

# Designing a Cerro Gordo County Alcohol Surveillance System

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## Why the Concern with Alcohol and Substance Use?

Iowa has the second highest binge drinking rate in the US and Cerro Gordo County is in the top third of counties for excess alcohol drinking rate. The county also has the second highest injury death rate, many of which are directly or indirectly attributable to alcohol and substance use (e.g., 15<sup>th</sup> highest alcohol-driving death rate). Alcohol and substance use-related harms constitute a substantial burden of disease to the community that comes at a considerable economic cost, putting a heavy demand on local resources such as police, fire, and emergency departments, schools, employers, and public health. Improving safety and health in the county can improve the quality of life, worker productivity, and family well-being, potentially saving county resources for non-reactive service investments.



## Context to Inform the Discussion

Following a presentation by PSC that reviewed demographic, economic, health, and safety conditions in Cerro Gordo County, coalition members shared other key facts and features of the region deemed important for framing our regional health and safety design workshop.

Summarizing the key ideas that emerged from more than 30 responses, participants noted that the region is economically stagnant with relatively low collaboration between nearby counties. Violence, homelessness, and substance use are on the rise. There are fewer children and families and the total population is getting smaller. The area is becoming more diverse, and family poverty is high.

Community resources are a strength and the county serves as an important service and employment hub for the north-central region of the state (though it is isolated from larger metro hubs). The county also has excellent public institutions, collaborative community organizations, engaged city leaders, and active businesses and employers. These and other groups work together to improve wellbeing across the county. **See Appendix Table 1 to learn more.**

## Community Strengths

The county has many assets available to support community groups and motivated individuals in their efforts to address some of the most significant health, safety, and economic issues in the area. Leveraging strengths and building on current and past successes is a winning strategy.

### Medical

- Primary care physician rate (2nd)
- Mental health provider rate (4th)
- Mammograph rate (5th)
- Dentist rate (6th)
- Insured rate (16th)
- Flu vaccine rate (18th)

### Health

- Access to exercise (6th)
- Physical activity (16th)
- Adult smoking (25th lowest)
- Adult obesity (33rd lowest)
- Twelfth largest local public health agency in the state

### Location

- High-value nature resources
- Strong cultural assets
- Community leadership with vision
- Excellent infrastructure
- People who care
- NIACC
- Diversity



# Pressing Problems in the Community

A large-group discussion exploring the array of pressing problems facing the county generated 47 responses. Problems ranged from alcohol and substance use (22 mentions) to childcare (4 mentions). Alcohol, tobacco, and substance use concerns were particularly attuned to youth use (vaping, drinking, substance use), the risk environment (sales, easy access), and alcohol-related problems such as binge drinking and cultural acceptance of alcohol, tobacco, and substance use. Other concerns included crime (5 mentions), mental health (4 mentions), homelessness (2 mentions), and culture (e.g., apathy and family issues). **See Appendix Table 2.**

Break-out discussions enabled a deeper dive into the county's challenges and pressing problems. Small-group discussions produced 63 concerns. Working together, members of each group generated and clustered ideas into a small number of broad themes. All three groups produced a *substance use* cluster and two groups produced themes around *family, violence, mental health, and homelessness & poverty*. Other themes included *blight, cultural norms, economic challenges, the judicial system, demographic changes, and social factors*.

With a short list of problem areas, each group then ranked themes according to how important, critical, or pressing they were to the county. All three groups identified *substance use* as an important issue that warranted community action and intervention. Two groups identified *mental health* as a high-importance issue, ranking this issue as 2<sup>nd</sup> and 4<sup>th</sup> most important, respectively. Scanning across the three work groups, we observed that substance use-related issues appeared in several different thematic areas (e.g., needle use/disposal sites in the health cluster, drug courts in the judicial cluster, and substance use in the mental health cluster). In short, participants identified substance use as a deeply embedded community problem with harms emerging in many community contexts. Moving forward, the county is advised to leverage its prevention, treatment and recovery assets to mitigate substance use harm. **See Tables 3, 4, & 5.**

Top Ranked Big Ideas	
Group 1	
1	Substance Use
2	Mental Health
3	Violence
Group 2	
1	Blight
2	Substance Use
3	Economic Challenges
Group 3	
1	Cultural Norms/ Policy
2	Health*
2	Judicial System*
2	Social Factors*
2	Substance Use*
*even distribution of votes	

## Three Big Questions to Guide Action

The small-group pressing problem discussions offered each team the opportunity to wrestle with a question that best summarized the key problem they agreed to tackle. Pushing the problem space back into a framing question is a helpful way to bring us back to the question, “What are we trying to accomplish?” From that challenge, three questions emerged:

How do we improve how people in substance use recovery feel supported by the community?

How do we establish community policy to address blight with the purpose of reducing substance use and alleviate economic challenges?

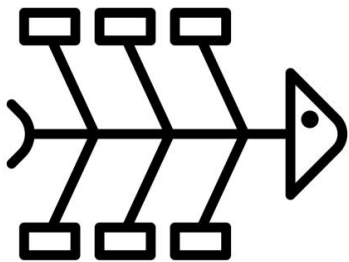
How do we change attitudes and beliefs around substance use and misuse?

## Looking Upstream to Design Prevention Initiatives

Using the framing questions as a guide, break-out groups discussed upstream fundamental causes of the county's health and safety challenges. To move that conversation forward, each team was tasked to identify the causes of a single big problem area. Causes were organized into six domains (e.g., economic, environmental). A benefit of brainstorming about the causes of a big community problem or challenge is that it helps us to identify data elements for potential inclusion in a county health and safety surveillance system. Another benefit of drilling into the upstream causes of community problems is that it can help us think strategically about where to channel sometimes scarce prevention resources.

Thinking about the causes of community problems encourages us to consider some indirect and distant, not-too-obvious places where problems emerge, rather than just the proximate ones. The further upstream we can push our thinking about causes, the further we can push our prevention efforts. This improves our chances of reducing harm by giving us more time and more points of intervention before problems become crises. Prevention initiatives that address more than a single cause, including ones that mitigate many harms, are especially high value.

Nearly 70 upstream  
risk factors; six  
domains; three big  
challenges



With a total of 67 upstream causes in hand, NIAPA is well-positioned to start thinking about measurable, actionable, and impactful solutions. Across the three groups, the *economic* domain generated the most causes, with 16 total ideas, followed by *family & community* (15 total ideas). The *environmental* domain generated 11 ideas, followed by the *political* domain (9 ideas). *Behavior & lifestyle* and *culture* generated eight ideas apiece.

How do we improve how people in substance use recovery feel supported by the community? This group identified 20 upstream causes of alcohol and substance use problems in the county. The largest number of causes were thought to be economic (e.g., low-paying jobs, low cost of ATOD), followed by environmental risks such as *alcohol outlets, heavy alcohol advertising, and sponsorships*. Family & community issues included *single-parent households, lack of social connectedness, and generational trauma*, while political obstacles included *liquor licenses and liquor sales tax*. **See Appendix Figure 1 for the full causal model.**

How do we establish community policies to address blight with the purpose of reducing substance use and alleviating economic challenges? Thirty causes of substance use emerged from the community blight discussion. The largest number of perceived causes were family and community issues like *childcare* and *single-parent households*, economic issues such as *high-quality/paying jobs*, the need for *job training*, and the importance of *growing the workforce*. Environmental risks like *blighted properties* and *absentee landlords*, and political issues such as *limited policies regarding properties and liabilities* were also mentioned. **See Appendix Figure 2**

How do we change attitudes and beliefs around substance use and misuse? Seventeen upstream causes of alcohol and substance use were identified. Causes in the political and family & community domains generated the most attention and ideas. A *lack of family support, stigma associated with substance use, alcohol prevalence at social and cultural events* (e.g., baby showers, weddings, festivals), and a culture of *risky decision-making* were all seen as contributing to the rise in alcohol, tobacco, and substance use problems in the county. **See Appendix Figure 3**

## Health & Safety Data Needs

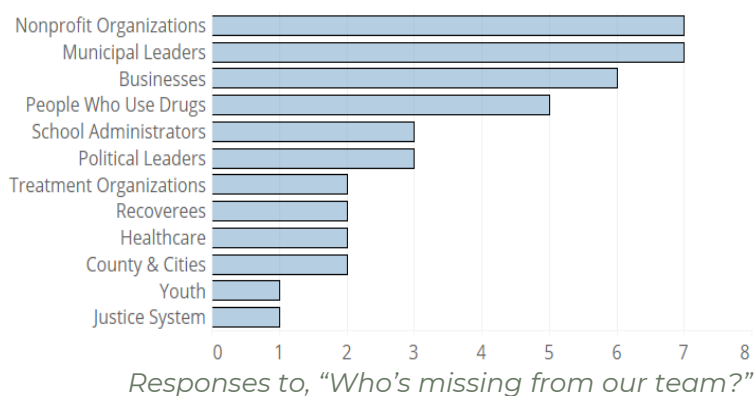
It can sometimes feel overwhelming to think about all the people and places needing attention. Knowing where and how to start is often the hardest part. Beyond that, when programs and interventions are no longer working, it can be challenging to know whether to course correct, invest more resources, or pull the plug on efforts that aren't having the impact we had hoped. That's where data can really come in handy.

Having access to the right kind of data when we are making the daily small decisions and the less frequent, but really big decisions that impact our communities improves our chances of making the right call. In our experience, the 'right kind of data' are timely, accurate, relevant, and interpretable to the data user. For this reason, it is valuable for coordination teams to think about the kinds of data that can help address the problems identified by the NIAPA working group. Toward that end, we brought our three groups back together into a large group and asked them to think about the kinds of data that would be needed to measure, monitor, and mitigate community risks and harms.

The group identified 46 different data domains and data elements that could help them address issues involving alcohol, tobacco and substance use, mental/physical health, violence, blight, economic challenges, culture (e.g., norms and traditions) policies, and issues related to the criminal justice system. The most referenced data captured health, safety, and well-being dimensions. These included, for example, the Iowa violent death database, emergency room and addiction treatment admission data, datasets that measure lifestyle and behaviors such as the Behavioral Risk Factors Surveillance System and its youth survey equivalent, and data about mental health. A number of suggestions pointed to local, city and county data such as call for service data, housing and built environment listings, information on rented/owned homes, and abandoned properties. Collectively, the list of data elements suggest there is a substantial opportunity to strengthen county surveillance through robust measurement of alcohol and substance use, including upstream risk factors and downstream harms. **See Appendix Table 6 for complete list.**

*Good data, properly used, can help us cut through the fog and make those critical decisions to improve health and safety*

## Knowing & Growing our Partners



Near the end of the workshop, the group was asked to again think about the community problems they are committed to solving and identify people and organizations missing from the discussion. This generated 42 ideas clustered across 12 domains. The largest stakeholder domains were non-profits and municipal leaders (7 each), the business community (6 mentions), people who use drugs, and political leaders (5 each).

What is really exciting about the stakeholder list the group generated is that it stands to significantly expand the collaboration network. Non-profits, municipal leaders, and the business community, for example, can bring unique skills in grant writing, speed, and a results-driven mentality. We challenged the group to reach out to these individuals and organizations, including those who could help obtain data to support initiatives. **See Appendix Table 7.**



## Recommendations & Next Steps

	<p><b>Monitor AODs.</b> The CDC recommends close monitoring and evidence-based regulation of alcohol outlet densities to protect public health and improve community safety. Invest in an easy-to-use, AOD surveillance system that includes alcohol outlets, liquor sales and violations data, alcohol-related harms (e.g., crime), and co-occurring risks such as substance use.</p> <p><a href="https://iowa-aod.github.io/Dashboard/Policy/">https://iowa-aod.github.io/Dashboard/Policy/</a></p>
	<p><b>Build the Data Team.</b> We advocate first integrating people and then integrating data. With an actionable list of data sets and many local data providers (e.g., hospitals, jails, treatment centers, and medical examiners), begin outreach to establish data partners. Identify data literacy levels within Cerro Gordo County Public Health and any gaps in conducting quantitative health surveillance. We can use this information to design a data system that matches local expertise and needs.</p>
	<p><b>Expand the Collaboration Network.</b> The team developed an excellent list of individuals and organizations that can help address the county's challenges. Begin reaching outside the NIAPA network to potential partners and start finding common areas for collaboration. This might include, for example, implementing an occasional alcohol-free community event, labor force re-entry programs for people leaving treatment, and grant-writing teams to fund innovative health initiatives.</p>
	<p><b>Plan for Action.</b> Once you have an alcohol and substance use data surveillance system up and running, you'll be ready to <i>do things</i> with it. That might include targeted education campaigns with AC4C partners, ramping up NARCAN supplies and training among first responders, county-wide coordination to lower intoxicated driver deaths, firearm safety programming with trusted community leaders, or data briefs for the city councils. Getting an early start on action planning will enable immediate returns on your surveillance system investment.</p>
	<p><b>Think Social.</b> In both the 'pressing problems' and 'causes' discussions, the team identified many of what are known as social determinants of health. The social determinants framework situates community problems like excess mortality, substance use, and poor mental health within a social context, including the built environment (e.g., blight, alcohol outlet densities), health care access, education, and economic conditions, for example. PSC developed a web-based, interactive tool that maps areas in Cerro Gordo County by the level of social determinants.</p> <p><a href="https://publicsciencecollaborative.shinyapps.io/sdoh/">https://publicsciencecollaborative.shinyapps.io/sdoh/</a></p>
 <p>Recovery</p>	<p><b>Grow Recovery.</b> Another potential opportunity to consider is the Iowa DHHS funding to support the creation of Recovery Community Centers. Recovery Community Centers use a peer-based model to promote long-term recovery, local advocacy, and volunteerism. Growing your local recovery coach capacity can also help take some pressure off prevention and treatment services. We created recovery community reports for Mason City and Clear Lake, which can help you learn more about your existing recovery resources and infrastructure.</p> <p><a href="https://recovery-iowa.org/community-profiles/">https://recovery-iowa.org/community-profiles/</a></p>



Appendix Table 1

<b>Important facts about the county, including Mason City &amp; Clear Lake</b>	
Low regional social capital, declining social cohesion (violence), economic stagnation, and high substance use, but strong community resources. It's the regional hub, but the hub is far and isolated from larger metro hubs.	Not much apparent collaboration between neighboring counties and CG
	Increase in violence
	Increased firearm violence
	Regional economic lag
	Economically depressed
	Saturation of Kratom and CBD retailers
	Substance use is a major issue
Becoming smaller and with fewer children and families, more diverse, rising homelessness, mental health problems, and substance use, high family poverty (outmigration of economically mobile families?).	Rural
	Becoming more diverse
	Families living below poverty line
	Declining school enrollment, but an increase in needs
	Over 50% of kids get free/reduced lunch
	Decline of school enrollment, younger families moving away
	Growing homeless population
Good public institutions (NIACC, CGPH, MCPD community orgs, city government) and private ones (healthcare, retail, regional economy) that work together.	Significant increase in homeless population
	Mental health is a major MC challenge
	Lots of mental health struggles
	Strong community resources
	Main area for employment in North Iowa
	NIACC is a great resource
	Strong public health
	Twelfth largest local public health agency in the state
	Retail and medical hub for North Iowa
	Strong city government in both Mason City and Clear Lake
	Isolated from other urban centers
	Regional hub
	Three liquor stores within 3 blocks N Federal Ave
	Law enforcement agencies work well together
	Have a lot of people that come here from other areas of the state to receive services
	Draws many from surrounding counties for resources
	Groups (civic, schools, private) that care about kids



*Appendix Table 2*

<b>Problems to be Solved</b>
Acceptable (ATOD)
Access (ATOD)
Alcohol
Alcohol & substance related concerns; underage consumption
Although well scoring healthcare, it is sparse because we provide care for a 14 co region which isn't reflected in county rankings...hard to access treatment, services
Apathy
Binge drinking
blight/delapidated buildings
Childcare (4 mentions)
Decrease in substance use/abuse
Decrease in illegal activity
Exposure
High violence
Homelessness
Homelessness /housing
Improved access to treatment services and resources
Increase in STI rates among school-aged children.
increasing family income
keeping those with mental health/ SUD
Lack of access to mental health services
Mental health
Out of judicial system
Over-saturation (exposure) to alcohol, tobacco, & other dangerous products
Parent-teen relationships/communications
Perception of how violent our community is
Problem areas in city
Problem areas in city
Reduce access to youth
Reduce alcohol-related deaths, injuries
Reduce cultural acceptance of binge drinking
Reduced fear/stigma with vaping, CBD, marijuana
Seatbelt use
Substance use issues
The proliferation of vaping, nicotine, & other substance addictions
Too much access to problem substances
Underage alcohol and CBD purchasing
Underage alcohol and tobacco sales
Underage consumption
Underage drinking
Underage sales
Use of problem substances
Vape awareness
Wait list for services, specifically mental health services
Youth and adult binge drinking



Appendix Table 3

Top Ranked Idea Clusters (Group 1)	
<b>1<sup>st</sup> Alcohol &amp; Substance Use</b>	Alcohol
	Exposure to alcohol marketing
	culture of binge drinking
	Vapes
	Underage substance use
<b>2<sup>nd</sup> Mental Health</b>	Concentration of liquor stores on north end
	Deterioration of neighborhood (north end)
	Increase in mental health issues
	Increase in substance use and increase in mental health
	Wait list for mental health services
<b>3<sup>rd</sup> Violence</b>	Increase in police calls that are mental health related
	Lack of respect for authority
	Violence in community
	Exposure or fear of exposure to children
	School attendance, parent involvement
Family	Family dynamics - unhealthy
	Childcare
	Lack of low barrier shelter
Homelessness & Poverty	Homelessness
	Inadequate resources
	Poverty

Appendix Table 4

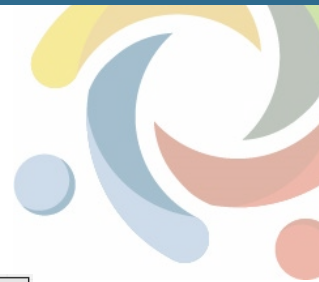
Top Ranked Idea Clusters (Group 3)	
<b>1<sup>st</sup> Cultural Norms &amp; Policy</b>	Increase perception of risk or substance use
	Needle exchange program laws
	Stigma reduction
	Educate schools with compelling data
	Political acceptance of controversial harm-reduction strategies
	Sensitive info dispensing
	Low perception of risk (Marijuana)
<b>2<sup>nd</sup> Health*</b>	Needle exchange program
	Needle disposed sites needed
<b>2<sup>nd</sup> Judicial*</b>	Drug court alcohol not covered....cover all addictions
	Drug diversion program vs jail
<b>2<sup>nd</sup> Social*</b>	Lack of social events without alcohol
	Increase positive support systems
	More positive opportunities for youth (keep them occupied)
<b>2<sup>nd</sup> Alcohol Substance Use*</b>	Illegal alcohol and other product sales
	Cluster- access and exposure to alcohol & tobacco

\*even distribution of votes resulted in a 4-way tie for 2<sup>nd</sup> ranking

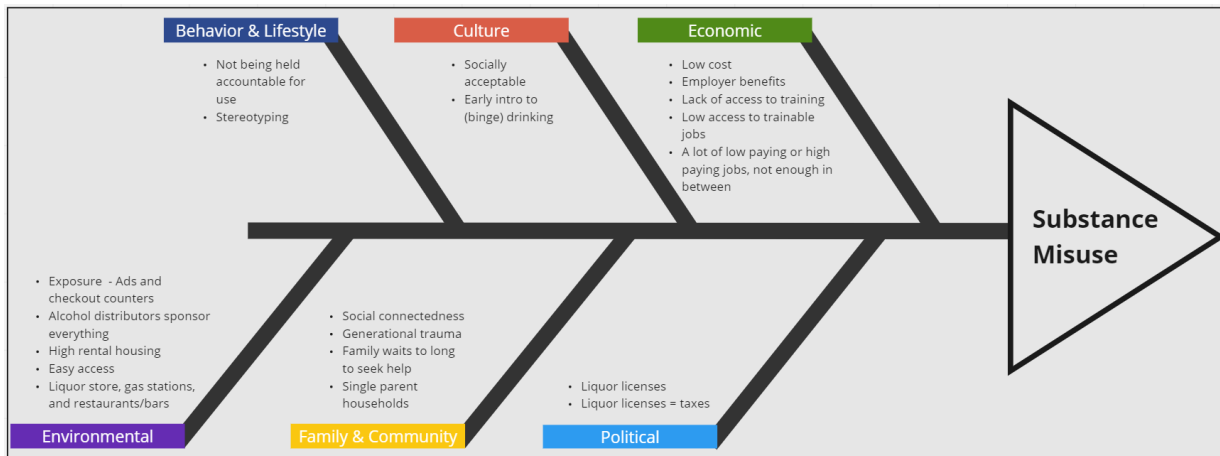
Appendix Table 5

Top Ranked Idea Clusters (Group 2)	
<b>1<sup>st</sup> Blight</b>	Work on problem areas in Mason City
	Blight/Run down buildings
	Property sitting empty, abandoned commercial areas
<b>2<sup>nd</sup> Alcohol &amp; Substance</b>	Remote working - leaving town
	Access to substances in adjacent counties and state border
	Community norms and apathy
	Adult binge drinking, underage alcohol sales
	Youth vaping increase
<b>3<sup>rd</sup> Economic Challenges</b>	Increase in other products - vaping, CBD, etc.
	Reduced stigma - vaping, CBD, marijuana
	Loss of funding
	Family income limited
	Loss of people effects county revenue
<b>4<sup>th</sup> Mental Health</b>	Lack of higher level jobs
	Mental health
	Mental health concerns - access to help, stigma, keeping them out of trouble
Family	Access to quality childcare
	Decrease in school numbers and young families
	Not attracting young adults - repelling
County Level	
Youth and Job	Improve mentoring programs
Health	Increase in STI/HIV diagnosis
Homelessness & Poverty	Homelessness and hunger
Population Age Increase	Raising average age
Violence/Gun	Seniors in workforce
	Increase in violence
	Gun violence

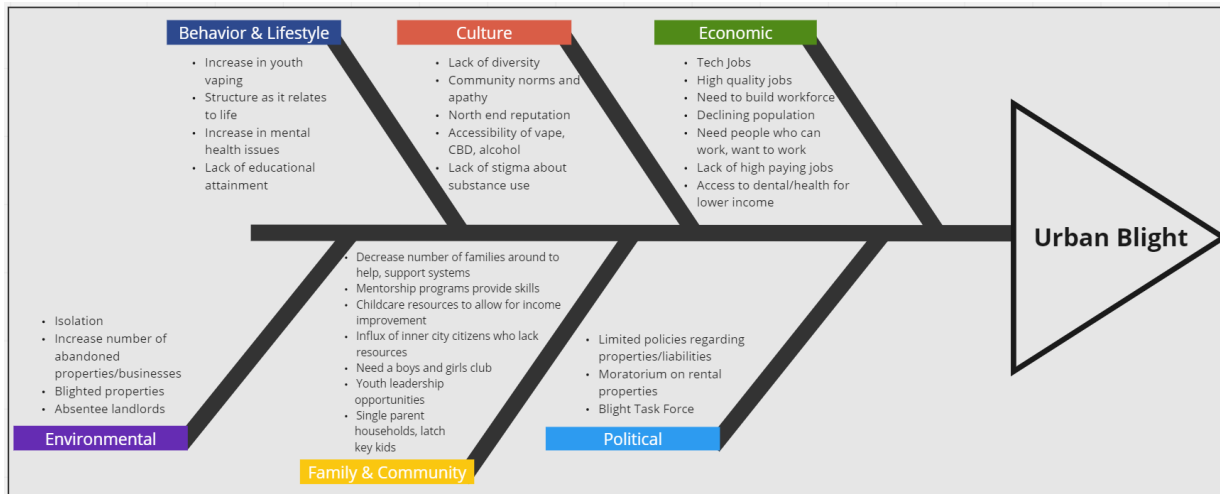




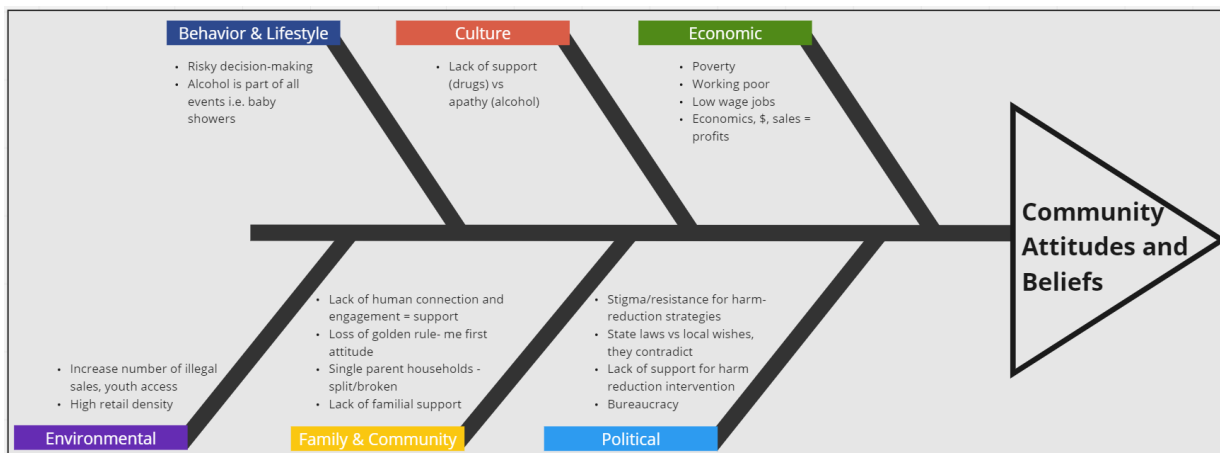
Appendix Figure 1



Appendix Figure 2



Appendix Figure 3





Appendix Table 6

### Data needs to address the problem

A list of resources individual, community and civic govts can access to improve/secure blighted areas
Are they a veteran
Blighted property inventory
BRFSS
Call for service data
Calls for service
Child Abuse/Neglect Data
commitment from local government
Costs of substance related tax dollars expenses
Economic sales of substances
ER admission data for substance use/misuse
Feedback from community about interest in improvement/change
Friends of the Family, northern lights homeless shelter
How child abuse correlates with substance misuse.
How many of those would be better served with mental health and SUD treatment as opposed to incarceration
Information from MH/treatment organizations about client base
Iowa Violent Death Database
Iowa Youth Survey perceptions
Jail/police data about mental health
List of limits - potential solutions, funding
List of partners who can be part of the solution
Location of abandoned properties and businesses
Map of abandoned properties
MCPD Justice Coordinator client data for the past 5 years
Mental health patients that end up getting criminal charges pressed against them
National youth behavior survey
National Youth Data
Need to identify landlords who own the blighted properties
Number of abandoned properties and how many calls for service to these
Number of arrests taking place in and around blighted areas
Number of violations or fines at these properties
Property owners need to be aware of grants and help available
Rentals to homeowners in cluster areas.
School mental health and counseling
Single parent household.
Single parent households info
Single parent households...can we overlap that with other data sets
Survey adult attitudes and beliefs
Treatment data
Who else has done something similar - can we review it and replicate it?

Appendix Table 7

Stakeholder Group	Potential Collaborators
Businesses	Business sector
	Business Representation
	Chamber of Commerce
	Private sector
	Representatives of larger businesses: Kraft, Smithfield, Cement
	Chad Schreck
County & Cities	Members from outlying areas in the county
	Cities
Faith Groups	The Pope
Healthcare	Mercy's data person
	MercyOne - Debbie Abben
Justice System	Court system
Municipal Leaders	City Administrators
	Board of Supervisors
	Local government representatives
	County Supervisor
	City government
	City Administrators
	County Planning and Zoning
Nonprofit Organizations	Friends of the Family
	Northern lights homeless shelter
	More non-profits
	County coalition members
	NIACC
	NIAPA
	CICS/CSS
People with Lived Experience	Consumers-youth and adult
	People struggling with addiction
	Consumers (those struggling with misuse)
	John Derryberry
	John Derry Berry
	People in recovery from substance misuse
	Recovered individuals
School Administrators	School admin
	Member of schools
	Pat Hamilton, MC Schools
Political Leaders	State government representatives
	Political Leaders
	Political leaders
Treatment Organizations	Major Treatment Organizations/Partners
	Mental Health Stakeholders
Youth	Students and youth representatives