

Monona County

Community Health Needs Assessment (CHNA) Report



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Date Revised: February 16, 2016

Promote Healthy Living Assessment

includes topics such as addictive behaviors (tobacco, alcohol, drugs, gambling), chronic disease (mental health, cardiovascular disease, cancer, asthma, diabetes, arthritis, etc.), elderly wellness, family planning, infant, child & family health, nutrition and healthy food options, oral health, physical activity, pregnancy & birth, and wellness.

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Heart Disease	<p>Heart disease is the leading cause of death in Monona County, as well as in Iowa. Heart disease is related to high blood pressure, high cholesterol, and heart attacks. According to Community Commons, 28.86% of the Monona County Medicare population (persons aged 65+ and the disabled) suffer from heart disease, which is greater than Iowa's 25.25%.</p> <p>Out of the total county population of approximately 9,195, there were on average 50 annual deaths from the years 2007 - 2011.</p> <p>Additionally, Monona County has 41 annual deaths on average due to coronary heart disease. The county's age-adjusted death rate per 100,000 population is 212 which is highly greater than Iowa's rate of 122.6. According to Community Commons, males have a higher rate of coronary heart disease than females do in the county.</p> <p>High Blood Pressure According to Community Commons, 64.07% (or 1,232 people) of the Medicare population (persons aged 65+ and the disabled) are suffering from high blood pressure, which is dramatically higher than Iowa's 51.16%. This is one of the causes of high heart disease rates in Monona County's Medicare population.</p> <p>High Cholesterol According to Community Commons, 49.19% (or 946 people) of the Medicare population (persons aged 65+ and the disabled) are suffering from high cholesterol, which is higher than Iowa's 40.25%. This is one of the causes of high heart disease rates in Monona County's Medicare population.</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Physical Activity	<p>According to Community Commons, in Monona County, 25.9% of adults, aged 20 and older, self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This is compared to Iowa's lower percentage of 24.2%. Physical inactivity data is important to pay close attention to, as people's current behaviors are determinants of future health and this data may illustrate a cause of significant health issues, such as obesity and heart health related issues.</p> <p>Additionally, 27.3% of male adults are not getting leisure time physical activity, which is higher than females in the county, at 24.3%. From the year 2004 through 2012, the percent of no leisure time physical activity has fluctuated up and down in the county, Iowa and United States.</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
3 Diabetes	<p>Diabetes is a prevalent problem in the United States; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.</p> <p>According to Community Commons, diagnosed diabetes has continued to increase, in persons 20+, in Monona County, Iowa and the United States, from the year 2004 to 2012.</p> <p>Additionally, 26.42% (or 508 people) of the Monona County Medicare population (persons 65+ and the disabled) are suffering from diabetes, which is greater than Iowa's 23.78%.</p>	No	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input checked="" type="checkbox"/> Other <u>By selecting heart disease and physical inactivity as two of the (HIP) priorities, this health need will be positively affected.</u> <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
4 Colon & Rectum Cancer	According to Community Commons, in Monona County, there are an average of 9 new cases of colon and rectum cancer reported in the county annually, which is a higher rate than in Iowa.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
5 Colonoscopy Cancer Screening	According to Community Commons, in Monona County, 51.8% of people 50+ (at an age-adjusted percentage per 100,000 population) have received a colonoscopy cancer screening. This is lower than the 60% Iowa average. This lower percentage could highlight a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	No	<input type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input checked="" type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
6 Mammogram Cancer Screening	According to Community Commons, of the 115 female Medicare population aged 67-69 in Monona County, 73 of this population have received a mammogram in the past 2 years. This is 64.3%, which is lower than the 66.4% Iowa average. This lower percent could highlight a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	No	<input type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input checked="" type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
7 Chronic Lower Respiratory Disease	<p>Chronic lower respiratory diseases are the third leading cause of death in Monona County. Chronic lower respiratory diseases are diseases that affect the lungs. The most deadly of these is chronic obstructive pulmonary disease (COPD), which makes it hard to breathe. COPD includes two main illnesses, 1)emphysema and 2)chronic bronchitis. Emphysema and chronic bronchitis also are strongly associated with lung cancer. Damage to the lungs caused by COPD cannot be repaired. Cigarette smoking is the main cause of COPD.</p> <p>According to Iowa Department of Public Health, Monona County's death rate, due to chronic lower respiratory disease, was 48.13 (at an age adjusted rate per 100,000) in the time period 2010 through 2014, compared to Iowa's rate of 46.75.</p>	No	<input type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
8 Low Birth Weight	<p>Low birth weight in infants can lead to a higher risk for health problems. Low birth weight can also show the existence of health disparities. According to Community Commons, in Monona County, 7.7% of infants born are low weight births (under 5lb, 8.18oz.). This is higher than the Iowa average of 6.8%.</p>	No	<input type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input checked="" type="checkbox"/> Other <u>By selecting child abuse and neglect as one of the (HIP) priorities, this health need will be positively affected.</u> <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
9 Smoking During Pregnancy	<p>Smoking during pregnancy can lead to significant health issues in the newborn, including asthma. According to Community Commons, approximately 14% through 40% of Monona County mother's, from ages less than 19 to 35+, are smoking during their 3rd trimester, compared to 8% through 15% of mother's state wide.</p>	No	<input type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input checked="" type="checkbox"/> Other <u>By selecting child abuse and neglect as one of the (HIP) priorities, this health need will be positively affected.</u> <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
10 Depression	According to Community Commons, 18.9 % (or 363 people) of the Monona County Medicare population (persons 65+ and the disabled) are suffering from depression, which is greater than Iowa's 14.9 percent.	No	<input type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input checked="" type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
11 Premature Death & Years of Life Lost	<p>A measure of premature death can provide a unique and comprehensive look at overall health status in Monona County. Premature death, or Years of Potential Life Lost (YPLL), is calculated by subtracting the age of death from the 75 year benchmark.</p> <p>In Monona County, there were 46 premature deaths, from 2008-10, and 683 years of potential life lost on average. These statistics put the county at a higher rate for years of potential life lost than the Iowa average.</p>	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input checked="" type="checkbox"/> Other <u>The other priorities that were selected for the (HIP) will positively address this issue.</u> <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Prevent Injuries & Violence Assessment

includes topics such as brain injury, disability, EMS trauma & system development, intentional injuries (violent & abusive behavior, suicide), occupational health & safety, and unintentional injuries (motor vehicle crashes, falls, poisoning, drowning, etc.).

Injuries & Violence Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Child Abuse & Neglect	<p>Iowa defines child abuse as harm suffered as the result of the acts or omissions of someone who is responsible for the care of a child. Iowa defines neglect as depriving a child of their basic needs (e.g. food, clothing, warmth and shelter, emotional and physical security and protection, medical and dental care, cleanliness, education and supervision).</p> <p>According to Prevent Child Abuse America 2007, child abuse and neglect have pervasive and long lasting effects on children, their families and society. Children who have been abused or neglected are more likely to experience adverse outcomes throughout their life span. These include poor physical health, poor emotional and mental health, social difficulties, cognitive dysfunctions, high risk health behaviors and behavioral problems.</p> <p>There are certain risk indicators that put a child at a higher risk for abuse and neglect. The data of these risk indicators show that Monona County has a higher percentage than Iowa's average for almost all of the risk indicators. For example:</p> <p>1) In Monona County, 35% of children live in a single parent household, compared to Iowa's 29%.</p> <p>2) In Monona County, 14% of births are to mothers with less than a high school education, compared to Iowa's 8%.</p> <p>3) In Monona County, 19% of children are living in poverty, compared to Iowa's 16%.</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Injuries & Violence Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Unintentional Injury (Accidents)	<p>According to Community Commons, accidents are a leading cause of death in the United States. On average, Monona County had 9 unintentional deaths annually from 2007-11. This is a much higher age-adjusted death rate than Iowa's average.</p> <p>According to the Iowa Department of Public Health, from the years 2008 - 2012, fall accidents that resulted in an emergency department visit are continuously at a higher rate, in aged 35+, than Iowa's rate.</p> <p>For example:</p> <p>1) For ages 35-64 in the county, there was approximately a 1,822 rate of (at an age adjusted rate per 100,000 population) fall emergency department visits, compared to 1,766 in Iowa, during the years 2010 - 2014.</p> <p>2) For ages 65-84 in the county, there was approximately a 4,579 rate of (at an age adjusted rate per 100,000 population) fall emergency department visits, compared to 3,611 in Iowa, during the years 2010 - 2014.</p> <p>3) For ages 85+ in the county, there was approximately a 11,739 rate of (at an age adjusted rate per 100,000 population) fall emergency department visits, compared to 10,730 in Iowa, during the years 2010 - 2014.</p>	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input checked="" type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Protect Against Environmental Hazards Assessment

includes topics such as drinking water protection, food waste, food safety, fluoridation, hazardous materials, hazardous waste, healthy homes, impaired waterways, lead poisoning, nuisances, on site wastewater systems, radon, radiological health, soil erosion, and vector control.

Environmental Hazards Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Radon Testing & Prevention	<p>Radon is an invisible, odorless, and tasteless gas. Radon is a decay product from uranium, which is present in nearly all soil, rock, and water.</p> <p>According to the Environmental Protection Agency, radon is the top cause of lung cancer among nonsmokers and the second leading cause of lung cancer overall.</p> <p>Residents of Monona County are encouraged to use radon test kits which are available at Monona County Environmental Health to see if their home, business, etc. has a higher than acceptable amount of radon.</p> <p>The U.S. Environmental Protection Agency recommends that the radon action level, in a home, business, etc, be no higher than 4pCi/L.</p> <p>The Iowa Radon Survey has indicated that Iowa has the largest percentage (or 71.6%) of homes above the recommended action level of 4pCi/L. Additionally the majority of the average radon test results, conducted by Monona County Environmental Health, have come back exceedingly higher than the 4pCi/L recommended level.</p>	No	<p><input type="checkbox"/> Other priorities rated higher</p> <p><input checked="" type="checkbox"/> Existing programs already address problem/need</p> <p><input type="checkbox"/> Lack of human resources/ staff</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Community partners do not exist</p> <p><input type="checkbox"/> Lead organization does not exist</p> <p><input checked="" type="checkbox"/> Lack of financial resources</p>

Monona County

Prevent Epidemics & the Spread of Disease Assessment

includes topics such as disease investigation, control & surveillance, HIV/AIDS, immunization, reportable diseases, sexually transmitted diseases (STDs), and tuberculosis (TB).

Epidemics & Spread of Disease Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Child Immunizations	<p>Maintenance of high immunization levels provide the foundation for controlling vaccine preventable diseases (VPD) in the population. Immunization coverage levels of 90% are, in general, sufficient to prevent circulation of viruses and bacteria-causing VPD.</p> <p>Determining whether a population is protected against a VPD is best evaluated by examining the coverage level of individual immunizations. It's recommended that children 24 months of age receive the 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 varicella, 4 pneumococcal vaccine series.</p> <p>At mid-year 2015, Monona County Public Health immunization data for children 24 months of age, that the agency serves, show coverage levels at 80%. In comparison, immunization data for children 24 months of age, that the county medical clinics serve, show coverage levels at 66%, which are both below the 90% recommended level.</p>	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input checked="" type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources

Epidemics & Spread of Disease Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Adolescent Immunizations	<p>Maintenance of high immunization levels provide the foundation for controlling vaccine preventable diseases (VPD) in the population. Immunization coverage levels of 90% are, in general, sufficient to prevent circulation of viruses and bacteria-causing VPD.</p> <p>Determining whether a population is protected against a VPD is best evaluated by examining the coverage level of individual immunizations. It's recommended that adolescents 13 through 15 years of age receive the 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 2 varicella, and 1 meningococcal vaccine series. Additionally, three doses of HPV vaccine for females in this age range.</p> <p>At mid-year 2015, Monona County Public Health immunization</p>	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input checked="" type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources

data for adolescents 13 through 15 years of age, that the agency serves, show coverage levels at 40% for the vaccine series and 25% for the HPV vaccine. In comparison, immunization data for adolescents 13 through 15 years of age, that the county medical clinics serve, show coverage levels at 26% for the vaccine series and 31% for the HPV vaccine, which are both below the 90% recommended level.

Epidemics & Spread of Disease Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
3 Pneumonia or Influenza Immunizations	<p>According to the Iowa Department of Public Health, pneumonia and influenza hospitalization rates have primarily been at a higher rate than Iowa's average. Both pneumonia and influenza can be prevented or lessened through immunizations.</p> <p>For example:</p> <p>1) For ages 55+ in the county, there was approximately a 1,884 rate of (at an age adjusted rate per 100,000 population) pneumonia and influenza hospitalization, compared to 1,185 in Iowa, during the years 2010 - 2014.</p> <p>2) For the entire county population, there was approximately a 544 rate of (at an age adjusted rate per 100,000 population) pneumonia and influenza hospitalization, compared to 361 in Iowa, during the years 2010 - 2014.</p> <p>3) For ages 20+ in the county, there was approximately a 23 pneumonia and influenza death rate (at an age adjusted rate per 100,000 population), compared to 21 in Iowa, during the years 2010 - 2014.</p>	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input checked="" type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources

Prepare for, Respond to, & Recover from Public Health Emergencies Assessment

includes topics such as communication networks, emergency planning, emergency response, individual preparedness, recovery planning, risk communication, and surge capacity.

Preparedness Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Emergency Preparedness	<p>In 2015, the Monona County Emergency Preparedness Healthcare Coalition conducted a series of interrelated public health emergency preparedness exercises to test our coalition's plans and readiness for a future public health emergency. After each of these exercises, an After Action Report (AAR) was developed to outline what went well during the exercise and what the coalition needs to further develop to ensure we are prepared for a potential future public health emergency in Monona County. From these exercises, the following improvement actions were developed:</p> <p>1) New staff need further training and practice in the distribution of medical supplies, therefore training opportunities and further exercises will be scheduled.</p> <p>2) Designating I-SERV as a primary tool for assessing and obtaining volunteers could be a mainstay for Public Health in meeting the needs of the community and will allow other staff more time for ongoing emergency issues. Therefore, Public Health will refer all volunteers to register with I-SERV and/or assist in this process if needed.</p> <p>3) The coalition needs to add more entities to the coalition (i.e. nursing homes, physician offices, pharmacies, etc.), therefore the coalition will set up times to discuss disaster preparedness with like groups, explain the purpose and goals of the coalition and ask them to join the group.</p>	No	<input checked="" type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Strengthen the Health Infrastructure Assessment

includes topics such as access to quality health services, community engagement, evaluation, food security, food systems, food and nutrition assistance (SNAP, WIC), health facilities, health insurance, medical care, organizational capacity, planning, quality improvement, social determinants (e.g., education & poverty levels), transportation, and workforce (e.g., primary care, dental, mental health, public health).

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Poverty	Health insurance coverage is an important aspect of access to healthcare. According to Community Commons, in Monona County, 9.09% of the population is uninsured, which is greater than the 8.61% in Iowa. The largest uninsured population, by age group, is ages 18-64. Of this age group in the county, 15.56% are uninsured, compared to the state's average of 12.3%. Additionally, the uninsured population in the county, by gender, is higher in males than it is in females.	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Unemployment	According to Community Commons, the unemployment rate in Monona County is 6.1%, which is higher than the state level of 4.6%.	No	<input type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
3 Uninsured	Health insurance coverage is an important aspect of access to healthcare. According to Community Commons, in Monona County, 9.09% of the population is uninsured, which is greater than the 8.61% in Iowa. The largest uninsured population, by age group, is ages 18-64. Of this age group in the county, 15.56% are uninsured, compared to the state's average of 12.3%. Additionally, the uninsured population in the county, by gender, is higher in males than it is in females.	No	<input type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Monona County

FEBRUARY 16, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT SNAPSHOT



Promote Healthy Living

- Priority #1 Heart Disease
- Priority #2 Physical Activity
- Priority #3 Diabetes
- Priority #4 Colon & Rectum Cancer
- Priority #5 Colonoscopy Cancer Screening
- Priority #6 Mammogram Cancer Screening
- Priority #7 Chronic Lower Respiratory Disease
- Priority #8 Low Birth Weight
- Priority #9 Smoking During Pregnancy
- Priority #10 Depression
- Priority #11 Premature Death & Years of Life Lost



Prevent Injuries & Violence

- Priority #1 Child Abuse & Neglect
- Priority #2 Unintentional Injury (Accidents)



Protect Against Environmental Hazards

- Priority #1 Radon Testing & Prevention



Prevent Epidemics & the Spread of Disease

- Priority #1 Child Immunizations
- Priority #2 Adolescent Immunizations
- Priority #3 Pneumonia or Influenza Immunizations



Prepare for, Respond to, & Recover from Public Health Emergencies

- Priority #1 Emergency Preparedness



Strengthen the Health Infrastructure

Priority #1 Poverty

Priority #2 Unemployment

Priority #3 Uninsured