

## JOHNSON COUNTY HEALTH IMPROVEMENT PLAN

### MAJOR HEALTH PROBLEMS IN JOHNSON COUNTY

The Johnson County Department of Public Health formed a Community Assessment Committee in March 1998. After reviewing Johnson County data related to sociodemographic characteristics, health status, and health risk factors, the committee generated a list of sixteen major community health problems. Service providers were invited to form the Johnson County Health Improvement Planning Committee, which met for the first time on March 1, 2000. The committee was asked to determine the top five health problems in Johnson County. They rank ordered these five problems based on data and their perceptions of:

- 1). Magnitude of the problem: How many people does it affect? The larger the problem, the higher the rank.
- 2). Seriousness of the problem: A problem that involves death would rank higher than one that causes only temporary illness, How many people does the problem affect indirectly? The more serious the problem, the higher the rank.
- 3). Feasibility of intervening against the problem: How many possible options are there to intervene against the problem? How easily are the problems and outcomes of interventions measured? How many (if any) laws would have to be changed to intervene against the problem? The more feasible the intervention, the higher the rank.

Based on these criteria, the committee prioritized in the following way:

Ranking	Health Problem
1	Alcohol Use
2	Tobacco/Marijuana Use
3	Heart Disease/Stroke
4	Mental Health (esp. Affective Psychoses and Suicide)
5	Cancer
6	Sexually Transmitted Diseases (esp. Chlamydia)
7	Overweight
8	Water Quality
9	Asthma
10	Low Birthweight/Very Low Birthweight
11	Food Safety
12	Air Quality
13	Oral Disease (added Based on suggestion from Health Improvement Planning Committee member)
14	Unintentional Injuries
15	Pneumonia
16	Hepatitis (esp. A & C)
17	Chronic Obstructive Pulmonary Disease

Subsequently barriers, community resources, goals, and action steps related to the top five health problems were determined by Health Improvement Planning Committee members. A final step in the planning cycle was the development of short-term goals with specific action steps. A key factor in this process was the designation of responsible agency(s) and individual(s) for each action step. The process is currently in the implementation (action steps) phase.

### **ACKNOWLEDGEMENTS**

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### University of Iowa non-binge drinkers and binge drinkers reporting problems, in percent

	Non-binge drinkers (N=115)	Binge Drinkers (n=260)
Have a Hangover	44	
Miss a Class	16	
Behind in School Work	14	42
Do Something You Later Regret	21	
Forget Where you Were	11	46
Argue with Friends	10	38
Unplanned Sexual Activity	13	31
Not Use Protection	5	16
Damage Property	2	21
Trouble with Police	2	12
Get Hurt or Injured	4	26
Alcohol Overdose	1	1
Victim of Crime On Campus	0	1
Victim of Crime Off-Campus	0	2

Shading indicates > = 50%

Data Source: College Alcohol Study, Harvard School of Public Health, 1999.

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### University of Iowa non-binge drinkers reports of second hand effects, \* in percent

	Non-binge drinkers (n=144)
Been Insulted or Humiliated	35
Had a Serious Argument or Quarrel	26
Been Pushed, Hit, or Assaulted	8
Had Property Damaged	21
Had to Babysit a Drunken Student	
Found Vomit in a Dorm	39
Had Studying/Sleep Disrupted	
Experienced Unwanted Sexual Advance	27

Victim of Sexual Assault or Date Rape	1
Victim of Another Crime On- Campus	0
Victim of Another Crime Off-Campus	1

Shading indicated > = 50%

\*Includes abstainers

Data Source: College Alcohol Study, Harvard School of Public Health, 1999.

**To: Chamber of Commerce Board or Directors**

**From: Chamber Task Force on Underage & Binge Drinking**

**Date: August 25, 2000**

**Subject: Chamber of Commerce Policy Statement on Underage and Binge Drinking**

**Background:** Our task force was created in March of 2000 with a twofold charge from the Executive Committee, that being 1) to educate the membership regarding the issues of underage and binge drinking, and 2) to recommend educational and/or advocacy initiatives, if appropriate.

Fairly early in the process, our task force concluded that efforts to educate the community as to the societal, personal and economic effects of problem drinking were better served (and currently being quite well served) by other educational and health organizations in the community. Those functions seem to be at the core of several other organizations' charges, and many of them have the academic and research ties to mount effective educational campaigns. Therefore, the recommendations from this task force, while including education, will focus on the second of our two charges.

### **Recommendations:**

#### **1. It is a proper time for the community to take some concrete action to address the problem of underage and binge drinking in the area.**

We believe that the period of several months this past Spring and Summer during which the Iowa City Council waited to give the local bar owners a chance to address this problem themselves was an appropriate course. Unfortunately, due to a number of factors, the bar owners have been unable to take any united action to curb the problem drinking. According to reports in the media, the coalition formed by the Iowa City bar owners this past Spring (The Iowa City Hospitality Association) is no longer even operational, and apparently took no action on this issue while it was active.

Both underage and binge drinking have adverse effects on not only the individuals engaging in this conduct, but on the community as a whole. That being the case, and based upon some of the research provided to the Task Force recently by the Stepping Up program, this issue seems to be a proper topic to be addressed by the greater Iowa City community, and this appears to be the time to address it.



**2. The Chamber supports and encourages efforts aimed at educating our area's elementary and high school students and their parents as to the physical, community and societal costs and dangers of underage and binge drinking.**

While recent media attention on this issue has seemed to focus on college age persons, it is recognized that many underage drinkers begin this behavior long before they go to college. Local efforts to address these issues at an early age, such as for example the local DARE programs, are to be commended. The Chamber encourages our community businesses, schools and residents to support these types of programs whenever the opportunity arises.

**3. All organizations which have made efforts to create alcohol free entertainment alternatives for our community's young people should be commended for these efforts, and the community as a whole and Chamber membership should join in and support these activities to the extent feasible.**

Many young people do use the ban as a means of enjoying music, dancing and general entertainment, even absent drinking. If those options are taken away from 18, 19 and 20 year olds by a "21 only" law (or even absent such a law) if we want to truly minimize the temptations to young people to drink underage, the community as a whole needs to make alcohol free alternatives more available and more attractive. This will only occur if sufficient resources (time, energy and money) are devoted to the effort

**4. Specials which encourage purchasing large quantities of alcohol for a very low price constitute irresponsible business practices and should be strongly discouraged.**

While the Chamber is not generally in favor of price controls, it is clear that the drink specials that are commonplace in the greater Iowa City area are a major contributing factor to the underage and binge drinking that is taking place. Making very large quantities of alcohol available for very little money is a clear invitation to exactly the kind of problem drinking that needs to be curbed.

**5. Pass municipal ordinances with significantly more severe penalties than are currently in place for underage drinking and public intoxication, to the extent allowed by law.**

There are examples in other states of laws imposing fairly steep fines (for example \$500 in Nebraska) for the offense or possession of alcohol under the legal age. The Chamber believes both the specific and general deterrence which would result from increasing the penalties for alcohol related offenses would be a valuable tool in any comprehensive approach to this problem.

**6. Have the City Attorney's Office work with the County Attorney's Office to investigate more aggressive enforcement of those regulations, both criminal and licensing, which prohibit any retail establishments from serving underage or intoxicated patrons.**

We understand that there are a number of regulations, some state and some municipal, which provide for criminal and/or licensing penalties if retailers do not strictly abide by the laws against serving underage or intoxicated customers. We understand that many of these are difficult to enforce, either due to the manner in which they are written or the manner in which they have traditionally been prosecuted. There may be better evidence gathering techniques available to make prosecution of some of these offenses more effective, if sufficient resources were made available to the officers involved. Or perhaps our local law enforcement could let a better response from the state licensing board if we provided the board with more, better or different data as to offenses by a local license holder. The Chamber does not pretend to know the answers to these inquiries, but would like to see the issues investigated.

**7. Encourage all retail liquor establishments to renew their commitment to and investment in actively preventing the sale of alcohol to underage customers.**

The problem of underage persons obtaining alcohol exists not only in establishments generally described as "bars", but also in the local grocery stores and convenience stores. It is possible that underage purchasing in the "non-bar" type establishments could actually increase if "21 only" laws were effectively enforced in the community. Therefore the Chamber strongly encourages all these members of our business community to renew their commitment to preventing this crime from occurring on their premises, and to invest those resources necessary (be they equipment such as m scanners, training of personnel, or voluntarily restricting unreasonable specials) in order to be part of the solution rather than part of the problem.

**8. "21 only" laws should be considered as an option, but preferably as a last resort.**

Local opinion seems to be that prohibiting those under age 21 from entering establishments defined as bars would likely have some adverse side effects. These may include such things as displacing that drinking to other locations, depriving those young adults of access to music and dancing entertainment, and adverse economic impacts on the establishments affected.

On the other hand, if enforced, a "21 only" law appears to be the only one of the measures currently being discussed in the media or by local city council that would be immediately and dramatically effective in removing large numbers of under-21 adults from an environment where they have continuously been successful in obtaining alcohol while under the legal age.

Because of these pros and cons, Chamber would recommend this option to be utilized only if it appears that other steps are unable to address the problem as effectively, or within an acceptable time frame. If the goal is to achieve the maximum deterrent effect the quickest, this would be the option most likely to achieve that.

If implemented, the Chamber would recommend that "21 only" laws be drafted with careful consideration as to the definitions which would dictate which establishments are covered and under what circumstances. For example, any such laws should have clearly defined time frames (i.e. "no one under 21 after 10 p.m."), and should take into consideration issues regarding service or food versus alcohol, so as not to unduly impede the service of evening meals. In addition, any "21 only" laws should be implemented only after sufficient forewarning that the affected establishments have time to adjust their business operations SO as to minimize any adverse economic effects.

The Chamber would also recommend that any such laws have a sunset provision of a year or two, so that the involved city councils and the community are forced to actively assess the effectiveness of the laws before continuing them into the future.

### **Conclusion:**

While the Chamber may not be the organization which will come up with the "Silver Bullet" to solve this problem, we do conclude that this is an issue of importance to the community as a whole, and one OB which the Chamber should not stand silent. Silence on this issue would be inconsistent with the Chamber's mission "To advocate for a vibrant local economy, provide opportunities and valuable services to our members, and contribute to the quality of life in Johnson County."

We believe the above position statement is consistent with the Chamber's mission and appropriate given all the information available to us at this time.

Finally, the Task Force has recommend that the Executive Committee invite our contacts with the University (Vice President Phillip Jones) and with the Stepping Up Program (Director Julie Phye) to a meeting to share the Chambers ultimate Position Statement with them prior to making the recommendations public. We believe this courtesy will encourage an ongoing supportive relationship between our organizations and help to minimize any potential divisiveness which may occur around this issue in the future.

## **SELF STUDY OF STEPPING UP COALITION MEMBERS**

### **Coalition Questionnaire 42 Respondents 1998**

#### **Coalition Beliefs About Alcohol:**

Binge drinking is a priority in this community. It has campus and community support. Besides college students, binge drinking is a problem among:

High school students	83%
Young adults not in college	51%
Junior High	7%



**Coalition Involvement:**

The majority of members feel involved in the discussion and decisions of the coalition and somewhat involved in activities.

•	Coalition members have gained a sense of making a difference. (67%)
•	Increased Social Interaction (77%)
•	The biggest problems of participants in the coalition are time pressures (42%) and the difficulty of the task (61%)
•	But the vast majority (79%)(say it is worth the effort and enjoyable.
•	Communication within and outside of the coalition is clear, effective, and usually timely.

**Style of Coalition:**

The majority believe people share the work, ideas come from many, the group adopts ideas easily and tasks are identified and assigned. Members believe students are encouraged to contribute, the campus and community cooperate, and conflict is handled well. Leaders of the coalition have a clear vision, keep the coalition on task, and are respected and very ethical. Leaders utilize others' skills and talents and are adept at resolving conflict.

There are very few conflicts in the coalition but those that exist come from clashing economic interests and a difference in opinion over specific objectives. In resolving conflict, the members most often find a compromise, rely on a leader to solve conflict, and use data to help make a rational choice.

Coalition members are able to separate personal preferences from coalition objectives. The majority of members' personal priority is to increase alcohol-free activities though they also feel the Coalition's top priority is to change laws regarding alcohol sales. Disseminating facts to shift norms is a high priority of members and for the Coalition.

Members feel the Coalition has a clearly defined work plan that they have the power to carry out. There is slightly less confidence that the plan will be implemented and successful. This is not surprising given the number of people who feel this is a difficult task. This sentiment is consistent across R. W. J. sites.

**Interventions:**

The Iowa Coalition has the highest number of interventions of the R.W. J. sites. 80 % have been directed at reducing the demand for alcohol while 20% have focused on reducing the supply of alcohol. The areas targeted for change have equally been the campus and the community.

Interventions have targeted (in order) students, community, high school students, city government and interested people. The majority of interventions are directed at changing social norms while the remainder are aimed at reducing access and availability. The most frequent mechanisms used to produce change are programming, media, and advocacy.

60% of our initiatives indirectly affect alcohol use by changing the social environment while 40% directly affect alcohol use.

The majority of our initiatives originated within a task force. The diverse talents and membership of our task forces demonstrate the resources they provide the coalition. Task force members, project staff, and students have carried out these interventions. Grant funds have been used for 60% of the interventions with remaining funding evenly distributed between the University and community.

***Preliminary Findings of Stepping-Up Community Survey***

**Presented by  
The University of Iowa Social Science Institute**

•	Methodology: Telephone interviews using random-digit dialing techniques to provide a representative sample of adults in the Iowa City/Coraville Community. Sample was designed for 500 interviews in Iowa City and 300 in Coralville. A total of 801 interviews were completed between March 6, 1998 and April 7, 1998. Interviews averaged 20 minutes. The cooperation rate (proportion of selected respondents who agreed to participate was 63%
•	No significant differences were found between Iowa City and Coralville residents with regard to perceptions of alcohol consumption as a community problem, alcohol drinking behavior, perceived social effects of alcohol consumption, explanations for alcohol consumption or preferences for policies aimed at reducing drinking problems.
•	Exactly half of the survey respondents themselves reported that they had started drinking under the age of 18.
•	Roughly one-fifth of the survey respondents fit the definition of a binge-drinker (male who drinks 5 or more drinks at one sitting; female who drinks 4 or more drinks at one sitting).
•	Most respondents believe that college students are more approving of binge drinking than they are themselves (compare Q53 & 54).
•	Roughly 40 percent of the Iowa City/Coraville respondents spontaneously mention alcohol-related problems when asked about the most important problems facing 18-25 year olds.
•	Underage drinking ranks first among a series of perceived community problems. Illegal drug use, drunken driving, binge drinking and underage smoking ranked second to fifth respectively.
•	Relatively few Iowa City/Coraville residents reported experiencing (directly or indirectly) and potential secondary effects of drinking such as: someone driving erratically, public urination, verbal or physical assault or noise disturbances.
•	Among potential secondary effects only disorderly conduct and public urination were clearly seen as linked with alcohol use.
•	The most prevalent explanation given for why students drink alcohol is that such behavior is simply part of the social life of college.
•	Relatively few respondents attributed student drinking to the leniency of bar owners toward underage drinking, the number of bars or convenience stores selling alcohol, or low priced promotions of alcoholic beverages by bars.
•	Public policies aimed at reducing problems related to drinking that receive majority support include: strictly enforcing laws dealing with fake IDs, the sale of alcohol to underage or intoxicated individuals; and support for laws that immediately revoke driver's licenses for

	drunken driving and the purchase of alcohol by minors.
•	Policies with relatively low public support include: registration of beer kegs, police "sting" operations, creating alcohol -free areas near Kinnick Stadium, lowering blood alcohol standards for drunk driving offenses, or prohibiting underage patrons from remaining after 10 p.m. in establishments serving alcohol.
•	There is little public support for policies aimed at restricting alcohol-related advertising or price reductions of alcoholic beverages. Roughly half the respondents do favor providing health and safety messages regarding alcohol use.
•	Public support for various policies is correlated with individual drinking behavior, age, gender, and the perceived seriousness of underage drinking as a community problem. Support is not correlated with education level or the perceived second-hand effects of alcohol consumption.
•	While these data provide a view of attitudes among Iowa City/Coralville residents, similar survey data from other Iowa Communities are needed in order to determine if Iowa City/Coralville provide a community environment that is relatively more or less conducive to underage drinking.