MESSAGE FROM THE DEAN

In spring 2016, the College of Public Health continued to reach out to communities regarding local business and community public health issues. To date, the College of Public Health has conducted Community Forums and meetings in three regions of the state of Iowa (see map on page 7). Our recent Community Forums in Osceola and Storm Lake provided opportunities for area leaders to look at their communities with different perspectives and to develop network opportunities and potential partner opportunities with the College of Public Health. Our faculty and students who participated in the Forums gained meaningful knowledge of these Iowa communities and their public health interests.

I would also like to note that the College, through the Business Leadership Network, initiated its Community Grant Program in 2016 and funded six projects in different communities this year. Grants are awarded on a competitive basis to community non-profit organizations or local government agencies to foster collaboration to begin or strengthen partnerships among businesses and industry to address an identified public health issue and link with the University of Iowa College of Public Health. Please contact us for additional information.

The Osceola and Storm Lake Forums were the seventh set of Community Forums conducted by the College and Business Leadership Network since 2012. Steering Committee Members Rich Paulsen, Creston, and new Steering Committee member Dan Anderson from Storm Lake were instrumental in the planning and success of both Community Forums. This summary provides a focus on key local community issues and glimpse into the days’ discussions.

Sue Curry
Dean
University of Iowa College of Public Health

WHAT IS PUBLIC HEALTH?

Public Health is the science and art of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. Public health helps improve the health and well-being of people in local communities and often, while operating in the background, helps meet the public expectation for ensuring a quality of life – safe water, clean air, and protection from injury. The dramatic achievements of public health in the 20th and 21st centuries have improved our quality of life: an increase in life expectancy, safer workplaces, worldwide reduction in infant and child mortality, and the elimination or reduction of many communicable diseases.
SUMMARY OF FORUM DISCUSSIONS

The presentations from local community leaders and the interactive discussion groups remain the highlights of the Forums. After the community presentations, panelists from the College of Public Health offer observations and, subsequently, lead the breakout discussion groups. CPH staff worked with interested members of the community in advance of each Forum in planning and identifying issues most important to each community. In Osceola, small group discussion topics included: Health Improvement and Obesity; Oral Health; and Access to Services and Care. In Storm Lake, the small group discussions focused on: Bullying in School and Workplace; Mental Health Across the Lifespan; and Elder Wellness and Quality of Life. Special thanks go to Steering Committee Member, Rich Paulsen, as well as to Mackenzie Hickenbottom, Derek Lumsden, Stephanie Shields, and Kacie Throckmorton, who were a part of the planning process. In Storm Lake, planning involved Steering Committee Member Dan Anderson, Di Daniels, Keri Navratil, Dory Pedersen, Maria Ramos, and Dawn Sickelka. These planners were instrumental in the Forums’ success; their work was greatly appreciated.

OSCEOLA PANELISTS AND FACULTY COMMENTS

Panelist Presentations

Health Needs Assessment

Creating and sustaining comprehensive healthcare and preventive care is very difficult in smaller and mid-sized communities. It goes well beyond primary care physicians and other healthcare providers. A community-wide effort is required to recruit and retain healthcare providers.

Like other Iowa Counties, Clarke County recently completed its County Health Needs Assessment. The Clarke County Public Health Department, in cooperation with Clarke County Hospital, used a comprehensive approach to complete the assessment. Data was gathered through electronic and paper surveys in English and Spanish. Public health and health trend research was completed, and outreach in the form of community meetings engaged community members.

The health assessment addresses issues ranging from immunization, emergency preparedness, blood pressure screenings, and other determinants of the health status of Clarke County residents. The local committee, Healthy Clarke County Coalition, reviewed findings and determined three primary issues to focus upon: obesity, mental health, and access to care. A County Health Improvement Plan will be created to focus on the issue of obesity in the community. It will emphasize active exercise, better nutrition, and overall health education.

Clarke County has made significant progress in recent years in improving health outcomes. At one time it ranked 97 of 99 counties in the RWJF County Health Rankings for healthy behaviors and recently has improved to rank 85 of the 99 Iowa counties. With even greater attention, and with programs such as a pending bike share or rental program, Clarke County is moving in the right direction.
Oral Healthcare

“If it doesn’t hurt, I don’t need to go to the dentist.” That statement seems to be a well-worn adage with many Iowa families. No doubt, that is the reason Iowa has been dropping in healthcare rankings nationally. Good oral care and preventive care are essential elements in improving community health and lowering health-related costs. A Business Leadership Network community grant was awarded to the Southern Prairie YMCA in Creston for the Brighter Smiles initiative. This project brings together local dentists, the Future Business Leaders of America, and the schools to focus on educating and improving oral health in local children. As noted, “It all comes down to relationships in improving wellness. We have been able to call on a number of people in our community to assist in this project.” Unfortunately, some dentists have decided not to accept new patients covered by hawk-i or Medicaid insurance.

Access to Healthcare

Clarke County is fortunate to have a critical access hospital that is affiliated with Unity Point to offer provider services. As in most smaller or urban communities, recruitment of physicians and mid-level providers is a challenge. Given that situation, Clarke County hospital partners with Unity Point providers in supporting programs and services critical to the community. Telemedicine, healthcare coordinators, chronic illness specialists, smoking cessation specialists, nutritionists, and screenings all support health and prevention efforts in the region. In addition, the hospital is adding considerable space to expand the specialty clinic and Unity Point providers. The hospital will continue to focus on the overall health of the community and is partnering with Lucas County Hospital for its first 5K race.

Faculty Comments

Sue Curry, Dean, lauded the presenters and community for their passion, enthusiasm, and focus on well-being. She reminded participants that the College of Public Health publishes an annual on-line Iowa Health Fact Book where comparisons between counties can be made. Faculty noted that given the College’s role, it is essential that, “We all listen to the communities as we go about our public health work and research. Putting the right data in your hands will give you evidence-based programs that have been successful.” As simple as it may sound, questions of how to be happier and healthier are going to come from the community level, and that is what public health is all about.

It was noted that the BLN Community Grant for the Brighter Smiles project is a great start in addressing oral health. Unfortunately, oral health is not always seen as a health or preventive health issue. It is an absolutely a part of general health and must be brought back into the conversation about its link to cardiovascular conditions, obesity, and other chronic illnesses. For many, oral health screening and preventive care is not seen as a public health issue and, in turn, public health is often only seen as practices catering to the underserved.

Most public health professionals, educators, and many others have learned that the most effective approach to community health education is through children and families. Good practices and education can trickle throughout the community and can actually improve community awareness and change behavior in a community.

As noted in the health assessment comments, mental health ranks as one of the top three issues for health improvement in Clarke County. It may be the greatest challenge. The first and most basic challenge is getting an appointment with a provider or at an appropriate facility. Not only is there a lack of providers, but there are a number of other challenges for families. Sustainable relationships with providers are essential. Medication costs and services are typically high, and transportation is often not available for some. The University of Iowa Child Health Specialty Clinics, in cooperation with Green Hills AEA, provide some services, training, and screening. While young children should never have to deal with mental health issues, many do. It will take strong resolve and commitment to address these challenges.
Obesity is not a behavior, but rather a culmination of myriad behaviors that also include genetics, environmental factors, poverty, and our own culture. It is a priority for Clarke County. It is a huge challenge and requires the community to take a wide view of what kind of changes might impact the obesity outcome. There are a number of communities in Iowa which have made a commitment to community-wide strategies to address obesity through healthy eating, good nutrition, exercise and activity, and community support. It is most important to develop something, get started, and work to sustain it over time.

Small Group Discussions

Obesity is a significant issue in the Osceola area. While county health rankings provide considerable information, there remain challenges for good data. The Iowa Hospital Association collects a lot of data, but only on primary diagnoses, and obesity is considered a secondary diagnosis. Language and culture are huge barriers, and the Latino population is most likely underrepresented in the data and underserved in the community. Iowa’s elderly also are prone to stay away from providers for such conditions as obesity or minor health problems, which can lead to more chronic illnesses. For many, as they think of their health, prevention is not a common consideration.

Even in small communities, lower-income individuals may be drawn to fast food or junk food because they see it is cheaper and filling. Convenience stores and snack foods often become default restaurants and meals for many people. One participant told of this dichotomy in public health: a local Iowa convenience store chain was offering free pop and a piece of pizza if customers drove into the lot with their seat belts on.

To curb obesity and improve nutrition, many people need to be involved. Body image has become more of a concern with young children, and it is difficult to get them involved. Currently, in Osceola, new sidewalks are being put in despite pushback from property owners. Additional competitive sports are being offered to get children out of the house and active. In the middle school, a health and wellness club has been started for non-athletes, and ISU Extension is working with the schools with the Pick a Better Snack initiative.

Like many communities, Clarke County has a wish list to move forward. Much of it involves outreach through the schools and through special populations, such as the elderly, smokers, and those with chronic disease. The first priority may simply be getting into schools and providing education on healthy behaviors from a very early age.

“Dental health is a quiet thing. For most people one can go a long time before it manifests. Prevention and wellness, for most, is not a reason to see a dentist.” As presented by the panel and the faculty, oral health care, prevention, and, most often, access remain real problems in the area. Dentists have no legal obligation to serve Medicaid patients, and some have determined that low reimbursement rates, the problem with missed appointments and follow-through, as well as patient turnover is too financially challenging for a practice. In turn, for Medicaid patients, transportation costs, day-to-day challenges that come as a result of poverty, and the different values and ways of doing things is often a legitimate challenge for Medicaid patients.

It was suggested that visiting with Dr. Russell, a dentist and administrator at the Iowa Department of Public Health, may be a first step in addressing the shortage of dental services. The I-Smile program, working with the Delta Dental Wellness Plan and new BLN grant is a good start, but working to provide the necessary oral and preventive care needs to be a community-wide effort.

Like access to care for oral health, access for other health care services remains a challenge. With the exception of Crossroads Mental Health Center and the Community Health Centers in Lamoni and Des Moines, mental health services lag for both children and adults. In many cases with Spanish-speaking patients, whether for basic health services or mental health services, competent and private translation services becomes a problem. Children and classroom teachers are not always appropriate translators for children or parents. These challenges in oral health, mental health, wellness, and prevention are primarily an issue of the provider recruitment challenges that continue to grow in many Iowa communities. While communities work together in many ways, there will need to be some new strategies and/or policies to help communities recruit a wide range of health care providers.
STORM LAKE PANELISTS AND FACULTY COMMENTS

Panelist Presentations

Health Needs Assessment

Buena Vista County completed its Community Health Needs Assessment early in 2016 as required in Iowa. With more support from the Iowa Department of Public Health and much better data, the County Assessments have become more comprehensive and provide a better picture of the health and well-being of the area. Storm Lake and Buena Vista County are different in some ways than many counties, given the diversity in population.

In a community-wide survey and through outreach, the following critical issues were identified in the Assessment: alcohol, elderly care, obesity, nutrition/healthy lifestyles, mental health, low immunization rates for teenagers, increases in observed cases of tuberculosis, a lack of public transportation, and community networks.

Because of the expansive challenges in public health, the community is looking to what they term as “winnable battles” in improving health outcomes. More attainable wins in the shorter term would be: lower use of tobacco, better nutrition, more physical activities for all, food safety, lower rates of teen pregnancy, and reducing motorcycle injuries. Each issue can be targeted, and a specific strategy can be implemented to address these public health issues. The overarching essential services of public health need to be put in place. These include promoting healthy living, preventing violence, strengthening health infrastructure, and ensuring mental health services are available for adults and children.

Bullying

The term “bullying” gets used a lot these days. It can be overused or often be seen as simply the challenges young people must endure to become an adult. But whether it is physical, verbal, or cyber bullying, it can have crippling effects on children and adults.

To better define the term as stated in the Iowa Code, bullying means that it is “unwanted aggressive behavior involving a power imbalance happening more than once or has the potential to happen more than once.” Furthermore, that imbalance of power can be because of physical size or embarrassing information. It typically is not considered bullying when two students simply go at each other in a one-on-one conflict.

In school settings or other social settings, it is important to report bullying, though it often is not reported because of fear of retaliation. Investigating it most often comes in the form of shared discussion with the parties which can be the first step in
mediating the problem. Schools often use in-school suspension when behavior is repeated or continues. More attention is given to the issue of bullying through awareness, special curriculums, clubs and organizations, and special school programs. The University of Iowa, in cooperation with the College of Public Health, has supported a play performed by a theater troupe in schools that is focused on bullying.

**Mental Health Across the Lifespan**

The issue of mental health and substance abuse has been identified by public health professionals in many of Iowa’s counties as one of the three primary concerns facing Iowa’s communities. At the same time, the number of mental health providers continues to diminish across the state. Mental health challenges come about for many reasons. Young children and teens living in a dysfunctional family setting are often at the core of long-term problems. In Buena Vista County, 80% of the elementary school children qualify for free and reduced lunches and most understand that chronic poverty causes trauma and instability for many children and families.

Buena Vista County is considered one of the most diverse and welcoming counties in the state. A great percentage of the population is Latino who have immigrated from a number of different countries. Myanmar (formerly Burma) Karen immigrants and refugees, as well as new Iowans from Africa have become a part of the Storm Lake community. Many have seen death and war, lived in refugee camps, and been exposed to human trafficking. These experiences, in addition to cultural and language barriers in a county in Northwest Iowa, carry a heavy burden and responsibilities for the new Iowans, as well as long-time community residents. Mental health issues and trauma “don’t stop at age 18.”

**Elder Wellness and Quality of Life**

While the millennial generation recently exceeded the numbers of the baby boomer generation in the nation, the baby boomers continue to reign in Iowa as the largest population sector. Iowans are living longer, working longer, and remaining much more active and engaged in their communities. Older Iowans add value and expertise to communities and have higher expectations for remaining in their homes and continuing their own quality of life.

The difficulties of more Iowans becoming “frail elderly” (age 85 and over), developing Alzheimer’s or other dementias, and experiencing disabilities has not been a focus of a great deal of policy, funding, or attention by federal and state lawmakers. Organizations such as Elderbridge work to fill gaps in services to Iowa’s seniors. Formerly provided through the network of Area Agencies Aging (AAA), new approaches, programs, assistance, and activities are now provided through regional AAAs.

With a basic goal of keeping people in their homes, linking the communities’ older persons to community resources is critical. Whether it is life and end-of-life planning, financial planning, caregiver support, nutrition assistance, navigating government rules and regulations, or other services, help is available. For the community, it is beneficial to keep people living in their homes and communities. It adds tremendous value in leadership, experience, volunteerism, and economic growth.

**Faculty Comments**

Sue Curry noted the value of community discussion around priority public health issues in the community and complimented the panelists. She reminded the participants that “when public health works, it is invisible.”

Unfortunately, as the College and faculty work in communities in Iowa, they are finding more issues relating to suicide and mental health in young children. There have been schools and communities that have approached this head-on. An example: after two suicides and other incidents, two students took it upon themselves to form a committee of peers and went out of their way to engage and protect their own classmates from bullying and other forms of social shaming.

The peer group grew and formalized their activities and over time grew in number. In the first year, they sponsored and conducted a community-wide forum to help create awareness and understanding of mental health. The school gymnasium was full. It was full of students, parents, business people, farmers, elected officials, clergy, and many other sectors of the community. It was a huge success.

At the beginning of school the next fall, the peer group held an all-school assembly for students and families. They shared statistics, performed a small production regarding the statistics and issue, and created a video. Their goal was to get kids and parents talking about mental health and taking the stigma of mental health out of the community.

Cell phones, tablets, and computers have become a basic fixture in the hands of young people and adults. With that cyberbullying has increased exponentially. It is, no doubt, the fastest form of bullying used by middle and high-schoolers.
today. More tools and training need to be developed in the classroom. Certainly, policy and rules are essential, but it is important to give special attention to cyberbullying, and parents need to be involved in strategies to address it.

With mental health issues being better understood, parents are seeking out help. We now understand that children develop mental health issues in early childhood. Advanced psychological nursing is becoming an important specialty, and telehealth services help in providing some form of access for mental health care. Hospitals and some clinics and physician practices have Family Navigators to help children with special needs or other issues. Storm Lake is fortunate to have a Community Health Center which is required to serve anyone who comes to it for services.

Over a period of 18 years, Iowa was a victim of two 500-year floods, extreme flooding that washed throughout all of Iowa in 1993 and through northeast Iowa, Cedar Rapids, and Iowa City in 2008. Thousands were homeless and traumatized, but in 2008 more help was available as a result of the understanding and training in helping those affected by the flooding. Psychological first-aid became critical in the 2008 flooding and helped many Iowans cope with the disaster. It helped symptoms of depression and PTSD decrease and it has become useful and part of the mainstream practice in working with children.

**Small Group Discussions**

“Kids will be kids” is not an acceptable excuse for bullying. Attention to bullying and supporting young people has become a community priority in Storm Lake. A mentoring program, matching adults with students in grades 5 to 12 has been initiated. While most of the matches are with Buena Vista University students, 90% of students seeking a mentor in the program are matched with an adult. There are currently approximately 100 matches.

There is an ongoing effort by the police, school system, and community to talk openly about bullying and to encourage kids and adults to come forward and report verbal or emotional violence. Cyberbullying is becoming a significant part of the problem, and it is more difficult to determine who initiated it when using social media.

Workplace bullying is an issue as well. Some excellent workers leave jobs because of being bullied. Most often, these are men, and it can involve emotional bullying and often sabotage. Bullying is very real in schools, on the job, and in social media. Not only can it harm those who are bullied, but can sometimes cross over to criminal activity.

The transition of focusing on prevention rather than taking care of sickness is a slow shift, especially with Iowa’s elderly. Skipping medications because of forgetfulness or affordability has become a serious issue. The regional Area Agency on Aging is developing a home-based database and is working with older people and pharmacists to help educate them around medication issues. Attention is also being given to educating younger adults to learn the values and practices of good prevention. This is reflected in also addressing mental health issues, and the program is open to anyone who seeks it out.

Eating well and exercising remain essential for the elderly. Some hospitals and clinics in the state have developed their own health and fitness facilities, and health providers use them as part of the healing and preventive regimen. The discussion’s faculty leader suggested that participants look at a Michigan study that provides data and information regarding elder health and services.
COMMUNITY PANELISTS

Osceola

Mackenzie Hickenbottom – Administrator and Nurse, Clarke County Public Health

Lynn Irr – Fitness Wellness Lead, Southern Prairie YMCA, Creston

Kacie Throckmorton – Quality Improvement and Community Resource Manager, Clarke County Hospital

Storm Lake

Pam Bogue – Administrator, Buena Vista County Public Health

Jaymie Bral – Assistant Principal, Storm Lake Community Schools

Denise Valenti-Hein – Clinical Psychologist

Tanya Trimble – Lifelong Links, Area Agency on Aging

COLLEGE OF PUBLIC HEALTH FACULTY – COMMUNITY FACILITATORS

Sue Curry – Dean, UI College of Public Health

Steven Levy – Professor, Epidemiology; Professor and Associate Director of the Graduate Program, UI College of Dentistry

Vickie Miene – Deputy Director, Institute of Public Health Research and Policy

Rae Miller – Program Manager, UI Child Health Specialty Clinics, Carroll

Lori Morell – Health Services Coordinator and Advance Practice Nurse Practitioner, UI Child Health Specialty Clinics, Creston

Dru Mueller – Research Nutritionist

Corinne Peek-Asa – Professor, Occupational and Environmental Health

Marizen Ramirez – Associate Professor, Occupational and Environmental Health

Robert Wallace – Professor, Epidemiology

Tara McKee – Business Leadership Network Coordinator
Cities shown on the map in shaded regions have hosted Community Forums. The Business Leadership Network is led by a Steering Committee composed of business and community leaders from across the 46 counties.