



2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Johnson, Cedar, Washington, Muscatine, and Iowa Counties, Iowa

Sponsored by
Mercy Iowa City



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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment is a systematic, data-driven 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.

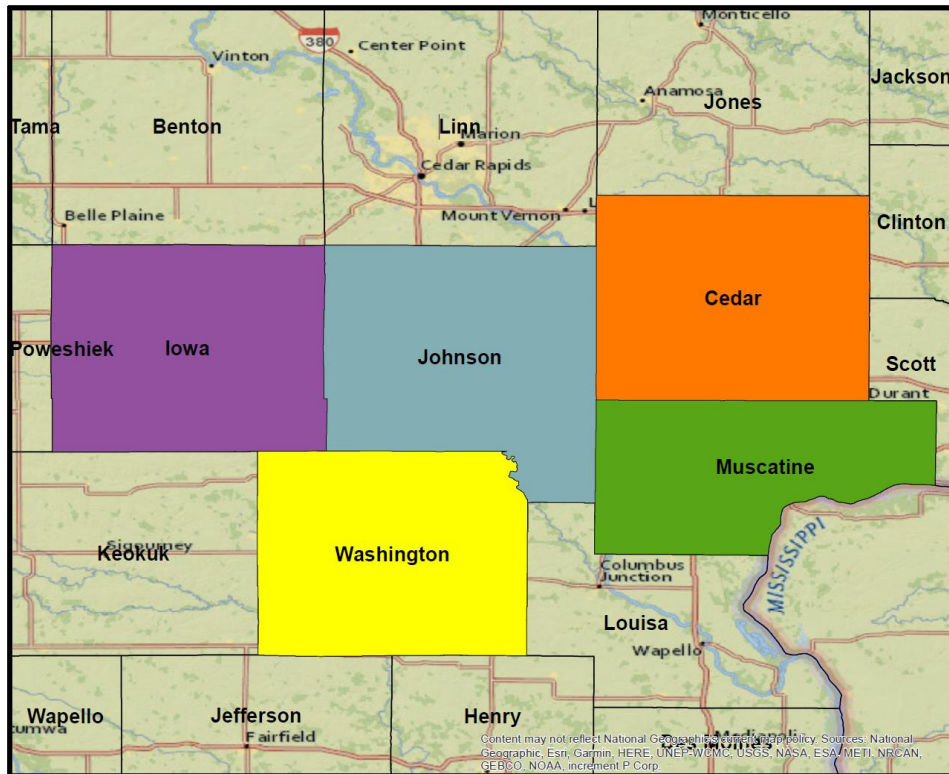
A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

Methodology

Quantitative data input for this assessment 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 among community stakeholders gathered through an Online Key Informant Survey.

Community Defined for This Assessment

The study area for this effort (referred to as “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 community stakeholders (key informants), those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also 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, 23 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	4
Public Health Representatives	4
Other Health Providers	3
Social Services Providers	3
Other Community Leaders	9

Final participation included representatives of the organizations outlined below.

- Coralville Fire Department
- Iowa City
- Iowa City Area Development
- Iowa City Crisis Center
- Iowa City Fire Department
- Johnson County
- Johnson County Public Health Representative
- Kinze Manufacturing
- Lone Tree School District
- Mercy Hospital Emergency Physicians
- Mercy Services
- NAMI of Johnson County
- Oaknoll Retirement Community
- Rural Health and Safety of Eastern Iowa (RHSEI)
- UI College of Public Health
- United Way
- University Police
- Washington County Hospital and Clinics

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: These findings represent qualitative rather than quantitative data. 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.



Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Iowa and National Data

Where possible, state and national data are provided as an additional benchmark against which to compare local findings.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.



- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

For the purpose of this report, "significance" of secondary data indicators (which might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, 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 comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Mercy Iowa City made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Mercy Iowa City had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Mercy Iowa City will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.



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 Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2019)		See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility		6
Part V Section B Line 3b Demographics of the community		23
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community		87
Part V Section B Line 3d How data was obtained		6
Part V Section B Line 3e The significant health needs of the community		11
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs		11
Part V Section B Line 3h The process for consulting with persons representing the community's interests		7
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		91



SUMMARY OF FINDINGS

Significant 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. From these data, opportunities for health improvement exist in the Total Service 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; 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	
MENTAL HEALTH	<ul style="list-style-type: none">• Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none">• Access to Recreation/Fitness Facilities• Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
SOCIAL DETERMINANTS OF HEALTH	<ul style="list-style-type: none">• Linguistic Isolation• Population in Poverty• Housing Burden
SUBSTANCE ABUSE	<ul style="list-style-type: none">• Excessive Drinking• Key Informants: Substance abuse ranked as a top concern.

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. [Mental Health](#)
2. [Nutrition, Physical Activity & Weight](#)
3. [Substance Abuse](#)

Social determinants of health (e.g., housing issues) were not part of this prioritization exercise but will certainly be viewed as an overarching issue and considered in all actions that sponsoring organizations choose to implement.



Hospital Implementation Strategy

Mercy Iowa City will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in the prior CHNA can be found as an appendix to this report.



Summary Tables: Comparisons With Benchmark Data


























The following tables provide an overview of indicators in the Total Service Area, grouped by health topic.

Reading the Summary Tables













- In the following tables, Total Service Area results are shown in the larger, gray column.
- The columns to the left of the Total Service Area column provide comparisons among the five counties, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (☁️) the combined opposing areas.
- The columns to the right of the Total Service Area column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the Total Service Area compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

Note that blank table cells in the tables that follow signify that data are not available or are not reliable for that area and/or for that indicator.








SOCIAL DETERMINANTS	DISPARITY AMONG COUNTIES				
	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Population in Poverty (%)	 18.1	 6.9	 9.9	 9.6	 8.7
Children in Poverty (%)	 14.1	 8.8	 13.7	 13.8	 9.7
Housing Exceeds 30% of Income	 31.4	 15.8	 20.4	 23.5	 19.2
No High School Diploma (% Age 25+)	 5.1	 4.4	 8.6	 11.0	 6.2
Linguistically Isolated Population (%)	 4.7	 0.1	 1.6	 1.7	 0.3



Note: In the section above, each county is compared against all others combined. 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.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
14.4	 11.5	 13.4	 8.0
13.2	 13.8	 18.5	 8.0
27.1	 22.9	 30.9	
6.5	 7.9	 12.0	
3.3	 2.1	 4.3	

 better  similar  worse





















OVERALL HEALTH	DISPARITY AMONG COUNTIES				
	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
"Fair/Poor" Overall Health (%)	 12.8	 12.4	 13.9	 15.3	 13.1

Note: In the section above, each county is compared against all others combined. 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.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
13.3	 13.7	 18.0	











 better  similar  worse

DISPARITY AMONG COUNTIES

ACCESS TO HEALTH CARE	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Uninsured (% Adults 18-64)	 6.8	 4.9	 7.9	 7.5	 4.9
Uninsured (% Children 0-17)	 3.1	 2.5	 3.4	 2.7	 2.4
Recent Primary Care Visit (%)	 74.1	 76.7	 77.3	 75.0	 77.5
Primary Care Doctors per 100,000	 191.7	 21.5	 58.7	 46.6	 68.2

Note: In the section above, each county is compared against all others combined. 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.

TOTAL SERVICE AREA vs. BENCHMARKS





















Total Service Area	vs. IA	vs. US	vs. HP2030
6.8	 7.0	 12.8	 7.9
2.9	 2.6	 5.6	 7.9
75.0	 76.3	 76.1	
134.6	 73.7	 75.8	

 better










 similar

 worse
















DISPARITY AMONG COUNTIES

CANCER	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Cancer (Age-Adjusted Death Rate)	 133.1	 164.2	 170.6	 167.8	 159.7
Prostate Cancer Incidence Rate	 108.2	 112.2	 87.7	 106.6	 83.8
Female Breast Cancer Incidence Rate	 136.9	 131.3	 130.8	 132.9	 111.0
Lung Cancer Incidence Rate	 50.5	 66.2	 51.1	 62.0	 51.4







TOTAL SERVICE AREA vs. BENCHMARKS




Total Service Area	vs. IA	vs. US	vs. HP2030
146.5	 157.5	 152.3	 122.7
103.9	 107.7	 104.5	
132.7	 128.9	 125.9	
54.6	 63.3	 58.3	

DISPARITY AMONG COUNTIES






CANCER (continued)	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Colorectal Cancer Incidence Rate	 38.0	 40.6	 47.6	 53.4	 49.9
Cancer Incidence Rate (All Sites)	 473.1	 489.5	 473.6	 510.3	 471.6
Mammogram in Past 2 Years (% Women 50-74)	 75.5	 75.5	 71.3	 71.8	 75.2

Note: In the section above, each county is compared against all others combined. 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.



Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
43.7	 43.7	 38.4	
482.1	 479.0	 448.7	
74.5	 74.0	 73.7	




 better
  similar
  worse

DISPARITY AMONG COUNTIES
















DIABETES	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Diabetes Prevalence (%)	 4.8	 6.3	 8.0	 6.3	 8.2

Note: In the section above, each county is compared against all others combined. 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.










Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
5.7	 7.3	 8.0	

 better
  similar
  worse

DISPARITY AMONG COUNTIES






HEART DISEASE & STROKE	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Coronary Heart Disease (Age-Adjusted Death Rate)	 89.9	 77.3	 82.0	 89.8	 111.3
Stroke (Age-Adjusted Death Rate)	 23.6	 37.5	 33.2	 29.9	 34.9
High Blood Pressure Prevalence (%)	 24.8	 32.4	 33.7	 32.8	 32.8

Note: In the section above, each county is compared against all others combined. 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.









Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
89.7	 102.7	 92.6	 90.9
27.3	 32.7	 37.3	 33.4
28.0	 31.8	 32.9	 27.7

 better  similar  worse

DISPARITY AMONG COUNTIES











INFANT HEALTH & FAMILY PLANNING	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
No Prenatal Care in First Trimester (%)					
Infant Mortality Rate					
Births to Adolescents Age 15 to 19 (Rate per 1,000)	 5.9	 12.3	 18.6	 25.7	 11.2

Note: In the section above, each county is compared against all others combined. 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.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
4.7	 4.3	 6.1	
4.9	 5.1	 5.8	 5.0
10.4	 17.6	 20.9	 31.4












 better  similar  worse




DISPARITY AMONG COUNTIES

INJURY & VIOLENCE	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Unintentional Injury (Age-Adjusted Death Rate)	 36.6	 28.1	 51.0	 40.2	 52.7
Motor Vehicle Crashes (Age-Adjusted Death Rate)					
Homicide (Age-Adjusted Death Rate)					
Violent Crime Rate	 259.5	 108.7	 366.4	 461.2	 122.2









Note: In the section above, each county is compared against all others combined. 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.

TOTAL SERVICE AREA vs. BENCHMARKS

Total Service Area	vs. IA	vs. US	vs. HP2030
38.9	 42.7	 47.5	 43.2
7.1	 11.0	 11.3	 10.1
0.0	 2.9	 0.0	 5.5
284.1	 283.0	 416.0	






 better
  similar
  worse




DISPARITY AMONG COUNTIES





















MENTAL HEALTH	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Suicide (Age-Adjusted Death Rate)	 10.6		 17.7	 15.1	
Mental Health Providers per 100,000	 376.5	 48.3	 68.3	 68.0	 68.0

Note: In the section above, each county is compared against all others combined. 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.













TOTAL SERVICE AREA vs. BENCHMARKS

Total Service Area	vs. IA	vs. US	vs. HP2030
12.2	 15.1	 13.8	 12.8
252.6	 166.4	 261.6	











 better
  similar
  worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG COUNTIES				
	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Fast Food (Restaurants per 100,000)	 97.8	 43.3	 27.6	 93.6	 30.6
Population With Low Food Access (%)	 8.6	 22.6	 8.9	 17.0	 5.1
No Leisure-Time Physical Activity (%)	 16.8	 23.5	 21.3	 26.5	 18.8
Recreation/Fitness Facilities per 100,000					
Obese (%)	 27.4	 40.9	 32.3	 40.2	 37.0





Note: In the section above, each county is compared against all others combined. 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.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
81.2	 70.1	 82.2	
11.0	 20.0	 22.2	
19.6	 21.7	 22.1	 21.2
8.3	 12.2	 12.2	
31.7	 34.4	 29.5	 36.0

 better  similar  worse






ORAL HEALTH	DISPARITY AMONG COUNTIES				
	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Dentists per 100,000	 221.1	 54.5	 40.5	 39.5	 30.5
Poor Dental Health (%)	 10.1	 10.2	 13.0	 13.0	 12.7

Note: In the section above, each county is compared against all others combined. 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.






Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
147.4	 62.6	 65.6	
11.0	 11.9	 13.8	

 better  similar  worse











DISPARITY AMONG COUNTIES

POTENTIALLY DISABLING CONDITIONS	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Disability Prevalence (%)	 7.3	 10.5	 11.9	 10.6	 12.0








Note: In the section above, each county is compared against all others combined. 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.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
8.8	 11.7	 12.6	
	 better	 similar	 worse
















DISPARITY AMONG COUNTIES







RESPIRATORY DISEASE	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Lung Disease (Age-Adjusted Death Rate)	 21.7	 30.9	 37.4	 48.9	 39.2
Asthma Prevalence (%)	 8.6	 8.2	 8.5	 8.5	 8.4

Note: In the section above, each county is compared against all others combined. 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.






Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
29.6	 46.3	 40.2	
8.5	 8.6	 9.5	
	 better	 similar	 worse

DISPARITY AMONG COUNTIES






SEXUAL HEALTH	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
HIV Prevalence Rate	 147.2	 63.3	 71.5	 62.3	 52.1
Chlamydia Incidence Rate	 684.3	 204.9	 255.8	 429.1	 186.3
Gonorrhea Incidence Rate	 148.8	 27.0	 71.8	 51.3	 24.8

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
114.3	 106.0	 372.8	
534.1	 466.7	 539.9	
108.0	 153.8	 179.1	






DISPARITY AMONG COUNTIES

SUBSTANCE ABUSE	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Excessive Drinker (%)	 23.6	 26.5	 24.8	 24.0	 25.3







Note: In the section above, each county is compared against all others combined. 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.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
24.0	 25.9	 19.3	
	 better	 similar	 worse

DISPARITY AMONG COUNTIES

TOBACCO USE	Johnson County	Cedar County	Washington County	Muscatine County	Iowa County
Current Smoker (%)	 13.6	 16.7	 18.5	 18.4	 17.4

Note: In the section above, each county is compared against all others combined. 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.

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
15.3	 17.4	 17.0	 5.0
	 better	 similar	 worse



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2015-2019)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Johnson County	148,577	612.99	242.38
Cedar County	18,457	579.46	31.85
Washington County	22,100	568.81	38.85
Muscatine County	42,889	437.44	98.04
Iowa County	16,189	586.46	27.60
Total Service Area	248,212	2,785.16	89.12
Iowa	3,139,508	55,856.49	56.21
United States	324,697,795	3,532,068.58	91.93

Sources:

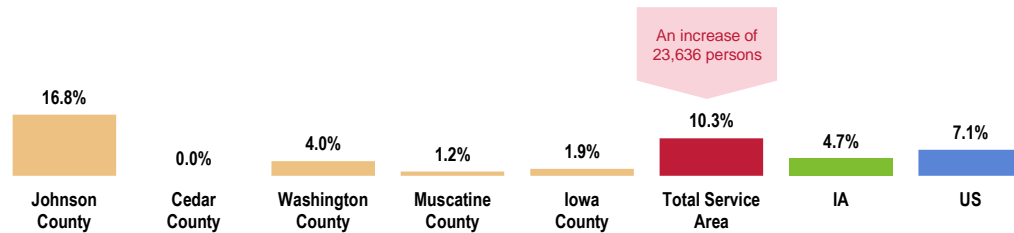
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved via SparkMap (sparkmap.org).

Population Change 2010-2020

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in the Total Service Area between the 2010 and 2020 US Censuses.



Change in Total Population (Percentage Change Between 2010 and 2020)

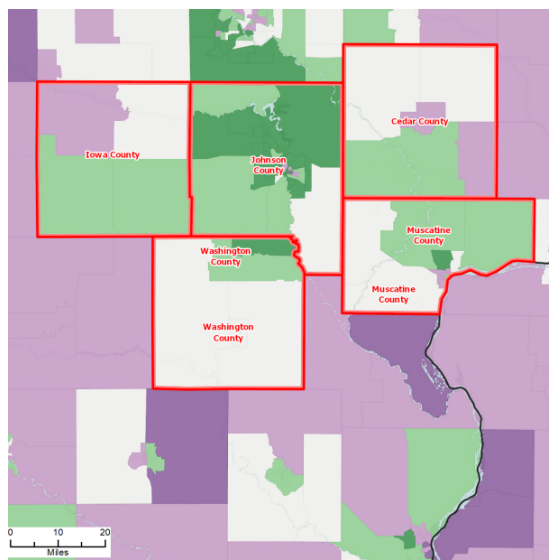


Sources:

- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes:

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



Map Legend

Population Change, Percent by Tract, US Census 2010 - 2020

- Over 10.0% Increase (+)
- 2.0 - 10.0% Increase (+)
- Less Than 2.0% Change (+/-)
- 2.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data

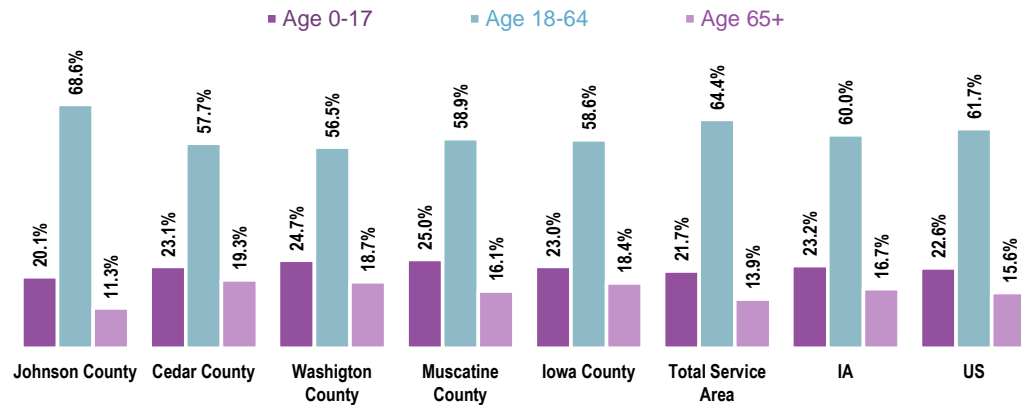
Report Location, County



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.

Total Population by Age Groups (2015-2019)

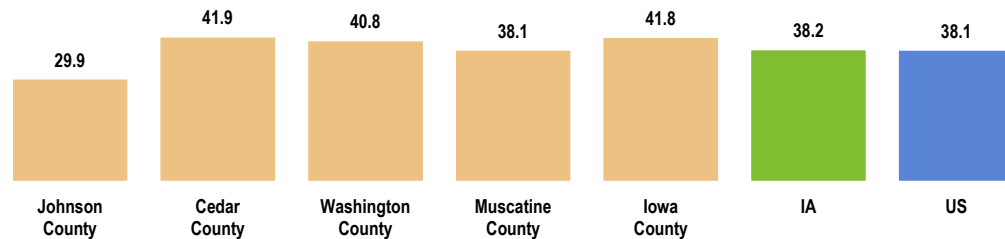


Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Median Age

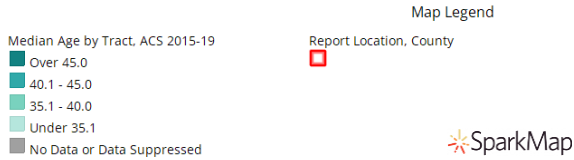
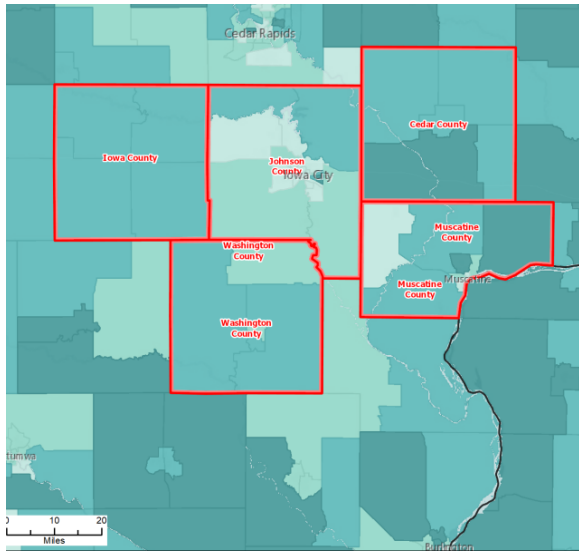
Note the median age of our population, relative to state and national medians.

Median Age (2015-2019)



Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

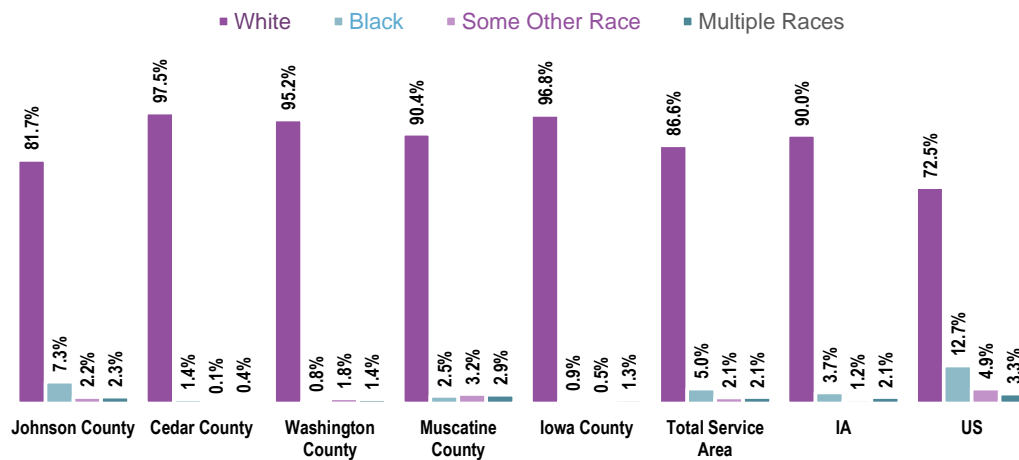




Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. 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.

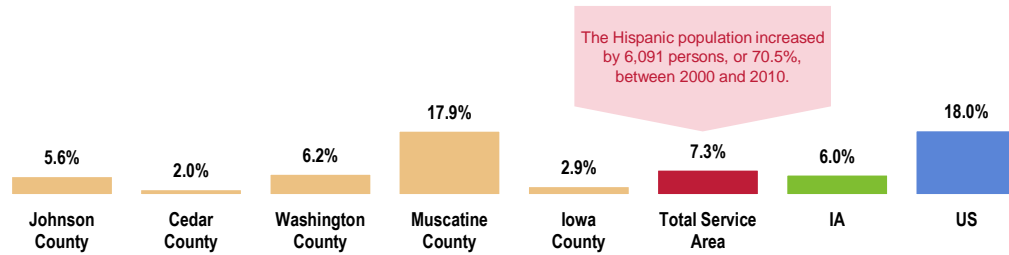
Total Population by Race Alone (2015-2019)



Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).



Hispanic Population (2015-2019)

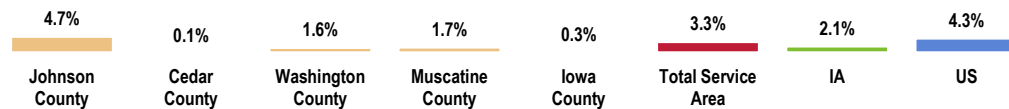


Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
 Notes: • Origin can be viewed as the heritage, nationality group, lineage, or country 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.

Linguistic Isolation

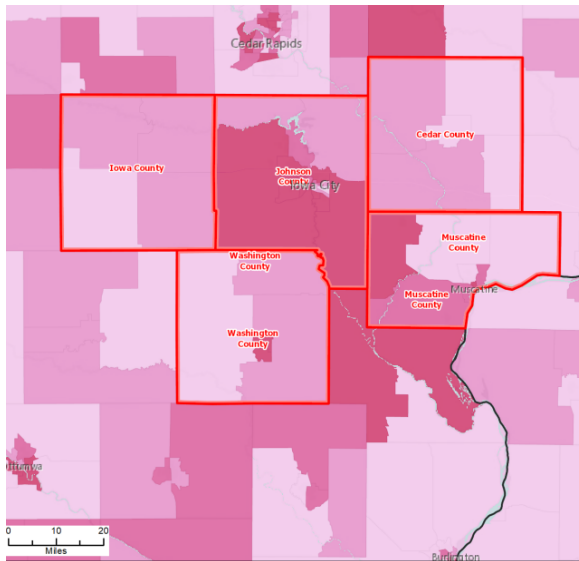
This indicator reports the percentage of the population age 5 years and older who live in a home in which: 1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English “very well.”

Linguistically Isolated Population (2015-2019)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.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.”





Map Legend

- Population in Linguistically Isolated Households, Percent by Tract, ACS 2015-19
- Over 3.0%
 - 1.1 - 3.0%
 - 0.1 - 1.1%
 - No Population in Linguistically Isolated Households
 - No Data or Data Suppressed

Report Location, County



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Poverty

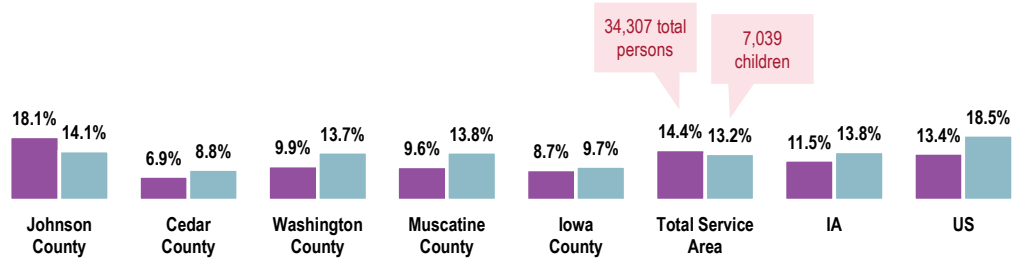
Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to accessing health services, healthy food, and other necessities that contribute to optimal health. The following chart and maps outline the proportion of our population below the federal poverty threshold, as well the percentage of children in the Total Service Area living in poverty, in comparison to state and national proportions.



Population in Poverty

(Populations Living Below the Poverty Level; 2015-2019)
Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children

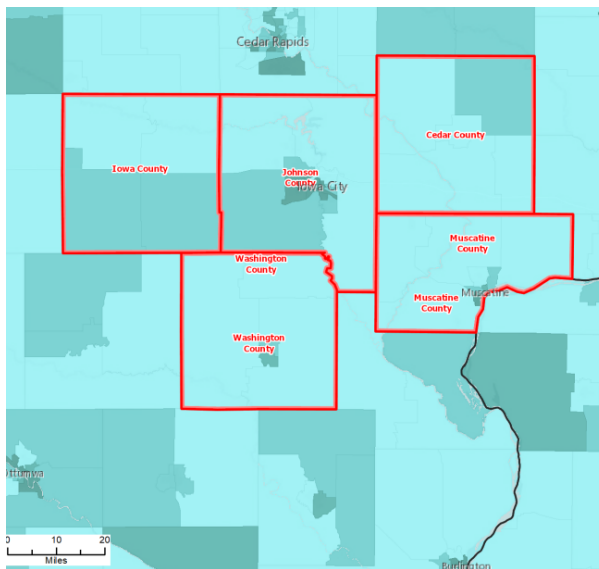


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

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.



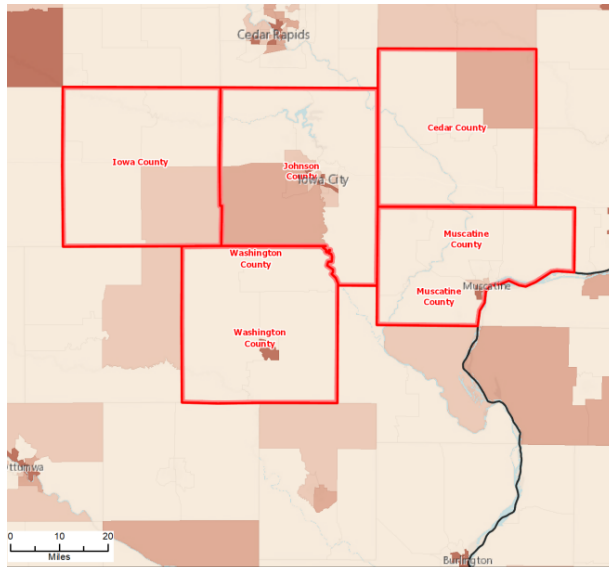
Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2015-19

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Report Location, County

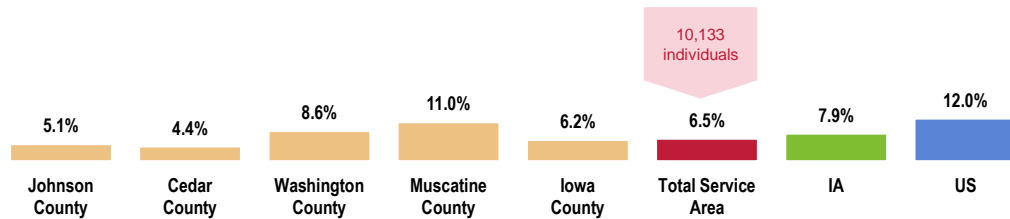




Education

Education levels are reflected in the proportion of our population without a high school diploma.

Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2015-2019)



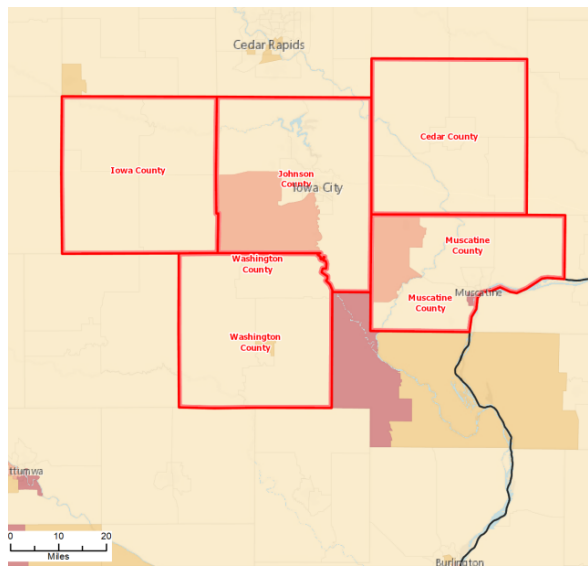
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because educational attainment is linked to positive health outcomes.





Map Legend

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2015-19

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

Report Location, County

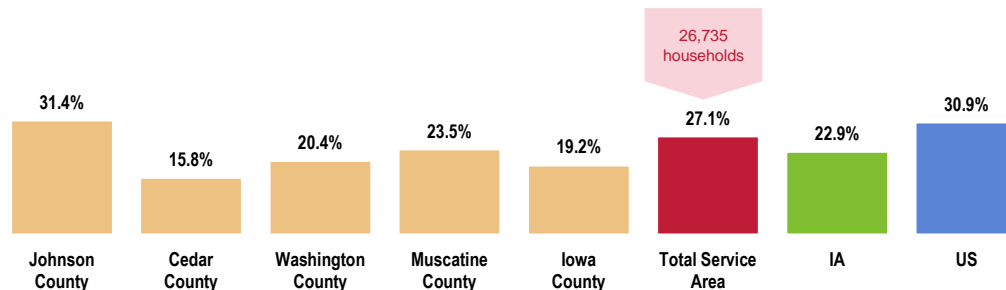


Housing Burden

The following chart shows the housing burden in the Total Service Area. This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

“Housing burden” reports the percentage of the households where housing costs (rent or mortgage costs) exceed 30% of total household income.

Housing Costs Exceed 30% of Household Income (2015-2019)



Sources:

- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.





HEALTH STATUS

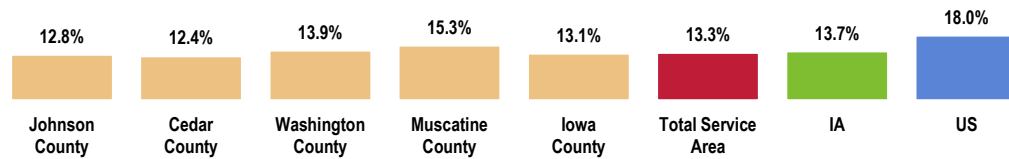
OVERALL HEALTH STATUS

The following indicator provides a relevant measure of overall health status in the Total Service Area, noting the prevalence of residents' "fair" or "poor" health evaluations. While this measure is self-reported and a subjective evaluation, it is an indicator which has proven to be highly predictive of health needs.

The CDC's Behavioral Risk Factor Survey, from which these data are derived, asked respondents:

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

Adults With "Fair" or "Poor" Overall Health (2019)



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes: • This indicator is relevant because it is a measure of general poor health status.



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Suicide

The following reports the rate of death in the Total Service Area due to intentional self-harm (suicide), in comparison to statewide and national rates. Here, these rates are age-adjusted to account for age differences among populations in this comparison. This measure is relevant as an indicator of poor mental health.

AGE-ADJUSTED DEATH RATES

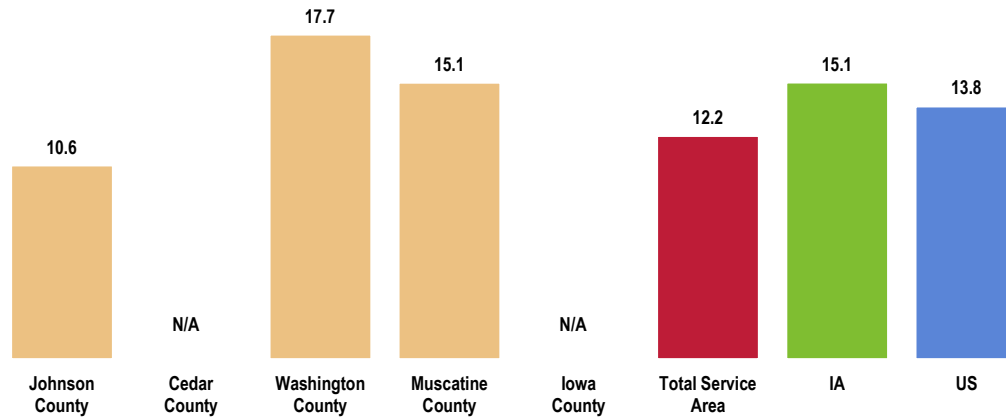
In order to compare mortality in the region with other localities (in this case, Iowa and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

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 2030 objectives.

Note that 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.



Suicide: Age-Adjusted Mortality (2015-2019 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



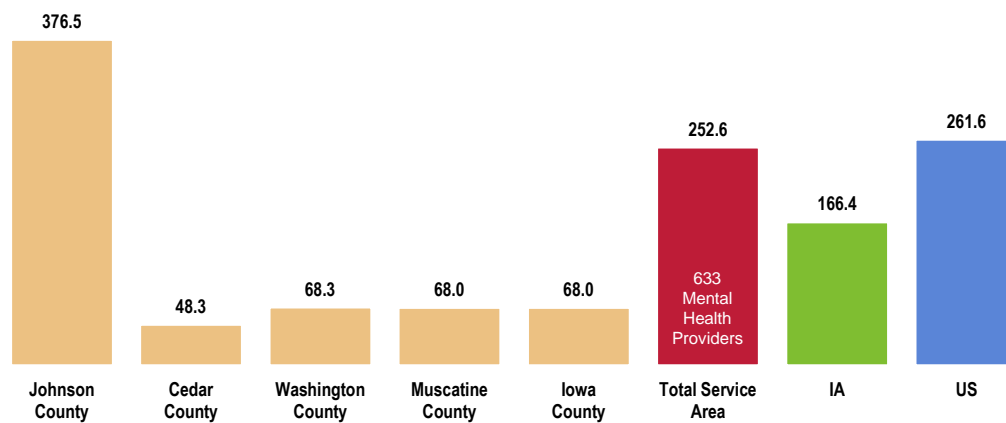
Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via Spark Map (sparkmap.org).
 • US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

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.

Mental Health Providers

The data below show the number of mental health care providers in the Total Service Area relative to the Total Service Area population size (per 100,000 residents). This is compared to the rates found statewide and nationally.

Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2020)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care.

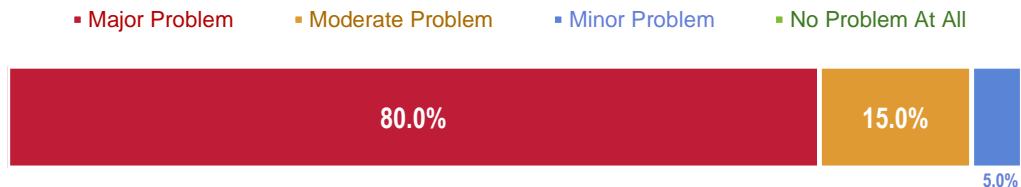
Note that this indicator only reflects providers practicing in the Total Service Area and residents in the Total Service Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.



Key Informant Input: Mental Health

Key informants' ratings of the severity of *Mental Health* as a concern in the Total Service Area are outlined below.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2021)



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

Top Concerns

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

Access to Care/Services

Not being able to get help when needed. – Community/Business Leader

Lack of access and difficulty with payer issues. – Physician

Insufficient resources, difficult to get appointments scheduled in a timely manner, very few 24-hour options. Not enough beds in the area to accommodate those who require in-patient services. – Other Health Provider

People not having access to care. People struggling often have to wait to receive care until they are experiencing a crisis. Why? We do not do that with any other illness. Imagine telling someone we cannot treat your diabetes until your pancreas totally stops working or we cannot treat your cancer until it is terminal. I think the medical system needs to rethink policies and the needs of the community. What about services that help prevent crisis. Make those preventive services open to all. Anger management, resource referral, substance abuse treatment, informational classes, etc. All ways to meet the community and start with early interventions to help prevent crisis. – Public Health Representative

The wait times for treatment and lack of enough providers post COVID to assist with the increase in mental health needs. Significant increase in teens with mental health needs. – Community/Business Leader

Access to providers and the lack of in-patient beds. Frankly, the lack of beds in Mercy is appalling. The U of I is always full, GuideLink is often full, and people who are committed often have to be transported across the state for a bed. The fact that we have two hospitals in our community and only one has a locked psychiatric unit is sad. It is regretful that Mercy chose to take away beds for inpatient mental health patients. – Community/Business Leader

Getting in to see a psychiatrist or mid-level mental health provider is difficult. Getting in to see a therapist is often a long wait as well. No place to go, but the emergency room in a crisis. – Physician

Inpatient beds and counseling services. – Other Health Provider

Contributing Factors

DHS is understaffed and doesn't know how to help. The governor of Iowa is clueless on everything. Access to affordable, insurance covered support services, and the stigma associated with mental health care are the challenges. – Community/Business Leader

Access to mental health services. Barriers include but are not limited to language, transportation, legal status, shame. – Community/Business Leader

Finding a mental health professional that the client connects with is difficult especially considering the limited funding provided to Mental Health Issues. Another major issue is finding mental health professionals that can assist individuals that are hoarders. – Social Service Provider

Access and stigma. – Public Health Representative



Inadequate numbers of mental health providers. Insurance non-coverage or under coverage of mental health. Almost no community-independent, non-UI, non-Mercy, non-Abbe Center, mental health providers accept Medicare. – Physician

The need for mental health services is significant. Last year Johnson County had a significant increase in suicides as well as drug overdoses. There are many barriers for some to access mental health services. There is a shortage of psychiatrists and counselors. It is challenging to navigate therapy and med management appointments. There are few people of color who provide mental health services in this community. Stigma is still a barrier to accessing mental health supports, especially for communities of color. Limited number of providers that accept Medicaid is an issue and the availability of mental health supports for the uninsured. – Social Service Provider





DEATH, DISEASE & CHRONIC CONDITIONS

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ...Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

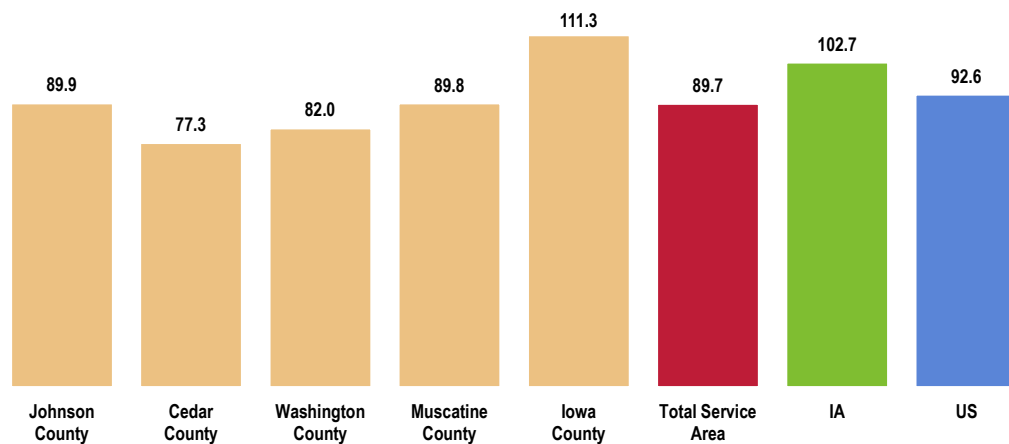
In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Coronary Heart Disease Deaths

Coronary heart disease is a leading cause of death in the Total Service Area and throughout the United States. The chart that follows illustrates how our (age-adjusted) mortality rate compares to rates in Iowa and the US.

Coronary Heart Disease: Age-Adjusted Mortality
(2015-2019 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 90.9 or Lower



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

Notes:

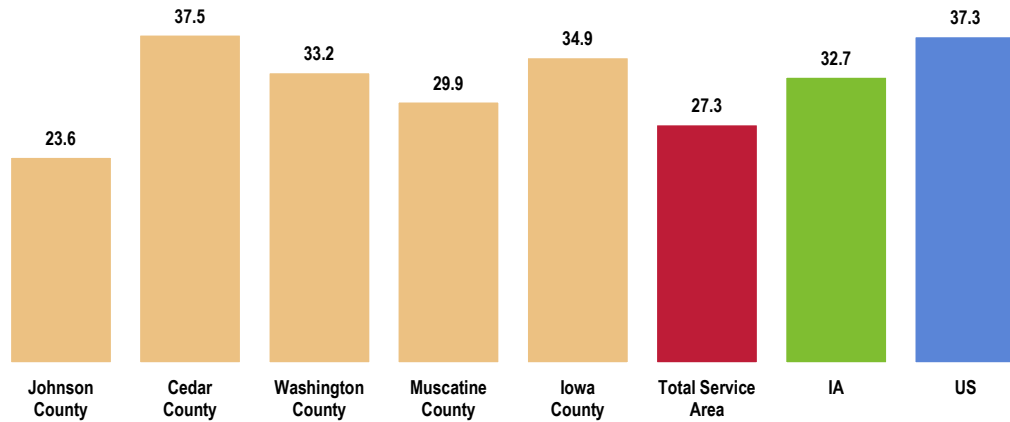
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



Stroke Deaths

Stroke, a leading cause of death in the Total Service Area and throughout the nation, shares many of the same risk factors as heart disease. Outlined in the following chart is a comparison of stroke mortality locally, statewide, and nationally.

Stroke: Age-Adjusted Mortality
 (2015-2019 Annual Average Deaths per 100,000 Population)
 Healthy People 2030 = 33.4 or Lower



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

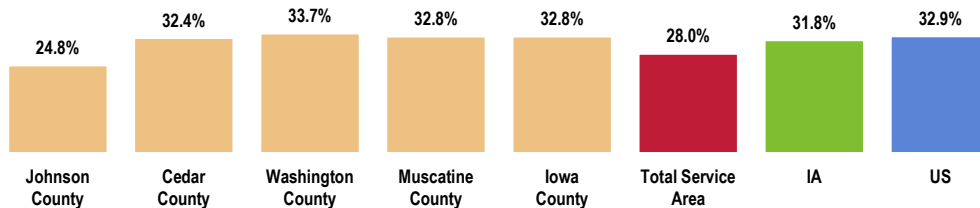
 Notes:

- 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.

High Blood Pressure

Uncontrolled high blood pressure (hypertension) can damage the body and lead to disability or heart attack and stroke. As can be seen in the following chart, a significant share of Total Service Area adults have been told by a health professional at some point that their blood pressure was high.

Prevalence of High Blood Pressure
 (2019)
 Healthy People 2030 = 27.7% or Lower



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

 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.

The CDC's Behavioral Risk Factor Survey asked:

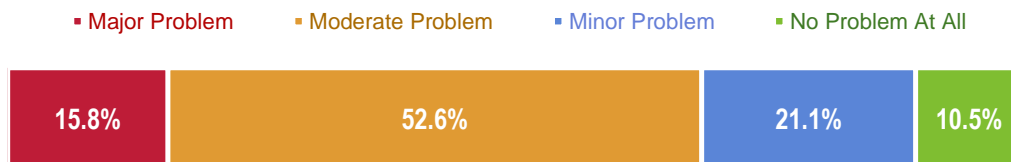
"Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?"



Key Informant Input: Heart Disease & Stroke

Outlined below are key informants' levels of concern for *Heart Disease & Stroke* as an issue in the Total Service Area.

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2021)



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



CANCER

ABOUT CANCER

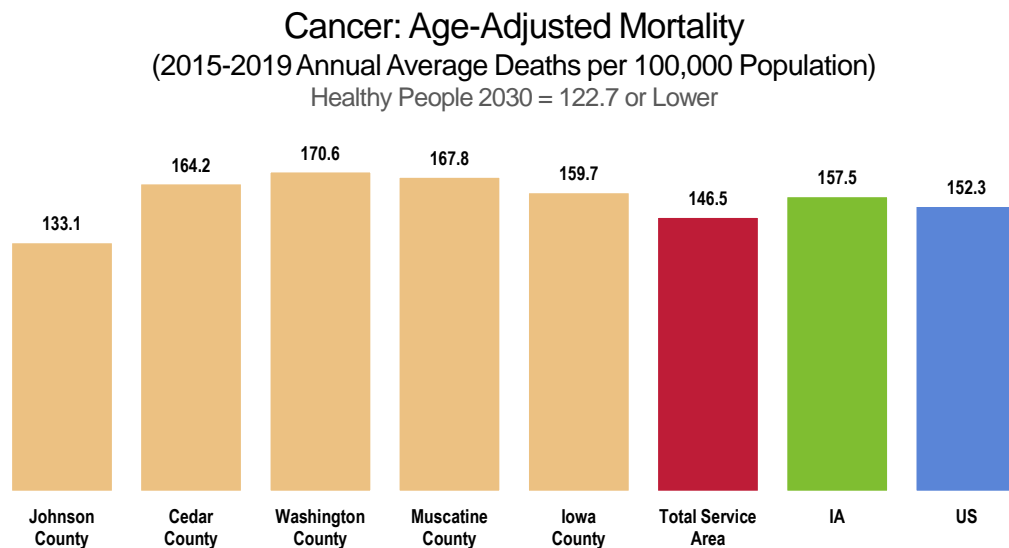
Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Cancer Deaths

Cancer is a leading cause of death in the Total Service Area and throughout the United States. Age-adjusted cancer mortality rates are outlined below.



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via Spark Map (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- 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.



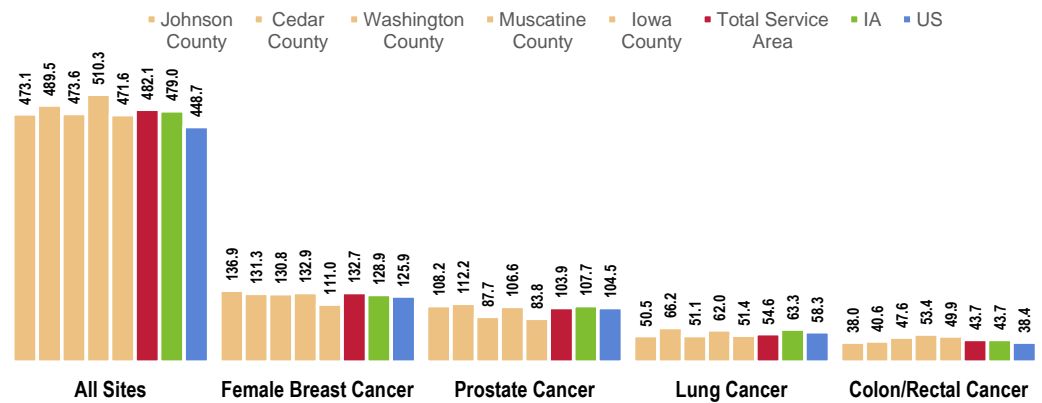
Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

It is important to identify leading cancers by site in order to better address them through targeted intervention. The following chart illustrates the Total Service Area incidence rates for leading cancer sites, including female breast cancer, prostate cancer, lung cancer, and colon/rectum cancer.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight and Tobacco Use* in the **Modifiable Health Risks** section of this report.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2013-2017)



Sources: • State Cancer Profiles.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.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



Mammograms

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

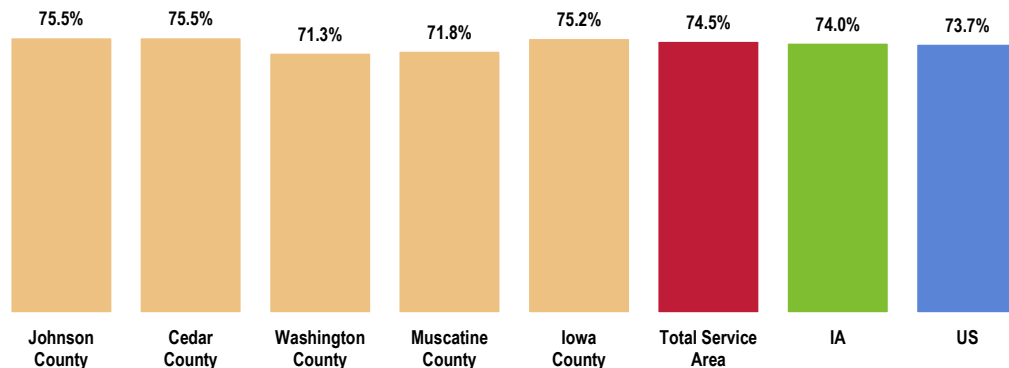
- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

The following indicator outlines the percentage of women age 50-74 who have received a mammogram in the past two years. Mammography is important as a preventive behavior for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers.

Mammogram in Past Two Years (Women Age 50-74; 2018)

Healthy People 2030 = 77.1% or Higher



Sources: • Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
• US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

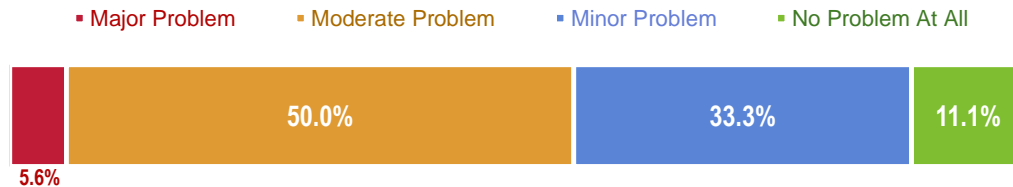
Notes: • This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.



Key Informant Input: Cancer

Key informants' perceptions of *Cancer* as a local health concern are outlined below.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2021)



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

Top Concerns

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

Incidence/Prevalence

Cancer is the second leading cause of death in the US. While fewer people die from cancer now, there are more people diagnosed. Many people travel to Johnson County for complex cancer treatments/ diagnosis. – Community/Business Leader



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

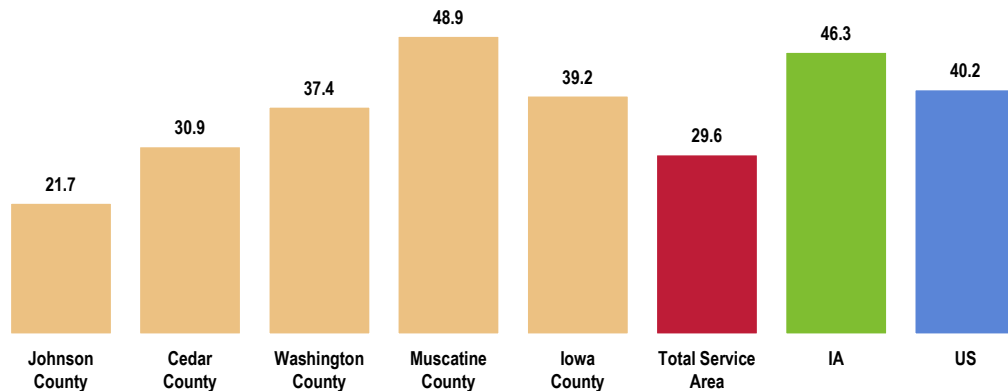
– Healthy People 2030 (<https://health.gov/healthypeople>)

Lung Disease Deaths (CLRD)

The mortality rate for lung disease in the Total Service Area is summarized below, in comparison with Iowa and national rates.

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Lung Disease: Age-Adjusted Mortality
(2015-2019 Annual Average Deaths per 100,000 Population)



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.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.
 - This indicator is relevant because lung disease is a leading cause of death in the United States.



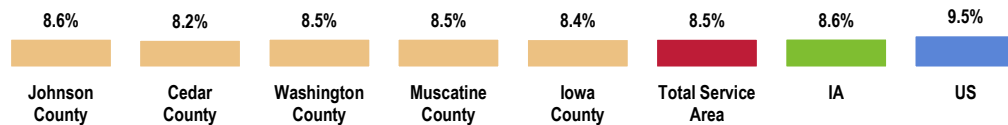
Asthma Prevalence

The following chart shows the prevalence of asthma among Total Service Area adults.

The CDC Behavioral Risk Factor Survey asked respondents:

“Has a doctor, nurse, or other health professional ever told you that you had asthma?”

Prevalence of Asthma (2019)



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- Notes:
- Asked of all respondents.
 - Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Key Informant Input: Respiratory Disease

The following outlines key informants' perceptions of *Respiratory Disease* in our community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2021)

- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All



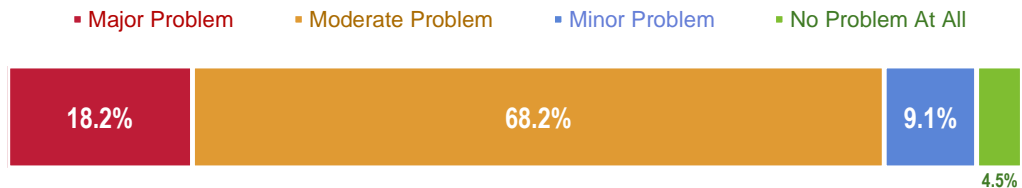
- Sources:
- PRC Online Key Informant Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



Coronavirus Disease/COVID-19

Key informants' levels of concern about *Coronavirus Disease/COVID-19* in the Total Service Area is outlined below.

Perceptions of Coronavirus Disease/COVID-19 as a Problem in the Community (Key Informants, 2021)



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

Top Concerns

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

Incidence/Prevalence

Coronavirus continues to impact everyone in our community regardless of vaccination status. While Johnson County has the highest vaccination rate in the state, there are many disparities with communities of color being disproportionately impacted. This group also has a lower vaccination rate. – Social Service Provider

We are a year and a half into the pandemic and it's still going strong. – Other Health Provider



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

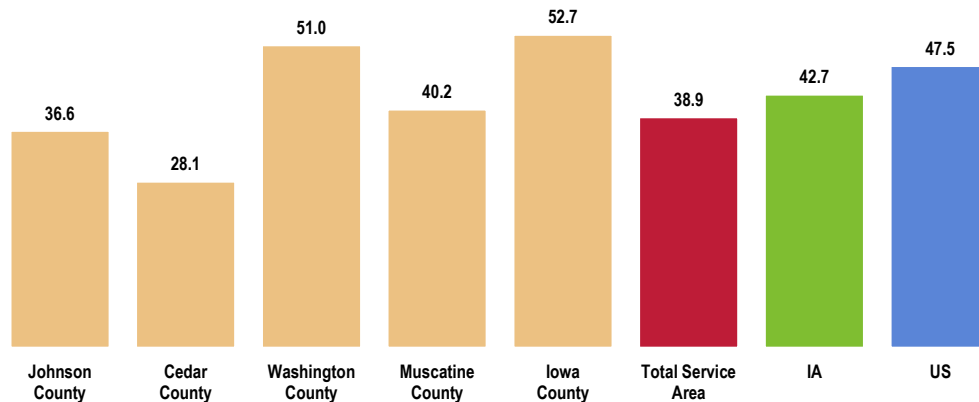
– Healthy People 2030 (<https://health.gov/healthypeople>)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for the Total Service Area, Iowa, and the US.

Unintentional Injuries: Age-Adjusted Mortality
(2015-2019 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
• US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

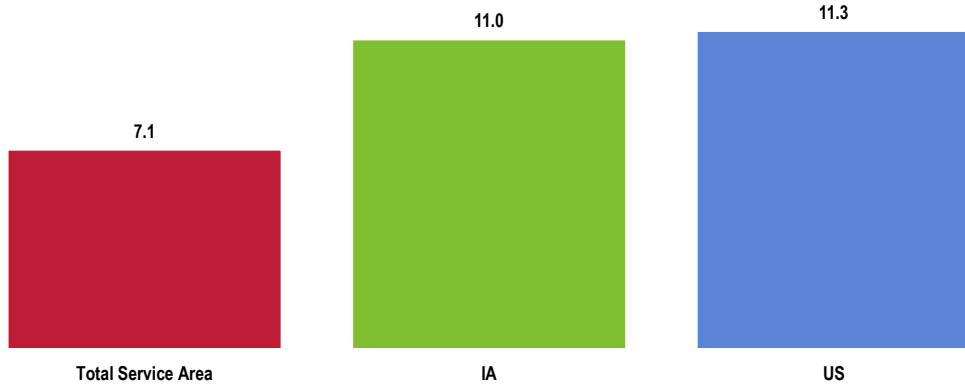
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



Age-Adjusted Motor Vehicle Crash Deaths

Motor vehicle crashes contribute to a significant share of unintentional injury deaths in the community. Mortality rates for motor vehicle crash deaths are outlined below.

Motor Vehicle Crashes: Age-Adjusted Mortality
(2015-2019 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.1 or Lower



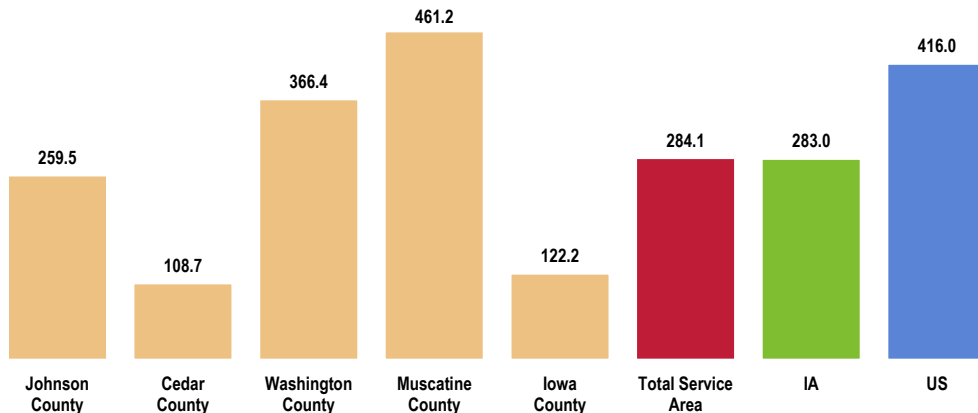
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- 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.
 - This indicator is relevant because motor vehicle crash deaths are preventable, and they are a cause of premature death.

Intentional Injury (Violence)

Violent Crime Rate

The following chart shows the rate of violent crime per 100,000 population in the Total Service Area, Iowa, and the US.

Violent Crime
(Rate per 100,000 Population, 2016)



- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.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.

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

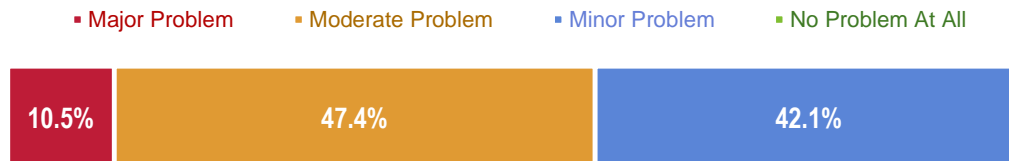
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.



Key Informant Input: Injury & Violence

Key informants' perceptions of *Injury & Violence* in our community:

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2021)



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

Top Concerns

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

Gun Violence

I am a lifelong resident of rural Johnson County. In the past 15 years the increase of gun violence has compounded any precious years. It is unusual that a day goes by without a shooting where someone was either injured, killed or just extremely stressed. I rated this because it is a relatively new issue, while most of the other health problems (although more common) we have lived with these for a long time. – Public Health Representative

Iowa City has seen a large number of gun related incidents as well as three gun murders in the early months of 2021. – Community/Business Leader

Domestic Violence

Domestic violence. We don't do enough to support victims and the lethality is getting worse. This is a significant women's health issue. – Community/Business Leader



DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

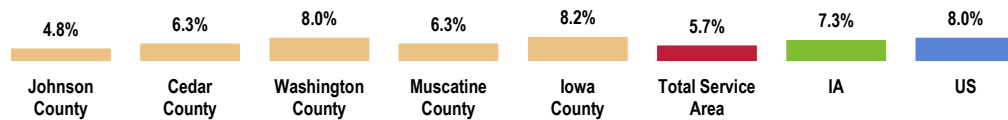
Prevalence of Diabetes

Diabetes is a prevalent and long-lasting (chronic) health condition with a number of adverse health effects, and it may indicate an unhealthy lifestyle. The prevalence of diabetes among Total Service Area adults age 20 and older is outlined below, compared to state and national prevalence levels.

The CDC Behavioral Risk Factor Survey asked respondents:

“Has a doctor, nurse, or other health professional ever told you that you had diabetes?”

Prevalence of Diabetes (Adults Age 20 and Older; 2019)

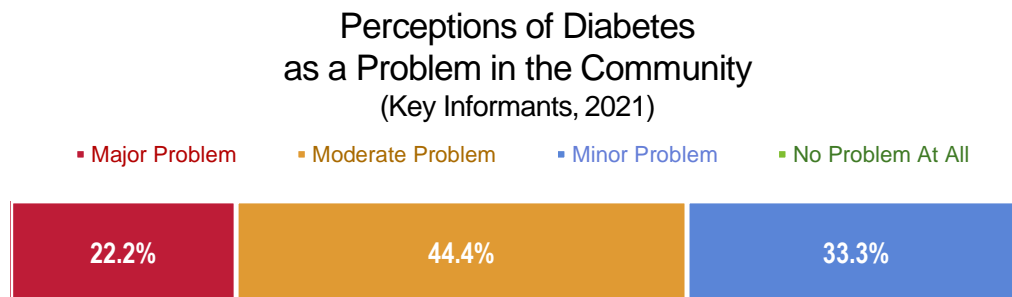


Sources: ● Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
Notes: ● This indicator 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 following are key informants' ratings of *Diabetes* as a health concern in the Total Service Area.



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

Top Concerns

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

Contributing Factors

We need a sugar sweetened beverage tax and that money to support diabetes programming. Cost of care. – Public Health Representative

Diabetes prevention is critical. Poor nutrition and lack of physical activity. Communities of color are disproportionately impacted by diabetes. – Social Service Provider

Affordable Medications/Supplies

Unaffordability of the newer oral and injectable diabetic medications that have been shown to have a major beneficial effect on outcomes but are absurdly expensive and often not covered adequately by insurance. Private or Medicare Part D. – Physician

Access to Care/Services

Access to practitioners and dieticians. – Physician



KIDNEY DISEASE

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. ...People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

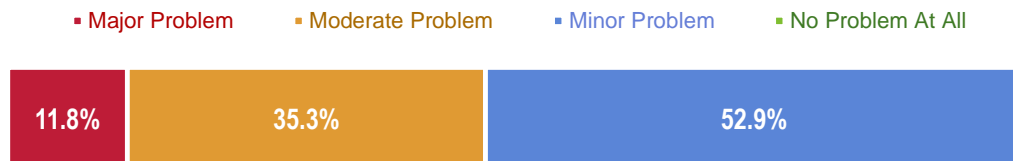
Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Key Informant Input: Kidney Disease

The following are the perceptions of *Kidney Disease* as a community health issue among key informants taking part in an online survey.

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2021)



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

Top Concerns

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

Access to Care/Services

Too many clients needing dialysis and having to go outside of the community for the service. This creates huge logistical issues particularly with older adults and others that are affected that do not have their own transportation. – Social Service Provider

Long waiting lists for dialysis. Many patients sent to Cedar Rapids; some have transportation barriers. – Social Service Provider



POTENTIALLY DISABLING CONDITIONS

Disability

ABOUT DISABILITY & HEALTH

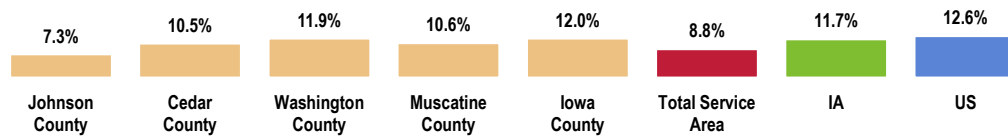
Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

The following represents the percentage of the total civilian, non-institutionalized population in the Total Service Area with a disability. This indicator is relevant because disabled individuals may comprise a vulnerable population that requires targeted services and outreach.

Population With Any Disability (Total Civilian Non-Institutionalized Population; 2015-2019)



Sources:

- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Disability data come from the US Census Bureau's American Community Survey (ACS), Survey of Income and Program Participation (SIPP), and Current Population Survey (CPS). All three surveys ask about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent-living difficulty.

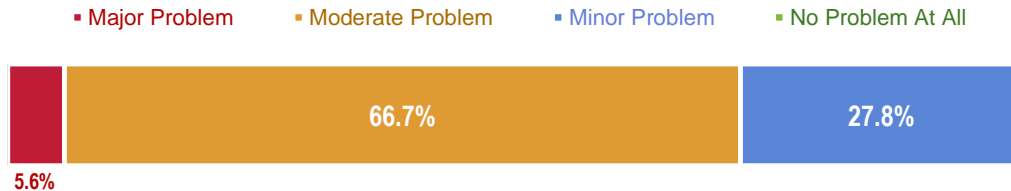
Respondents who report any one of the six disability types are considered to have a disability.



Key Informant Input: Disability & Chronic Pain

Key informants' perceptions of *Disability & Chronic Pain* are outlined below.

Perceptions of Disability & Chronic Pain as a Problem in the Community (Key Informants, 2021)



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

Top Concerns

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

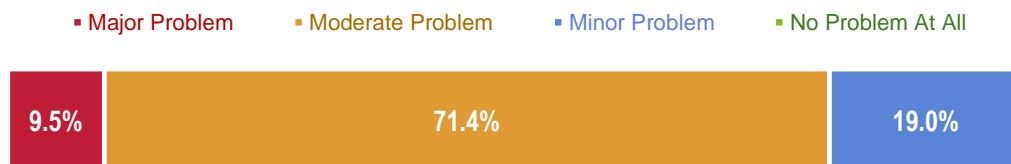
Aging Population

We have an aging population in Iowa that requires disability and chronic pain management. – Community/Business Leader

Key Informant Input: Dementia/Alzheimer’s Disease

The following represents key informants' ratings of *Dementia/Alzheimer’s Disease* as a community health concern.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2021)



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



Top Concerns

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

Contributing Factors

There are no inpatient geriatric care units within 30 miles, there are no dedicated outpatient programs focusing on Alzheimer's, dementia, or memory disorders, we have no day care for older persons, and the leadership of our local health care systems place absolutely no value on addressing this even though ADRD will soon constitute the single most common and costly chronic condition experienced by older persons. By the way, Johnson County is considered a retirement destination and the number of citizens over 65 will be booming for the foreseeable future. In addition, finance people have no notion to create cost benefit ledgers around any of this and default everything to residential care providers... It's so sad that a non-profit community hospital with community benefit obligations continues to ignore this...maybe executive leadership needs to spend a 36-hour day with someone who has ADRD. – Public Health Representative

Access to Care/Services

Difficult to find safe, desirable, clean, and well-staffed. Both numbers and qualifications at reasonable price. – Other Health Provider





BIRTHS

BIRTH OUTCOMES & RISKS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

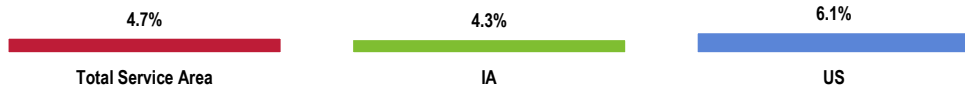
– Healthy People 2030 (<https://health.gov/healthypeople>)

Lack of Prenatal Care

This indicator reports the percentage of Total Service Area women who did not receive prenatal care during their first trimester of pregnancy. This indicator can signify a lack of access to preventive care, a lack of health knowledge, or other barriers to services.

Early and continuous prenatal care is the best assurance of maternal and infant health.

Late or No Prenatal Care in the First Trimester (Percentage of Live Births, 2017-2019)



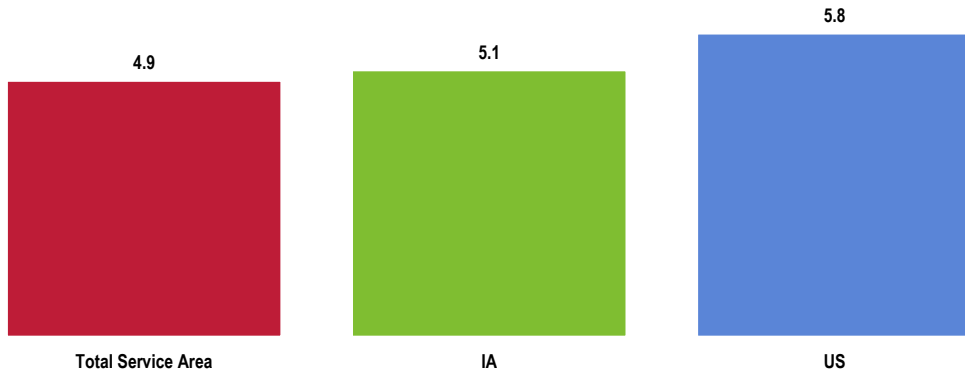
Sources: • Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
Note: • This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. 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.



Infant Mortality

The following chart shows the number infant deaths per 1,000 live births in the Total Service Area. High infant mortality can highlight broader issues relating to health care access and maternal/child health.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2013-2019)
Healthy People 2030 = 5.0 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- 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.



FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

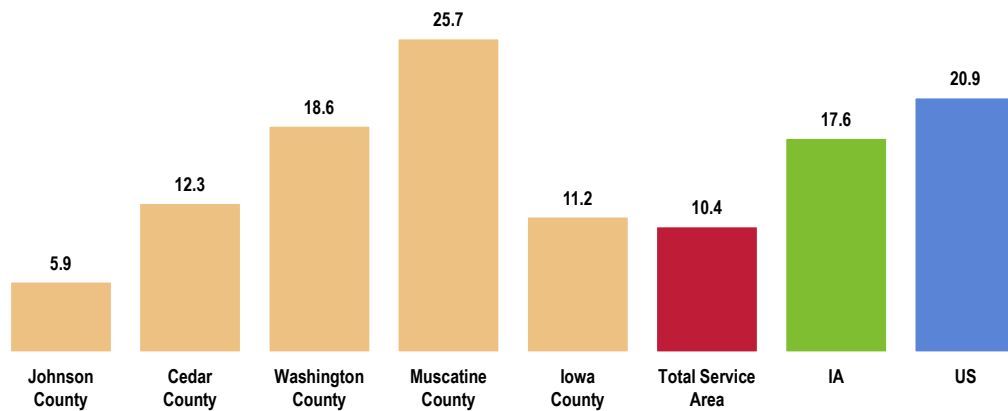
– Healthy People 2030 (<https://health.gov/healthypeople>)

Births to Adolescent Mothers

The following chart outlines the teen birth rate in the Total Service Area, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)
Healthy People 2030 = 5.0 or Lower



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

Notes:

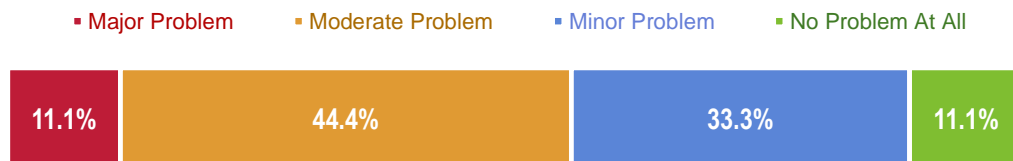
- This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.



Key Informant Input: Infant Health & Family Planning

Key informants' perceptions of *Infant Health & Family Planning* as a community health issue are outlined below.

Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2021)



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

Top Concerns

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

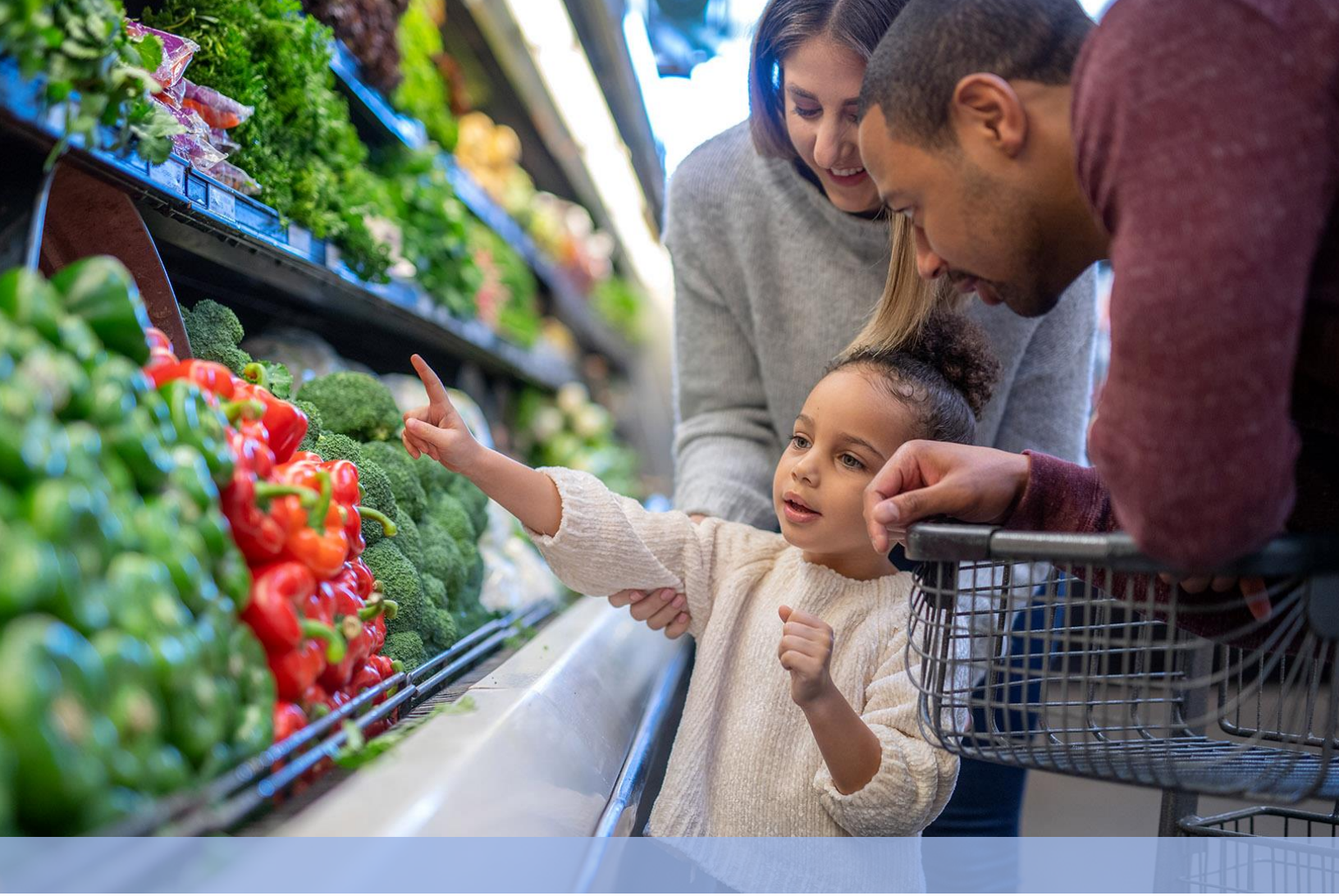
Access to Care/Services

In 2019 Iowa's family planning service use plummeted 85 percent after Iowa switched to new program. The resources for family planning have decrease and therefore the need for services has grown. – Community/Business Leader

Contributing Factors

There are increased barriers to access family planning services since the State began turning away federal family planning funds. Access to prenatal care is very limited for uninsured and undocumented individuals. Infant mortality is on the rise in Johnson County. – Social Service Provider





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

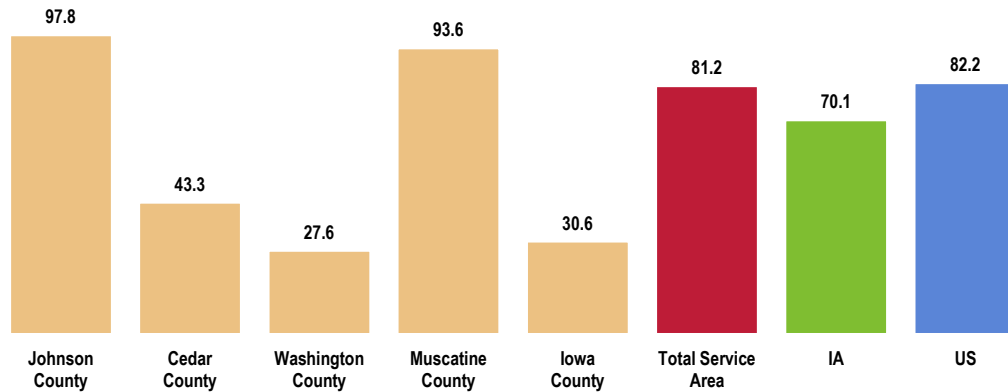
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Food Environment: Fast Food

The following shows the number of fast food restaurants in the Total Service Area, expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on nutrition.

Fast Food Restaurants
(Number of Fast Food Restaurants per 100,000 Population, 2019)



Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
Notes: • This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Access to Healthful Food

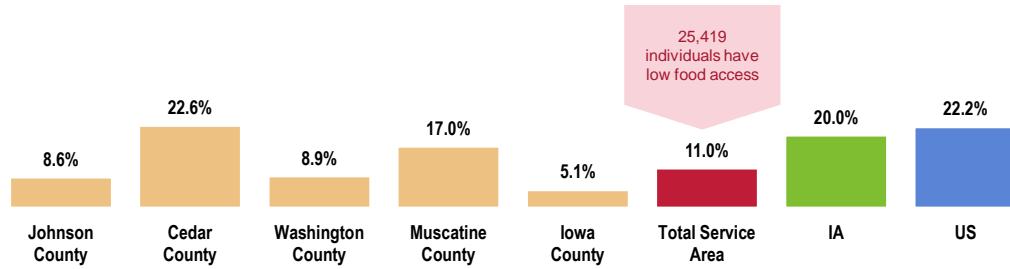
The following chart shows US Department of Agriculture data determining the percentage of Total Service Area residents found to have low food access, meaning that they do not live near a supermarket or large grocery store.

Here, fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

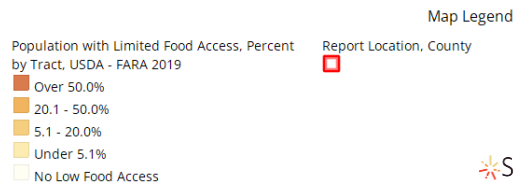
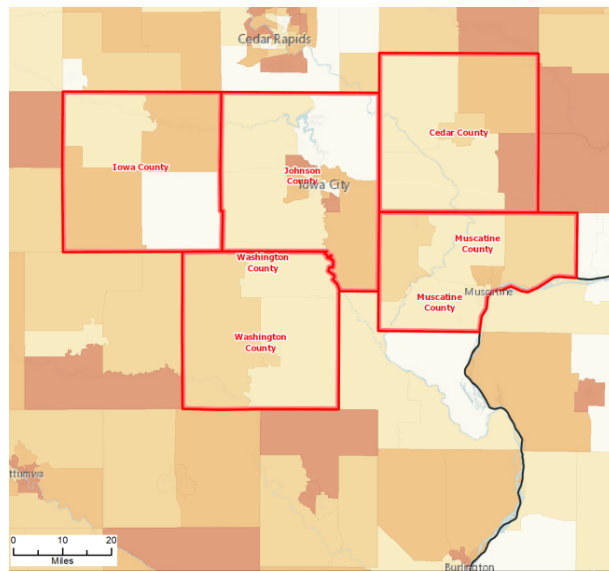
Population With Low Food Access

(Percent of Population Far From a Supermarket or Large Grocery Store, 2019)



Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes: • This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

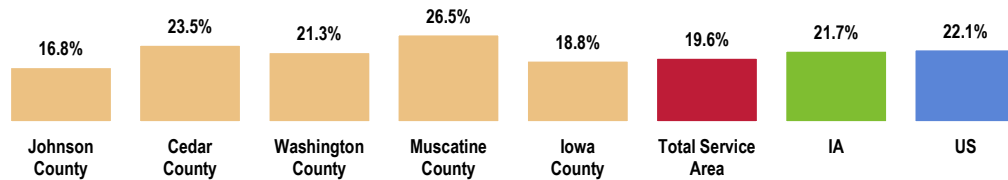
– Healthy People 2030 (<https://health.gov/healthypeople>)

Leisure-Time Physical Activity

Below is the percentage of Total Service Area adults age 20 and older who report no leisure-time physical activity in the past month. This measure is important as an indicator of risk for significant health issues such as obesity or poor cardiovascular health.

No Leisure-Time Physical Activity in the Past Month (Adults Age 20+, 2017)

Healthy People 2030 = 21.2% or Lower



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- Notes:
- 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.

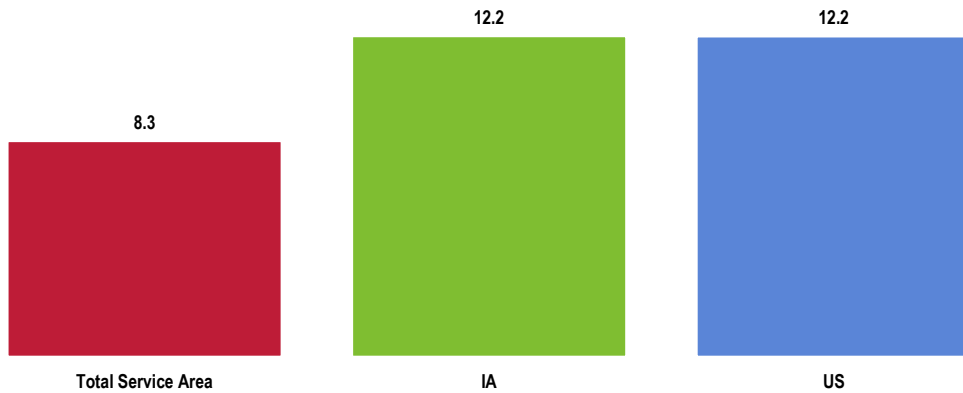
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.



Access to Physical Activity

The following chart shows the number of recreation/fitness facilities for every 100,000 population in the Total Service Area. This is relevant as an indicator of the built environment's support for physical activity and other healthy behaviors.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2019)



- Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."* Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (<https://health.gov/healthypeople>)

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 (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², 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/m².

– 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.

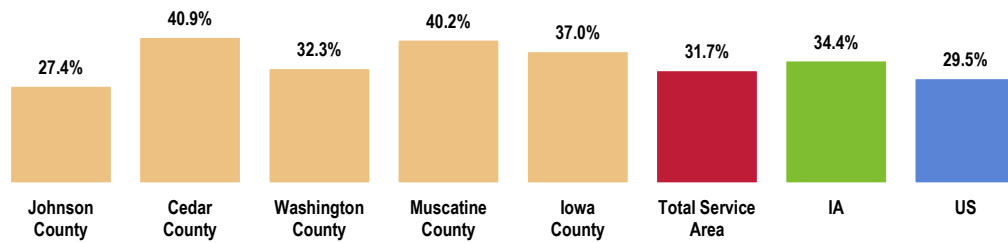


Obesity

“Obese” includes respondents with a BMI value ≥ 30.0 .

Outlined below is the percentage of Total Service Area adults age 20 and older who are obese, indicating that they might lead an unhealthy lifestyle and be at risk for adverse health issues.

Prevalence of Obesity
 (Adults Age 20+ With a Body Mass Index ≥ 30.0 , 2017)
 Healthy People 2030 = 36.0% or Lower

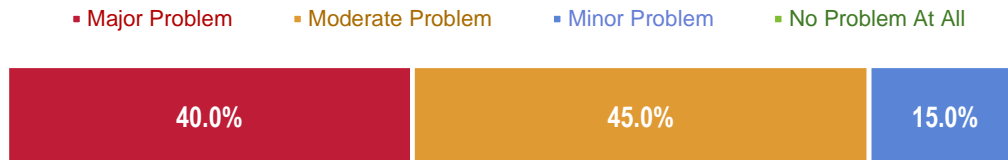


- Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>
- Notes:
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
 - 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

Key informants' ratings of *Nutrition, Physical Activity & Weight* as a community health issue are illustrated below.

**Perceptions of Nutrition, Physical Activity, and Weight
 as a Problem in the Community**
 (Key Informants, 2021)



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



Top Concerns

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

Access to Affordable Healthy Food

Healthy food options are too expensive for lower-income individuals, so they tend to purchase processed unhealthy items which contribute to weight gain. Weight gain contributes to inactivity and the cycle perpetuates. – Other Health Provider

Access to Care/Services

No programs to help children and families lose weight. These types of programs are not covered by insurance generally. Even meeting with a dietitian is not covered, so it is expensive for families. – Physician

Contributing Factors

Healthy eating and adequate physical activity are not part of our culture. Overemphasis on weight/BMI/fat-shaming instead of emphasis on healthy eating and exercise. School nutrition is often not great, probably due to lack of state funding for our schools. – Physician

Obesity

Obesity continues to be a major issue in the United States, which contributes to so many other health conditions. – Social Service Provider



SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

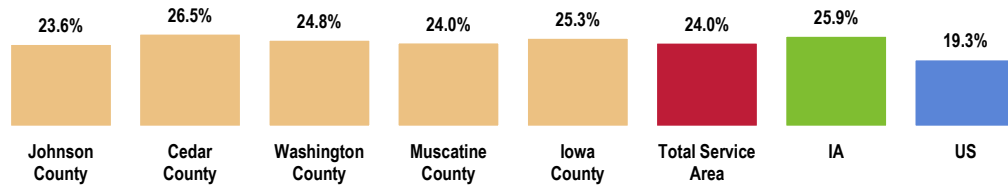
Excessive Alcohol Use

Excessive drinking includes heavy and/or binge drinkers:

- **HEAVY DRINKERS** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKERS** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

The following illustrates the prevalence of excessive drinkers in the Total Service Area, as well as statewide and nationally. Excessive drinking is linked to significant health issues, such as cirrhosis, certain cancers, and untreated mental/behavioral health issues.

Excessive Drinkers (2019)



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.

• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

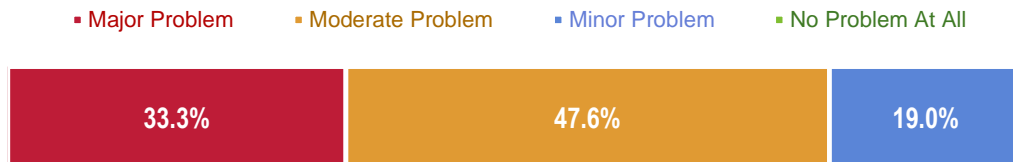
Notes: • This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.



Key Informant Input: Substance Abuse

Note the following perceptions regarding *Substance Abuse* in the community among key informants taking part in an online survey.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2021)



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

Top Concerns

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

Contributing Factors

Knowledge of resources, lack of health insurance, education, and lack of inpatient treatment options. – Community/Business Leader

Cost and available space. – Other Health Provider

Insurance, cost, and location. – Community/Business Leader

First, I'd say there is a lack of substance abuse assessment opportunities for those who need an evaluation. Second, we have spent a considerable amount of time and effort addressing the opioid crisis and completely ignoring the meth crisis. By far, meth is responsible for more overdose deaths than opioids in our community, yet it gets zero attention. We have to raise awareness about the meth crisis. – Community/Business Leader

Access to Care/Services

Accessibility to programs and sponsors when they are most needed. – Community/Business Leader



Most Problematic Substances

Note below which substances key informants (who rated this as a “major problem”) identified as causing the most problems in the Total Service Area.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a “Major Problem”)	
ALCOHOL	66.7%
METHAMPHETAMINE OR OTHER AMPHETAMINES	16.7%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	16.7%



TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking Prevalence

Tobacco use is linked to the two major leading causes of death: cancer and cardiovascular disease. Note below the prevalence of cigarette smoking in our community.

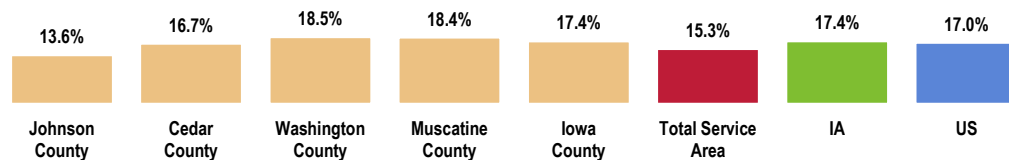
The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

“Do you now smoke cigarettes every day, some days, or not at all?”

“Current smokers” are defined as those who smoke every day or on some days.

Current Smokers (2018)

Healthy People 2030 = 5.0% or Lower



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

Notes:

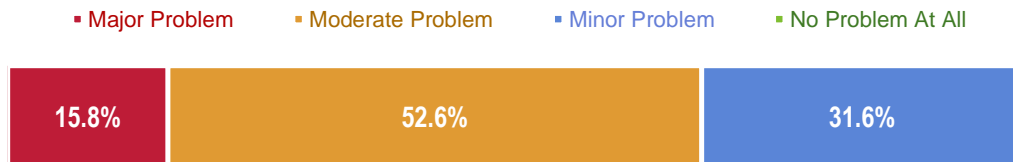
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
- This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.



Key Informant Input: Tobacco Use

Below are key informants' ratings of *Tobacco Use* as a community health concern.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2021)



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

Top Concerns

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

Contributing Factors

● Easily accessible. Vaping is on the rise with still undetermined long-term impact information. – Other Health Provider

E-Cigarettes

● I place vaping into this category. Misleading addictive. – Community/Business Leader

Incidence/Prevalence

● It is the most visible. – Community/Business Leader



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

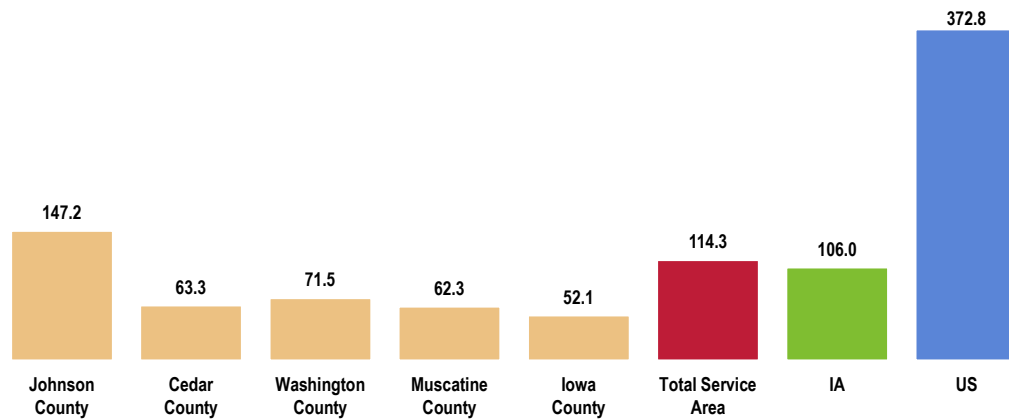
Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (<https://health.gov/healthypeople>)

HIV

The following chart outlines the prevalence of HIV in our community, expressed as a rate per 100,000 population.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2018)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes:

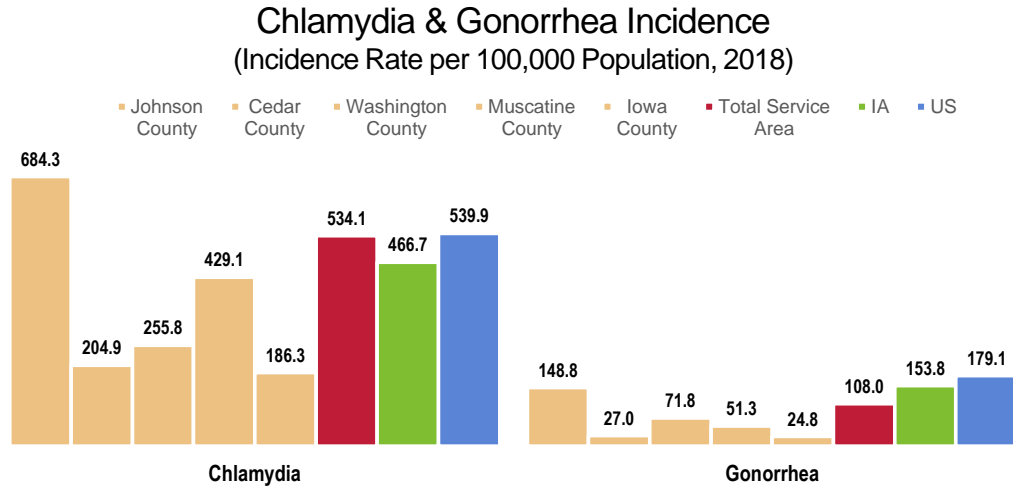
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.



Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

Chlamydia and gonorrhea are reportable health conditions that might indicate unsafe sexual practices in the community. Incidence rates for these sexually transmitted diseases are shown in the following chart.



Sources:

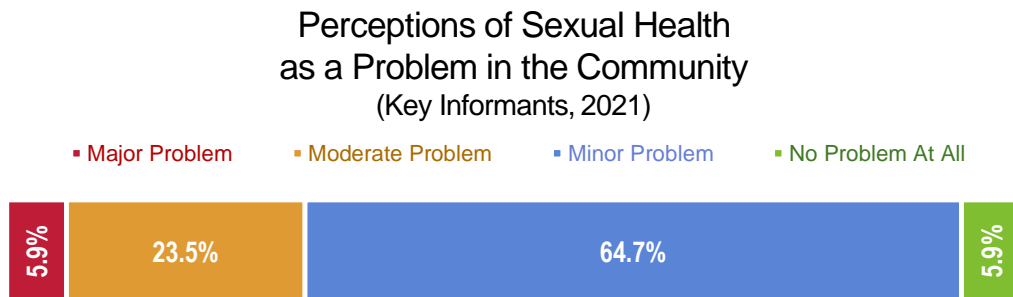
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

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: Sexual Health

Key informants' ratings of *Sexual Health* as a community health concern are shown in the following chart.



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.

Top Concerns

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

Contributing Factors

Increase STIs, especially among youth people. Lack of access to reproductive health services. – Social Service Provider





ACCESS TO HEALTH CARE

BARRIERS TO HEALTH CARE ACCESS

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

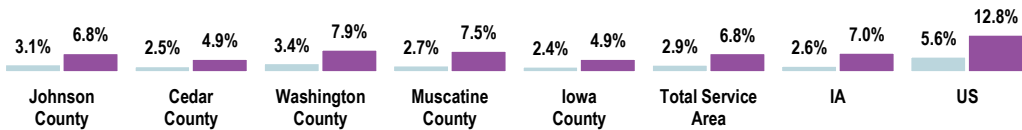
Lack of Health Insurance Coverage

Health insurance coverage is a critical component of health care access and a key driver of health status. The following chart shows the latest figures for the prevalence of uninsured adults (age 18 to 64 years) in the Total Service Area.

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 health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Uninsured Population (2019)
Healthy People 2030 Target = 7.9%

■ Children (0-17) ■ Adults (18-64)



Sources:

- US Census Bureau, Small Area Health Insurance Estimates. & American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via Spark Map (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>

Notes:

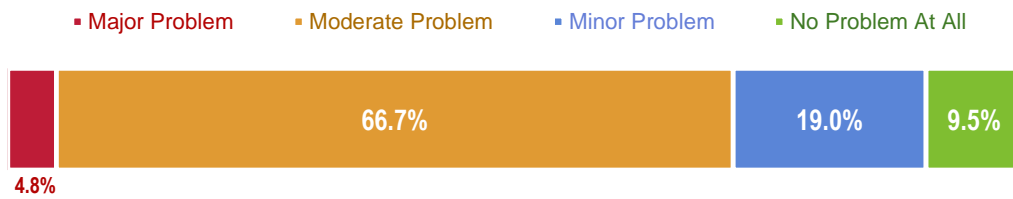
- The lack of health insurance is considered a *key driver* of health status. This indicator is relevant because lack of insurance is a primary barrier to healthcare access (including regular primary care, specialty care, and other health services) that contributes to poor health status.



Key Informant Input: Access to Health Care Services

Key informants' ratings of *Access to Health Care Services* as a problem in the Total Service Area is outlined below.

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants, 2021)



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

Top Concerns

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

Access to Affordable Care/Services

- Excessive cost of medical care, both to patients and to businesses having to provide health coverage. – Physician
- Healthcare for those who have the inability to pay. – Other Health Provider

Contributing Factors

- Transportation and access in rural areas is a challenge for many. – Community/Business Leader



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

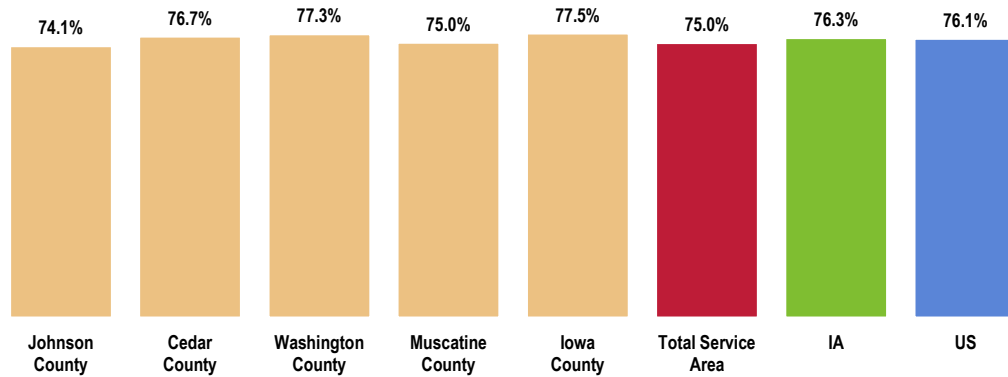
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Primary Care Visits

The following chart reports the percentage of Total Service Area adults who have had at least one visit to a doctor for a routine checkup in the past year.

Primary Care Visit in the Past Year
(2019)



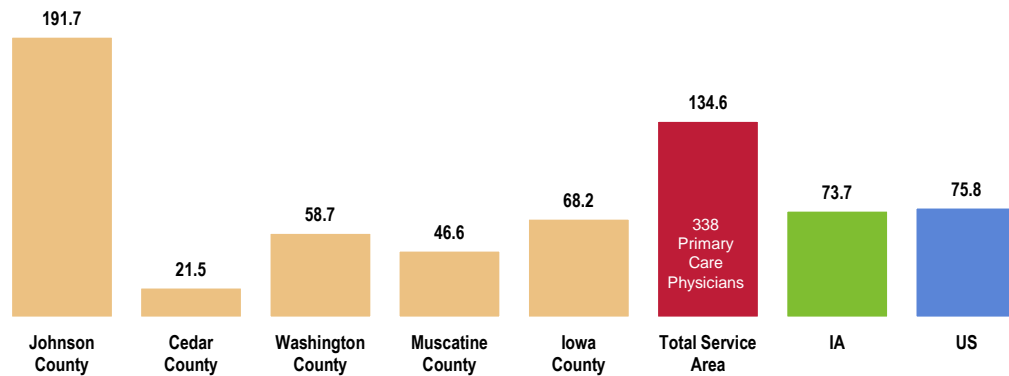
Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
Notes: • This indicator reports the number and percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year.



Access to Primary Care

The following indicator outlines the number of primary care physicians per 100,000 population in the Total Service Area. Having adequate primary care practitioners contributes to access to preventive care.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2018)



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

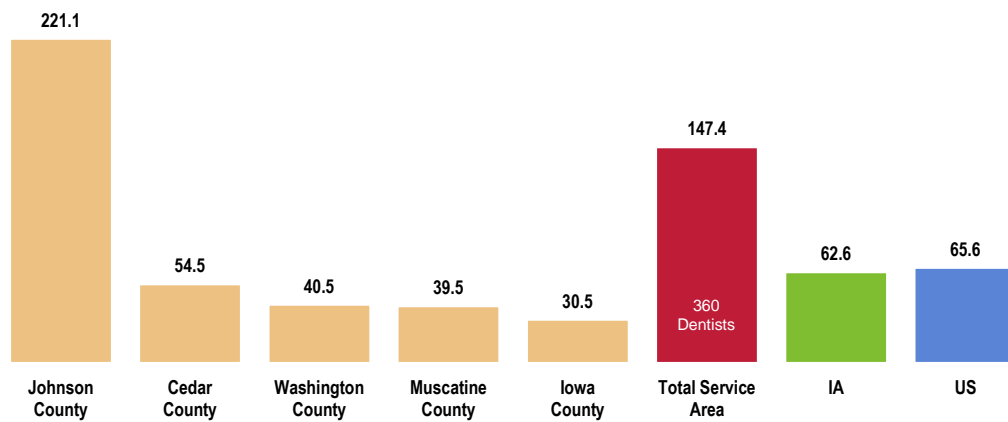
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Dentists

The following chart outlines the number of dentists for every 100,000 residents in the Total Service Area.

Access to Dentists
(Number of Primary Care Physicians per 100,000 Population, 2015)



Sources:

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes:

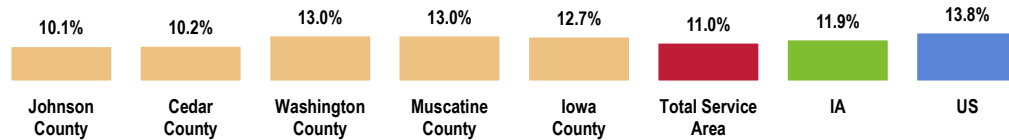
- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Poor Dental Health

The following chart shows the percentage of Total Service Area adults age 18 and older who have had all of their permanent teeth removed due to tooth decay, gum disease, or infection. This indicator can signify a lack of access to dental care and/or other barriers to the use of dental services.



Adults With Poor Dental Health (Loss of All Permanent Teeth, 2018)



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the percentage of adults age 18 and older who self-report that all of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Key Informant Input: Oral Health

Key informants' perceptions of *Oral Health* are outlined below.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2021)



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.

Top Concerns

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

Access for Medicare/Medicaid Patients

Few dentists accept Medicaid. The high cost of dental care is a barrier for many. – Social Service Provider

Aging Population

The older adult population that oftentimes lacks the health coverage for their dental needs. – Social Service Provider





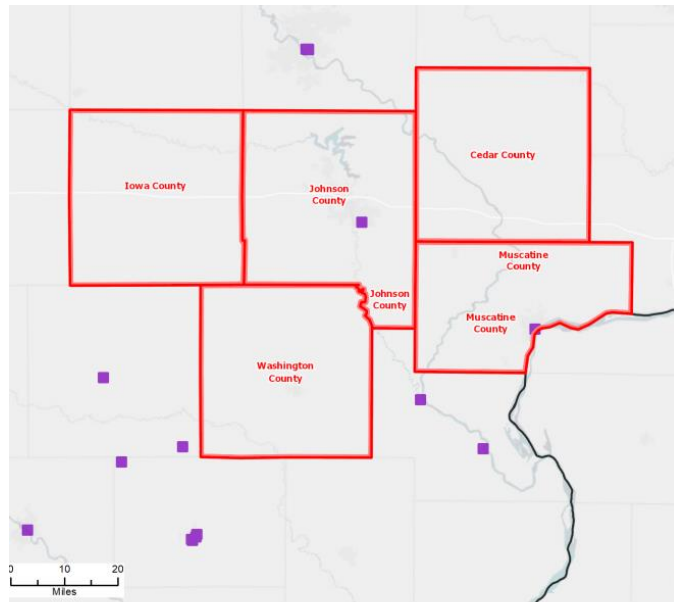
LOCAL RESOURCES

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Total Service Area.

FQHCs are community assets that provide health care to vulnerable populations; they receive federal funding to promote access to ambulatory care in areas designated as medically underserved.



Map Legend

Federally Qualified Health Centers, POS
September 2020

Report Location, County



SparkMap



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- RSVP Volunteer Medical Transportation
- SEATS Program

Cancer

- Iowa City Cancer Treatment Center
- Mercy Hospital
- University of Iowa Hospitals & Clinics

Coronavirus

- Doctor's Offices
- Hy-Vee
- Johnson County Public Health
- Mercy Iowa City
- Pharmacies
- Towncrest Pharmacy
- University of Iowa Hospitals & Clinics

Chronic Kidney Disease

- DaVita Dialysis
- University of Iowa Hospitals & Clinics

Dementia/Alzheimer's Disease

- University of Iowa Geriatric Care

Diabetes

- Doctor's Offices
- Hospitals
- Iowa City Free Medical Clinic
- Johnson County Public Health
- Local Caregivers
- Mercy
- University of Iowa Hospitals & Clinics
- University of Iowa Endocrinology Clinic

Disabilities

- Iowa Compass
- Johnson County Disability Services
- Mercy Hospital
- University of Iowa Hospitals & Clinics

Infant Health and Family Planning

- Doctor's Offices
- Emma Goldman Clinic
- Health Path Clinic
- Johnson County Public Health
- Planned Parenthood
- University of Iowa Hospitals & Clinics

Heart Disease

- Parks and Recreation

Injury and Violence

- Community for Gun Violence
- Faith Community
- Iowans for Gun Safety
- Johnson County Justice Center
- Law Enforcement
- Moms Demand Action

Mental Health

- Abbe Center
- Community Based Resources
- CommUnity Crisis Services
- Crisis Center
- Doctor's Offices
- Eastwind Healing Center
- Foundation II
- Guidelink Center
- Jail Alternative Program
- Mercy
- Mercy Behavioral Clinic
- Mercy Cedar Rapids
- Mercy Iowa City
- NAMI



- Organizations
- Prelude
- University of Iowa Hospitals & Clinics
- United Action for Youth
- United Way
- University of Iowa Psychiatry

Nutrition, Physical Activity, and Weight

- Doctor's Offices
- Farmer's Market
- Free Lunch Program
- Parks and Recreation
- School System

Oral Health

- Doctor's Offices
- University of Iowa Geriatric Care

Sexual Health

- Emma Goldman Clinic
- Planned Parenthood

Substance Abuse

- Abbe Center
- Guidelink Center
- Mercy Hospital
- Prelude
- University of Iowa Hospitals & Clinics





APPENDIX

EVALUATION OF PAST ACTIVITIES

Health Need/ Our 2018 Intended Actions	Impacts of Actions Taken
<p>Mental Health</p> <ul style="list-style-type: none"> • Expand access and visits • Maintain IP and ER coverage • Nurse Navigators 	<p>The volume of outpatient psychiatric encounters treated by our mental health providers has risen from 6,915 in 2019 to 7,551 in 2021. During this time, we extended our services to telehealth visits. Psychiatric patient volumes presenting in our emergency room have remained between 700 and 750 for the last three years. Unfortunately, we had to close our inpatient unit in November 2020 due to financial losses incurred in part due to COVID.</p> <p>Links to "Guild to Mental Health Resources" as well as "Stress and Coping" have been added on the Mercy website for quick and convenient educational information available to the public.</p>
<p>Nutrition, Physical Activity, Diabetes</p> <ul style="list-style-type: none"> • 12 week dietician led program • Endocrinologist 	<p>We offered a 12 week group diabetic program to the public until March 2020 when COVID began. In response to that, we began redirecting participants to our individual one on one sessions led by our registered dietician. Our service volume for these sessions increased from 367 patient in 2019 to 477 in 2021.</p> <p>Our endocrinologist saw 1986 patients in 2019 and 1850 in 2020 before financial performance issues led us to shut down the endocrinology clinic and fold those patients back into the internal medicine clinic. Mercy promoted and participated in local benefit walks such as NAMI, offers a pre-diabetes education program, posts healthy recipes with video instruction on the Mercy website and provides a walk-in wellness program. These aim to increase physical activity and increase healthy eating in our community for overall health benefit.</p>
<p>Substance Abuse</p> <ul style="list-style-type: none"> • Binge drinking • Tobacco use 	<p>Until March 2020, Mercy offered meeting room space at no charge to a local AA group to allow them continued support. This was put on hold due to COVID-19 concerns.</p> <p>We continue to provide smoking cessation counseling to adult smokers who are seen in our clinics.</p> <p>In 2021 Mercy began to participate in National Smokeout Day via multiple social media forums and plans to continue this support in order to boost awareness.</p>
<p>Access to Primary Care physicians</p> <ul style="list-style-type: none"> • Operate a clinic in all 5 counties • Support Free Medical Clinic 	<p>We continued to operate clinics in all five counties of our primary service area. COVID resulted in significant disruptions and deferrals of care which were in part mitigated by our introduction of tele care visits. Muscatine county has increased patient visits by 10% over the last three years. We continued to provide free radiologic exams to patients in the Free Medical Clinic. In years 2019-2021 we provided 189, 123, and 151 free exams.</p>



Health Need/ Our 2018 Intended Actions	Impacts of Actions Taken
Cancer <ul style="list-style-type: none"> Maintain low dose screening program 	We continued to offer the low dose lung cancer screenings over the last three years. Historically these have resulted in finding numerous lung cancers at a time when they are more treatable. Our volumes were slightly lower in 2020 due to COVID disruptions but have rebounded to a new three year high in 2021 of 366.
Heart Disease and Stroke <ul style="list-style-type: none"> Add to capacity to treat heart disease Maintain primary stroke certification 	In our 2018 report, we had expected the growth in cardiology providers would elevate volumes by 25%. Over the last three years, our cardiology encounters in the hospital rose to a new three year high in 2021 of 2226 which is an increase of 35%. Mercy's ECU is staffed 24/7 by RNs and Physicians with a protocol for chest pain patients and has maintained intervention speeds which are faster than the national average. Mercy is a Watson Top 50 Cardio Hospital, has achieved Wellmark's Blue Distinction Center for heart care and retains our primary stroke center certification through The Joint Commission.
Infant Health <ul style="list-style-type: none"> Teen births in Muscatine county 	<p>We have increased our primary care clinic visits in Muscatine county which was identified as having high teen births. Our full-time provider has increased encounter visits with teens by 143% over three years: from 178 in 2019 to 255 in 2021.</p> <p>In 2020 Mercy added the YoMingo app. access through our website which allows access to educational materials on breastfeeding, pregnancy, labor and postpartum as well as appointment tracking, and baby growth trends.</p>
Respiratory Disease <ul style="list-style-type: none"> Chronic lower respiratory disease 	Throughout the last three years, we have employed 2 nurse navigators that are focused on reducing hospitalization readmissions and avoidable emergency room visits, especially from patients with chronic conditions. This effort in conjunction with other strategies has kept the Medicare 30 day readmissions of patients with chronic respiratory diagnoses below 5 for each of the last three years.
Sexually Transmitted Disease <ul style="list-style-type: none"> Chlamydia incidence 	Mercy refilled the infectious disease position that became vacant in 2020. This person closely monitors chlamydia incidence and maintains relationships with the public health departments at the county and state levels. The incidence in 2021 fell by 33% from 2020, perhaps as a result of COVID induced behavioral changes.

