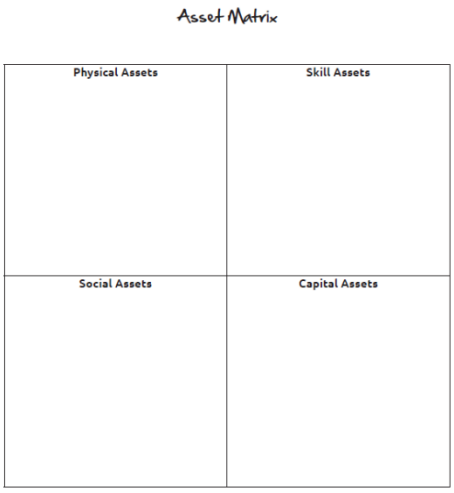


Figure 6: Strategic Doing Asset Matrix

This ensures the group is able to do the doable. Physical assets may include meeting spaces, computers, and vehicles. Skill assets may include grant writing, experience in GIS, non-profit work, etc. Social assets may include connections to the Chamber of Commerce, United Way, Community Action, etc. Lastly, capital assets. These are the most difficult for a work group to identify but may include grant funding, administrative staff, incentives, etc. Once assets have been defined, the group begins linking and leveraging assets to identify strategic opportunities. Ultimately, the group will utilize the listed assets to build potential ideas of what could be done with what is available. This is an opportunity to brainstorm any potential project or idea that could be done utilizing the available assets. These ideas become the potential opportunities of focus for the group.

After identifying these potential opportunities, the team further defines the opportunity to ensure there is consensus over the intent behind the opportunity. Following the definition of each opportunity, the group determines what the "big easy" is. The big easy requires each team member to vote on the impact and ease of the identified opportunities. Voting utilizes a 1-5 scale with 5 being the highest impact/ease and 1 being the lowest impact/ease. The project with the highest total score becomes the opportunity of focus.

Opportunity	Impact	Ease	Total
Educational campaign about 'x'	1+3+2+2+1=9	4+3+4+5+4=20	29
Hold focus groups on effectiveness of 'y'	5+3+4+5+5=21	3+1+2+3+1=10	31
Pilot offering 'z' class at 'x'	3+3+4+3+3=16	2+3+2+2+2=11	27

Figure 7: Example of Big Easy Voting Method

Following the selection of the big easy, the group determines what characteristics and success measures will be utilized to determine the success of the project. Characteristics include what people would see/how they would feel by the implementation of the project. Success metrics must be something that can be measured. After determining how success will be measured, the group determines the first pathfinder project. A pathfinder project moves the group toward the outcome (the chosen big easy opportunity). Pathfinder projects utilize guideposts which are key steps that must be completed for success. Following the development of the pathfinder project, the group determines what needs to be done in the next 30 days. Before leaving the workshop, the group determines their meeting cadence, typically meetings occur every 30 days.

When the group feels the initial big easy opportunity has been achieved, they may revisit other opportunities identified in the workshop and determine if these are appropriate to utilize for the next project. Workshops should be held for each opportunity to determine pathfinder projects and activities necessary to work towards the success of the identified opportunity.

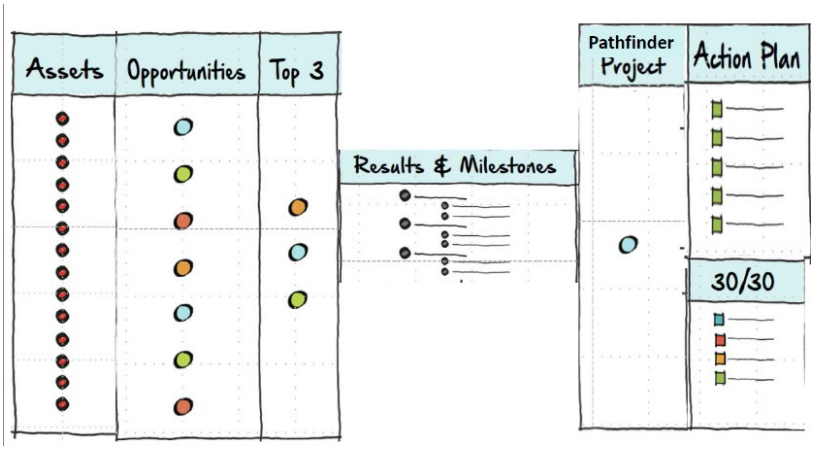


Figure 8: Overall Structure of Strategic Doing Workshop

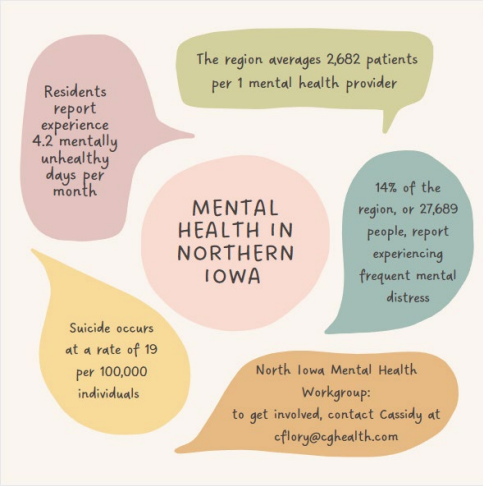
Alignment of Strategic Issues

Team members ensured that strategic priorities aligned with those identified at the state and national level. Table 3 identifies the alignment of each priority with Healthy People 2030 and Healthy Iowans.

Table 3: Alignment of Strategic Issues with State and National Priorities

Northern Iowa	State Alignment	National Alignment
Mental Health	**Iowa State Health Improvement Plan 2023-2027 –** Access to Care: Behavioral Health[1]	**Healthy People 2030 Leading Health Indicator(s):** Suicide, Adolescents with major depressive episodes who receive treatment[2] **Healthy People 2030 Topic(s):** Mental Health and Mental Disorders[2]
Food Access	**Iowa State Health Improvement Plan 2023-2027 –** Healthy Eating and Active Living[1]	**Healthy People 2030 Leading Health Indicator(s):** Household food insecurity and hunger[2] **Healthy People 2030 Topic(s):** Nutrition and Healthy Eating[2]
Aging Support/Services	**Iowa State Health Improvement Plan 2023-2027 –** Healthy Eating and Active Living[1]	**Healthy People 2030 Leading Health Indicator(s):** Employment among the working-age population[2] **Healthy People 2030 Topic(s):** Older Adults[2]

Strategic Priority: Mental Health

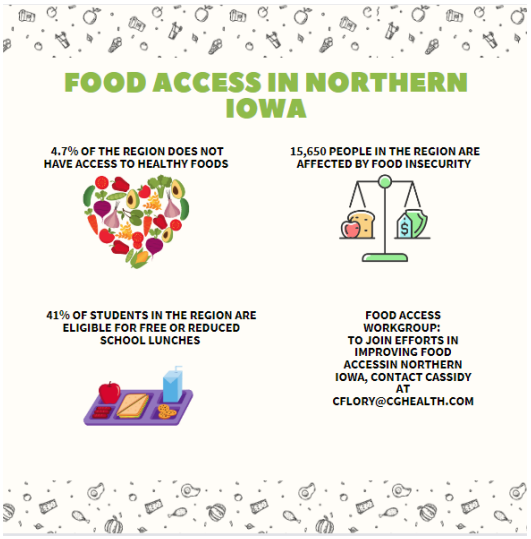


Positive support systems and plentiful services are critical in supporting the mental health of the community. Mental health is just as vital to overall health as physical health but is often stigmatized when individuals reach out for help. The region is not properly equipped to support the mental health needs of its residents. This determination was made as the lack of sufficient services was discussed in every planning meeting, focus group, and key informant interview conducted. Patient-to-mental health provider ratios in the region range from 320:1 to 10,660:1.

Seven counties in the region have suicide rates higher than the national average of 14 suicides per 100,000 people. In northern Iowa, suicide rates range from 13-27 per 100,000 population. Iowa's youth are reporting alarming rates of desire and intent to complete suicide. According to the Iowa Youth Survey, about 50% of Iowa's 6th, 8th, and 11th graders had thought about completing suicide in the past year. A survey conducted while developing the *2024-2026 North Iowa Community Health Assessment* asked respondents which groups they felt were most discriminated against in the area, 26.8% identified mental health/illness as most discriminated against.

The *2024-2026 North Iowa Community Health Assessment* identifies distance to providers, availability of providers, affordability, stigma, and wait time for appointments as barriers experienced by northern Iowans as they attempt to access mental health services/support. Tasks in this strategic priority will be completed by the mental health workgroup identified on page six of this document. Click here to see the Mental Health Workgroup Action Plan.

Goal	Improve access to mental health services for those residing in northern Iowa. **Connection to Vision/Values**: The team desires a system that recognizes the connection between body, mind, and spiritual health. Further, the team envisions an accepting environment for all.
Objectives	1. By July 31, 2026, the region's average for poor mental health days will decline from 4.2 to 4.0.[3] 2. The percent of individuals reporting mental distress in the region will decline from 14% to 13% by July 31, 2026.[4] 3. The region's average for patient-to-mental health provider ratio will decline from 2,682 patients for every one provider to 2,575 by July 31, 2026.[5] 4. By July 31, 2026, suicide prevalence in north Iowa will decrease from 19 per 100,000 to 16 per 100,000.[6]
First Project	Reduce stigma through educational awareness campaigns.
Strategy 1: Determine what data is readily available at partnering organizations regarding different populations/group needs.	
Strategy 2: Determine the team's reach with potential populations of focus.	
Strategy 3: Utilize the data and access to populations to determine what messaging and education is necessary for the chosen population/group.	



Strategic Priority: Food Access

The USDA defines food insecurity as lacking consistent access to enough food for all residents of a household to live active healthy lifestyles. Access to food is essential for daily life and access can change in the blink of an eye. Factors such as income, employment status, age, transportation, and more may contribute to the unknowns associated with food security and access. Food insecurity continues to be prevalent across northern Iowa.

Themes relating to accessing food were consistent during key informant interviews, focus groups, and survey collection during the development of the *2024-2026 North Iowa Community Health Assessment.* Barriers to accessing food in the region include hours of operation, transportation, location of services, lack of knowledge, and the cliff effect (no longer qualifying for services if income reaches a certain level).

Especially rural communities or communities considered to be a food desert, are at greater risk for experiencing food insecurity as they have limited transportation resources to access the services that are available to those residing in town. For our rural region, this is evident as approximately 15,650 people in the region are affected by food insecurity. Tasks in this strategic priority will be completed by the food access workgroup identified on page six of this document. Click here to see the Food Access Workgroup Action Plan.

Goal	Create a system that allows and educates members of northern Iowa on all available food resources in the region. **Connection to Vision/Values**: The team desires a system that provides a foundation for people to be self-sufficient as well as have adequate access to affordable resources.
Objectives	1. Reduce food insecurity in the region from 8.8% to 7.8% by July 31, 2026.[8] 2. By July 31, 2026, the food environment index ranking for the region will increase from 8.7 to 9.0.[9] 3. Reduce limited access to healthy food from 4.7% to 4% by July 31, 2026.[10]
First Project	Develop a Regional Resource List for community members to utilize as they search for food resources.
Strategy 1: Develop a list of available resources for each county in the region.	
Strategy 2: Combine all county resources into one list and determine the format for the list (digital, paper, both).	
Strategy 3: Determine locations for list distribution and gain buy-in from locations/organizations.	
Strategy 4: Determine what languages we need to get the list translated into.	
Strategy 5: Distribute and promote the regional resource list.	
Strategy 6: Ensure the resource list is translated into appropriate languages for the region.	

Strategic Priority: Aging Support

The health and public health systems must prepare to support the rapidly aging population. Data from the U.S. Census Bureau shows that by 2030, all individuals in the baby boomer generation will be over the age of 65. As our population ages, additional services should be implemented to support safe and healthy aging however, a number of programming is being reduced or eliminated throughout the nation, especially in northern Iowa. The region has experienced the decline and discontinuation of Meals on Wheels services as well as the closure of Senior Centers.

Though quantitative data was not as plentiful, qualitative data from the development of the CHA showed concern regarding the lack of support for this population considering their size and impact. In April 2023, Iowa lawmakers approved a bill to require asset tests on people receiving food assistance benefits. If an individual has more than $15,000 in assets (not to include a home and one vehicle) they will not be eligible to receive SNAP benefits. This will reduce the amount of food benefits available to the elderly. This concern has been voiced by advocacy groups who worry about limited resources and funding for older adults.

Without programs and services in place, optimizing opportunities for healthy aging becomes more difficult. Studies have shown that rural older adults are at an increased vulnerability compared to older adults in urban areas due to isolation, lack of support, transportation issues, and economic factors.[11] The American Association of Retired Persons (AARP) publishes livability index rankings for counties across America to provide an understanding of the services and amenities that impact our lives the most. According to this system, the region averages a ranking of 57 out of 100. Areas AARP notes for improvement include walkability, transportation, housing, and social engagement. Click here to see the Aging Support Workgroup Action Plan.

Goal	Provide a service-rich community for older adults in northern Iowa. **Connection to Vision/Values**: The team desires a system that provides a foundation for people to be self-sufficient as well as have adequate access to affordable resources.
Objectives	1. By July 31, 2026, the AARP Livability Index ranking for the north Iowa region will increase from 57 to 59.[11]
First Project	Identify opportunities to improve or increase access to meal services for older adults.
Strategy 1: The group will research available services throughout the 14-county region.	
Strategy 2: Compile one list of services available throughout the region.	
Strategy 3: Identify gaps in service in the region and determine potential alternatives to support older adults in these areas.	

Policy Recommendations

To date. the team has developed one policy recommendation per strategic priority group. Opportunities to improve policy will be identified by priority group members as they arise and as the team sees fit.

The first policy recommendation is related to mental health to increase funding for school-based mental health services. As we know from the 2021 Iowa Youth Survey, Iowa's youth are struggling to cope with the effects of mental health. Data from this survey shows that 50% of the students reporting suicidal ideation have made a plan to complete suicide in the past 12 months. Early intervention is critical to supporting Iowa's youth and reducing suicide completion and attempts. Efforts to implement this policy may come in the form of encouraging districts to hire licensed mental health professionals, advocating for more funding toward mental health professionals in school, provide trauma-informed care training, or providing professional development for school staff to further their knowledge of the importance of supporting the mental health of all students, especially those who identify as LGBTQ+.

Concern has been raised about recent Iowa legislation that significantly reduces and restricts food stamp availability to those in need. This new bill will require asset testing to be done on those who are currently receiving food stamps as well as those who are applying to receive assistance. Iowa households who have more than $15,000 will no longer be able to receive SNAP benefits. This $15,000 limit on assets does not include the household's first motor vehicle and up to $10,000 of a secondary motor vehicle. This bill is expected to significantly impact older adults, persons with disabilities, and children with a disproportionate effect on rural older adults.

With the unique challenges experienced by older adults in mind, the team may recommend policy to expand upon or increase programming for this population. One policy recommendation the group has is to strengthen the capacity of health care and social service providers so all professional may better engage older adults, and their family members, in evidence-based practice and supports as well as improve referrals to beneficial programming.

Next Steps

During the action cycle, teams identified on pages six and seven of this document will work to move the needle on goals, objectives, and strategies associated to their designated strategic priority group. These teams are comprised of area experts, organizational partners, local public health experts, and community residents with a desire to make change in their community. Members of the Steering Team as well as the action teams will work to align with community efforts and improve the conditions in which northern Iowans live, work, and play. Data specific to CHIP progress will be tracked utilizing the Strategic Doing framework's 30/30 format which encourages meeting once every 30 days to review what the team has learned and discuss what should be completed in the next 30 days. This timeline can be altered as each team sees fit to allow for more or less time in between meetings. Once the group completes their initial project, a new project will be chosen. This process will occur roughly every 120-180 days.

Monitoring Progress

The Steering Team will monitor the progression of goals, objectives, and strategies outlined in the CHIP. Progress will be shared via annual reports as well as presentations when appropriate. Members of the Steering Team will distribute the CHIP to members of the community and partnering organizations as

they see fit. Local health departments choosing to align their efforts will ensure the CHIP is readily available on their website. The CHIP will be revised and updated as needed.

Staff at CG Public Health will utilize the online platform, Trello, to monitor and track any updates in community services, staff turnover, new programming, etc.

Resources

1. Iowa Department of Health and Human Services (2023). *Iowa State Health Improvement Plan (SHIP) 2023-2027.* Des Moines: Iowa Department of Public Health. Retrieved from Iowa's Health Improvement Plan (SHIP) Website: https://hhs.iowa.gov/healthy-iowans/plan
2. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2030.* Washington, DC. Retrieved from www.healthypeople.gov/
3. County Health Rankings and Roadmaps (2023). *Poor Mental Health Days.* Retrieved from: https://www.countyhealthrankings.org/
4. County Health Rankings and Roadmaps (2023). *Mental Distress.* Retrieved from: https://www.countyhealthrankings.org/
5. County Health Rankings and Roadmaps (2023). *Mental Health Provider Ratio.* Retrieved from: https://www.countyhealthrankings.org/
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7. USDA (2022). *Definitions of Food Security.* Retrieved from: https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/definitions-of-food-security/
8. County Health Rankings and Roadmaps (2023). *Food Insecurity.* Retrieved from: https://www.countyhealthrankings.org/
9. County Health Rankings and Roadmaps (2023). *Food Environment Index.* Retrieved from: https://www.countyhealthrankings.org/
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11. AARP (2023). *Livability Index Ranking.* Retrieved from: https://livabilityindex.aarp.org/
12. Mobilizing for Action through Planning and Partnerships (2013). *Mapp User's Handbook*. Retrieved from: https://www.oregon.gov/oha/HPA/dsi-tc/CHACHPTechnicalAssistance/MAPP-Handboook.pdf
13. Strategic Doing (2012). https://strategicdoing.net/