

2021 Community Health Assessment

Linn County, IA



Together! Healthy Linn



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**2021 – 2023 Tax Years Covered
Community Health Needs Assessment (CHNA)**

Introduction

This document summarizes the community health assessment (CHA), also called a community health needs assessment (CHNA) that was conducted between May and December of 2021. The CHA aids in the development of a community health improvement plan (CHIP) that targets the priority health concerns for those who work, reside, worship, go to school, or seek entertainment in Linn County. The 2021 CHA consisted of two unique assessments, each measuring different aspects of the health of Linn County and existing assets available within the county. The two assessments include Community Themes and Strengths and Community Health Status. Together, these assessments will be utilized to adapt, if necessary, the identified priority strategic issues in the 2019-2023 CHIP. Lastly, this document summarizes the progress, to date, of current CHIP goals and objectives.

Community Served

Linn County is located in East Central Iowa and is the second most populated county in Iowa, with a population of 230,299 during the 2020 Census. Linn County is comprised of urban and rural areas, including 18 incorporated communities. Linn County is Iowa's largest manufacturing center. A variety of industries, including grain processing and aerospace, also contribute significantly to the local economy. Linn County is one of three counties that comprise the Cedar Rapids Metropolitan Statistical Area, along with Benton and Jones counties. Cedar Rapids, the county seat, is the largest city in Linn County and part of the Cedar Rapids-Iowa City Corridor.

In Linn County, 6.2% of the population is under age 5, 23.0% are under age 18, and 16.3% are 65 years and over. Females comprise 50.7% of the population, and 49.3% are male. Race and ethnicity is as follows: 88.1% White, 6.1% Black/African American, 0.3% American Indian/Alaska Native, 2.6% Asian, 0.2% Native Hawaiian/Other Pacific Islander, 2.7% two or more races, and 3.4% Hispanic/Latino. 4.4% of the population are foreign-born, and 5.8% of the population age 5 or older speak a language other than English at home. 94.5% of the population age 25 and older are high school graduates, and 33.1% of the population has a bachelor's degree, or higher. 6.8% of the population under age 65 live with a disability. 4.8% of the population under age 65 do not have health insurance.

Mercy Medical Center serves a primary service area (PSA) of Linn County and a secondary service area (SSA) of eight counties (Benton, Buchanan, Cedar, Delaware, Iowa, Johnson, Jones and Tama). Most of Mercy's patients for both inpatient and outpatient services live in Linn County. The community additionally includes those counties adjacent to Linn County and within a reasonable driving time to the hospital. The total population of Linn County in 2020 was 230,299. The total population of both primary and secondary service areas was 519,749.

Demographics for the combined service area are as follows:

- 50.1% male, 49.9% female
- 93.3% Caucasian
- 2.3% African American
- 1.2% Native American
- 1.0% Asian/Pacific
- 1.6% two or more races
- 3.6% Hispanic
- 18.5% of persons living in Mercy's combined service area are age 65 or older
- 93.6% are high school graduates while 24.7% hold a bachelor's degree or higher
- The median household income is \$62,954
- The percentage of people living below poverty level is 9.0% as compared to 10.2% for all of Iowa
- 13% of Mercy's patients use Medicaid and the number of uninsured individuals under age 65 in Iowa is 6.0% according to the US Census Bureau
- The average persons per household are 2.43
- Federally-designated medically underserved areas are present in Benton, Buchanan, Delaware, Iowa, Jones, Linn and Tama counties
(<https://datawarehouse.hrsa.gov/tools/analyzers/mafind.aspx>)

As of December 2021, the unemployment rate for Linn County is 3.3%. The eight contiguous unemployment rates range from 2.3-4.3%. Linn County features a diverse employer base including manufacturing, trade, education, service, finance and agriculture.

UnityPoint Health - St. Luke's Hospital is located in Linn County and serves a similar geographic service area as Mercy Medical Center. Additionally, the University of Iowa and Mercy Iowa City are located in Johnson County, Regional Medical Center is located in Delaware County, UnityPoint Health - Jones Regional Medical Center is located in Jones County, and Virginia Gay Hospital is located in Benton County.

Participants

Facilitated by Linn County Public Health with oversight provided by the Together! Healthy Linn Steering Committee, the CHA and CHIP include partnerships with a multitude of community stakeholders, including Mercy Medical Center, UnityPoint Health-St. Luke's Hospital, and Eastern Iowa Health Center. The alignment of the CHA and CHIP for all four entities in Linn County minimizes duplication and maximizes impact, as all aforementioned organizations are required under law, or by funders, to assess the health of the community and develop an implementation plan for meeting identified community needs.

The Together! Healthy Linn Steering Committee consists of the following partners: AbbeHealth, Bethany Lutheran Church, Cedar Rapids City Council, Cedar Rapids Community School District, City of Cedar Rapids, City of Marion Police Department, Eastern Iowa Health Center, Greater Cedar Rapids Community Foundation, Iowa State University Extension & Outreach, Kirkwood Community College, Linn County Board of Supervisors, Linn County Public Health,

Mercy Medical Center, State of Iowa Representative, State of Iowa Senator, United Way of East Central Iowa, and UnityPoint Health-St. Luke's Hospital.

In addition, the SSA public health departments were contacted by Mercy Medical Center to better understand their county needs through utilizing their most recent CHNA.

Framework

The Together! Healthy Linn collaborative uses the Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide the CHA and CHIP process. The MAPP framework is a nationally recognized framework for conducting community-wide strategic planning to improve community health. This framework balances quantitative data about health trends with the experiences of community members and insight from content experts in the agencies within the local public health system. MAPP currently consists of six phases and emphasizes social determinants of health and health equity as key factors that influence the overall health of the community. The six phases of the MAPP framework include:

1. Organize for Success & Partnership Development
2. Visioning
3. MAPP Assessments (Community Health Assessment)
4. Identifying Strategic Issues
5. Identifying Goals and Strategies (Community Health Improvement Plan)
6. Action (Implementation, Evaluation)

Vision

In 2018, the Together! Healthy Linn Steering Committee participated in a visioning workshop and expressed mutual commitment to a healthy community where, "The local public health system is collaborative, engaged in the community, responsive to community needs, easy to navigate, focused on prevention, and creates access for all. The system is designed for a culture of health, and promotes an active, safe, empowered, resilient, and connected community that embraces diversity and equity." This shared community vision was created to guide the development of the CHA and CHIP. In conjunction with the vision, the steering committee also identified shared values to help attain the vision, which are collaboration, open communication, engagement with the community, and accountability.

For the full community health assessment reports prepared by Linn County Public Health, please visit: <http://www.linncounty.org/613/Reports-and-Publications>

Community Health Status Assessment (CHSA)

The Community Health Status Assessment (CHSA) is a quantitative analysis that answers the questions, "How healthy is our community?" and "What does the health status of our community look like?" Results of the CHSA provide an understanding of the community's health status and ensure that the community's priorities consider specific health status issues, such as rates of increasing chronic disease, sexually transmitted infections, and health inequities.

Method

The data presented in this assessment is a selected number of key population health indicators, broken down by *health inequities* between sex and race categories (when available), that fall under 10 indicator categories reflected below:

- Demographic Characteristics
- Socioeconomic Characteristics
- Health Resource Availability
- Quality of Life
- Behavioral Risk Factors
- Environmental Health Indicators
- Social and Mental Health
- Maternal and Child Health
- Death, Illness, and Injury
- Communicable Disease

**Health inequities* reflect differences in the distribution of health status between different populations.

Findings

The primary areas of concern identified in the CHSA (Hockett, 2022) are among increasing rates of heart disease, diabetes, sexually transmitted infections, injury, violence, suicide, substance use, and poverty. Each of these areas pose unique challenges to address.

Chronic Disease

In 2020, the leading cause of mortality in Linn County was heart disease. While heart disease has historically ranked at the top of the leading causes of death for Linn County, 2020 was the first time deaths attributed to heart disease significantly exceeded that of cancer (161.9 vs. 136.2 per 100,000 population, respectively). Heart disease mortality continues to increase, with males experiencing a moderate disparity in comparison to females. While the cancer mortality rate has decreased, cancer remains the second leading cause of death in 2020, followed by COVID-19. Moreover, a significant disparity exists with the incidence of cancer among African Americans. Following COVID-19, other leading causes of death in Linn County attributed to chronic diseases include chronic lower respiratory disease, stroke, Alzheimer's disease, chronic liver disease, and diabetes. Additionally, the prevalence of adults and children who are overweight or obese is increasing. Increased overweight and obesity status in a population is a major predictor for the development of further chronic conditions, and increased risk for worsening chronic disease related mortality rates.

Sexually Transmitted Infections

Sexually transmitted infections (STIs) continue to increase over time. African Americans experience much higher incidences of disease across STIs, highlighting a significant disparity. Gonorrhea has significantly increased from year to year. The gonorrhea rate in 2020 is over twice as high as that in 2016 (252.0 vs. 120.0 per 100,000 population, respectively) and nearly one and a half times as high as that in 2019 (185.0 per 100,000 population). Likewise, the rate of syphilis has nearly doubled since 2019, from 8.0 to 15.0 per 100,000 population in 2020.

Unintentional Injuries

Additional areas of concern are among unintentional and intentional injuries, substance use, suicide, and poor mental health. Over the last couple of years, the rate of deaths related to unintentional injuries has been decreasing, but remained the fourth leading cause of mortality in 2020. While mortality rates related to unintentional falls among the entire population and among

individuals 75 years of age and older decreased between 2018 and 2019, they more than doubled in 2020.

Substance Use, Mental Health and Suicide

While mortality rates related to unintentional poisonings and opioid overdoses were improving, they have significantly increased over the last two years. Opioid overdose mortality doubled from 2019 to 2020 (8.4 vs. 17.1 per 100,000 population, respectively). Likewise, binge drinking continues to be an issue in Linn County; however, the rates have improved among adults. Binge drinking and marijuana use among adolescence has increased. While access to a mental health provider is improving, the rate of suicidal thoughts among youth is increasing. Females, American Indian/Alaska Natives, and African Americans are disproportionately impacted by hospitalizations related to self-harm, while disparities in suicide deaths exist among males. In 2020, suicide was the eighth leading cause of death in Linn County.

Violence and Intentional Injury

Violence and intentional injury poses a significant health burden on residents. Of greatest concern is in the rates of violent crime and child maltreatment. Rates of child maltreatment cases had been on a steady decrease prior to 2016; however, maltreatment rates are now on an incline. In 2020, the rate of child maltreatment was over one and a half times as that in 2016 (2566.1 vs. 1521 per 100,000 population, respectively). While rates of domestic violence have decreased, females and African Americans continue to be victims of domestic violence at higher rates.

Violent crime rates in Cedar Rapids and Marion saw a steady decline between 2016 and 2018. However, rates increased in 2019. While violent crime rates in Marion decreased again between 2019 and 2020 (182.2 vs. 144.5 per 100,00 population, respectively), Cedar Rapids and Hiawatha both experienced an increase. Moreover, Hiawatha's violent crime rate nearly doubled between 2019 and 2020 (389.7 vs. 668.2 per 100,00 population, respectively). 2017 and 2018 violent crime data was not available for Hiawatha. Shots fired, as reported by Cedar Rapids Police Department, have also increased. Likewise, males and African Americans are impacted by gun violence at higher rates, and are more likely to be a victim of homicide compared to their white counterparts.

Community Themes and Strengths Assessment (CTSA)

Linn County conducted the Community Themes and Strengths Assessment (CTSA) between May and November of 2021. The CTSA is a qualitative analysis of perceptions, thoughts, and opinions community members have regarding health. Of particular interest was identifying needs of the community, perceived quality of life, and assets available that may be used to improve community health. The assessment process was guided by a CTSA subcommittee with representation from multiple entities and organizations within the local public health system, and is associated with the larger Together! Healthy Linn Steering Committee. The target audience for this assessment is community members who work, reside, worship, go to school, or seek entertainment in Linn County.

Method

An initial subcommittee meeting was held on October 15, 2020, to plan the assessment. Overall, it was decided that the assessment should have a greater emphasis on underlying factors of poor health rather than a focus on health conditions, as well as a need to reach those previously missed through traditional surveying. The group decided to move forward with developing a community health survey as the primary method for collecting community input, sticker boards for quickly engaging community members in common spaces where social distancing could still occur, and focus groups to target populations not captured through the broader survey. In addition, the assessment included targeted questions evaluating the current health priorities that were selected in the 2019-2023 CHIP including mental health, obesity, and community safety. This will help the Together! Healthy Linn collaborative dig deeper into these issues as well as identify the need for continued prioritization.

Assessment activities took place between May and December of 2021. After preliminary assessment of the survey results, populations that were underrepresented in the survey were identified, including those 65 years and older, immigrant/refugees, communities of color, low to middle income, and rural residents. Through an identified need to hold focus groups, the MAPP core team collaborated with the Community Impact Assessment team from United Way to hold joint focus groups. Overall, three focus groups and one informant interview was held to gain additional information from the underrepresented populations. Focus groups included members from the Young Parents Network, National Association for the Advancement of Colored People (NAACP), and the African American Men's Group. An additional informant interview was conducted with leadership from United We March Forward, to capture the needs and perspectives of immigrant and refugee residents. Data obtained through this comprehensive community assessment were synthesized into a single report and broken down into logical categories to relay assessment findings.

Findings

Perception of quality of life throughout Linn County is captured throughout the assessment in reflection of what is healthy and unhealthy about the community as well as what might be contributing to poor health (Hockett, 2022). Overall, overarching areas of concern that rose to the top of issues needing to be addressed in order to improve the health of Linn County includes, mental health, barriers to care, access to food, opportunities to be active, safe and affordable housing, safety concerns, access to safe and affordable childcare, and the disproportionate impact these issues have on different populations. In many cases, these issues are intertwined and complex.

When asked what the three most important factors are for a healthy community, respondents overwhelmingly selected safe neighborhoods and quality schools and/or childcare as the top two most important factors for a healthy community. Following quality schools, respondents rated access to healthcare and preventative health services, access to mental health care/resources, and livable wage as the top five factors that contribute to a healthy community. When asked what the biggest health concerns for Linn County were, emotional health issues were overwhelmingly selected, followed by chronic conditions, addiction, and interpersonal violence.

Mental Health

The biggest health concern across demographic groups and throughout the assessment was mental health, with 77.4% of respondents stating that mental health continues to be an issue for the community. In general, the number of individuals experiencing poor mental health and crisis has been increasing overtime. However, increased levels of stress, anxiety, depression, and suicide ideation were described following the onset of COVID-19 and the 2020 Derecho. While all populations in Linn County experience mental health and emotional conditions, despite demographic or economic status, some populations are at an increased risk. Middle to low income residents and residents of color experience greater levels of stress related to cascading stressors.

Stigma related to seeking mental health care was discussed, especially in focus group conversations with Linn County residents of color and immigrant and refugee families. Both groups described that mental health is not something that is openly talked about. Among the refugee and immigrant populations, individuals are more likely to rely on trusted leaders for guidance. Similarly, persons of color have a greater level of trust in known community leaders and providers of color, which are extremely limited in the Linn County region.

Access Health and Mental Health Care

It is often difficult for individuals to navigate the complicated healthcare system. Those from immigrant and refugee populations were noted to need help understanding company healthcare plans and coverage, as well as how to access needed resources. When asked what stops respondents from seeking healthcare, an inability to get a timely appointment and afford services or associated co-pay were the top reasons. This was consistent for both health and mental health services. In addition to the cost of care, high cost of prescription medications places some individuals with the task of deciding to purchase medications or pay bills.

Insurance coverage in some cases contributes to an inability to seek care when needed; particularly for those with Medicaid seeking mental health and dental services, as treatment is not covered, nor is Medicaid accepted by many mental health and dental providers. Hours of operation were also a barrier to care, particularly for those with shift work and low-income families with children. Coordination of appointments and transportation during working hours places burden on those relying on the lost income to make ends meet.

Additionally, it was recognized that both mental health and health care fields are lacking providers, which has further been emphasized following the onset of COVID-19. This reduces the already limited options for residents to access care. The shortage is particularly true related to providers of diverse backgrounds including providers that reflect the population of Linn County, including languages spoken and providers of color. Furthermore, limited number of inpatient beds in the community leaves those in crisis with limited to no options for seeking crisis care, as well as those who are not eligible for advanced treatment.

Lifestyle Barriers

Through further investigation of the current 2019-2023 CHIP strategic priority of obesity, 64% of survey respondents agreed that this was still an issue for Linn County. Respondents specifically describe access to food and equal opportunities to be active as the underlying cause or issue of most concern related to obesity. While many acknowledge personal responsibility for diet and physical activity habits, some common barriers were noted. The top barrier noted related to healthy eating is access to healthy foods. While access to food has been noted as an issue in previous assessments, the COVID-19 pandemic and 2020 Derecho that hit Linn County further exacerbated the accessibility of healthy and affordable foods, particularly for middle to low-income residents. Respondents note an increase in the price of fruits and vegetables and clear disparity between the affordability of processed foods and healthier food options when purchasing in the store, making the cheaper option the preferred option. Some areas of the community have lost physical access over the years to places where healthful foods can be purchased or obtained. High levels of stress, lack of time, and understanding of how to prepare healthy meals were also mentioned.

Related to physical activity, there was a specific barrier for low-income and rural residents to access free to low-cost options to be active. Gym memberships are unaffordable. Traditional options such as sidewalks are missing in areas throughout the county, creating a reduced feeling of safety to be physically active near one's home. Lack of sidewalks also poses a concern for those walking large distances to access foods and necessities. Additionally, while trail options for biking and walking are available in some areas, it is often difficult for individuals to access these trails.

Community Safety

Approximately 50% of survey respondents stated that community safety continues to be a leading issue for Linn County. The community safety concerns described were broad, including the full spectrum from missing sidewalks and speeding concerns to gun and interpersonal violence. Overall, concerns fell under three primary categories: violent activity, structural issues, and systemic factors. The leading safety issues identified by community members were gun violence, domestic violence (including child abuse), and drug activity. The most significant of these issues was gun violence, which also included criminal access to firearms as well as the involvement of young adults and adolescents in these activities. Respondents note, not feeling safe traveling through particular neighborhoods, especially at night. Cedar Rapids was specifically noted as an area of high concern for increased shots fired and violent activity. Hand in hand, increased levels of drug activity through the county were noted. Many feel the drug and violent activity is not being addressed, allowing these issues to worsen.

Respondents describe physical attributes of the community such as deteriorating buildings, vacant lots, lack of sidewalks, and lack of streetlights as contributing to a feeling of unsafety. Street lights and sidewalks were particularly noted as a high area of concern. Missing sidewalks and crosswalks further posed a concern for safety in areas of high traffic, especially when paired with poor lighting conditions. Unsafe living conditions, such as poorly maintained rental properties, was also noted as a concern for community safety. Additionally, the increased number of homeless individuals in Linn County creates a safety concern for all. A lack of year-

round shelter options force many to stay on the streets, creating a safety concern for these individuals, as well as the community.

While law enforcement presence is desired and appreciated in some cases, there continues to be distrust in law enforcement, particularly among populations of color. Respondents cite a lack of understanding by law enforcement of the populations being served and use of aggression over person-centered approach to help. Similarly, respondents note a feeling of discrimination of populations of color and the LGBTQ+ community in general. Finally, an additional need was voiced by many for law enforcement to be trauma-informed in their response to calls for service.

Safe and Affordable Housing

While not initially identified as a perceived health concern in the community health survey, additional data collected through pre-existing community wide surveys, focus group conversations, and informant interviews propelled the issue of safe and affordable housing as a significant and complex issue of concern for Linn County. The 2020 Derecho placed emphasis on an already struggling system of affordable housing, affecting much of the low-income housing stock in Linn County. This stock had already been impacted during the 2008 flood, reducing not only the number of units available, but also units capable of housing larger families. Due to limited rental availability, pricing for units (even those of poor condition) are now going for higher than normal prices. Focus group respondents and informant interviewees describe the financial burden placed in renting a unit. Due to cost burden and lack of available options, individuals and families have no other option than to move to places that they can afford when available, despite the health and safety implications, in order to ensure they have a roof over their head. With an increasing number of individuals living on the streets and in homeless shelters in Linn County, the threat to housing stability is increasing.

Housing units in the rental stock are often older homes that have not been maintained and are located in unsafe neighborhoods. Respondents state that landlords are failing to address structural and environmental issues such as the repair of faulty windows, malfunctioning appliances, and remediating mold and water damage. Those living in these environments, particularly low-income and immigrant and refugee residents, are hesitant to report issues for fear of retaliation or eviction and often are unable to advocate for themselves due to working hours. In addition, due to the increased need for repairs and supply shortages following Derecho, repairs if sought, have been delayed.

Focus group conversations highlighted housing as a leading issue for residents of color. In addition to issues of housing quality and affordability, respondents describe a continued level of discrimination when navigating housing, particularly in predominantly white neighborhoods. Other populations that face additional challenges to housing outside of affordability and quality of housing are those with criminal backgrounds. These individuals either become homeless, rely on halfway housing, or commute to other areas of the state to work. For those with living arrangements, there is fear of calling law enforcement when needed due to the concern of being evicted, even if they are not the perpetrator. This places undue stress and potential harm on victims and residents seeking to live in a safe environment.

In addition, Mercy Medical Center did not receive any written comments on the hospital facility's most recently conducted CHNA or implementation strategy. However, on the CHNA and implementation strategy webpage of the Mercy website, there is a "Contact Us" form that can be filled out by any individual. The submitted online form goes to Mercy's Marketing department and would be forwarded to Mercy's Community Benefit office. Any mailed written comments would be forwarded to the Community Benefit office.

Community Needs Discussion

Evaluation of Impact from Tax Year 2018-2020 CHNA

Since 2019, the health priorities of the community have been mental health, obesity, and safety. While the rate of mental illness-related ER visits decreased between 2018 and 2019, we saw an increase in 2020. Additionally, the percent of adults who are obese in Linn County has steadily increased over the last five years. Lastly, the combined violent crime rate in Cedar Rapids, Hiawatha, and Marion steadily decreased between 2016 and 2018. However, 2019 and 2020 experienced increasing rates of violent crime (see Appendix A for Community Health Improvement Plan Progress tables).

Current Needs

The 2021 Community Health Assessment identified a variety of priority health concerns including mental health, lifestyle barriers such as access to food and equitable opportunities to be active, community safety, and safe and affordable housing. Since the development of the 2019-2021 CHIP, Linn County has experienced significant changes. Increased levels of stress, anxiety, depression, and suicidal ideation were described following the onset of the COVID-19 pandemic and the 2020 Derecho. Likewise, these events exacerbated the accessibility of healthy and affordable foods, particularly for middle to low-income residents, while the Derecho placed an emphasis on an already struggling system of safe and affordable housing.

Potentially Available Resources – Mercy Medical Center

Each community partner will identify the resources their organization is able to commit to address health priorities. Mercy Medical Center will identify in its implementation strategy the resources available to address the significant health needs. These resources include: staffing support to provide education or services, screening, interventions, and outreach; materials, supplies and equipment to complete the identified strategies; and cash and in-kind contributions to nonprofit organizations working on identified priority needs in partnership with Mercy or those needs which Mercy is not able to address. Mercy's efforts will complement the work being done by other active partners in the community.

Identifying Strategic Issues

Method

In August of 2018, The Together! Healthy Linn Steering Committee used a series of prioritization tools in combination with data reflection, asset and community mapping, small and large group discussion, and an agreed upon set of prioritization criteria to determine which three issues needed to be addressed before the community vision could be realized. The steering committee was limited to the top three issues to maintain a realistic, focused scope of work. The prioritization criteria for strategic issues were:

- The issue is data driven, appearing in two or more of the assessments
- Addressing the issue requires a collaborative, multi-sector approach
- Alignment with the Together! Healthy Linn Vision
- Assets are available within the local public health system to impact the issue
- The issue reflects a need that Together! Healthy Linn has the ability to influence
- The size and significance of the issue has large impact

At the end of this prioritization session, three broad issues were identified, in rank order: Mental Health, Obesity, and Safety. Using data from the mid-cycle assessment conducted in 2021, the Together! Healthy Linn Steering Committee convened on March 10, 2022, to review results of the assessment and evaluate what adjustments, if any, should be applied to the extended 2019-2023 Community Health Improvement Plan. Following review of the assessment findings, the MAPP Core Team presented some recommendations for the Steering Committee to consider for modifications including, extending the 2019-2021 plan to 2023, hone in on the underlying factors driving the issues of obesity and safety, gather additional data to target planned strategies, populations impacted, and geographic location; and make modifications to the plan based on the additional data findings. Recommendations were unanimously accepted for continuation and adjustment of the Community Health Improvement Plan.

The Community Health Needs Assessment was reviewed and adopted by MercyCare Service Corporation's Planning Committee of the Board of Trustees on February 10, 2022. It was adopted by MercyCare Service Corporation's Board of Trustees on March 31, 2022. The CHNA report was posted to the hospital's website on April 25, 2022.

Note: All italicized information within document provided by Mercy Medical Center.

References

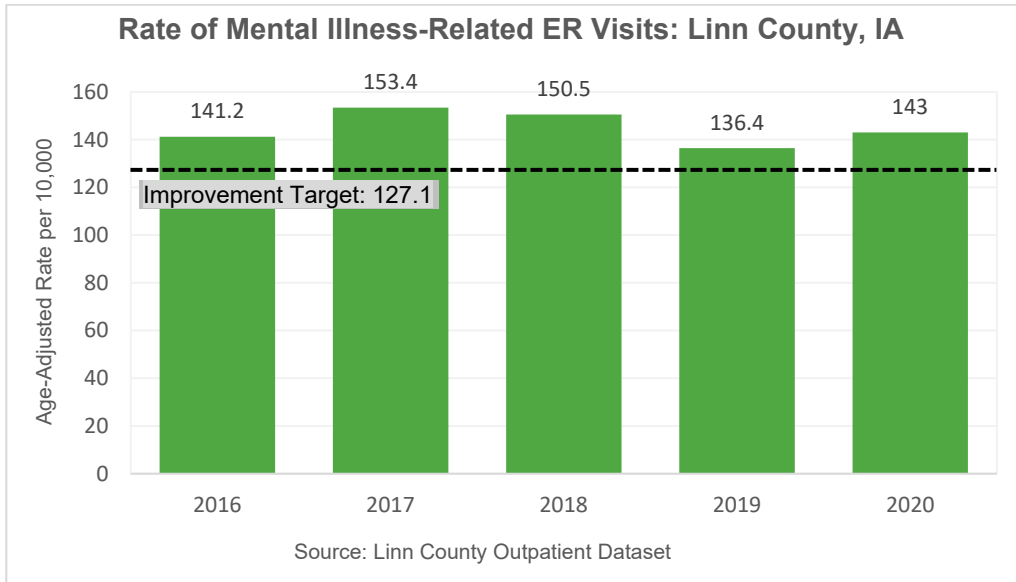
Hockett, A. (2022). *2021 Community Health Status Assessment*.

Hockett, A. (2022). *2021 Community Themes and Strengths Assessment*.

Appendix A: Community Health Improvement Plan (CHIP) Progress Report

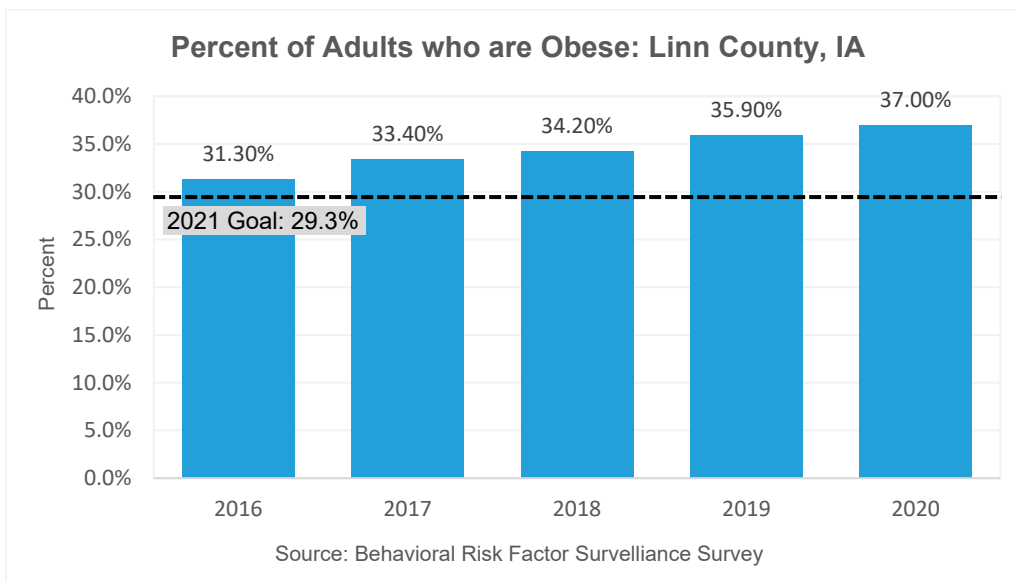
Strategic Priority: Mental Health

Goal	Improved mental health through increased community awareness and equal access to mental health, substance abuse, and prevention services.
Objective	Reduce the rate of mental illness-related visits to the emergency rooms in Linn County by 10% prior to January 1, 2022.



Strategic Priority: Obesity

Goal	Increase opportunities for healthy eating and physical activity to reduce the risk of obesity-related chronic disease for all residents.
Objective	By January 1, 2022, the percentage of adults who report being obese on the Behavioral Risk Factor Surveillance Survey (BRFSS) will decrease by 2%.



Strategic Priority: Safety

Goal Increase the effectiveness of community partnerships to target evidenced-based strategies to reduce violence.
Objective By January 1, 2022 there will be a 10% decrease in the combined violent crime rate for the cities of Cedar Rapids, Hiawatha, and Marion.

