1. Johnson County Public Health (JCPH) will contribute a cash match of $8,700 to the AmeriCorps HealthCorps Project due upon execution of a contract with IPHA. JCPH also will commit to contributing supervisory time and offices resources for the AmeriCorps staff.

2. The JCPH Community Health Manager (CHM) will be responsible for the direct supervision of the AmeriCorps HealthCorps member in the Community Health Division. The CHM will coordinate a panel to interview and select an AmeriCorps HealthCorps staff member. The CHM will orient, train and evaluate the HealthCorps member and work with the HealthCorps member in program development and report to the developments to the AmeriCorps HealthCorps program director. Finally, the CHM will comply with all the responsibilities listed in the Host Site Supervisor Essential Duties and Responsibilities and Host Site Expectations document.

The CHM has similar responsibilities and duties for the staff in the JCPH Community Health Division. She has worked at JCPH for 13 years and been in supervisory positions for 10 years. The CHM has a master’s in public health nursing and is a certified clinical nurse specialist in community health.

3. a. Community members of Johnson County have recognized obesity as a top health problem and have incorporated a plan to decrease obesity rates in its Community Health Improvement Plan for the next five years. Data specific to Johnson County is lacking. The largest school district, Iowa City Community School District (ICCSD), collects Body Mass Index (BMI) data for all children grades four through twelve through grant funding. In 2009, ICCSD data indicate that 23.9% of students had a BMI greater than or equal to the 85th percentile of the BMI-for-age growth charts. The lack of BMI data for younger ICCSD children and all children living in the more rural areas of Johnson County leaves the picture of childhood obesity rates in Johnson County incomplete. Despite this limitation, community members still recognize the impact that overweight and obesity can have on health care costs, quality of life, and disease outlook.

   b. In recognition of the increased need for local data and obesity prevention programs, the Johnson County Obesity Task Force was established. Its mission is to provide leadership in the development, support, and implementation of evidence-based policy, systems, and environmental change programs to decrease obesity rates in children living in Johnson County.

In response to the interests and needs discussed at the county-wide Obesity Summit in January 2008, Johnson County Public Health initiated a community Obesity Task Force in March 2009. Its mission is to provide leadership in the development, support, and implementation of evidence-based policy, systems, and environmental change programs to decrease obesity rates in children living in Johnson County.
This task force is the largest asset the Johnson County community has when addressing obesity prevention programs across the county. Over the last year, the Task Force has provided opportunities for community partners to share projects, develop new ideas, coordinate efforts around obesity prevention, and foster community support. In March 2010, the Task Force utilized the CDC’s Recommended Community Strategies and Measurements to Prevent Obesity in the United States to begin the development of a strategic plan. The Johnson County Obesity Task Force Strategic Plan was finalized in June 2010, providing a framework to address the unique obesity prevention needs in Johnson County. There are 47 current coalition members including representatives from school districts, recreation centers, university departments, and local community organizations.

c. JCPH will document the health impact and/or benefits of the Obesity Task Force and the AmeriCorps HealthCorps staff member’s program efforts to reduce obesity in children in the rural and urban settings of Johnson County through measurement and analysis of percentage of goals, objectives, and strategies met.

4. a. JCPH routinely recruits program participants and collects and documents data on participant attendance at health education events and programs. JCPH conducts self-reported surveys (pre- and post-program) with participants on their change in knowledge and intent to utilize recommended health behavior change. JCPH will collect and document the above-mentioned data for the AmeriCorps HealthCorps program efforts as well. The JCPH-HealthCorps #1 goal will be to reach 300+ people over a 12 month period with health education, health literacy, nutritional, and physical activity programs.

b. The JCPH-HealthCorps #2 goal will be that 60% of the people who participate in the above-mentioned programs will indicate on a self-report survey that they have increased their health knowledge on wellness and intend to increase their physical activity.

5. JCPH is utilizing two community structures to address obesity in Johnson County. First, community members of Johnson County have recognized obesity as a top health problem and have incorporated a plan to decrease obesity rates in its Community Health Improvement Plan for the next five years. Forty community members periodically attend the Community Health Improvement Plan (CHIP) Meetings. The members represent business, government, schools, and faith-based entities. A core group of the CHIP is focused on reducing obesity through improving nutrition and physical exercise.

**Community Health Improvement Plan to Reduce Obesity**

**Goal 1:** Assess workplace environments & determine how supportive they are in encouraging healthy nutrition and physical activity behaviors by January 1, 2011. Further goals will be set based on environment assessment results.

**Goal 2:** Continue Coordination with the Johnson County Obesity Task Force.

Second, in recognition of the increased need for local data and obesity prevention programs, the Johnson County Obesity Task Force was established. Its mission is to provide leadership in the development, support, and implementation of evidence-based policy, systems, and environmental change programs to decrease obesity rates in children living in Johnson County. The Johnson County Obesity Task Force Strategic Plan was finalized in June 2010, providing a framework to address the unique obesity prevention needs in Johnson County. There are 35 current coalition members including representatives from school districts, recreation centers, university departments, and local community organizations.
Obesity Task Force Strategic Plan

Goal 1: During 2010 and 2011 the Johnson County Obesity Task Force (local community coalition) will convene twelve times to address obesity prevention programs.

Goal 2: By August 2011, the Johnson County Obesity Task Force will identify an assessment tool to be used to review the wellness policy, and its implementation, of each school district with students who live in Johnson County.

Goal 3: By school year 2011/2012, students who live in Johnson County will have their height and weight tracked on a growth chart at the beginning of each school year.

Goal 4: By December 2011, Johnson County Obesity Task force will encourage school districts with students who live in Johnson County to evaluate the availability of school activity facilities for public use.

Goal 5: By August 2012 the Johnson County Obesity Task Force will develop a physical activity promotional program which could be implemented in all school districts with students living in Johnson County.

6. JCPH addresses the dimensions of diversity; age, education, ethnicity, gender, income, geographic location, and family status in a variety of its programs. Age is addressed by the child health program and WIC program. Education is addressed in the JCPH nursing service program to the Head Start programs in the county. Ethnicity is addressed in the HIV outreach and the Child Health programs to Hispanic, African-American, and Asian populations. The JCPH HIV program does outreach to gay and bisexual men. The Maternity program provides prenatal education and referral for women. The WIC program addresses nutritional needs of low-income women and children. Rural populations in the county have been served by the Eat Better, Move More program for seniors. Families as a group have been served by JCPH programs at school-based “Family Night Out” sessions with health information, nutritional education, and physical activities. Faith-based groups have been reached through special health fairs and outreach to “Victory Temple” to provide immunizations for children.

7. The JCPH Community Health Manager (CHM) will be responsible for the direct supervision of the AmeriCorps HealthCorps member in the Community Health Division. The CHM will coordinate a panel to interview and select an AmeriCorps HealthCorps staff member. The CHM will orient, train and evaluate the HealthCorps member and work with the HealthCorps member in program development and report the developments to the AmeriCorps HealthCorps program director. Finally, the CHM will comply with all the responsibilities listed in the Host Site Supervisor Essential Duties and Responsibilities and Host Site Expectations document.

The CHM has similar responsibilities and duties for the staff in the JCPH Community Health Division. She has worked at JCPH for 13 years and been in supervisory positions for 10 years. The CHM has a master’s in public health nursing and is a certified clinical nurse specialist in community health. The CHM has 29 year history of writing, managing, and accomplishing grant goals under maternal child health, HIV, immunization, tobacco, and tuberculosis grant regulations and guidelines.

8. JCPH has not had previous involvement with the Iowa Commission on Volunteer Services, AmeriCorps, or other national public service programs. JCPH has had extensive experience with volunteers from the community and colleges in the area. The most recent experience with volunteers was utilizing volunteers to staff the H1N1 response clinics.