

Executive Report

2018 Community Health Needs Assessment

Johnson, Cedar, Washington, Muscatine & Iowa Counties, Iowa

Prepared for:
Mercy Iowa City

By:
Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68137-2316
www.PRCCustomResearch.com

2018-1210-02
© December 2018



This document and the information contained herein are embargoed until edited to include:

- the results of prioritization*
- an evaluation of past work to address health priorities*



Professional Research Consultants, Inc.

Table of Contents

Introduction	5
Project Overview	6
Project Goals	6
Methodology	6
IRS Form 990, Schedule H Compliance	10
Summary of Findings	11
Identified Health Needs of the Community	11
Data Tables: Comparisons With Benchmark Data	13
Community Description	23
Population Characteristics	24
Total Population	24
Urban/Rural Population	26
Age	28
Race & Ethnicity	30
Linguistic Isolation	32
Social Determinants of Health	34
Poverty	34
Education	38
Employment	39
General Health Status	40
Overall Health Status	41
Self-Reported Health Status	41
Mental Health	42
Suicide	43
Key Informant Input: Mental Health	43
Death, Disease & Chronic Conditions	46
Cardiovascular Disease	47
Age-Adjusted Heart Disease & Stroke Deaths	47
Prevalence of High Blood Pressure & High Blood Cholesterol	50
Key Informant Input: Heart Disease & Stroke	51
Cancer	52
Age-Adjusted Cancer Deaths	52
Cancer Incidence	53
Cancer Screenings	54

Key Informant Input: Cancer	55
Respiratory Disease	56
Age-Adjusted Chronic Lower Respiratory Disease Deaths	57
Asthma Prevalence	57
Key Informant Input: Respiratory Disease	58
Injury & Violence	59
Unintentional Injury	59
Intentional Injury (Violence)	60
Key Informant Input: Injury & Violence	61
Diabetes	62
Prevalence of Diabetes	62
Key Informant Input: Diabetes	63
Alzheimer's Disease	64
Key Informant Input: Dementias, Including Alzheimer's Disease	64
Kidney Disease	66
Key Informant Input: Chronic Kidney Disease	66
Potentially Disabling Conditions	67
Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions	67
Vision & Hearing Impairment	69
Infectious Disease	71
HIV	72
HIV Prevalence	73
Key Informant Input: HIV/AIDS	73
Sexually Transmitted Diseases	75
Chlamydia & Gonorrhea	75
Key Informant Input: Sexually Transmitted Diseases	76
Immunization & Infectious Diseases	77
Key Informant Input: Immunization & Infectious Diseases	77
Births	78
Birth Outcomes & Risks	79
Low-Weight Births	79
Infant Mortality	80
Key Informant Input: Infant & Child Health	80
Family Planning	82
Births to Teen Mothers	82
Key Informant Input: Family Planning	83
Modifiable Health Risks	84
Nutrition, Physical Activity, & Weight	85

Nutrition	85
Physical Activity	88
Weight Status	90
Key Informant Input: Nutrition, Physical Activity, & Weight	92
Substance Abuse	93
Excessive Drinking	94
Key Informant Input: Substance Abuse	95
Tobacco Use	97
Cigarette Smoking Prevalence	97
Key Informant Input: Tobacco Use	98
Access to Health Services	99
Lack of Health Insurance Coverage	100
Difficulties Accessing Healthcare	101
Key Informant Input: Access to Healthcare Services	101
Primary Care Services	103
Access to Primary Care	103
Oral Health	104
Dental Care	105
Key Informant Input: Oral Health	105
Local Resources	107
Healthcare Resources & Facilities	108
Hospitals & Federally Qualified Health Centers (FQHCs)	108
Health Professional Shortage Areas (HPSAs)	109
Resources Available to Address the Significant Health Needs	110
Appendix	112
Evaluation of Past Activities	113

Introduction

Project Overview

Project Goals

This Community Health Needs Assessment is a systematic approach to determining the health status, behaviors, and needs of residents in the service area of Mercy Iowa City. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

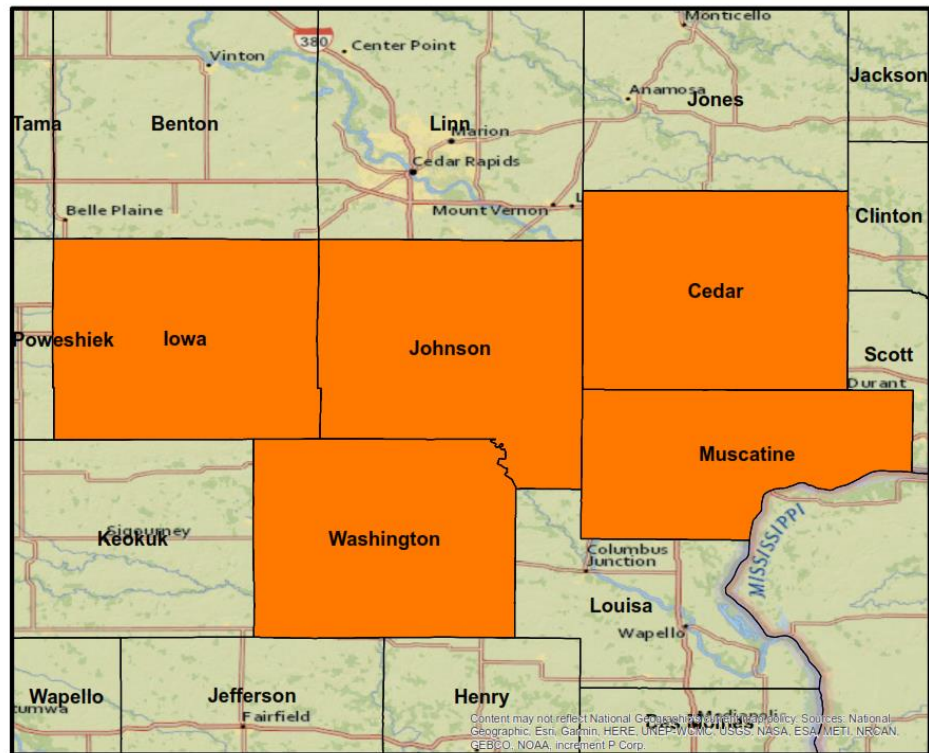
This assessment was conducted on behalf of Mercy Iowa City by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes secondary research (vital statistics and other existing health-related data) that allows for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through the Online Key Informant Survey.

Community Defined for This Assessment

The study area for this effort (referred to as the “Total Service Area” in this report) includes five Iowa counties: Johnson, Cedar, Washington, Muscatine, and Iowa. This community definition, determined based on the areas of residence of most recent patients of Mercy Iowa City, is illustrated in the following map.



Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was implemented as part of this process. A list of recommended participants was provided by Mercy Iowa City; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 32 community stakeholders took part in the Online Key Informant Survey, as outlined in the following table:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physicians	7	6
Public Health Representatives	7	3
Other Health Providers	9	6
Social Services Providers	7	5
Other Community Leaders	34	12

Final participation included representatives of the organizations outlined below.

- City of Coralville
- City of North Liberty
- Clear Creek Amana Schools
- Coralville Police Department
- Iowa City Area Chamber of Commerce
- Iowa City Area Development Group
- Iowa City Community School District
- Iowa City Free Medical and Dental Clinic
- Iowa City Police Department
- Johnson County Ambulance Service
- Johnson County Public Health
- Johnson County Social Services
- Mercy Hospital Iowa City
- Mercy Hospital Emergency Care Unit
- Mercy Iowa City
- Mercy IC and Mercy Services
- Mercy Pediatric Clinic
- National Alliance on Mental Illness Johnson County
- Rural Health and Safety Clinic of Eastern Iowa
- United Action for Youth
- United Way
- United Way of Johnson & Washington Counties
- 4Cs: Community Coordinated Child Care

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was also consulted to complement the research quality of this Community Health Needs Assessment. Data for the service area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- [Center for Applied Research and Environmental Systems \(CARES\)](#)
- [Centers for Disease Control & Prevention](#)
- [Community Commons](#)
- [ESRI ArcGIS Map Gallery](#)
- [National Cancer Institute, State Cancer Profiles](#)
- [OpenStreetMap \(OSM\)](#)
- [US Census Bureau](#)
- [US Department of Agriculture, Economic Research Service](#)
- [US Department of Health & Human Services](#)
- [US Department of Justice, Federal Bureau of Investigation](#)
- [US Department of Labor, Bureau of Labor Statistics](#)

Note that data are not available for all counties for all measures (see footnotes for charts throughout this report).

Determining Significance

Differences noted in this report represent those determined to be significant. For the purpose of this report, “significance” of secondary data indicators (which might be subject to reporting error) is determined by a 5% variation from the comparative measure.

Information Gaps

While this assessment is quite extensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

In terms of content, this assessment was designed to provide a broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2017)	See Report Page(s)
Part V Section B Line 3a <i>A definition of the community served by the hospital facility</i>	6
Part V Section B Line 3b <i>Demographics of the community</i>	24
Part V Section B Line 3c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	110
Part V Section B Line 3d <i>How data was obtained</i>	6
Part V Section B Line 3e <i>The significant health needs of the community</i>	11
Part V Section B Line 3f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
Part V Section B Line 3g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	Pending 12
Part V Section B Line 3h <i>The process for consulting with persons representing the community's interests</i>	7
Part V Section B Line 3i <i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>	Pending 113

Summary of Findings

Identified Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (especially national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment		
Health Issue	Indicator(s)	Geographic Focus (County)
Access to Health Services	<ul style="list-style-type: none"> • Primary Care Doctors 	<i>All counties outside of Johnson Co.</i>
Cancer	<ul style="list-style-type: none"> • Cancer Deaths • Cancer Incidence <ul style="list-style-type: none"> ○ Prostate Cancer ○ Female Breast Cancer ○ Colorectal Cancer 	<i>Muscatine County</i> <i>Cedar County</i> <i>Johnson & Washington Cos.</i> <i>Washington, Muscatine & Iowa Cos.</i>
Dementias, Alzheimer’s Disease	<ul style="list-style-type: none"> • Ranked as a top concern among key informants. 	<i>All</i>
Diabetes	<ul style="list-style-type: none"> • Ranked as a top concern among key informants. 	<i>All</i>
Heart Disease & Stroke	<ul style="list-style-type: none"> • Stroke Deaths • High Blood Pressure 	<i>Iowa County</i> <i>Cedar County</i>
Infant Health & Family Planning	<ul style="list-style-type: none"> • Teen Births 	<i>Muscatine County</i>
Injury & Violence	<ul style="list-style-type: none"> • Violent Crime 	<i>Muscatine County</i>
Mental Health	<ul style="list-style-type: none"> • Ranked as the #1 top concern among key informants. 	<i>All</i>

— continued next page —

Areas of Opportunity (continued)		
Health Issue	Indicator(s)	Geographic Focus (County)
Nutrition, Physical Activity, & Weight	<ul style="list-style-type: none"> • Obesity [Adults] • Leisure-Time Physical Activity • Ranked as a top concern among key informants. 	<i>All counties outside of Johnson Co. Cedar & Muscatine Cos. All</i>
Oral Health	<ul style="list-style-type: none"> • Regular Dental Care 	<i>Cedar & Washington Cos.</i>
Respiratory Diseases	<ul style="list-style-type: none"> • Chronic Lower Respiratory Disease (CLRD) Deaths 	<i>Muscatine County</i>
Sexually Transmitted Diseases	<ul style="list-style-type: none"> • Chlamydia Incidence 	<i>Johnson County</i>
Substance Abuse	<ul style="list-style-type: none"> • Excessive Drinking • Ranked as a top concern among key informants. 	<i>All counties outside Washington Co. All</i>
Tobacco Use	<ul style="list-style-type: none"> • Cigarette Smoking Prevalence 	<i>Muscatine County</i>

Data Tables: Comparisons With Benchmark Data

The following tables provide an overview of secondary data indicators in the Total Service Area. These data are grouped to correspond with the Topic Areas presented in Healthy People 2020 and the areas addressed in the Online Key Informant Survey.














































Reading the Summary Tables

■ In the following charts, Total Service Area results are shown in the larger, blue column.

■ The columns adjacent to the Total Service Area column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether Total Service Area compares favorably (☀️), unfavorably (☹️), or comparably (⚖️) to these external data.

■ The purple columns to the far right provide comparisons between individual counties and national benchmarks, identifying differences for each as “better than” (☀️), “worse than” (☹️), or “similar to” (⚖️) the US.

Blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Social Determinants	Total Service Area	TSA vs. Benchmarks			Individual Counties vs. US Data				
		vs. IA	vs. US	vs. HP2020	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Linguistically Isolated Population (Percent)	2.7	 1.8	 4.5		 3.1	 0.2	 1.4	 3.0	 0.6
Population in Poverty (Percent)	14.4	 12.3	 15.1		 17.9	 6.4	 9.0	 11.4	 9.8
Population Below 200% FPL (Percent)	29.1	 29.6	 33.6		 30.7	 22.0	 28.4	 28.3	 26.6
Children Below 200% FPL (Percent)	30.0	 36.4	 43.3		 25.2	 25.9	 37.2	 38.6	 36.8
No High School Diploma (Age 25+, Percent)	7.5	 8.3	 13.0		 5.3	 6.6	 9.2	 13.1	 7.9
Unemployment Rate (Age 16+, Percent)	2.1	 2.4	 4.1		 2.0	 2.2	 2.2	 2.5	 1.7
		 better	 similar	 worse	Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				

Overall Health	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
Fair/Poor Overall Health (Percent)	9.1	9.5	15.7	
		better	similar	worse

Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
7.6	5.3	10.4	11.7	18.4
Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				

Access to Health Services	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
Uninsured (% Adults 18-64)	6.2	6.0	12.1	
Uninsured (% Children 0-17)	2.7	2.6	4.7	
Primary Care Doctors per 100,000	180.1	84.0	87.8	
		better	similar	worse






Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
6.3	4.4	6.2	7.0	4.7
2.7	2.4	3.2	2.7	2.5
267.7	27.2	72.5	51.3	73.3
Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				






Cancer	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	157.3	165.4	160.9	160.6
Mammogram in the Past 2 Years (Women 67-69, Percent)	70.1	68.5	63.1	
Prostate Cancer Incidence per 100,000	117.2	112.2	114.8	
Female Breast Cancer Incidence per 100,000	130.0	122.8	123.5	
Lung Cancer Incidence per 100,000	53.2	63.9	61.2	
Colorectal Cancer Incidence per 100,000	42.6	45.4	39.8	
		better	similar	worse
















Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
146.7	159.9	165.1	186.2	160.5
72.8	74.3	66.0	64.4	68.5
115.4	138.5	106.4	116.6	116.2
137.4	116.5	131.7	119.7	126.7
49.1	60.5	50.9	60.6	51.7
38.7	40.9	42.3	48.5	50.4
<p>Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				





















Diabetes	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
Prevalence of Diabetes (Percent)	7.0	8.5	9.2	
		better	similar	worse

Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
6.1	8.7	7.6	8.2	7.1
<p>Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				

Family Planning	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
Teen Births per 1,000 (Age 15-19)	19.1	 29.9	 36.6	
		 better	 similar	 worse

Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
 10.9	 17.1	 27.5	 47.6	 19.4
<p>Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				

Heart Disease & Stroke	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	154.7	 164.0	 168.2	 156.9
Stroke (Age-Adjusted Death Rate)	30.0	 33.5	 36.9	 33.8
Told Have High Cholesterol (Percent)	33.7	 37.9	 38.5	 13.5
Told Have High Blood Pressure (Percent)	25.0	 25.2	 28.2	 26.9
		 better	 similar	 worse

Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
 146.3	 153.7	 157.4	 176.6	 168.7
 26.3	 34.6	 28.9	 37.2	 40.2
 31.5	 32.9	 34.7	 37.2	 36.3
 23.0	 34.2	 24.6	 26.1	 28.4
<p>Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				

HIV	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
HIV Prevalence per 100,000	125.0	75.9	353.2	
		better	similar	worse

Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
171.7		44.1	42.8	36.6
Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				

Injury & Violence Prevention	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	36.7	42.0	41.9	36.0
Violent Crime per 100,000	278.4	270.6	379.7	
		better	similar	worse

Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
36.9	26.5	42.0	36.1	41.1
267.1	77.3	343.3	428.0	110.3
Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				

Maternal, Infant & Child Health	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
Low Birthweight Births (Percent)	6.6	6.8	8.2	7.8
Infant Death Rate	4.4	5.2	6.5	6.0
		better	similar	worse

Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
6.5	6.2	6.3	7.4	5.7
5.4	3.9	2.9	2.6	4.1
Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				

Mental Health	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
Suicide (Age-Adjusted Death Rate)	12.1	13.7	13.0	10.2
		better	similar	worse

Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
11.7			13.5	
Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				

Nutrition, Physical Activity & Weight	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
Population With Low Food Access (Percent)	12.9	21.4	22.4	
Prevalence of Obesity (BMI 30+)	27.2	31.1	27.5	30.5
No Leisure-Time Physical Activity (Percent)	20.1	22.7	21.8	32.6
		better	similar	worse

Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
12.6	21.1	9.1	11.1	15.8
23.5	31.6	31.2	33.9	31.1
17.4	26.8	22.2	23.5	21.6
Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				

Oral Health	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
Dental Visit in Past Year (Percent)	72.4	74.4	69.8	49.0
		better	similar	worse

Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
77.8	65.4	54.7	69.5	67.2
Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				

Respiratory Diseases	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	35.1	48.0	41.3	
Asthma Prevalence (Percent)	10.3	11.8	13.4	
		better	similar	worse

Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
29.9	37.3	32.0	53.6	33.2
11.3	6.6	11.3	9.8	9.5
<p>Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				

Sexually Transmitted Diseases	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
Gonorrhea Incidence per 100,000	41.9	53.1	110.7	
Chlamydia Incidence per 100,000	412.2	382.0	456.1	
		better	similar	worse

Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
58.9	10.9	13.6	28.0	6.1
522.4	174.0	177.2	364.2	183.7
<p>Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				

Substance Abuse	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
Excessive Drinker (Percent)	20.9	21.4	16.9	25.4
		better	similar	worse

Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
22.0	20.3	15.9	21.4	18.2
Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				

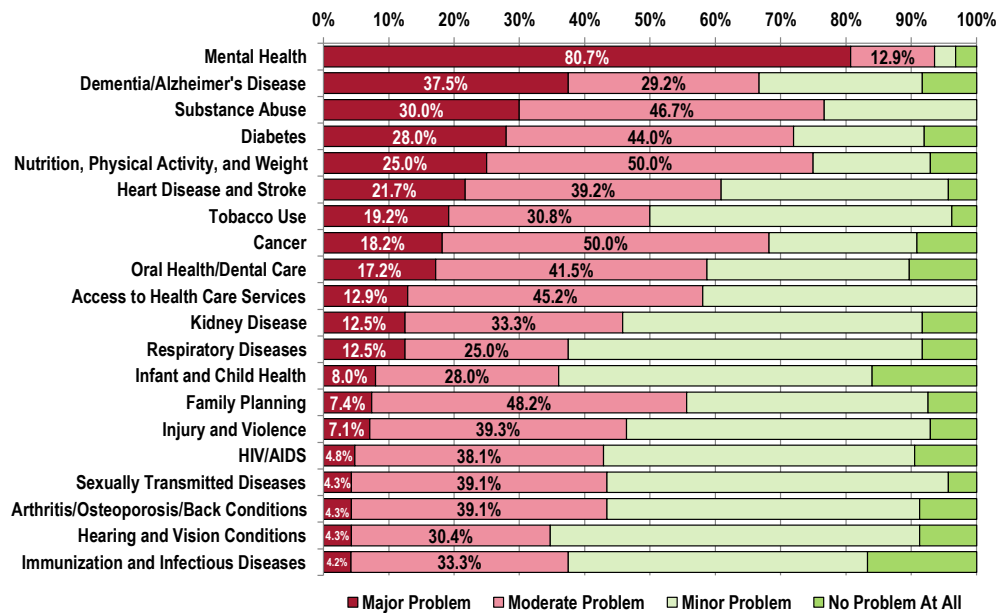
Tobacco Use	Total Service Area	TSA vs. Benchmarks		
		vs. IA	vs. US	vs. HP2020
Current Smoker (Percent)	15.4	11.2	18.1	12.0
		better	similar	worse

Individual Counties vs. US Data				
Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
13.3	18.2	17.5	21.4	12.2
Note: In the green section, each county is compared against US data. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Community Description



Professional Research Consultants, Inc.

Population Characteristics

Total Population

The five-county service area of Mercy Iowa City, the focus of this Community Health Needs Assessment, encompasses 2,786 square miles and houses a total population of 241,785 residents, according to latest census estimates.

Total Population
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Johnson County	142,006	614.03	231.27
Cedar County	18,389	579.44	31.74
Washington County	22,115	568.85	38.88
Muscatine County	42,949	437.44	98.18
Iowa County	16,326	586.46	27.84
Total Service Area	241,785	2,786.22	86.78
Iowa	3,106,589	55,856.49	55.62
United States	318,558,162	3,532,068.58	90.19

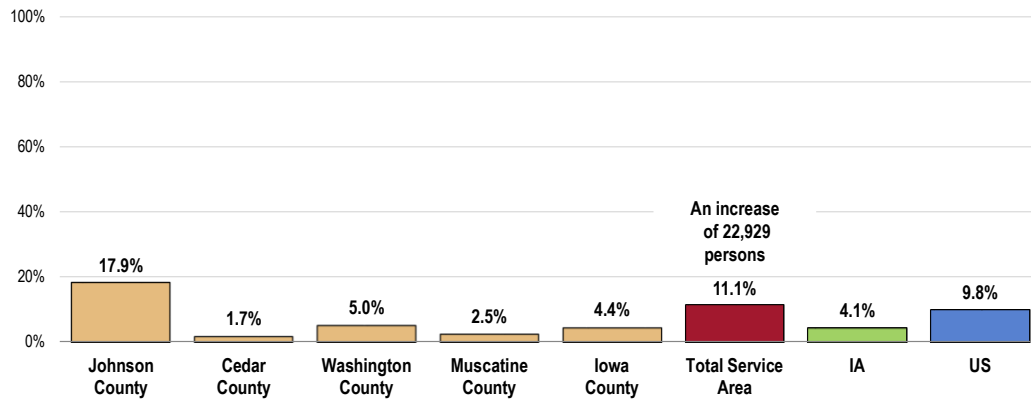
Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of the Total Service Area increased by 22,929 persons, or 11.1%.

- Both the Iowa and US populations increased during this time.
- The highest increase in total population was recorded in Johnson County.

Change in Total Population (Percentage Change Between 2000 and 2010)

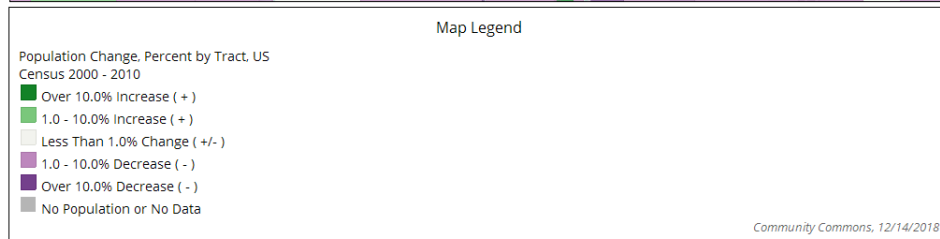
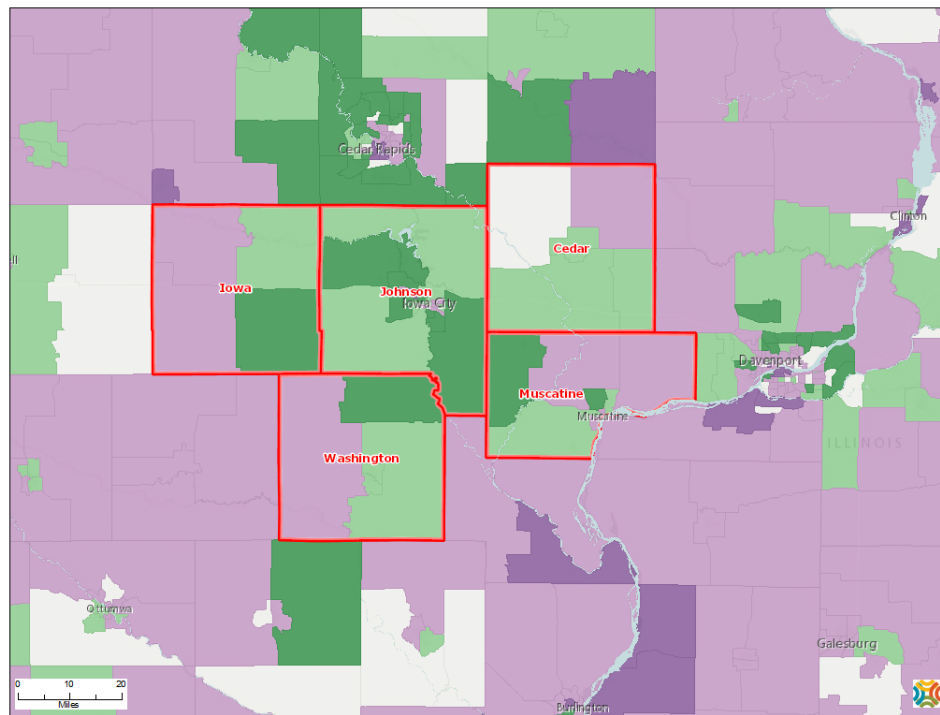


Sources:

- Retrieved August 2018 from Community Commons at <http://www.chna.org>.
- US Census Bureau Decennial Census (2000-2010).

Notes:

- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.



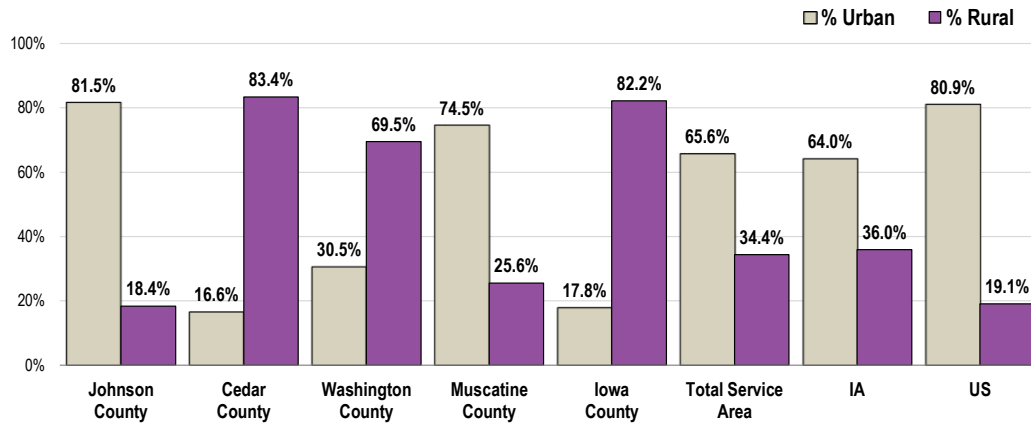
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

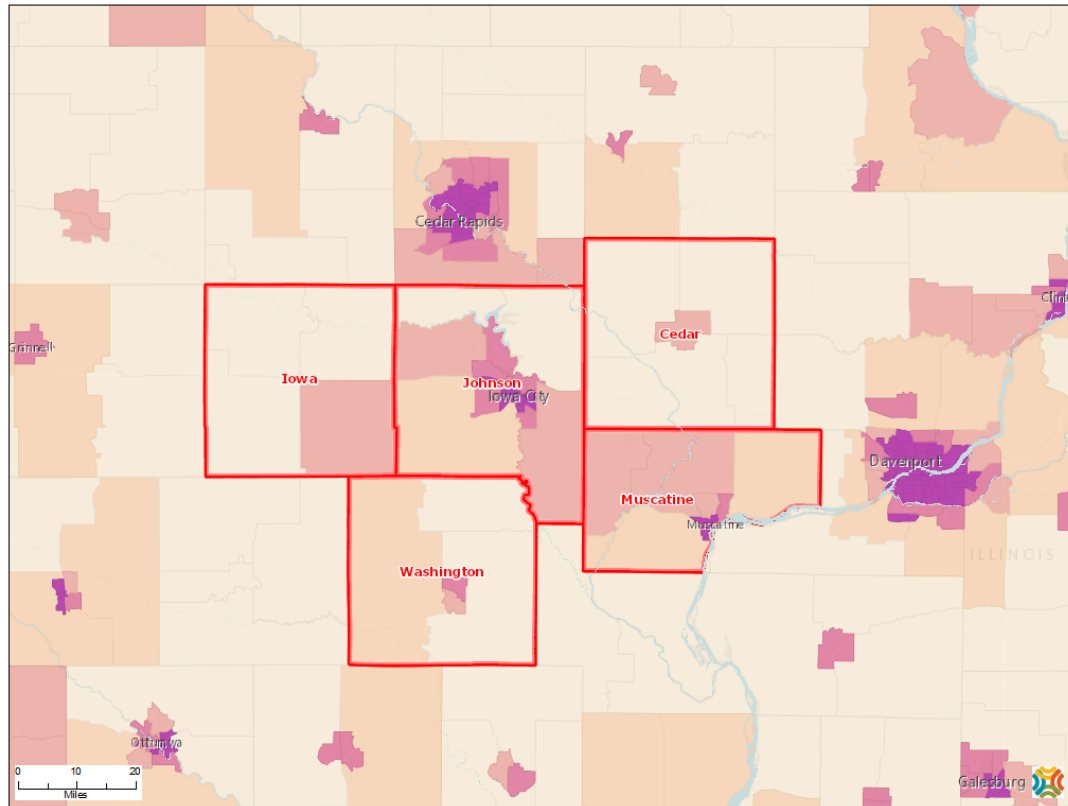
The Total Service Area is predominantly urban, with 65.6% of the population living in communities designated as rural.

- In contrast, approximately 64% of the state population and 81% of the national population live in urban areas.
- Viewed by service area, Johnson and Muscatine Counties are predominantly urban, while Cedar, Washington, and Iowa Counties are mostly rural.

Urban and Rural Population (2010)



- Sources:
- US Census Bureau Decennial Census.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.



Map Legend

Urban Population, Percent by Tract, US Census
2010

- 100% Rural Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Rural Population
- No Data or Data Suppressed

Community Commons, 12/14/2018

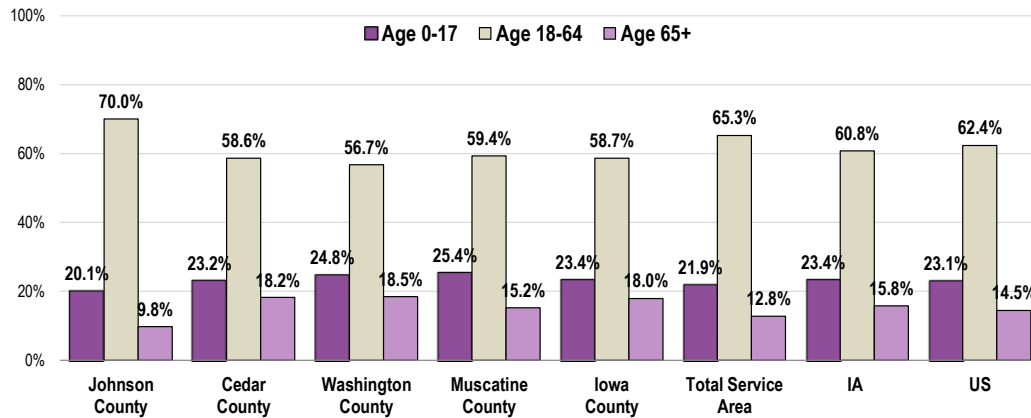
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Total Service Area, 21.9% of the population are infants, children, or adolescents (age 0-17); another 65.3% are age 18 to 64, while 12.8% are age 65 and older.

- The percentage of older adults (65+) is below what is found statewide or nationally.
- Viewed by county, Johnson County has the highest proportions of residents under age 65.

Total Population by Age Groups, Percent
(2012-2016)



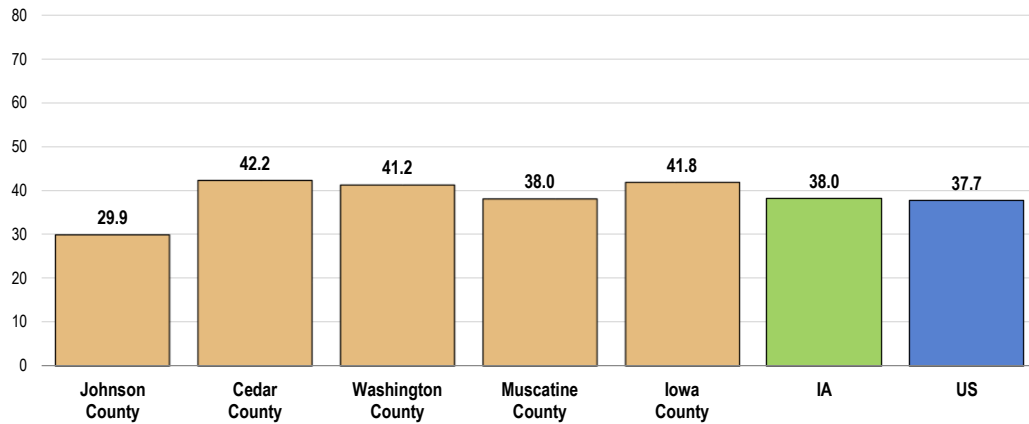
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

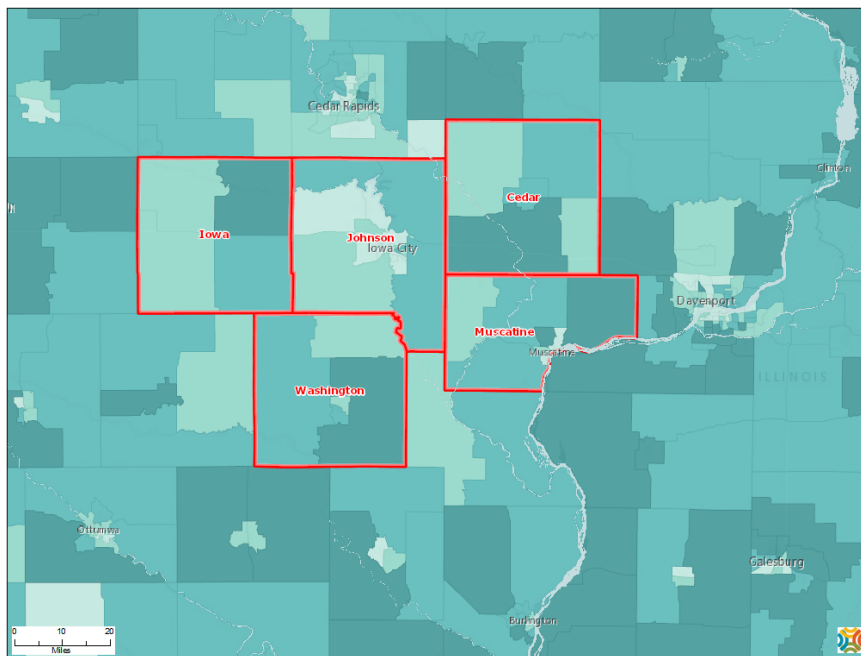
Median Age

Cedar, Washington, and Iowa counties are considerably “older” than the state and the nation in that the median ages are higher.

Median Age (2012-2016)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 - Median age not available for the Total Service Area.



Map Legend

Median Age by Tract, ACS 2012-16

- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

Community Commons, 12/14/2018

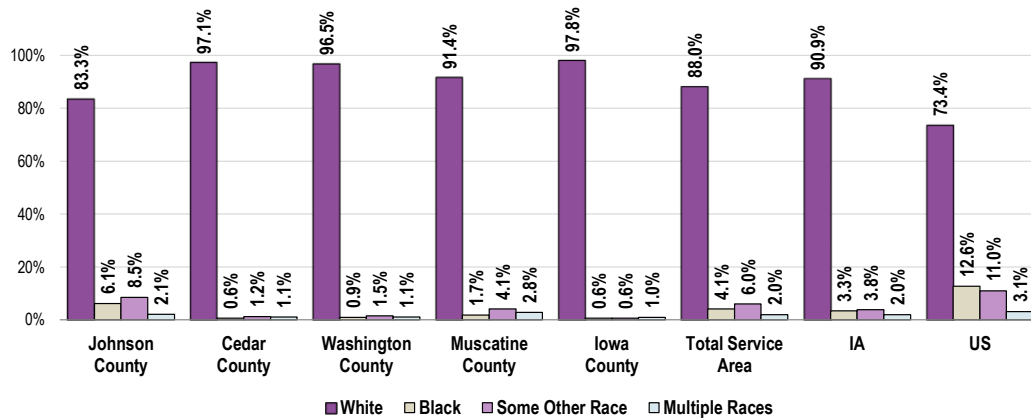
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 88.0% of residents of the Total Service Area are White, 4.1% are Black, 6.0% are some other race, and 2.0% reported multiple races.

- Similar to the statewide population, although much less diverse than found nationally.

Total Population by Race Alone, Percent
(2012-2016)



Sources:

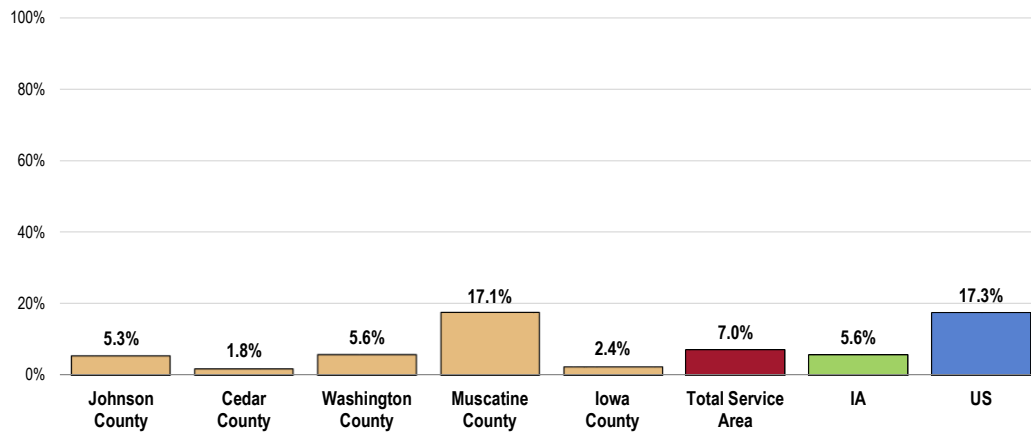
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

Ethnicity

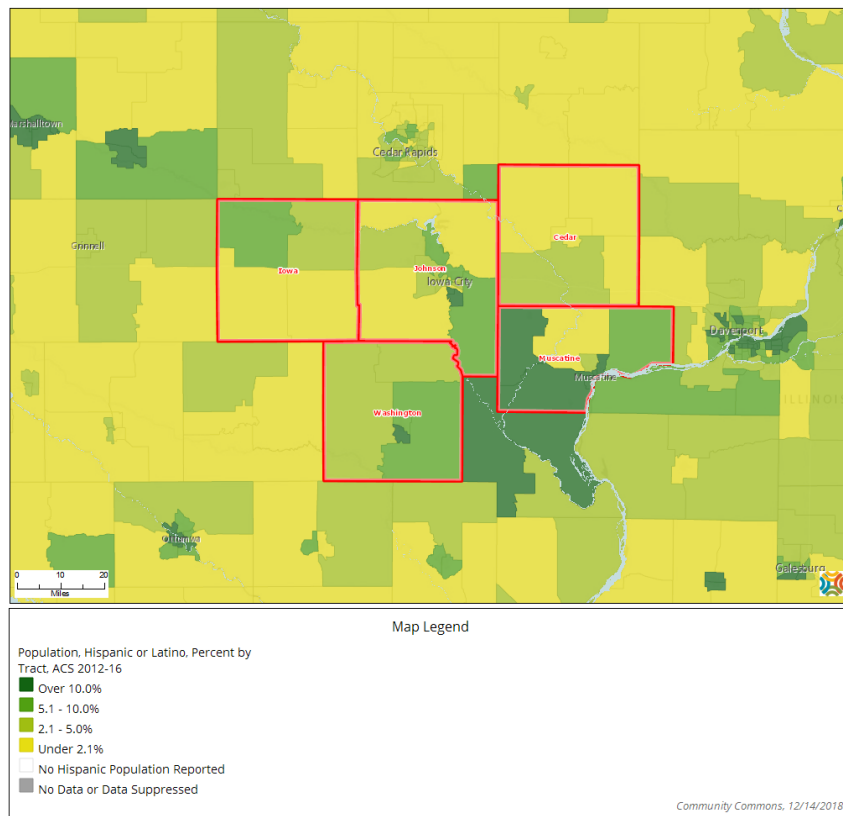
A total of 7.0% of service area residents are Hispanic or Latino.

- Much lower than the national percentage.
- Highest in Muscatine County.

Hispanic Population (2012-2016)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

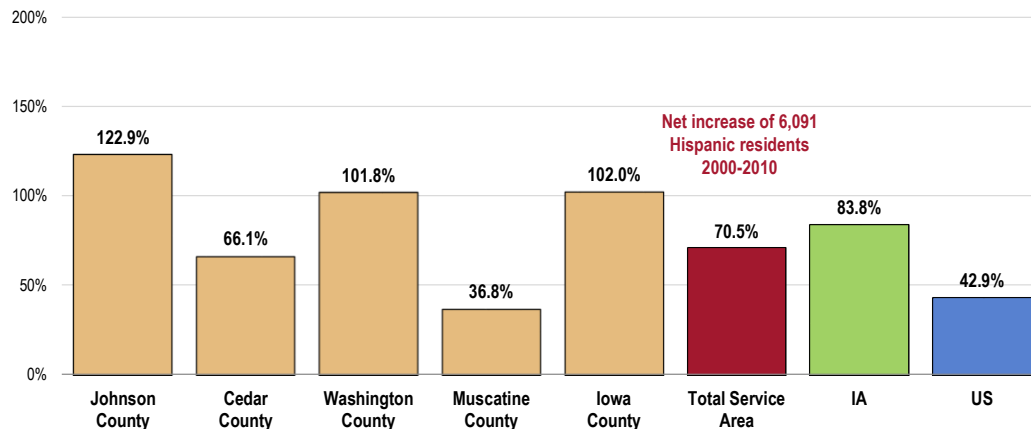


Between 2000 and 2010, the Hispanic population in the Total Service Area increased by 6,091 residents, or 70.5%.

- Similar (in terms of percentage growth) of that found statewide and higher than found nationally.
- The percentage growth was highest in Johnson County as lowest in Muscatine County.

Hispanic Population Change

(Percentage Change in Hispanic Population Between 2000 and 2010)



Sources:

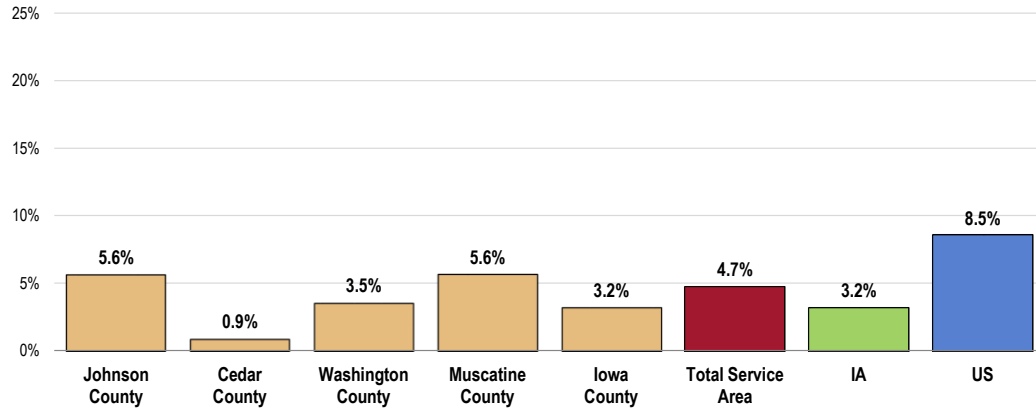
- US Census Bureau Decennial Census (2000-2010).
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

Linguistic Isolation

A total of 4.7% of the Total Service Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- Well below the US percentage.
- The highest reported linguistic isolation was in Johnson and Muscatine Counties.

Linguistically Isolated Population (2012-2016)

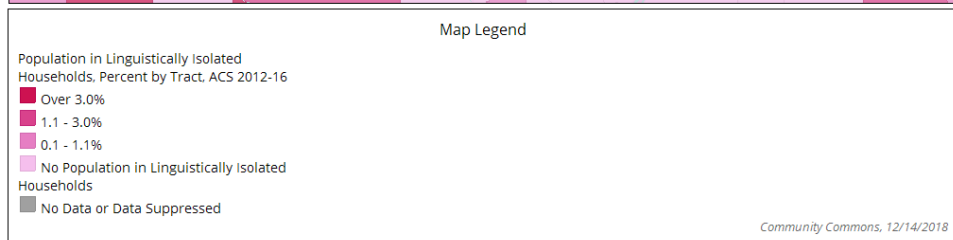
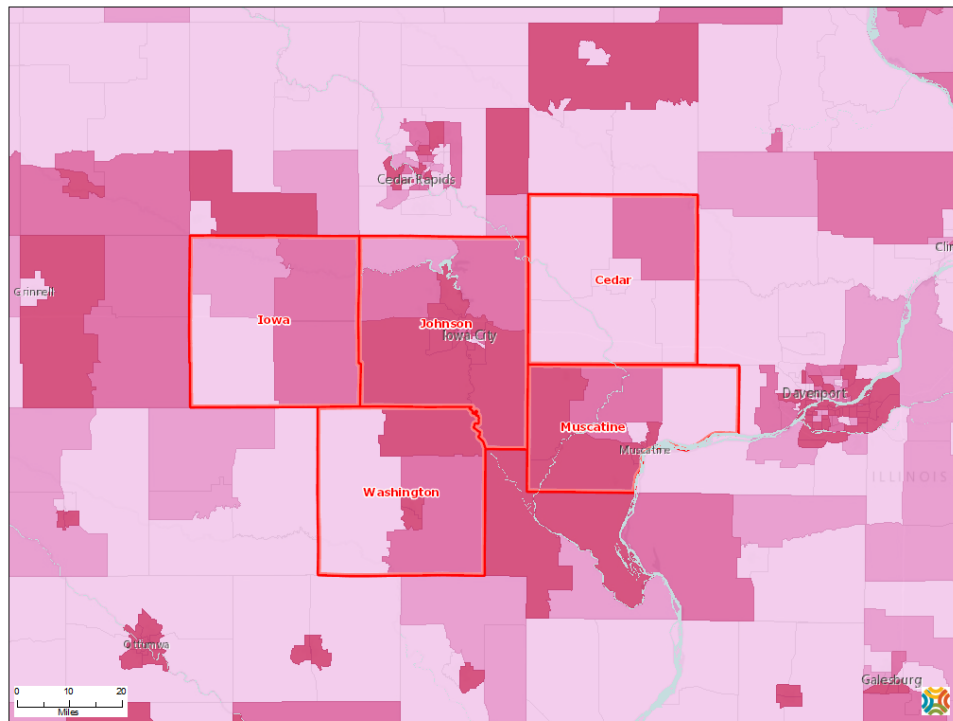


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

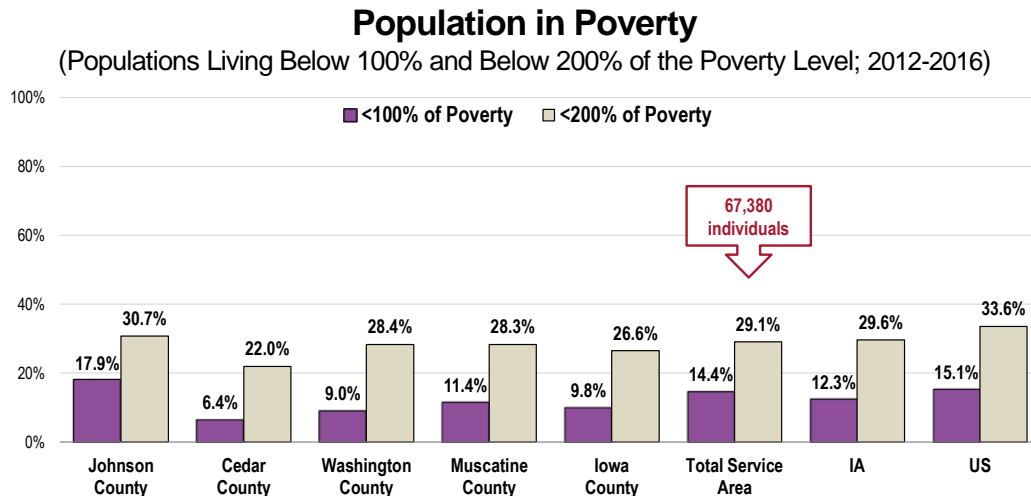
- Healthy People 2020 (www.healthypeople.gov)

Poverty

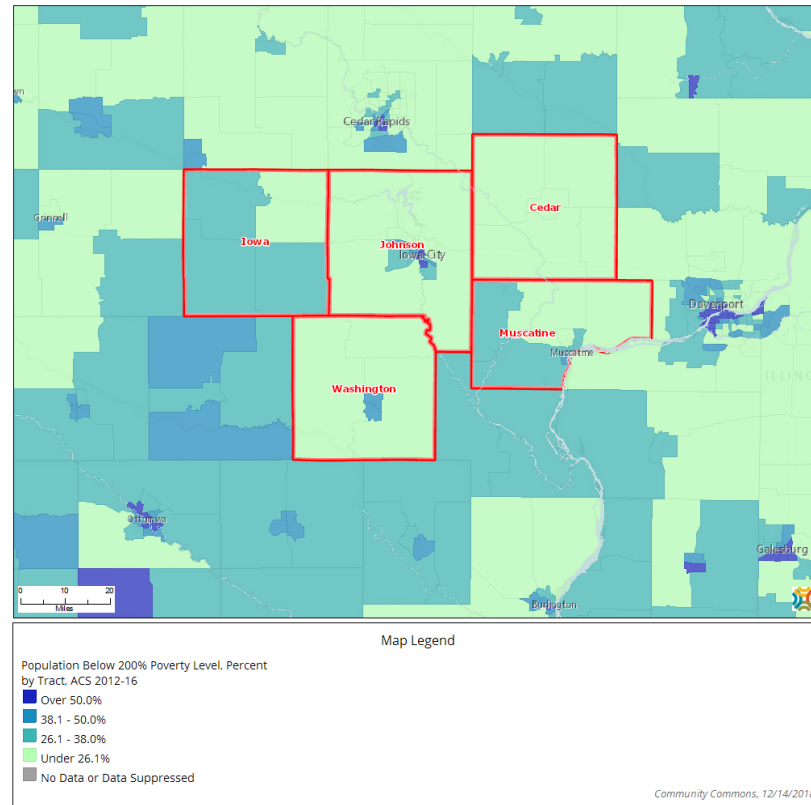
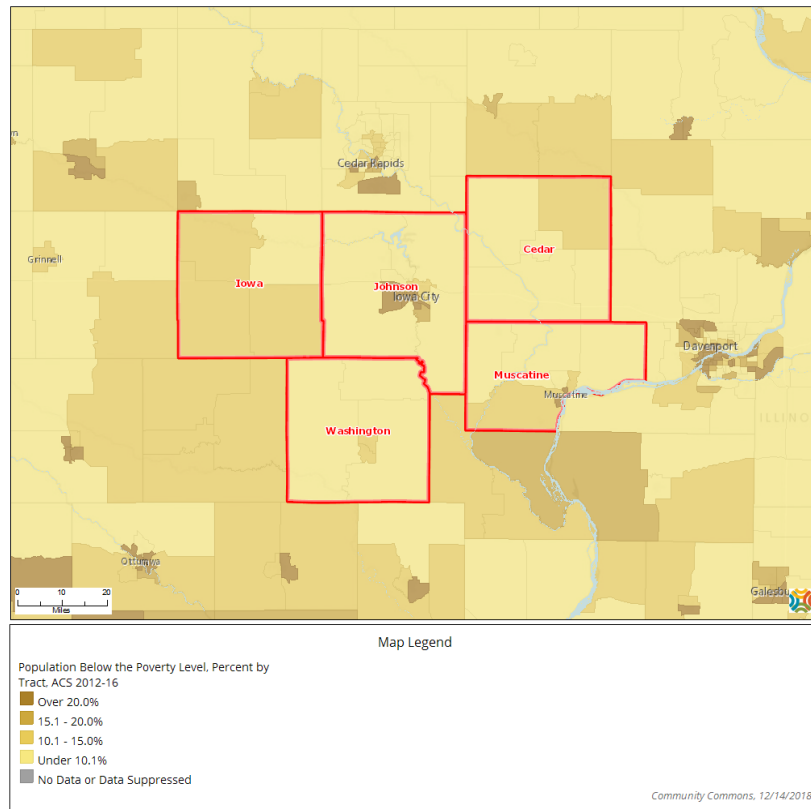
The latest census estimate shows **14.4%** of the Total Service Area population living **below the federal poverty level**.

In all, **29.1%** of service area residents (over 67,000 individuals) live **below 200% of the federal poverty level**.

- Note that poverty is highest in Johnson County.



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

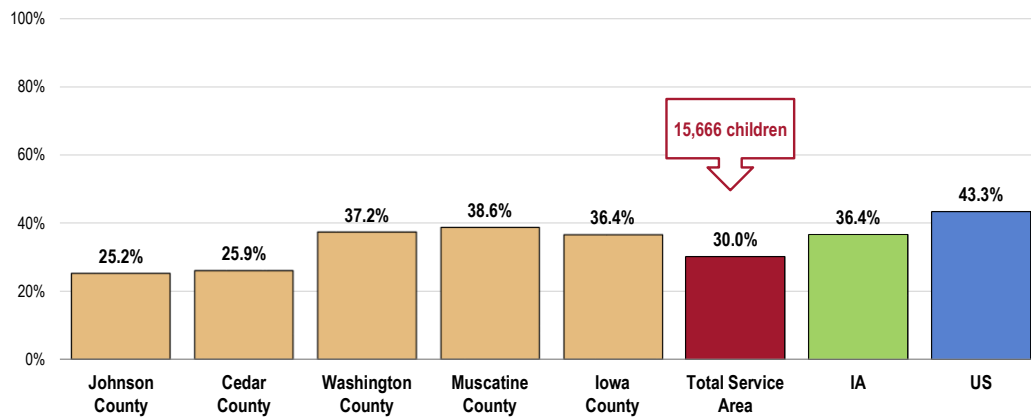


Children in Low-Income Households

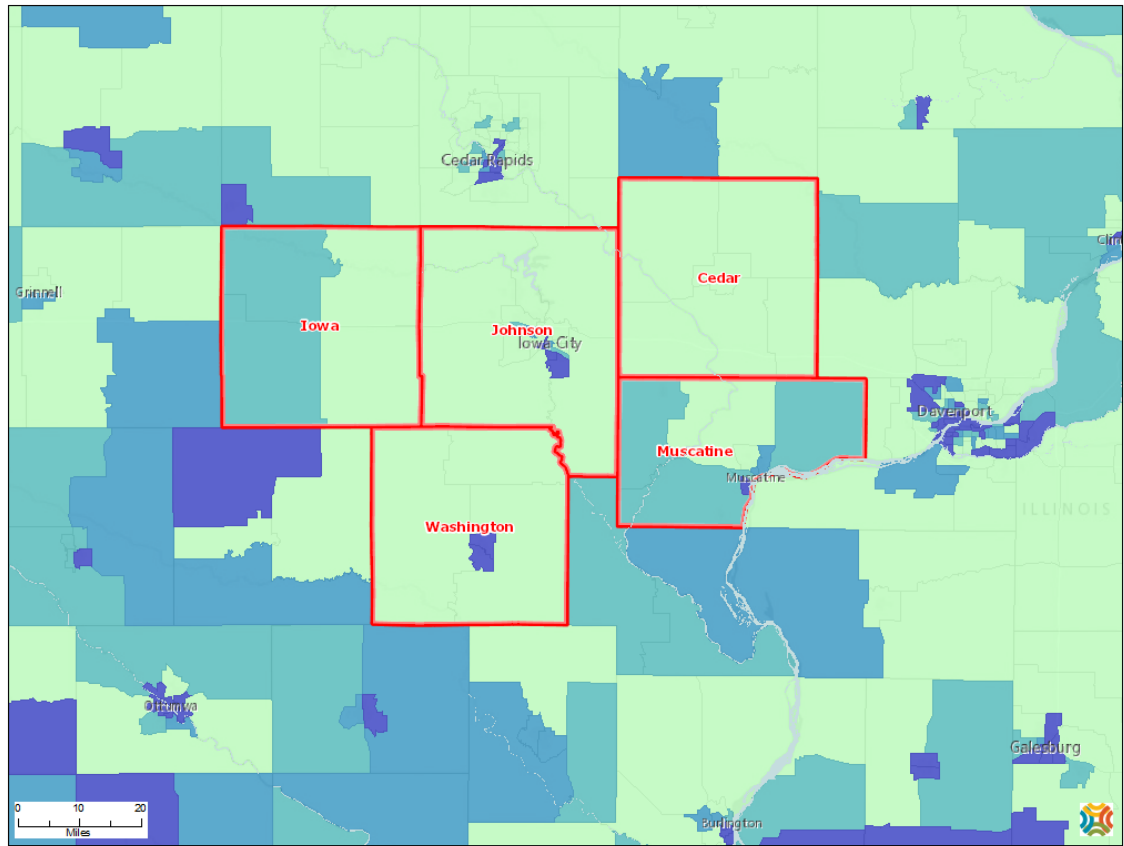
Additionally, 30.0% of Total Service Area children age 0-17 (representing an estimated 15,666 children) live below the 200% poverty threshold.

- Better than the proportion found statewide.
- Better than to the US proportion.
- Lowest in Johnson and Cedar County.

Percent of Children in Low-Income Households
(Children 0-17 Living Below 200% of the Poverty Level, 2012-2016)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



Map Legend

Population Below 200% Poverty Level, Children
(Age 0-17), Percent by Tract, ACS 2012-16

- Over 56.0%
- 47.1 - 56.0%
- 38.1 - 47.0%
- Under 38.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

Community Commons, 12/14/2018

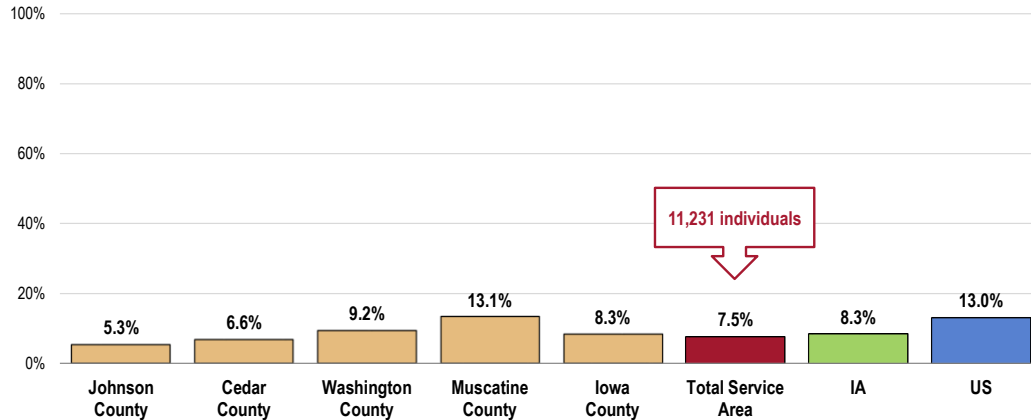
Education

Among the Total Service Area population age 25 and older, an estimated 7.5% (over 11,231 individuals) do not have a high school diploma.

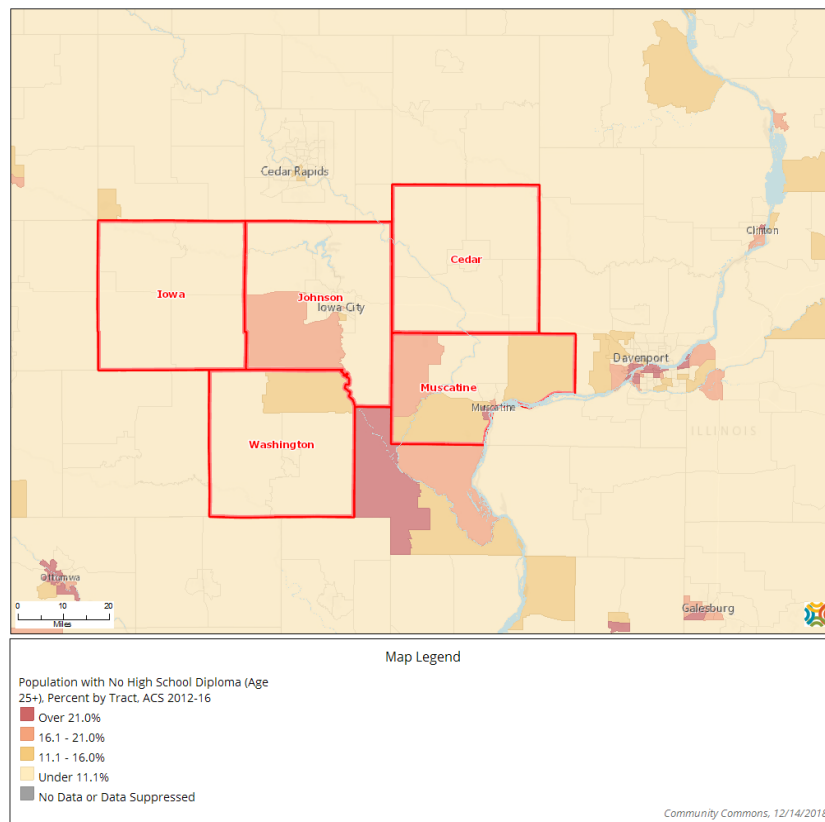
- Better than the Iowa and US percentages.
- Least favorable in Muscatine County.

Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)



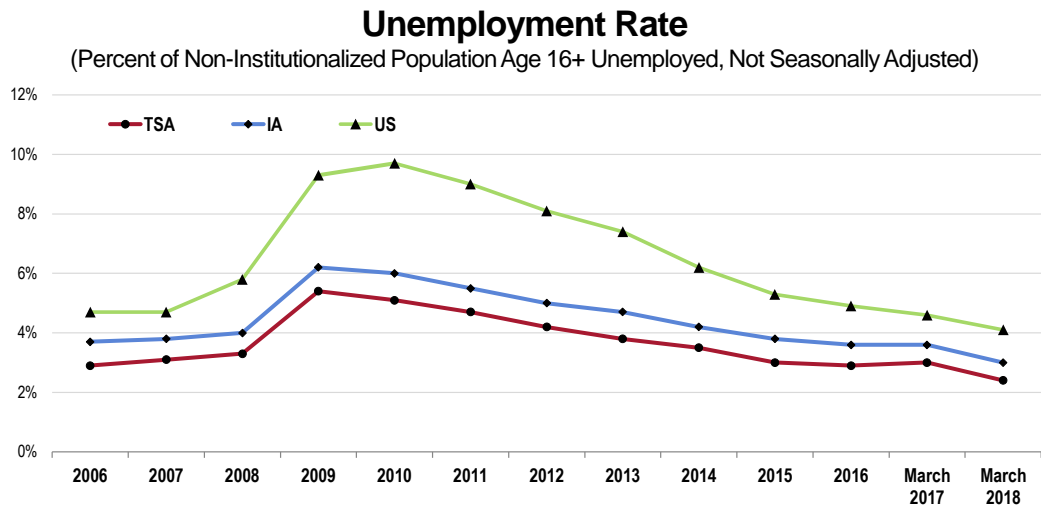
- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.



Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Service Area in March 2018 was 2.4%.

- Better than the statewide and national unemployment rates.
- Better in Iowa and Johnson Counties, least favorable in Muscatine County (not shown).



- Sources:
- US Department of Labor, Bureau of Labor Statistics.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

General Health Status



Professional Research Consultants, Inc.

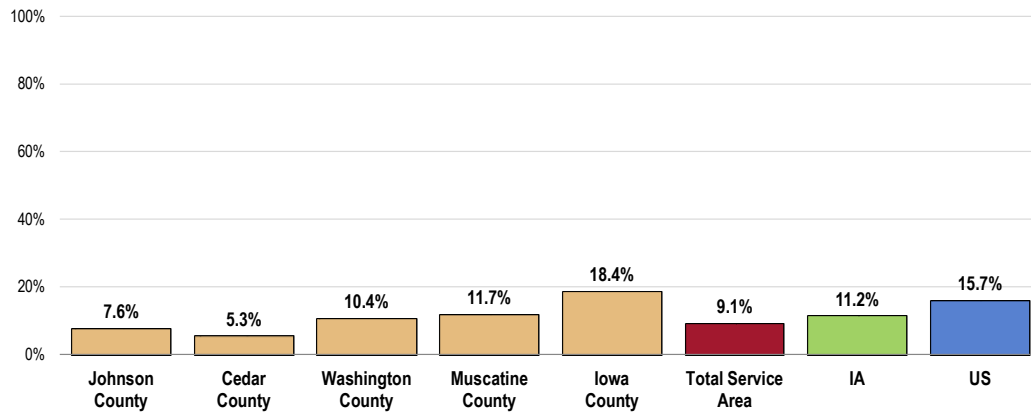
Overall Health Status

Self-Reported Health Status

A total of 9.1% of adults rate their overall health as “fair” or “poor.”

- Similar to the statewide findings.
- Better than the national percentage.
- Health status is better in Johnson and Cedar Counties and worse in Iowa and Muscatine Counties.

Adults With Fair or Poor Health (Age-Adjusted) (2006-2012)



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because it is a measure of general poor health status.
 - *Bath and Highland County data are unavailable.

Mental Health

RELATED ISSUE:

See also *Potentially Disabling Conditions in the Death, Disease & Chronic Conditions* section of this report.

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

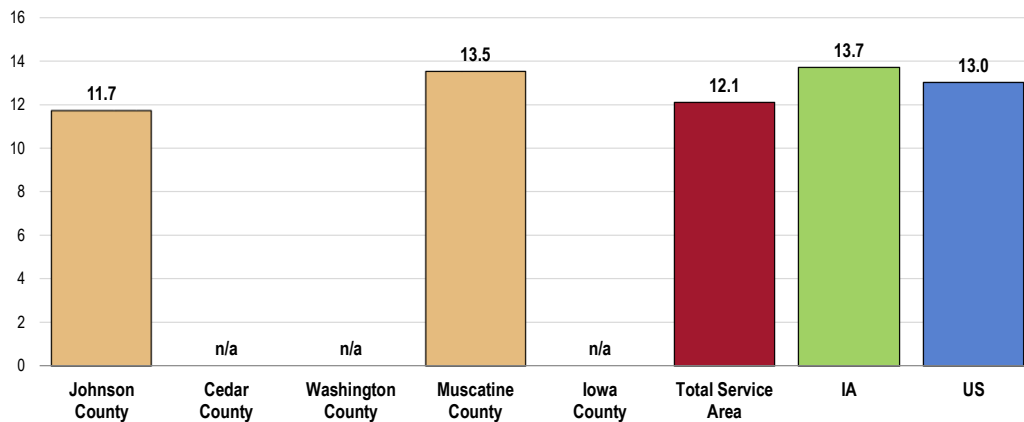
- Healthy People 2020 (www.healthypeople.gov)

Suicide

Between 2012 and 2016, there was an annual average age-adjusted suicide rate of 12.1 deaths per 100,000 population in the Total Service Area (note that data are only available for Johnson and Muscatine counties; all other county-level data are suppressed due to low counts).

- Below what is seen statewide and nationally.
- Note that the rate is higher in Muscatine than in Johnson County.

Suicide: Age-Adjusted Mortality
(2012-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower

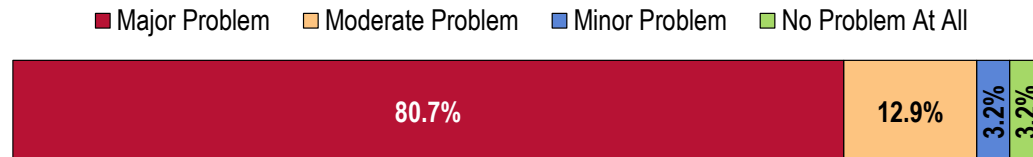


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2012-2016. Accessed using CDC WONDER.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Mental Health

A clear majority of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the service area.

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2018)



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Challenges

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

Access to Care/Services

Accessibility for persons who have MI, very limited psychiatrist, and limited mental health workers such as LSWs. - Community/Business Leader

Lack of access to psychiatrists and psychotherapists. Medicare and Medicaid and uninsured patients especially have severely limited options, but even for privately insured patients the coverage is often inadequate. - Physician

Getting in to see a qualified mental health provider in a timely fashion. Nowhere to send someone in a crisis mode other than the ETC. - Physician

Access at any time, but especially in crisis. - Physician

Access to inpatient and outpatient treatment. High rate of non-compliance with treatment. Limited psychiatry clinicians available. Long waits in ERs for inpatient treatment. Lack of long-term inpatient hospitals (MHI type of hospitals). Limited substance abuse treatment centers and bed availability. Very few child psychiatry clinicians and only one inpatient child unit in town. Limited geropsychiatric resources. - Physician

Getting people in to services when they need them. Often there is a long waiting time and people will go to other providers, which include high cost services such as Emergency Department, police, jail and service providers. - Public Health Representative

Getting immediate care when needed, especially new patients. Some wait months for an appointment. - Other Health Provider

I feel that there are very few if any good answers in this state for addressing chronic mental health that cannot be effectively treated as an outpatient. I feel that there are many people in the area that are simply let loose and pose a risk to themselves and possibly others. - Other Health Provider

When issues occur, one may have to wait a few weeks for an appointment. By that time, one can't avoid the crisis. - Social Services Provider

Lack of resources available at all levels of care, and lack of accessibility. Mental health needs are at various levels--needed by persons with chronic diseases such as heart disease, diabetes, cancer, stroke; younger population facing depression and susceptible to suicide; aging population and care givers facing depression; mental health care to address substance abuse. DEPRESSION is pervasive in many different forms. My vision is expansion of behavioral health care providers in the primary care settings, as often these go hand-in-hand with medical problems, chronic disease, etc. Further, expansion of behavioral health with primary care, improves access and timeliness of addressing mental health issues (i.e. more immediate, and easier for the patient/client). - Other Health Provider

No psychiatric beds available for inpatient care. Suicide rates are up 40% over the past decade and mental health beds in Iowa have decreased. Insurance and State of Iowa government treat mental health as a moral shortcoming rather than a group of diseases with a genetic link. We as a state provide horrible care for this group of patients. ER's and Jails now take care of mental health needs of the community and like other chronic conditions piecemeal care is almost no better than no care. Yes, you have a problem, but we have no one who will pay for the care. - Physician

Ensuring access for all in need is a challenge. For instance, it is challenging for all providers to ensure services for Medicaid insured clients due to the lower rate of reimbursement. Those that have other insurance coverage have challenges with high deductibles. - Social Services Provider

I think getting access to mental health help is a major problem. Linking the people with providers is a challenge. - Community/Business Leader

Access to Mental Health Services. - Community/Business Leader

Contributing Factors

Behavior/mental health is an important problem. The problem in control is the basic lower socioeconomic conditions of many of the people who have such problems (e.g. poverty, poor environmental circumstances, single parent household etc.) The connection of these socioeconomic conditions, and mental health, are too far under the radar to receive adequate attention. The second problem is stigma and having affected people seek mental health services. The third problem is affordability and availability of mental health services. There are too few mental health providers, especially psychiatrists, for the needs. Further many of the socioeconomic underclass cannot afford the services -- and many of that same population have no insurance. - Public Health Representative

Many individuals that are untreated lead to multiple issues in the individual's life. - Social Services Provider

Adverse Childhood Experiences and Trauma increase the number of people with mental health needs, but many not be aware of it. While our community has more mental health professionals than other areas, there are still long waits for appointments and lack of placement and care for acute mental health crises. With closure of long-term facilities for mental health placement, long-term mental health care may take up the short-term bed placements. Our community has seen an increase in death by suicide. - Community/Business Leader

Prevalence/Incidence

I see mental health issues in children on the rise. As schools and parents, we are not equipped to help people navigate a new world of technology, with its constant demand to measure and compare ourselves to everyone else 24/7. People are hurting, some outwardly, but most silently. And I worry it will continue to get worse. - Community/Business Leader

This is a growing problem in our community. There are very few services for young people that need help. The police department gets overwhelmed with calls and nowhere to get help. - Community/Business Leader

Affordable Care/Services

There are many mental health issues facing children and families and very little public health support for those who cannot afford this support on their own. - Community/Business Leader

Affordable access to care, no sliding fee scale services. Language barriers. - Other Health Provider

Access to Providers

Critical shortage of mental health providers for both children and adults. Poor reimbursement especially by Medicaid and Medicare, which have the most serious needs. - Physician

Vulnerable Populations

Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, immigrant, refugee and no insurance. - Public Health Representative

Death, Disease & Chronic Conditions



Professional Research Consultants, Inc.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Age-Adjusted Death Rates

In order to compare mortality in the region with other localities (in this case, Iowa and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

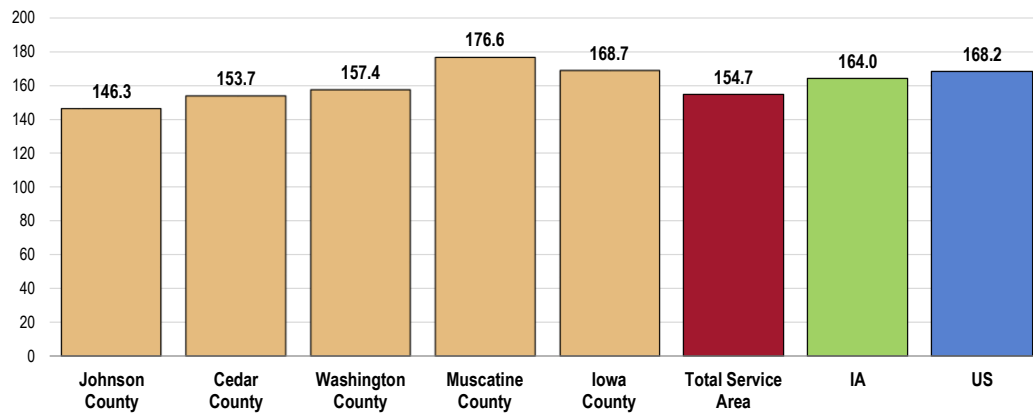
Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

Heart Disease Deaths

Between 2012 and 2016, there was an annual average age-adjusted heart disease mortality rate of 154.7 deaths per 100,000 population in the Total Service Area.

- Better than the statewide and US rates.
- The rate is particularly high in Muscatine and Iowa Counties.

Heart Disease: Age-Adjusted Mortality
 (2012-2016 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 156.9 or Lower (Adjusted)

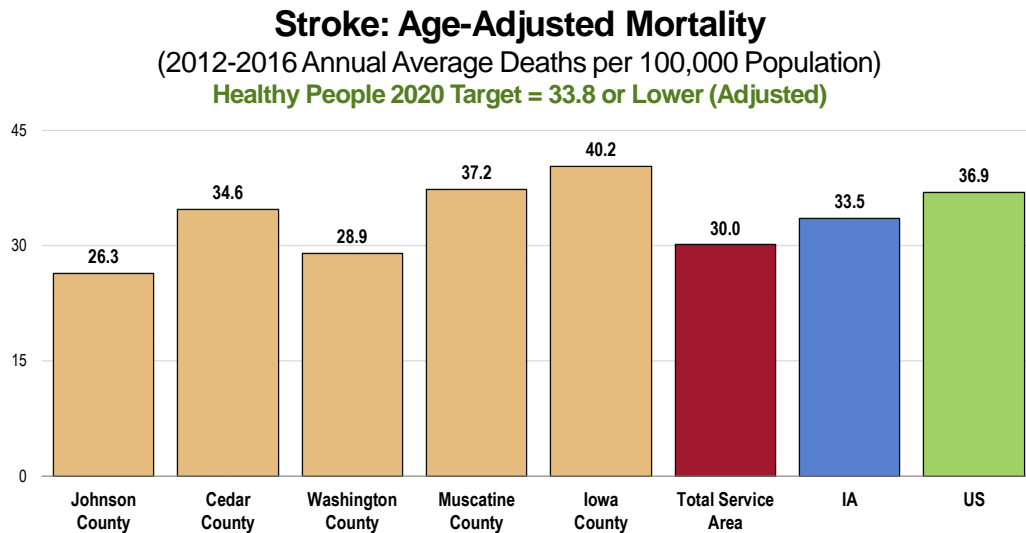


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2012-2016. Accessed using CDC WONDER.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke Deaths

Between 2012 and 2016, there was an annual average age-adjusted stroke mortality rate of 30.0 deaths per 100,000 population in the area.

- More favorable than the state and national rate.
- Satisfies the Healthy People 2020 target of 34.8 or lower.



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2016-2016. Accessed using CDC WONDER.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of High Blood Pressure & High Blood Cholesterol

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

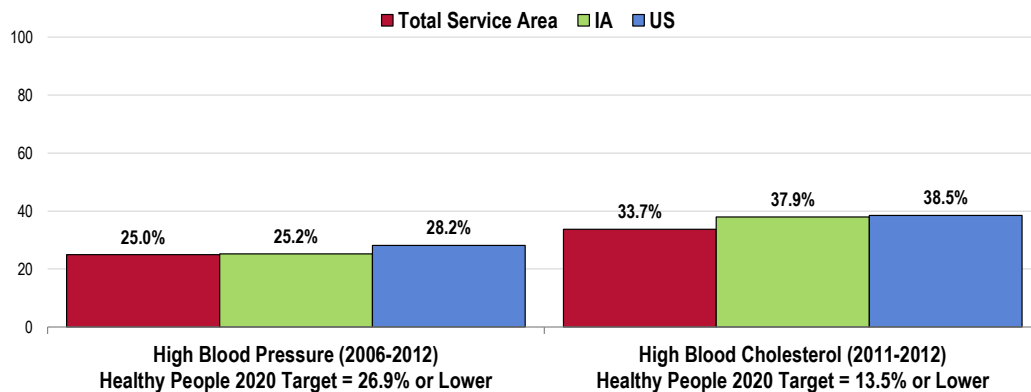
A total of 25.0% of area adults have been told at some point that their blood pressure was high.

- Similar to the Iowa percentage, and lower than the US percentage.
- Satisfies the Healthy People 2020 target (26.9% or lower).

A total of 33.7% of adults have been told by a health professional that their cholesterol level was high.

- Lower than the Iowa and US figures.
- Over twice the Healthy People 2020 target (13.5% or lower).

Prevalence of High Blood Pressure & High Blood Cholesterol



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives HDS-5.1 and HDS-7]
- Notes:
- This indicator is relevant because coronary heart disease is a leading cause of death in the US and is also related to high blood pressure, high cholesterol, and heart attacks.

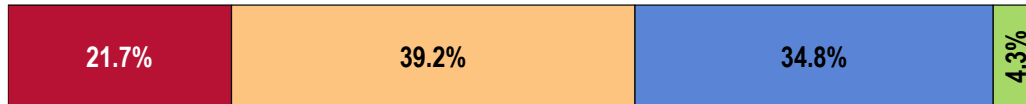
Key Informant Input: Heart Disease & Stroke

A plurality of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “moderate problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

High incidence and severity of the disability. – Physician

Heart disease is more prevalent than people think. Diet, exercise and genetics increase the risk. - Community/Business Leader

Contributing Factors

Continued high incidence of both of these diseases. Physical inactivity, high blood pressure, overweight and obese individuals, poor lifestyle behaviors that make these life altering diseases difficult to improve. - Other Health Provider

Vulnerable Populations

Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, immigrant, refugee and no insurance. - Public Health Representative

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
 - Cervical cancer (using Pap tests)
 - Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

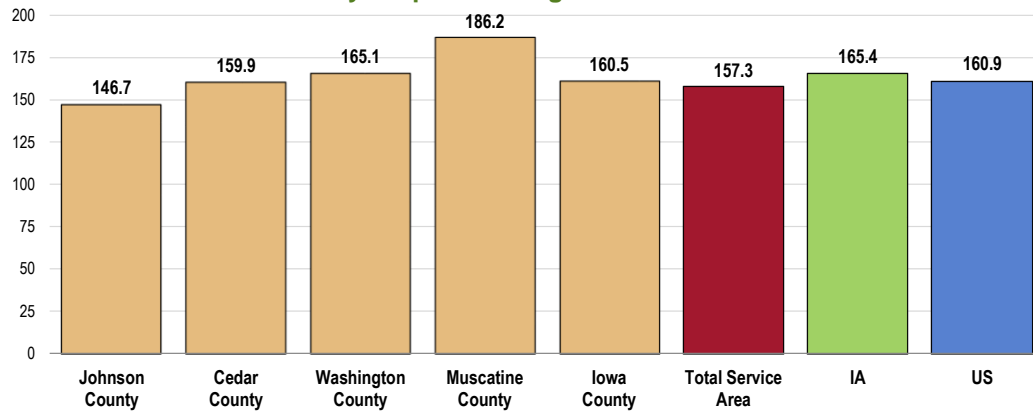
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2012 and 2016, there was an annual average age-adjusted cancer mortality rate of 157.3 deaths per 100,000 population in the Total Service Area.

- Lower than the Iowa statewide rate
- Similar to the US rates.
- Similar to the Healthy People 2020 target of 161.4 or lower.
- Lower in Johnson County and higher in Muscatine County.

Cancer: Age-Adjusted Mortality
 (2012-2016 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 160.6 or Lower



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System: 2012-2016. Accessed using CDC WONDER.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

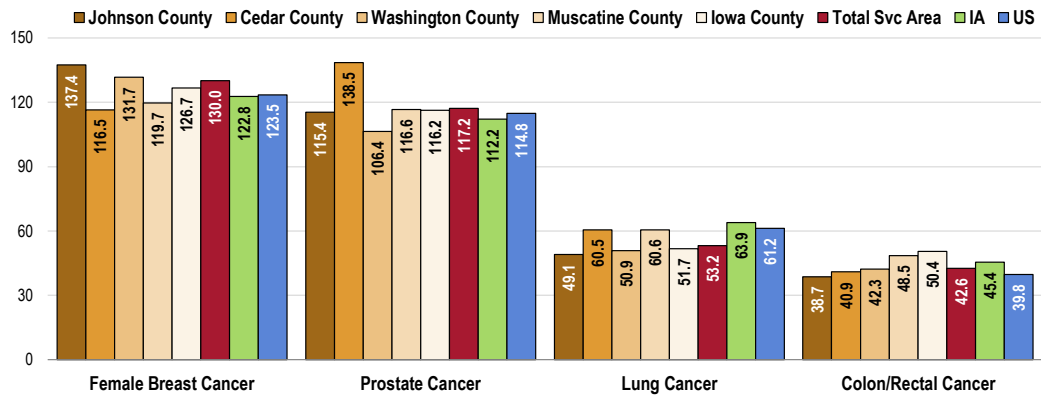
“Incidence rate” or “case rate” is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

The 2010-2014 Total Service Area annual average age-adjusted colorectal cancer incidence rate is worse than the US rate.

The area’s female breast cancer incidence rate is worse than state rate for the same years.

Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)



Sources: • State Cancer Profiles.
 • Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

About Cancer Risk

Reducing the nation’s cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

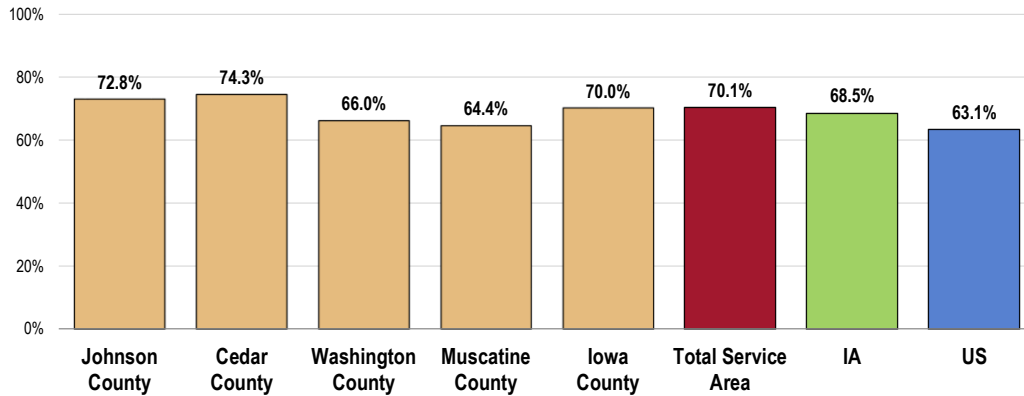
Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Among service area women age 67-69 enrolled in Medicare, 70.1% had a mammogram within the past two years.

- Similar to the state rate.
- Better than the national rate.
- The percentage is higher among women in Johnson and Cedar counties and lower among women in Muscatine County.

Mammogram in the Past 2 Years (Female Medicare Enrollees Age 67-69)

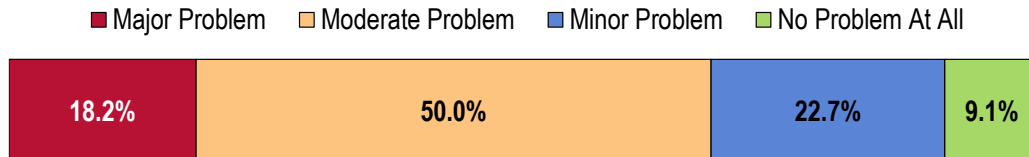


Sources: • Dartmouth College Institute for Health Policy & Clinical Practice, 2014.
 • Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator can highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Key Informant Input: Cancer

Half of key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

- High incidence, life-altering, emotionally stressful. - Physician
- Continues to be a high incidence and high mortality. - Other Health Provider
- In the past several years, many family and friends have been impacted by a variety of cancer diagnosis. Fortunately, many have received treatment and survived, but it seems to be more and more of an issue. - Community/Business Leader

Vulnerable Populations

- Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, immigrant, refugee and no insurance. - Public Health Representative

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

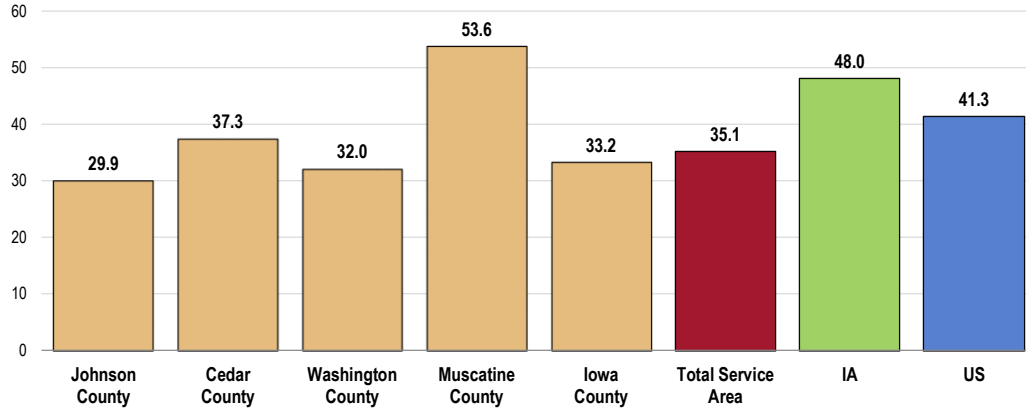
[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Chronic Lower Respiratory Disease Deaths

Between 2012 and 2016, there was an annual average age-adjusted lung disease mortality rate of 35.1 deaths per 100,000 population in the Total Service Area.

- Much lower than found statewide and nationally.
- However, particularly high in Muscatine County.

CLRD: Age-Adjusted Mortality
(2012-2016 Annual Average Deaths per 100,000 Population)



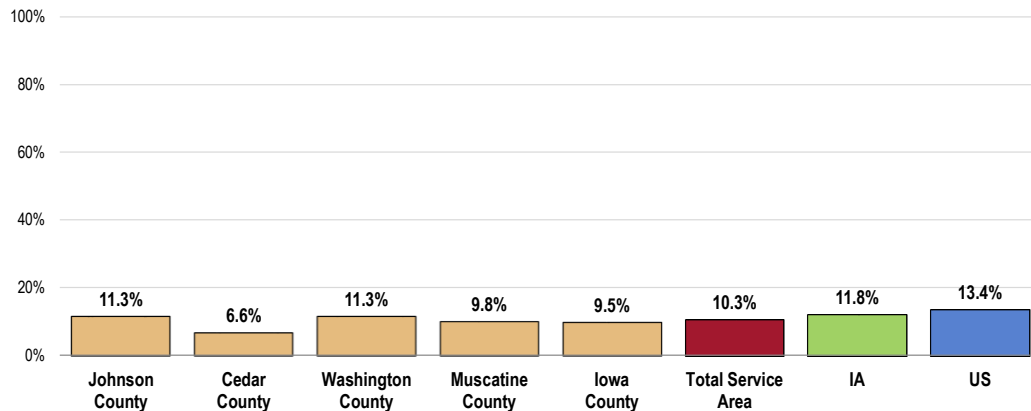
Sources: • Centers for Disease Control and Prevention, National Vital Statistics System: 2012-2016. Accessed using CDC WONDER.
 • Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Asthma Prevalence

A total of 10.3% of area adults currently suffer from asthma.

- Lower than the state and US prevalence.
- Lowest in Cedar County, highest in Johnson and Washington Counties.

Asthma Prevalence
(2011-2012)

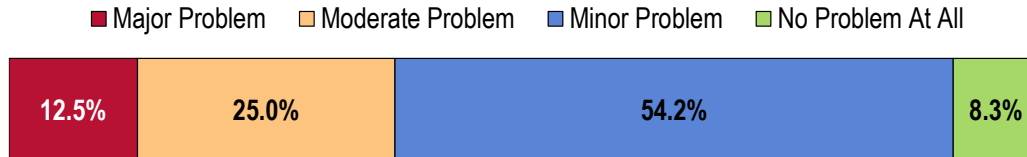


Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
 • Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because asthma is a prevalent problem in the US that is often exacerbated by poor environmental conditions.

Key Informant Input: Respiratory Disease

Key informants taking part in an online survey generally characterized *Respiratory Disease* as a “minor problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

Smoking, pollution allergies are still major problems and continue to slide under the radar in Iowa. Regulations on public smoking have made the problem less visible but secondhand exposure from family members is still high. Vaping has increased heart disease but the effects on lung disease are less clear since respiratory disease takes longer to manifest. – Physician

Vulnerable Populations

Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, immigrant, refugee and no insurance. - Public Health

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

• Healthy People 2020 (www.healthypeople.gov)

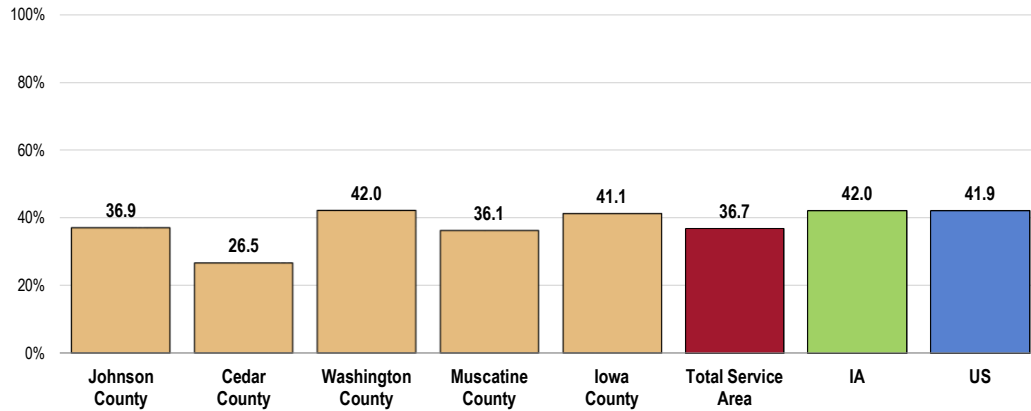
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2012 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 36.7 deaths per 100,000 population in the area.

- Better than the Iowa and US rates.
- Similar to the Healthy People 2020 target of 36.0 or lower.
- Highest in Washington and Iowa counties.

Unintentional Injuries: Age-Adjusted Mortality (2012-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.0 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2012-2016. Accessed using CDC WONDER.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Intentional Injury (Violence)

Violent Crime

Between 2012 and 2014, there were a reported 278.4 violent crimes per 100,000 population in the Total Service Area.

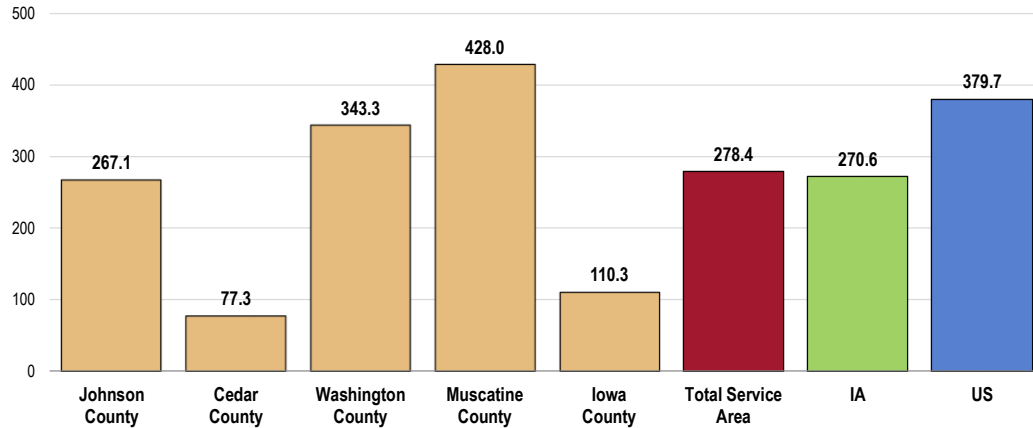
- Similar to the Iowa rate
- Considerably lower than the national rate for the same period.
- Violent crime is lowest in Cedar and Iowa counties and highest in Muscatine and Washington counties.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime

(Rate per 100,000 Population, 2012-2014)



Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

 Notes:

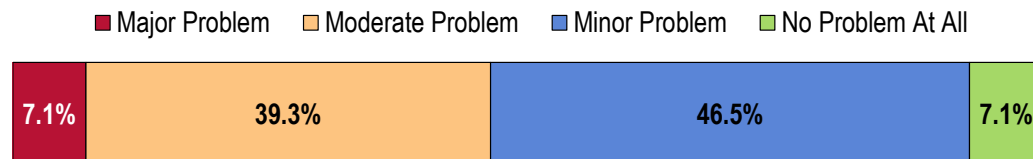
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Key Informant Input: Injury & Violence

Key informants taking part in an online survey most often characterized *Injury & Violence* as a “minor problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community

(Key Informants, 2018)



Sources:

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

 Notes:

- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

The news reports many more murders, domestic violence and we see more injuries in our Emergency Room due to violence. - Physician

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus: lowers life expectancy by up to 15 years; increases the risk of heart disease by 2 to 4 times; and is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes. Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

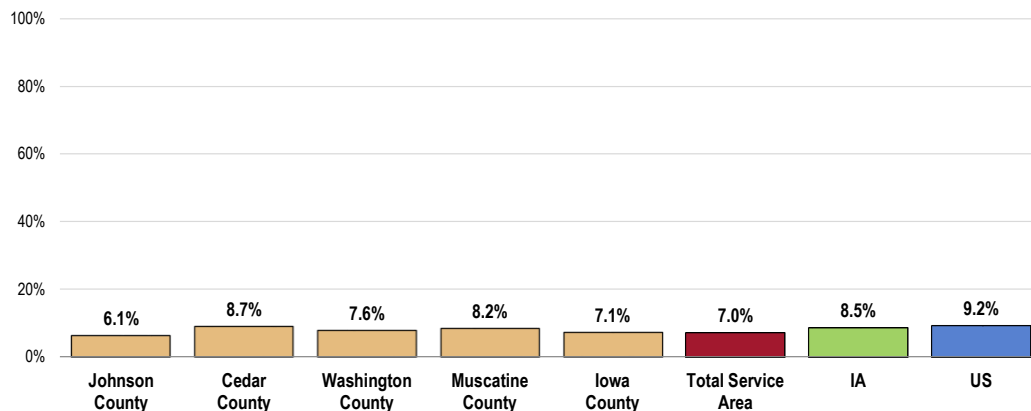
- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

Among service area adults age 20 and older, 7.0% have been diagnosed with diabetes.

- Lower than the statewide and national prevalence.
- Slightly higher in Cedar and Muscatine counties.

Adult Age 20+ Who Have Diabetes (2013)

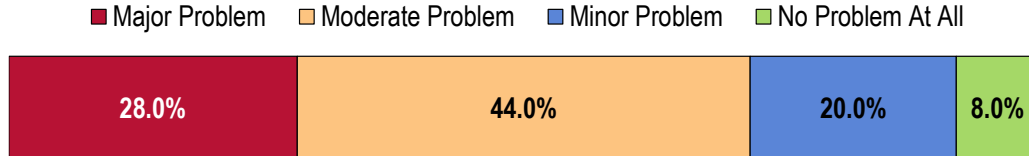


- Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Atlas
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the US; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Key Informant Input: Diabetes

The greatest share of key informants taking part in an online survey characterized *Diabetes* as a “moderate problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2018)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Challenges

Among those rating this issue as a “major problem,” the biggest challenges for people with diabetes are seen as:

Health Awareness/Education

I think some of the biggest challenges are the time and knowledge required for diabetes management and the cost of insulin and supplies. - Community/Business Leader

Education and awareness. Proper nutrition and availability of quality foods at an affordable price. Training in preparation of these foods. - Community/Business Leader

Treatment Compliance

Compliance with the program. - Physician

Patients not following the treatment plan. - Physician

Access to Care/Services

Access and knowledge to sustainable lifestyle behavior change. As a traditional medical care community there is a lack of progressive and established Lifestyle Medicine-type practices and initiatives aimed at prevention, halting, and reversing Type 2 Diabetes. Access to consistent, care management of this serious chronic disease. - Other Health Provider

Weight Status

There are many overweight and sedentary residents in this area. It is estimated that about 50% of the possible diabetes in this population is undiagnosed and the folks do not know that they are at risk. - Other Health Provider

Vulnerable Populations

Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, immigrant, refugee and no insurance. - Public Health Representative

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

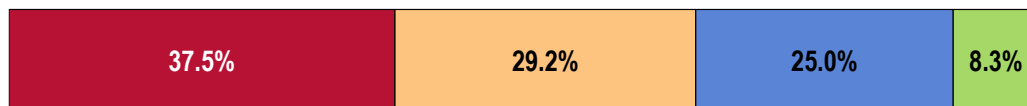
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Dementias, Including Alzheimer's Disease

The greatest share of key informants taking part in an online survey characterized *Dementias, Including Alzheimer's Disease* as a “major problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

Aging community with a decentralized family. Many elderly have few family members to rely on when they start having problems with memory and health. - Physician

Increasing incidence with the aging population. Limited resources available, long waiting time for getting neuropsychiatric testing, limited geriatrician doctors, limited beds available on dementia units. - Physician

Aging and growing population. Iowa City and Johnson County becoming a destination for retirees. Will be a growing incidence of Alzheimer's. - Other Health Provider

Prevalence/Incidence

High incidence, impact on a patient and family. - Physician

The number of individuals with dementia issues is growing. Seniors are coming to our area to receive services for this disease. - Community/Business Leader

This too seems to be becoming more prevalent. Perhaps the news media has brought it to the forefront as I don't necessarily know too many who are suffering from this disease. - Community/Business Leader

Diagnosis/Treatment

Dementia is often not diagnosed by physician's until mid-late stages when it is extremely evident in a short visit. As a result of no diagnosis these individuals may not receive the necessary supports to be safe. There is a general lack of understanding of dementia and how it is specifically affecting their situation. Caregivers oftentimes do not understand the disease and don't think they need assistance until they have become burnt out. - Social Services Provider

Access to Providers

There are no real pure geriatric physicians or persons qualified to help with such substantially exists. - Community/Business Leader

Vulnerable Populations

Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, immigrant, refugee and no insurance. - Public Health Representative

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Chronic Kidney Disease

Nearly half of key informants taking part in an online survey characterized *Chronic Kidney Disease* as a “minor problem” in the community.

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Lack of Providers

Lack of trained physicians in the community. - Other Health Provider

Vulnerable Populations

Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, immigrant, refugee and no insurance. - Public Health Representative

Potentially Disabling Conditions

About Arthritis, Osteoporosis, & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Key informants taking part in an online survey most often characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “minor problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Lack of Providers

The lack of trained physicians in the region. - Other Health Provider

Prevalence/Incidence

We have a tremendous amount. - Community/Business Leader

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

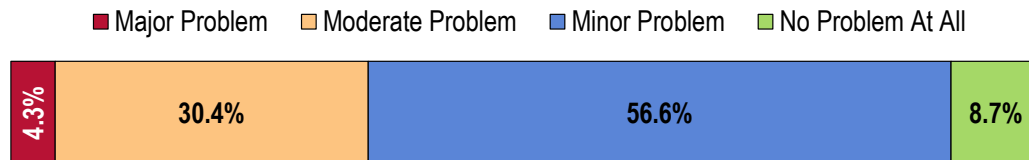
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

A majority of key informants taking part in an online survey characterized *Vision & Hearing* as a “minor problem” in the community.

Perceptions of Vision and Hearing as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care/Services

*Very few people have vision insurance and so many don't get vision exams and or corrective lenses.
Very few, if any, local vision care businesses offer free or reduced services for uninsured or underinsured students. - Other Health Provider*

Infectious Disease



Professional Research Consultants, Inc.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

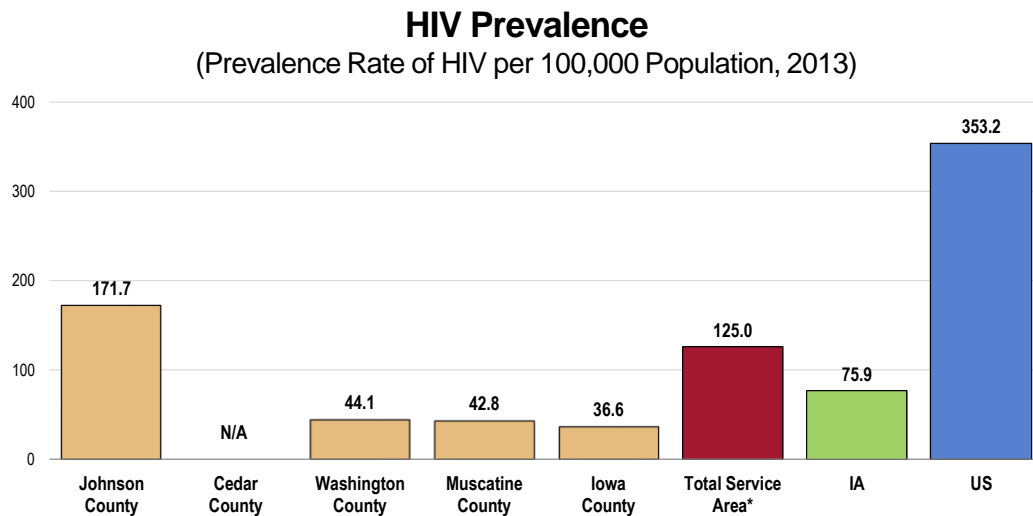
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

In 2013, there was a prevalence of 125 HIV cases per 100,000 population in the Total Service Area.

- Considerably higher than the Iowa prevalence rate.
- Well below the US prevalence.
- Within the service area, Johnson County reported the highest prevalence by far.
- Note that data are not available for Cedar County.



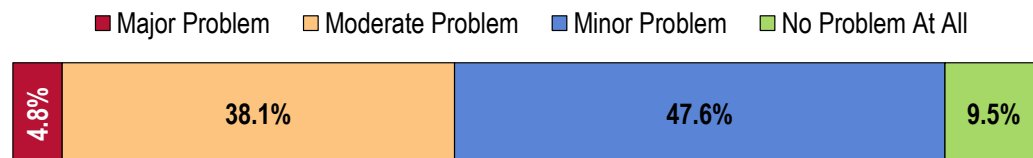
- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
 - *Cedar County data are unavailable.

Key Informant Input: HIV/AIDS

A near majority of key informants taking part in an online survey characterized *HIV/AIDS* as a “minor problem” in the community.

Perceptions of HIV/AIDS as a Problem in the Community

(Key Informants, 2018)



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Vulnerable Populations

Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, LGBTQ, immigrant, refugee and no insurance. - Public Health Representative

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

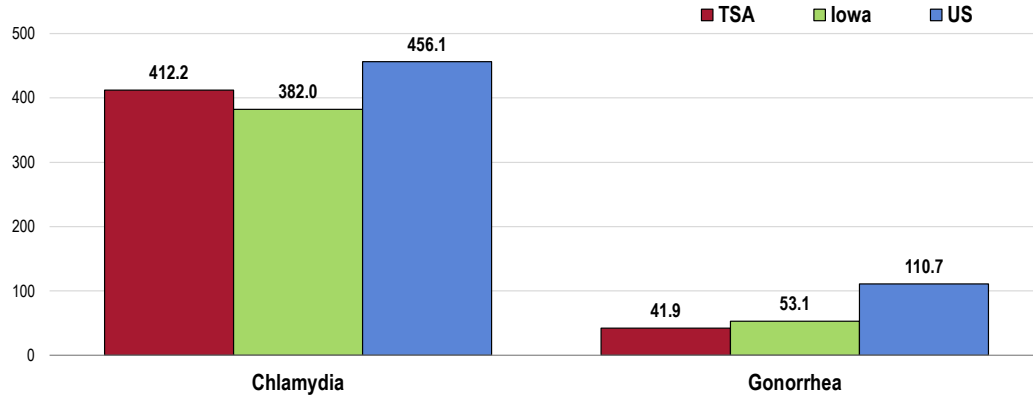
In 2014, the chlamydia incidence rate in the Total Service Area was 412.2 cases per 100,000 population.

- Higher than the state rate.
- Lower than the US rate.
- A particularly high chlamydia incidence rate (522.4) is reported in Johnson County (not shown).

The 2014 gonorrhea incidence rate in the service area was 41.9 per 100,000 population.

- Lower the statewide and national incidence rates.
- Highest in Johnson County (not shown).

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2014)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

Notes:

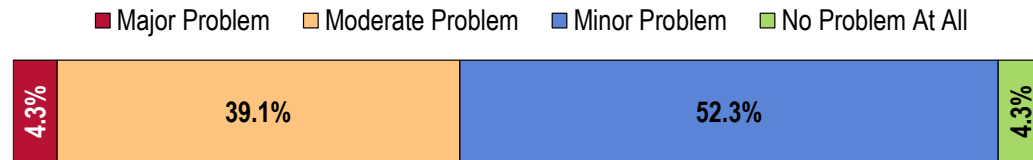
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

Key informants taking part in an online survey most often characterized *Sexually Transmitted Diseases* as a “minor problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2018)



Sources:

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Vulnerable Populations

Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, LGBTQ, immigrant, refugee and no insurance. - Public Health Representative

Immunization & Infectious Diseases

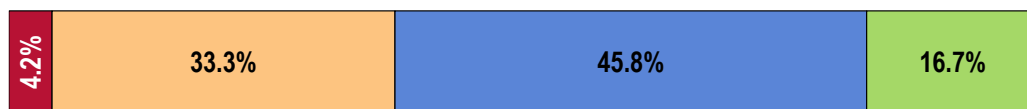
Key Informant Input: Immunization & Infectious Diseases

The greatest share of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Vulnerable Populations

Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, immigrant, refugee and no insurance, experiencing homelessness.
- Public Health Representative

Births



Professional Research Consultants, Inc.

Birth Outcomes & Risks

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Low-Weight Births

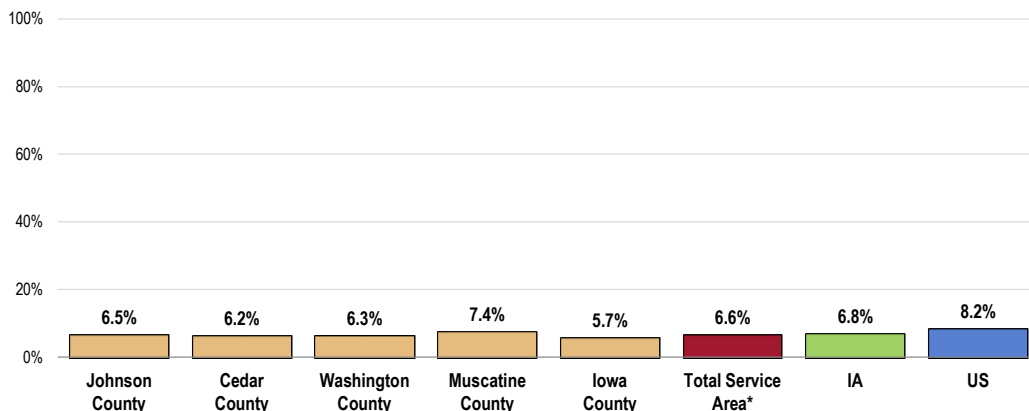
A total of 6.6% of 2006-2012 Total Service Area births were low-weight.

- Similar to the Iowa prevalence.
- Better than the US prevalence.
- Satisfies the Healthy People 2020 target (7.8% or lower).
- The percentage was highest in Muscatine County.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births (Percent of Live Births, 2006-2012) Healthy People 2020 Target = 7.8% or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note:

- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

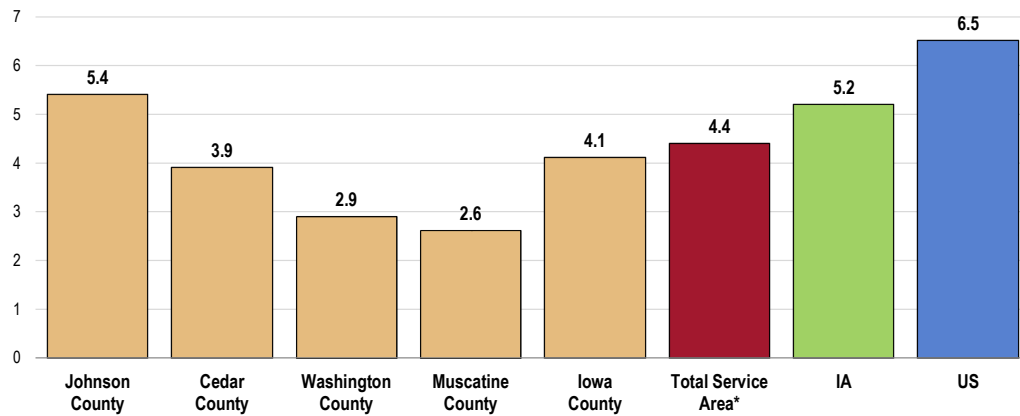
Infant Mortality

Between 2006 and 2010, the Total Service Area reported an annual average of 4.4 infant deaths per 1,000 live births.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

- Better than the state and US mortality rates.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.
- Highest in Johnson County.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)
Healthy People 2020 Target = 6.0 or Lower

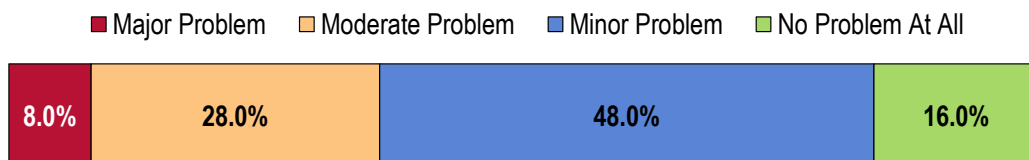


- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, *Area Health Resource File*. Data extracted August 2018.
 - US Department of Health and Human Services. *Healthy People 2020*. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Key Informant Input: Infant & Child Health

Nearly half of key informants taking part in an online survey characterized *Infant & Child Health* as a “minor problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community
(Key Informants, 2018)



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

Very young community, lots of babies and toddlers needing health services. - Community/Business Leader

Vulnerable Populations

Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, immigrant, refugee and no insurance. - Public Health Representative

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

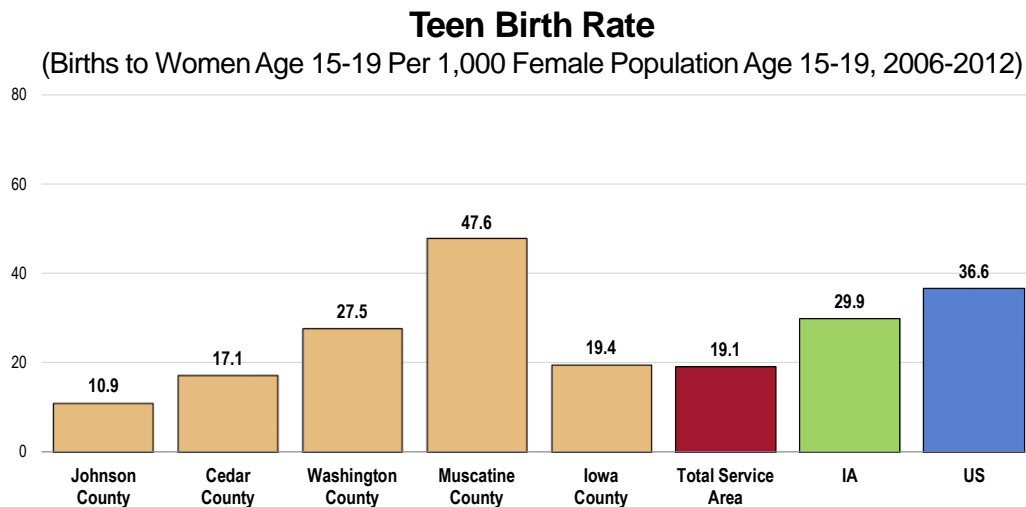
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there were 19.1 births to women age 15 to 19 per 1,000 women age 15 to 19 in the Total Service Area.

- Considerably lower than the Iowa and national rates.
- However, particularly high in Muscatine County.



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
• Retrieved from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey frequently characterized *Family Planning* as a “moderate problem” in the community.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Health Awareness/Education

■ *Limited access to sexual health information and medical options. - Public Health Representative*

Modifiable Health Risks



Professional Research Consultants, Inc.

Nutrition, Physical Activity, & Weight

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

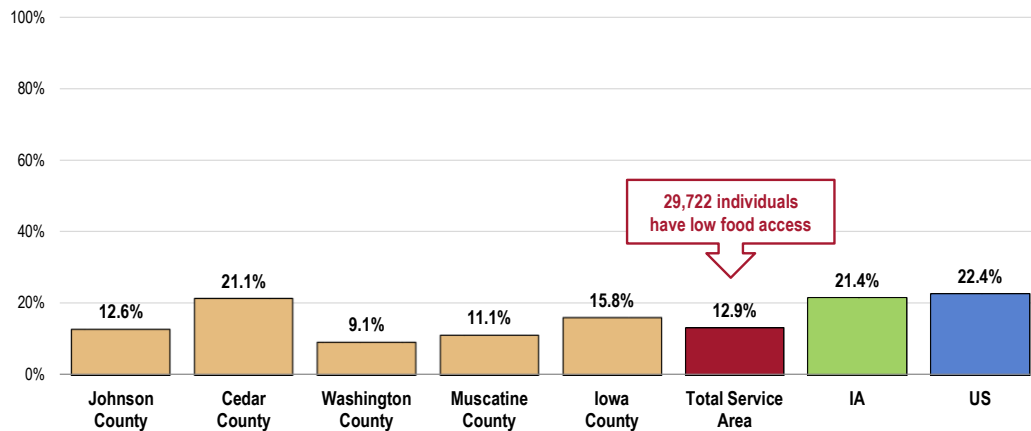
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

Low Food Access (Food Deserts)

US Department of Agriculture data show that 12.9% of the Total Service Area population (representing nearly 4,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- Below the state and US findings.
- Highest in Cedar County.

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)

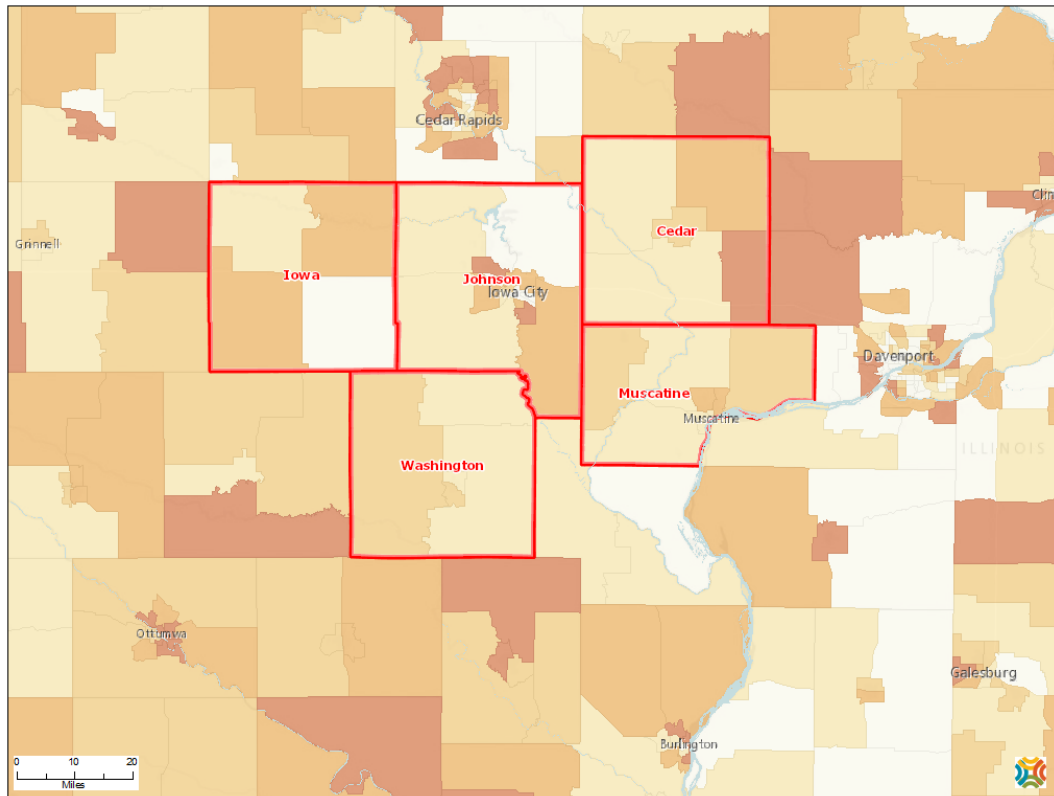


Sources:

- US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas (FARA).
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

 Notes:

- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Map Legend

- Population with Limited Food Access, Percent
by Tract, FARA 2015
- Over 50.0%
 - 20.1 - 50.0%
 - 5.1 - 20.0%
 - Under 5.1%
 - No Low Food Access

Community Commons, 12/14/2018

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

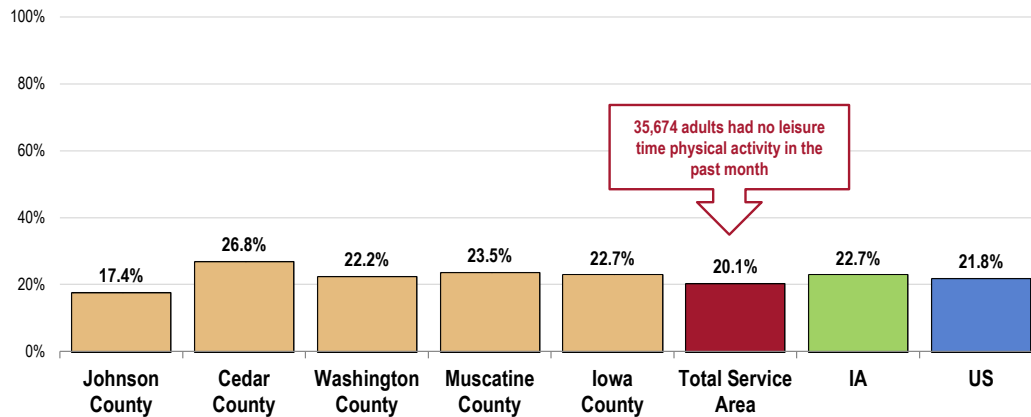
Lack of Leisure-Time Physical Activity

A total of 20.1% of Total Service Area adults (representing 35,674 individuals) report no leisure-time physical activity in the past month.

- More favorable than statewide and US findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Least favorable in Cedar and Muscatine counties.

Adults Age 20+ Who Have No Leisure-Time Physical Activity in the Past Month (2013)

Healthy People 2020 Target = 32.6% or Lower



- Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1].
- Notes:
- This indicator reports the percent of adults aged 20+, who self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Obesity

A total of 27.2% of Total Service Area adults age 20 and older (representing 47,820 individuals) are obese.

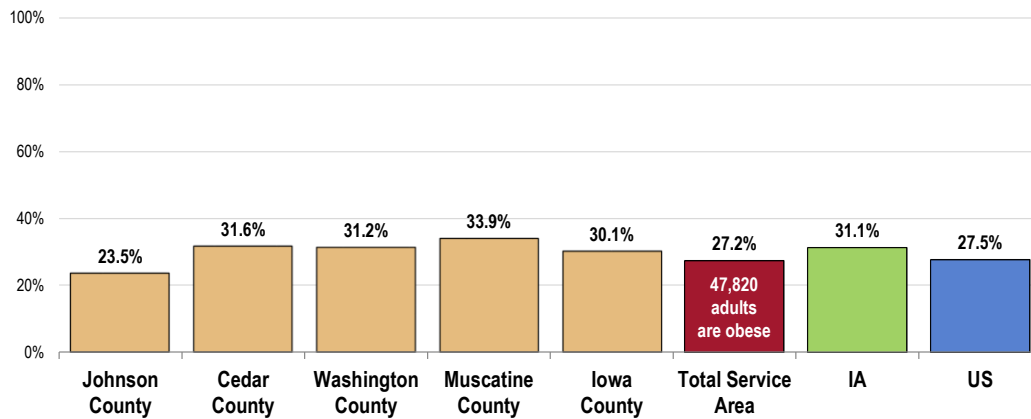
"Obese" includes respondents with a BMI value ≥ 30.0 .

- More favorable than Iowa findings.
- Similar to US findings.
- More favorable than the Healthy People 2020 target (30.5% or lower).
- The prevalence of obesity in the service area is particularly high outside of Johnson County.

Adults Age 20 and Older Who Are Obese

(Body Mass Index ≥ 30.0 ; 2013)

Healthy People 2020 Target = 30.5% or Lower



- Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9].
- Notes:
- This indicator reports the percent of adults aged 20+ who self-report that they have a Body Mass Index (BMI) of 30.0 or greater (obese). This indicator is relevant because excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

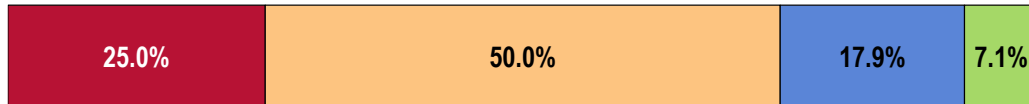
Key Informant Input: Nutrition, Physical Activity, & Weight

Half of key informants taking part in an online survey characterized *Nutrition, Physical Activity, & Weight* as a “moderate problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

Obesity continues to climb as screen time increases. We are a fast food society who do not sit down to eat as a family with home cooking. We skip meals at work and are too exhausted after work to put in the effort to cook or exercise. - Physician

High incidence of obesity. - Physician

In Iowa, obesity is on the rise. People are either unwilling or unable to change their diet habits away from convenient, unhealthy foods, to more nutrient dense options. - Community/Business Leader

Contributing Factors

Getting people to come and to have it covered by insurance. Poor follow up. Hard to get them to come to appointments consistently and not all the resources needed for this to be successful all in one place. – Physician

Biggest challenge is to get folks to realize that they are way overweight and are not eating the correct foods or getting enough activity. - Other Health Provider

Vulnerable Populations

Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, immigrant, refugee and no insurance. - Public Health Representative

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Excessive Drinking

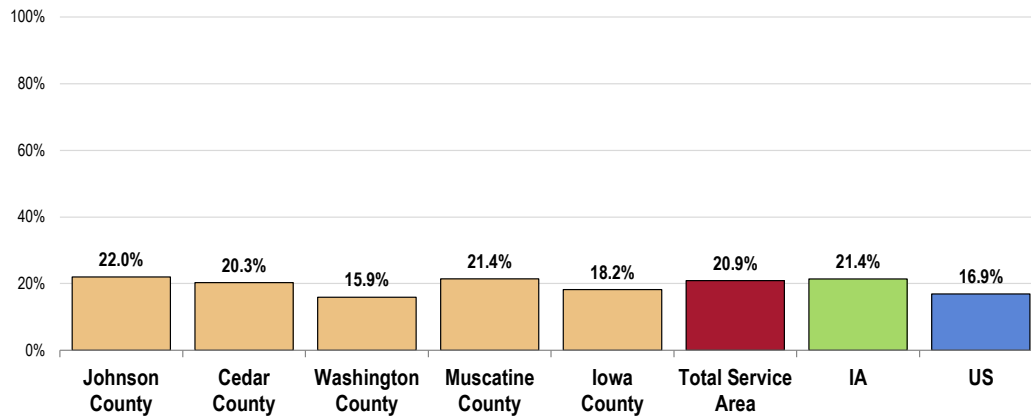
A total of 20.9% of area adults are considered to be excessive drinkers (defined as more than two drinks per day on average for men and one drink per day on average for women),

- Similar to statewide findings.
- Higher than national findings.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- Comparatively lower in Washington County.

Excessive Drinking

(2006-2012)

Healthy People 2020 Target = 25.4% or Lower



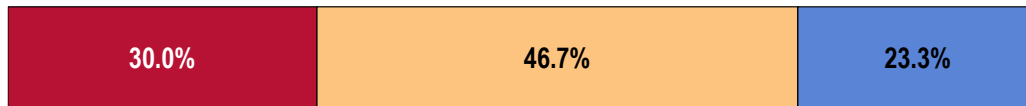
- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15].
- Notes:
- This indicator reports the percentage of adults aged 18 and older who self-report heavy drinking (defined as more than two drinks per day on average for men and one drink per day on average for women).

Key Informant Input: Substance Abuse

Key informants taking part in an online survey most often characterized *Substance Abuse* as a “moderate problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Access to Care

Limited programs and beds available. Limited to no program for maintaining sobriety. No suboxone program. Very few addiction psychiatrists available in town. – Physician
Only one service provider in town and people are not welcome if they have provided services before. There is a need for different types of services. - Public Health Representative

Vulnerable Populations

Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, immigrant, refugee and no insurance. - Public Health Representative

Co-Occurrences

This is tied into mental health problems. It is hard to know which one comes first, but one leads to the other many times. - Physician

Denial/Stigma

Personal commitment to change, family and friends supporting the client in change and eliminating enabling or counter-behaviors and activities. - Other Health Provider

Prevalence/Incidence

Very high incidence, lack of resources to manage the acute process. – Physician

Chemical Dependency

Chemical dependency. - Physician

Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **alcohol** as the most problematic substance abused in the community, followed by **heroin/other opioids**, and **methamphetamines/other amphetamines**.

Problematic Substances				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
	%	%	%	#
Alcohol	100.0%	16.7%	0.0%	7
Heroin or Other Opioids	0.0%	16.7%	50.0%	4
Methamphetamines or Other Amphetamines	0.0%	16.7%	33.3%	3
Prescription Medications	0.0%	16.7%	16.7%	2
Marijuana	0.0%	33.3%	0.0%	2

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes: cancer; heart disease; lung diseases (including emphysema, bronchitis, and chronic airway obstruction); and premature birth, low birth weight, stillbirth, and infant death.

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking Prevalence

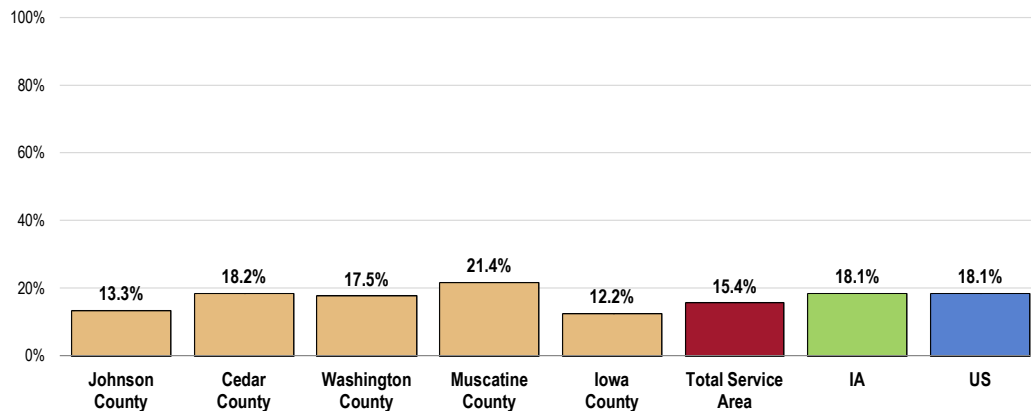
A total of 15.4% of area adults currently smoke cigarettes, either regularly or occasionally.

- Higher than the statewide findings.
- Lower than the national findings.
- Fails to satisfy the Healthy People 2020 target (12.0% or lower).
- Particularly high in Muscatine County.

Current Smokers

(2006-2012)

Healthy People 2020 Target = 12.0% or Lower



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.
 - Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

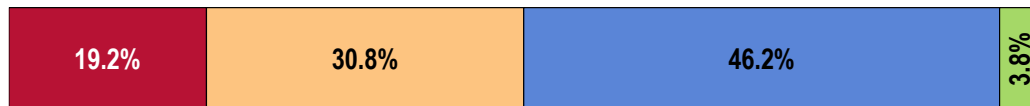
Key Informant Input: Tobacco Use

Key informants taking part in an online survey most often characterized *Tobacco Use* as a “minor problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

Significant use, incidence with profound health sequela. - Physician

Although the rate of smokers in the population has declined in the past 10 years, an estimated 12% of the population are current smokers. It is soundly proven that cigarette smoking is a cause of cancers of the lung, head and neck, and bladder. Also, smoking is an associative cause of Cardiovascular disease. These are two main causes of death and disability in the U.S., and more prevention work needs to be done. - Public Health Representative

Vaping/E-Cigarettes

It is such a risk factor for long-term health and now vaping is becoming more popular with the younger adolescents. - Physician

Vulnerable Populations

Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, LGBTQ, immigrant, refugee and no insurance. - Public Health Representative

Access to Health Services



Professional Research Consultants, Inc.

Lack of Health Insurance Coverage

Among adults age 18 to 64 in the Total Service Area, 6.2% report having no insurance coverage for healthcare expenses.

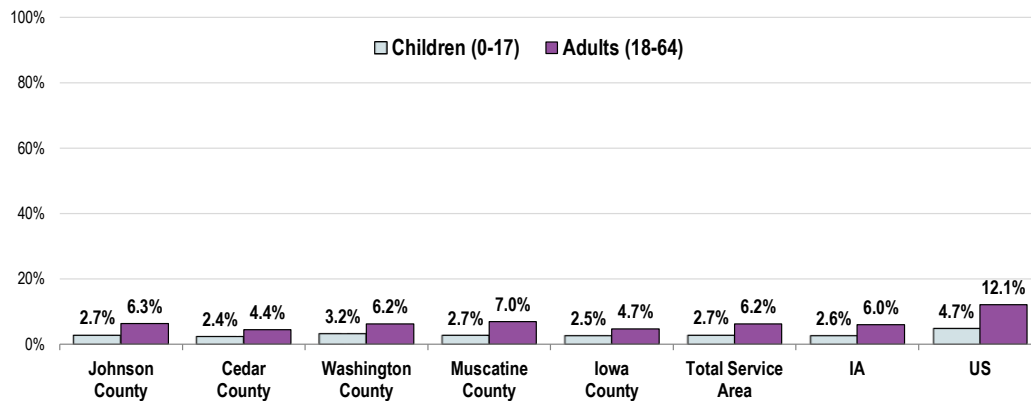
- Similar to state findings, and more favorable than national findings.
- The Healthy People 2020 target is universal coverage (0.0% uninsured).
- Highest uninsured prevalence among adults in Muscatine County.

Additionally, among children age 0 to 17 in the Total Service Area, 2.7% have no insurance coverage for healthcare expenses.

- Less favorable than state findings, but better than US findings.
- Highest in Washington County.

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Uninsured Population (2016) Healthy People 2020 Target = 0.0%



- Sources:
- US Census Bureau, Small Area Health Insurance Estimates. & American Community Survey 5-year estimates.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1.1].
- Notes:
- The lack of health insurance is considered a *key driver* of health status. This indicator is relevant because lack of insurance is a primary barrier to healthcare access (including regular primary care, specialty care, and other health services) that contributes to poor health status.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Access to Healthcare Services

The largest share of key informants taking part in an online survey characterized *Access to Healthcare Services* as a “moderate problem,” followed closely by “minor problem” responses.

Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care/Services

Affordable health care. - Social Services Provider

Not enough free and or sliding scale services locally to serve our low and moderate income population, as well as populations without insurance or limited types of insurance. - Public Health Representative

Need to have a consistent medical/dental/mental health resource for low-income community members offering services at a sliding scale fee that is not reliant on volunteers in order to be a locally accessible, sustainable health care access model that reaches the nearly 20% of community members living in poverty in the county (which is exacerbated among populations of color with 40% of Black residents, 28% of non-White and non-Black residents, and 29% of Latinx residents identified as living in poverty according to the ISU Extension "Poverty and Food Needs" June 2018 report) - Public Health Representative

Insurance Issues

There are groups of people in our community that lack health insurance, so they may not seek medical care when needed. And, there are immigrants and refugees that experience challenges to accessing care due to language barriers and insurance. - Community/Business Leader

Emergency Room Utilization

Many in our community utilize the Emergency Room as their primary health provider, thus very little long-term health measures are met. – Physician

Lack of Specialists

The lack of specialists in the immediate area, NL. Must travel to nearby communities. Difficult to do when persons' lack transportation resources. - Community/Business Leader

Health Literacy

Medical health advocacy. We see families that have little experience with the medical field, language barriers and need advocacy. - Social Services Provider

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified **mental health** and **chronic disease care** as the most difficult to access in the community.

Medical Care Difficult to Access Locally				
	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
	%	%	%	#
Mental Health	66.7%	0.0%	33.3%	3
Chronic Disease Care	0.0%	66.7%	33.3%	3
Pain Management	0.0%	33.3%	0.0%	1
Elder Care	0.0%	0.0%	33.3%	1
Dental Care	33.3%	0.0%	0.0%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

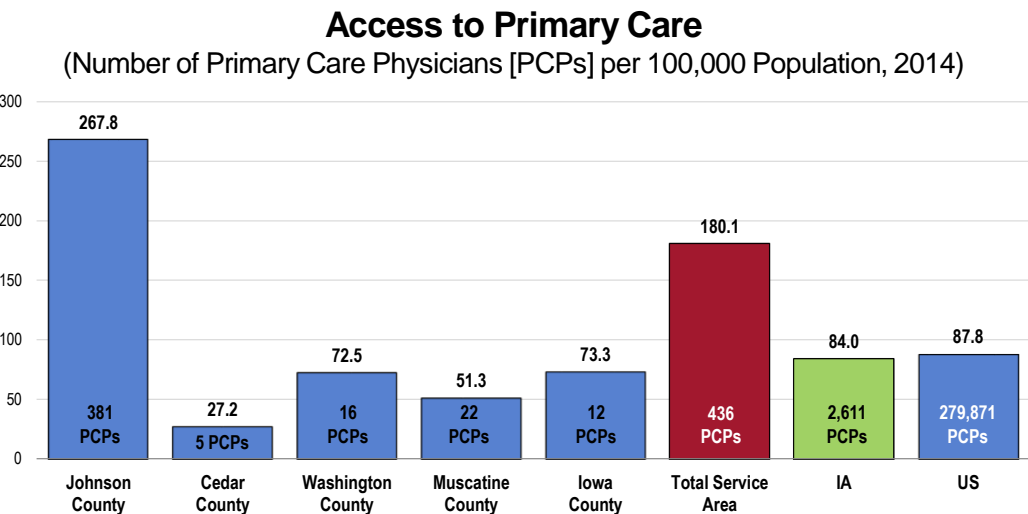
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In 2014, the Total Service Area had 436 primary care physicians, translating to a rate of 180.1 primary care physicians per 100,000 population.

- Well above what is found statewide and nationally.
- The ratio is particularly high in Johnson County, but relatively low in other parts of the service area.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use; and poor dietary choices.**

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

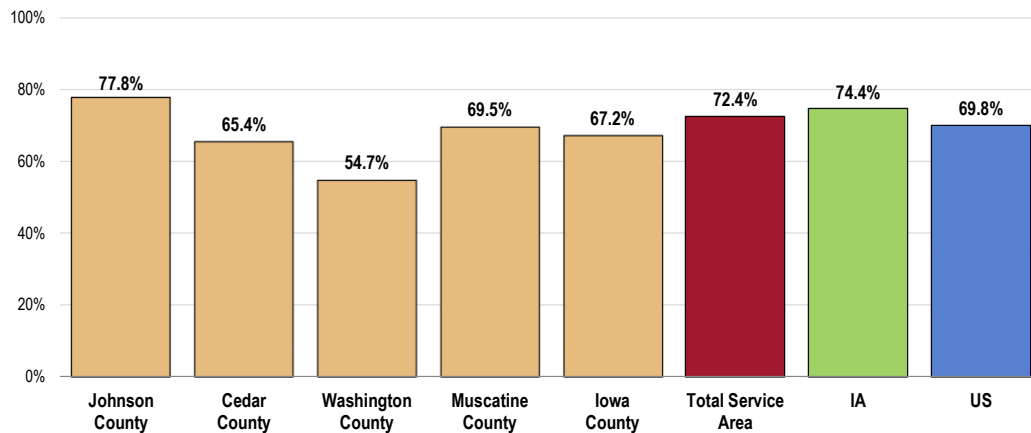
- Healthy People 2020 (www.healthypeople.gov)

Dental Care

A total of 72.4% of Total Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to state and national findings.
- Easily satisfies the Healthy People 2020 target (49% or higher).
- Notably lower in Cedar and Washington counties.

Have Visited a Dentist or Dental Clinic Within the Past Year (2006-2010)
 Healthy People 2020 Target = 49.0% or Higher

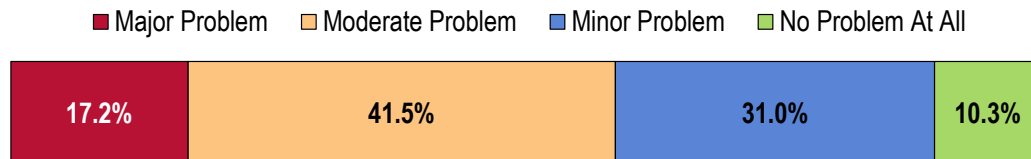


Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
 • Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community
 (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care/Services

Again, few have dental insurance and simply cannot afford dental care, especially prophylactic services like cleanings. It's not unusual for us to have students with mouth/tooth pain who wait as long as possible because they simply cannot afford to see a dentist. - Other Health Provider

Lack of coverage by insurance, lack of access by the uninsured and underinsured. - Physician

Contributing Factors

Dental insurance is lacking so many go without routine preventative [treatment]. Dental pain is managed in the ER frequently. Meth addiction is on the rise again and, with it, severe tooth and gum disease. Children often are not taught oral health care until health class in Junior High-- should start in daycare preschool level. – Physician

Vulnerable Populations

Disparate impact on vulnerable populations such as impoverished, low to moderate incomes, including working poor, communities of color, immigrant, refugee and no insurance. - Public Health Representative

Local Resources

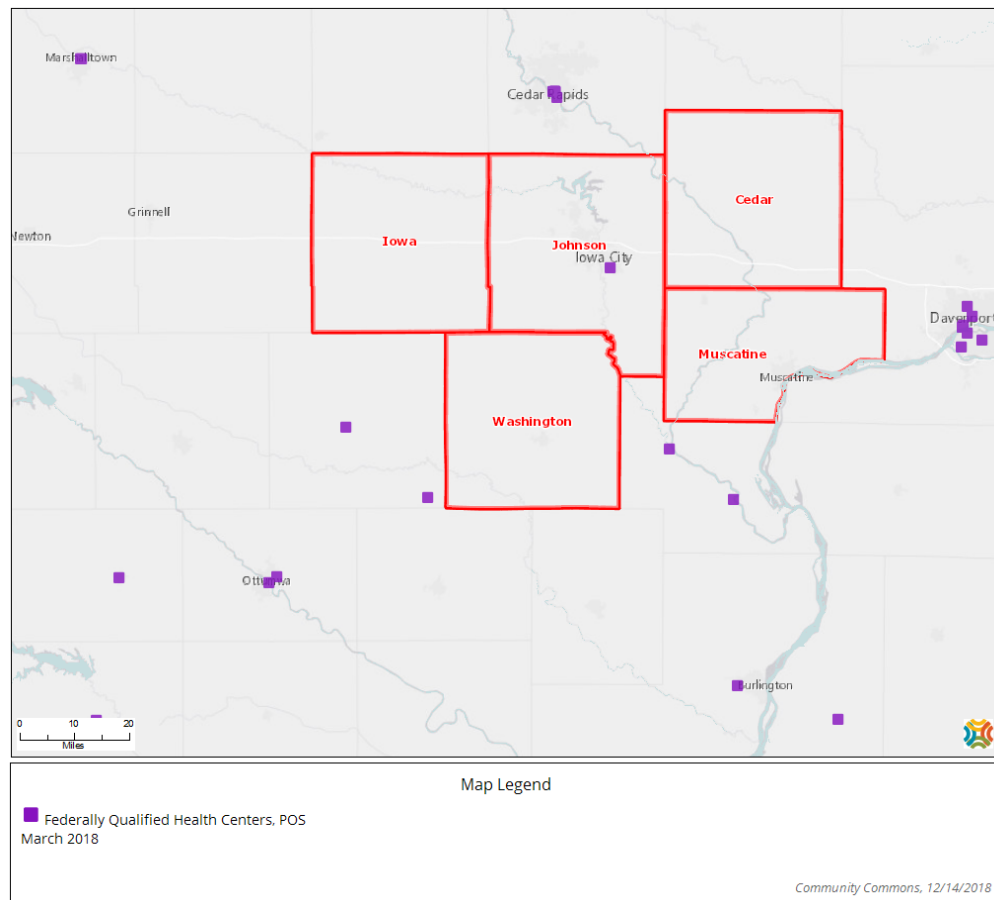


Professional Research Consultants, Inc.

Healthcare Resources & Facilities

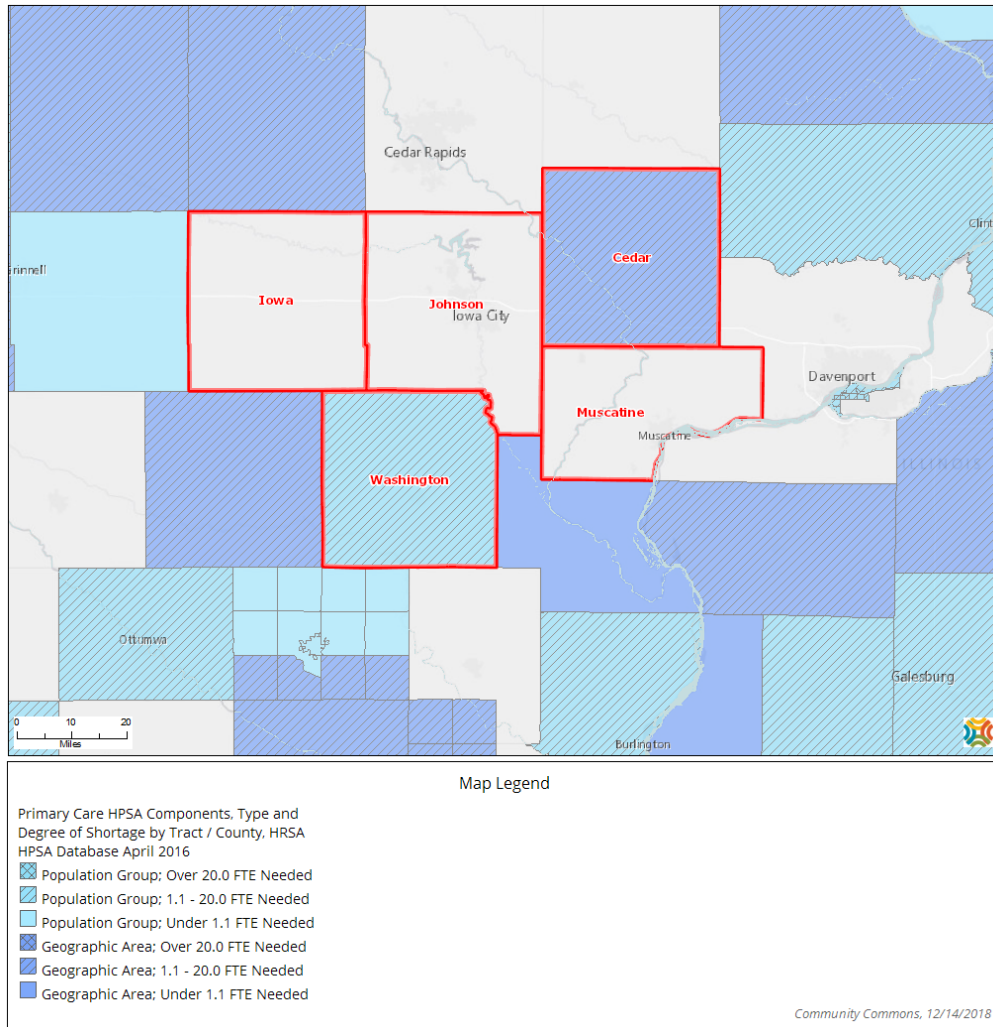
Hospitals & Federally Qualified Health Centers (FQHCs)

The following map provides an illustration of the hospitals and federally qualified health centers (FQHCs) found within the Total Service Area as of March 2018.



Health Professional Shortage Areas (HPSAs)

This map illustrates the locations designated as health professional shortage areas in the Total Service Area as of April 2016.



Resources Available to Address the Significant Health Needs

Incorporating input from community stakeholders taking part in the Online Key Informant Survey, the following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare

- Free Medical and Dental Clinic
- Healthy Kids School-Based Health Clinic
- IC Compassion
- ICCSA Kids Clinic
- Johnson County Public Health

Cancer

- Cancer Care of Iowa City
- Doctor's Offices
- Free Medical and Dental Clinic
- Mayo Clinic
- Mercy Hospital Iowa City

Dementia/Alzheimer's Disease

- Alzheimer's Association
- Brown Deer Place
- Doctor's Offices
- Eastern Iowa Alzheimer's Association
- Heritage Area Agency on Aging
- Iowa Department of Aging
- Johnson County Aging Specialist
- Johnson County Public Health
- Lantern Park
- Mayo Clinic
- Memory Care Unit
- Mercy Hospital
- Nursing Homes
- Oaknoll Retirement Community
- Pathways
- University of Iowa Health Care

Diabetes

- Doctor's Offices
- Free Medical and Dental Clinic
- Hospitals
- Johnson County Public Health
- Mercy Hospital Iowa City

Family Planning

- Emma Goldman Clinic
- Free Medical and Dental Clinic

Hearing & Vision

- Lions Club
- Private Donations

Heart Disease & Stroke

- Free Medical and Dental Clinic
- Iowa Heart Center
- Mercy Hospital Iowa City

HIV/AIDS

- Johnson County Public Health

Immunization & Infectious Disease

- Free Medical and Dental Clinic
- ICCSA Kids Clinic

Infant & Child Health

- Free Medical and Dental Clinic
- ICCSA Kids Clinic
- Johnson County Public Health
- Mercy Hospital

Injury & Violence

- Department of Human Services

Mental Health

- Abbe Center
- Churches
- Community Mental Health
- Crisis Center
- Doctor's Offices
- Eastern Iowa Mental and Disability Services
- Free Medical and Dental Clinic
- ICCSA Kids Clinic

IMPACT Program
Meadowlark Psychiatric Services
Mental Health Services
Mercy Hospital Iowa City
NAMI
Partial Hospital Program
Prelude
Psychiatric Associates, North Liberty
School System
Seashore Psychology
State Mental Hospitals
Tiffin Family Care
United Action for Youth

Nutrition, Physical Activity & Weight

Farmer's Markets
Fitness Centers/Gyms
Healthy Heroes Clinic
Hospitals
Johnson County Public Health
Mercy Hospital
School System
University of Iowa Health Care

Oral Health

Dentist's Offices
Free Medical and Dental Clinic
Johnson County Public Health

Tobacco Use

Center for Drug and Alcohol Services
Johnson County Public Health
Mercy Hospital

Substance Abuse

AA/NA
Crisis Center
Johnson County Public Health
Prelude
Sedlacek Center

Respiratory Diseases

Doctor's Offices

Appendix



Professional Research Consultants, Inc.

Evaluation of Past Activities

PENDING