

**IOWA****IOWA****PRC**
PREVENTION
RESEARCH CENTERS

Putting Public Health Evidence in Action

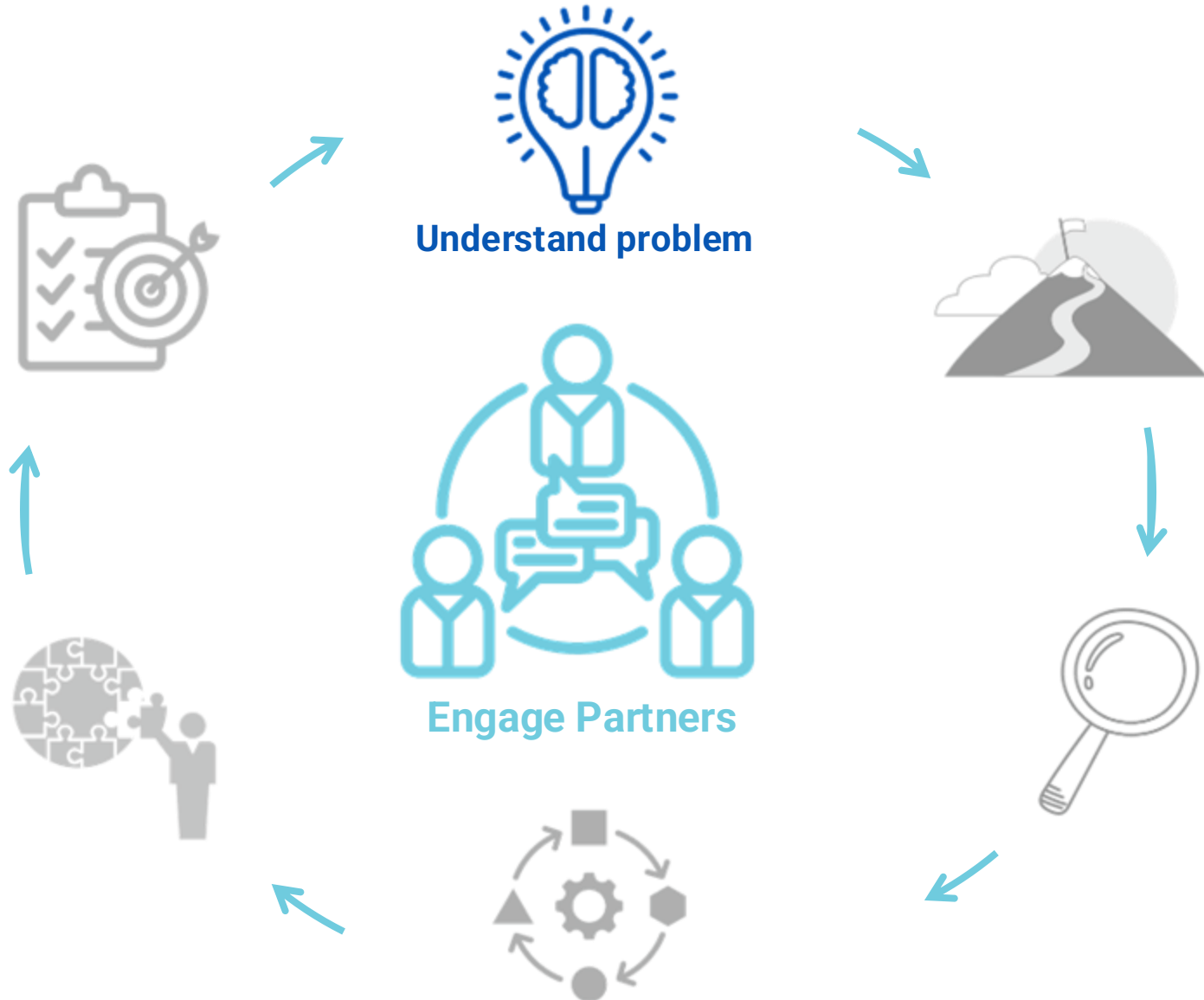
Understanding the Problem and Setting Goals

This training is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of financial assistance awards (cooperative agreement numbers U48 DP006400, U48 DP006377, and U48 DP006389). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Acknowledgements

- This training is adapted from a training created by The Cancer Prevention and Control Research Network with funding from the Centers for Disease Control and Prevention and the National Cancer Institute.
- The training content builds on the following:
 - National Cancer Institute's Using What Works
http://cancercontrol.cancer.gov/use_what_works/start.htm
 - Getting to Outcomes
<https://www.rand.org/health/projects/getting-to-outcomes.html>
 - Brownson et al. (2017). Evidence-Based Public Health. 3rd ed. New York, NY: Oxford University Press.
 - Institute for Healthcare Improvement's Collaborative Model for Achieving Breakthrough Improvement. www.ihl.org
 - The Centers for Disease Control and Prevention's Principles of Community Engagement

Framework for the Training



Objectives for Module 2

Determine current performance

Identify multi-level factors contributing to a problem

Create a process map to identify weak links

Establish goals

Identify Factors of Poor Health



Review literature and existing data



Collect new data and get partner input



Map the current process



Reviewing Existing Data

Health and Demographic Data

- [U.S. Census](#)
- [Iowa Data Center](#)
- [Behavioral Risk Factor Surveillance Survey \(BRFSS\)](#)
- [Rural Health Information Hub](#)
- [County Health Rankings](#)
- [SparkMap](#)

What were the physical activity levels of Wapello residents?

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

COUNTY

Wapello, IA

Rank #93 of 99 ranked Counties

[Download Iowa datasets](#)

County Demographics

The health of a place results from the interaction of many factors, including social, economic, and environmental policies and practices. The land known as Wapello County, Iowa, has been home to the entirety of the U.S., has been home to hundreds of Indigenous nations, and "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Wapello County, Iowa is Micropolitan ⁱ. In Wapello County, 30.5% of the population lives in a low population density area ⁱ.

[Show demographic data](#)

2023

2024

2023

2022

2021

2020

2019

2018

How healthy is your community?

Search by State, County, or ZIP Code (e.g. New Mexico, Los Alamos, 87544)

52501

Wapello, Iowa

Search

COUNTY

Wapello, IA

2023 | ▼

Search by county, state or ZIP code

Go

Rank #93 of 99 ranked counties in [Iowa](#)

[Download Iowa data sets](#)

Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

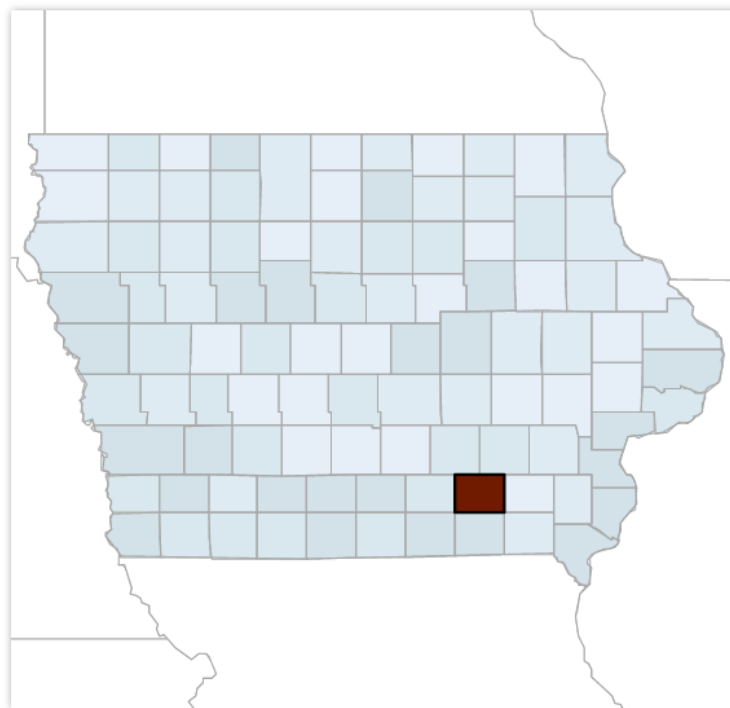
Wapello (WA) is ranked among the least healthy counties in Iowa (Lowest 0%-25%).



Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Wapello (WA) is ranked among the least healthy counties in Iowa (Lowest 0%-25%).



Health Factors

Health Behaviors

Wapello (WA)
County

Iowa

United States

Adult Smoking

20%

17%

16%

Adult Obesity

40%

37%

32%

Food Environment Index

6.2

8.6

7.0

Physical Inactivity

27%

23%

22%

Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).

In Wapello County, Iowa, 27% of adults reported participating in no physical activity outside of work.

Error margin: 24-29%

Years of data used: 2020

Data should not be compared with prior years

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address Physical Inactivity.
- [View map](#) of Physical Inactivity in Iowa counties.

Access to Exercise Opportunities

74%

79%

84%

Percentage of population with adequate access to locations for physical activity.

In Wapello County, Iowa, 74% of people lived close to a park or recreation facility.

Years of data used: 2022 & 2020

Data should not be compared with prior years

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address Access to Exercise Opportunities.
- [View map](#) of Access to Exercise Opportunities in Iowa counties.

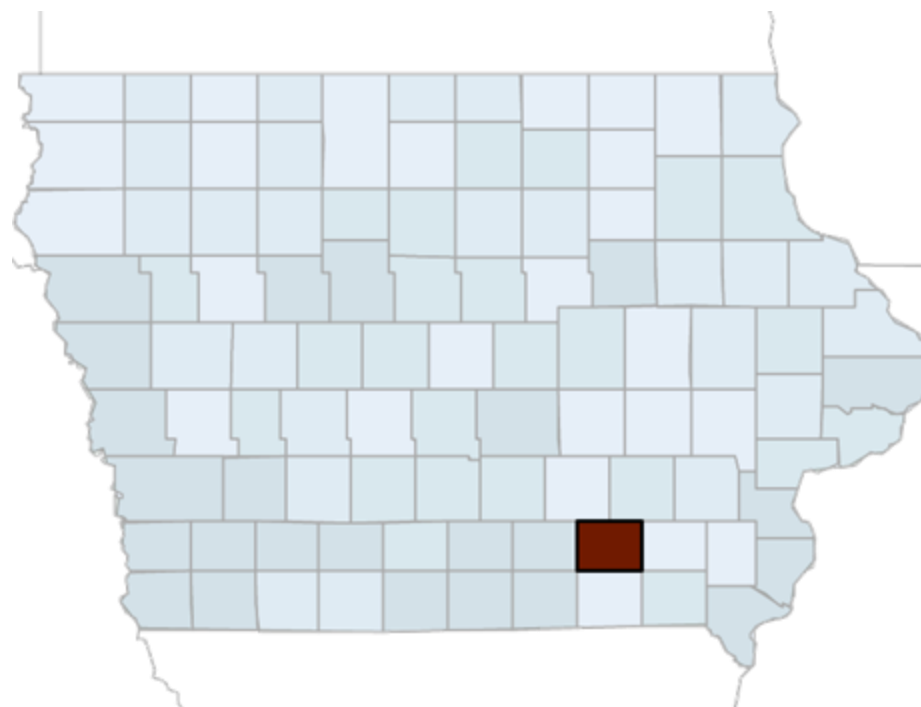
Physical Activity of Wapello County

Adults with no
leisure time activity:

27%

Adult access to
locations for activity:

74%



County Health Rankings and Roadmap

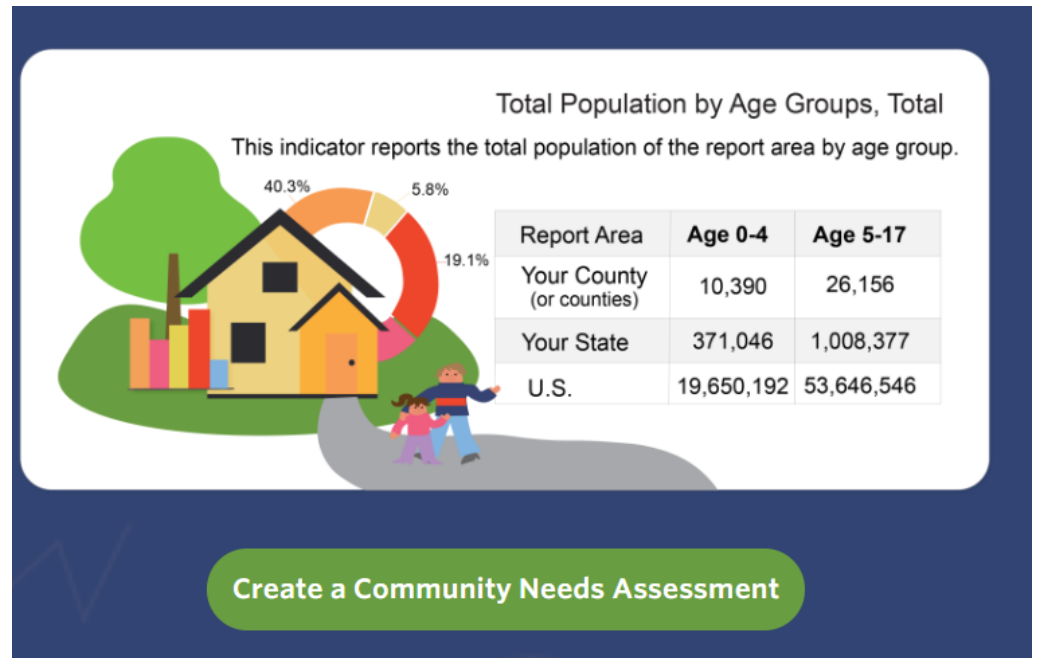
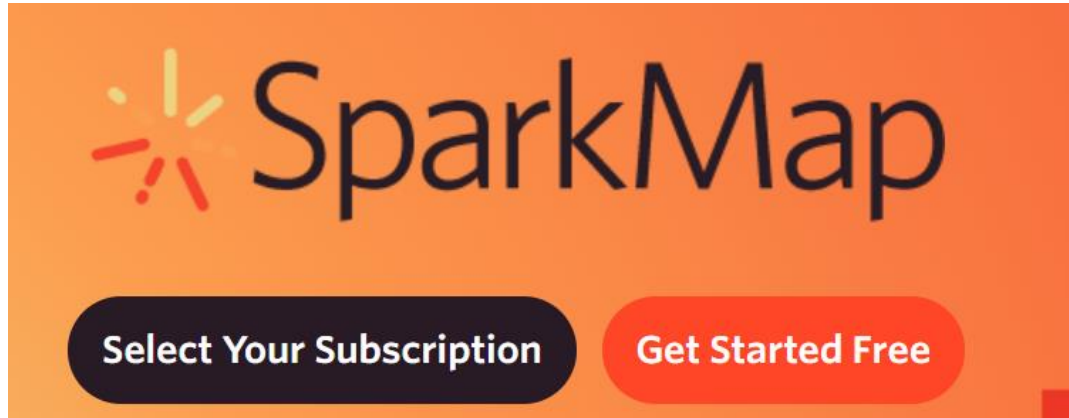
Your turn!

- Using the [County Health Rankings and Roadmaps](#), find your county's leisure time physical activity and physical activity access percentages.

County Health
Rankings & Roadmaps

Building a Culture of Health, County by County

What were the physical activity levels of Wapello residents?



1. Location

2. Data Indicators

☰ COUNTY

☰ COMMUNITY

☰ STATE

County List

Select State

iowa

X

iowa

Select State

iowa

↻ Change State

Select County

wapello

X

Wapello County, IA

Assessment Location

Report Location

X Wapello County, IA

Data Indicators >

Data Indicators

☐ Select all indicators

Filter indicators...

☐ Demographics



☐ Income and Economics



☐ Education



☐ Housing and Families



☐ Other Social & Economic Factors



☐ Physical Environment



☐ Clinical Care and Prevention



☐ Health Behaviors



☐ Health Outcomes



☐ Healthcare Workforce



☐ Special Topics - COVID-19







☐ Physical Environment



- ☐ Air & Water Quality - Drinking Water Safety ⓘ
- ☐ Air & Water Quality - Ozone ⓘ
- ☐ Air & Water Quality - Particulate Matter 2.5 ⓘ
- ☐ Air & Water Quality - Respiratory Hazard Index ⓘ
- ☐ Air & Water Quality - RSEI Score ⓘ
- ☐ Built Environment - Banking Institutions ⓘ
- ☐ Built Environment - Broadband Access ⓘ
- ☐ Built Environment - Households with No Computer ⓘ
- ☐ Built Environment - Households with No or Slow Internet ⓘ
- ☐ Built Environment - Liquor Stores ⓘ
- ☒ Built Environment - Recreation and Fitness Facility Access ⓘ
- ☐ Built Environment - Social Associations ⓘ
- ☐ Built Environment - Tobacco Product Compliance Check Violations ⓘ
- ☐ Climate & Health - Climate-Related Mortality Impacts ⓘ
- ☐ Climate & Health - Dominant Land Cover ⓘ
- ☐ Climate & Health - Drought Severity ⓘ
- ☐ Climate & Health - Flood Vulnerability ⓘ
- ☐ Climate & Health - High Heat Index Days (Absolute) ⓘ
- ☐ Climate & Health - High Heat Index Days (Relative) ⓘ
- ☐ Climate & Health - National Risk Index ⓘ
- ☐ Climate & Health - Tree Canopy ⓘ
- ☐ Community Design - Distance to Public Transit ⓘ
- ☐ Community Design - Park Access (CDC) ⓘ
- ☐ Community Design - Park Access (ESRI) ⓘ
- ☐ Community Design - Road Network Density ⓘ
- ☐ Community Design - Walkability Index Score ⓘ
- ☐ Community Design - Community Diversity (Emp. + Housing) ⓘ
- ☐ Food Environment - Fast Food Restaurants ⓘ
- ☐ Food Environment - Food Desert Census Tracts ⓘ
- ☐ Food Environment - Grocery Stores ⓘ
- ☐ Food Environment - Leading Agricultural Products (1) ⓘ
- ☐ Food Environment - Leading Agricultural Products (2) ⓘ
- ☐ Food Environment - Low Food Access ⓘ
- ☐ Food Environment - Low Income & Low Food Access ⓘ
- ☐ Food Environment - Modified Retail Food Environment Index ⓘ
- ☐ Food Environment - SNAP-Authorized Food Stores ⓘ
- ☐ Orchards ⓘ
- ☐ Threatened and Endangered Species ⓘ
- ☐ Access to Exercise Opportunities ⓘ

Health Behaviors



- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol - Heavy Alcohol Consumption  | <input type="checkbox"/> Breastfeeding (Exclusive)  | <input type="checkbox"/> STI - HIV Incidence  |
| <input type="checkbox"/> Alcohol - Binge Drinking  | <input type="checkbox"/> Fruit/Vegetable Expenditures  | <input type="checkbox"/> STI - HIV Prevalence  |
| <input type="checkbox"/> Alcohol - Expenditures  | <input checked="" type="checkbox"/> Physical Inactivity  | <input type="checkbox"/> Tobacco Expenditures  |
| <input type="checkbox"/> Breastfeeding - Ever  | <input type="checkbox"/> Soda Expenditures  | <input type="checkbox"/> Tobacco Usage - Current Smokers  |
| <input type="checkbox"/> Breastfeeding (Any)  | <input type="checkbox"/> STI - Chlamydia Incidence  | <input type="checkbox"/> Insufficient Sleep  |
| | <input type="checkbox"/> STI - Gonorrhea Incidence  | <input type="checkbox"/> Walking or Biking to Work  |

Health Outcomes



- ☐ Birth Outcomes - Infant Mortality (CDC)
- ☐ Birth Outcomes - Low Birth Weight (CDC)
- ☐ Cancer Incidence - All Sites
- ☐ Cancer Incidence - Breast
- ☐ Cancer Incidence - Cervical
- ☐ Cancer Incidence - Colon and Rectum
- ☐ Cancer Incidence - Lung
- ☐ Cancer Incidence - Prostate
- ☐ Chronic Conditions - Alcohol Use Disorder (Medicare Population)
- ☐ Chronic Conditions - Alzheimer's Disease (Medicare Population)
- ☐ Chronic Conditions - Asthma (Medicare Population)
- ☐ Chronic Conditions - Asthma Prevalence (Adult)
- ☐ Chronic Conditions - Cancer (Medicare Population)
- ☐ Chronic Conditions - Chronic Obstructive Pulmonary Disease (Medicare Population)
- ☐ Chronic Conditions - Chronic Obstructive Pulmonary Disease (Adult)
- ☐ Chronic Conditions - Depression (Medicare Population)
- ☐ Chronic Conditions - Diabetes Incidence (Adult)
- ☒ Chronic Conditions - Diabetes Prevalence (Adult)
- ☐ Chronic Conditions - Diabetes Prevalence (Medicare Population)
- ☐ Chronic Conditions - Heart Disease (Adult)
- ☐ Chronic Conditions - Heart Disease (Medicare Population)
- ☐ Chronic Conditions - High Blood Pressure (Adult)
- ☐ Chronic Conditions - High Blood Pressure (Medicare Population)
- ☐ Chronic Conditions - High Cholesterol (Adult)
- ☐ Chronic Conditions - High Cholesterol (Medicare Population)
- ☐ Chronic Conditions - Kidney Disease (Adult)
- ☐ Chronic Conditions - Kidney Disease (Medicare Population)
- ☐ Chronic Conditions - Mental Health and Substance Use Conditions
- ☐ Chronic Conditions - Substance Use Disorder (Medicare Population)
- ☐ Chronic Conditions - Multiple Chronic Conditions (Medicare Population)
- ☐ Deaths of Despair (Suicide + Drug/Alcohol Poisoning)
- ☐ Mortality - Cancer
- ☐ Mortality - Coronary Heart Disease
- ☐ Mortality - Firearm
- ☐ Mortality - Heart Disease
- ☐ Mortality - Homicide
- ☐ Mortality - Influenza & Pneumonia
- ☐ Mortality - Life Expectancy
- ☐ Mortality - Life Expectancy (Census Tract)
- ☐ Mortality - Liver Disease
- ☐ Mortality - Lung Disease
- ☐ Mortality - Motor Vehicle Crash (NVSS)
- ☐ Mortality - Motor Vehicle Crash (NHTSA)
- ☐ Mortality - Motor Vehicle Crash, Alcohol-Involved
- ☐ Mortality - Motor Vehicle Crash, Pedestrian
- ☐ Mortality - Drug Overdose (All Substances)
- ☐ Mortality - Opioid Overdose
- ☐ Mortality - Poisoning
- ☐ Mortality - Premature Death
- ☐ Mortality - Stroke
- ☐ Mortality - Suicide
- ☐ Mortality - Unintentional Injury (Accident)
- ☒ Obesity
- ☐ Poor Dental Health - Teeth Loss
- ☒ Poor or Fair Health
- ☐ Poor Mental Health - Days
- ☐ Poor Mental Health
- ☐ Poor Physical Health - Days
- ☐ Poor Physical Health
- ☐ Stroke (Adult)
- ☐ Stroke (Medicare Population)

< Location

Reports >

Community Needs Assessment

Our Community Needs Assessment is now updated to use ACS 2017-2021 data. If you'd like to create your Community Needs Assessment report with ACS 2016-2020 data, visit the [ACS 2020 Assessment](#).

1. Location

2. Data Indicators

3. Reports



DOWNLOAD PDF



REPORT OPTIONS ▾



SHARE



PRINT

Standard Report

Location

Wapello County, IA

Physical Environment

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

Built Environment - Recreation and Fitness Facility Access

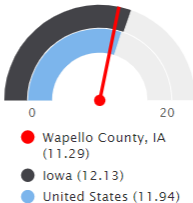
Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. The report area includes establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports.

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Wapello County, IA	35,437	4	11.29
Iowa	3,190,369	387	12.13
United States	331,449,275	39,562	11.94

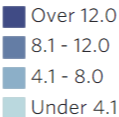
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County → [Show more details](#)

Recreation and Fitness Facilities,
Rate per 100,000 Population



Recreation and Fitness Facilities, Rate (Per 100,000 Pop.) by
County, CBP 2020





Collect New Data

Interviews

Focus
Groups

Surveys

Public
Meetings/
Forums

Direct
Observation

Important Considerations

- Participants
- Methods used to collect data
- Resources needed



Qualitative Data Pros and Cons

Collected information and concepts that are not represented by numbers

Pros:

- Detailed descriptions
- Understand setting and contextual factors
- More flexible and adaptable

Cons:

- Time consuming
- Expensive
- Needed expertise

Gather Partner Input



- Local Public Health
- Community-based Orgs
- Healthcare systems
- State
- Academic

Who are your partners?

Mapping with partner input



Bring
partners
together

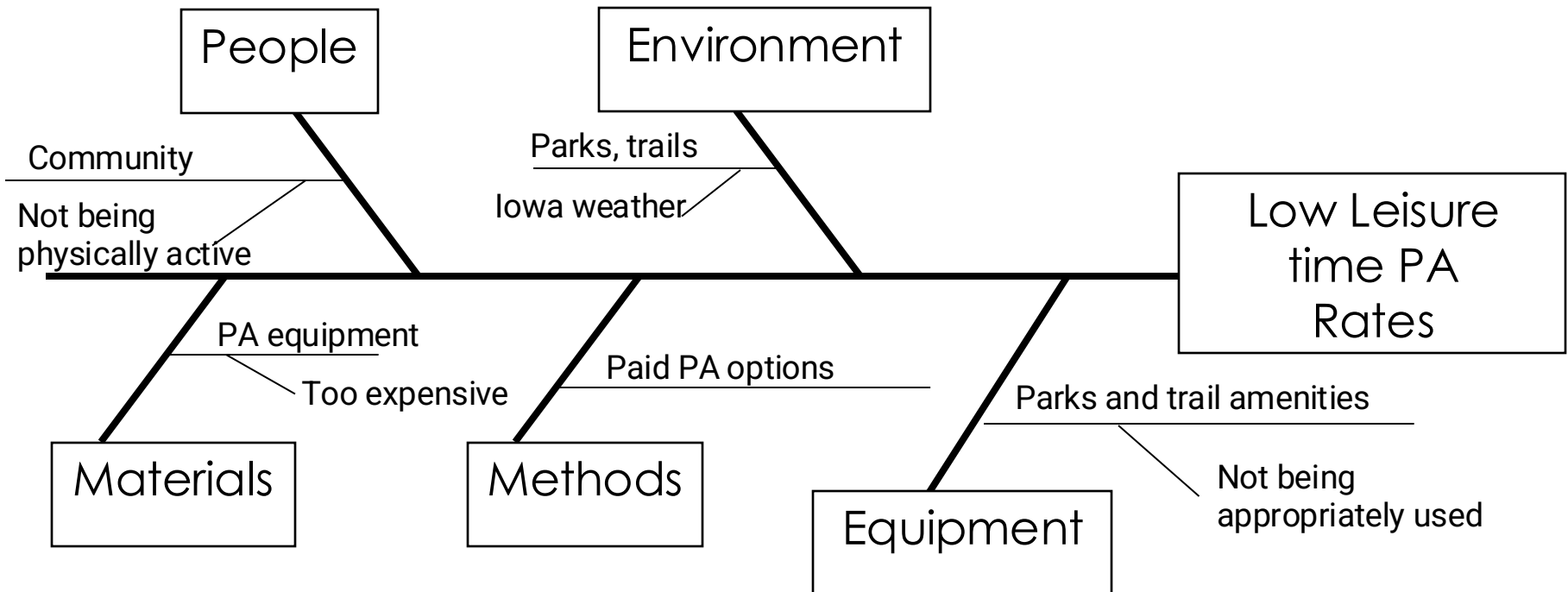
Describe the
“system”
around the
problem

Find “weak
links”

Plan for
improvement

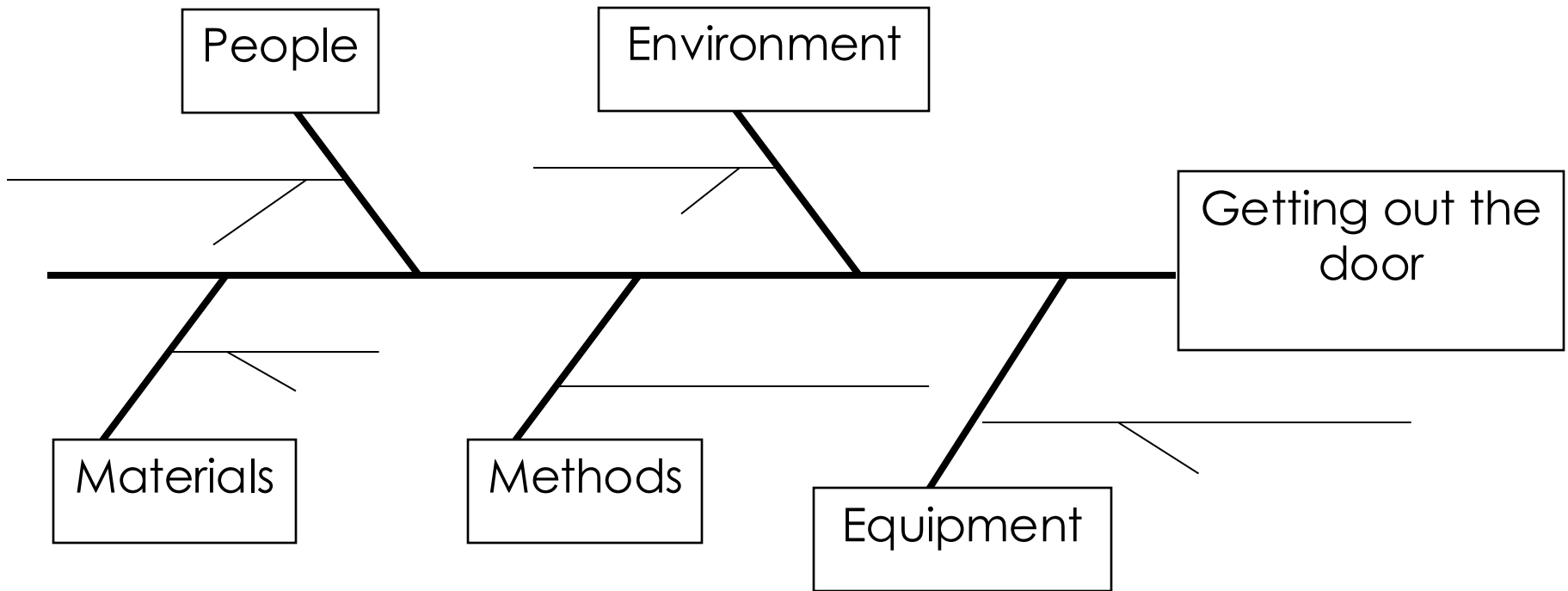


Cause and Effect Diagram



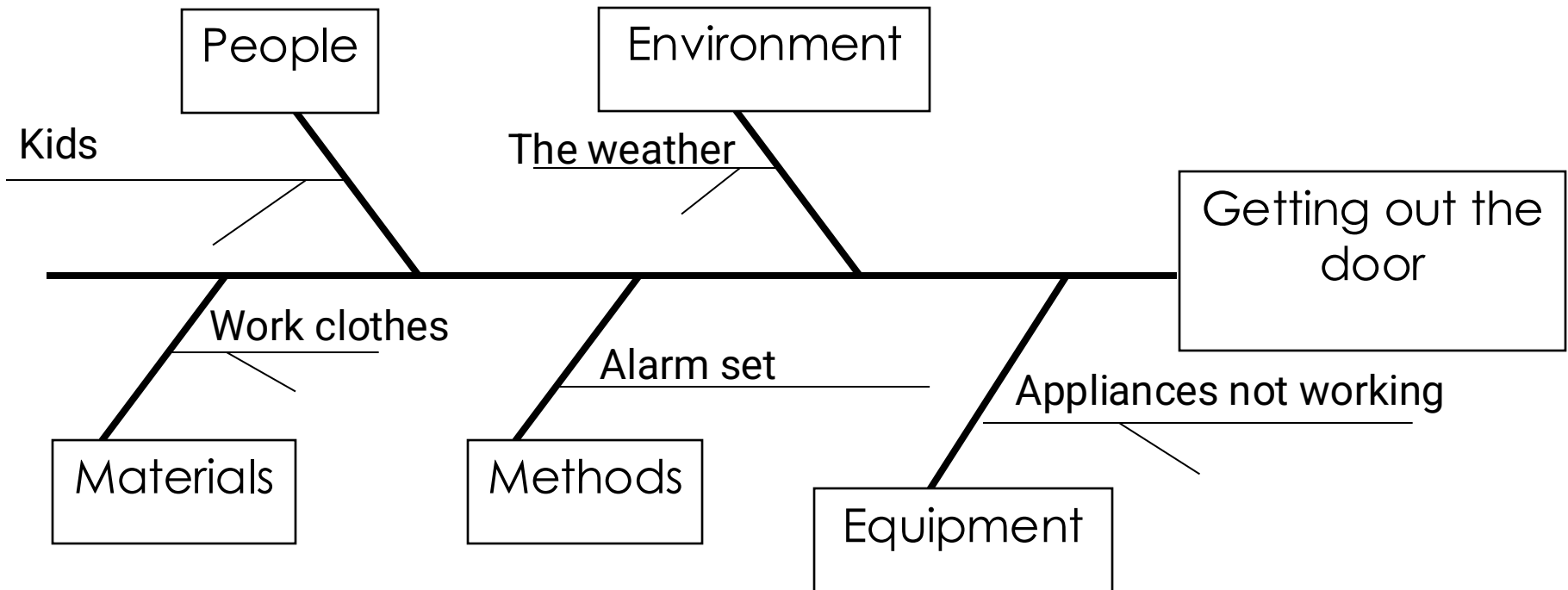


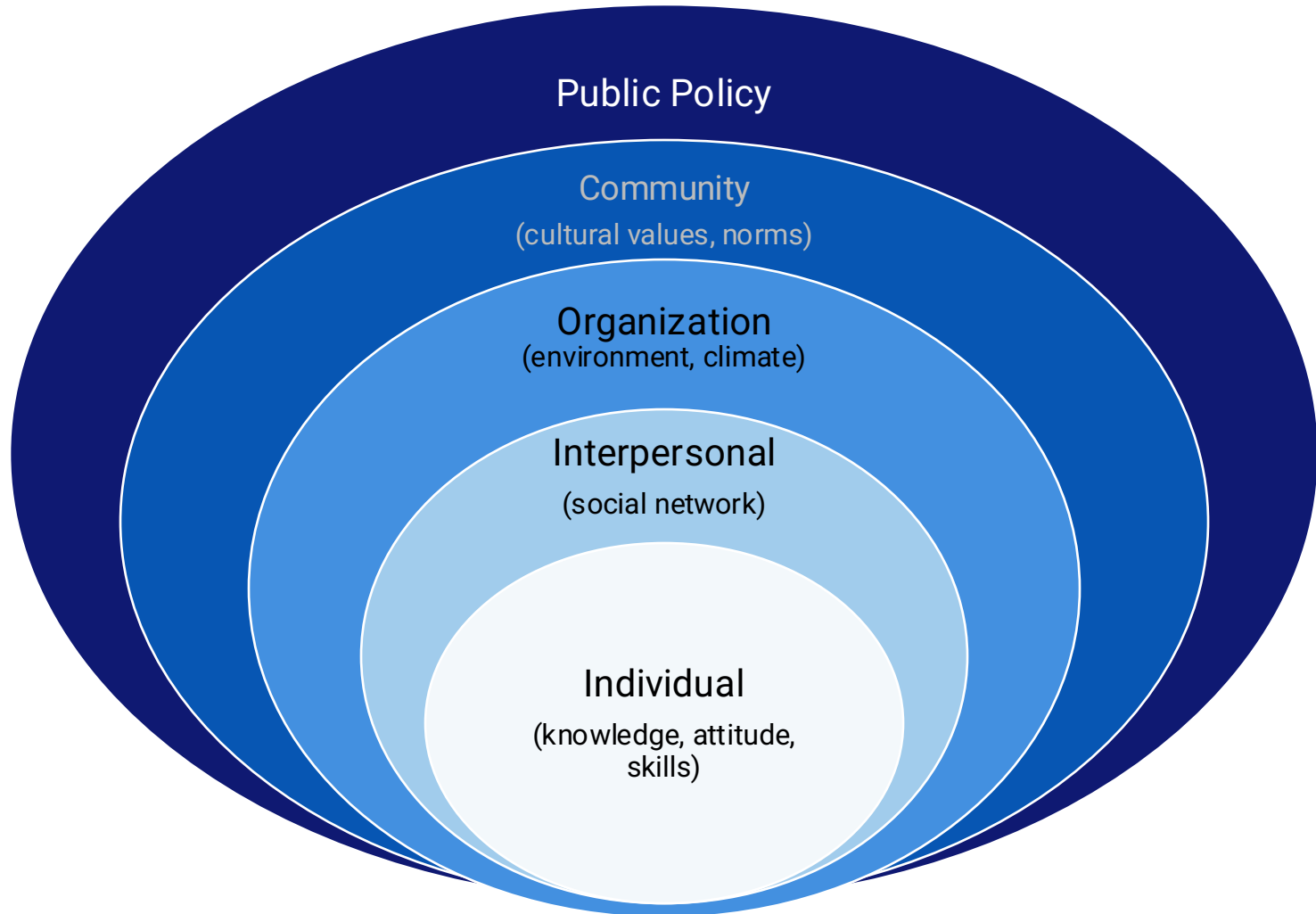
Barriers/facilitators to leaving the house?





Barriers/facilitators to leaving the house?





Social Ecological Model

Characteristics of Populations and Contexts where they live, work, and play

Identify Factors Related to SEM Levels

Individual	Interpersonal	Organizational	Community	Policy
<ul style="list-style-type: none">• Knowledge of physical activity• Confidence in ability to be active• Attitudes and beliefs related to physical activity	<ul style="list-style-type: none">• Influence of family, friends, peers• Knowing someone who is physically active	<ul style="list-style-type: none">• Practices and policies of an organization supporting physical activity• Daycare or childcare offered	<ul style="list-style-type: none">• Availability of physical activity resources• Public awareness campaigns• Cultural values and norms• Transportation	<ul style="list-style-type: none">• Health insurance reimbursement• Zoning laws• Grant funding

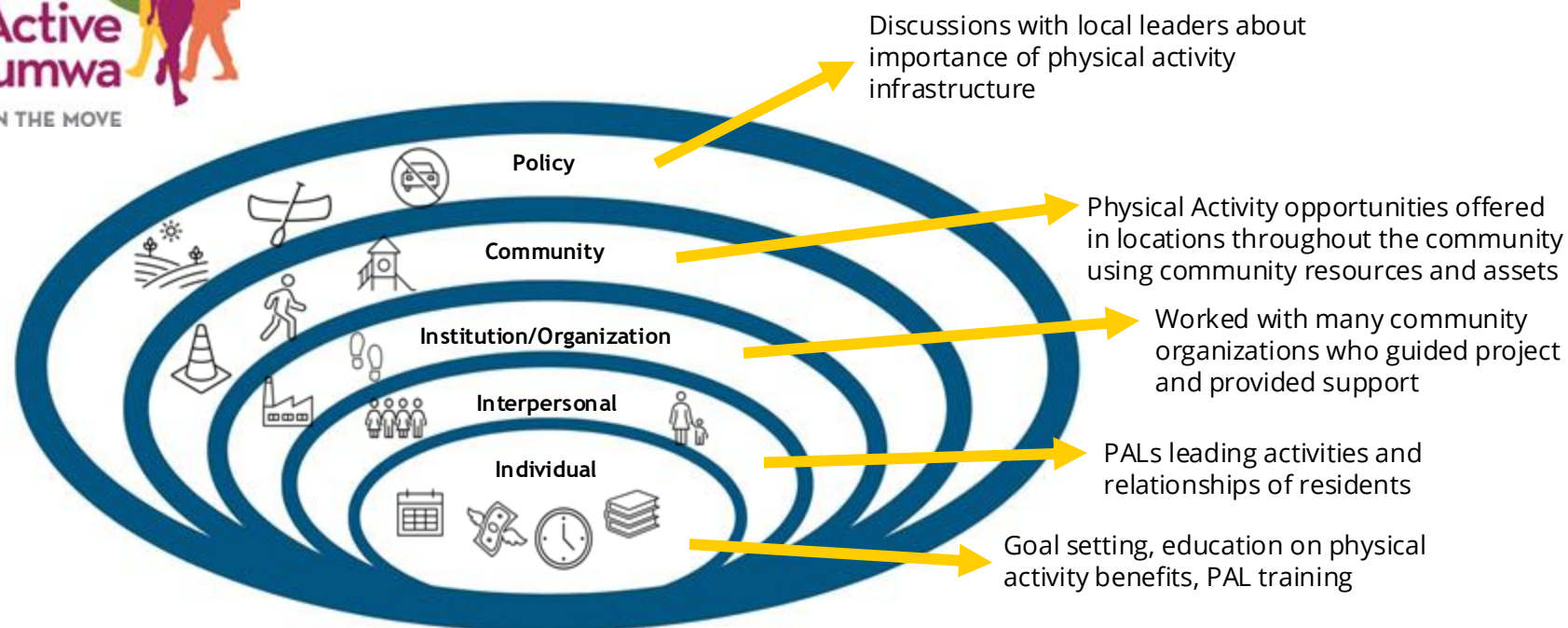
Some Barriers to Physical Activity

Individual	Interpersonal	Organizational	Community	Policy
<ul style="list-style-type: none"> • Fear of injury • Lack of awareness of places or how to safely be physically active • Lack of information about physical activity options available • Lack of time to be physically active • Cost of activities 	<ul style="list-style-type: none"> • Physicians not recommending physical activity • Family members and friends not being physically active 	<ul style="list-style-type: none"> • No organizational support or organizational policies that impact physical activity • Childcare not offered or available 	<ul style="list-style-type: none"> • No public awareness campaigns to promote physical activity • No public transportation to get to locations • No community partners to provide physical activity options • Weak relationships among organizations in community • Limited sidewalks and bike lanes 	<ul style="list-style-type: none"> • Lack of health insurance to cover cost of gym membership • Limited funding for environmental changes at the state and national levels • Zoning codes not support built environment changes

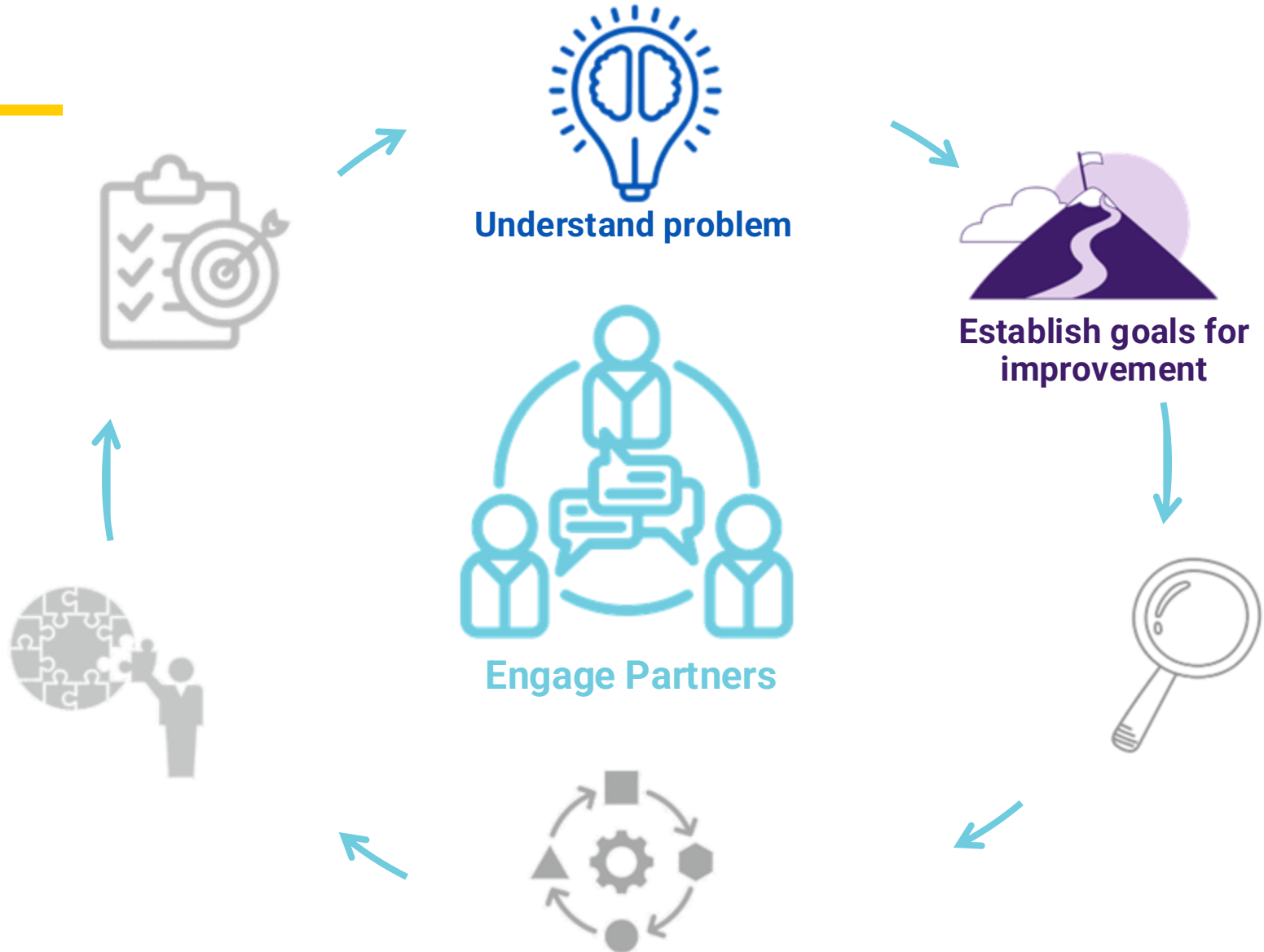
Some Facilitators to Physical Activity

Individual	Interpersonal	Organizational	Community	Policy
<ul style="list-style-type: none">• Have gym membership or have access to trail/park• Have positive experiences being physically active in the past	<ul style="list-style-type: none">• Physician “prescription” for physical activity• Family or friends that are physically active	<ul style="list-style-type: none">• Worksite policies supporting physical activity• Childcare offered	<ul style="list-style-type: none">• Public awareness campaign• Outreach by community partners• Available public transportation• Sidewalks and bike lanes with safety and aesthetic amenities• Strong relationships of community organizations	<ul style="list-style-type: none">• Insurance coverage for gym membership• State and national grants for built environment changes• Supportive zoning codes for physical activity infrastructure

Working at different levels...get bigger, better, more sustained impact



Framework for the Training



Establish Improvement Goals

- Which of your community members have the lowest leisure time physical activity?
- Why are physical activity levels low?
- Which of those reasons are the most important and most changeable?
- What assets and resources are available to address this problem?

Prioritize What to Address

1. Brainstorm a list of ideas and rank



2. Have multiple rounds of voting



3. More detailed grid comparing options

Now organize prioritized factors into SEM

Factors by Levels

Individual: Not reach recommended PA levels (Knowledge, Beliefs, Attitude, Confidence)

Family/Friends: Are not physically active (social network)

Organization: Lacks accessible hours; no transportation

Community: Low usage of existing resources

Problem

**Low Leisure
Time Physical
Activity**

Write SMART Goals

S



Specific

M



Measurable

A



Attainable

R



Relevant

T



Time Based

Write SMART Goals

Who's our target population?

What's our desired outcome?

How will progress be measured?

What will be considered a success?

What is the timeframe for success?

Explain how much of what will
be accomplished by when

What do you need to do to make this goal SMART?

Increase our community members' leisure time physical activity.

Example: SMART Goals

Increase the number of community residents obtaining the recommended leisure time physical activity levels (30 minutes/5 days a week) by 10% by May of 2018.

At least 20% of community residents will participate in an Active Ottumwa activity by May of 2019.

At least 40% of Active Ottumwa activity participants will attend at least one more activity within one year of attending their first activity.

Framework for the Training

