Local Public Health Services Contract Performance Measure FY12

The FY12 Contract Performance Measure is the completion and submission of a written report that addresses monitoring and progress in achieving health improvement goals and strategies that have occurred since the completion of the Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) report in February 2011.

Instructions

- 1) Click on the tan heading below. In the text box above, type the County name in spot that says <insert>.
- 2) Type in the date the Board of Health (contractor) reviewed and approved the FY12 LPHS Performance Measure.
- 2) From the Community Health Improvement Plan submitted by the BOH in 2011, cut and pasteALL the goals and strategies into the corresponding sections on this document.
- 3) Complete the Progress Regarding Strategies section for any strategies that have occurred from Feb 27, 2011 to Feb 26th, 2012.
- 5) Submit completed form electronically to your Regional Community Health Consultant by March 31, 2012.

Johnson County

Board of Health (Contractor) Date of Performance Measure Approval

Date:

Community Health Improvement Plan

| GOAL | Strategies | Progress Regarding Strategies |
|-------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|
| OBESITY/NUTRITION/PHYSICAL ACTIVITY : Continue Coordination with | 1. Contact JC Obesity Task Force facilitator to obtain | 1. The facilitator of the Obesity HIP group contacted the JC |
| the Johnson County Obesity Task Force | strategies the Task Force is implementing. | Obesity Task Force (OBT)facilitator and obtained the OTF |
| | | Strategic Plan. |
| | 2. Share the strategies that the JC HIP Obesity, Nutrition, and | 2. The facilitator of the Obesity HIP group shared with the HIP |
| | Physical Exercise group is working on. | group the OTF's Strategic Plan . The HIP group found the |
| | | OTF'sStrategic Plan to include the same goals and objectives |
| | | they wanted to implement. |
| | 3. Make sure the two groups' strategies are building on one | 3. The HIP Obesity Group has merged with the Johnson |
| | another and groups are not duplicating efforts | County Obesity Task Force (OBT). The OBT has many active |
| | | and motivated members who come from all areas of |
| | | expertise and interest. The HIP members have joined the OBT |
| | | members in iniatives such as; Safe Walks to School, Start |
| | | Somewhere Walks, Saturday Farmers' Markets at an |
| | | elementary School, and Farm to School. A future project is a |
| | | Walking School Bus. |
| | | |

| GOAL | Strategies | Progress Regarding Strategies |
|------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------|
| OBESITY/NUTRITION/PHYSICAL ACTIVITY: Assess workplace | 1. Identify the top 10 employers in Johnson County where a | 1. The 10 top employers have been identified by Iowa City |
| environments & determine how supportive they are in encouraging | workplace environment assessment will take place . | Area Chamber of Commerce. A Blue Zones Coalition, lead by |
| healthy nurtrition and physical activity behaviors by January 1, 2011. | | the Chamber, has been developed and the JCPH Director and |
| Further goals will be set based on environment assessment results | | Community Health Manager (CHM) have been active in |
| | | planning to involve employers in health planning for the |
| | | community. The next step is to get employers open to the |
| | | idea of worksite wellness programs in their business. |
| | Develop the workplace environment assessment tool. | Workplace environment assessment tools have been |
| | | developed by CDC (CHANGE: Community Health Assessment |
| | | and Group Evaluation). Those tools will be used to assess |
| | | worksites. The Community Health Manager will be trained in |
| | | use of these tools February 21, 2012 |
| | | , i |
| | 3. Contact the top 10 employers and assess their workplace | 3. Many of the top employers have wellness coordinators. |
| | environment. | The Community Health Manager has contacted 2 smaller |
| | | businesses who do not have wellness programs and the CTG |
| | | Health Educator will start worksite initiatives with the smaller |
| | | businessess and then move to larger businesses over the next |
| | | 5 years. |
| | | |
| | | |
| | | |

| GOAL | Strategies | Progress Regarding Strategies |
|-----------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
| ACCESS TO CARE: Gather and summarize at least two new local | 1.Form an ongoing group to discuss data available and | 1. The Access to Care HIP group has collected statistics on |
| measurements of uninsured and underinsured citizens in Johnson County | collection of needed data | inappropriate use of emergency rooms and the number of |
| by December 2014. | | medically uninsured individuals. The data was used to apply |
| | | for a Safety Network Medical Homes grant. JCPH was |
| | | awarded \$25, 689 from the Safety Network to work on |
| | | outreaching to people who are underinsured. A JCPH |
| | | employee who is a licensed, masters-prepared socialworker |
| | | is working 20 hours/week on this effort. |
| | 2.Form partnerships with groups already gathering local data | 2.The licensed socialworker mentioned above has been very |
| | (e.g., UI faculty/staff, state/national surveys) | successful in working with a variety of experts in the |
| | | community and researching online available local data. |
| | | |
| | 3.Gather and summarize the data on a regular basis so trends | 3. The socialworker will be asssiting the HIP Access to Care |
| | can be observed | group over the next 5 years to collect data and develop trend |
| | | graphs. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| GOAL | Strategies | Progress Regarding Strategies |
|----------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|
| ACCESS TO CARE: Decrease by 10%, the number of emergency room visits | | 1. The socialworker who is a JCPH employee and facilitator of |
| for non-emergency visits by December 2014 | healthcare options and a strategy to market it | the Access to Care group has developed a database with a |
| | | menu of non-emergency healthcare options with the |
| | | assistance of the Access to Care group members. The |
| | | socialworker has also developed and pilot tested a brochure |
| | | to market the medical homes services available through the |
| | | medical home grant. |
| | 2.Recruit interested providers to distribute menu, refer | 2. The socialworker is in the midst of recruiting providers to |
| | clients to primary care providers, and collect data on clients | distribute the menu. The socialworker is currently and will |
| | with a primary care provider | continue to refer clients to primary care providers and collect |
| | | data on clients with a primary care provider. |
| | 2 December 2 streets with a different has been increased in account to | 2. The secial weather with in section the LUD Access to Con- |
| | 3. Develop a strategy to address the barriers to increase the | 3. The socialworker with input from the HIP Access to Care |
| | number of clients with a usual source of care | group is addressing barriers such as getting referrals by |
| | | enlisting the help of the Free Medical Clinic staff, families |
| | | attending JCPH WIC/MCH clinics, speaking with the directors |
| | | of UIHC and Mercy Hospital emergency departments, and |
| | | other socialworkers in the area. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| GOAL | Strategies | Progress Regarding Strategies |
|----------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MENTAL HEALTH: Recruit members for the Mental Health Committee | 1. Contact NAMI about the opportunity | 1. NAMI is active in the Suicide Prevention Coalition. |
| | Contact University of Iowa and Kirkwood about the opportunity. | 2. Several U of I staff and a representative from Kirkwood College are active in the Suicide Prevention Coalition. |
| | 3. Contact the school systems in Johnson County about the opportunity. | 3. The Iowa City Community School District is active in the Suicide Prevention group. The HIP Mental Health group, JCPH Director, and Community Health Manager agreed that it would be advantageous for the HIP Mental Health members (2) to merge with the Suicide Prevention Coalition since many mental health experts and interested community members are presently on the Suicide Prevention Coalition. That has been a successful move for the HIP group members. The HIP members and the Community Health Manager are active in a variety of Suicide Prevention Coalition subcommittees such as Community Awareness Subcommittee and the Provider Subcommittee. |
| | | |
| | | |
| | | |
| | | |
| | | |

| GOAL | Strategies | Progress Regarding Strategies |
|--------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------|
| MENTAL HEALTH: Provide information to the public regarding mental | 1. Provide 3 PSAs to the media | 1. PSA's will be developed in the Suicide Prevention |
| health in the hopes of reducing social stigma against people with mental | | Coalition's subcommitte for Community Awareness in the |
| illness. | | Spring of 2012. |

| • | 2. Two Lunch and Learns were held by the Community Health Center. One in May 2011 and one in October 2011 |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------|
| · · · | 3. Displays on mental health have not been done as yet. But, there are plans to do displays in 2012. |
| presentation. | 4. The Crisis Center of Johnson County had a national speaker who survived a suicide attempt speak in Iowa City in the fall of 2011 |
| · · · · | 5. There have been HIP Mental Health members at all of the bimonthly Suicide Prevention Coalition since October 2011. |
| | |
| | |
| | |

| GOAL | Strategies | Progress Regarding Strategies |
|------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------|
| ALCOHOL SAFETY: Assemble compendium of strategic plans and | 1. Contact Partnership for Alcohol Safety (PAS), University of | copies have been collected. Available electronically on JC |
| initiatives addressing alcohol problems in Johnson County. | Iowa, JJYD. MECCA, and other partners for copies of plans. | network at : |
| | Assemble electronically. | |
| | | I:\430\2011 HIP Alcohol Group\Community plans |
| | | <u>compendium</u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| COAL | Christian | Duaguage Dagarding Chaptagias |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GOAL | Strategies | Progress Regarding Strategies |
| ALCOHOL SAFETY: Increase awareness of alcohol risk among students in K 12 and college freshmen and their parents. | • | left a & b. |
| | Use. Provide the Guidebook electronically on HD, schools, | website. (see: http://www.johnson-county.com/dept_health.aspx?id=10557) |
| | Identify resources to produce handbooks for hard copy distribution and have printed. Assemble community partners to identify opportunities to share information (i.e. websites, forums, newsletters, etc) Roll out campaign with media event | MECCA has linked to it and will share with schools and MECCA sites in its service area. Planning a town hall meeting for its roll out and other community input on its use in April as part of PH Week. We will not be printing large numbers of hard copies. The handbook has been reduced to 4 pages which can be printed out but recipients will still need to follow links to access all information. It's intended to be webbased and interactive. |
| | | |
| | | |

| GOAL | Strategies | Progress Regarding Strategies |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ALCOHOL SAFETY: Change State policy and legislation to allow more control over liquor licenses at the local level | Work with municipalities to develop model legislative language needed to effect local control. Explore models from other States on liquor license policies. Enlist support of League of Cities, ISAC and other advocacy groups to develop legislative strategy | This activity is planned to take place in 2013 and 2014 after we have worked on local policies. We are monitoring any legislation that may come up affecting alcohol policies. |
| | 2. Work with municipal leaders to identify local policies to move towards local consistency (i.e. server training; bar entry age; compliance checks, etc.) | Amendments to close certain loopholes in Iowa City's 21 Ordinance were develped and proposed by PAS. Those amendments are on 3rd reading by the IC City Council and it is anticipated they will be adopted by end of February. |
| | | TIPS training is offered by ICPD but attendance has been very poor. There is no required server training. ABD will soon be providing on-line server training. License holders who have staff complete this training will receive some leeway from ABD if violations occur. We are monitoring this. ABD representatives regularly attend PAS meetings so we have good communication with that office. Legislation, however, will be needed to make training mandatory. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| <u>ALCOHOL SAFETY:</u> Reduce access to alcohol by underage or intoxicated individuals | 1. Assess level of server training currently in place. | See above. |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 2. Advocate mandatory TIPS training for all persons serving alcohol. | PAS will discuss legislative initiatives during 2012 and beyond. |
| | 3. Decrease the density of downtown lowa City alcohol outlets. a) Review bar density requirements in IC zoning | The Downtown Development committee of PAS has discussed the transfer of liquor license issue and has begun to |
| | ordinance to identify potential weaknesss; b) Continue to work with the Downtown Diversity group from PAS to explore | brainstorm recommendations for the City Council. These discussions will continue in 2012. |
| | and promote non-alcohol-based business for the downtown area. | |
| | 4. Encourage uniform enforcement of underage drinking laws and advocate for strategies as recommended by law | SPF-SIG has collected data from law enforcement on compliance checks and is developing a mechanism to |
| | enforcement and other municipal leaders | integrate that information with licensee data from ABD. Enforcement funding is decreasing statewide so we hope to use that data to make compliance checks more strategically targeted. |
| | 5. Encourage restriction of marketing of alcoholic beverages clearly targeted to underage persons – alcopops. | No action locally on this topic to date. |
| | | |
| | | |
| | | |