2012 PRC Community Health Needs Assessment Report

Mercy Iowa City Service Area

Sponsored by
MERCY HOSPITAL

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INTRODUCTION

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2000 and 2008, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the Mercy Iowa City Service Area. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

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

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through two Key Informant Focus Groups.

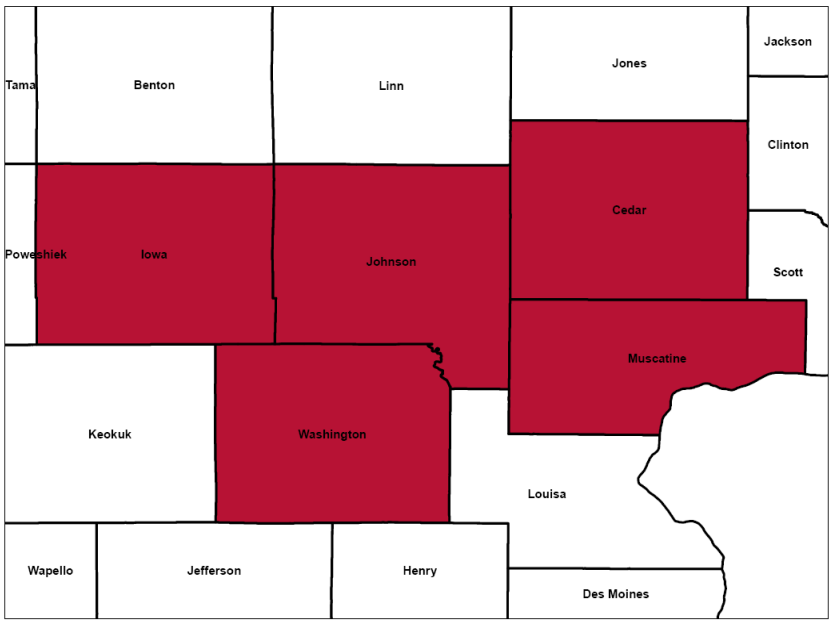
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Mercy Hospital and PRC, and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Mercy Iowa City Service Area" in this report) includes Cedar, Iowa, Johnson, Muscatine and Washington counties. A geographic description is illustrated in the following map.



Sample Approach & Design

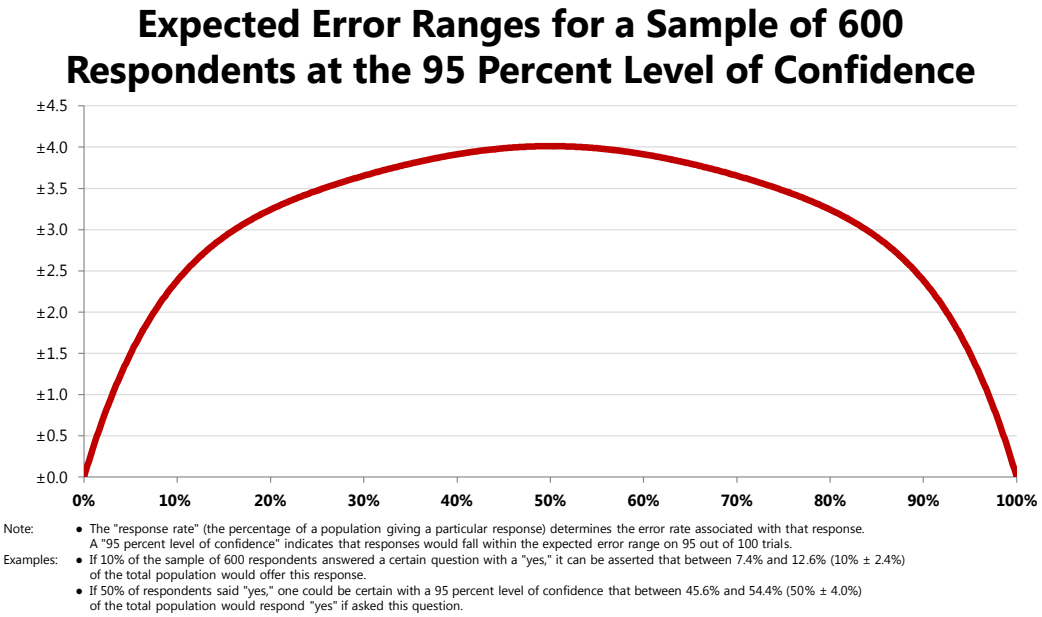
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 600 individuals age 18 and older in the Mercy Iowa City Service Area, including 300 in Johnson County and 150 each in Cedar, Iowa, Muscatine and Washington counties. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Mercy Iowa City Service Area

as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 600 respondents is ±4.0% at the 95 percent level of confidence.



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 600 respondents answered a certain question with a "yes," it can be asserted that between 7.4% and 12.6% (10% ± 2.4%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.6% and 54.4% (50% ± 4.0%) of the total population would respond "yes" if asked this question.

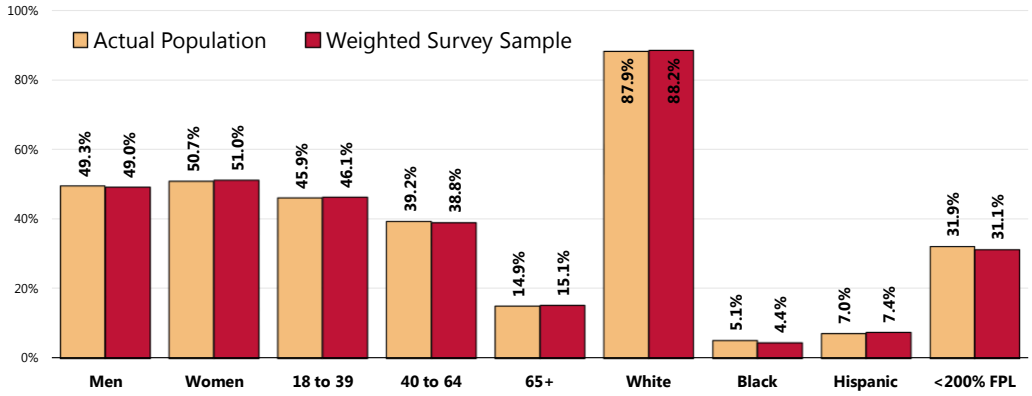
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Mercy Iowa City Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Sample Characteristics

(Mercy Iowa City Service Area, 2012)



Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2012 guidelines place the poverty threshold for a family of four at $23,050 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Key Informant Focus Groups

As part of the community health assessment, two focus groups were held on November 28, 2012. Focus group participants included 15 key informants: representatives from public health; physicians; other health professionals; social service providers; and other community leaders.

A list of recommended participants for the focus groups was provided by Mercy Hospital. 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. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to insure a reasonable turnout.

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

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

- Centers for Disease Control & Prevention
- National Center for Health Statistics
- Iowa Department of Public Health
- Iowa Department of Public Safety
- Iowa Department of Human Services
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data.

Benchmark Data

Trending

A similar survey was administered in the Mercy Iowa City Service Area in 2000 and 2008 by PRC on behalf of Mercy Hospital. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available and represent the combined five-county service area identical to this year's sample. Historical data for secondary data indicators are also included for the purposes of trending.

Iowa Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to

the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

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.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

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 a great number of medical conditions that are not specifically addressed.

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment	

Access to Health Services	• Routine Checkups (Adults)
	• Cost of Prescriptions
	• Influenza Vaccination (Seniors)
	• *Focus Group Concerns*
	  ○ *Insurance*
	  ○ *Lack of Transportation*
	  ○ *Bureaucracy*
	  ○ *Recent Specialty Care Relocations*

Cancer	• Prostate Cancer Deaths • Colorectal Cancer Deaths
Heart Disease & Stroke	• Prevalence of High Blood Pressure & Cholesterol • Cholesterol Screenings

Mental Health & Mental Disorders	• Suicides
	• *Focus Group Concerns*
	  ○ *Lack of Providers & Facilities*
	  ○ *Stigma*
	  ○ *Stress Among Young Adults*
	  ○ *Homeless Population*
	  ○ *Need an Integrated Mental Health System*

Nutrition, Physical Activity & Weight Status	• Overweight & Obesity Prevalence
	• Moderate & Vigorous Physical Activity
	• Medical Advice About Physical Activity
	• *Focus Group Concerns*
	  ○ *Obesity*
	  ○ *Poor Nutrition*
	  ○ *Type II Diabetes*
	  ○ *Nutritional Education*
	  ○ *Promotion of Healthy Lifestyles*

Substance Abuse	• *Focus Group Concerns*
	  ○ *Drug Use*
	  ○ *Inadequate Services/Treatment Facilities*
	  ○ *Underage Drinking*

Top Community Health Concerns Among Community Key Informants

At the conclusion of each key informant focus group, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. **Health Education & Prevention**

   Mentioned resources available to address this issue: Mercy Hospital; University of Iowa Medical Center (UIMC); Veteran's Administration Hospital; Schools; Churches; Chamber of Commerce; Libraries; Johnson County Public Health; Healthy State Initiative-Blue Zones Project.

2. **Mental Health**

   Mentioned resources available to address this issue: University of Iowa Medical Center (UIMC); Mercy Hospital; Free Medical Clinic; Veteran's Administration Hospital; Mid-Eastern Iowa Community Mental Health Center; The Crisis Center of Johnson County.

3. **Access to Healthcare Services**

   Mentioned resources available to address this issue: IowaCare Plan; SEATS Paratransit Service; Veteran's Administration Hospital; Mercy Hospital; University of Iowa Medical Center (UIMC); University of Iowa College of Dentistry; Healthy Kids School-Based Clinics; United Way Agencies.

4. **Obesity, Nutrition & Diabetes**

   Mentioned resources available to address this issue: University of Iowa Medical Center (UIMC); Mercy Hospital; Veteran's Administration Hospital; University of Iowa; IowaCare Plan; Johnson County Public Health; United Way Agencies.

5. **Substance Abuse**

   Mentioned resources available to address this issue: Partnership for Alcohol Safety (PAS); Johnson County Public Health; MECCA Services.

Summary Tables: Comparisons With Benchmark Data

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2000 (or 2008 if the inquiry was not addressed in 2000). *Note that survey data reflect the ZIP Code-defined Mercy Iowa City Service Area.*

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). *Note that secondary data reflect county-level data for the Mercy Iowa City Service Area.*

The following tables provide an overview of indicators in the Mercy Iowa City Service Area, including comparisons among the individual counties, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

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

■ The green columns [to the left of the Mercy Iowa City Service Area column] provide comparisons among the five counties, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing counties.

■ The columns to the right of the Mercy Iowa City Service Area column provide trending, as well as comparisons between the Mercy Iowa City Service Area and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Mercy Iowa City Service Area compares favorably (), unfavorably (), or comparably () to these external data.

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

Access to Health Services	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	5.0	5.3	4.8	9.1	8.2	5.8	14.2	14.9	0.0	8.2
% [65+] With Medicare Supplement Insurance						90.2		75.5		77.8
% [Insured] Insurance Covers Prescriptions	96.7	91.9	95.4	98.9	92.8	95.7		93.9		95.7
% [Insured] Went Without Coverage in Past Year	3.4	5.4	5.5	11.5	2.6	6.1		4.8		4.9
% Difficulty Accessing Healthcare in Past Year (Composite)	30.9	15.5	25.2	30.2	21.7	25.6		37.3		30.1
% Inconvenient Hrs Prevented Dr Visit in Past Year	20.1	7.9	13.0	11.5	13.5	13.0		14.3		10.5
% Cost Prevented Getting Prescription in Past Year	3.8	5.1	8.1	10.2	5.2	7.7		15.0		3.6
% Cost Prevented Physician Visit in Past Year	6.6	4.9	4.4	6.2	4.1	4.9		14.0		6.2
% Difficulty Getting Appointment in Past Year	6.5	2.9	11.1	12.1	7.3	10.0		16.5		7.8
% Difficulty Finding Physician in Past Year	3.5	0.0	5.3	9.9	3.2	5.4		10.7		3.4
% Transportation Hindered Dr Visit in Past Year	3.6	0.0	5.5	3.5	1.5	4.3		7.7		3.5
% Skipped Prescription Doses to Save Costs	7.8	5.1	6.9	9.2	10.1	7.6		14.8		8.1
% Difficulty Getting Child's Healthcare in Past Year						0.8		1.9		3.7

Access to Health Services (continued)	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% [Age 18+] Have a Specific Source of Ongoing Care	87.7	81.2	83.6	94.2	82.6	85.5		76.3	95.0	87.2
% [Age 18-64] Have a Specific Source of Ongoing Care						85.4		75.1	89.4	
% [Age 65+] Have a Specific Source of Ongoing Care						86.8		82.6	100.0	
% Have Had Routine Checkup in Past Year	63.5	76.9	60.3	62.0	65.3	62.4		67.3		61.4
% Child Has Had Checkup in Past Year						91.5		87.0		90.4
% Two or More ER Visits in Past Year	0.3	4.4	7.8	8.3	1.9	6.5		6.5		4.6
% Rate Local Healthcare "Fair/Poor"	6.0	4.6	6.3	7.5	8.3	6.6		15.3		7.3

Note: In the green section, 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.

better similar worse

Arthritis, Osteoporosis & Chronic Back Conditions	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism						28.5		35.4		37.8
% [50+] Osteoporosis						7.8		11.4	5.3	7.4
% Sciatica/Chronic Back Pain	13.3	11.0	15.9	12.3	11.8	14.4		21.5		16.9

Arthritis, Osteoporosis & Chronic Back Conditions (cont.)	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% Migraine/Severe Headaches	1.5	11.0	13.5	14.0	8.4	12.0		16.9		12.4
% Chronic Neck Pain	6.1	1.3	6.8	13.2	6.0	7.4		8.3		7.3

Note: In the green section, 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.

better similar worse

Cancer	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	163.1	186.7	166.9	179.1	170.1	171.0	174.4	174.2	160.6	193.7
Lung Cancer (Age-Adjusted Death Rate)						41.9	48.8	48.5	45.5	
Prostate Cancer (Age-Adjusted Death Rate)						27.6	21.2	22.3	21.2	
Female Breast Cancer (Age-Adjusted Death Rate)						20.1	21.4	22.3	20.6	
Colorectal Cancer (Age-Adjusted Death Rate)						17.0	17.1	16.1	14.5	
% Skin Cancer	15.6	6.2	5.3	12.8	2.7	7.3	5.8	8.1		4.3
% Cancer (Other Than Skin)	13.3	2.1	2.3	6.9	4.4	4.1	6.2	5.5		4.9
% [Men 50+] Prostate Exam in Past 2 Years						70.7		70.5		78.2

Cancer (continued)	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% [Women 50-74] Mammogram in Past 2 Years						82.5	77.3	79.9	81.1	85.8
% [Women 21-65] Pap Smear in Past 3 Years						88.3	80.6	84.7	93.0	92.5
% [Age 50+] Sigmoid/Colonoscopy Ever						71.5	64.2	72.0		43.2
% [Age 50+] Blood Stool Test in Past 2 Years						25.0	17.4	28.3		47.8
% [Age 50-75] Colorectal Cancer Screening						70.6			70.5	

Note: In the green section, 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.

better similar worse

Chronic Kidney Disease	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)						7.6	7.7	15.0		6.5

Note: In the green section, 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.

better similar worse

Diabetes

	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)			10.4	22.4	34.5	16.8	19.5	21.3	19.6	18.1
% Diabetes/High Blood Sugar	3.0	8.7	3.8	7.4	9.9	5.3	8.2	10.1		4.9

Note: In the green section, 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.

better similar worse

Dementias, Including Alzheimer's Disease

	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)		40.1	20.8	15.6	34.3	23.6	30.4	24.3		17.1

Note: In the green section, 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.

better similar worse

Educational & Community-Based Programs

	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% Attended Health Event in Past Year	11.6	21.5	25.1	21.7	18.3	22.5		22.2		24.5

Note: In the green section, 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.

better similar worse

Family Planning

	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% of Births to Unwed Mothers	29.6	23.0	21.0	45.4	28.8	26.9	35.0	40.8		23.1
% Births to Teenagers	4.5	4.9	3.2	10.5	5.8	5.0	7.8	9.9		6.4

Note: In the green section, 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.

better similar worse

General Health Status

	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	8.5	12.4	5.5	13.2	7.7	7.8	13.0	16.8		6.5
% Activity Limitations	19.3	17.5	15.7	13.5	12.7	15.4	20.2	17.0		13.1

Note: In the green section, 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.

better similar worse

Hearing & Other Sensory or Communication Disorders

	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	9.1	13.6	7.8	10.8	11.4	9.2		9.6		7.7

Note: In the green section, 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.

better similar worse

Heart Disease & Stroke	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	179.2	157.5	140.7	186.2	169.9	161.5	178.8	183.7	152.7	181.7
Stroke (Age-Adjusted Death Rate)	54.7	28.2	36.3	51.1	43.4	42.0	41.6	39.9	33.8	63.2
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.6	7.4	2.6	2.2	6.5	3.4		6.1		5.3
% Stroke	1.5	0.0	1.1	4.2	2.8	1.7	2.4	2.7		2.0
% Blood Pressure Checked in Past 2 Years	97.0	95.0	94.1	96.3	97.0	95.1		94.7	94.9	95.4
% Told Have High Blood Pressure (Ever)	26.2	29.3	23.3	38.4	27.8	27.0	29.9	34.3	26.9	20.4
% [HBP] Taking Action to Control High Blood Pressure						89.8		89.1		91.3
% Cholesterol Checked in Past 5 Years	84.4	93.6	83.0	87.5	84.0	84.7	73.7	90.7	82.1	81.7
% Told Have High Cholesterol (Ever)	33.5	35.8	22.3	35.6	37.7	27.9	38.1	31.4	13.5	20.7
% [HBC] Taking Action to Control High Blood Cholesterol						83.2		89.1		79.7
% 1+ Cardiovascular Risk Factor	84.8	85.2	73.8	89.1	91.6	79.8		86.3		82.2

Note: In the green section, 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.

better similar worse

HIV	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% [Age 18-44] HIV Test in the Past Year						19.1		19.9	16.9	18.1

Note: In the green section, 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.

better similar worse

Immunization & Infectious Diseases	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% [Age 65+] Flu Shot in Past Year						71.4	70.2	71.6	90.0	83.4
% [High-Risk 18-64] Flu Shot in Past Year						55.0		52.5	90.0	63.4
% [Age 65+] Pneumonia Vaccine Ever						75.9	70.9	68.1	90.0	64.4
% [High-Risk 18-64] Pneumonia Vaccine Ever						23.1		32.0	60.0	45.5
Tuberculosis Incidence per 100,000	0.0	0.0	2.3	0.8	0.0	1.4	1.4	3.6	1.0	1.6
% Ever Vaccinated for Hepatitis B	39.5	27.4	49.2	32.8	45.2	43.6		38.4		47.3

Note: In the green section, 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.

better similar worse

Injury & Violence Prevention	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)		42.5	26.3	40.7	49.1	32.1	37.4	38.1	36.0	30.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)						11.0	13.3	12.2	12.4	12.0
% "Always" Wear Seat Belt	84.3	75.9	93.5	88.2	75.7	89.0	95.9	85.3	92.4	78.7
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat						92.7		91.6		87.8
% Child [Age 5-17] "Always" Wears Bicycle Helmet						38.7		35.3		24.2
Firearm-Related Deaths (Age-Adjusted Death Rate)						5.4	6.8	10.2	9.2	6.5
% Firearm in Home	58.4	58.1	38.8	49.4	49.0	44.4		37.9		35.3
% [Homes With Firearms] Weapon(s) Unlocked & Loaded						10.2		16.9		5.8
Violent Crime per 100,000	83.5	100.7	277.3	377.2	213.5	261.6	285.2	431.4		354.7
% Victim of Violent Crime in Past 5 Years	0.0	0.0	1.1	2.8	0.0	1.1		1.6		2.4
% Ever Threatened With Violence by Intimate Partner	12.8	6.0	8.0	11.8	5.5	8.7		11.7		8.5
% Victim of Domestic Violence (Ever)	11.5	7.6	9.9	19.0	7.0	11.2		13.5		9.0

Note: In the green section, 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.

better similar worse

Maternal, Infant & Child Health	Each County vs. Others					Mercy Iowa City Svc Area	vs. Benchmarks			TREND
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	
% of Low Birthweight Births	6.0	5.3	6.2	7.3	5.2	6.2	6.7	8.2	7.8	5.9
Infant Death Rate						4.2	5.0	6.4	6.0	3.8
							better	similar	worse	

Note: In the green section, 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.

Mental Health & Mental Disorders	Each County vs. Others					Mercy Iowa City Svc Area	vs. Benchmarks			TREND
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	6.4	6.6	8.0	9.8	7.7	8.1		11.7		9.2
% Major Depression	5.7	2.0	8.2	16.3	7.7	9.0		11.7		8.2
% Symptoms of Chronic Depression (2+ Years)	15.3	13.4	15.1	30.6	22.0	18.4		26.5		18.1
Suicide (Age-Adjusted Death Rate)						13.1	12.2	11.7	10.2	10.3
% Have Ever Sought Help for Mental Health	20.8	13.3	27.1	31.2	22.4	25.9		24.4		16.5
% [Those With Major Depression] Seeking Help						86.6		82.0	75.1	
% Typical Day Is "Extremely/Very" Stressful	8.5	7.2	9.4	13.7	10.3	10.0		11.5		9.5
% Child [Age 5-17] Takes Prescription for ADD/ADHD						11.4		6.5		6.6
							better	similar	worse	

Note: In the green section, 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.

Nutrition & Weight Status	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	36.6	35.9	61.2	41.2	51.6	**52.9**		48.8		27.1
% Medical Advice on Nutrition in Past Year	33.7	43.0	36.9	42.3	41.3	**38.4**		41.9		35.7
% Healthy Weight (BMI 18.5-24.9)	37.0	26.6	38.1	18.8	24.9	**32.7**		31.7	33.9	48.2
% Overweight	63.0	71.8	60.3	81.2	72.4	**66.0**	64.8	66.9		49.4
% Obese	33.5	36.7	26.7	39.1	27.6	**30.2**	29.0	28.5	30.6	17.8
% Medical Advice on Weight in Past Year	21.0	21.5	20.3	38.4	17.8	**23.4**		25.7		21.2
% [Overweights] Counseled About Weight in Past Year						**29.4**		30.9		30.0
% [Obese Adults] Counseled About Weight in Past Year						**40.1**		47.4	31.8	
% [Overweights] Trying to Lose Weight Both Diet/Exercise						**37.0**		38.6		39.1
% Children [Age 5-17] Overweight						**31.5**		30.7		24.8
% Children [Age 5-17] Obese						**10.6**		18.9	14.6	12.6

Note: In the green section, 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.

better similar worse

Oral Health	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	86.5	76.3	72.9	83.0	68.5	75.6	76.0	66.9	49.0	74.6
% Child [Age 2-17] Dental Visit in Past Year						94.9		79.2	49.0	74.0
% Have Dental Insurance	66.8	67.3	72.9	77.6	59.4	71.7		60.8		72.4

Note: In the green section, 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.

better similar worse

Physical Activity	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% [Employed] Job Entails Mostly Sitting/Standing						63.2		63.2		61.9
% No Leisure-Time Physical Activity	21.8	29.7	16.5	25.1	37.3	21.3	25.9	28.7	32.6	29.1
% Meeting Physical Activity Guidelines	47.0	34.2	48.0	36.1	43.7	44.4		42.7		50.0
% Moderate Physical Activity	21.4	18.1	25.1	18.9	24.0	23.1		23.9		30.1
% Vigorous Physical Activity	40.7	24.8	34.2	23.4	34.2	32.2		34.8		38.1
% Medical Advice on Physical Activity in Past Year	35.4	46.7	36.9	50.3	38.1	39.9		47.8		38.4
% Child [Age 5-17] Watches TV 3+ Hours per Day						5.3		19.7		

Physical Activity (continued)	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% Child [Age 5-17] Uses Computer 3+ Hours per Day						6.1		9.9		
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time						27.6		43.4		

Note: In the green section, 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.

better similar worse

Respiratory Diseases	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	32.4		34.2	37.7	49.5	35.6	48.7	43.2		44.7
Pneumonia/Influenza (Age-Adjusted Death Rate)						13.3	17.7	16.5		24.6
% Nasal/Hay Fever Allergies	21.3	22.1	30.2	21.3	17.0	26.2		27.3		23.5
% Sinusitis	14.9	12.9	17.4	8.2	10.5	14.7		19.4		13.7
% Chronic Lung Disease	2.0	2.8	4.3	4.0	5.5	4.1		8.4		3.8
% [Adult] Currently Has Asthma	1.7	6.9	8.3	3.8	7.9	6.8	8.3	7.5		6.0
% [Child 0-17] Currently Has Asthma						5.7		6.8		3.0

Note: In the green section, 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.

better similar worse

Sexually Transmitted Diseases	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000	12.6	6.1	68.5	42.9	24.5	50.7	59.3	101.0		30.7
Primary & Secondary Syphilis Incidence per 100,000	1.8	2.0	1.8	0.0	1.5	1.4	0.7	4.5		0.3
Chlamydia Incidence per 100,000	180.7	228.3	506.7	346.8	220.7	404.3	337.5	429.6		264.2
% [Unmarried 18-64] 3+ Sexual Partners in Past Year						6.8		7.1		5.6
% [Unmarried 18-64] Using Condoms						43.6		18.9		30.7
	Note: In the green section, 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.						better	similar	worse	

Substance Abuse	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)						5.2	7.2	9.2	8.2	
% Current Drinker	60.2	58.3	63.5	58.9	47.8	60.6	60.6	58.8		64.2
% Chronic Drinker (Average 2+ Drinks/Day)	2.7	1.2	4.8	3.4	6.4	4.3	8.1	5.6		6.3
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	31.6	14.8	15.0	12.4	11.9	15.5	23.1	16.7	24.3	26.7

Substance Abuse (continued)	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% Drinking & Driving in Past Month	6.4	2.9	2.9	4.8	3.3	3.5		3.5		11.6
% Driving Drunk or Riding with Drunk Driver	6.4	6.0	2.9	4.8	4.6	3.9		5.5		8.5
Drug-Induced Deaths (Age-Adjusted Death Rate)						6.6	7.8	12.7	11.3	
% Illicit Drug Use in Past Month	1.8	1.6	1.1	1.2	1.9	1.3		1.7	7.1	0.9
% Ever Sought Help for Alcohol or Drug Problem	3.5	0.0	4.8	2.5	0.0	3.5		3.9		3.6

Note: In the green section, 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.

Tobacco Use	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% Current Smoker	10.7	5.5	11.6	18.2	17.7	12.9	20.3	16.6	12.0	22.6
% Someone Smokes at Home	7.1	5.9	9.8	15.4	12.5	10.6		13.6		10.3
% [Non-Smokers] Someone Smokes in the Home	4.8	3.3	3.9	5.7	5.8	4.4		5.7		
% [Household With Children] Someone Smokes in the Home						9.6		12.1		10.3

Tobacco Use (continued)	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% [Smokers] Received Advice to Quit Smoking						66.7		63.7		58.8
% [Smokers] Have Quit Smoking 1+ Days in Past Year						54.3		56.2	80.0	63.1
% Smoke Cigars	7.4	3.7	3.4	7.4	5.8	4.6		4.2	0.2	3.3
% Use Smokeless Tobacco	4.8	2.4	3.9	2.1	5.6	3.7		2.8	0.3	3.0

Note: In the green section, 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.

better similar worse

Vision	Each County vs. Others					Mercy Iowa City Svc Area	Mercy Iowa City Service Area vs. Benchmarks			
	Cedar County	Iowa County	Johnson County	Muscatine County	Washington County		vs. IA	vs. US	vs. HP2020	TREND
% Blindness/Trouble Seeing	5.0	7.0	2.8	6.6	4.1	4.1		6.9		6.5
% Eye Exam in Past 2 Years	57.6	63.1	59.0	64.3	70.3	61.1		57.5		63.1

Note: In the green section, 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.

better similar worse

GENERAL HEALTH STATUS

Overall Health Status

Self-Reported Health Status

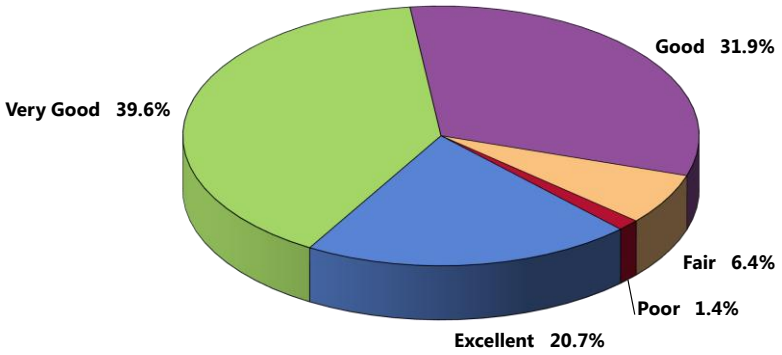
The initial inquiry of the PRC Community Health Survey asked respondents the following:

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

A total of 60.3% of Mercy Iowa City Service Area adults rate their overall health as "excellent" or "very good."

- Another 31.9% gave "good" ratings of their overall health.

Self-Reported Health Status
(Mercy Iowa City Service Area, 2012)

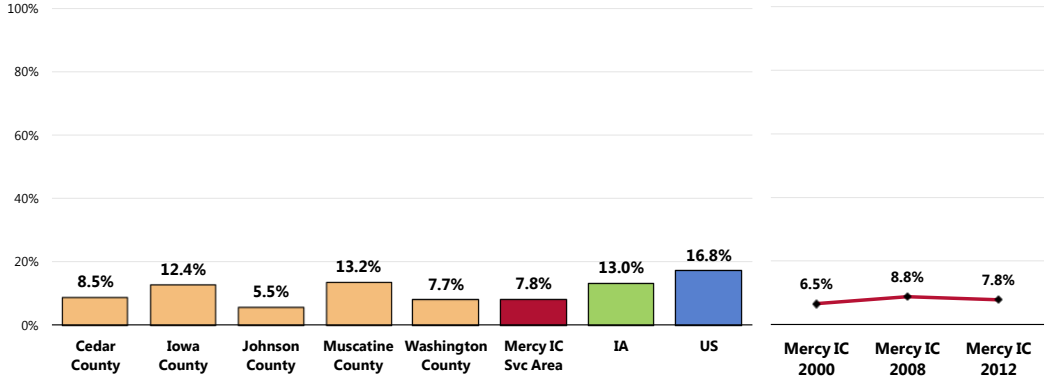


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 7.8% of area adults believe that their overall health is "fair" or "poor."

- Better than statewide findings.
- Better than the national percentage.
- Favorably low in Johnson County.
- No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous survey results.

Experience "Fair" or "Poor" Overall Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

NOTE:

- Differences noted in the text represent significant differences determined through statistical testing.
- Where sample sizes permit, county-level data are provided.
- Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

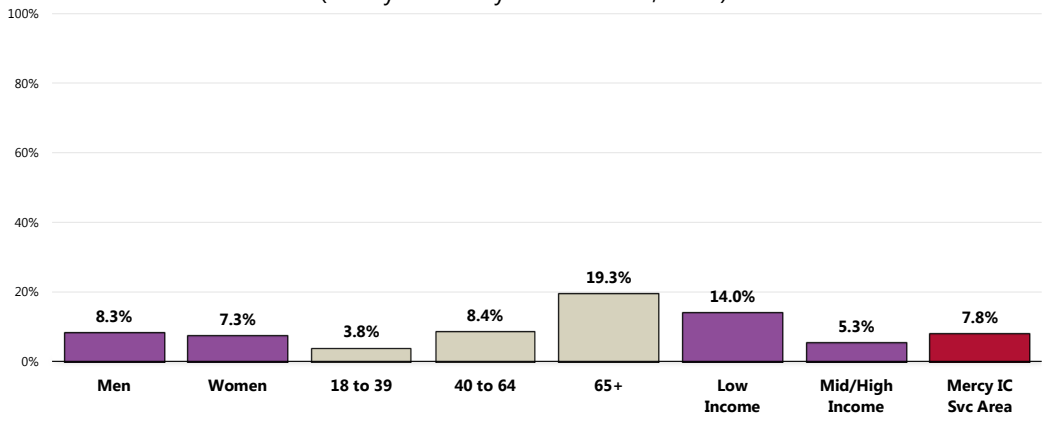
Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

Adults more likely to report experiencing "fair" or "poor" overall health include:

- Seniors (note the positive correlation with age).
- Residents living at lower incomes.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Experience "Fair" or "Poor" Overall Health

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

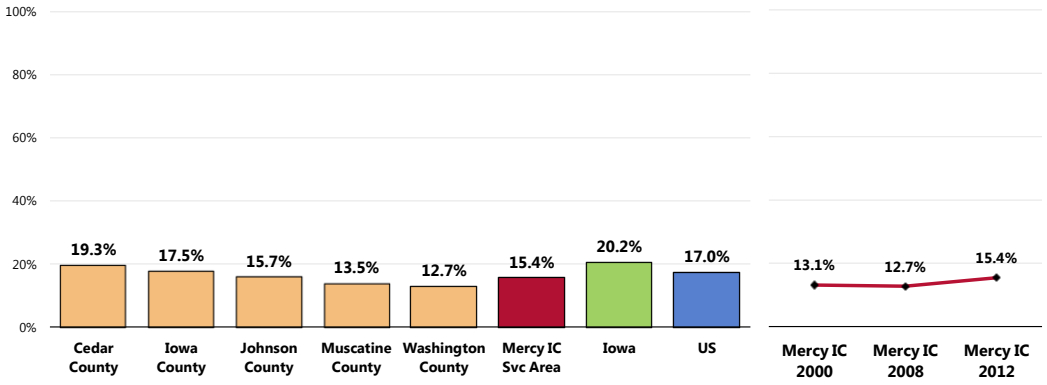
– Healthy People 2020 (www.healthypeople.gov)

A total of 15.4% of Mercy Iowa City Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- More favorable than the prevalence statewide.
- Similar to the national prevalence.
- No statistical difference when viewed by county.
- Statistically unchanged since 2000.

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

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

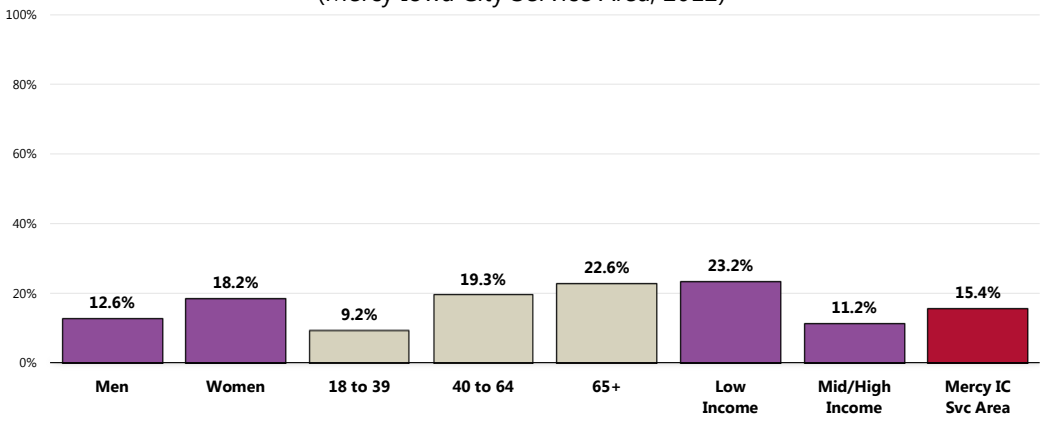
Notes:
- Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- Residents of households with lower incomes are twice as likely as those with higher incomes to report some type of activity limitation.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(Mercy Iowa City Service Area, 2012)



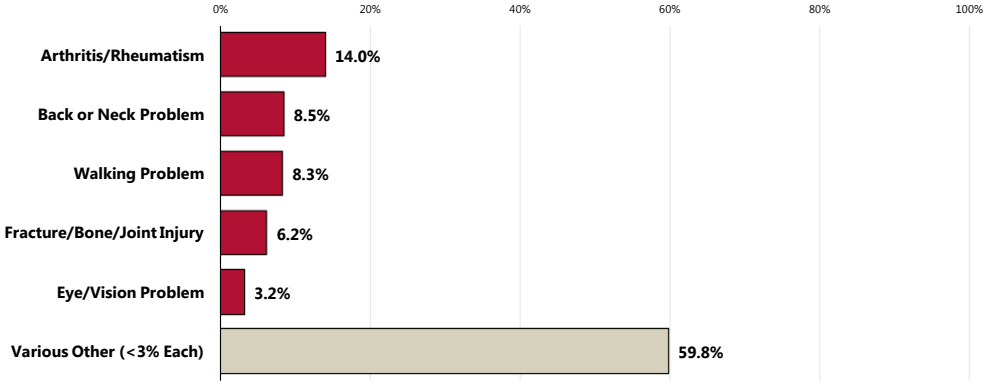
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to **musculoskeletal issues**, such as arthritis/rheumatism, back/neck problems, difficulty walking or fractures or bone/joint injuries.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Mercy Iowa City Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
Notes: • Asked of those respondents reporting activity limitations.

Mental Health & Mental Disorders

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

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

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

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

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

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

Self-Reported Mental Health Status

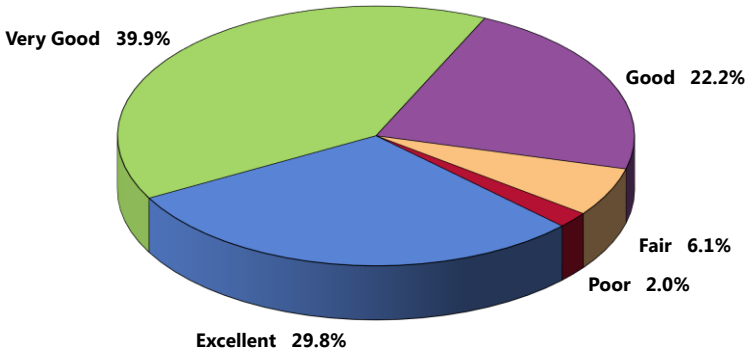
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

A total of 69.7% of Mercy Iowa City Service Area adults rate their overall mental health as "excellent" or "very good."

- Another 22.2% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(Mercy Iowa City Service Area, 2012)

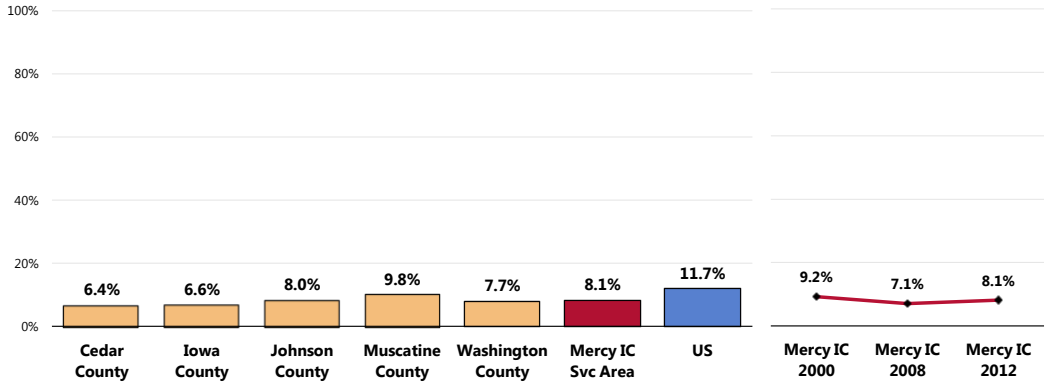


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.

A total of 8.1% of Service Area adults, however, believe that their overall mental health is "fair" or "poor."

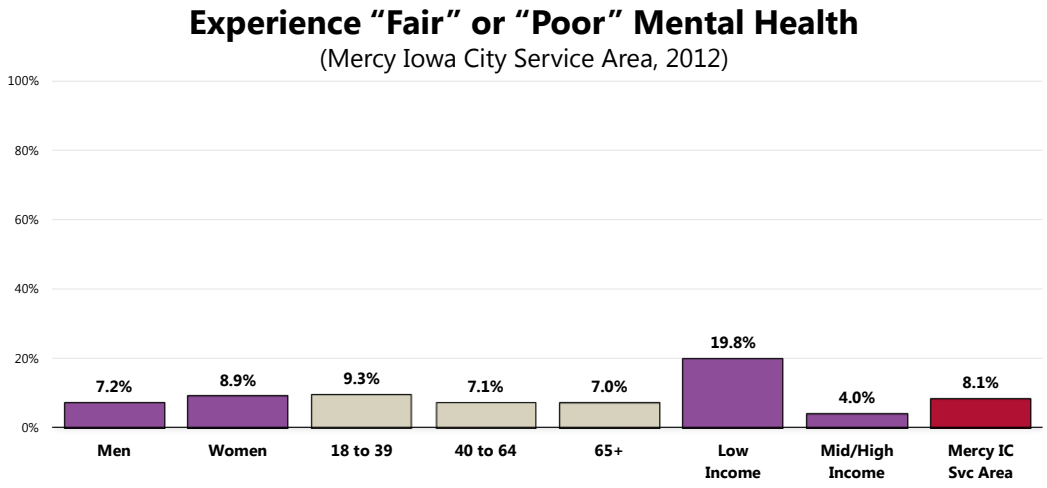
- Better than the "fair/poor" response reported nationally.
- Similar by county.
- Statistically unchanged since 2000.

Experience "Fair" or "Poor" Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 112]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Note the difference by income, with low-income residents being five times as likely as upper-income residents to report "fair" or "poor" mental health.



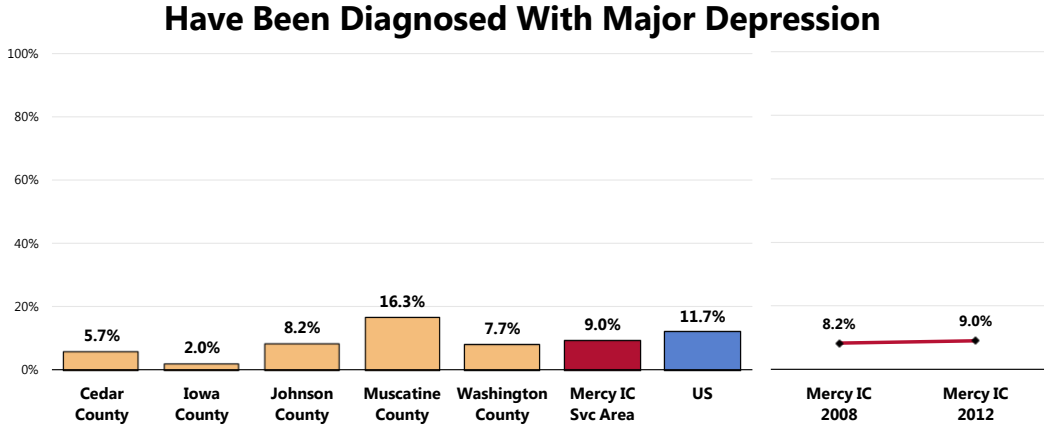
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Major Depression

A total of 9.0% of Mercy Iowa City Service Area adults have been diagnosed with major depression by a physician.

- Similar to the national finding.
- Highest in Muscatine County; lowest in Iowa County.
- Statistically unchanged over time.



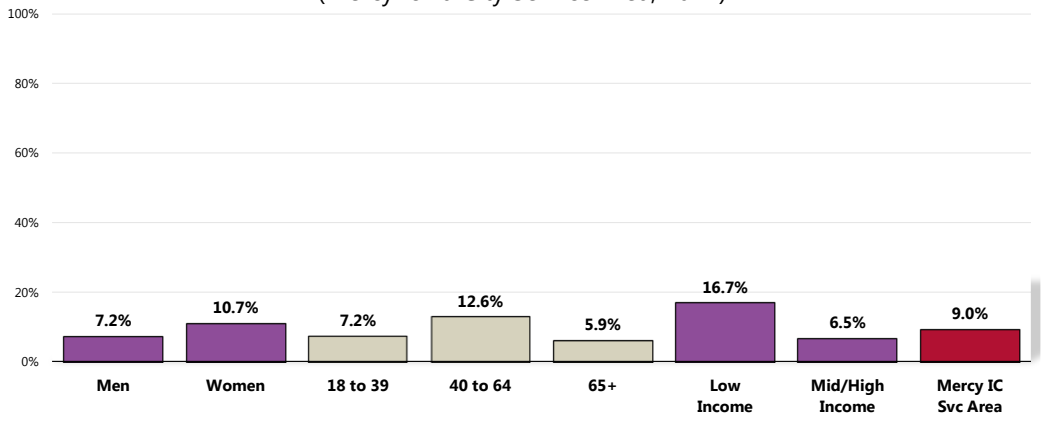
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The prevalence of major depression is statistically high among:

- Adults between the ages of 40 and 64.
- Community members living at lower incomes.

Have Been Diagnosed With Major Depression

(Mercy Iowa City Service Area, 2012)



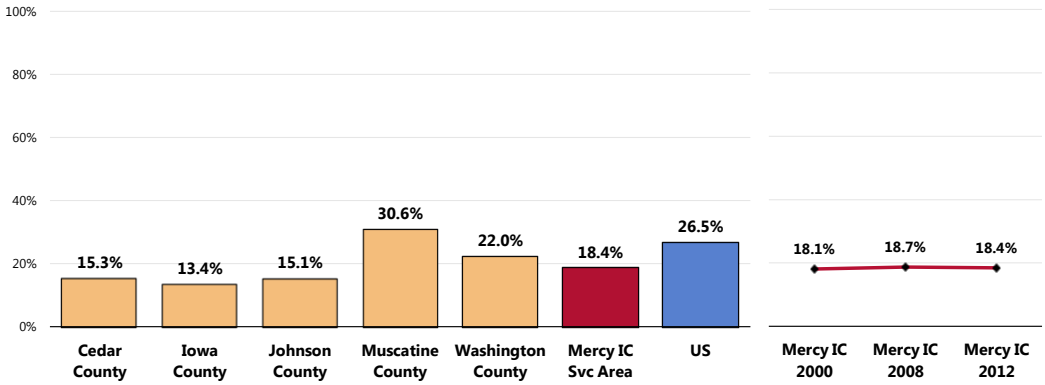
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 18.4% of Mercy Iowa City Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression).

- More favorable than national findings.
- Highest in Muscatine County; statistically low in Johnson County.
- Similar to that reported in the Mercy Iowa City Service Area in 2000 and 2008.

Have Experienced Symptoms of Chronic Depression



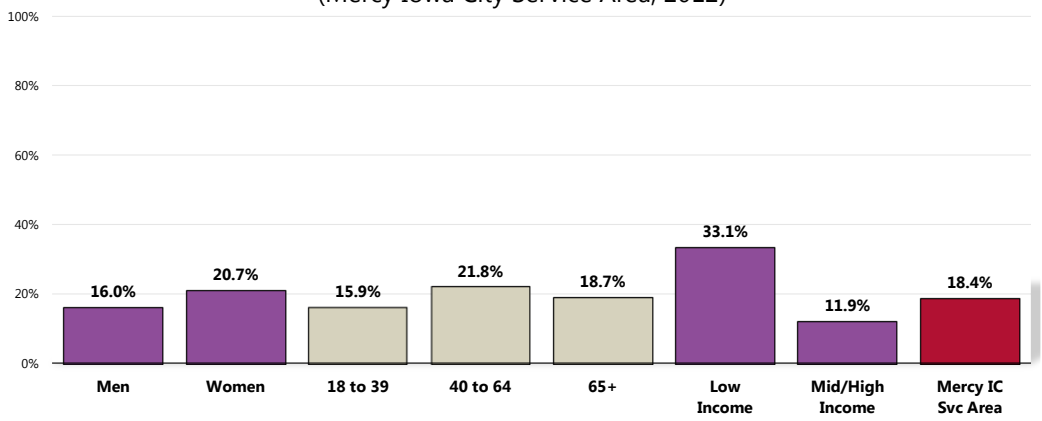
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Note that the prevalence of chronic depression is notably higher among:

- Adults in lower-income houses.

Have Experienced Symptoms of Chronic Depression

(Mercy Iowa City Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

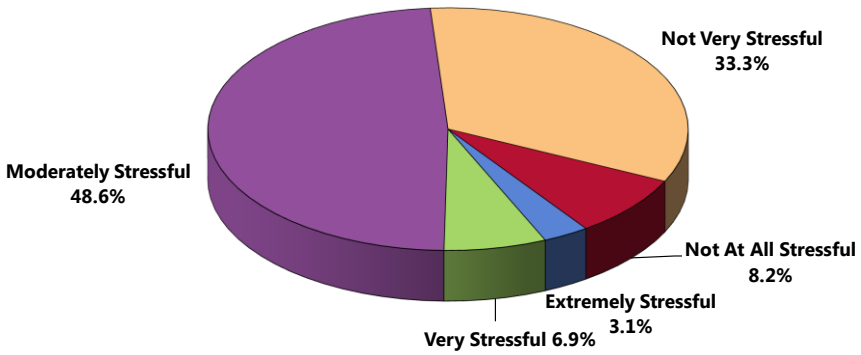
RELATED ISSUE:
See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

More than 4 in 10 Service Area adults consider their typical day to be "not very stressful" (33.3%) or "not at all stressful" (8.2%).

- Another 48.6% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day

(Mercy Iowa City Service Area, 2012)

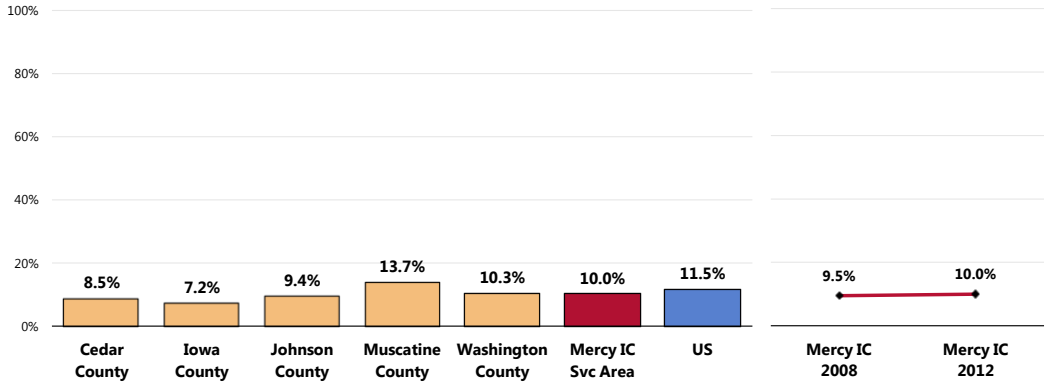


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
Notes: • Asked of all respondents.

In contrast, 10.0% of Mercy Iowa City Service Area adults experience "very" or "extremely" stressful days on a regular basis.

- Comparable to national findings.
- Comparable findings by county.
- Comparable to the 2008 findings.

Perceive Most Days As "Extremely" or "Very" Stressful



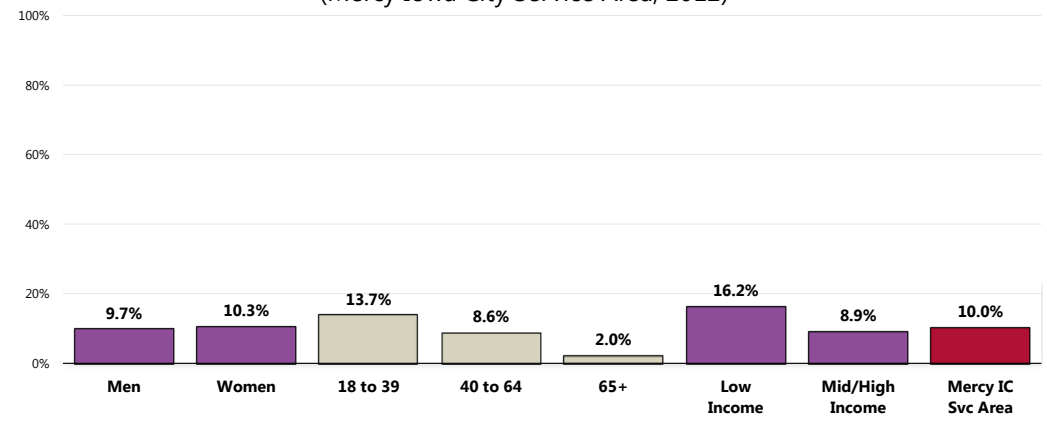
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 114]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Note that high stress levels are statistically more prevalent among young adults (note the negative correlation with age).

Perceive Most Days as "Extremely" or "Very" Stressful

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

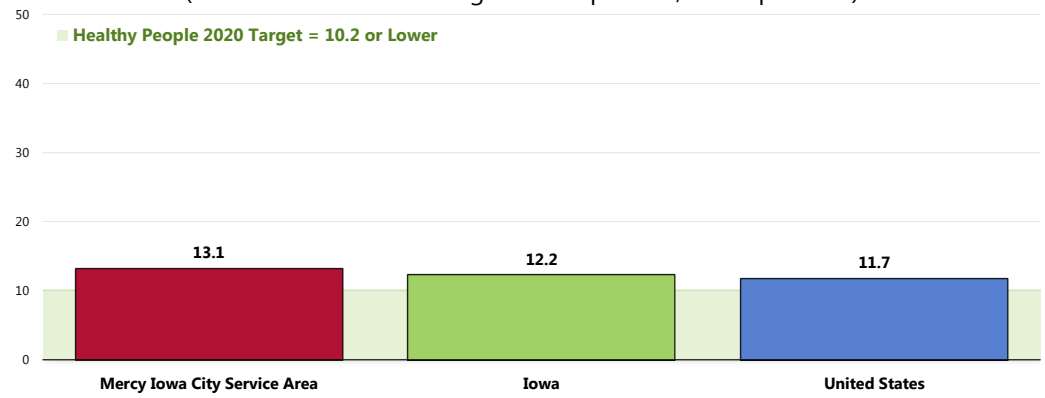
Suicide

Between 2008 and 2010, there was an annual average age-adjusted suicide rate of 13.1 deaths per 100,000 population in the Mercy Iowa City Service Area.

- Higher than the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)



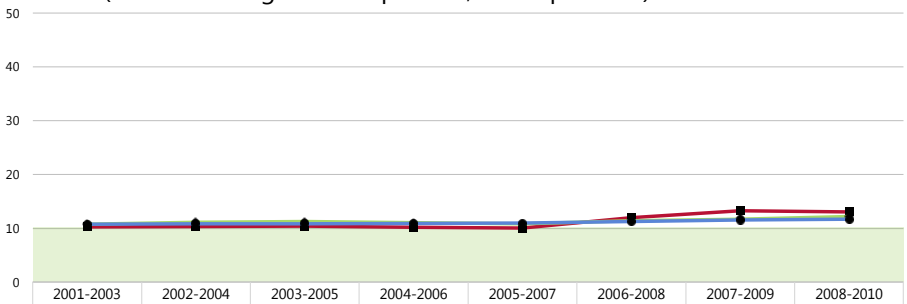
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

The area's suicide rate has trended upward over the past decade, echoing the state and national trends.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	10.2	10.2	10.2	10.2	10.2	10.2	10.2	10.2
Mercy IC Svc Area	10.3	10.4	10.4	10.2	10.1	12.0	13.3	13.1
Iowa	10.8	11.2	11.3	11.1	10.9	11.4	11.7	12.2
United States	10.8	10.9	10.9	10.9	11.0	11.3	11.6	11.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

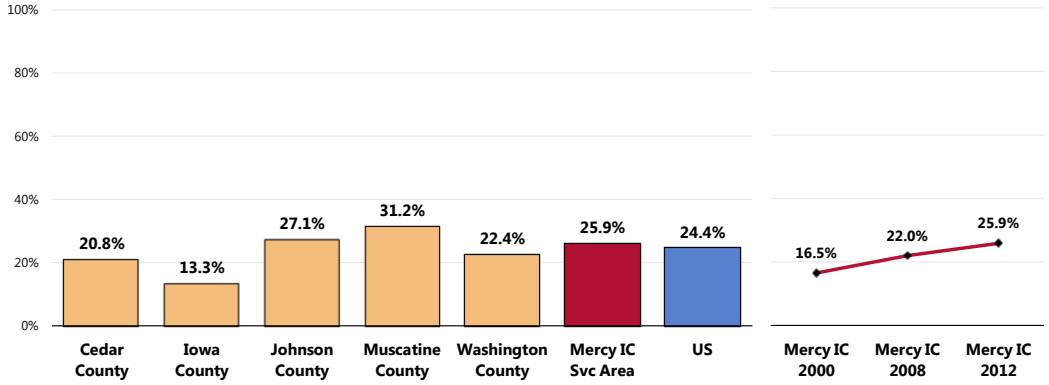
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Mental Health Treatment

Among the total sample of Service Area adults, 25.9% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.
- Notably low in Iowa City.
- Note the steady and significant *increase* over time.

Have Sought Professional Help for a Mental or Emotional Problem



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 115]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

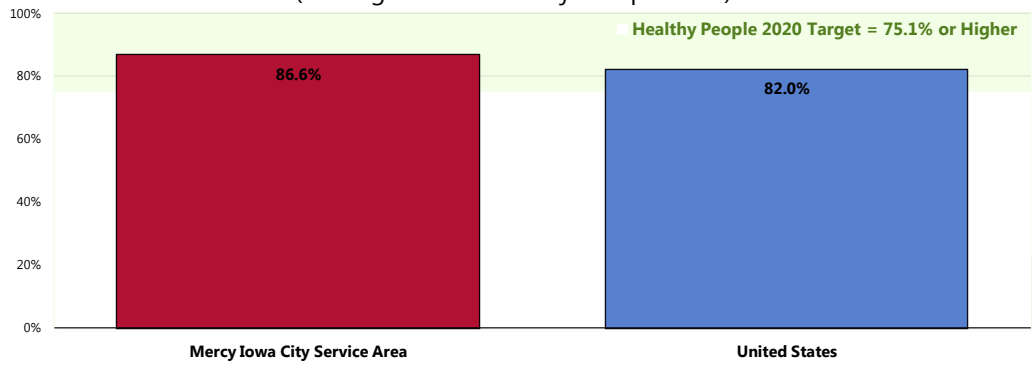
Notes:
- Asked of all respondents.

Among adults with diagnosed depression, 86.6% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.
- Satisfies the Healthy People 2020 target of 75.1% or higher.

Have Sought Professional Help for a Mental or Emotional Problem

(Among Those With Major Depression)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-9.2]

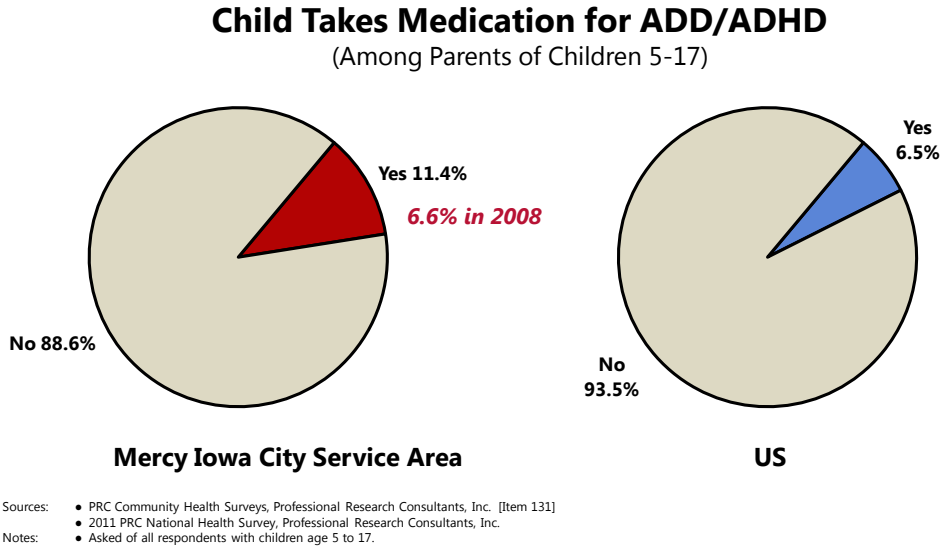
Notes:
- Asked of those respondents with major depression diagnosed by a physician.

"Diagnosed depression" includes respondents reporting a past diagnosis of major depression by a physician.

Children & ADD/ADHD

Among Mercy Iowa City Service Area adults with children age 5 to 17, 11.4% report that their child takes medication for ADD/ADHD.

- Statistically similar to the national prevalence.
- Statistically unchanged since 2008.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 131]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5 to 17.

Related Focus Group Findings: Elderly Services

Many focus group participants discussed the limited number of services available to senior citizens. The main issues included:

- Aging population
- Availability of services or resources for seniors
  - *Geriatric department*
  - *Alzheimer's disease*
  - *Transportation*
- Need for case managers

According to focus group participants, the **number of seniors in the community will continue to increase** in the coming years and many elderly residents do not have extended family living in the area. Participants feel the community is ill-prepared for the aging baby boomer generation. Only a limited number of resources are available to seniors who may not have the transportation or technology literacy necessary to access healthcare services. One member describes the challenge:

> *"One of the challenges we have with all of our agencies is that we're facing a transition on how we get information out to the community. Residents need up-to-date technology skills in order to access information and services. This is not a problem with our youth but it is a big challenge to get this type of education to the elderly population." Key Informant*

Besides difficulties accessing healthcare services, participants also have concern that **seniors do not have enough services targeted to their specific health issues**. For example, only a few adult day care centers operate in the community; the community lacks a **geriatric department** at the local hospitals; and there are only a few providers or assistance centers for patients suffering from **Alzheimer's disease**. A participant explains:

> *"Do we have a geriatrics department in either of the hospitals? No. Do we have an Alzheimer's memory assessment center? No. Do we have emergency department staff who are trained to handle geriatrics when they walk in the door and they're confused and don't remember their name. No and I don't think I am overstating it just to make a point. As a community we need to address these issues." Key Informant*

Limited **transportation** options also hinder senior citizens' ability to access healthcare facilities and other social service agencies. Many seniors do not have family living in town, so they rely heavily on SEATS Paratransit Service for their transportation needs. However, this type of transportation has limited hours of operation and capacity.

> *"My mother takes the SEATS bus out to North Liberty because this is where her physician practices, and if she were dependent upon the SEATS bus to take her and bring her back, she would be waiting there for five hours after her appointment, so this is a problem for many elderly residents." Key Informant*

Participants agree that elderly residents need **case managers** to help navigate the healthcare system. Respondents believe that the local hospitals should consider this because in the long term it will save money by keeping the elderly population healthier. A participant describes:

> *"It's as if you almost need individual case managers for these individuals who might have chronic conditions or I think in the elderly where it's not just chronic, it's multiple things that they are facing that alone may not necessarily be chronic or life threatening, but collectively becomes overwhelming. It's hard to manage five different appointments over the course of a month." Key Informant*

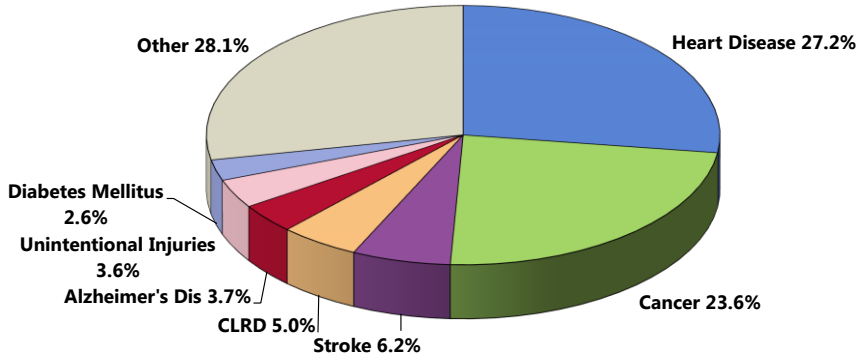
DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than one-half of all deaths in the Mercy Iowa City Service Area in 2010.

Leading Causes of Death
(Mercy Iowa City Service Area, 2010)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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

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

The following chart outlines 2008-2010 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Mercy Iowa City Service Area.

For infant mortality data, see "Birth Outcomes & Risks" in the **Births** section of this report.

The suicide rate reported for the Mercy Iowa City Service Area is worse than the national rate.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Mercy Iowa City Service Area rates fail to satisfy the related goals for suicide, heart disease, stroke and cancer.

Age-Adjusted Death Rates for Selected Causes

(2008-2010 Deaths per 100,000)

	Mercy Iowa City Service Area	Iowa	US	Healthy People 2020
Malignant Neoplasms (Cancers)	**171.0**	**174.4**	**174.2**	**160.6**
Diseases of the Heart	**161.5**	**178.8**	**183.7**	**152.7***
Cerebrovascular Disease (Stroke)	**42.0**	**41.6**	**39.9**	**33.8**
Chronic Lower Respiratory Disease (CLRD)	**35.6**	**48.7**	**43.2**	**n/a**
Unintentional Injuries	**32.1**	**37.4**	**38.1**	**36**
Alzheimer's Disease	**23.6**	**30.4**	**24.3**	**n/a**
Diabetes Mellitus	**16.8**	**19.5**	**21.3**	**19.6***
Pneumonia/Influenza	**13.3**	**17.7**	**16.5**	**n/a**
Intentional Self-Harm (Suicide)	**13.1**	**12.2**	**11.7**	**10.2**
Motor Vehicle Deaths	**11.0**	**13.3**	**12.2**	**12.4**
Kidney Diseases	**7.6**	**7.7**	**15.0**	**n/a**
Drug-Induced	**6.6**	**7.8**	**12.7**	**11.3**
Firearm-Related	**5.4**	**6.8**	**10.2**	**9.2**
Cirrhosis/Liver Disease	**5.2**	**7.2**	**9.2**	**8.2**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- Local, state and national data are simple three-year averages.

Cardiovascular Disease

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

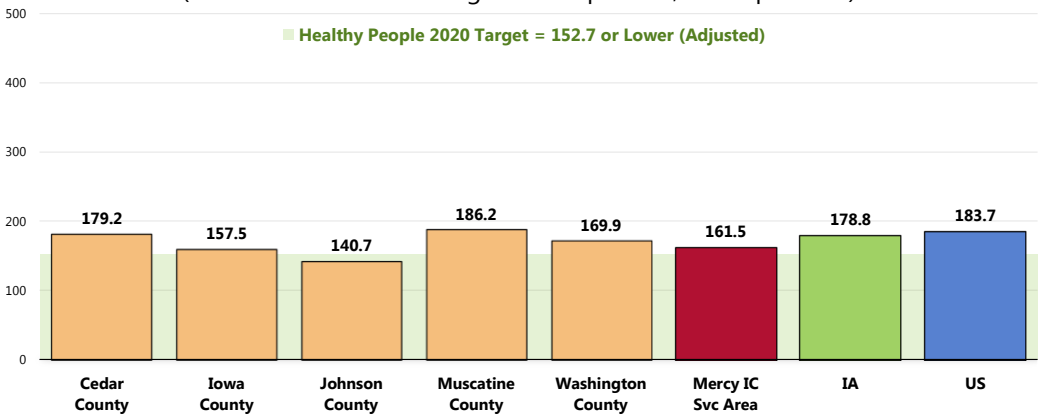
Heart Disease Deaths

Between 2008 and 2010 there was an annual average age-adjusted heart disease mortality rate of 161.5 deaths per 100,000 population in the Mercy Iowa City Service Area.

- Lower than the statewide rate.
- Lower than the national rate.
- Fails to satisfy the Healthy People 2020 target (as adjusted to account for all diseases of the heart).
- Unfavorably high in Cedar and Muscatine counties.

Heart Disease: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)



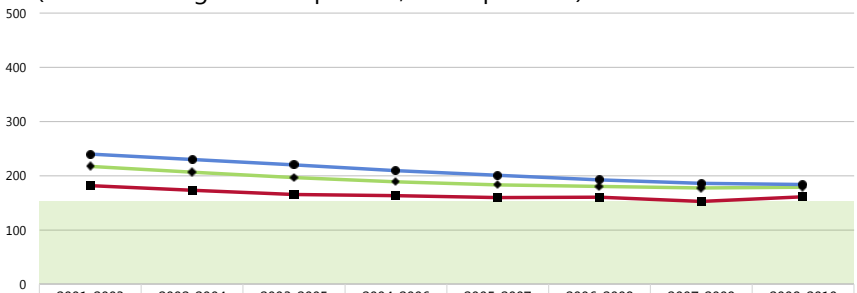
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

The heart disease mortality rate has <u>decreased</u> in the Mercy Iowa City Service Area, echoing the decreasing trends across Iowa and the US overall.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020 (Adjusted)	152.7	152.7	152.7	152.7	152.7	152.7	152.7	152.7
Mercy IC Svc Area	181.7	173.3	165.3	163.7	160.0	160.8	153.0	161.4
Iowa	217.2	206.5	197.1	189.3	183.6	180.6	177.6	178.8
United States	240.0	230.0	220.1	209.4	200.7	192.5	185.8	183.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

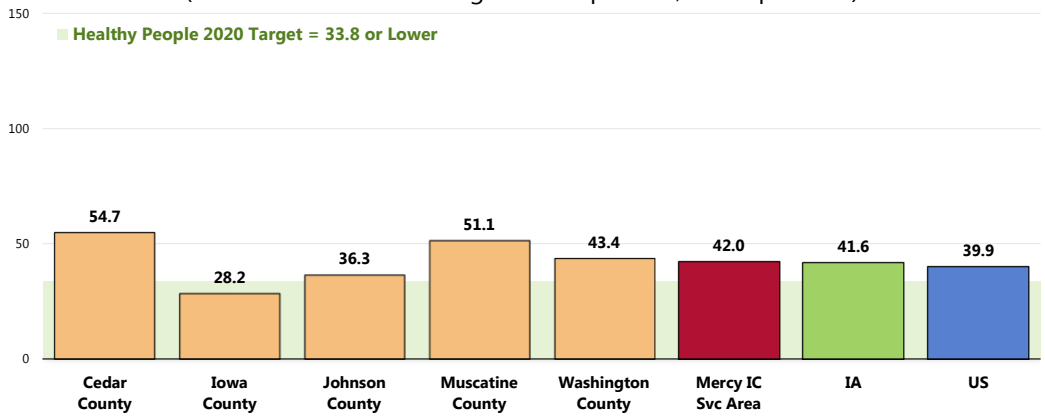
Stroke Deaths

Between 2008 and 2010, there was an annual average age-adjusted stroke mortality rate of 42.0 deaths per 100,000 population in the Mercy Iowa City Service Area.

- Comparable to the Iowa rate.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 target of 33.8 or lower.
- Rates are unfavorably high in Cedar and Muscatine counties.

Stroke: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)



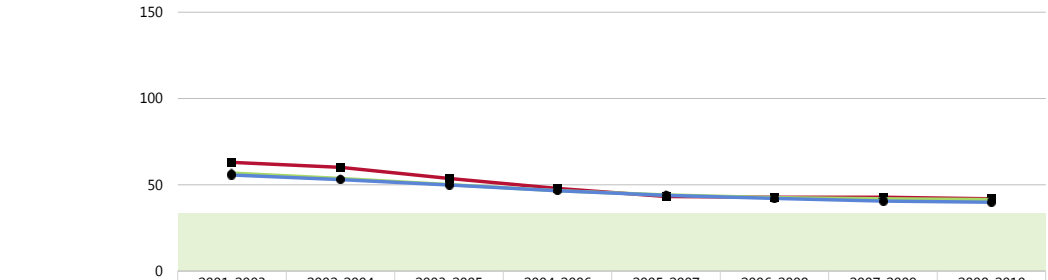
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

The stroke rate has declined in recent years, echoing the trends reported across Iowa and the US overall.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	33.8	33.8	33.8	33.8	33.8	33.8	33.8	33.8
Mercy IC Svc Area	63.2	60.3	53.7	48	43.4	43.0	43.0	42.0
Iowa	56.8	53.7	50.3	46.7	44.2	42.6	42.0	41.6
United States	55.8	53.2	50.0	46.7	44.1	42.2	40.6	39.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

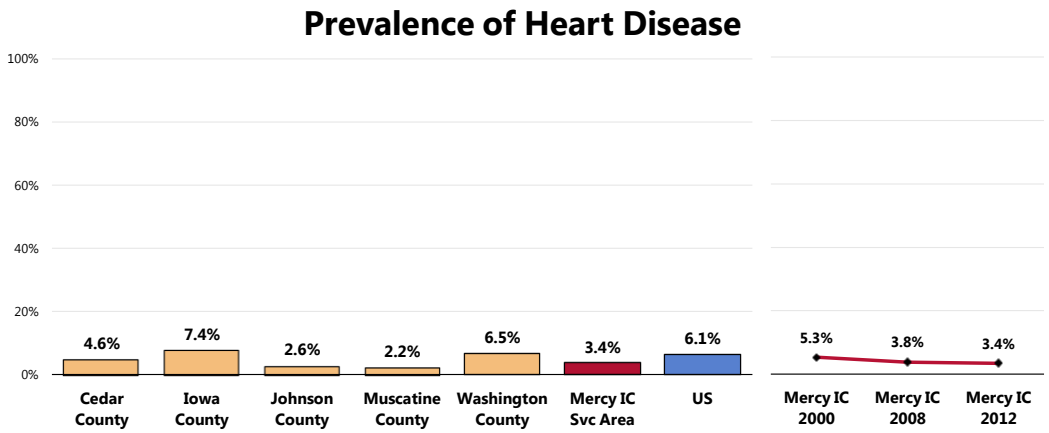
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 3.4% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Lower than the national prevalence.
- Statistically similar by county.
- Statistically unchanged over time.

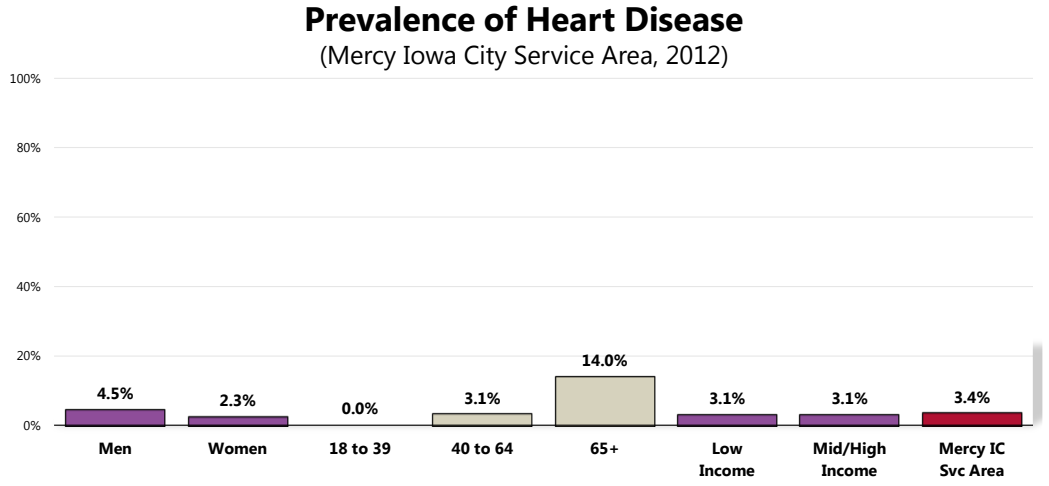


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Adults more likely to have been diagnosed with chronic heart disease include:

- Seniors (age 65+).



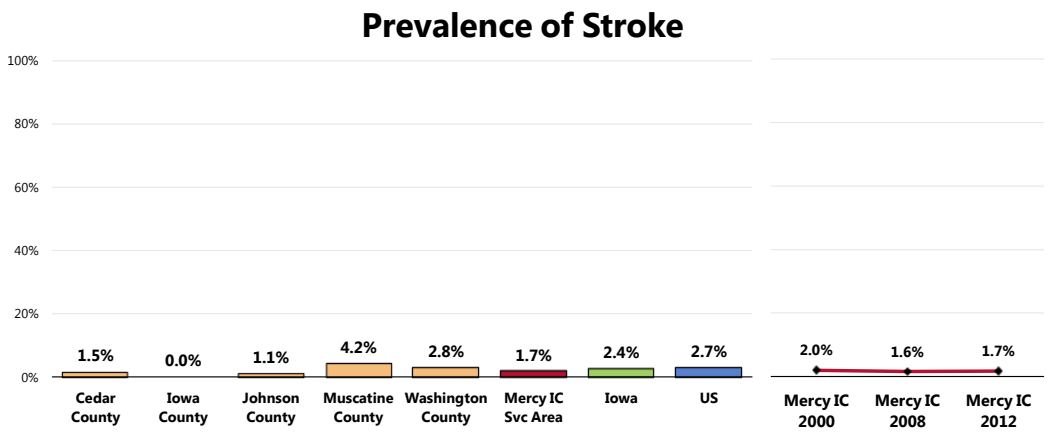
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 1.7% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

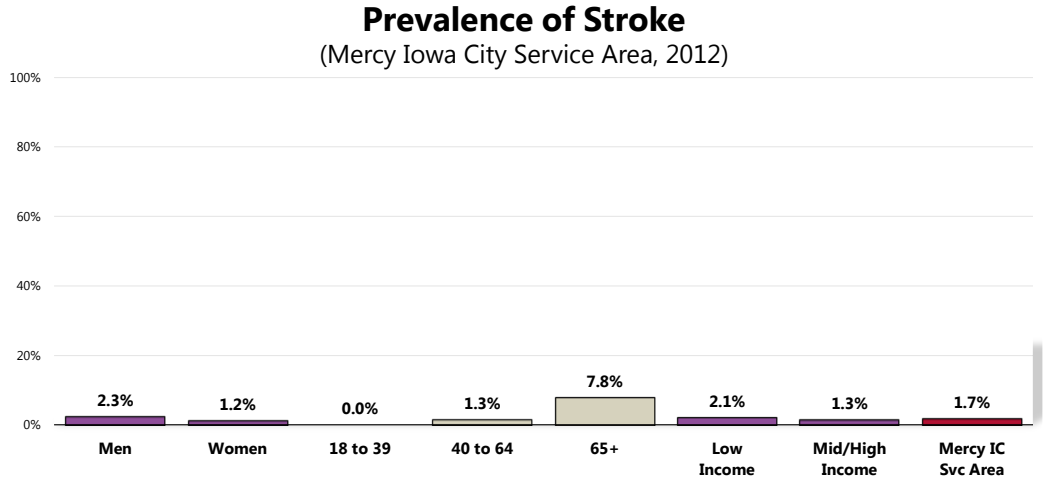
- Similar to statewide findings.
- Similar to national findings.
- Lowest (0.0%) among respondents in Iowa County.
- The stroke prevalence is statistically unchanged over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 40]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.

Notes:
- Asked of all respondents.

Seniors are more likely to have been diagnosed with a stroke.



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

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

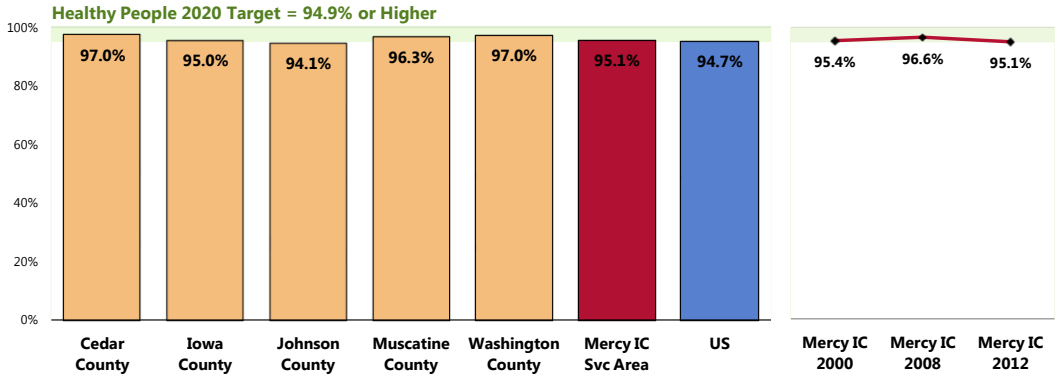
– Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure Testing

A total of 95.1% of Mercy Iowa City Service Area adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (94.9% or higher).
- Similar findings by county.
- Statistically unchanged over time.

Have Had Blood Pressure Checked in the Past Two Years



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

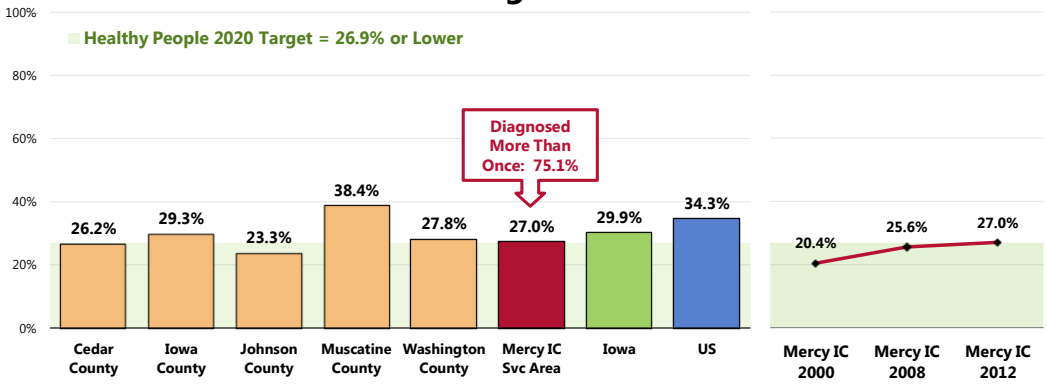
Notes:
- Asked of all respondents.

Prevalence of Hypertension

A total of 27.0% of adults have been told at some point that their blood pressure was high.

- Similar to the Iowa prevalence.
- Better than the national prevalence.
- Nearly identical to the Healthy People 2020 target (26.9% or lower).
- Highest in Muscatine County, lowest in Johnson County.
- Marks a significant *increase* over time.
- Among hypertensive adults, 75.1% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 47, 142]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

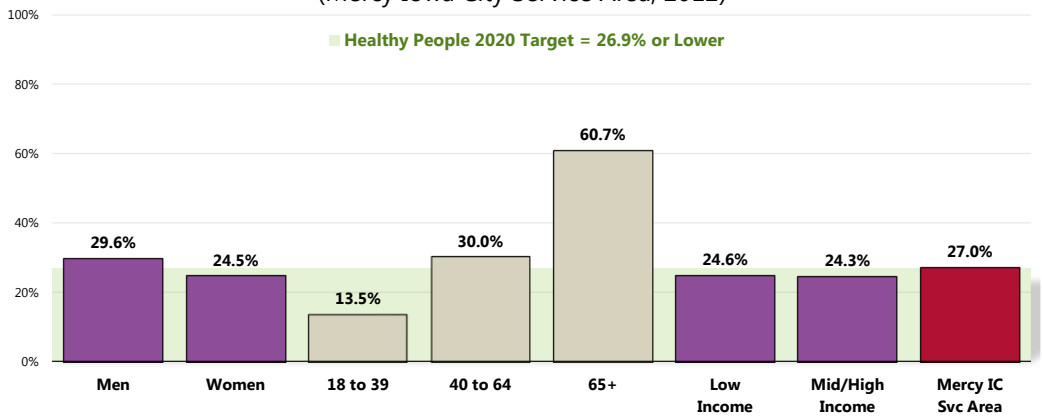
Notes:
- Asked of all respondents.

Hypertension diagnoses are higher among:

- Adults age 40 and older, and especially those age 65+.

Prevalence of High Blood Pressure

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

Respondents reporting high blood pressure were further asked:

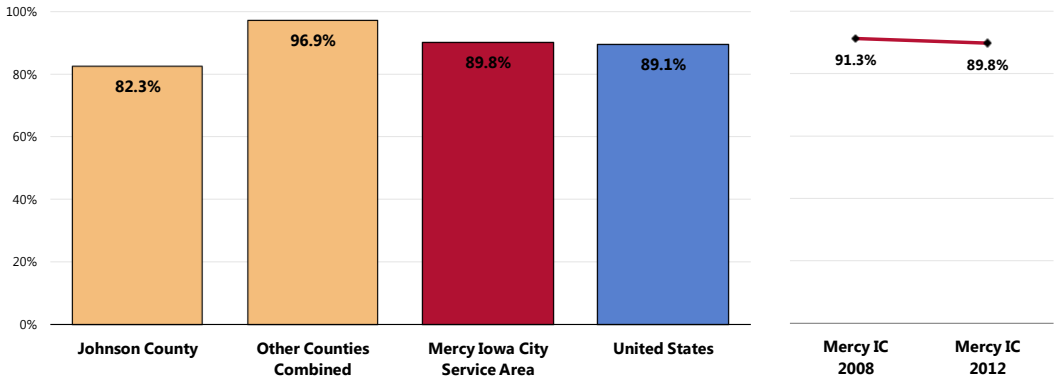
"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Among respondents who have been told that their blood pressure was high, 89.8% report that they are currently taking actions to control their condition.

- Similar to national findings.
- Lower in Johnson County when compared with the other four counties combined.
- Statistically unchanged since 2000.

Taking Action to Control Hypertension

(Among Adults With High Blood Pressure)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood pressure.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

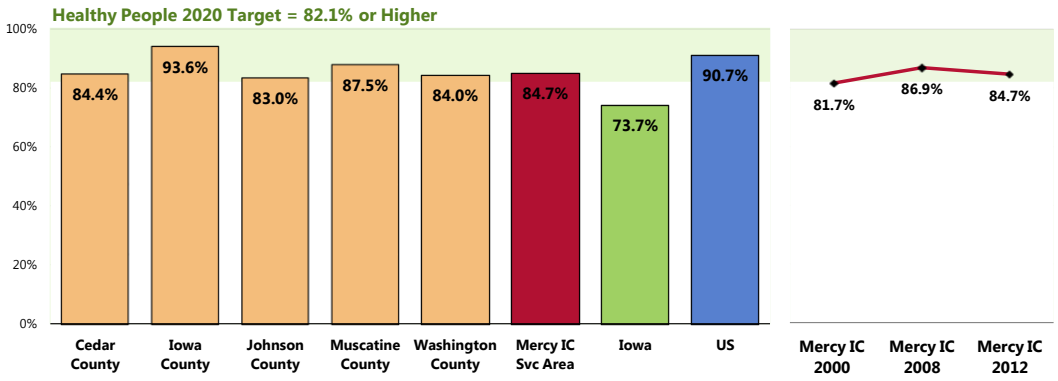
High Blood Cholesterol

Blood Cholesterol Testing

A total of 84.7% of Mercy Iowa City Service Area adults have had their blood cholesterol checked within the past five years.

- More favorable than Iowa findings.
- Less favorable than the national findings.
- Similar to the Healthy People 2020 target (82.1% or higher).
- Highest in Iowa County.
- Statistically unchanged over time.

Have Had Blood Cholesterol Levels Checked in the Past Five Years



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 52]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

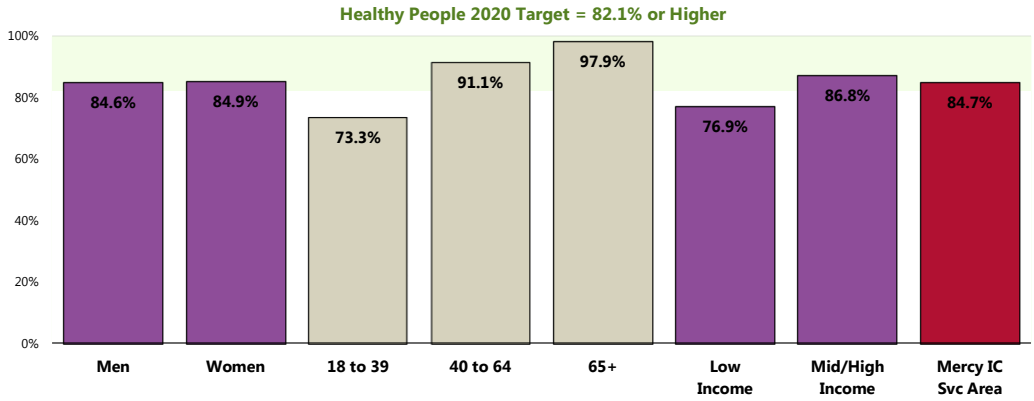
Notes:
- Asked of all respondents.

The following demographic segments report lower screening levels:

- Young adults (note the positive correlation with age).
- Residents with lower incomes.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

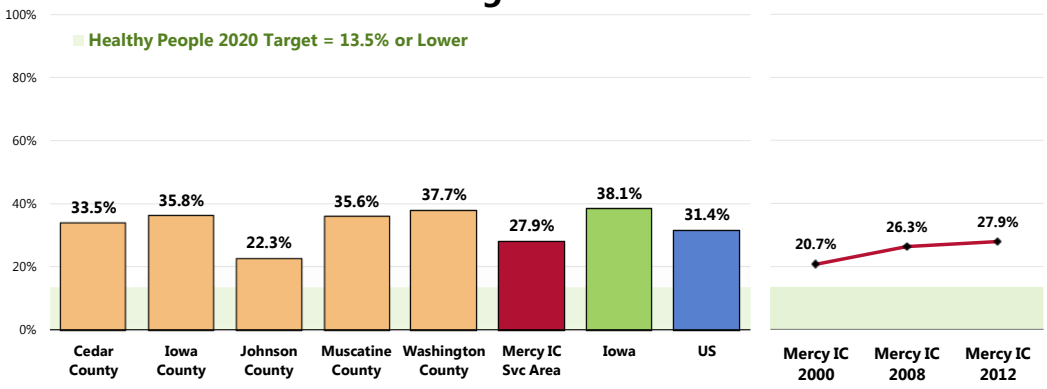
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

A total of 27.9% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the Iowa findings.
- Similar to the national prevalence.
- Twice the Healthy People 2020 target (13.5% or lower).
- Favorably low in Johnson County.
- Marks a significant *increase* from 2000 survey findings.

Prevalence of High Blood Cholesterol



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

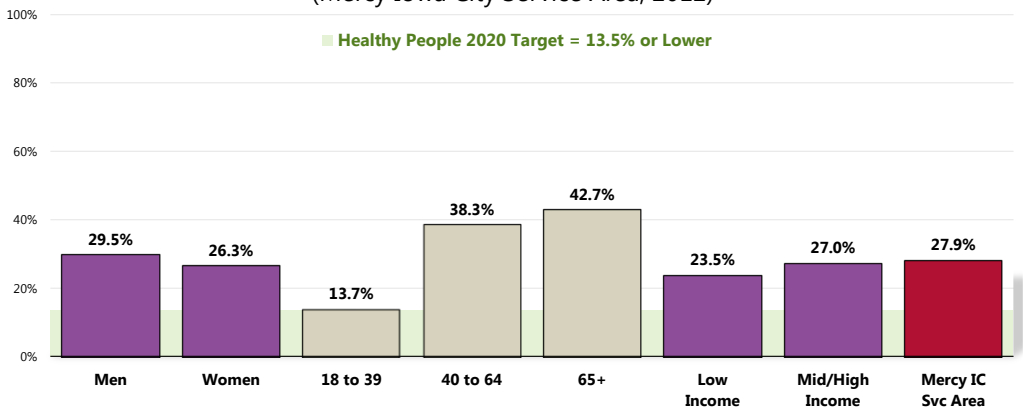
Notes:
- Asked of all respondents.
- *The Iowa data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note that 19.9% of Mercy Iowa City Service Area adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- Note the positive correlation between age and high blood cholesterol.
- Keep in mind that "unknowns" are relatively high in young adults and lower-income residents.

Prevalence of High Blood Cholesterol

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

Respondents reporting high cholesterol were further asked:

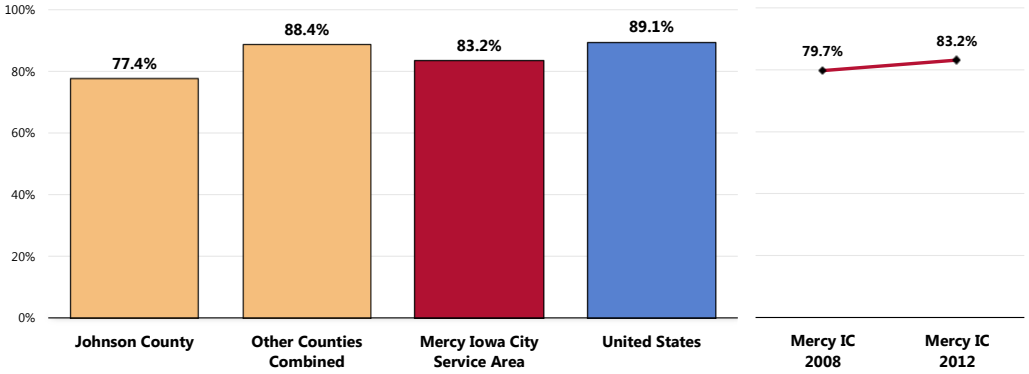
"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 83.2% report that they are currently taking actions to control their cholesterol levels.

- Similar to that found nationwide.
- Lower in Johnson County than in the other four counties combined.
- Statistically unchanged since 2008.

Taking Action to Control High Blood Cholesterol Levels

(Among Adults with High Cholesterol)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

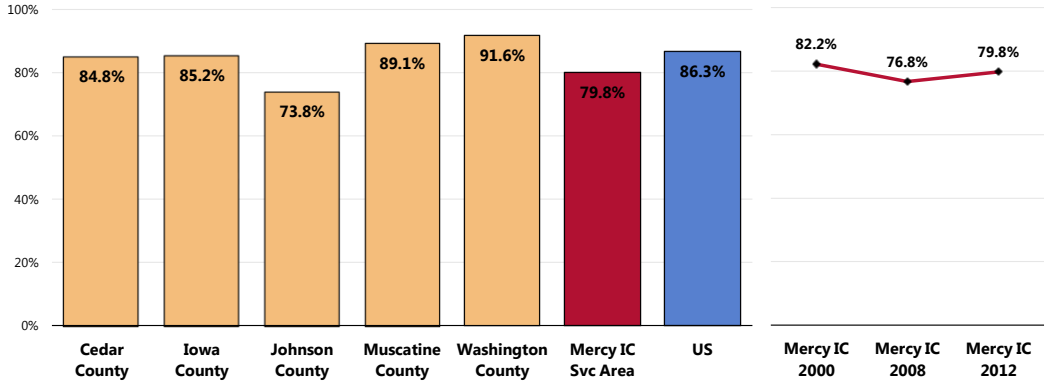
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

RELATED ISSUE:
See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

A total of 79.8% of Mercy Iowa City Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Notably lower than national findings.
- Higher in Muscatine and Washington counties; lower in Johnson County.
- Statistically unchanged over time.

Present One or More Cardiovascular Risks or Behaviors



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

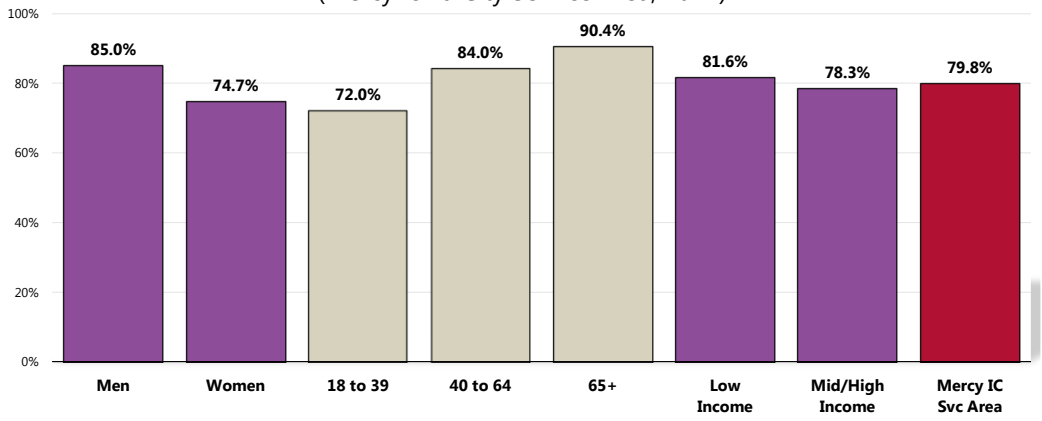
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older, and especially seniors.

Present One or More Cardiovascular Risks or Behaviors

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer

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

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

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

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

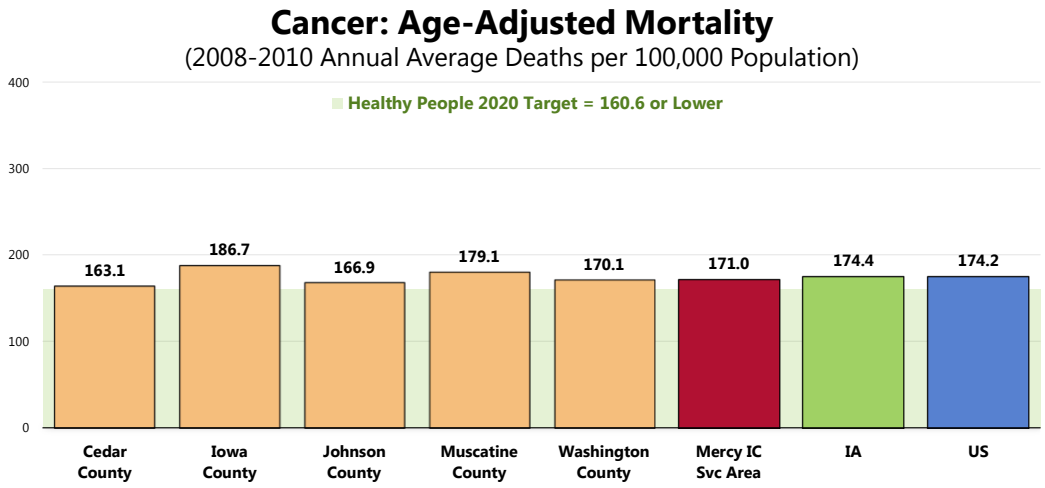
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2008 and 2010, there was an annual average age-adjusted cancer mortality rate of 171.0 deaths per 100,000 population in the Mercy Iowa City Service Area.

- Similar to the statewide rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 160.6 or lower.
- Unfavorably high in Iowa and Muscatine counties.

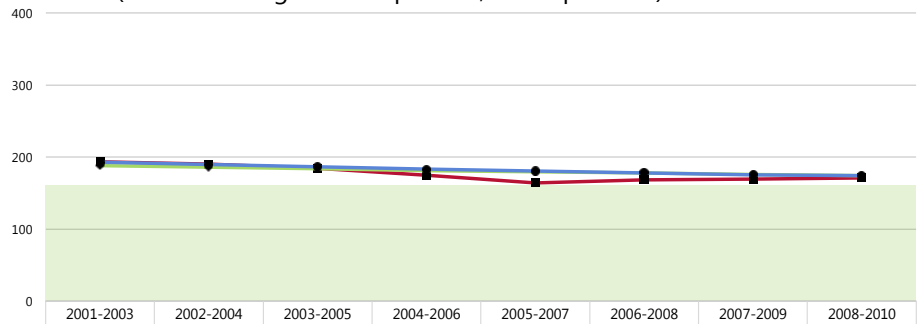


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

- Cancer mortality has decreased over the past decade in the Mercy Iowa City Service Area; the same trend is apparent both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	160.6	160.6	160.6	160.6	160.6	160.6	160.6	160.6
Mercy IC Svc Area	193.7	190.5	184.7	174.8	164.4	168.4	169.3	171.2
Iowa	188.3	186.0	183.9	181.3	179.9	178.3	175.9	174.4
United States	193.1	189.8	186.6	183.4	181.0	178.1	175.6	174.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- State and national data are simple three-year averages.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the Mercy Iowa City Service Area.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2008-2010 annual average age-adjusted death rates):

- The Mercy Iowa City Service Area **lung cancer** death rate is better than the state and national rates.
- The Mercy Iowa City Service Area **prostate cancer** death rate is worse than both the state and national rates.
- The Mercy Iowa City Service Area **female breast cancer** death rate is lower than both the Iowa and US rates.
- The Mercy Iowa City Service Area **colorectal cancer** death rate is similar to the Iowa rate but higher than the national rate.

Note that the Service Area prostate and colorectal cancer death rates fail to satisfy the related Healthy People 2020 targets, while the lung cancer rate satisfies the related goal and the female breast cancer rate is comparable.

Age-Adjusted Cancer Death Rates by Site

(2008-2010 Annual Average Deaths per 100,000 Population)

	Mercy Iowa City Service Area	Iowa	US	HP2020
Lung Cancer	**41.9**	**48.8**	**48.5**	**45.5**
Prostate Cancer	**27.6**	**21.2**	**22.3**	**21.2**
Female Breast Cancer	**20.1**	**21.4**	**22.3**	**20.6**
Colorectal Cancer	**17.0**	**17.1**	**16.1**	**14.5**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

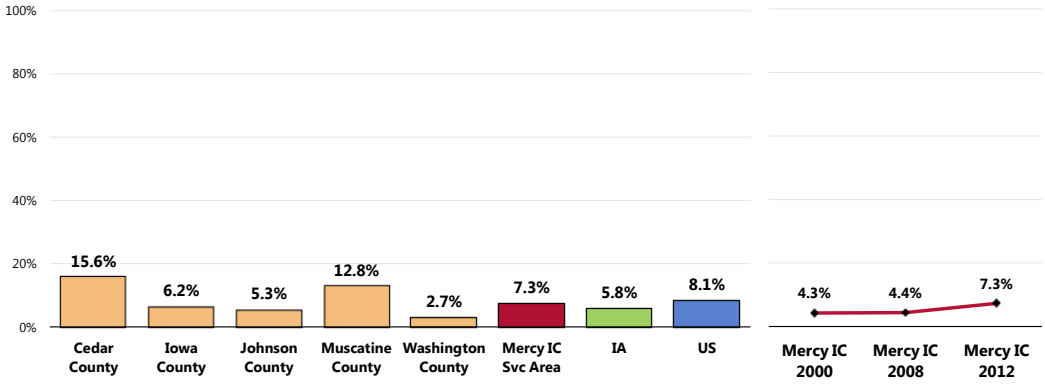
Prevalence of Cancer

Skin Cancer

A total of 7.3% of surveyed adults report having been diagnosed with skin cancer.

- Similar to the national average.
- Particularly high in Cedar County; lowest in Johnson and Washington counties.
- The prevalence of skin cancer has *increased* significantly over time.

Prevalence of Skin Cancer



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

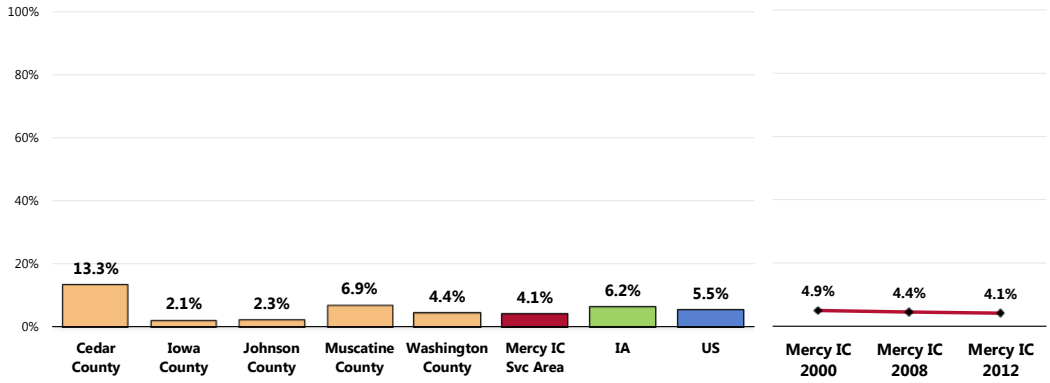
Notes:
- Asked of all respondents.

Other Cancer

4.1% of residents have been diagnosed with some type of (non-skin) cancer.

- More favorable than the Iowa prevalence.
- Similar to the national prevalence.
- Particularly high in Cedar County; lowest in Iowa County.
- The prevalence of cancer has remained unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

RELATED ISSUE: See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

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

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

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

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

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Prostate Cancer Screenings

The US Preventive Services Task Force (USPSTF) concludes that current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men less than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

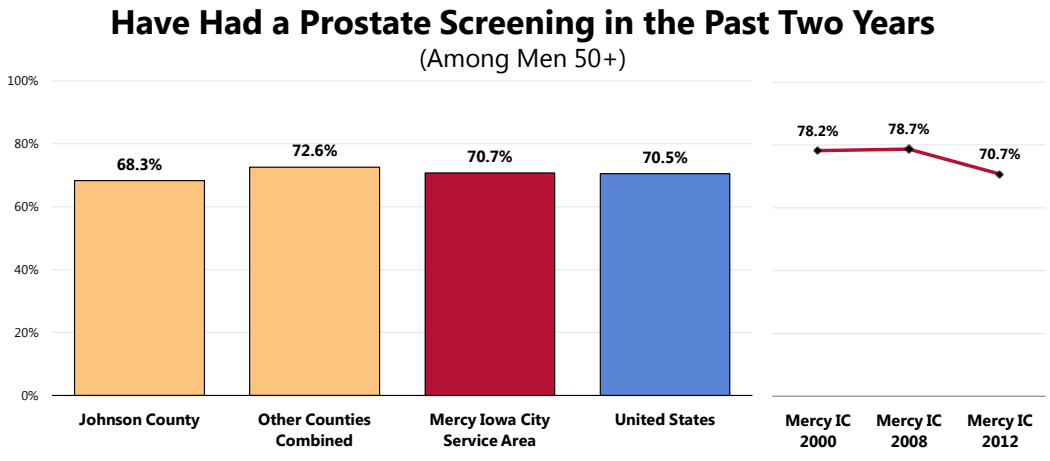
– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

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.

PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, a total of 7 in 10 (70.7%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Almost identical to national findings.
- Similar by area.
- The decrease over time is not statistically significant.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 148]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all male respondents 50 and older.

Note: Due to recent (2008) changes in clinical recommendations against routine PSA testing, it is anticipated that testing levels will begin to decline.

Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

– 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.

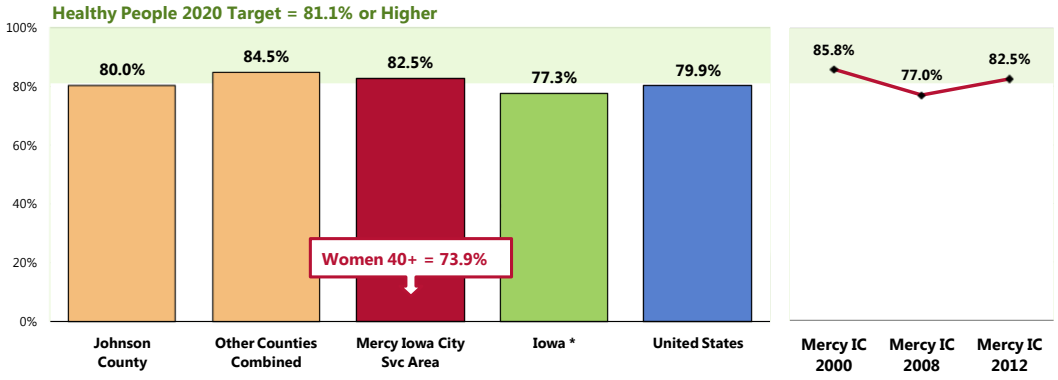
Mammography

Among women age 50-74, 82.5% had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- No statistical difference by area.
- Statistically unchanged from 2000 survey findings.
- Among women 40+, 73.9% had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years

(Among Women 50-74)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 145-146]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

– 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.

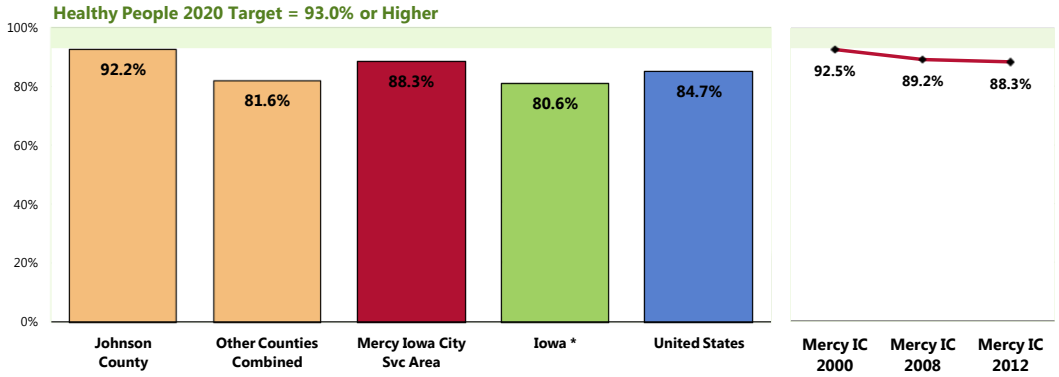
Pap Smear Testing

Among women age 21 to 65, 88.3% had a Pap smear within the past three years.

- Better than the state figure (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Lower among women outside Johnson County.
- The decrease over time is not significant.

Have Had a Pap Smear in the Past Three Years

(Among Women 21-65)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.
- *Note that the Iowa percentage represents all women age 18 and older.

Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

– 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.

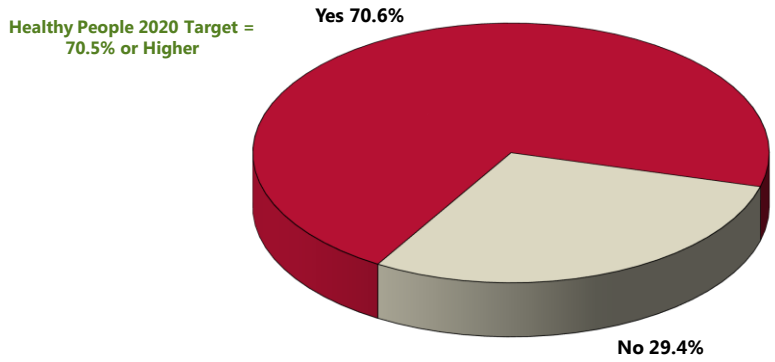
Colorectal Cancer Screening

Among adults age 50-75, 70.6% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Nearly identical to the Healthy People 2020 target (70.5% or higher).

Have Had a Colorectal Cancer Screening

(Among Mercy Iowa City Service Area Adults 50-75, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

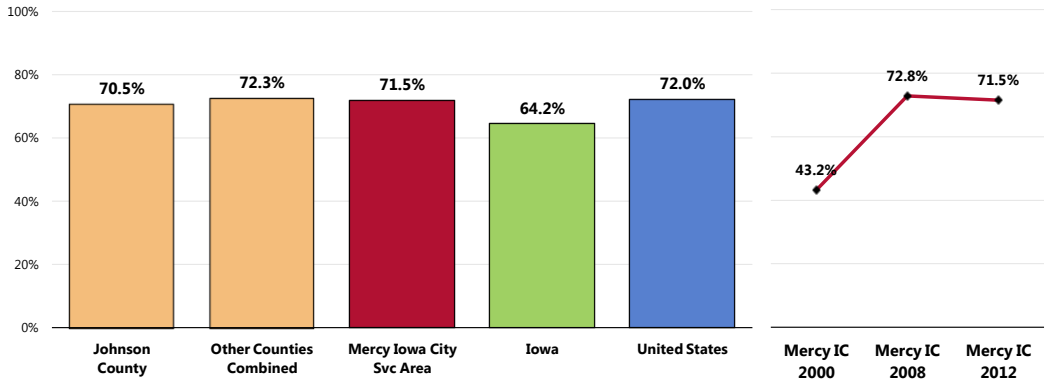
Lower Endoscopy

Among adults age 50 and older, just over 7 in 10 (71.5%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than Iowa findings.
- Similar to national findings.
- Similar by area.
- Marks a significant increase from 2000 survey findings (but similar to the 2008 figure).

Have Ever Had a Lower Endoscopy Exam

(Among Adults 50+)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 149]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

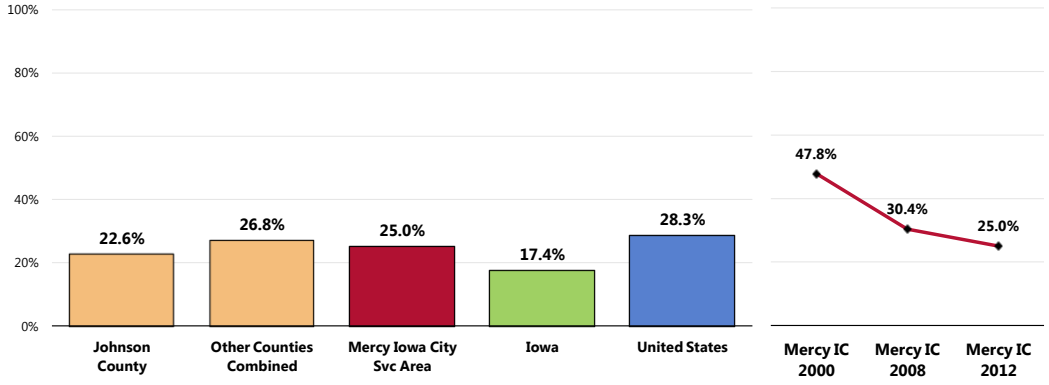
Notes:
- Asked of all respondents 50+.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Among adults age 50 and older, 25.0% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- Higher than Iowa findings.
- Similar to national findings.
- Similar by area.
- Marks a significant decrease from 2000 findings.

Have Had a Blood Stool Test in the Past Two Years

(Among Adults 50+)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 150]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents 50+.

Respiratory Disease

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

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

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

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

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

Risk factors for asthma currently being investigated include:

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

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

Age-Adjusted Respiratory Disease Deaths

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

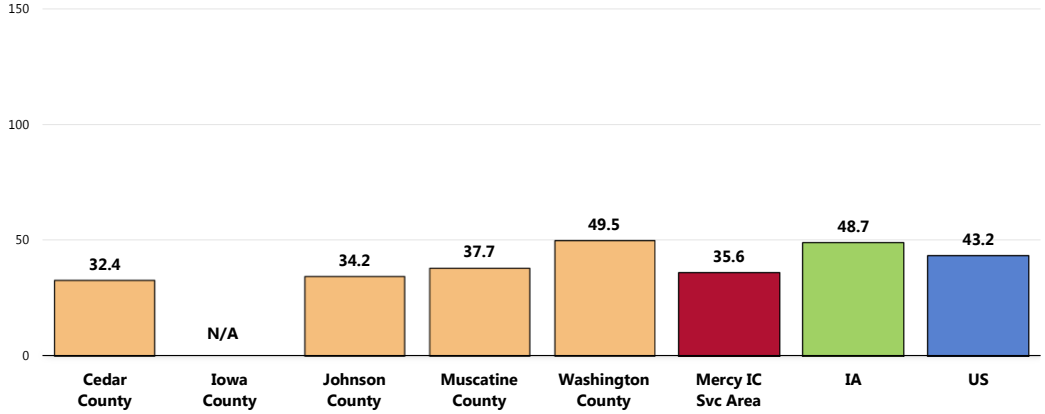
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2008 and 2010, there was an annual average age-adjusted CLRD mortality rate of 35.6 deaths per 100,000 population in the Mercy Iowa City Service Area.

- Lower than found statewide.
- Lower than the national rate.
- Unfavorably high in Washington County.

CLRD: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)



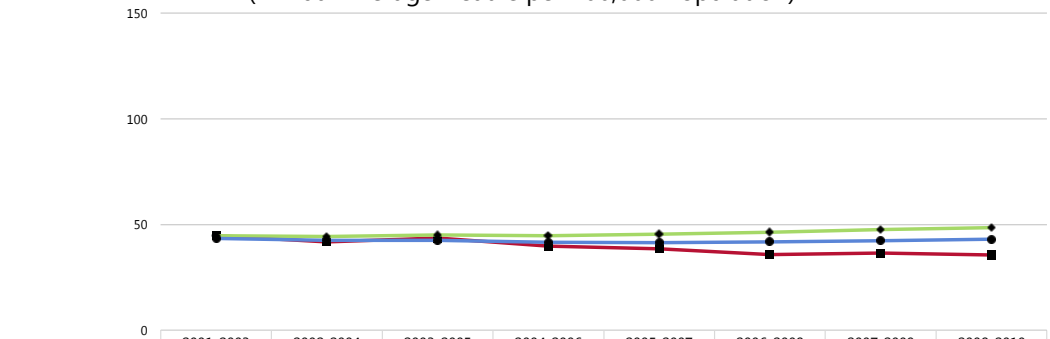
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- CLRD is chronic lower respiratory disease.

CLRD mortality in the Mercy Iowa City Service Area has decreased over time, while the state rate increased and the US rate was stable.

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Mercy IC Svc Area	44.7	41.8	43.7	39.8	38.6	35.8	36.5	35.7
Iowa	44.7	44.4	45.2	44.8	45.5	46.4	47.7	48.7
United States	43.5	42.6	42.5	41.6	41.5	41.8	42.4	43.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

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 U.S. Standard Population.
- State and national data are simple three-year averages.
- CLRD is chronic lower respiratory disease.

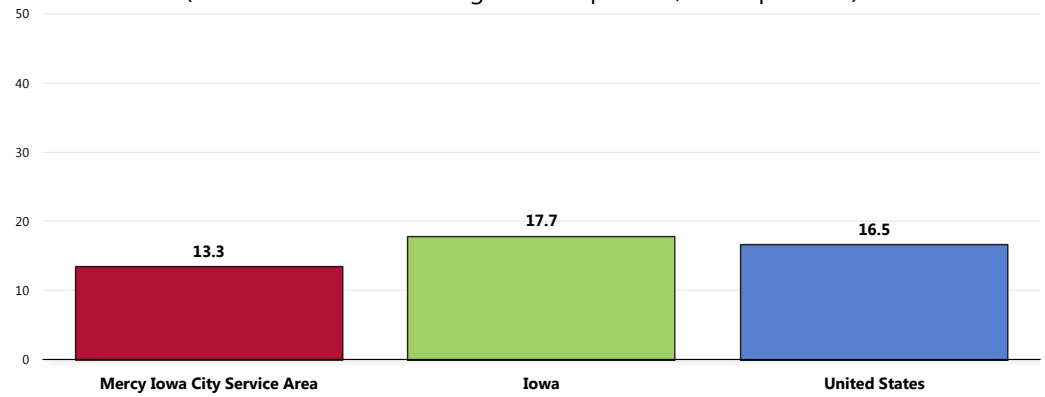
For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease."

Between 2008 and 2010, there was an annual average age-adjusted pneumonia influenza mortality rate of 13.3 deaths per 100,000 population in the Mercy Iowa City Service Area.

- Lower than found statewide.
- Lower than the national rate.

Pneumonia/Influenza: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)



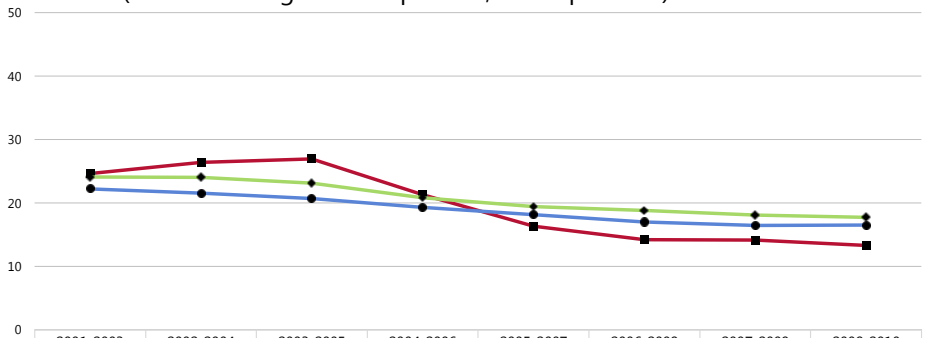
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

The Mercy Iowa City Service Area pneumonia/influenza mortality rate has decreased considerably over time. Across Iowa and the US, pneumonia/influenza death rates have decreased, although not as significantly as local rates.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Mercy IC Svc Area	24.6	26.4	26.9	21.3	16.3	14.2	14.1	13.3
Iowa	24.1	24.0	23.1	20.8	19.4	18.8	18.1	17.7
United States	22.2	21.5	20.7	19.3	18.1	17.0	16.4	16.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

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 U.S. Standard Population.
- State and national data are simple three-year averages.

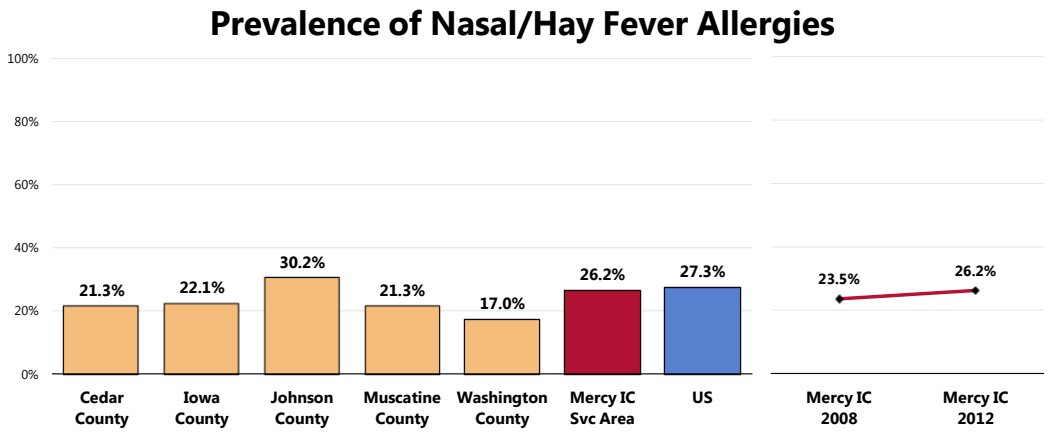
Prevalence of Respiratory Conditions

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma, nasal/hay fever allergies, sinusitis, and/or chronic lung disease.

Nasal/Hay Fever Allergies

More than one in four (26.2%) Mercy Iowa City Service Area adults currently suffer from or have been diagnosed with nasal/hay fever allergies.

- Similar to the national prevalence.
- Particularly high in Johnson County, lowest in Washington County.
- No statistical change from 2008 survey findings.

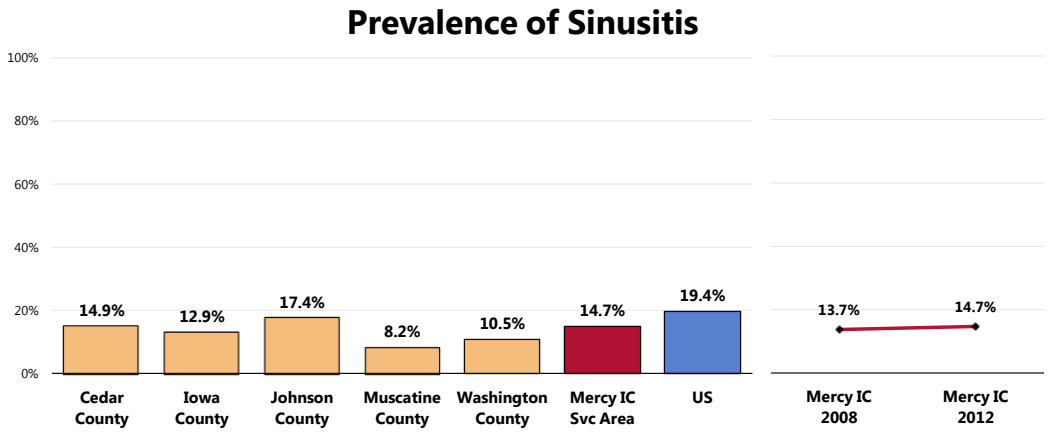


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 35]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Sinusitis

A total of 14.7% of Mercy Iowa City Service Area adults suffer from sinusitis.

- More favorable than the national prevalence.
- Highest in Johnson County; lowest in Muscatine County.
- Unchanged from 2008 survey findings.

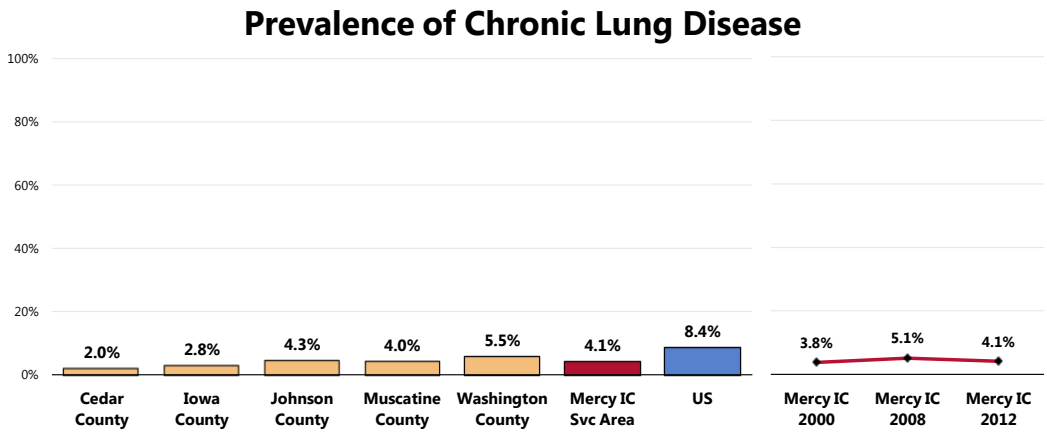


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 34]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Chronic Lung Disease

A total of 4.1% of Mercy Iowa City Service Area adults suffer from chronic lung disease.

- Half the national prevalence.
- No difference by county.
- Unchanged over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

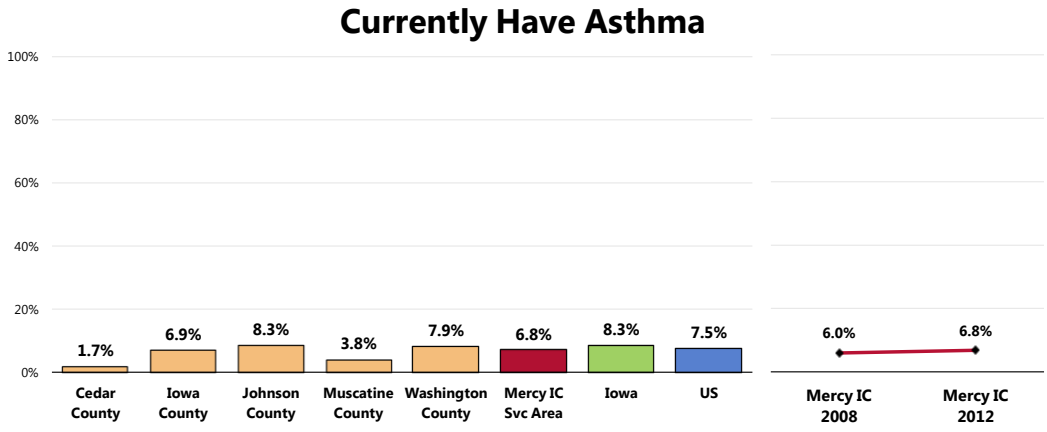
Notes:
- Asked of all respondents.

Asthma

Adults

A total of 6.8% of Service Area adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- The prevalence of asthma is lowest in Cedar County.
- Unchanged over time.



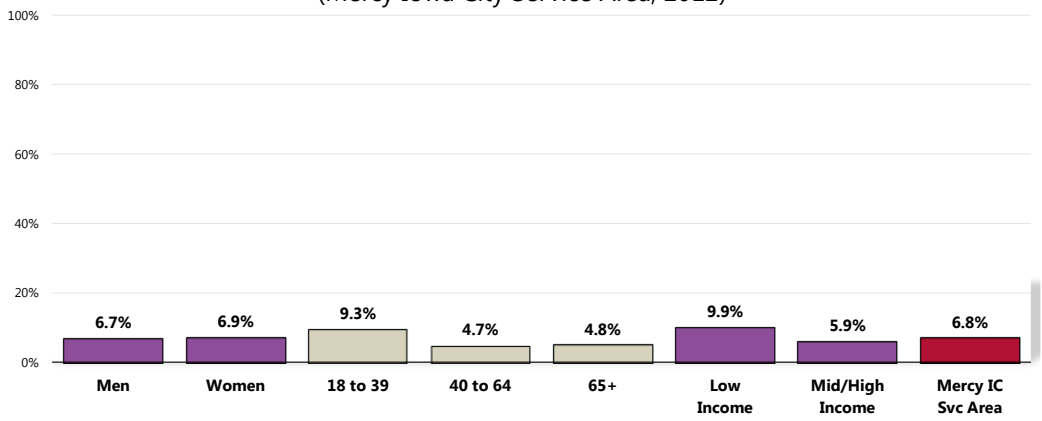
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.

Notes:
- Asked of all respondents.

The prevalence of asthma does not vary significantly by demographic characteristics.

Currently Have Asthma

(Mercy Iowa City Service Area, 2012)

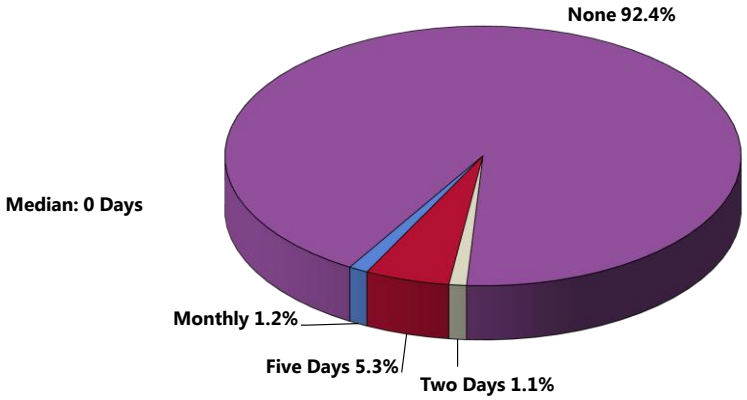


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 6.5% of respondents with asthma report five or more days in the past year on which they were unable to work or carry out their usual activities because of their asthma.

Number of Days in Past Year on Which Asthma Interfered With Work or Usual Activities

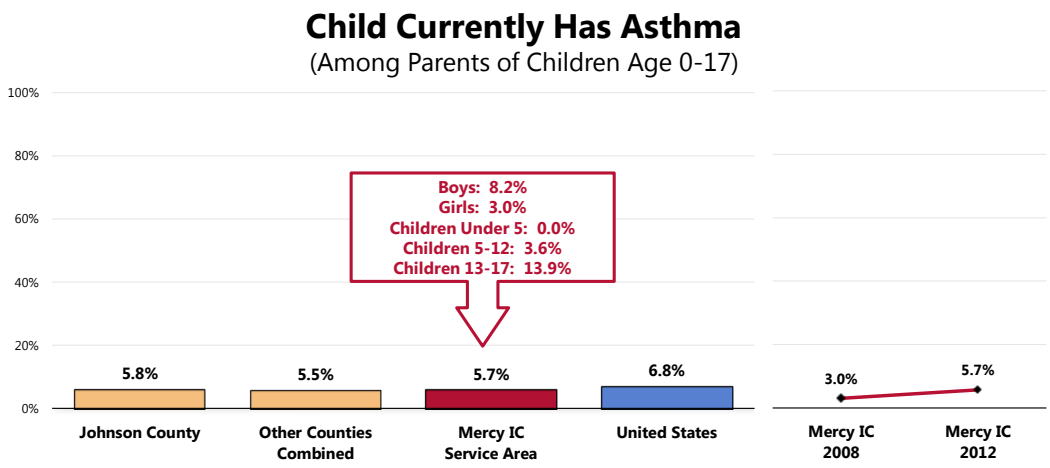
(Among Mercy Iowa City Service Area Adults w/Asthma, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
Notes: • Asked of all respondents with asthma.

Among Service Area children under age 18, 5.7% currently have asthma.

- Similar to the national prevalence.
- Similar by area.
- The prevalence of children with asthma increases with age.
- The prevalence is unchanged over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 153]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

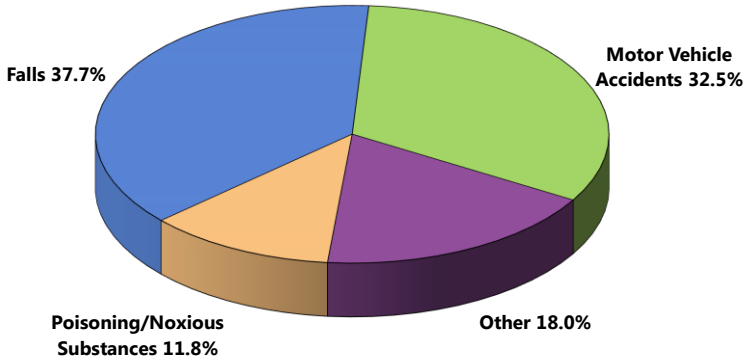
– Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Falls accounted for 37.7% of accidental deaths in the Mercy Iowa City Service Area between 2008-2010, followed by motor vehicle accidents (32.5% of accidental deaths) and poisoning (11.8%).

Leading Causes of Accidental Death

(Mercy Iowa City Service Area, 2008-2010)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

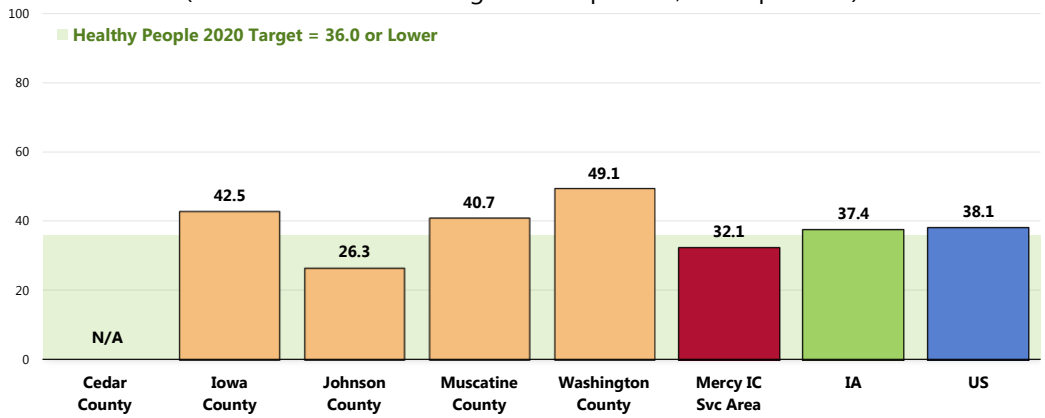
Age-Adjusted Unintentional Injury Deaths

Between 2008 and 2010, there was an annual average age-adjusted unintentional injury mortality rate of 32.1 deaths per 100,000 population in the Mercy Iowa City Service Area.

- More favorable than the Iowa rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (36.0 or lower).
- Highest in Washington County; lowest in Johnson County.

Unintentional Injuries: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)

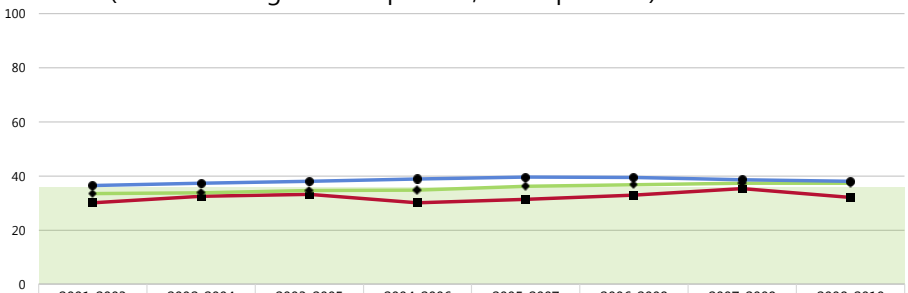


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

- Despite fluctuations, there is an overall upward trend in the unintentional injury mortality rate in the Mercy Iowa City Service Area, echoing the slowly increasing trends reported in the Iowa and the US overall.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0
Mercy IC Svc Area	30.2	32.6	33.3	30.2	31.4	32.9	35.3	32.1
Iowa	33.5	33.8	34.7	34.8	36.3	36.8	37.3	37.4
United States	36.6	37.3	38.0	38.9	39.6	39.5	38.7	38.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Motor Vehicle Safety

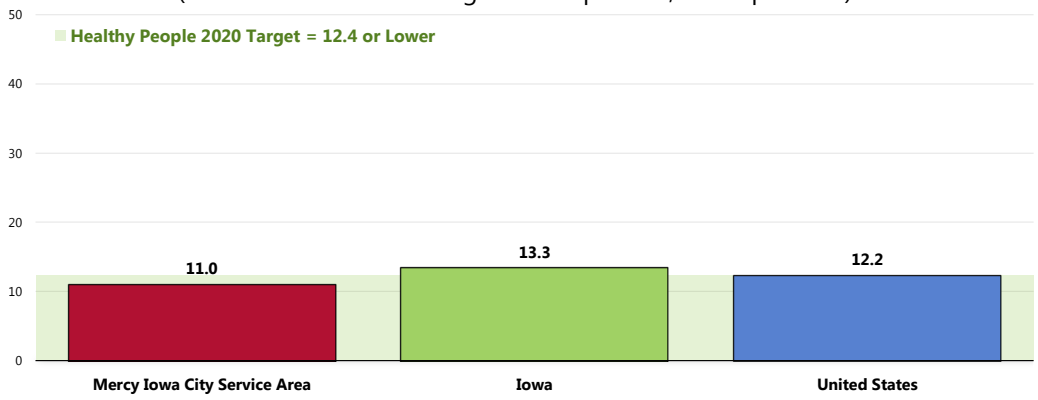
Age-Adjusted Motor-Vehicle Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted motor vehicle crash mortality rate of 11.0 deaths per 100,000 population in the Mercy Iowa City Service Area.

- Lower than found statewide.
- Lower than found nationally.
- Satisfies the Healthy People 2020 target (12.4 or lower).

Motor Vehicle Crashes: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)



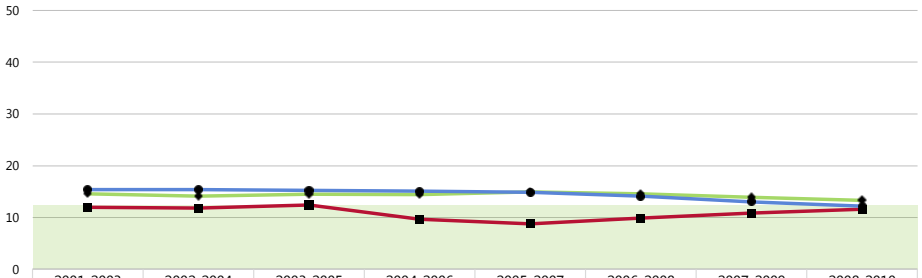
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

The mortality rate in the Mercy Iowa City Service Area decreased overall in the past decade, although rates have increased in recent years. Across Iowa and the US overall, motor vehicle mortality has decreased.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4
Mercy IC Svc Area	12.0	11.8	12.4	9.7	8.8	9.9	10.9	11.6
Iowa	14.6	14.1	14.5	14.4	14.9	14.6	13.9	13.3
United States	15.4	15.4	15.2	15.1	14.9	14.1	13.0	12.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

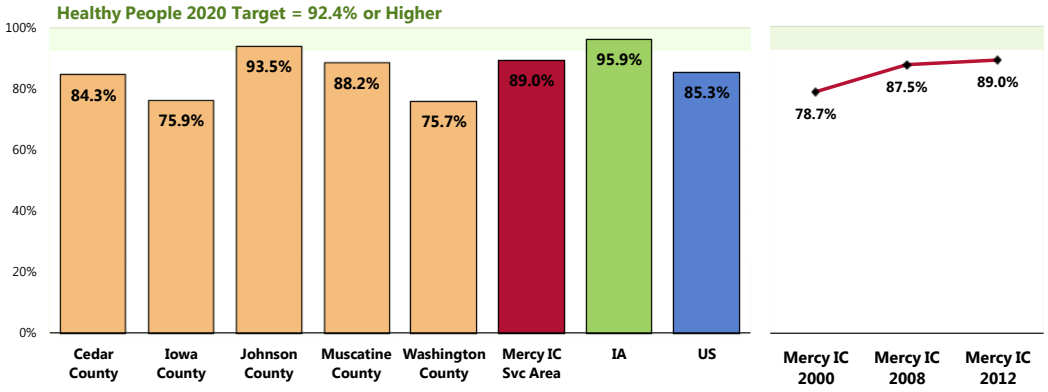
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Seat Belt Usage - Adults

Most Mercy Iowa City Service Area adults (89.0%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Less favorable than the state rate.
- More favorable than the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.4% or higher.
- Lowest in Iowa and Washington counties; highest in Johnson County.
- Marks a significant *increase* from survey findings in 2000.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 53]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-15]

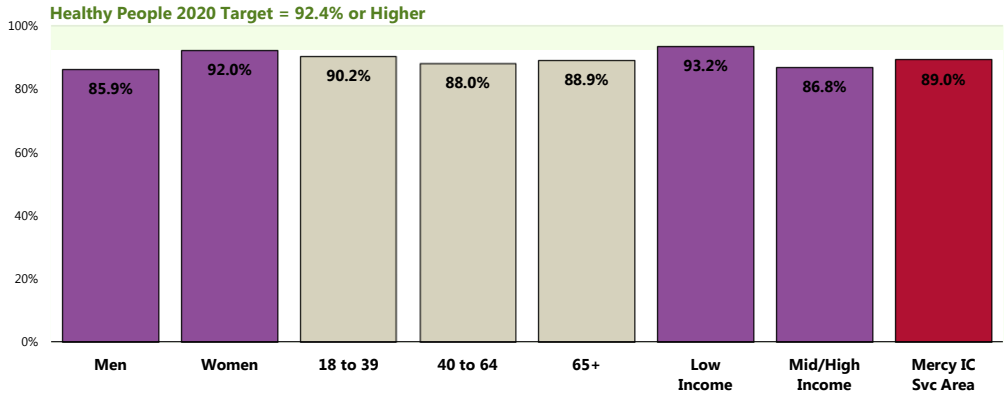
Notes:
- Asked of all respondents.

These population segments are less likely to report consistent seat belt usage:

- Men.
- Residents living on lower incomes.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-15]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

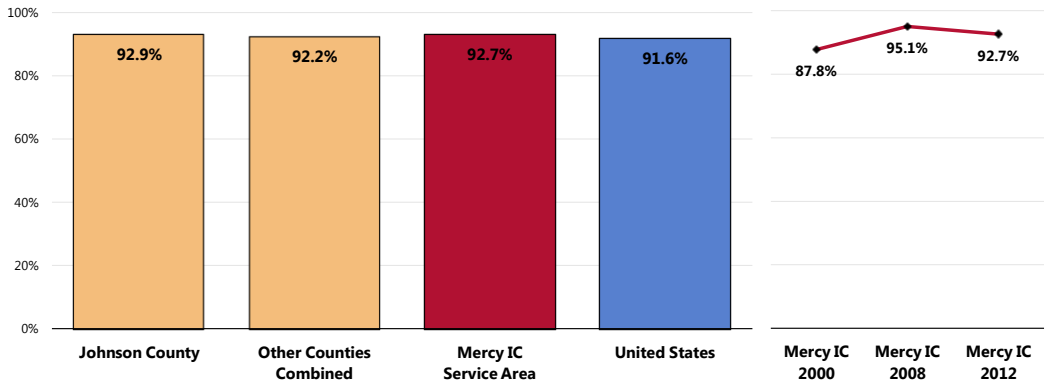
Seat Belt Usage - Children

A full 92.7% of area parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.
- No difference by area.
- Statistically unchanged since 2000.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Parents of Children Age 0-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 132]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

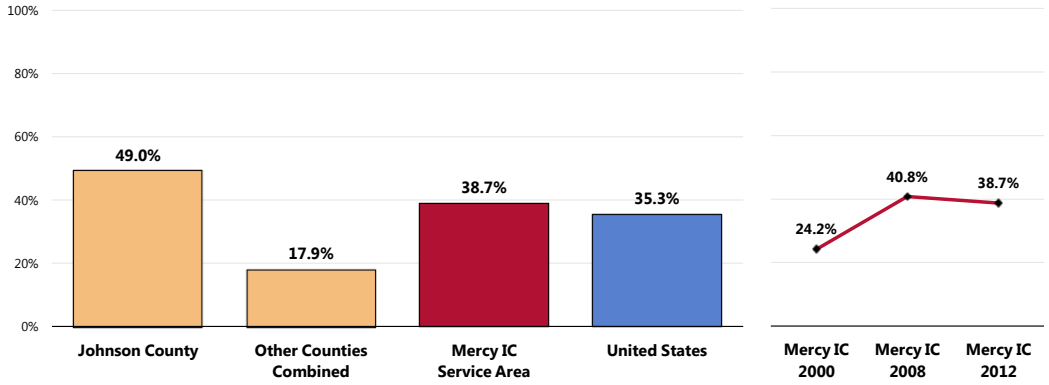
Bicycle Safety

Nearly 4 in 10 (38.7%) Service Area children age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.

- Similar to the national prevalence.
- Significantly lower outside of Johnson County.
- Marks a significant increase over time.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5 to 17 at home.

Firearm Safety

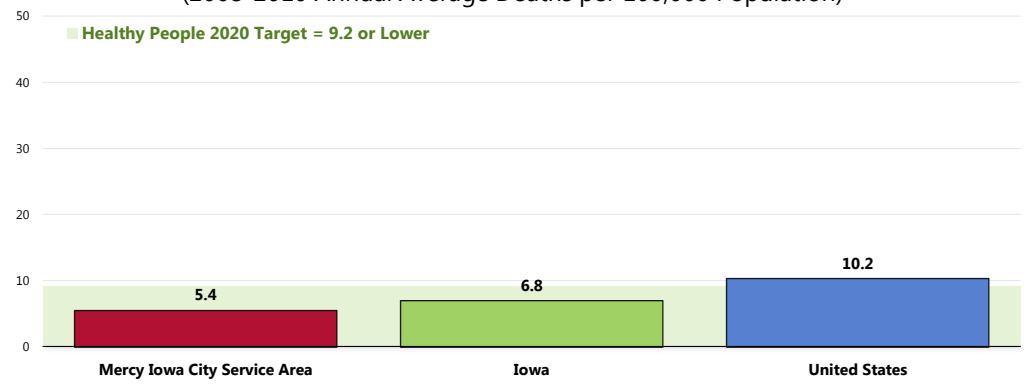
Age-Adjusted Firearm-Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted rate of 5.4 deaths per 100,000 population due to firearms in the Mercy Iowa City Service Area.

- Lower than found statewide.
- Lower than found nationally.
- Satisfies the Healthy People 2020 objective (9.2 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)



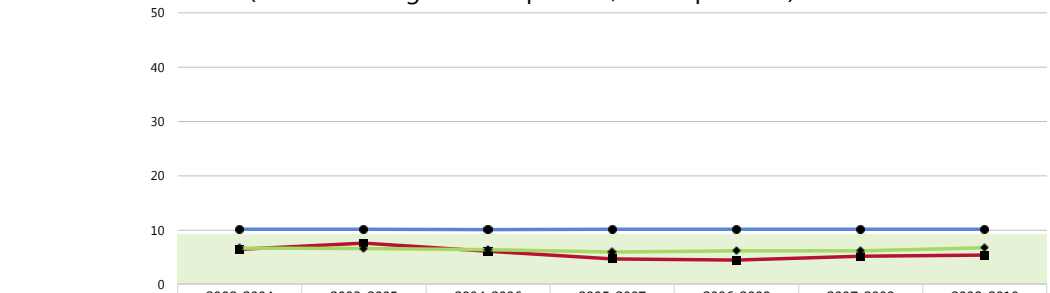
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

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.
- Local, state and national data are simple three-year averages.

- The mortality rate in the Mercy Iowa City Service Area decreased over the past decade, while state and national rates were stable.

Firearms-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	9.2	9.2	9.2	9.2	9.2	9.2	9.2
Mercy IC Svc Area	6.5	7.6	6.1	4.7	4.5	5.2	5.4
Iowa	6.7	6.6	6.4	6.0	6.2	6.2	6.8
United States	10.2	10.2	10.1	10.2	10.2	10.2	10.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

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.
- Local, state and national data are simple three-year averages.

Survey respondents were further asked about the presence of weapons in the home:

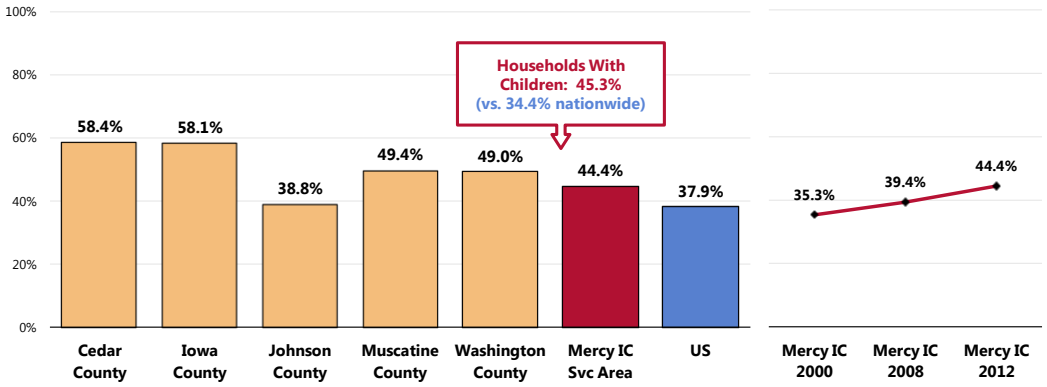
"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

Presence of Firearms in Homes

More than 4 in 10 (44.4%) Mercy Iowa City Service Area adults have a firearm kept in or around their home.

- Higher than the national prevalence.
- Highest in Cedar and Iowa counties; lowest in Johnson County.
- Marks a steady and significant increase from 2000 survey findings.
- Among Mercy Iowa City Service Area households with children, 45.3% have a firearm kept in or around the house (less favorable than reported nationally).
  - The prevalence of firearms in households with children has not changed significantly over time (not shown).

Have a Firearm Kept in or Around the Home



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 57, 154]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

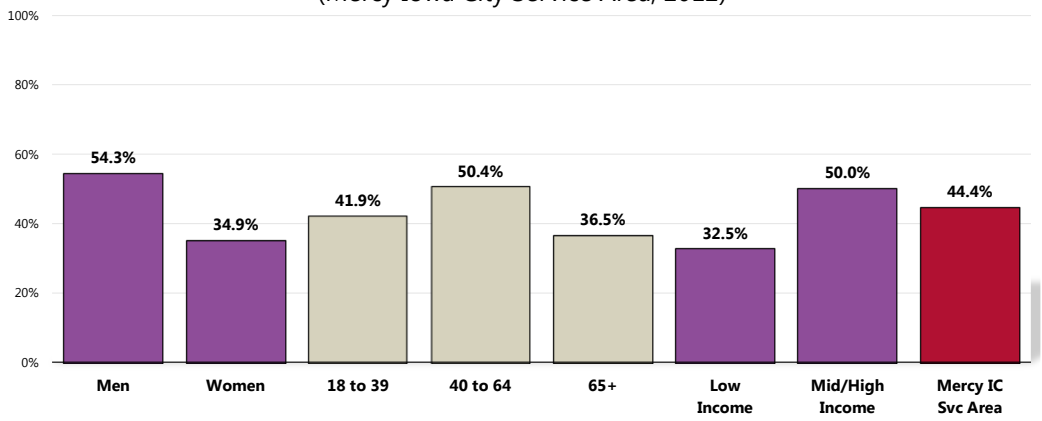
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Adults age 40 to 64.
- Higher-income households.

Have a Firearm Kept in or Around the House

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]

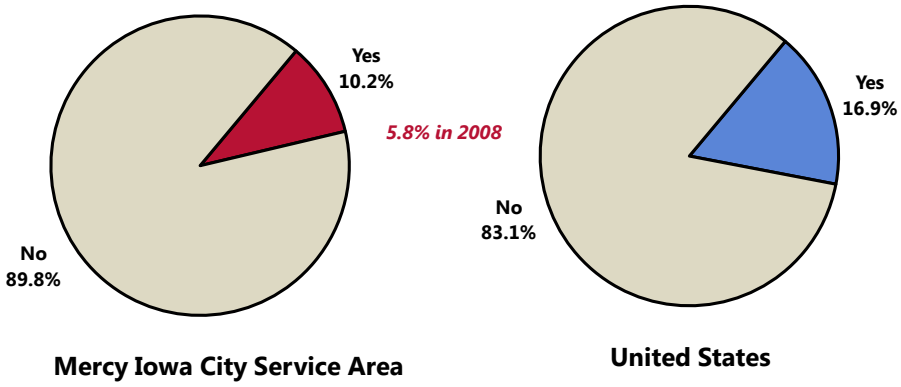
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Mercy Iowa City Service Area households with firearms, 10.2% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically lower than that found nationally.
- Marks a significant increase from that reported in 2000.

Household Has An Unlocked, Loaded Firearm

(Among Respondents Reporting a Firearm in or Around the Home)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with a firearm in or around the home.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

RELATED ISSUE: See also *Suicide* in the **Mental Health & Mental Disorders** section of this report.

Between 2001 and 2010, there was an annual average age-adjusted homicide rate of 1.9 deaths per 100,000 population in the Mercy Iowa City Service Area.

Violent Crime

Violent Crime Rates

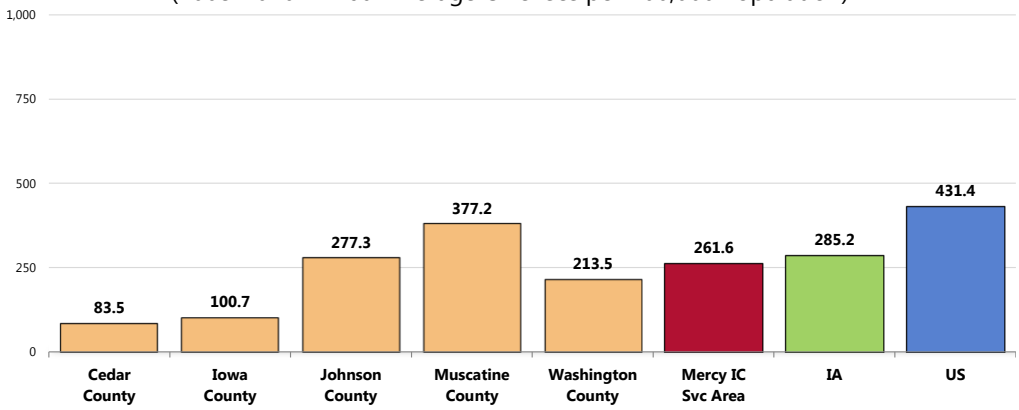
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

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.

Between 2008 and 2010, there was an annual average violent crime rate of 261.6 offenses per 100,000 population in the Mercy Iowa City Service Area.

- Lower than the Iowa rate for the same period.
- Much lower than the national rate.
- Unfavorably high in Johnson and Muscatine counties.

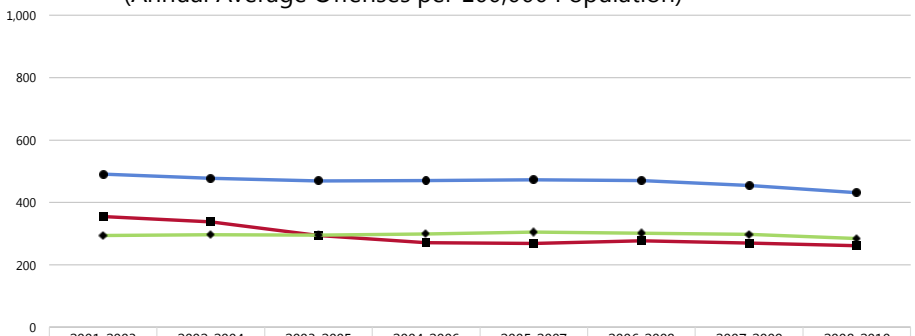
Violent Crime Rates
(2008-2010 Annual Average Offenses per 100,000 Population)



Sources: • Iowa Department of Public Safety.
• US Department of Justice, Federal Bureau of Investigation
Notes: • Rates are offenses per 100,000 population among agencies reporting.

The crime rate has declined in recent years, echoing the state and national trends.

Violent Crime Rates
(Annual Average Offenses per 100,000 Population)



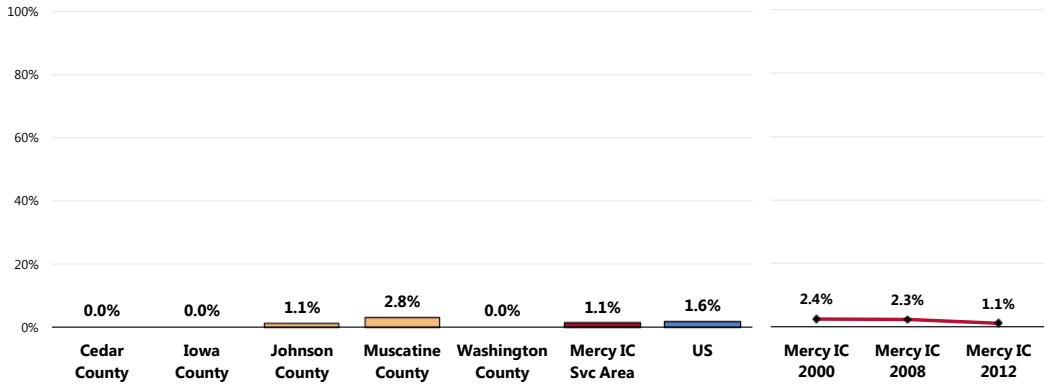
	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Mercy IC Svc Area	354.7	337.6	294.8	270.7	268.7	277.3	270.6	261.6
Iowa	294.2	297.2	295.7	299.3	304.7	301.3	298.0	285.2
United States	491.6	477.8	469.3	470.5	473.4	469.9	454.1	431.4

Sources: • Iowa Department of Public Safety.
• US Department of Justice, Federal Bureau of Investigation
Notes: • Rates are offenses per 100,000 population among agencies reporting.

A total of 1.1% of Mercy Iowa City Service Area adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.
- Lowest (0.0%) in Cedar, Iowa and Washington counties.
- The prevalence is statistically unchanged over time.

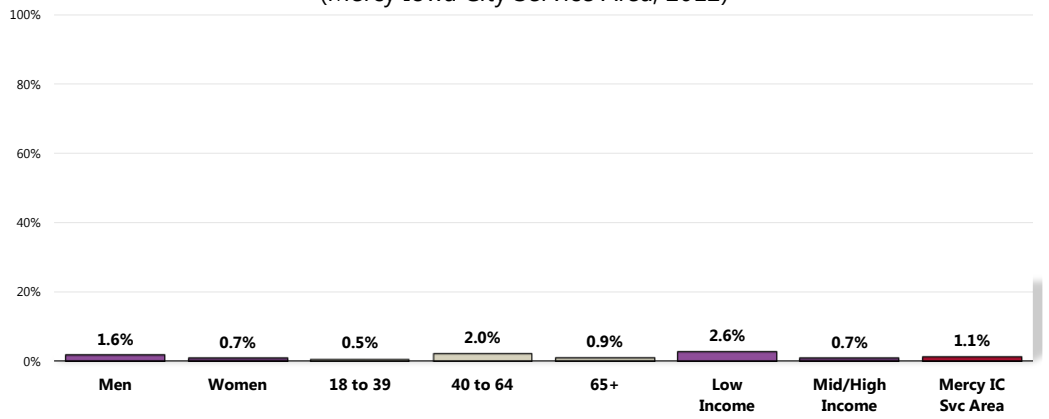
Victim of a Violent Crime in the Past Five Years



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 54]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Reports of violence do not vary significantly by demographic characteristic.

Victim of a Violent Crime in the Past Five Years
(Mercy Iowa City Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Keep in mind that these data only reflect those incidents reported to law enforcement (offenses).

According to the Iowa Department of Public Safety, 369 reports of domestic violence were reported among the five counties in 2011.

- In 76% of the cases, the victim was a female.
- In most cases (76%), the victim was White.

Self-Reported Family Violence

Respondents were told:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

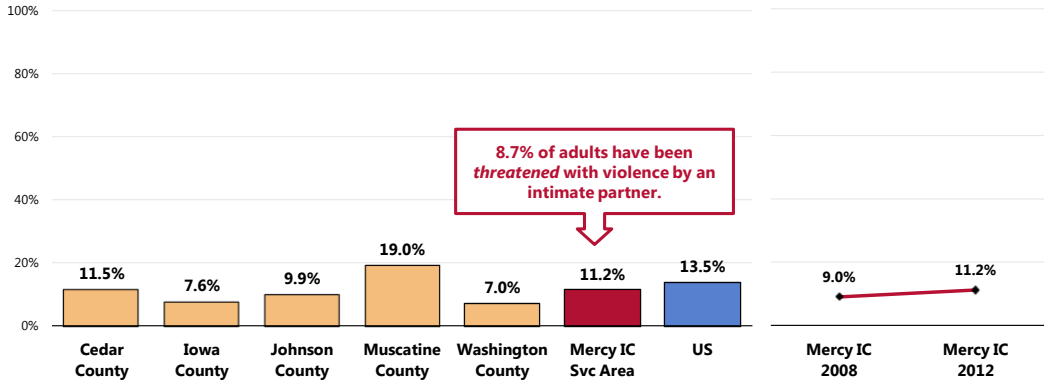
A total of 8.7% of Mercy Iowa City Service Area adults report that they have ever been threatened with physical violence by an intimate partner.

- Similar to that reported nationally (not shown).
- Statistically similar by county (not shown).

A total of 11.2% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to national findings.
- Unfavorably high in Muscatine County.
- Statistically unchanged from 2008 survey findings.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

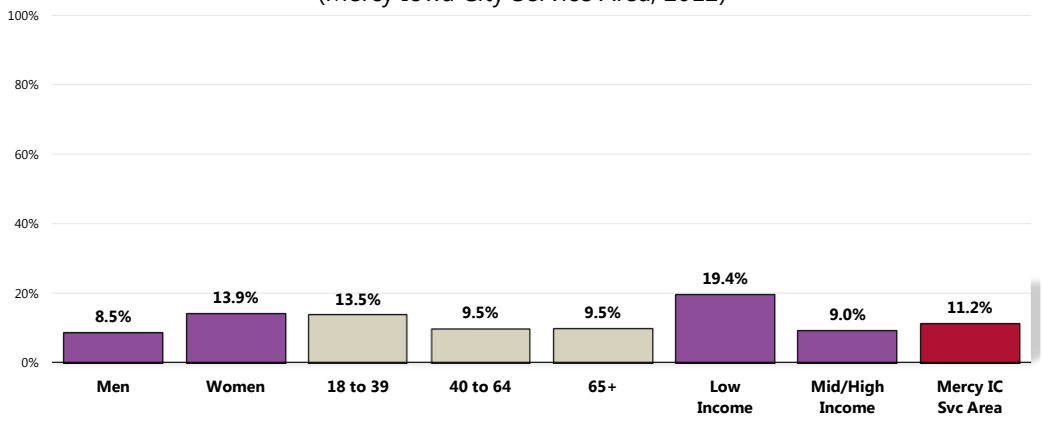


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 55-56]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Adults living in lower-income households.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(Mercy Iowa City Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Child Abuse Rates

Keep in mind that these data only reflect those incidents reported to law enforcement.

According to the Iowa Department of Human Services: 1,910 reports of child abuse and neglect were reported in the five-county area between 2008 and 2010, 67% of which were confirmed.

- Of those confirmed, 76.0% were classified as neglect, followed by physical abuse (11.2% of confirmed cases), drugs in the child's system (5.4%), and sexual abuse (5.0%).
- Of those confirmed, 51.4% of children were 5 or younger.

Diabetes

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

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

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

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

– Healthy People 2020 (www.healthypeople.gov)

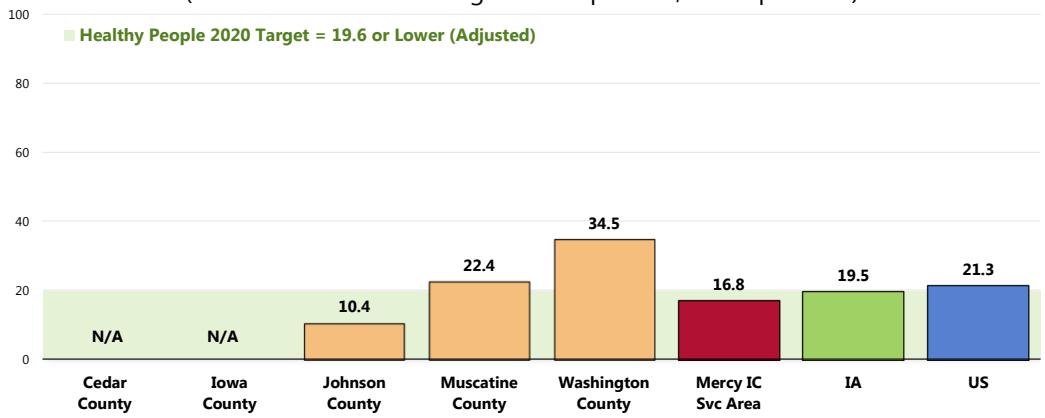
Age-Adjusted Diabetes Deaths

Between 2008 and 2010, there was an annual average age-adjusted diabetes mortality rate of 16.8 deaths per 100,000 population in the Mercy Iowa City Service Area.

- More favorable than that found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (19.6 or lower).
- Unfavorably high in Washington County.

Diabetes: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)



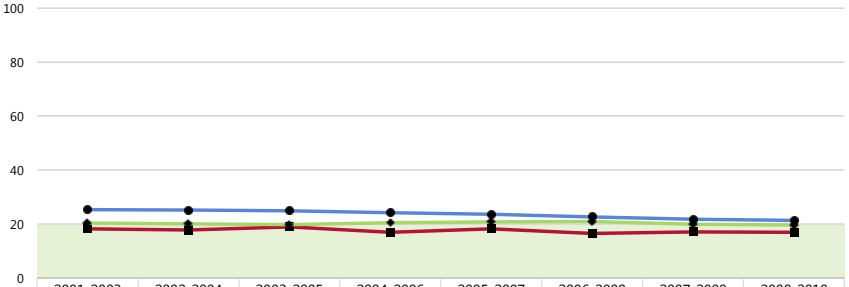
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Diabetes mortality decreased somewhat over the past decade.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020 (Adjusted)	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6
Mercy IC Svc Area	18.1	17.7	18.8	16.9	18.1	16.5	17.0	16.8
Iowa	20.3	20.0	19.7	20.4	20.7	20.9	19.9	19.5
United States	25.3	25.1	24.8	24.1	23.5	22.5	21.7	21.3

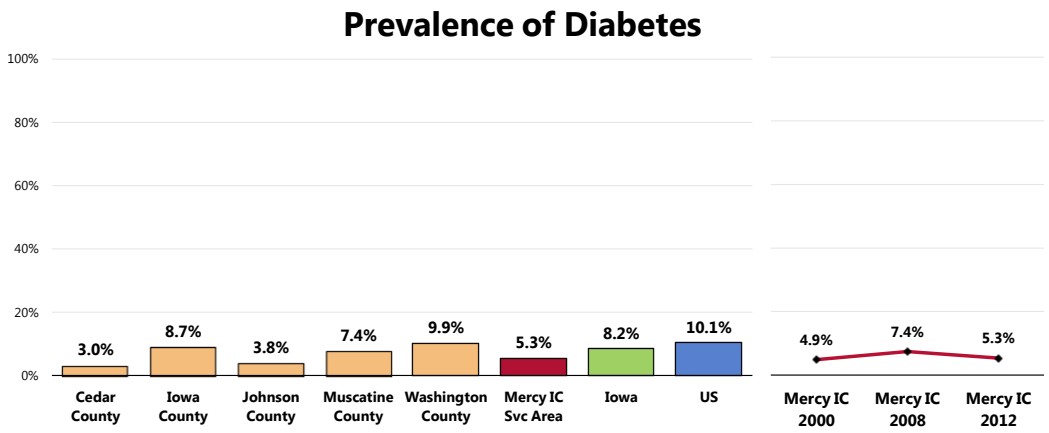
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 5.3% of Mercy Iowa City Service Area adults report having been diagnosed with diabetes.

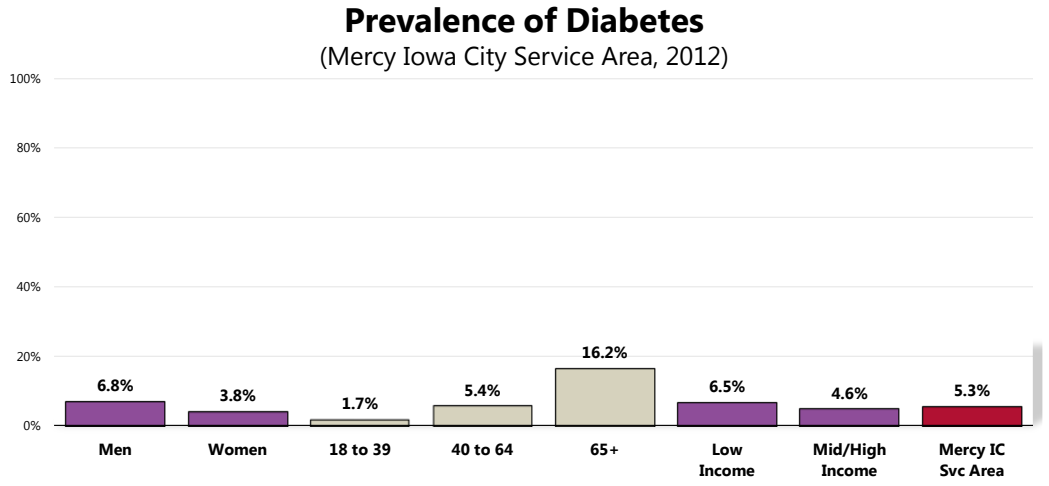
- Better than the proportion statewide.
- Better than the national proportion.
- Statistically similar by county.
- The diabetes prevalence has not changed significantly over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

Note the positive correlation between diabetes and age (with 16.2% of seniors with diabetes).



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

Related Focus Group Findings: Diabetes

Many focus group participants are concerned with chronic diseases, with particular emphasis on diabetes. Diabetes (including Type II) in both young people and elderly residents especially concern focus group members. Participants believe that the community has more than adequate treatment programs, but lacks resources and programs on preventative education. The attendees agree that the community needs to institute initiatives to promote wellness, which may decrease the prevalence of Type II diabetes. For those residents who suffer from diabetes, they need to take control over their disease and educate themselves to improve their quality of life. A participant describes:

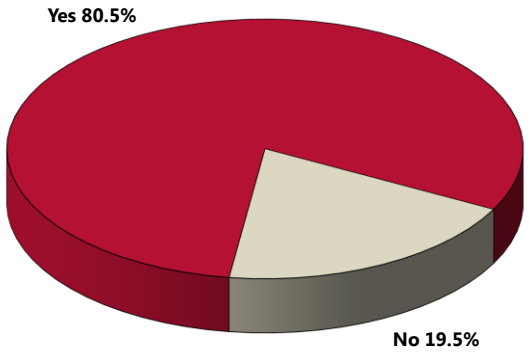
> *"I think residents lack understanding on how serious diabetes is once it is diagnosed. I just feel like we have to develop a way to educate people and make them take that diagnosis very seriously. It's not like saying, 'You have a cold.' I see what diabetes has done to our patients over the years even when they take their medications, including insulin. It is a very serious illness and there are only so many providers." Key Informant*

Diabetes Treatment

Among adults with diabetes, most (80.5%) are currently taking insulin or some type of medication to manage their condition.

Taking Insulin or Other Medication for Diabetes

(Among Mercy Iowa City Service Area Diabetics)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
Notes: • Asked of all diabetic respondents.

Alzheimer's Disease

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

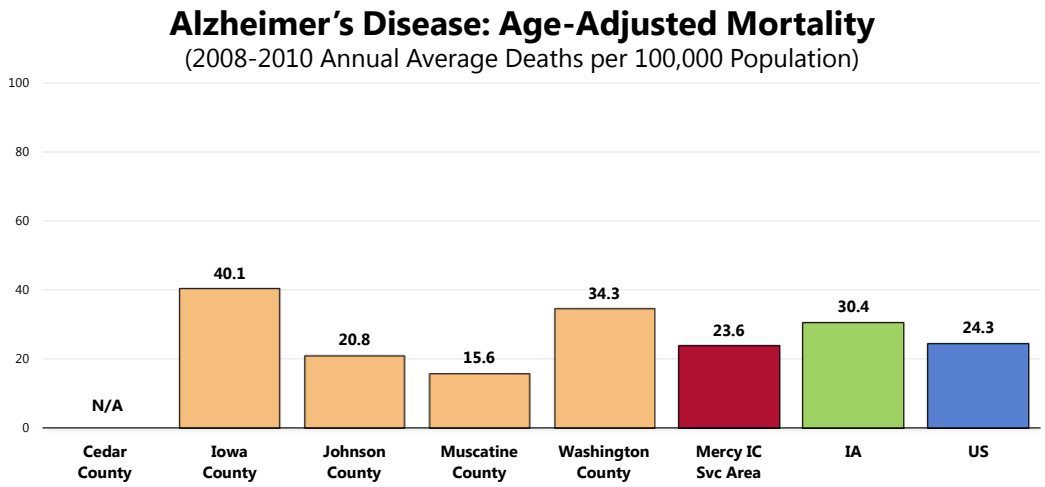
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted Alzheimer's disease mortality rate of 23.6 deaths per 100,000 population in the Mercy Iowa City Service Area.

- More favorable than the statewide rate.
- Similar to the national rate.
- Unfavorably high in Iowa and Washington counties.



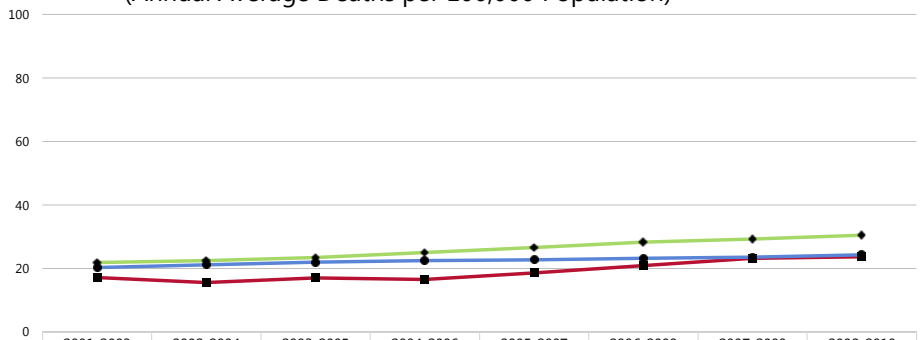
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

- Alzheimer's disease mortality increased in the Mercy Iowa City Service Area over the past decade, mirroring the increasing trends reported across Iowa and the US.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Mercy IC Svc Area	17.1	15.5	17.0	16.5	18.6	20.8	23.2	23.7
Iowa	21.8	22.4	23.4	25.0	26.5	28.2	29.3	30.4
United States	20.2	21.1	22.0	22.4	22.7	23.2	23.5	24.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

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 U.S. Standard Population.

Kidney Disease

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

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

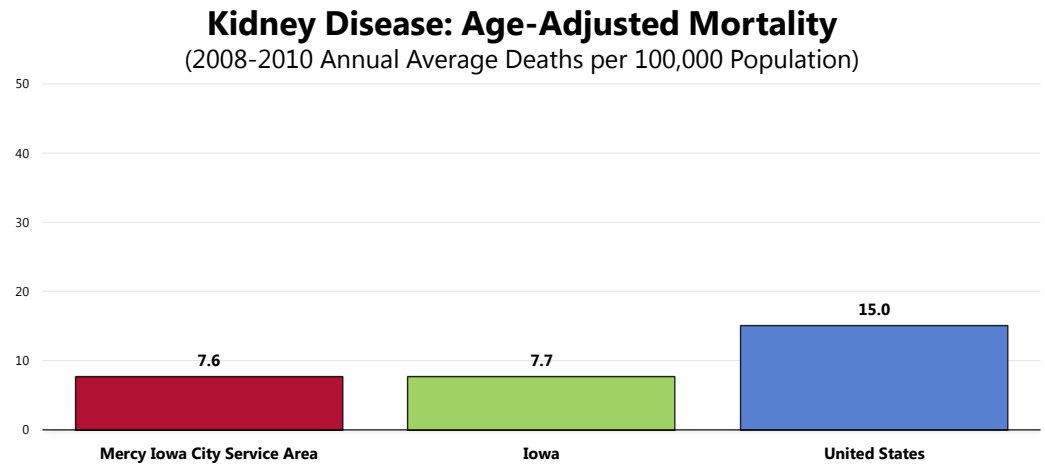
Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2008 and 2010 there was an annual average age-adjusted kidney disease mortality rate of 7.6 deaths per 100,000 population in the Mercy Iowa City Service Area.

- Similar to the rate found statewide.
- Half the national rate.



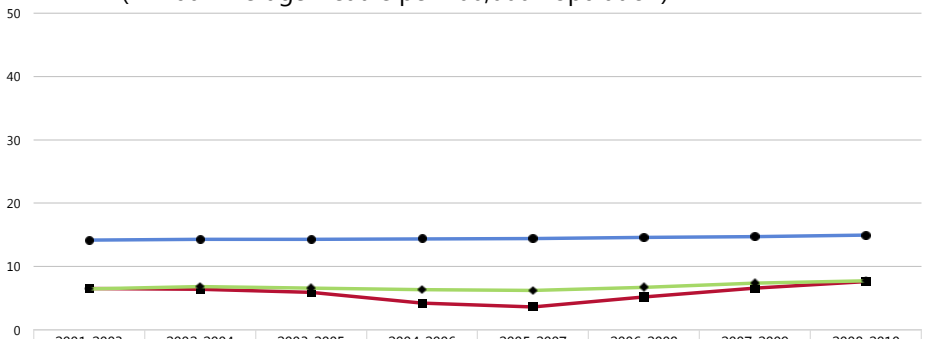
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

- Mortality due to kidney disease has increased over time in the Mercy Iowa City Service Area as well as across Iowa and the US overall.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Mercy IC Svc Area	6.5	6.4	5.9	4.2	3.6	5.2	6.6	7.6
Iowa	6.5	6.8	6.6	6.3	6.2	6.7	7.4	7.7
United States	14.2	14.3	14.3	14.3	14.4	14.6	14.7	15.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

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 U.S. Standard Population.
- State and national data are simple three-year averages.

Potentially Disabling Conditions

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

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

RELATED ISSUE:
See also *Activity Limitations* in the **General Health Status** section of this report.

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Pain

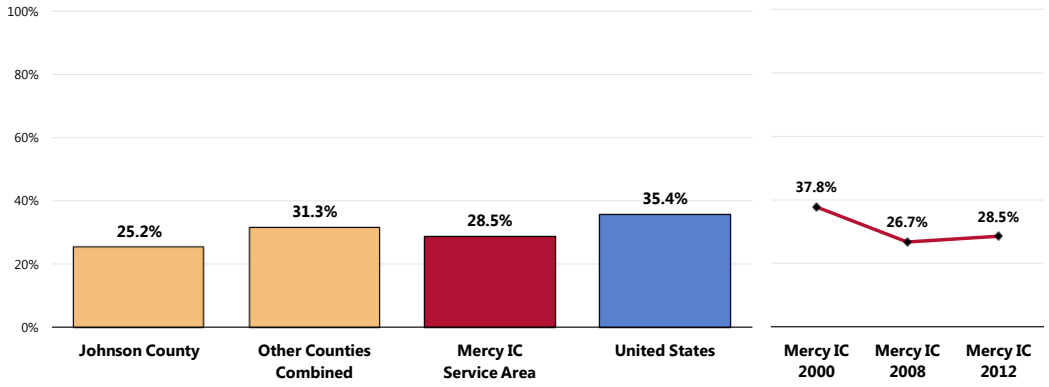
Prevalence of Arthritis/Rheumatism

Nearly 3 in 10 (28.5%) Mercy Iowa City Service Area adults age 50 and older report suffering from arthritis or rheumatism.

- More favorable than that found nationwide.
- Higher outside Johnson County.
- Denotes a significant decrease from 2000 survey findings.

Prevalence of Arthritis/Rheumatism

(Among Adults 50+)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 50 and older.

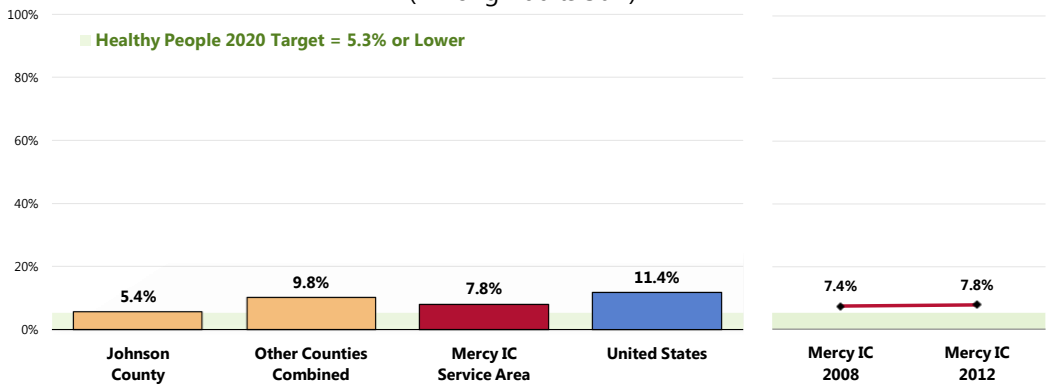
Prevalence of Osteoporosis

A total of 7.8% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Similar to the Healthy People 2020 target of 5.3% or lower.
- Higher outside Johnson County.
- Unchanged over time.

Prevalence of Osteoporosis

(Among Adults 50+)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

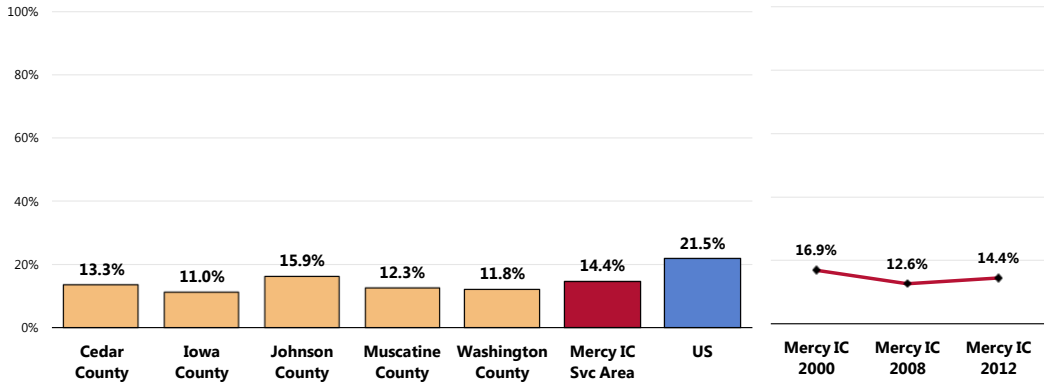
Notes:
- Reflects respondents 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 14.4% of survey respondents suffer from chronic back pain or sciatica.

- More favorable than that found nationwide.
- Similar by county.
- Statistically unchanged over time.

Prevalence of Sciatica/Chronic Back Pain



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

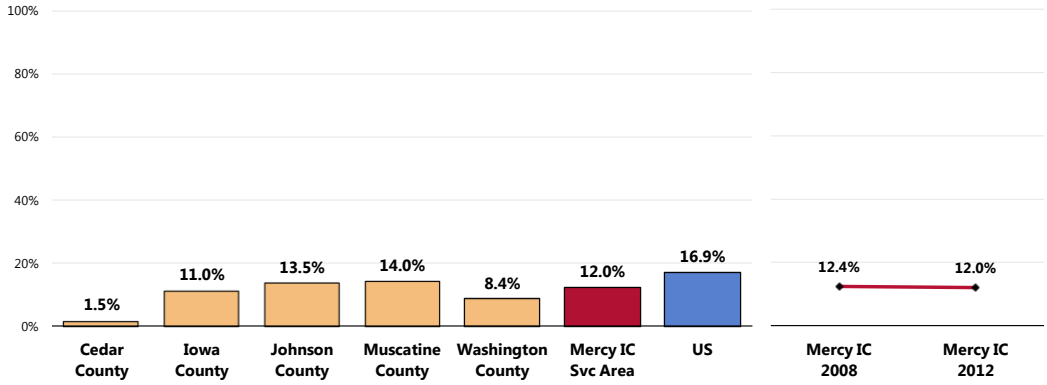
Notes:
- Asked of all respondents.

Prevalence of Migraines/Severe Headaches

A total of 12.0% of survey respondents report suffering from migraines or severe headaches.

- More favorable than that found nationwide.
- Favorably low in Cedar County.
- No change to report from 2008 survey findings.

Prevalence of Migraines/Severe Headaches



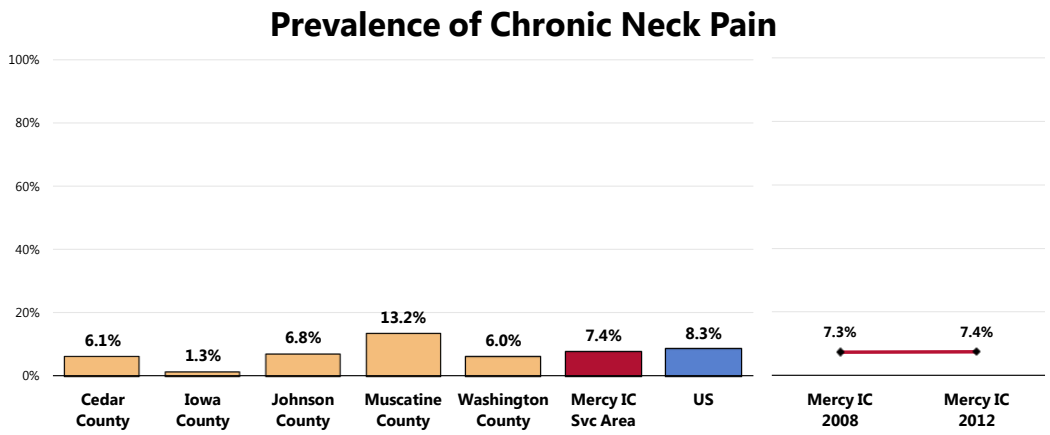
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Prevalence of Chronic Neck Pain

A total of 7.4% of survey respondents currently suffer from chronic neck pain.

- Similar to that found nationwide.
- Favorably low in Iowa County.
- Unchanged from 2008 survey findings.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 37]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Vision & Hearing Impairment

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

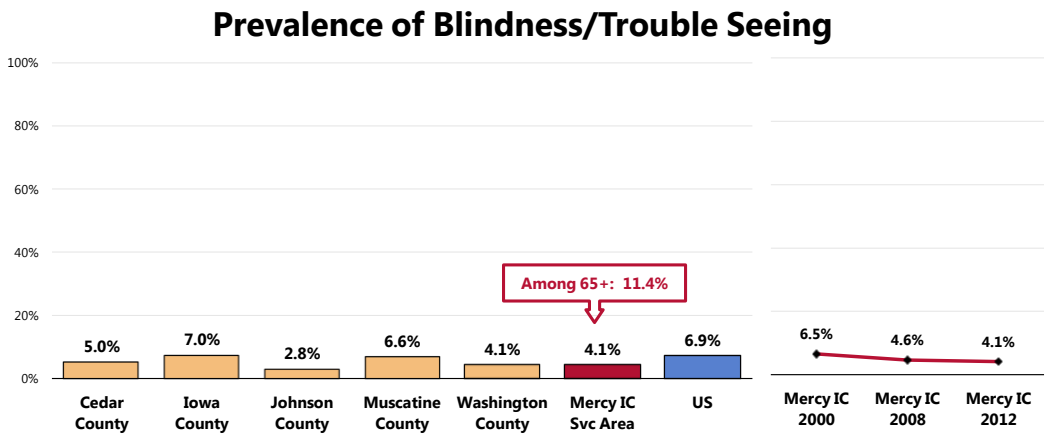
Vision Trouble

A total of 4.1% of Mercy Iowa City Service Area adults are blind, or have trouble seeing even when wearing corrective lenses.

- More favorable than found nationwide.
- Similar by county.
- Statistically unchanged over time.

RELATED ISSUE: See also *Vision Care* in the **Access to Health Services** section of this report.

- Among Mercy Iowa City Service Area adults age 65 and older, 11.4% have vision trouble.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Hearing Trouble

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

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

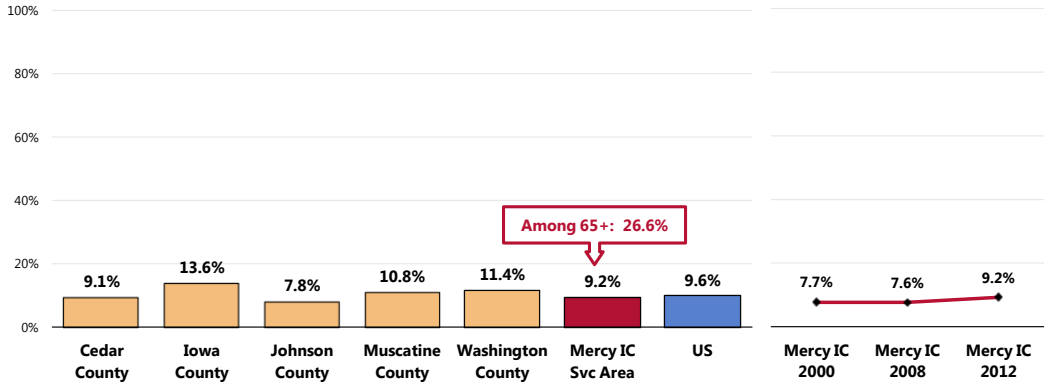
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

In all, 9.2% of Mercy Iowa City Service Area adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.
- Similar by county.
- Unchanged over time.
- Among Mercy Iowa City Service Area adults age 65 and older, 26.6% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

INFECTIOUS DISEASE

Influenza & Pneumonia Vaccination

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

– Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

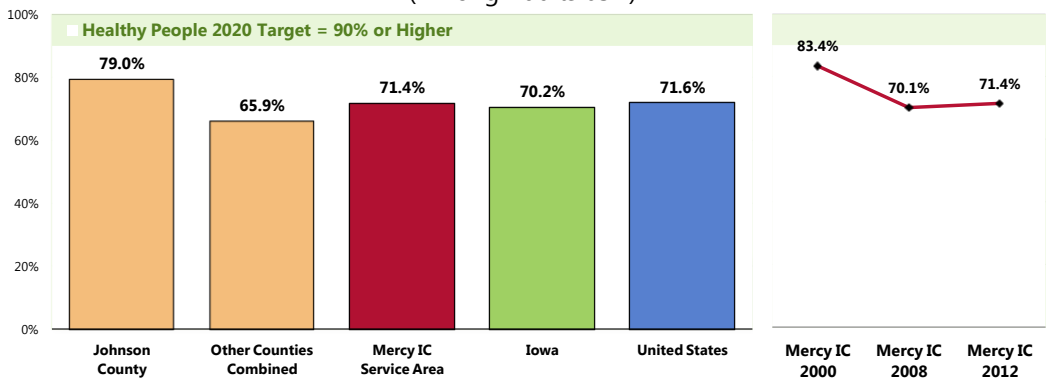
FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among Mercy Iowa City Service Area seniors, 71.4% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the Iowa finding.
- Nearly identical to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
- A higher prevalence was reported among Johnson County seniors.
- Marks a significant decrease since 2000.

Have Had a Flu Vaccination in the Past Year

(Among Adults 65+)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.7]

Notes:
- Reflects respondents 65 and older.
- Includes FluMist as a form of vaccination.

High-Risk Adults

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

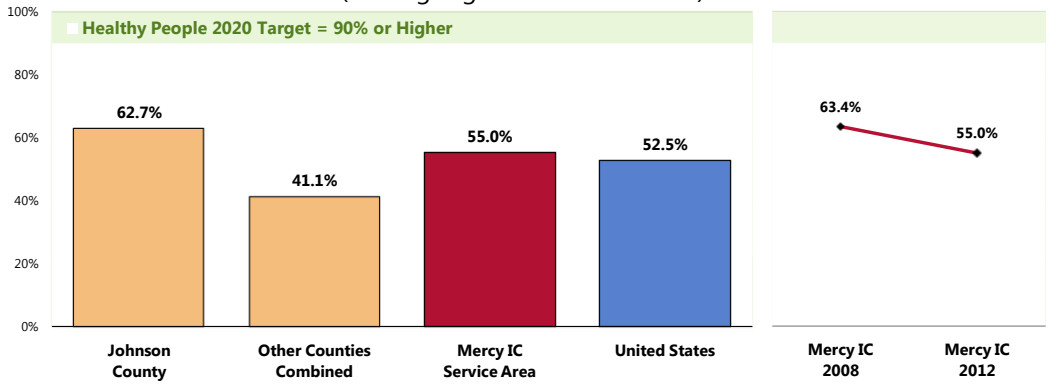
A total of 55.0% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
- A lower prevalence was reported outside Johnson County.

Statistically unchanged over time.

Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults 18-64)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 161]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.6]

Notes:
- Reflects high-risk respondents age 18-64.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Includes FluMist as a form of vaccination.

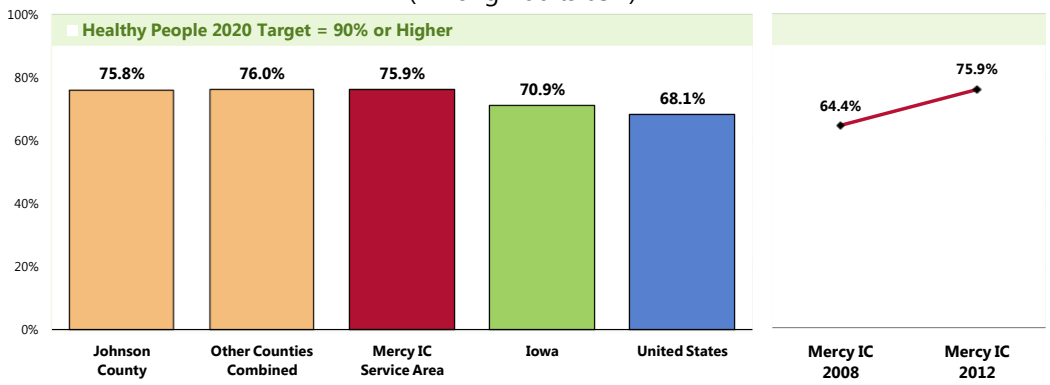
Pneumonia Vaccination

Among adults age 65 and older, 75.9% have received a pneumonia vaccination at some point in their lives.

- Statistically comparable to the Iowa finding.
- Statistically comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- No difference by area.
- Statistically unchanged over time.

Have Ever Had a Pneumonia Vaccine

(Among Adults 65+)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 162]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1]

Notes:
- Reflects respondents 65 and older.

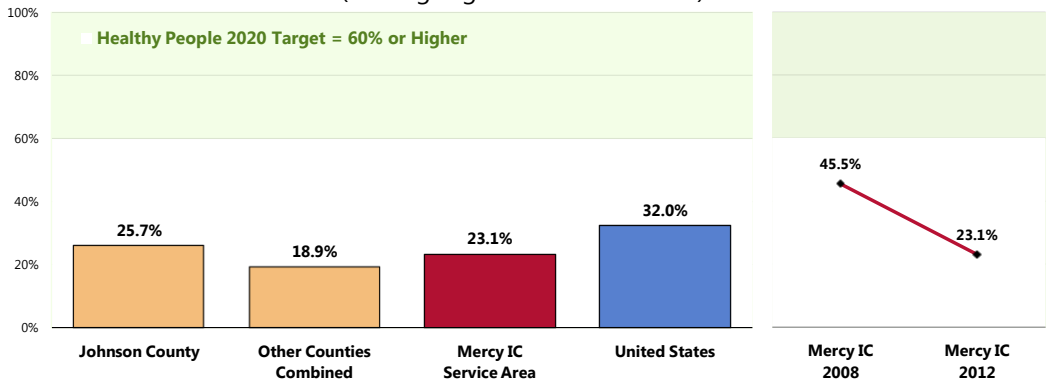
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 23.1% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Statistically similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- Statistically comparable by area.
- Marks a significant decrease from 2008 survey findings.

Have Ever Had a Pneumonia Vaccine

(Among High-Risk Adults 18-64)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 163]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.2]

Notes:
- Asked of all high-risk respondents under 65.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

Tuberculosis

Viral hepatitis and tuberculosis (TB) can be prevented, yet healthcare systems often do not make the best use of their available resources to support prevention efforts. Because the US healthcare system focuses on treatment of illnesses, rather than health promotion, patients do not always receive information about prevention and healthy lifestyles. This includes advancing effective and evidence-based viral hepatitis and TB prevention priorities and interventions.

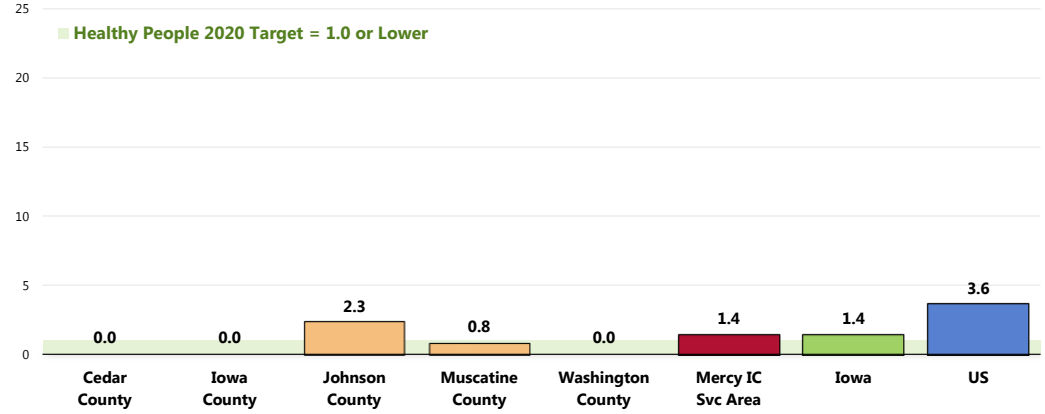
– Healthy People 2020 (www.healthypeople.gov)

Between 2009 and 2011, the annual average tuberculosis incidence rate (new cases per year) was 1.4 cases per 100,000 population in the Mercy Iowa City Service Area.

- Identical to the Iowa incidence rate.
- Below the national incidence rate.
- Fails to satisfy the Healthy People 2020 target (1.0 or lower).
- TB cases were reported in Johnson and Muscatine counties.

Tuberculosis Incidence

(2009-2011 Annual Average Cases per 100,000 Population)



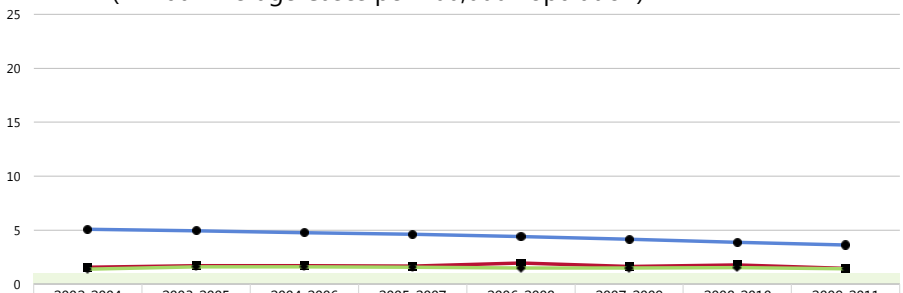
Sources:
- Iowa Department of Public Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-29]
- Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.

Notes:
- Rates are annual average new cases per 100,000 population.

- Tuberculosis incidence has decreased in recent years in the Mercy Iowa City Service Area. This decreasing trend is noted across the US as well (the state rate has been stable).

Tuberculosis Incidence

(Annual Average Cases per 100,000 Population)



	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
Healthy People 2020	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Mercy IC Svc Area	1.6	1.7	1.7	1.7	1.9	1.6	1.7	1.4
Iowa	1.4	1.6	1.6	1.5	1.5	1.5	1.5	1.4
United States	5.1	4.9	4.8	4.6	4.4	4.1	3.9	3.6

Sources:
- Iowa Department of Public Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-29]
- Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.

Notes:
- Rates are annual average new cases per 100,000 population.

HIV

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

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

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

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

HIV/AIDS Cases

HIV/AIDS Incidence

As of December 31, 2011, there were 138 people living with AIDS in Johnson County.

- Far fewer cases were reported outside Johnson County.
- New diagnoses as of the end of 2011 were most often noted in Johnson and Washington counties.

New HIV Diagnoses and People Living With AIDS

(As of 12/31/2011)

	New Diagnoses (2002-2011)	PLWA
Cedar County	<4	<4
Iowa County	<4	
Johnson County*	69	138
Muscatine County	11	16
Washington County	55	9

Sources: • Iowa Department of Public Health.
Notes: • *Johnson County diagnoses do not include 29 prisoners initially diagnosed at the Iowa Medical Classification Center (IMCC) located in Johnson County. IMCC is part of the Iowa Department of Corrections.

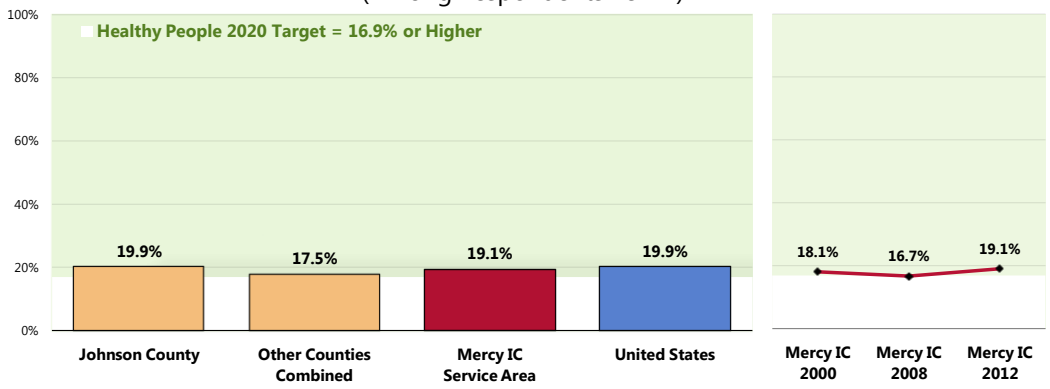
HIV Testing

Among Mercy Iowa City Service Area adults age 18-44, 19.1% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Nearly identical to the proportion found nationwide.
- Similar to the Healthy People 2020 target of 16.9% or higher.
- No statistical difference by area.
- Testing has remained stable among the 18-44 population since 2000.

Tested for HIV in the Past Year

(Among Respondents 18-44)



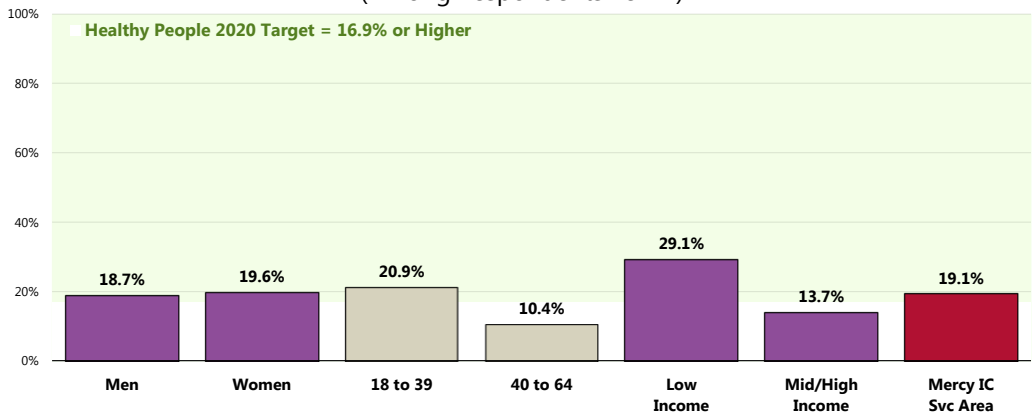
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-14.1]
Notes: • Reflects respondents age 18 to 44.
• Note that the Healthy People 2020 objective is for ages 15-44.

By demographic characteristics:

- Young adults and residents living in lower-income households more often report having been tested for HIV.

Tested for HIV in the Past Year

(Among Respondents 18-44)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-14.1]

Notes:
- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sexually Transmitted Diseases

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

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

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

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

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates the influence of these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities**. Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization**. STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and either access to care or health-seeking behavior is compromised.
- **Access to health care**. Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse**. Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy**. Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks**. Sexual networks refer to groups of people who can be considered "linked" by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, then the person is at higher risk for STDs than a similar individual from a nonrisky network.

– Healthy People 2020 (www.healthypeople.gov)

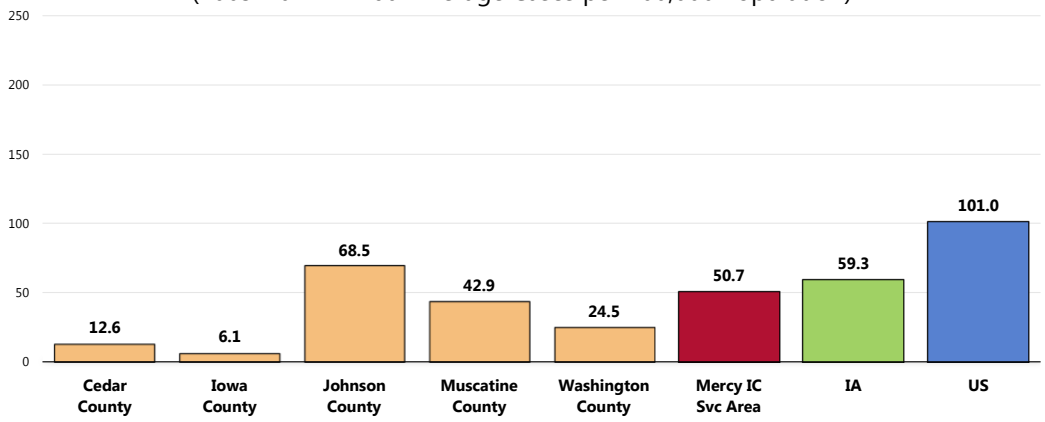
Gonorrhea

Between 2009 and 2011, the annual average gonorrhea incidence rate was 50.7 cases per 100,000 population in the Mercy Iowa City Service Area.

- Lower than the Iowa incidence rate.
- Notably lower than the national incidence rate.
- Unfavorably high in Johnson and Muscatine counties; lowest in Cedar and Iowa.

Gonorrhea Incidence

(2009-2011 Annual Average Cases per 100,000 Population)



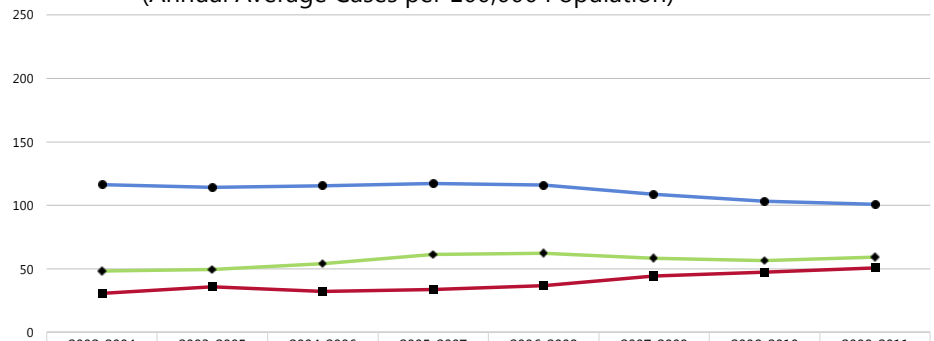
Sources:
- Iowa Department of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

The gonorrhea rate increased over the past decade in the Mercy Iowa City Service Area, similar to the statewide trend. Nationally, gonorrhea incidence has decreased.

Gonorrhea Incidence

(Annual Average Cases per 100,000 Population)



	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
Mercy IC Svc Area	30.7	35.8	32.2	33.9	36.9	44.4	47.5	50.7
Iowa	48.4	49.6	54.1	61.5	62.2	58.4	56.7	59.3
United States	116.5	114.1	115.6	117.4	116.1	108.9	103.2	101.0

Sources:
- Iowa Department of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

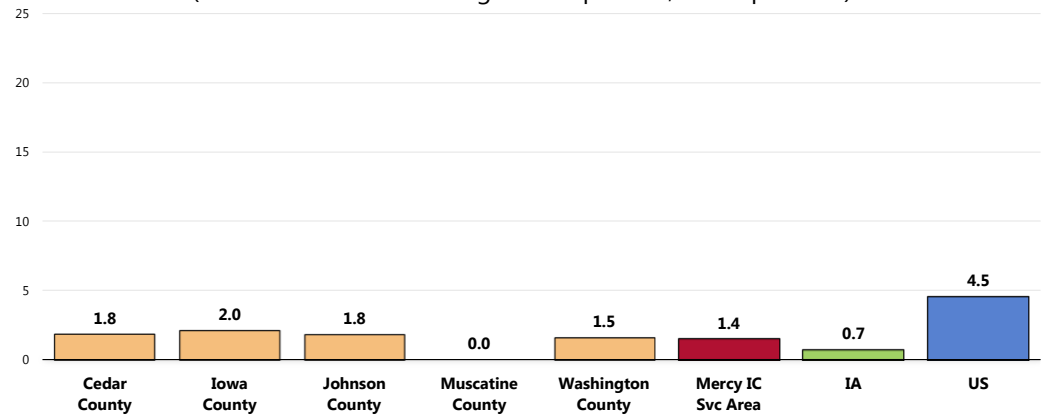
Syphilis

Between 2009 and 2011, the annual average primary/secondary syphilis incidence rate was 1.4 cases per 100,000 population in the Mercy Iowa City Service Area.

- Twice the Iowa incidence rate.
- Much lower than the national incidence rate.
- Highest in Iowa County; lowest in Muscatine County.

Primary/Secondary Syphilis Incidence

(2008-2010 Annual Average Cases per 100,000 Population)

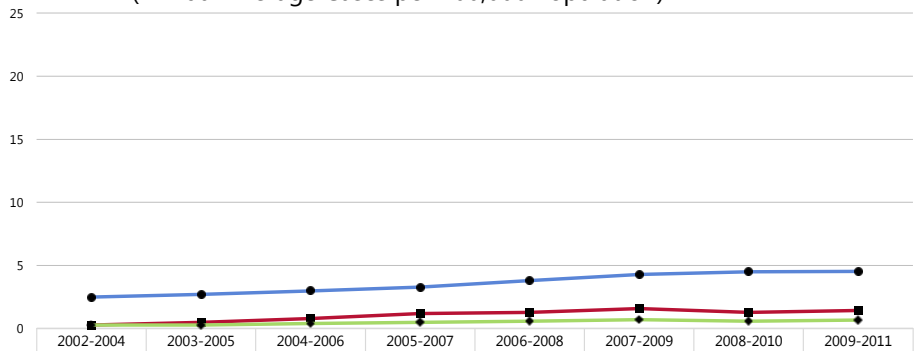


Sources: ● Iowa Department of Public Health.
● Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: ● Rates are annual average new cases per 100,000 population.

- Syphilis incidence has increased in the Mercy Iowa City Service Area in recent years. The state and national rates increased over the past decade as well.

Primary/Secondary Syphilis Incidence

(Annual Average Cases per 100,000 Population)



	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
Mercy IC Svc Area	0.3	0.5	0.8	1.2	1.3	1.6	1.3	1.4
Iowa	0.3	0.3	0.4	0.5	0.6	0.7	0.6	0.7
United States	2.5	2.7	3.0	3.3	3.8	4.3	4.5	4.5

Sources: ● Iowa Department of Public Health.
● Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: ● Rates are annual average new cases per 100,000 population.

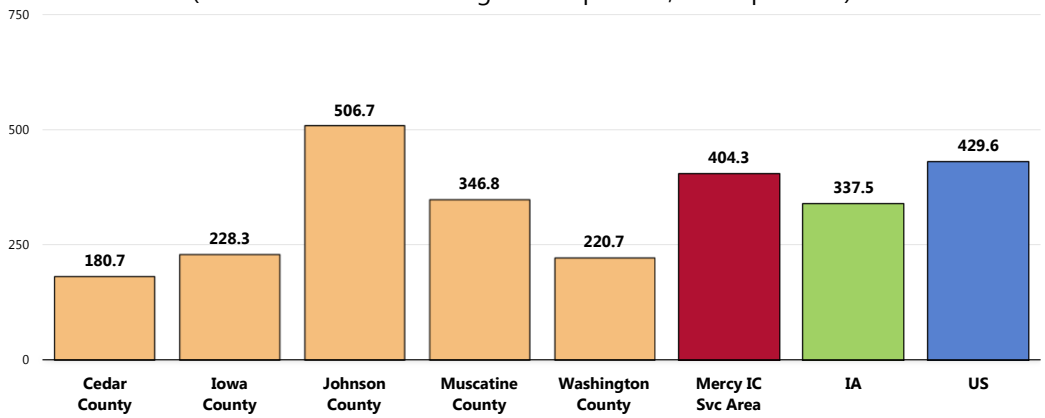
Chlamydia

Between 2009 and 2011, the annual average chlamydia incidence rate was 404.3 cases per 100,000 population in the Mercy Iowa City Service Area.

- Less favorable than the Iowa incidence rate.
- More favorable than the national incidence rate.
- Notably high in Johnson and Muscatine counties.

Chlamydia Incidence

(2009-2011 Annual Average Cases per 100,000 Population)

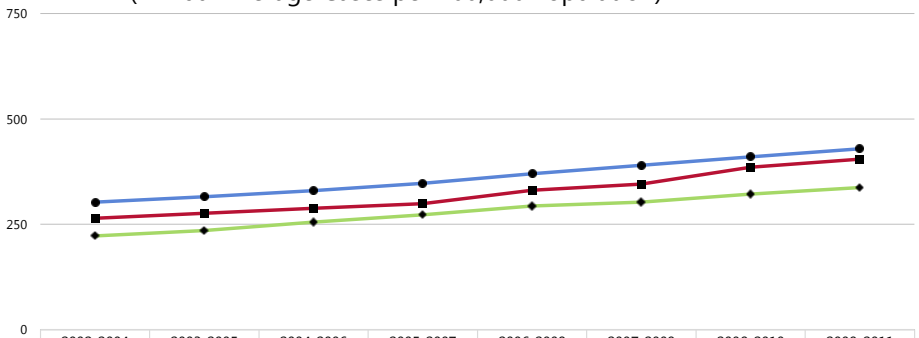


Sources: • Iowa Department of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Chlamydia incidence increased steadily over the past decade in the Mercy Iowa City Service Area, as did the state and national incidence rates.

Chlamydia Incidence

(Annual Average Cases per 100,000 Population)



	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
Mercy IC Svc Area	264.2	276.6	287.8	298.6	330.6	345.4	385.8	404.3
Iowa	222.9	235.7	255.3	272.9	293.3	303.0	322.1	337.5
United States	302.5	315.9	330.1	347.1	370.0	390.3	409.8	429.6

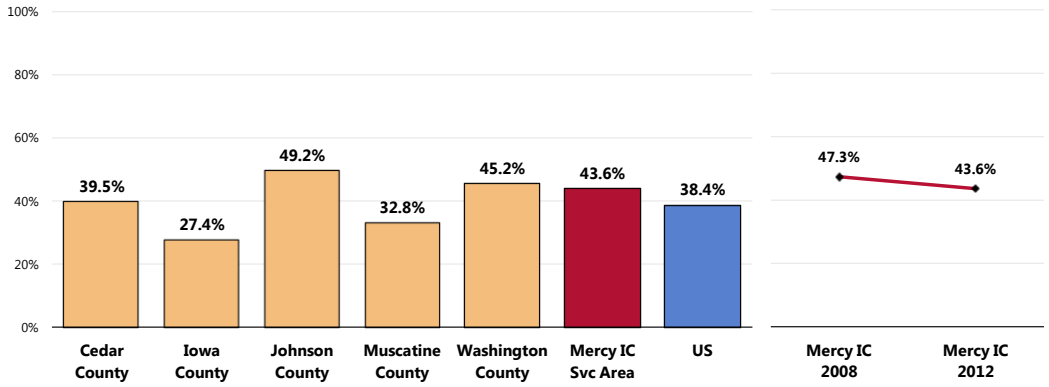
Sources: • Iowa Department of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Hepatitis B Vaccination

Based on survey data, more than 4 in 10 (43.6%) residents report having received the hepatitis B vaccine.

- More favorable than that reported nationwide.
- Lowest in Iowa and Muscatine counties; highest in Johnson County.
- Statistically unchanged over time.

Have Ever Received the Hepatitis B Vaccination



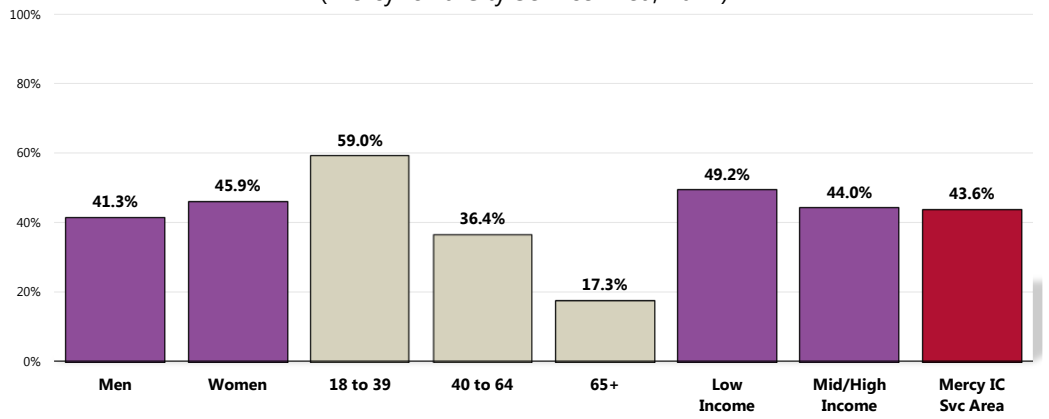
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 77]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Note the negative correlation between age and hepatitis B vaccination.

Have Ever Received the Hepatitis B Vaccination

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 77]

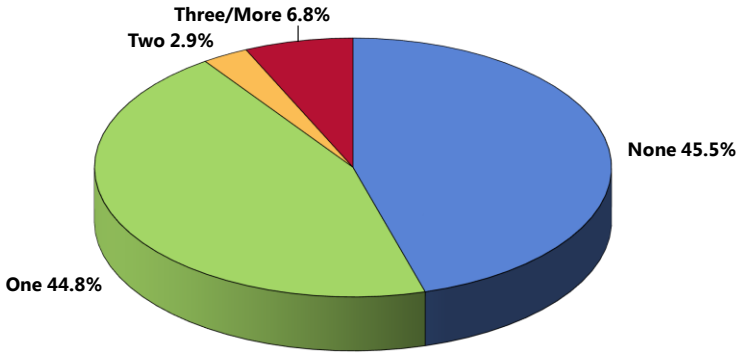
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sexual Partners

Among unmarried Service Area adults under 65, the vast majority cites having one (44.8%) or no (45.5%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months

(Among Unmarried Adults 18-64; Mercy Iowa City Service Area, 2012)



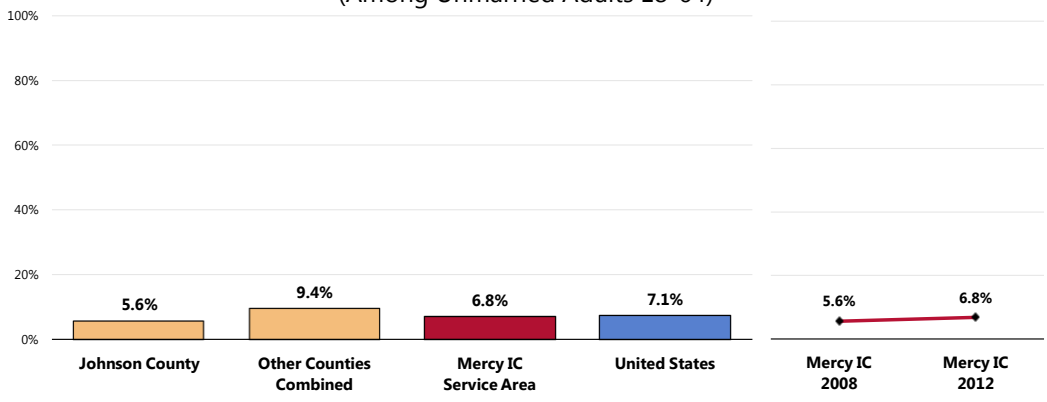
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 6.8% report three or more sexual partners in the past year.

- Comparable to that reported nationally.
- Statistically comparable by area.
- Statistically unchanged over time.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64)



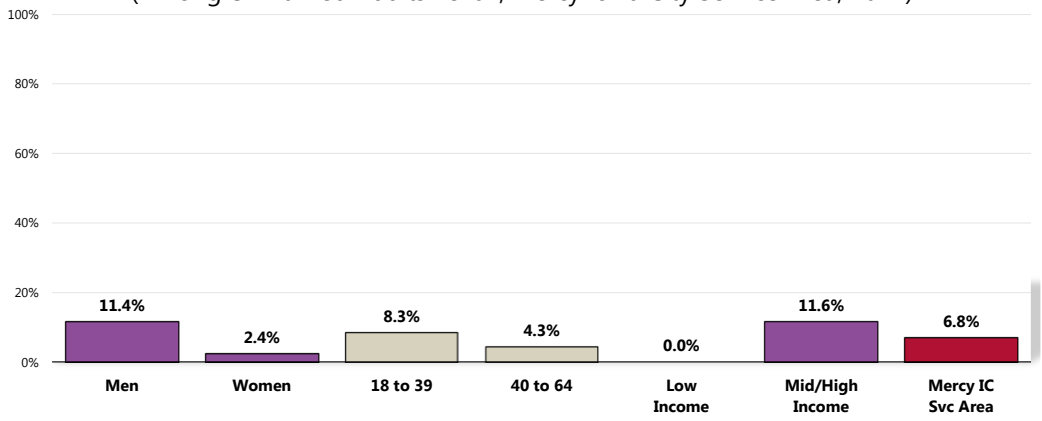
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 97]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:

- Men.
- Upper-income residents.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64; Mercy Iowa City Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
Notes: • Asked of all unmarried respondents under the age of 65.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

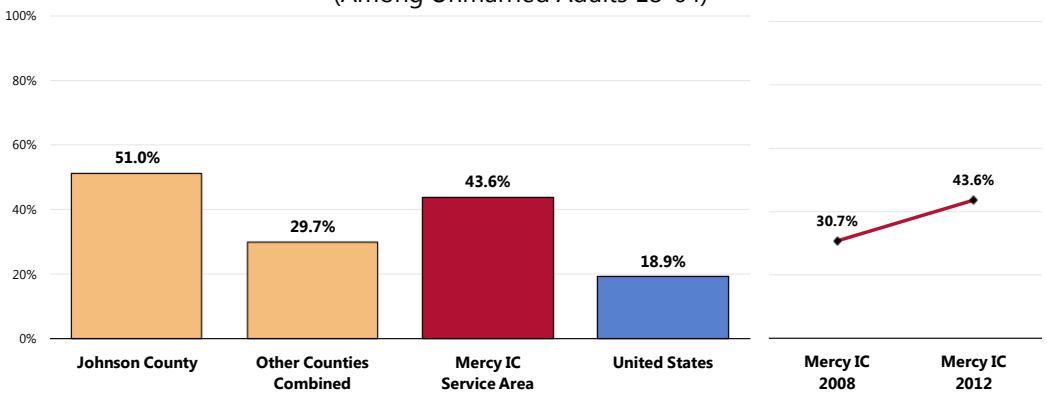
Condom Use

Among Mercy Iowa City Service Area adults who are under age 65 and unmarried, 43.6% report that a condom was used during their last sexual intercourse.

- Much higher than the national figure.
- Condom use is more often reported in Johnson County.
- Statistically unchanged since 2008.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults 18-64)



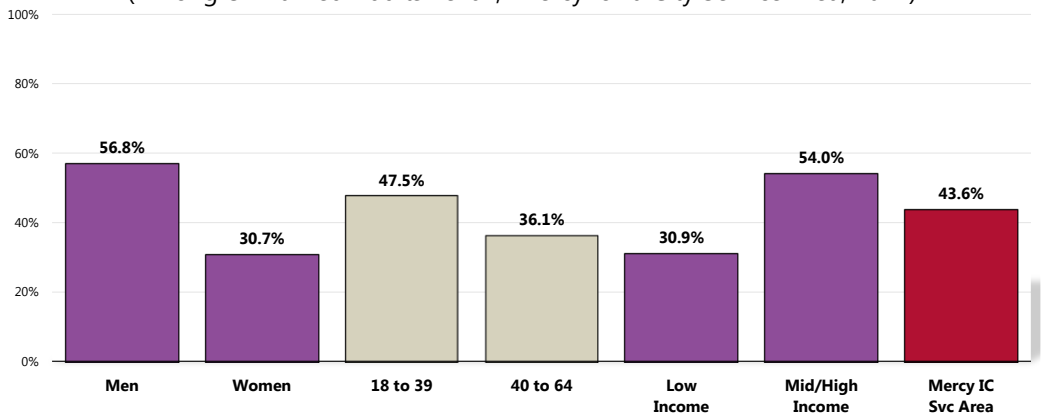
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 98]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

Those less likely to report that a condom was used during their last sexual intercourse include:

- Women.
- Residents age 40 through 64.
- Respondents with lower incomes.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults 18-64; Mercy Iowa City Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 98]
Notes: • Asked of all unmarried respondents under the age of 65.
with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

BIRTHS

Birth Outcomes & Risks

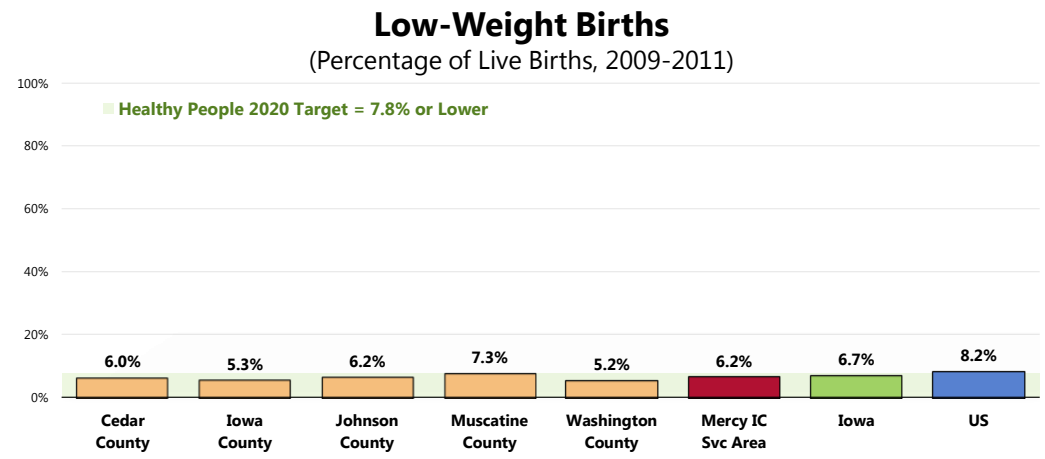
Low-Weight Births

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

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

A total of 6.2% of 2009-2011 Mercy Iowa City Service Area births were low-weight.

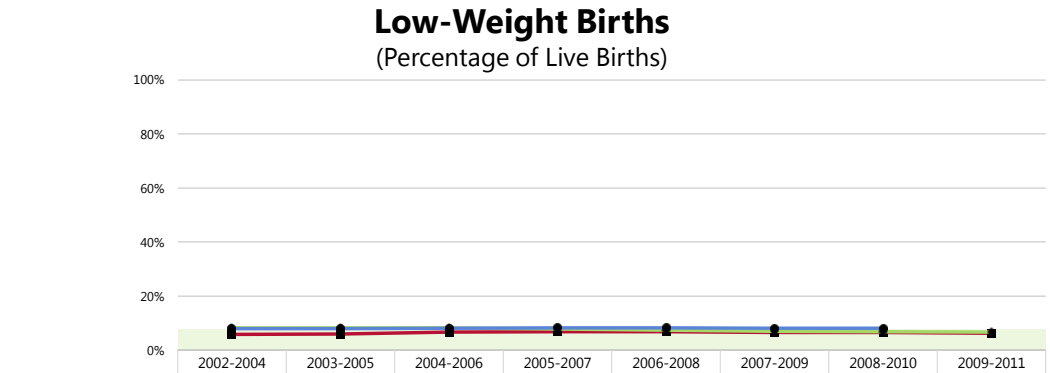
- Better than the Iowa proportion.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).
- Highest in Muscatine County; lowest in Iowa and Washington counties.



Sources:
- Iowa Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- Numbers are a percentage of all live births within each population.
- Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.
- US percentage represents 2008-2010 data.

The proportion of low-weight births in the Service Area has been stable in recent years, echoing the US trend; in contrast, the Iowa proportion has decreased over time.



	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
Healthy People 2020	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%
Mercy IC Svc Area	5.9%	6.0%	6.7%	6.9%	6.8%	6.6%	6.6%	6.2%
Iowa	8.3%	8.3%	8.2%	7.8%	7.4%	7.0%	6.9%	6.7%
United States	7.9%	8.1%	8.2%	8.2%	8.2%	8.2%	8.2%	

Sources:
- Iowa Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- Numbers are a percentage of all live births within each population.
- Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.

Infant Mortality

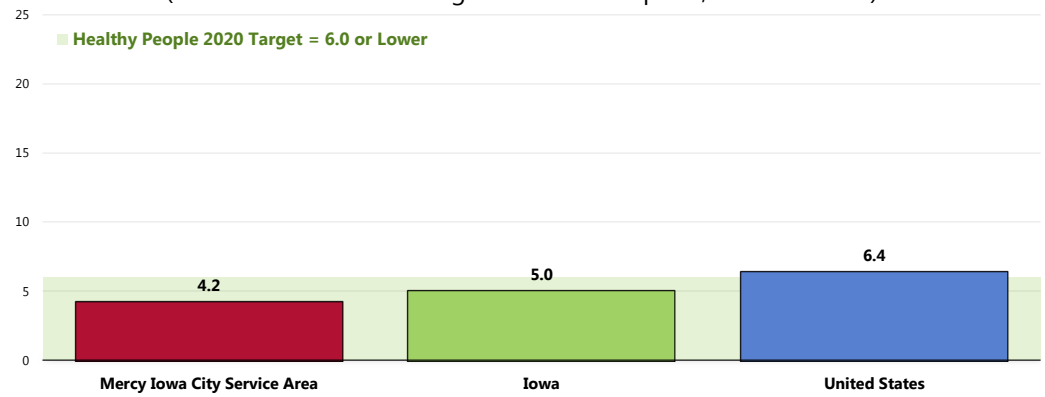
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2008 and 2010, there was an annual average of 4.2 infant deaths per 1,000 live births.

- More favorable than the Iowa rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate

(2008-2010 Annual Average Infant Deaths per 1,000 Live Births)



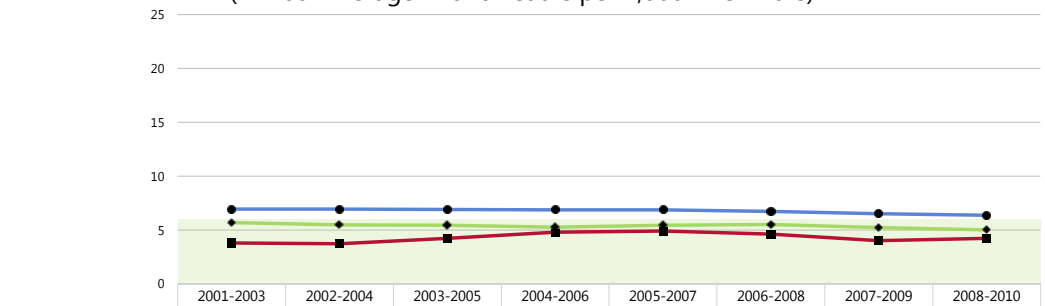
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

The infant mortality rate has increased over the past decade in the Mercy Iowa City Service Area, while state and national mortality decreased.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Mercy IC Svc Area	3.8	3.7	4.2	4.8	4.9	4.6	4.0	4.2
Iowa	5.7	5.5	5.4	5.3	5.4	5.5	5.2	5.0
United States	6.9	6.9	6.9	6.9	6.9	6.7	6.5	6.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Family Planning

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. In 2001, almost one-half of all pregnancies in the US were unintended. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

– Healthy People 2020 (www.healthypeople.gov)

Births to Unwed Mothers

According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

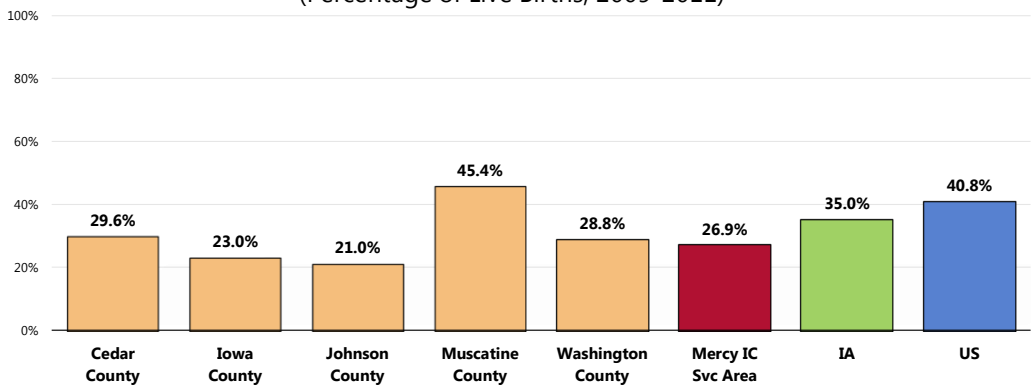
Because it is impossible to measure the true incidence of unintended pregnancy in the US, the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

A total of 26.9% of 2009-2011 births were to unwed mothers.

- Lower than the percentage reported statewide.
- Lower than that found nationally.
- Highest in Muscatine County.

Births to Unwed Mothers

(Percentage of Live Births, 2009-2011)

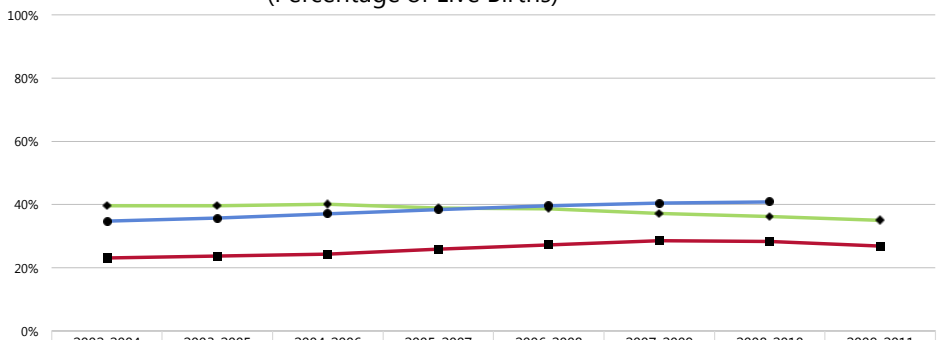


Sources: • Iowa Department of Public Health.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.
• US percentage reflects 2008-2010 data.

The percentage of births to unwed mothers in the Mercy Iowa City Service Area increased over the past decade, echoing the national trend. Across Iowa, the percentage has decreased.

Births to Unwed Mothers

(Percentage of Live Births)



	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
Mercy IC Svc Area	23.1%	23.8%	24.3%	26.0%	27.3%	28.6%	28.4%	26.9%
Iowa	39.6%	39.6%	40.1%	38.9%	38.6%	37.2%	36.2%	35.0%
United States	34.8%	35.8%	37.1%	38.4%	39.6%	40.4%	40.8%	

Sources: • Iowa Department of Public Health.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

Births to Teen Mothers

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

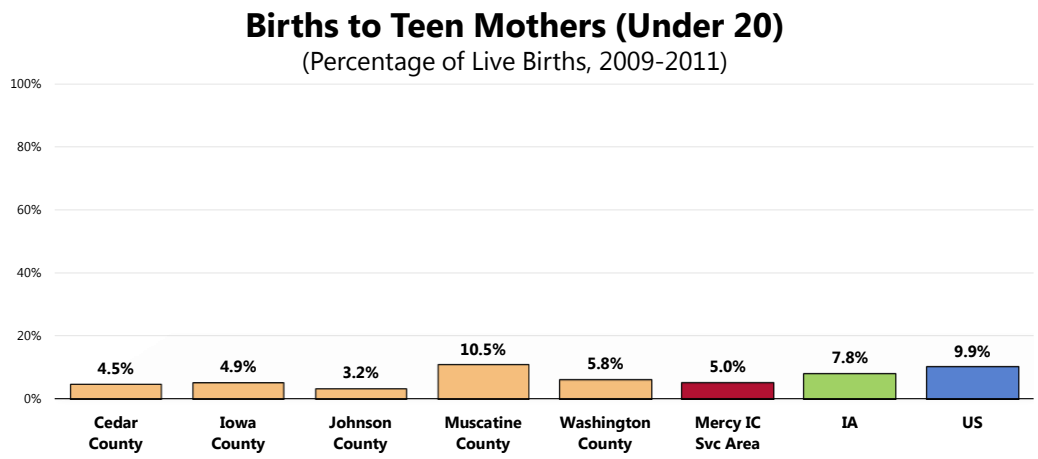
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

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

– Healthy People 2020 (www.healthypeople.gov)

A total of 5.0% of 2009-2011 Mercy Iowa City Service Area births were to teenage mothers (under the age of 20).

- Lower than the Iowa proportion.
- Lower than the national proportion.
- Highest in Muscatine and Washington counties.



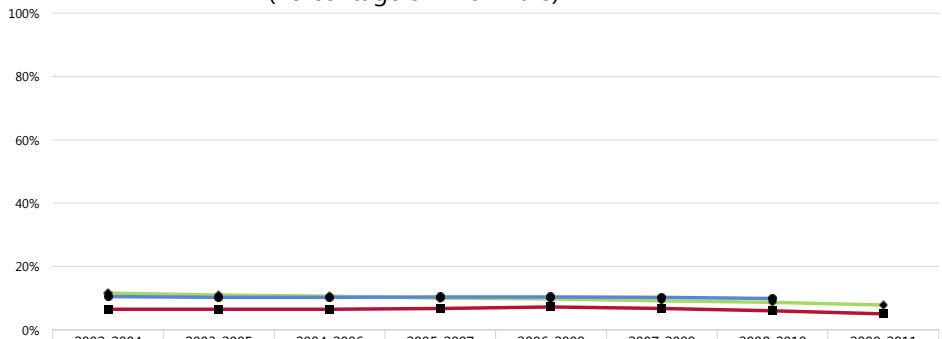
Sources:
- Iowa Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

Note:
- Numbers are a percentage of all live births within each population.
- US percentage reflects 2008-2010 data.

- The percentage of births to teens (under the age of 20) has decreased over the past decade.

Births to Teen Mothers (Under 20)

(Percentage of Live Births)



	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
Mercy IC Svc Area	6.4%	6.5%	6.5%	6.8%	7.2%	6.7%	6.0%	5.0%
Iowa	11.6%	11.0%	10.7%	10.0%	9.8%	9.2%	8.7%	7.8%
United States	10.4%	10.2%	10.3%	10.3%	10.4%	10.3%	9.9%	

Sources:
- Iowa Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

Note:
- Numbers are a percentage of all live births within each population.

MODIFIABLE HEALTH RISKS

Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

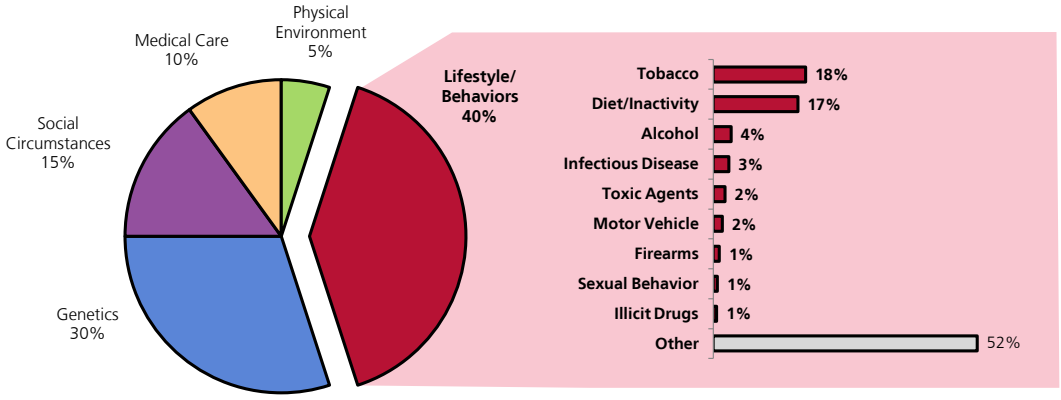
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

Nutrition

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

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

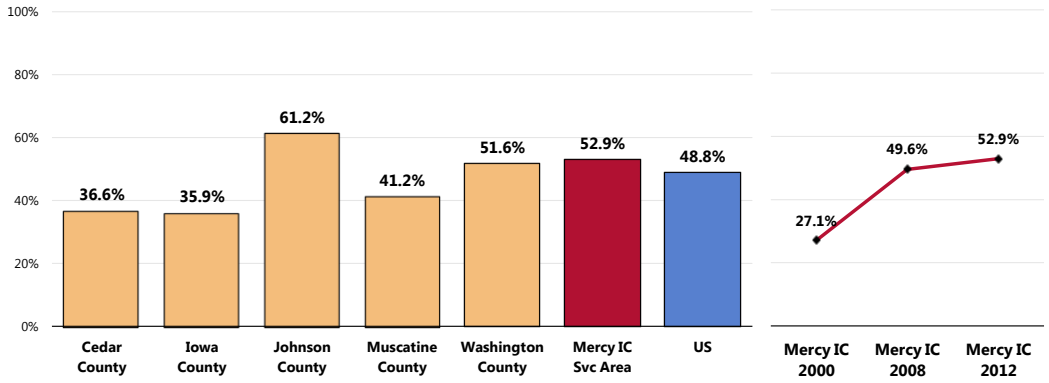
Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 52.9% of Mercy Iowa City Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Comparable to national findings.
- Unfavorably low in Cedar, Iowa and Muscatine counties; highest in Johnson County.
- Fruit/vegetable consumption has <u>increased</u> significantly since 2000.

Consume Five or More Servings of Fruits/Vegetables Per Day



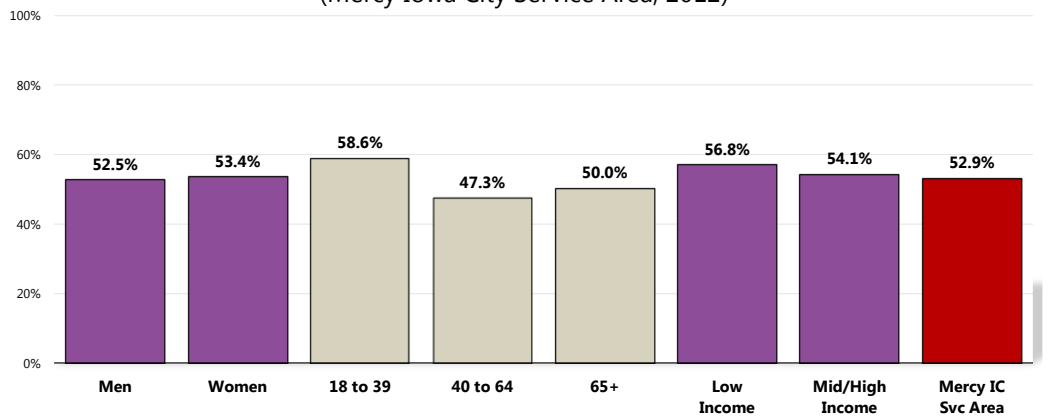
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 168]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Area adults over the age of 39 are <u>less</u> likely to get the recommended servings of daily fruits/vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

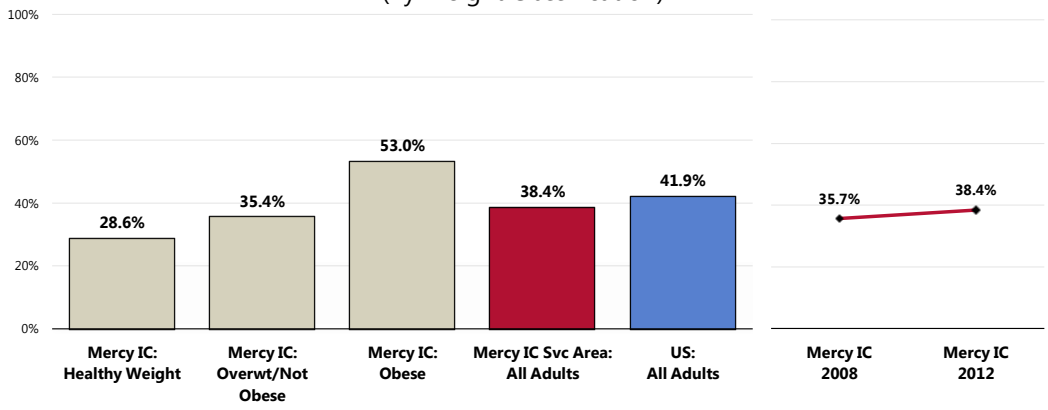
Health Advice About Diet & Nutrition

A total of 38.4% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Similar to national findings.
- Similar findings by county (not shown).
- Statistically unchanged since 2008.
- Note: Among obese respondents, 53.0% report receiving diet/nutrition advice (meaning that nearly one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Related Focus Group Findings: Nutrition

Many focus group participants discussed the rise in obesity. The main findings include:

- Obesity
- Poor eating habits
- Type II diabetes
- Nutrition education
- Promote a healthy lifestyle

Participants say proper nutrition is a major concern for the community. Poor eating habits impact the high level of **obesity**. Many families have **poor eating habits**. Many times residents consume fast food because it is cheap and easy. Community members also overeat.

Participants worry about the lack of nutrition being consumed by children and adolescents and the resulting health consequences, including **type II diabetes**.

> *"We do see more type II diabetes in our young people and is related to obesity. I mean kids are increasingly acquiring diabetes because of their poor eating habits and lack of physical activity." Key Informant*

Many parents do not recognize overweight or even obesity in their own child. Many participants agree that **nutrition education** must begin in elementary school and must target the entire family. A participant explains:

> *"If we can get kids excited about things then they take the message home and so if we're teaching kids nutrition education at the schools and then follow it up with classes for families in the evening, it may cause the cultural change needed to stop this rising trend. Kids are great motivators and can influence other family members." Key Informant*

Local grocery stores (Hy-Vee) have a dietician on-site to answer questions from shoppers about the nutritional value of their food choices. Although this service does not seem to be used regularly, increased advertising could spur more usage. A participant describes the service:

> *"Our local Hy-Vees have dieticians offering many nutritional related services, including cooking classes for kids, meal ideas and nutrition counseling." Key Informant*

The community of Iowa City has initiated some great programs in trying to improve the overall health of its residents by promoting healthy lifestyles, but there remain areas of opportunity. Focus group participants agree that **promoting a healthy lifestyle** will not be an easy or short-term task. A comprehensive initiative is needed, since many residents lack nutrition and obesity prevention knowledge. Participants feel it is important to incorporate the Healthways Blue Zones Project to assist residents with making healthier behaviors part of their daily lives. Participants want to motivate residents to take charge in creating a healthier lifestyle, which includes good nutrition, preventive care and physical activity. The challenge remains how best to motivate people.

> *"I think it's an issue that still needs to be talked about at a community level and needs to keep getting pushed, we can pass reforms and increase access to services, but until we change our lifestyles and behaviors, the things that are really making us ill, all the services in the world aren't going to fix the problem." Key Informant*

Physical Activity

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

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

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

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

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

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

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

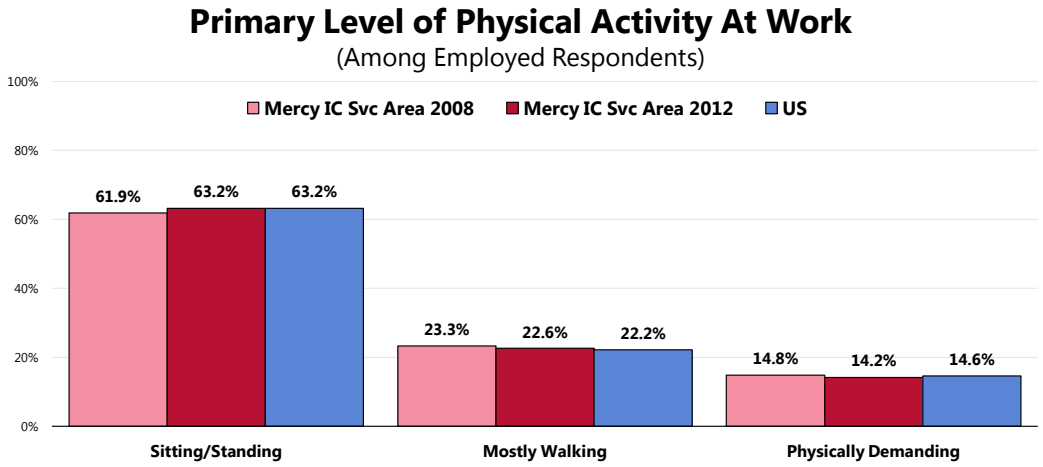
People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)

Level of Activity at Work

A majority of employed respondents reports low levels of physical activity at work.

- Just over 6 in 10 employed respondents (63.2%) report that their job entails mostly sitting or standing, identical to the US figure.
- 22.6% report that their job entails mostly walking (nearly identical to that reported nationally).
- 14.2% report that their work is physically demanding (similar to that reported nationally).
- No change in physical activity levels at work from 2008 survey findings.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 103]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents who are employed for wages.

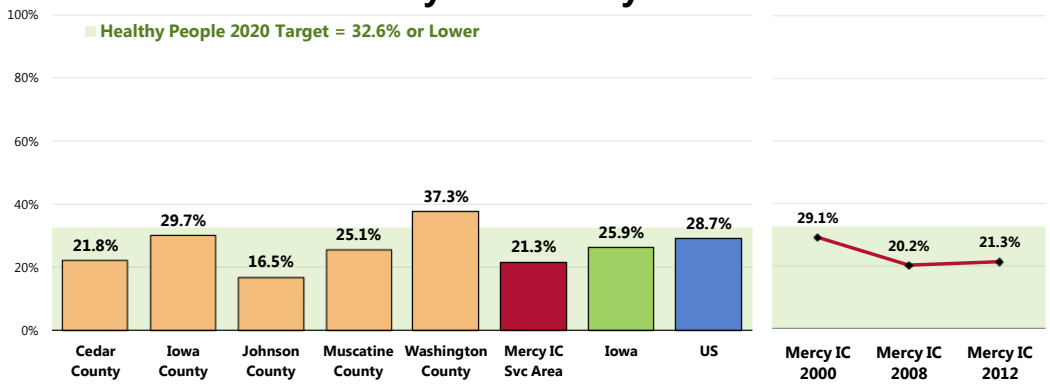
Leisure-Time Physical Activity

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.

A total of 21.3% of Mercy Iowa City Service Area adults report no leisure-time physical activity in the past month.

- More favorable than statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Highest in Washington County, lowest in Johnson County.
- Marks a significant decrease (improvement) since 2000.

No Leisure-Time Physical Activity in the Past Month



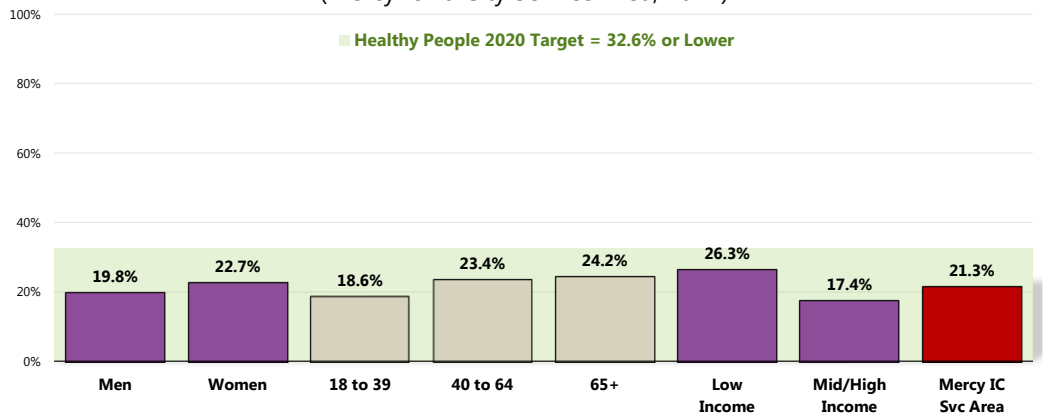
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 104]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Lack of leisure-time physical activity in the area does not vary significantly by demographic characteristics.

No Leisure-Time Physical Activity in the Past Month

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

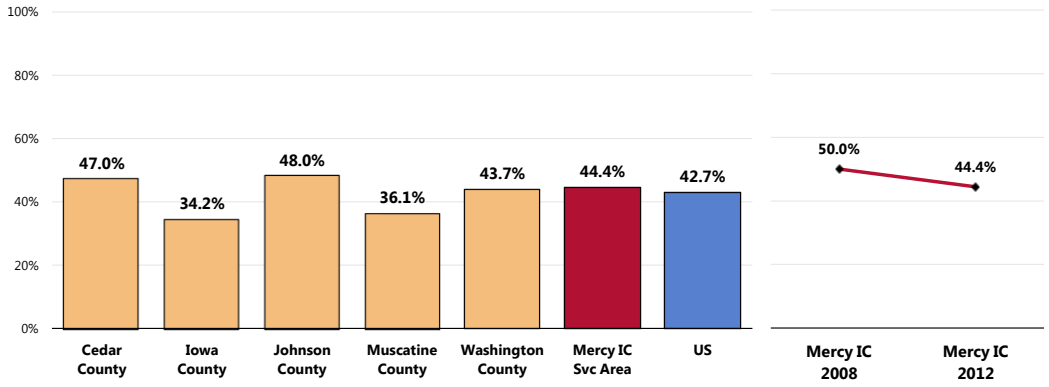
Activity Levels

Recommended Levels of Physical Activity

A total of 44.4% of Mercy Iowa City Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Similar to national findings.
- Statistically high in Johnson County.
- Statistically unchanged since 2008.

Meets Physical Activity Recommendations

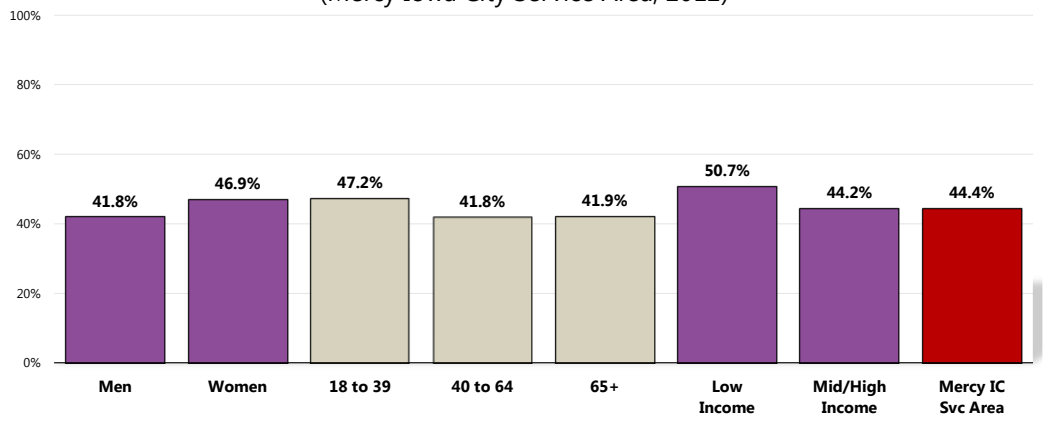


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 171]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

The prevalence of adults who meet physical activity requirements does not vary significantly by demographic characteristic.

Meets Physical Activity Recommendations
(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown here.

In the past month:

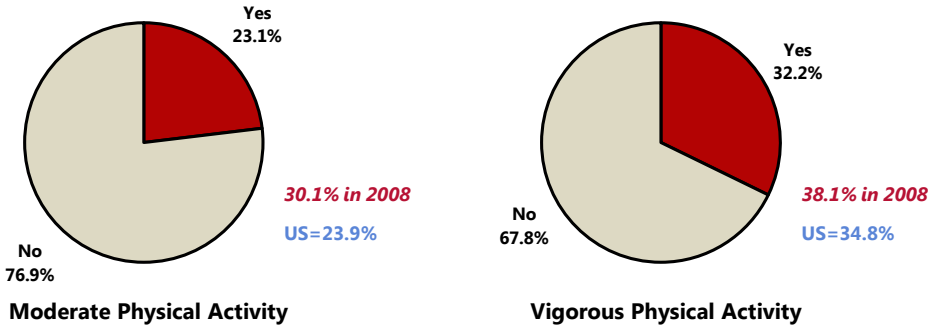
A total of 23.1% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Comparable to the national level.
- Comparable findings by county (not shown).
- Marks a significant <u>decrease</u> over time.

A total of 32.2% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Comparable to the nationwide figure.
- Unfavorably low in Muscatine County (not shown).
- <u>Decreasing</u> significantly from 2008 survey findings.

Moderate & Vigorous Physical Activity
(Mercy Iowa City Service Area, 2012)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 173-174]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

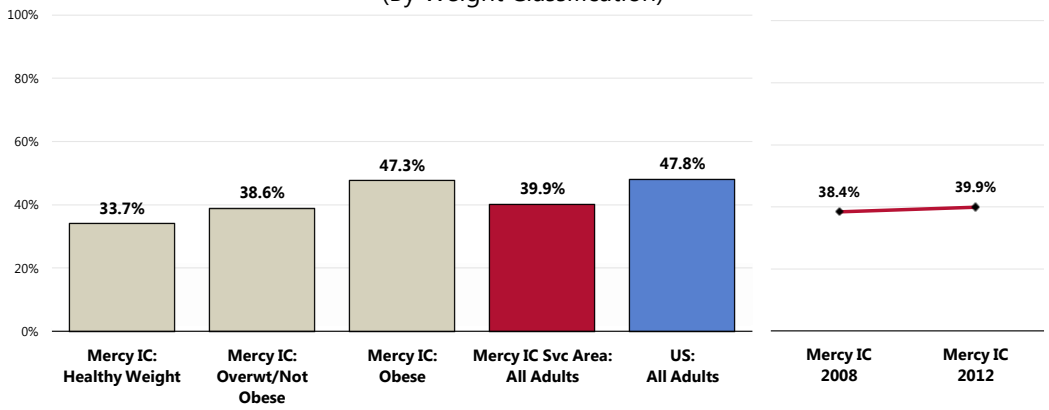
Health Advice About Physical Activity & Exercise

A total of 39.9% of Mercy Iowa City Service Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Lower than the national average.
- Favorably high in Muscatine County (not shown).
- Unchanged from the 2000 survey findings.
- Note: 47.3% of obese Mercy Iowa City Service Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Children's Screen Time

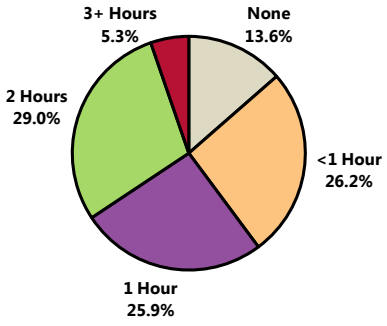
Television Watching & Other Screen Time

Among children aged 5 through 17, 5.3% are reported to watch three or more hours of television per day; 6.1% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

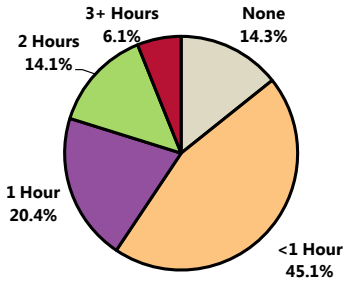
- The prevalence of daily television is more favorable than found nationally; area computer usage among children 5-17 is similar to the national norm.

Children's Screen Time

(Among Parents of Children Ages 5-17; Mercy Iowa City Service Area, 2012)



Hours per Day of Television



Hours per Day of Other Screen Time

(i.e., video games, computer/Internet entertainment)

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 138-139, 175-176]
Notes: • Asked of respondents with a child aged 5 to 17 in the household.

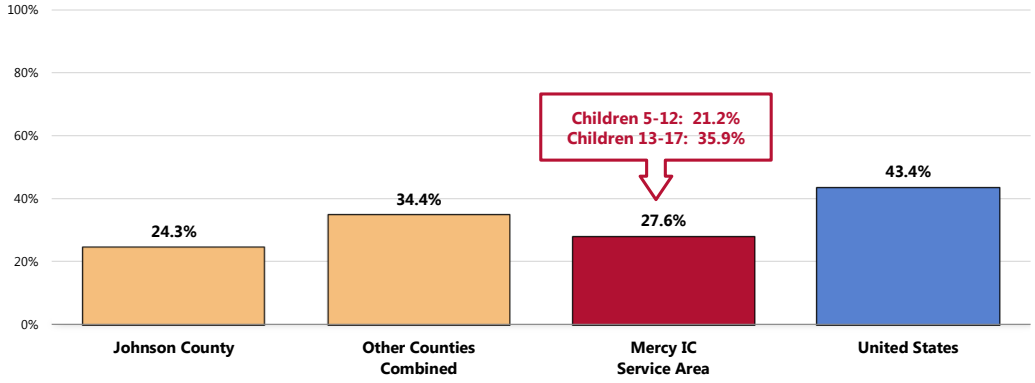
Total Screen Time

When combined, 27.6% of Mercy Iowa City Service Area children aged 5 to 17 spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- More favorable than found nationally.
- A higher prevalence is noted outside Johnson County.
- Higher among teens.

Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment]

(Among Parents of Children 5-17)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 177]

Notes:
- Asked of all respondents with children 5-17 at home.
- For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
- "Three or more hours" includes reported screen time of 180 minutes or more per day.

Weight Status

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

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

– Healthy People 2020 (www.healthypeople.gov)

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

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

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

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

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

Adult Weight Status

Healthy Weight

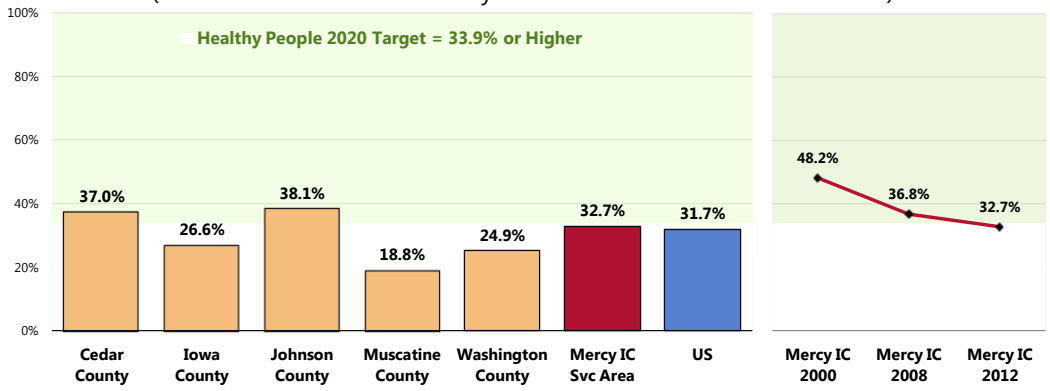
"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

Based on self-reported heights and weights, 32.7% of Mercy Iowa City Service Area adults are at a healthy weight.

- Similar to national findings.
- Similar to the Healthy People 2020 target (33.9% or higher).
- Highest in Johnson County; lowest in Muscatine County.
- Marks a significant decrease in healthy weight since 2000.

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

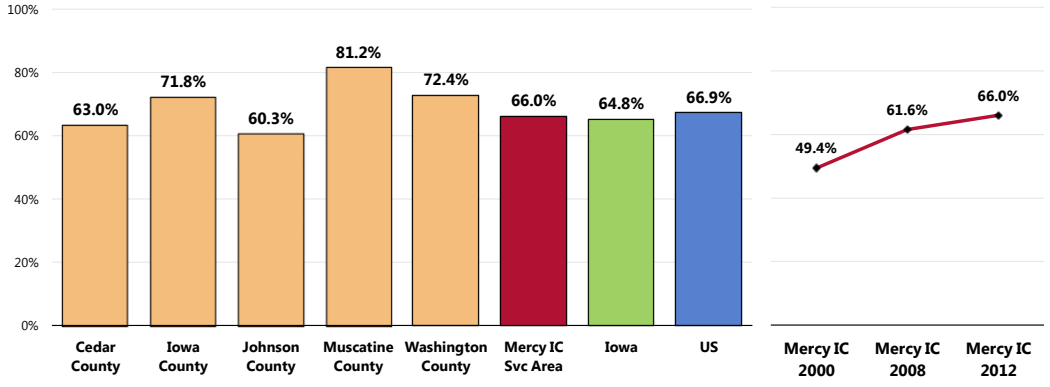
Here, "overweight" includes those respondents with a BMI value ≥25.

A total of two in three Mercy Iowa City Service Area adults (66.0%) are overweight.

- Comparable to the Iowa prevalence.
- Comparable to the US overweight prevalence.
- Highest in Muscatine County, lowest in Johnson County.
- Marks a significant increase in overweight prevalence since 2000.

Prevalence of Total Overweight

(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

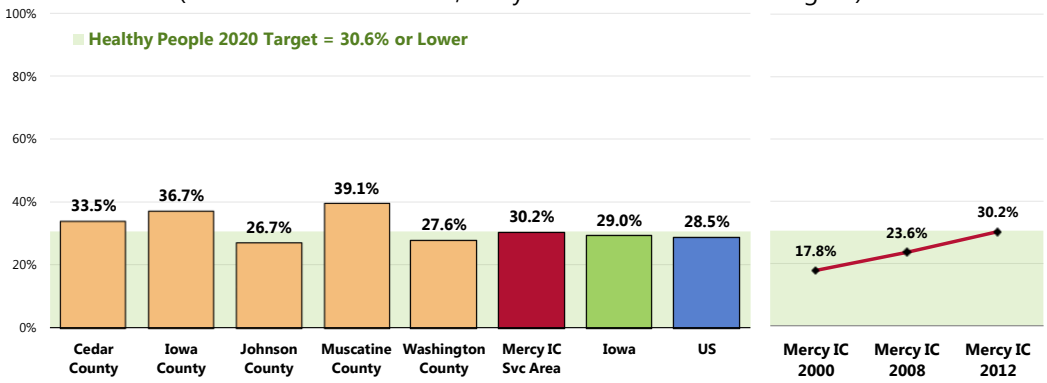
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

Further, 30.2% of Mercy Iowa City Service Area adults are obese.

- Similar to Iowa findings.
- Similar to US findings.
- Similar to the Healthy People 2020 target (30.6% or lower).
- Favorably low in Johnson County.
- Denotes a steady and significant increase in obesity since 2000.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)



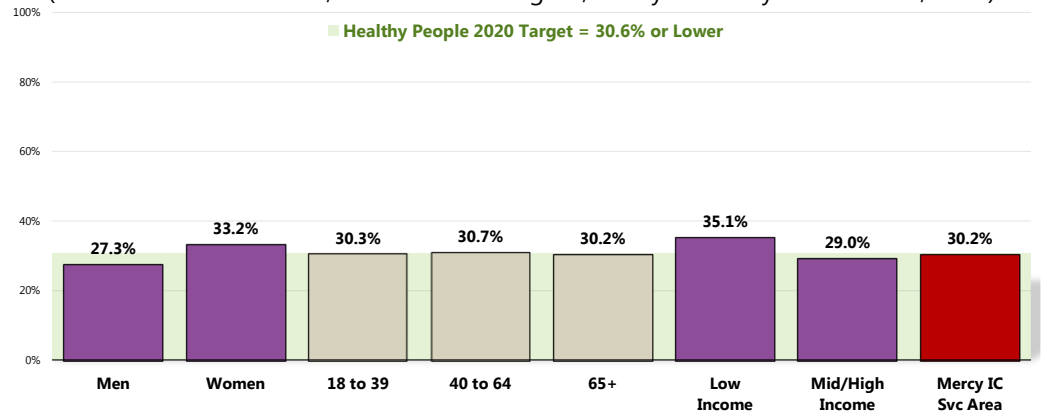
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- 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.

The obesity prevalence does not vary significantly by demographic characteristic.

Prevalence of Obesity

(Percent of Obese Adults; BMI of 30.0 or Higher; Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- 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.

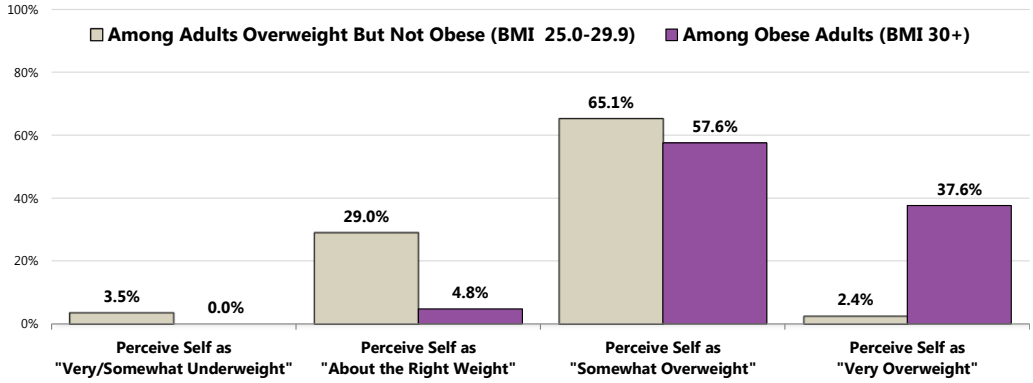
Actual vs. Perceived Body Weight

A total of 4.8% of obese adults and 29.0% of overweight (but not obese) adults feel that their current weight is "about right."

- 65.1% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 37.6% of obese adults see themselves as "very overweight."

Actual vs. Perceived Weight Status

(By Weight Status; Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]

Notes:
- BMI is based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Obese (and often overweight) adults are more likely to report a number of adverse health conditions.

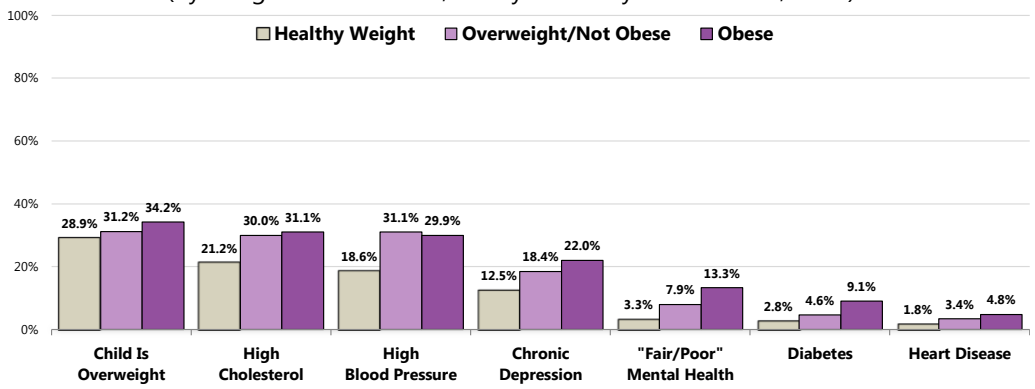
Among these are:

- High cholesterol.
- Hypertension (high blood pressure).
- Chronic depression.
- "Fair" or "poor" mental health.
- Diabetes.
- Heart disease.

Obese residents are also more likely to have overweight children.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Mercy Iowa City Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 112, 113, 141-143, 183]
Notes: • Based on reported heights and weights, asked of all respondents.

Weight Management

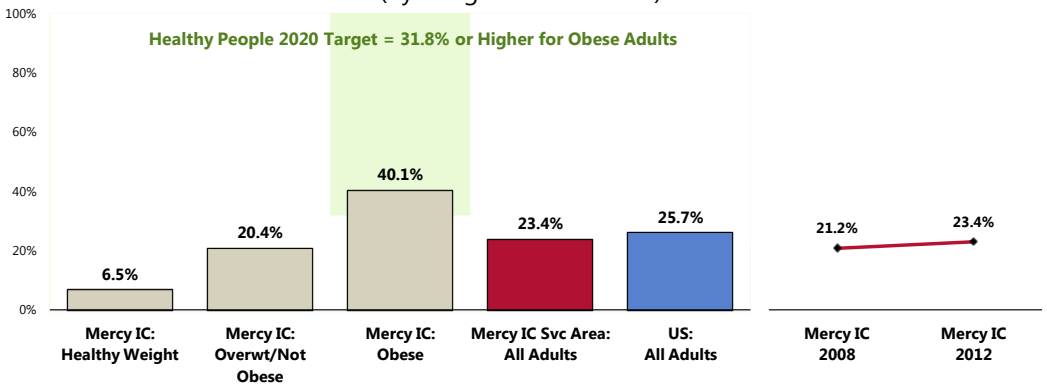
Health Advice

A total of 23.4% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- Statistically unchanged from 2008 survey findings.
- Note that 40.1% of <u>obese</u> adults have been given advice about their weight by a health professional in the past year (while 6 in 10 have not).
  - This satisfies the Healthy People 2020 target of 31.8% or higher.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 110, 181-182]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-6.2]
Notes: • Asked of all respondents.

Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

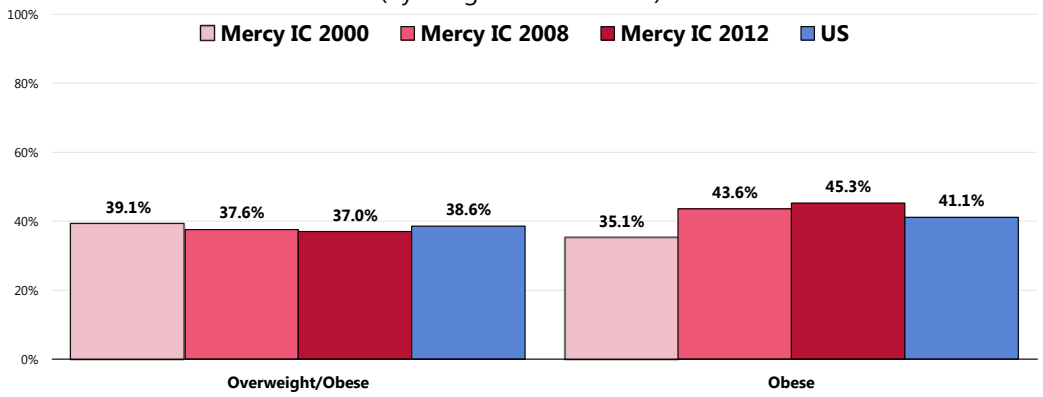
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

– Healthy People 2020 (www.healthypeople.gov)

A total of 37.0% of Service Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.
- Statistically similar to that reported among overweight adults in 2000 and 2008.
- Note: 45.3% of <u>obese</u> Mercy Iowa City Service Area adults report that they are trying to lose weight through a combination of diet and exercise, similar to what is found nationally and marking an <u>increase</u> from 2000 survey findings.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity
(By Weight Classification)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.

Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight ..... <5th percentile
- Healthy Weight ..... ≥5th and <85th percentile
- Overweight ..... ≥85th and <95th percentile
- Obese ..... ≥95th percentile

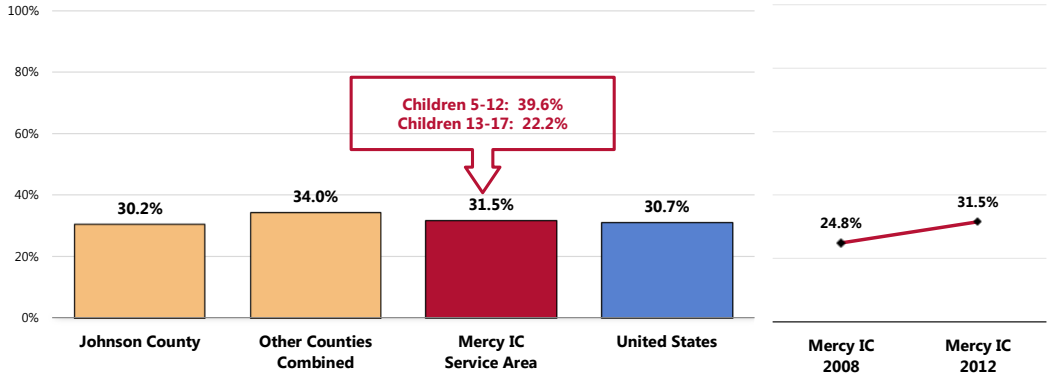
– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 31.5% of Mercy Iowa City Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to the national prevalence.
- No statistical difference by area.
- Statistically unchanged since 2008.
- Higher in children age 5 to 12.

Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese; Body Mass Index in the 85th Percentile or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 183]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

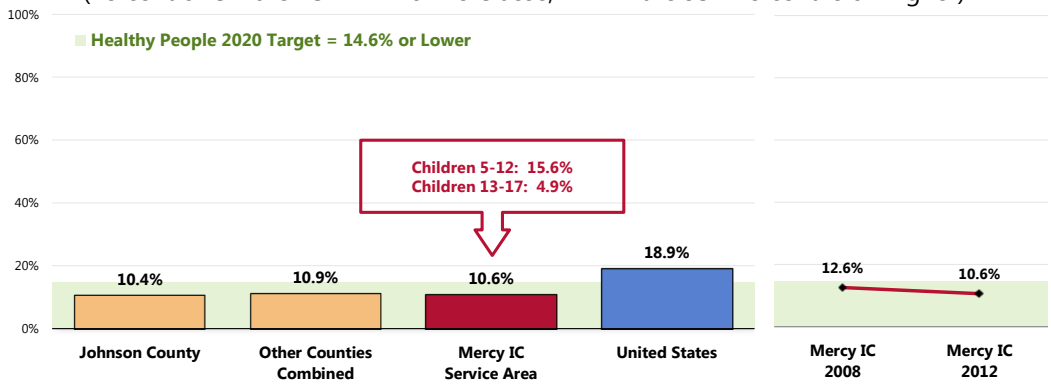
Further, 10.6% of Mercy Iowa City Service Area children age 5 to 17 are obese (≥95th percentile).

- More favorable than the national percentage.
- Similar to the Healthy People 2020 target (14.6% or lower for children age 2-19).
- No difference in obesity prevalence by area.
- Statistically unchanged since 2008.

Higher among children aged 5 to 12.

Child Obesity Prevalence

(Percent of Children 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 183]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

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

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

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

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

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

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

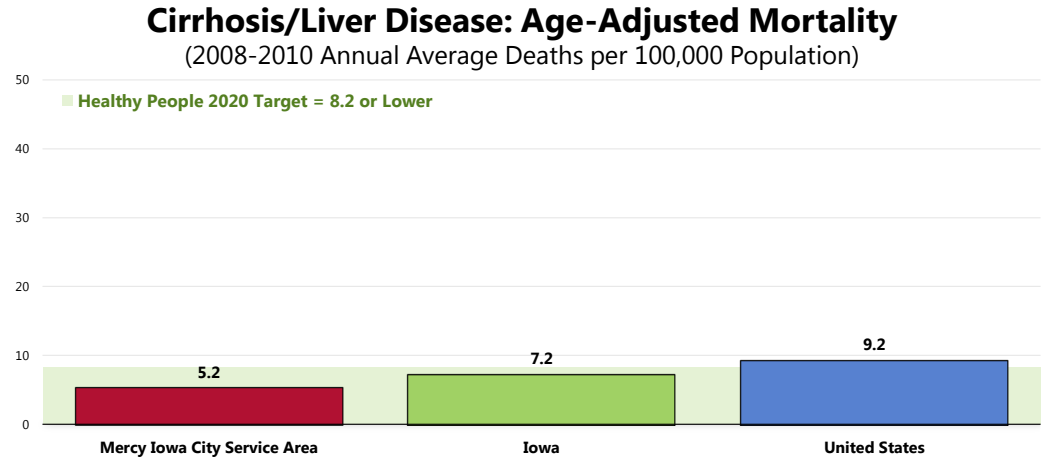
A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 5.2 deaths per 100,000 population in the Mercy Iowa City Service Area.

- Lower than the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target (8.2 or lower).



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

High-Risk Alcohol Use

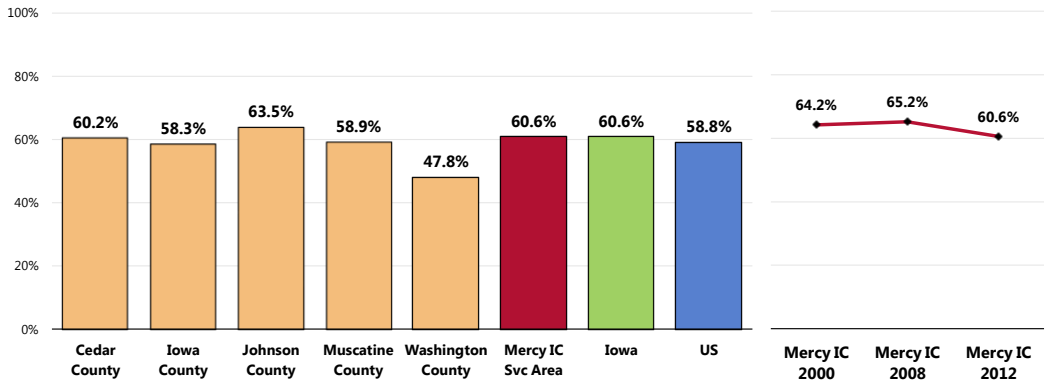
Current Drinking

"Current drinkers" include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

A total of 60.6% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Identical to the statewide proportion.
- Similar to the national proportion.
- Favorably low in Washington County.
- Statistically unchanged since 2000.

Current Drinkers

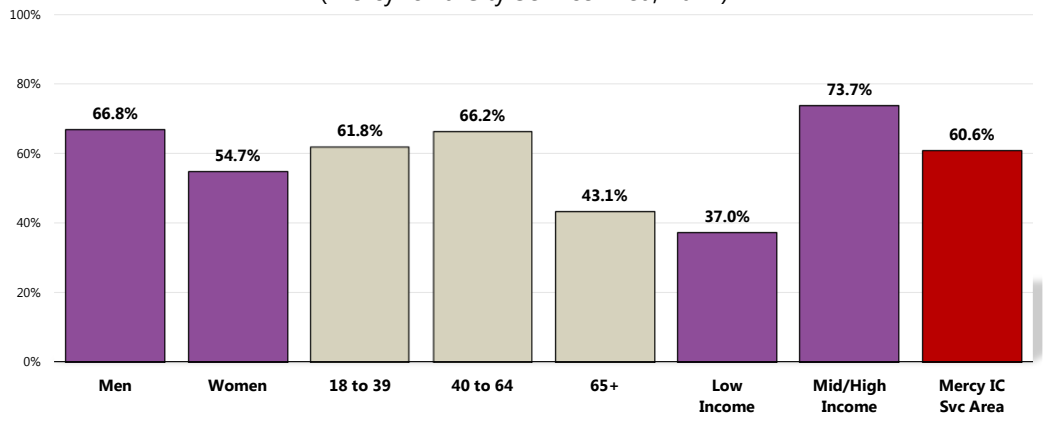


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 188]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

Current drinking is more prevalent among men, residents under 65, and adults in upper-income households.

Current Drinkers
(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Current drinkers had at least one alcoholic drink in the past month.

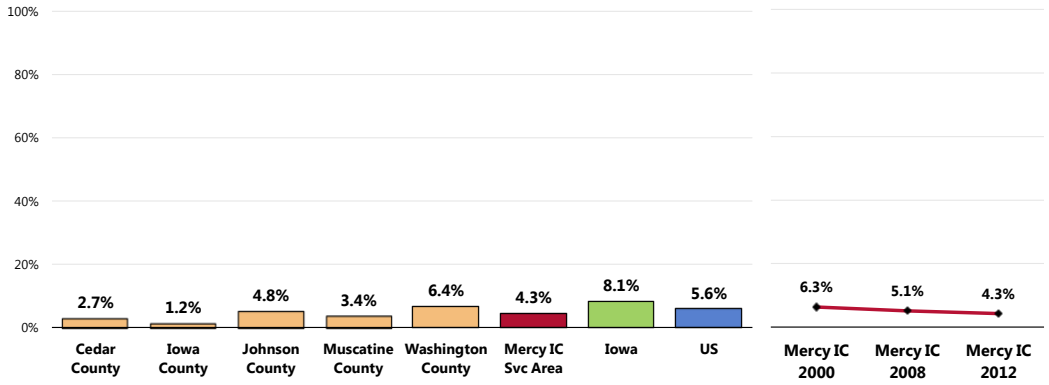
Chronic Drinking

"Chronic drinkers" include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

A total of 4.3% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Better than the statewide proportion.
- Comparable to the national proportion.
- Favorably low in Iowa County.
- Statistically unchanged since 2000.

Chronic Drinkers



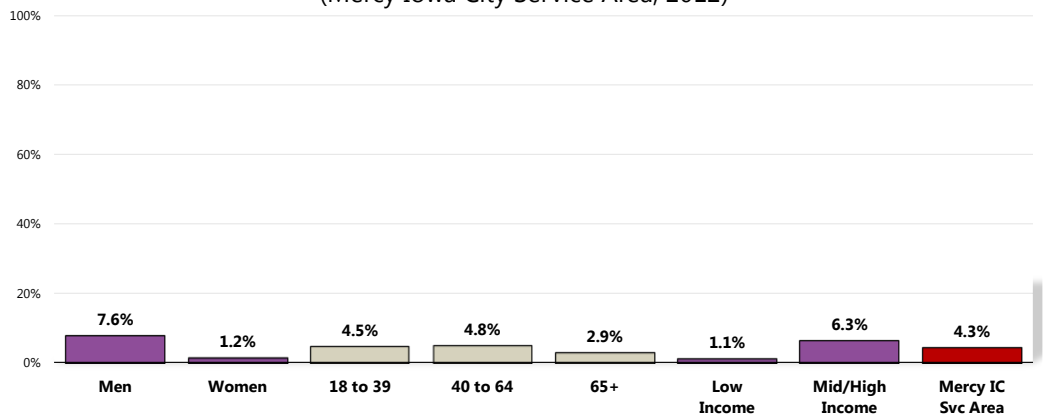
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 189]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
- *The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

Chronic drinking is more prevalent among men and upper-income adults.

RELATED ISSUE:
See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

Chronic Drinkers
(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

"Binge drinkers" include:

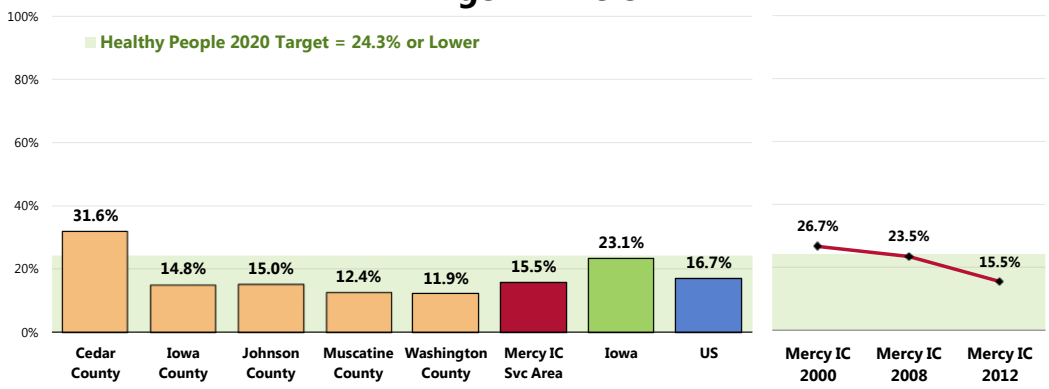
1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

A total of 15.5% of Mercy Iowa City Service Area adults are binge drinkers.

- Much lower than the Iowa prevalence.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).
- Notably high in Cedar County.
- Marks a significant decrease over time (note, however, that the 2000 definition for binge drinking was five or more drinks, regardless of gender).

Binge Drinkers



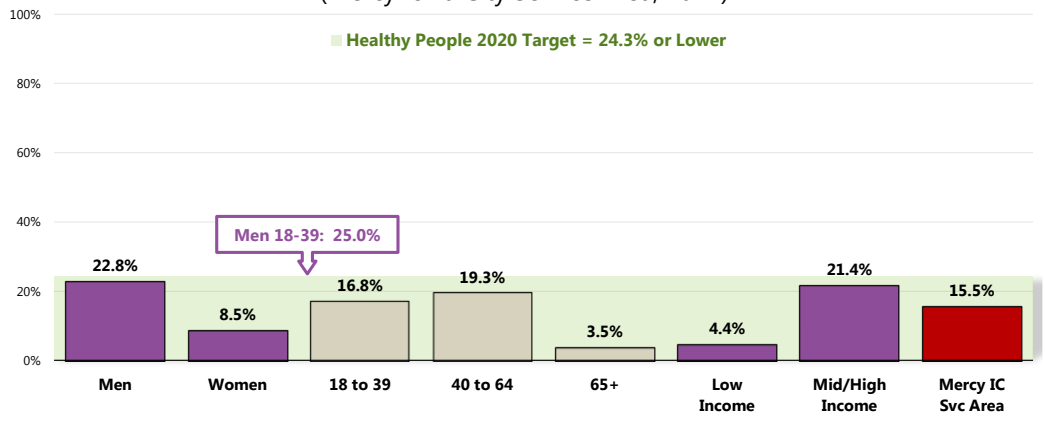
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 190]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Men (especially those under age 40).
- Adults under age 65.
- Upper-income residents.

Binge Drinkers
(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

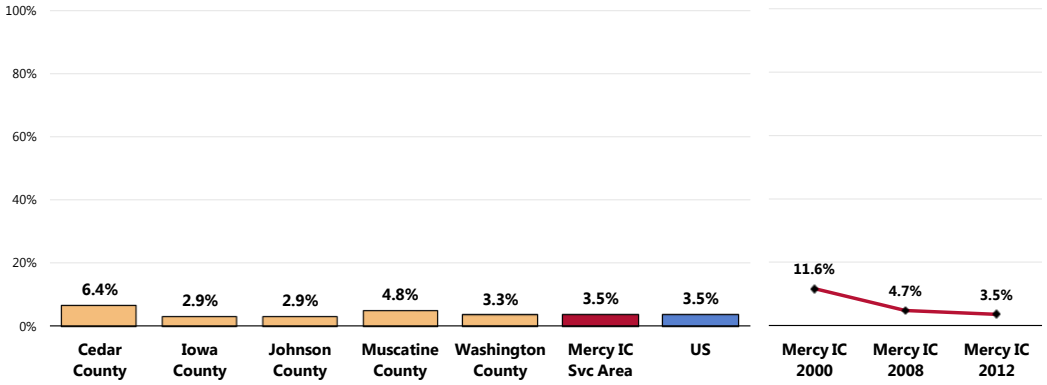
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

Drinking & Driving

A total of 3.5% of Mercy Iowa City Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Identical to national findings.
- Statistically similar by county.
- The drinking and driving prevalence has decreased significantly since 2000.

Have Driven in the Past Month After Perhaps Having Too Much to Drink

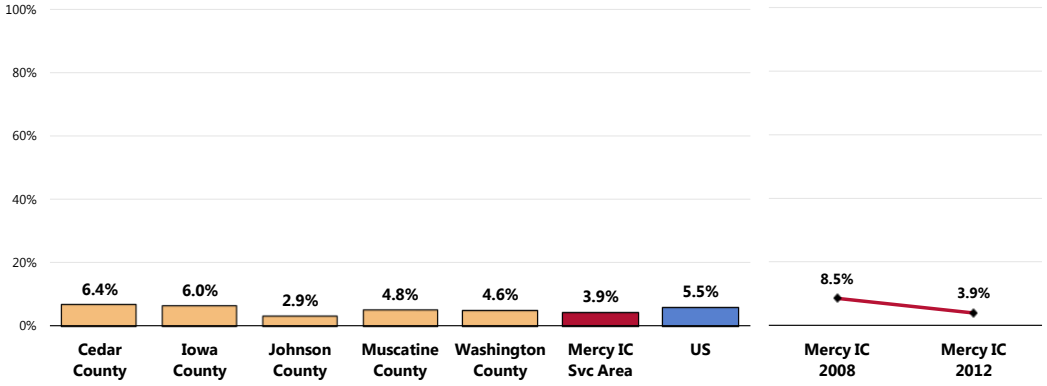


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

A total of 3.9% of Mercy Iowa City Service Area adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Similar to national findings.
- No difference by county.
- Marks a significant decrease over time in the Mercy Iowa City Service Area.

Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 191]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

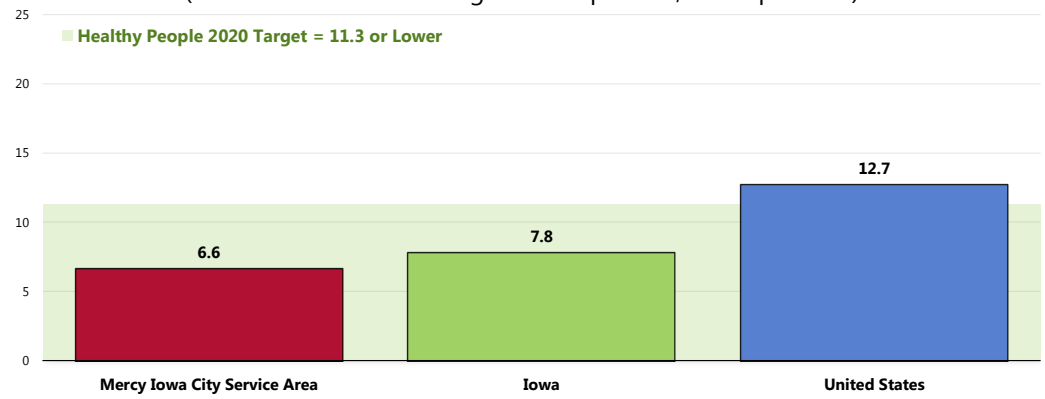
Age-Adjusted Drug-Induced Deaths

Between 2008 and 2010, there was an annual average age-adjusted drug-induced mortality rate of 6.6 deaths per 100,000 population in the Mercy Iowa City Service Area.

- Better than the statewide rate.
- Better than the national rate.
- Satisfies the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

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.
- Local, state and national data are simple three-year averages.

Illicit Drug Use

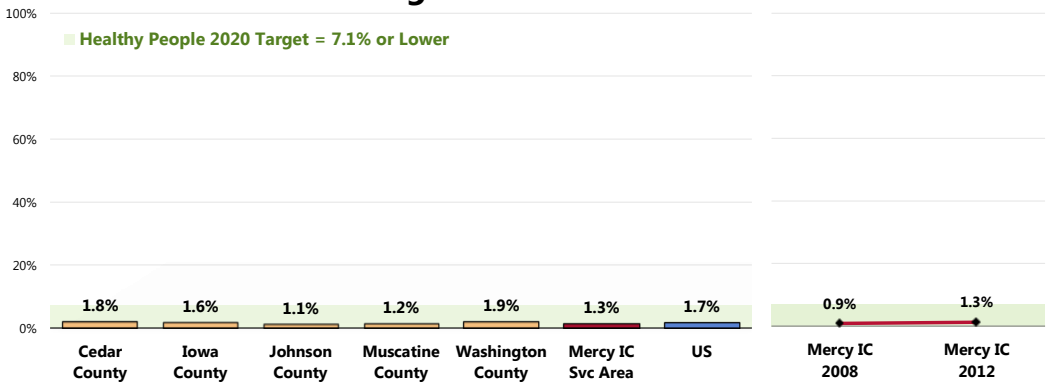
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

A total of 1.3% of Mercy Iowa City Service Area adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Easily satisfies the Healthy People 2020 target of 7.1% or lower.
- No difference by county.
- Statistically unchanged over time.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month



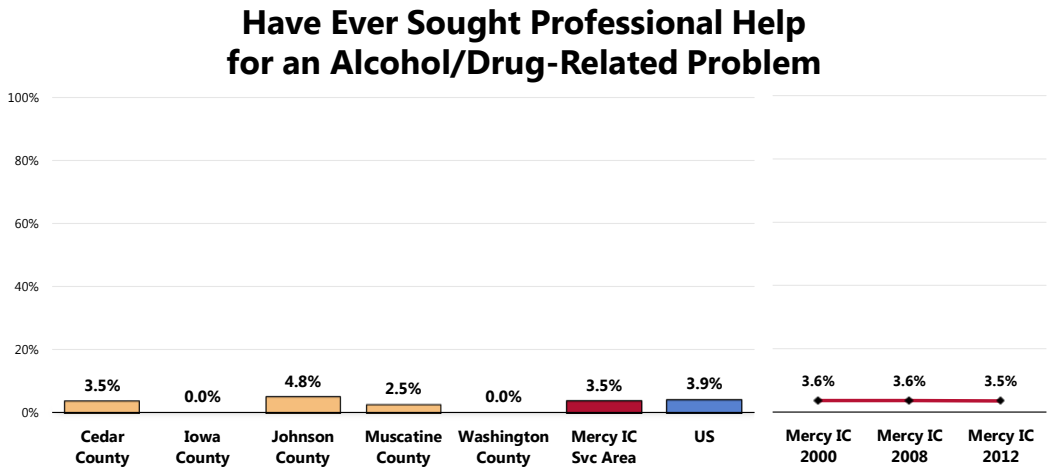
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 72]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

Alcohol & Drug Treatment

A total of 3.5% of Mercy Iowa City Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Lowest (0.0%) in Iowa and Washington counties; highest in Johnson County.
- Unchanged over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 73]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Related Focus Group Findings: Substance Abuse

Group attendees are concerned with substance abuse in the community, with discussion revolving around the following issues:

- Prevalence of drug use
- Inadequate number of substance abuse services and treatment centers
- Underage drinking

Focus group attendees worry about the **prevalence of drug use** in the community, agreeing that the community **does not have an adequate number of substance abuse services and treatment centers**. Respondents describe MECCA Services as the primary substance abuse treatment center. The two main hospitals, Mercy Hospital and University of Iowa Medical Center, should collaborate to address the lack of resources around substance abuse.

> *"When it comes to substance abuse treatment, often the options are to go to MECCA for detox, or if you're too high you go to the ER, otherwise you might do inpatient or we'll refer you to an AA meeting. I do think that the VA Medical Center does a good job of coordinating the care as compared to Mercy and UIMC." Key Informant*

Participants believe the community accepts **underage drinking** as a cultural norm. This behavior is accepted by parents and goes beyond Iowa City being a "college town."

> *"It's beyond the phenomena of the university use in my opinion. I think it's ingrained and accepted behavior, no pun intended, to the culture here." Key Informant*

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

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

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

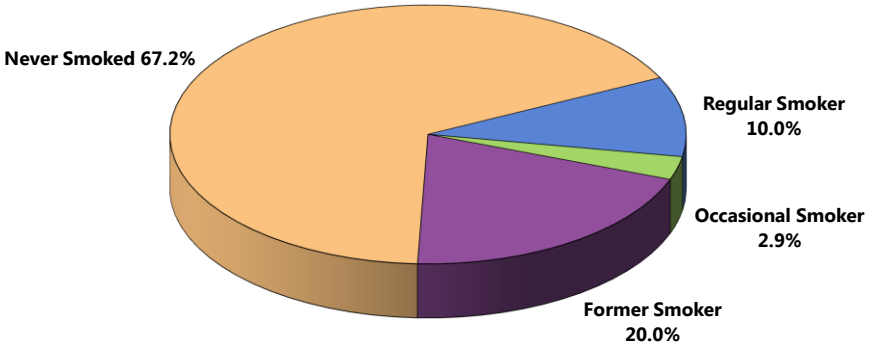
– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 12.9% of Mercy Iowa City Service Area adults currently smoke cigarettes, either regularly (10.0% every day) or occasionally (2.9% on some days).

Cigarette Smoking Prevalence
(Mercy Iowa City Service Area, 2012)

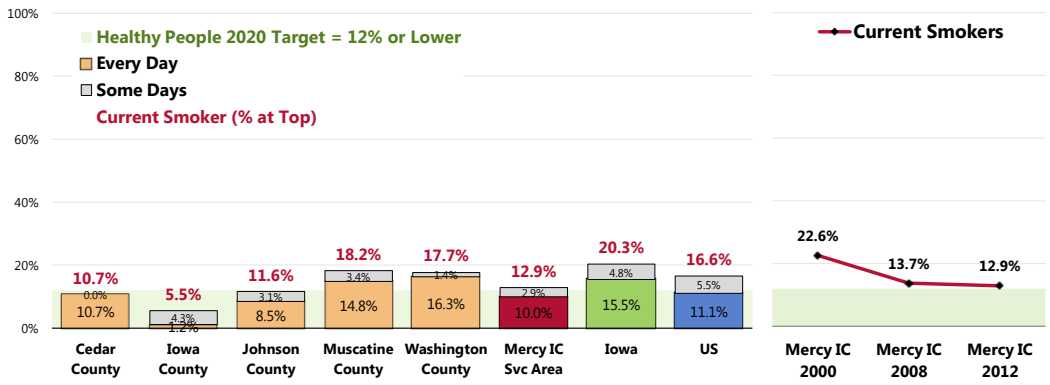


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 184]
Notes: • Asked of all respondents.

- Lower than statewide findings.
- Lower than national findings.
- Similar to the Healthy People 2020 target (12% or lower).

- Favorably low in Iowa County.
- The current smoking percentage has <u>decreased</u> significantly since 2000.

Current Smokers



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 184]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Cigarette smoking is more prevalent among:

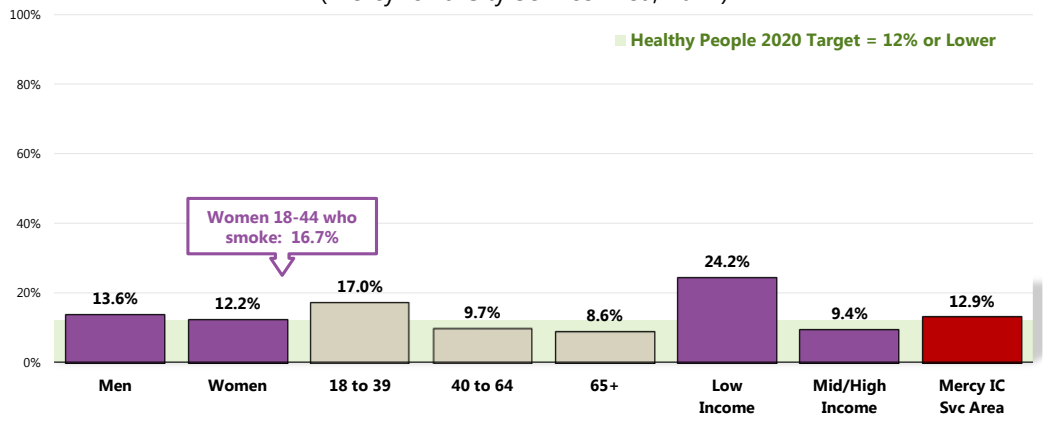
- Young adults.
- Lower-income residents.

Note also:

- 16.7% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers

(Mercy Iowa City Service Area, 2012)



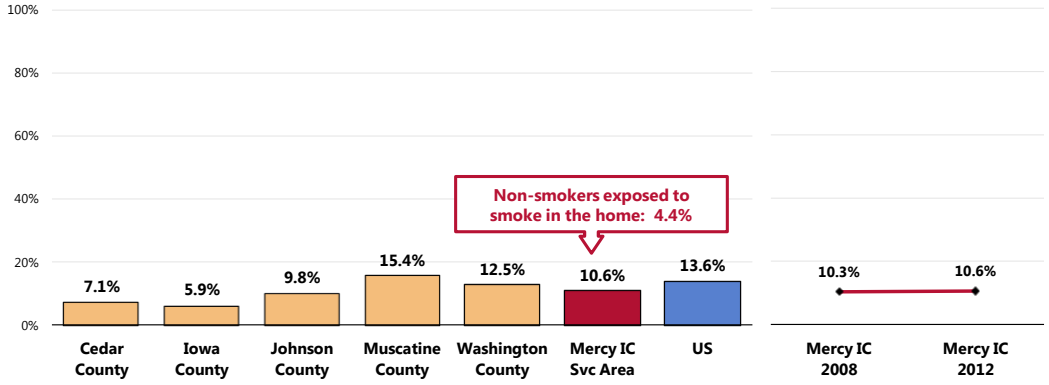
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 184-185]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

A total of 10.6% of Mercy Iowa City Service Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Comparable to national findings.
- Comparable by county.
- Statistically unchanged since 2008.
- Note that 4.4% of Mercy Iowa City Service Area non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home



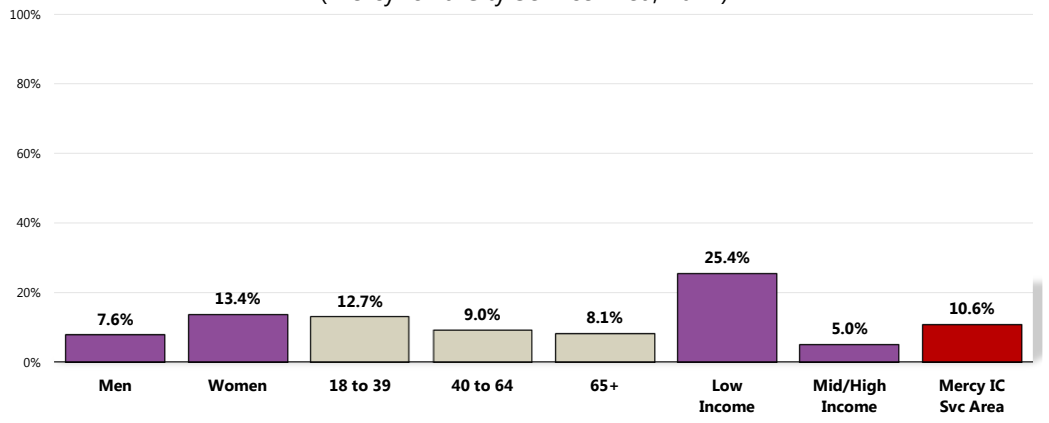
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 64, 186]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Secondhand smoke in the home is notably higher among women and residents with lower incomes.

Member of Household Smokes At Home

(Mercy Iowa City Service Area, 2012)

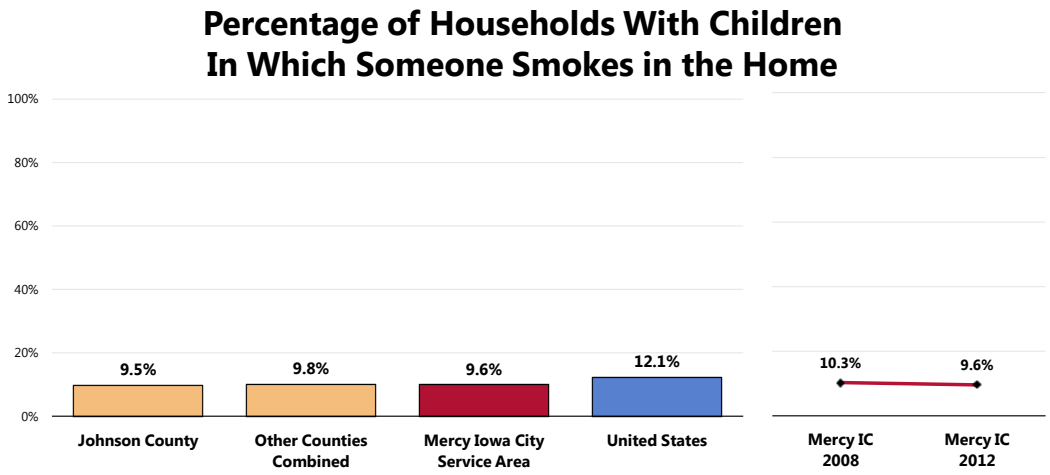


Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 64]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 9.6% have someone who smokes cigarettes in the home.

- Similar to national findings.
- Similar by area.
- Statistically unchanged over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 187]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

– Healthy People 2020 (www.healthypeople.gov)

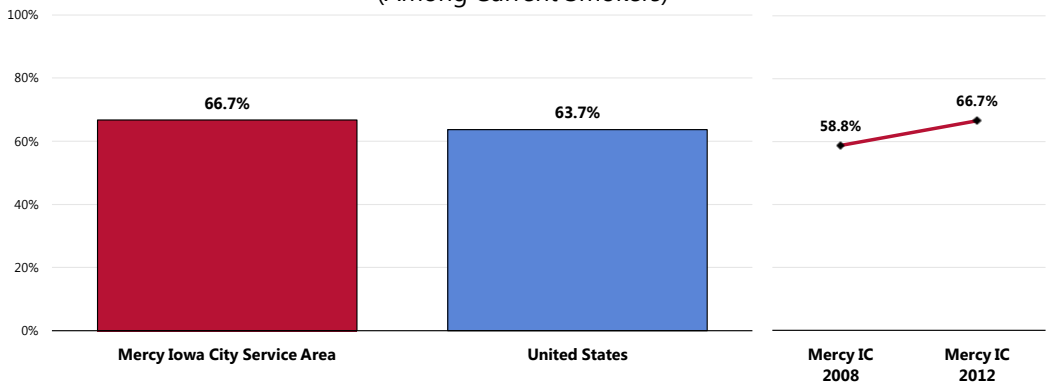
Health Advice About Smoking Cessation

Two in three (66.7%) smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Similar to the national percentage.
- Statistically similar to 2008 survey findings among smokers.

Advised by a Healthcare Professional in the Past Year to Quit Smoking

(Among Current Smokers)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 63]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all current smokers.

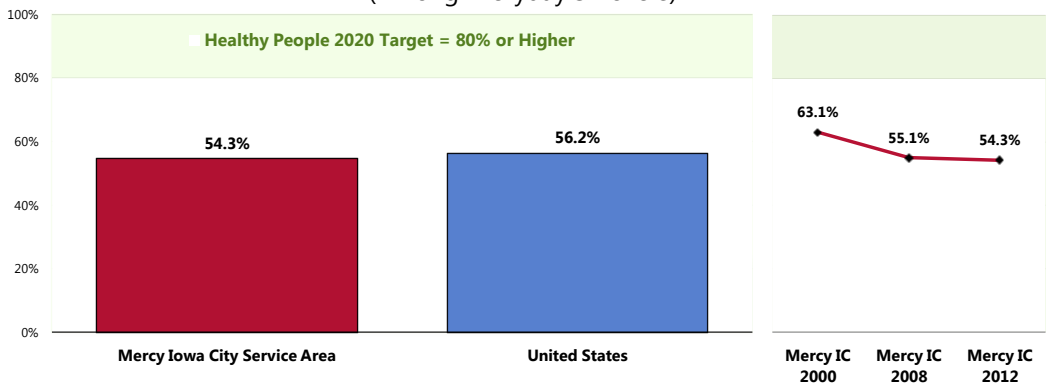
Smoking Cessation Attempts

Over one-half (54.3%) of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- The decrease over time is not statistically significant.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Everyday Smokers)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 62]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]

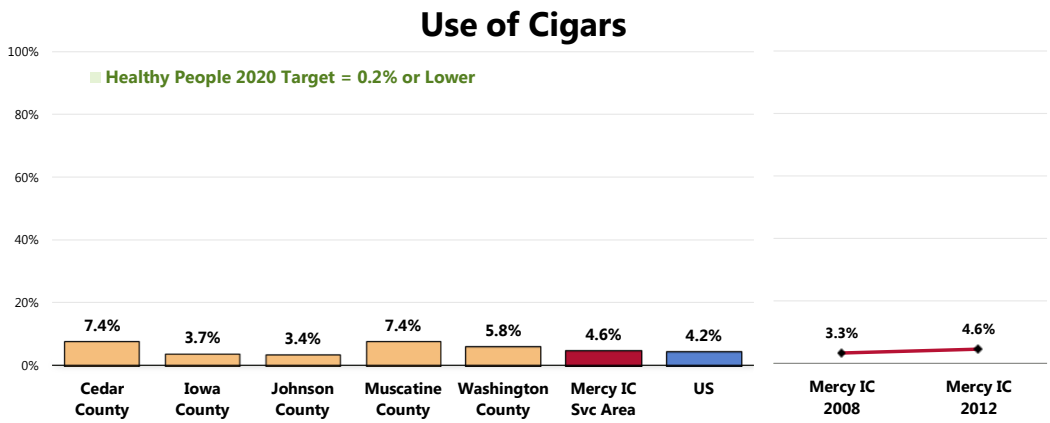
Notes:
- Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Cigars

A total of 4.6% of Service Area adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- Similar by county.
- Cigar use is statistically unchanged since 2008.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.3]

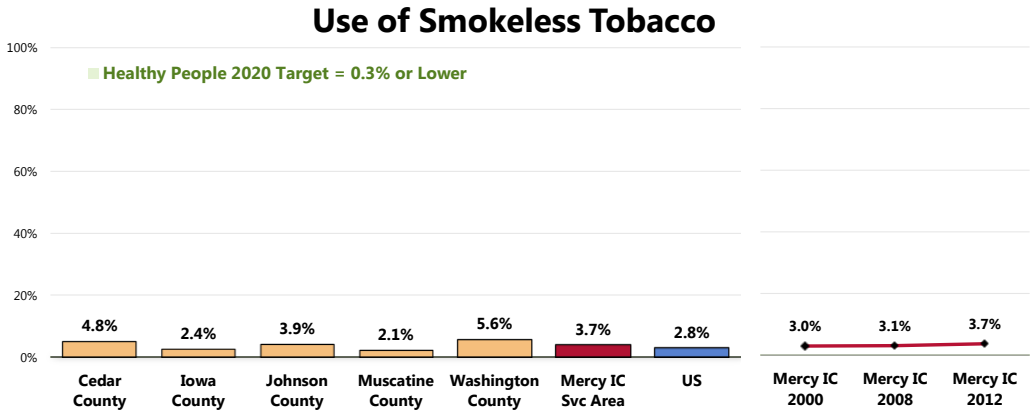
Notes:
- Asked of all respondents.

Smokeless Tobacco

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

3.7% of area adults use some type of smokeless tobacco every day or on some days.

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Comparable findings by county.
- Comparable to 2000 findings.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

ACCESS TO HEALTH SERVICES

Health Insurance Coverage

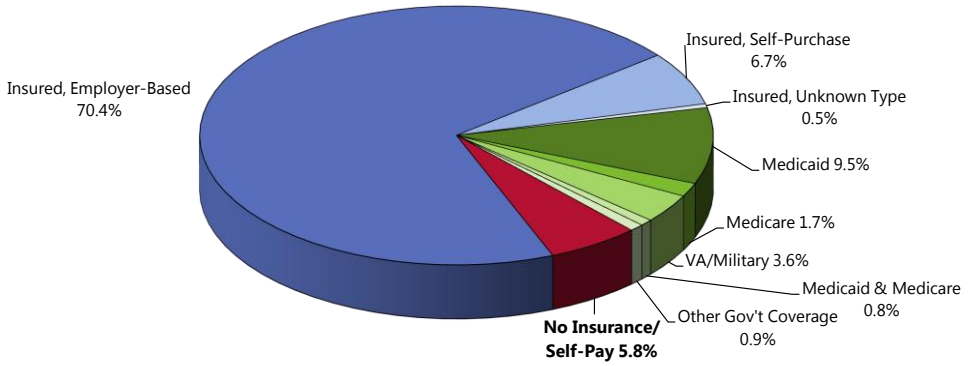
Type of Healthcare Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

A total of 77.6% of Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 16.5% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage

(Among Adults 18-64; Mercy Iowa City Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]
Notes: • Reflects respondents age 18 to 64.

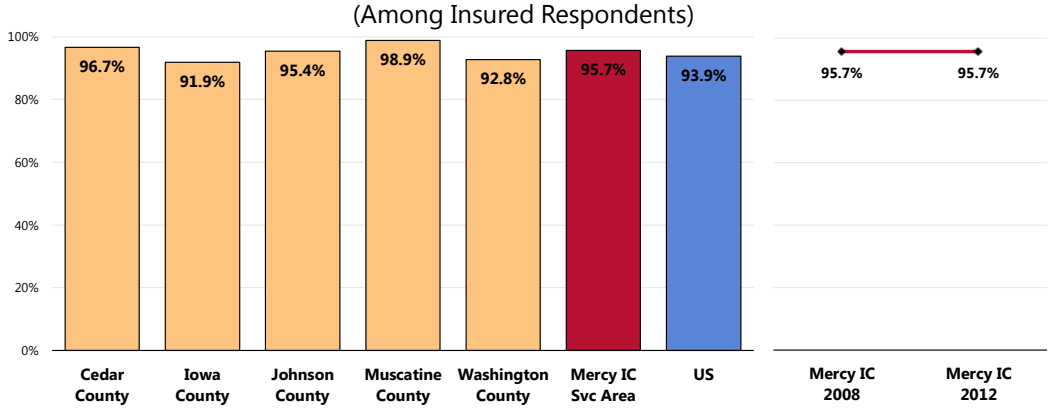
Prescription Drug Coverage

Among insured adults, 95.7% report having prescription coverage as part of their insurance plan.

- Comparable to the national prevalence.
- Highest in Muscatine County.
- No change over time.

Health Insurance Covers Prescriptions at Least in Part

(Among Insured Respondents)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with healthcare insurance coverage.

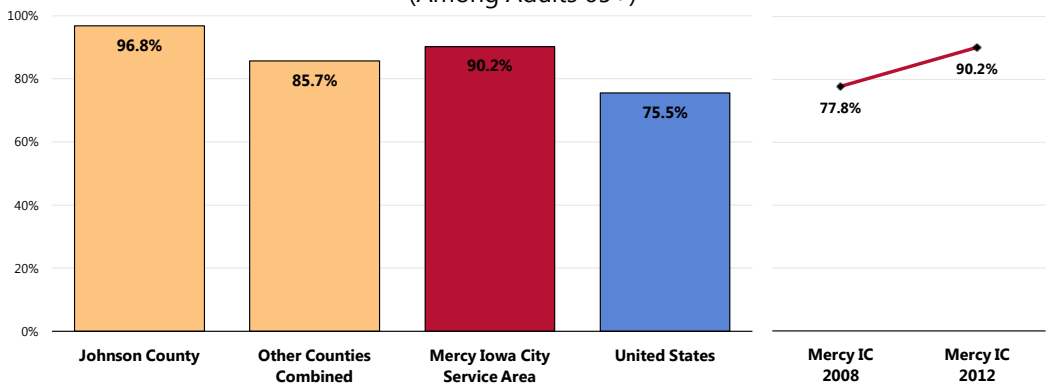
Supplemental Coverage

Among Medicare recipients, the majority (90.2%) has additional, supplemental healthcare coverage.

- Much higher than that reported among Medicare recipients nationwide.
- Higher in Johnson County.
- Marks an increase over 2008 survey findings.

Have Supplemental Coverage in Addition to Medicare

(Among Adults 65+)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents age 65+.

Lack of Health Insurance Coverage

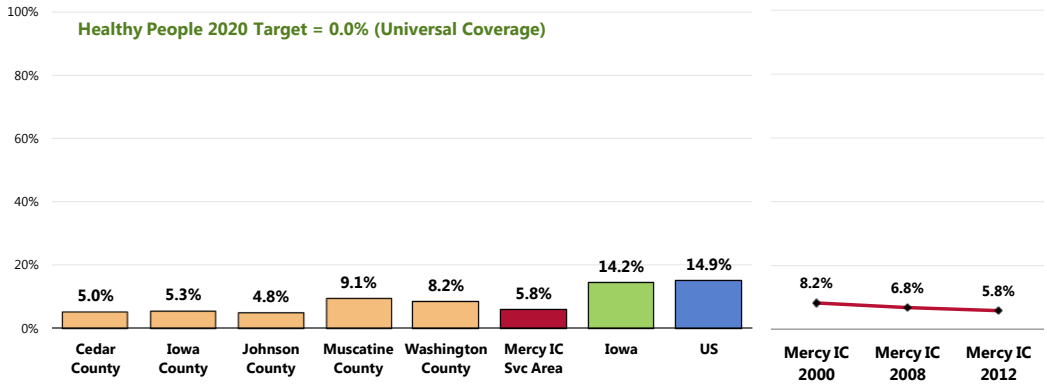
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 5.8% report having no insurance coverage for healthcare expenses.

- Much lower than the state finding.
- Much lower than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- No difference by county.
- The decrease over time is not statistically significant.

Lack of Healthcare Insurance Coverage

(Among Adults 18-64)



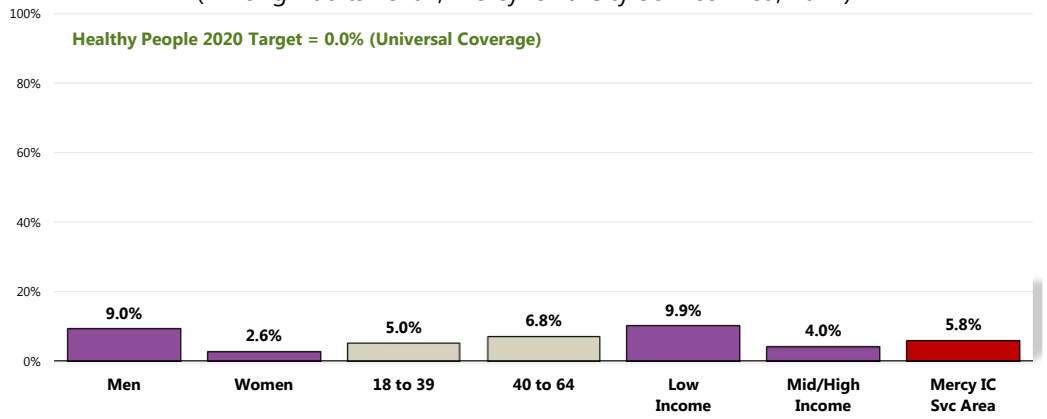
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 192]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.

Service Area men are more likely to be without healthcare insurance coverage.

Lack of Healthcare Insurance Coverage

(Among Adults 18-64; Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

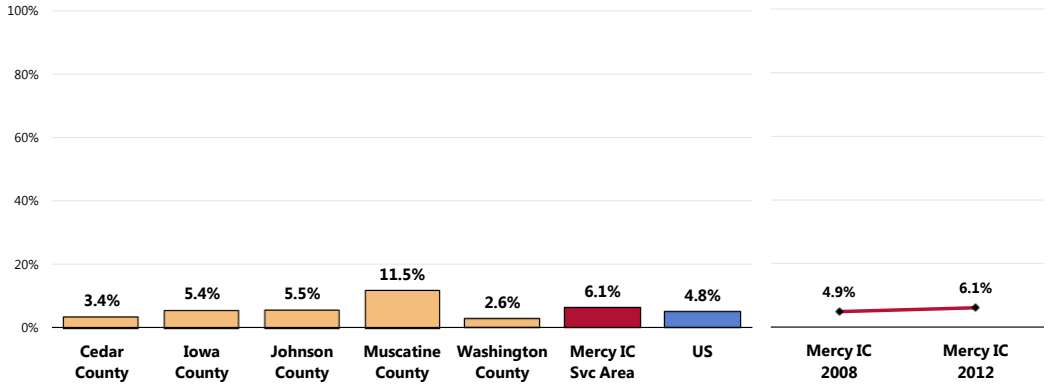
Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in the Mercy Iowa City Service Area, 6.1% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.
- Similar by county.
- Similar to previous survey findings.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 88]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

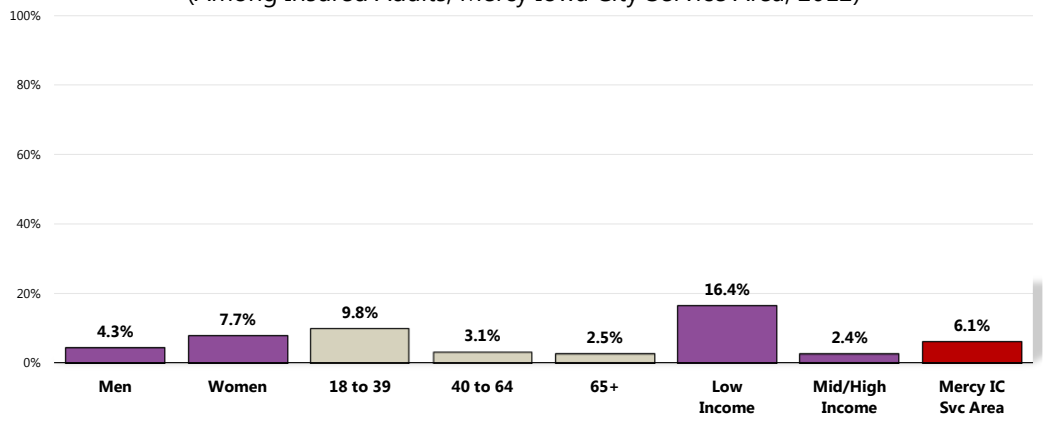
Notes:
- Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 40.
- Lower-income residents.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults; Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]

Notes:
- Asked of all insured respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

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

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

– Healthy People 2020 (www.healthypeople.gov)

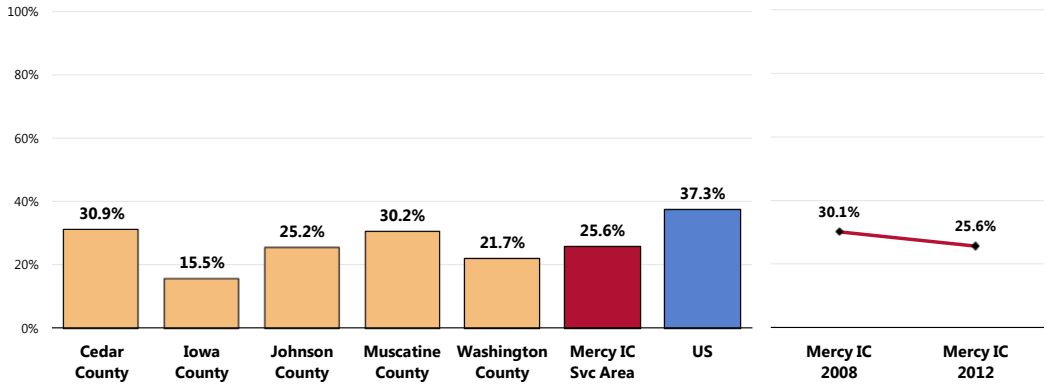
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 25.6% of Mercy Iowa City Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- More favorable than national findings.
- Favorably low in Iowa County.
- Similar to the percentage reported in 2008.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 196]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

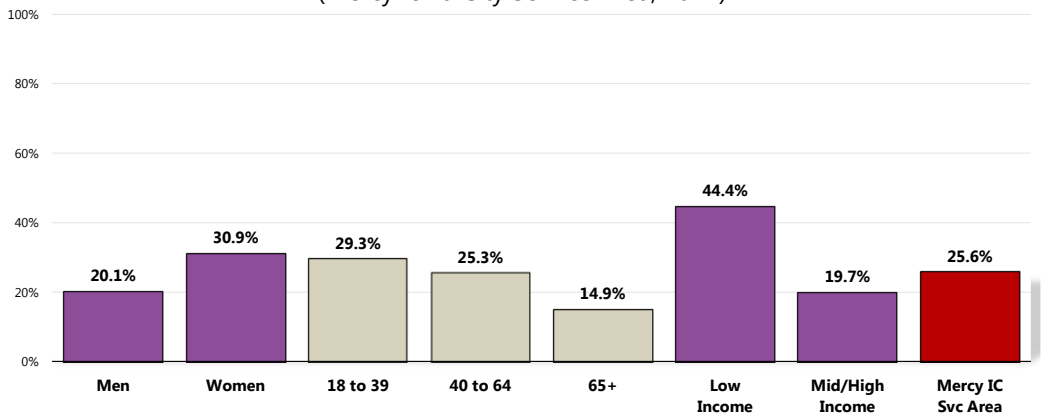
Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under the age of 65.
- Lower-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

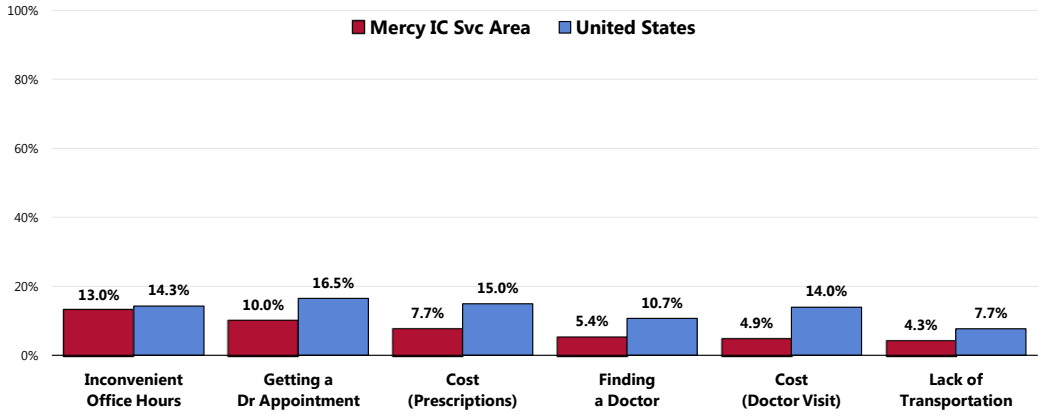
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, inconvenient office hours impacted the greatest share of Mercy Iowa City Service Area adults (13.0% say that inconvenient office hours prevented them from obtaining a visit to a physician in the past year).

- The proportion of Mercy Iowa City Service Area adults impacted was statistically better than that found nationwide for **each** of the tested barriers, with the exception of inconvenient office hours (for which the area percentage was comparable to that reported nationally).

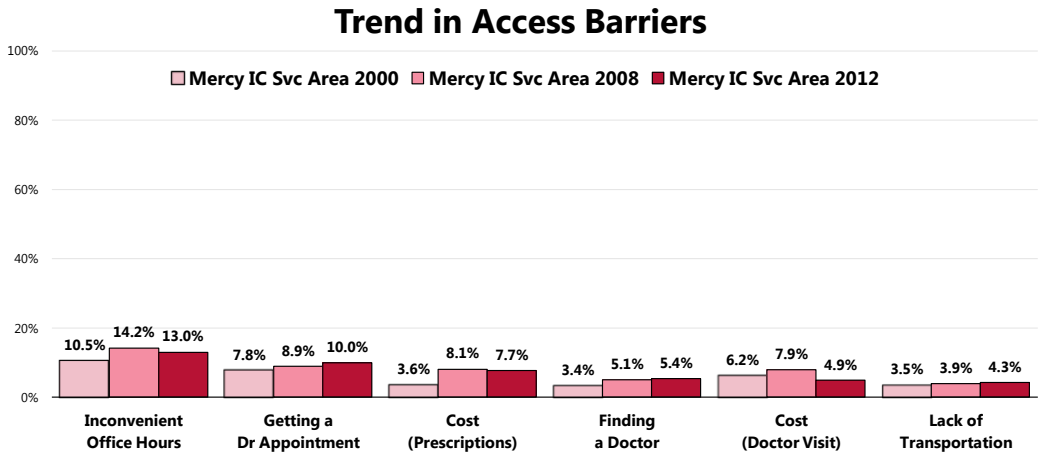
Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Compared to baseline 2000 data, the Mercy Iowa City Service Area has seen a significant increase with regard to the barrier of **prescription medication cost** (all other barriers were comparable to baseline findings).

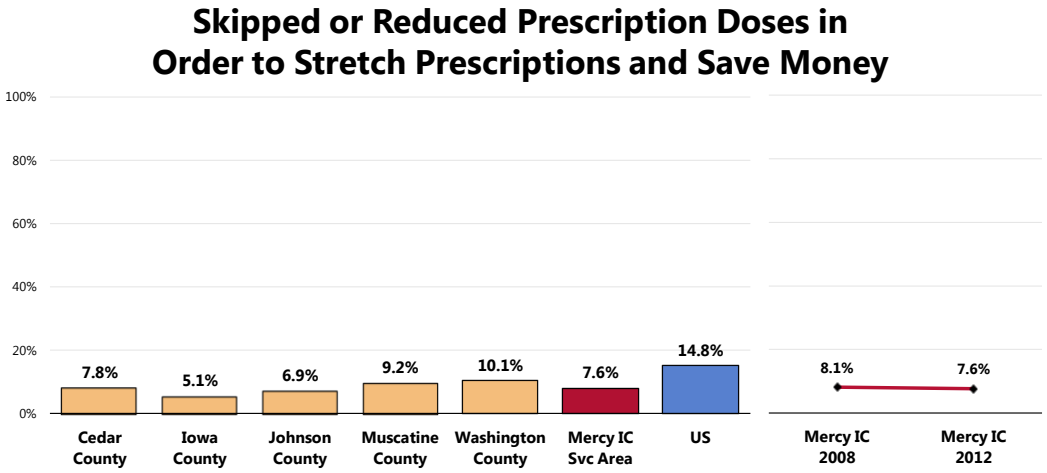


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
Notes: • Asked of all respondents.

Prescriptions

Among all Mercy Iowa City Service Area adults, 7.6% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- More favorable than national findings.
- Similar by county.
- Statistically similar to 2008 findings.



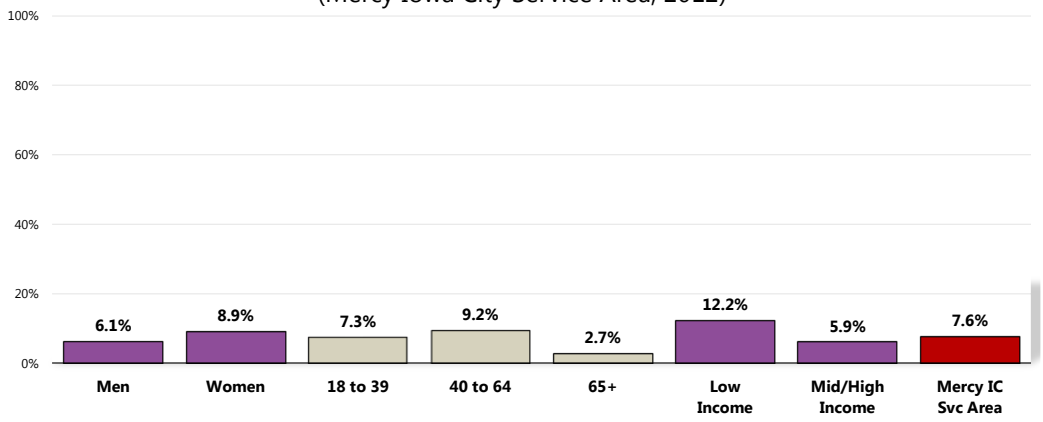
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Those age 40 to 64.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Mercy Iowa City Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

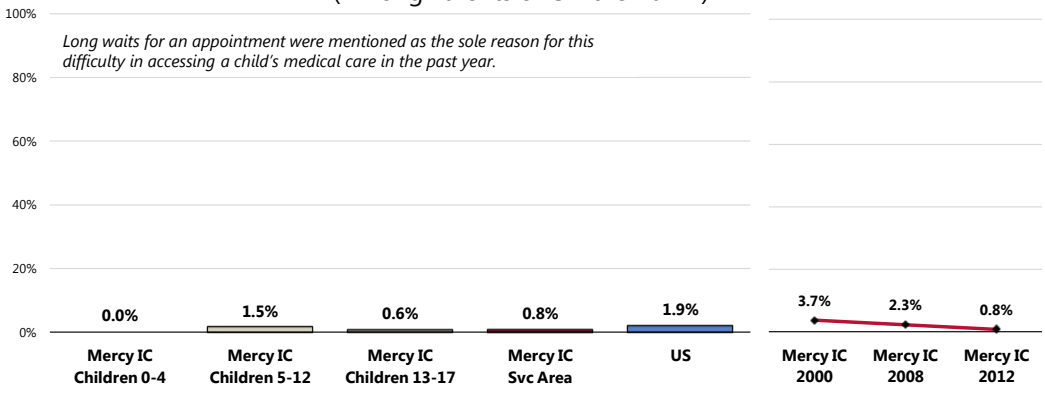
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

Just one area parent reports that there was a time in the past year when he/she needed medical care for a child, but was unable to get it.

- Statistically similar to what is reported nationwide.
- Marks a significant <u>decrease</u> since 2000.
- No significant difference in difficulty by child's age.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 125-126]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

The parent mentioned a **long wait for the medical appointment** as the primary reason for difficulties accessing care for a child in the past year.

Related Focus Group Findings: Access to Healthcare

Many focus group participants are concerned with access to healthcare. The main issues discussed include:

- Barriers to access
    - *Insurance status*
    - *Bureaucracy*
    - *Transportation*
- Specialty care

Focus group participants consider Iowa City residents to have good access to healthcare due to the presence of considerable healthcare institutions, including Mercy Hospital, University of Iowa Medical Center and the Veteran's Administration Hospital. However, residents with lower incomes encounter several **barriers** when trying to **access healthcare services** in the community, especially those families who are **under-insured or uninsured**. The underinsured population includes the working poor, those individuals who may qualify for employer insurance but the deductibles are too high or the monthly employee cost is too much, so they elect to go without. Uninsured residents may qualify for IowaCare, but finding a provider who accepts that insurance can prove difficult. These people regularly go without preventative healthcare. As one participant describes:

> *"In our community there is access to care and the majority of people understand we have a wide range of healthcare facilities, but I also know there are great physical and mental healthcare needs creating access problems especially for the uninsured or underinsured populations who may or not be covered under the IowaCare plan." Key Informant*

Focus group attendees described problems with the **bureaucracy** of the IowaCare Plan. A participant gives voice to the frustrating process:

> *"At the clinic we see people who have been approved for IowaCare, but are waiting to be approved to receive advanced care. These are people who already have their annual care card but the way the IowaCare system is set up, they need to be seen at a primary care clinic first before they are referred for specialty services. The waiting time at the primary care clinic can be up to six months." Key Informant*

Respondents agree that the expansion of satellite clinics continues to increase access to health services in the community. These clinics are viewed as a way to make health services more available to residents in the metro area, but health access is still a concern for residents in the outlying, rural communities.

Several focus group respondents believe that **transportation** options hinder healthcare access to residents living outside the metro area. The public bus system represents one of the only options for public transportation. Bus services run throughout the day, but have limited routes and hours of operation for outlying communities. Even the SEATS

Paratransit program, for people with disabilities, has limited availability. One participant summarizes the problem:

> *"I live in Tipton which is outside the metro area and we don't have a bus system– it comes to Coralville but not to Tipton. The SEATS bus only comes out to Tipton two days a week. This limited schedule makes it very challenging to make and keep healthcare appointments. I also serve a number of families that are fairly low income, and transportation is an issue for them." Key Informant*

Community members' ability to access **specialty care** can also be challenging. Many specialists have moved to locations closer to the interstate; therefore, residents without transportation, including the elderly population, have difficulty obtaining care. A participant describes:

> *"The specialists used to be in this building and now they're migrating out by the interstate and my wife is a perfect example of this problem. There's no easy way for her to get there other than to take Interstate 80, and she will not drive on Interstate 80 because she has some impaired vision, so that's a problem, the accessibility for her to get there for the services." Key Informant*

Primary Care Services

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

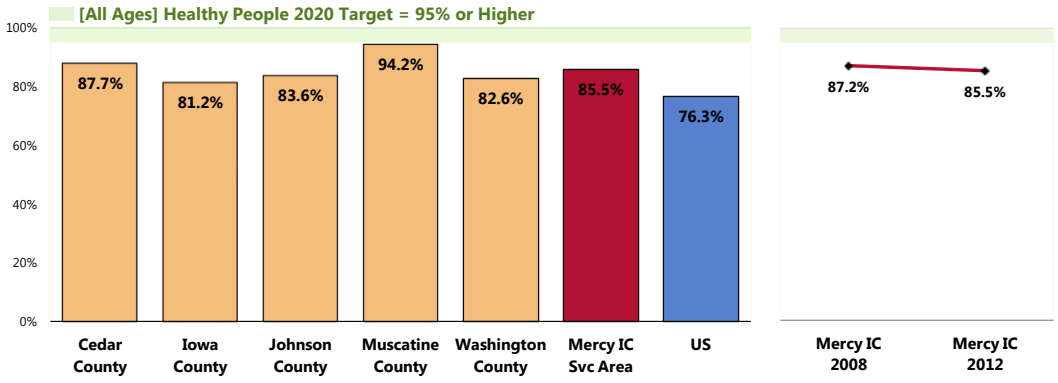
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is also known as a "medical home."

A hospital emergency room is not considered a source of ongoing care in this instance.

A total of 85.5% of Mercy Iowa City Service Area adults were determined to have a specific source of ongoing medical care (a "medical home").

- More favorable than national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).
- Favorably high in Muscatine County.
- Statistically unchanged from 2008 survey findings.

Have a Specific Source of Ongoing Medical Care



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 193]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

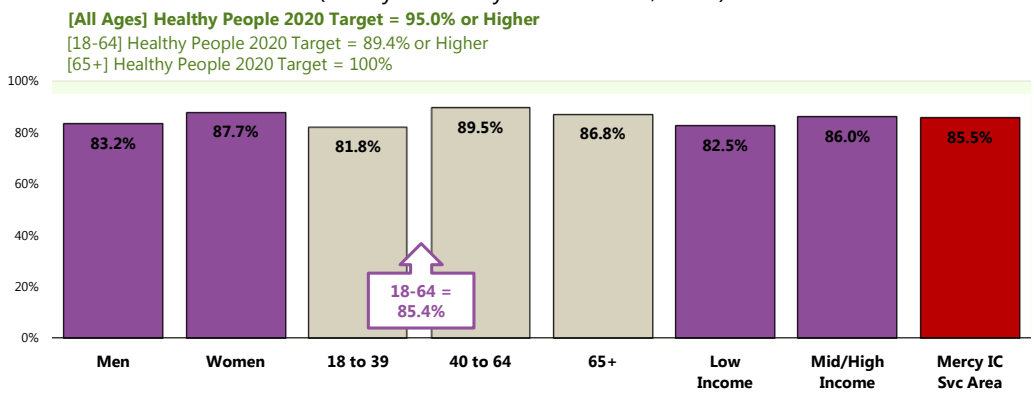
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Adults under age 40.

- Among adults age 18-64, 85.4% have a specific source for ongoing medical care, more favorable than national findings.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 86.8% have a specific source for care, more favorable than the percentage reported among seniors nationally.
  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 193-195]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

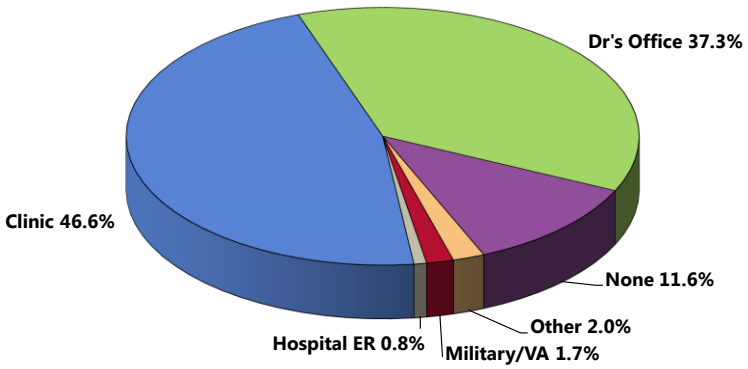
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (46.6%) identified some type of clinic, while 37.3% say they usually go to a particular doctor's office. Just 0.8% rely on a hospital emergency room.

Particular Place Utilized for Medical Care

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]

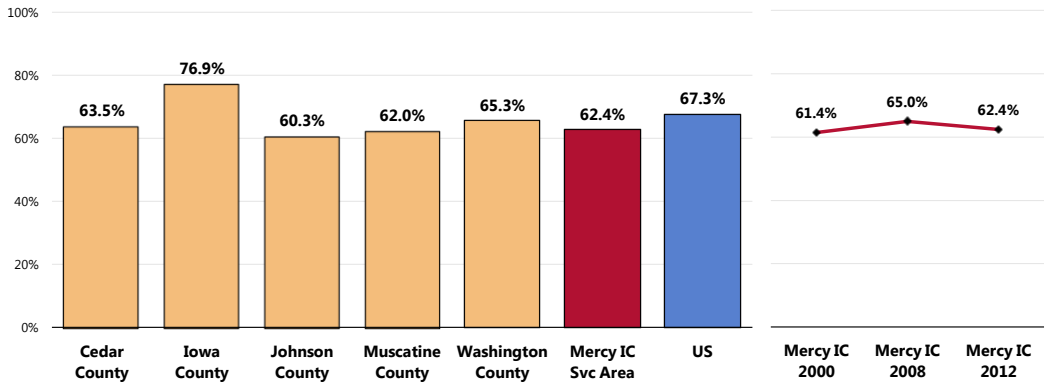
Notes:
- Asked of all respondents.

Adults

More than 6 in 10 (62.4%) adults visited a physician for a routine checkup in the past year.

- Less favorably than national findings.
- Highest in Iowa County.
- Statistically similar to 2000 findings.

Have Visited a Physician for a Checkup in the Past Year

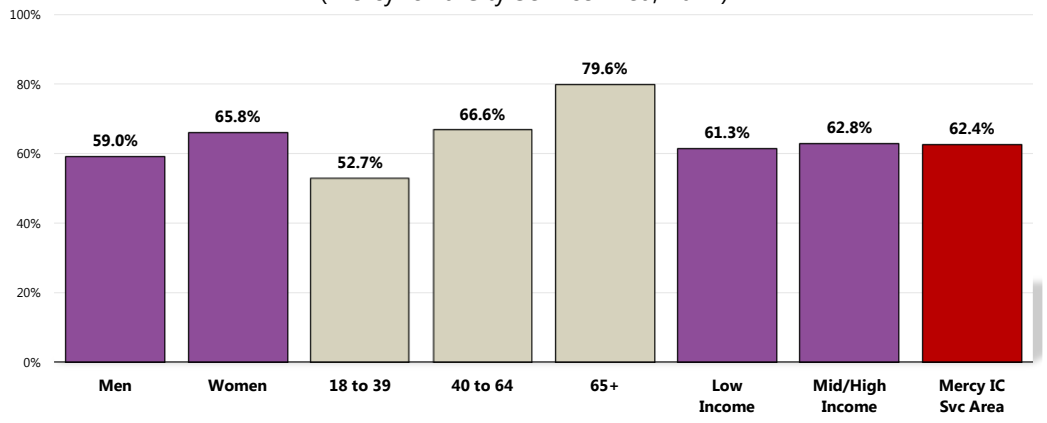


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Adults under age 40 are <u>less likely</u> to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year
(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

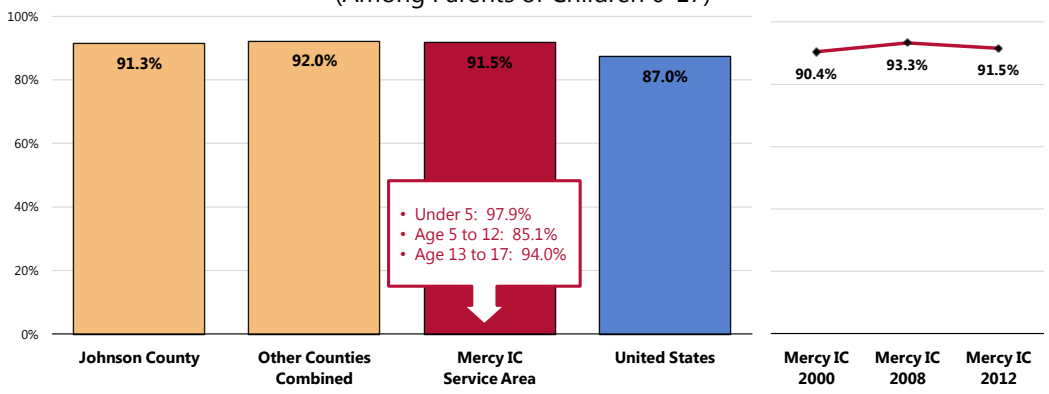
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among surveyed parents, 91.5% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- No difference by area.
- Note that routine checkups are highest in the Mercy Iowa City Service Area among children under age 5.
- Statistically similar to 2000 findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

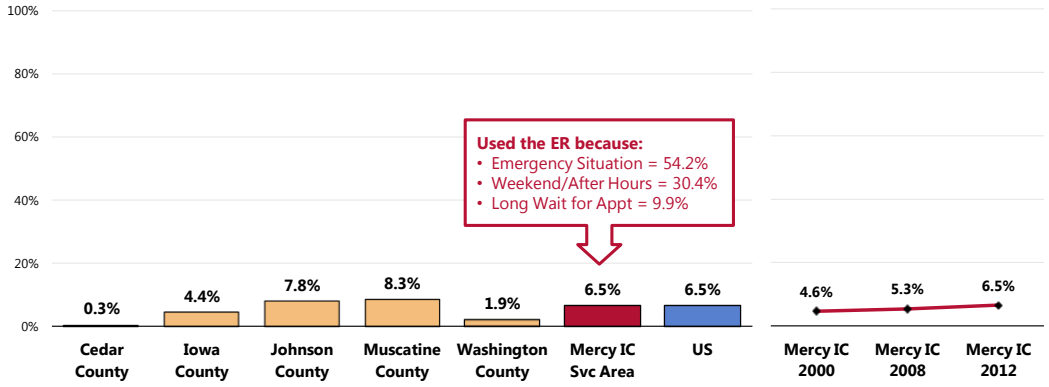
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 6.5% of Mercy Iowa City Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Identical to national findings.
- Favorably low in Cedar and Washington counties.
- Statistically unchanged over time.

Have Used a Hospital Emergency Room More Than Once in the Past Year



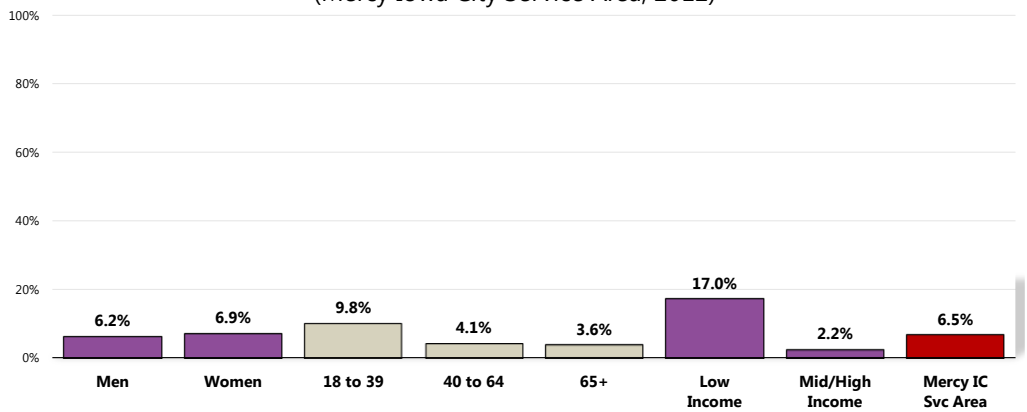
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Of those using a hospital ER, 54.2% say this was due to an **emergency or life-threatening situation**, while 30.4% indicated that the visit was during **after-hours or on the weekend**. A total of 9.9% cited **long waits for a medical appointment**.

- Young adults and lower-income residents are more likely to report ER use.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Mercy Iowa City Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

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

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

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

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

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

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

– Healthy People 2020 (www.healthypeople.gov)

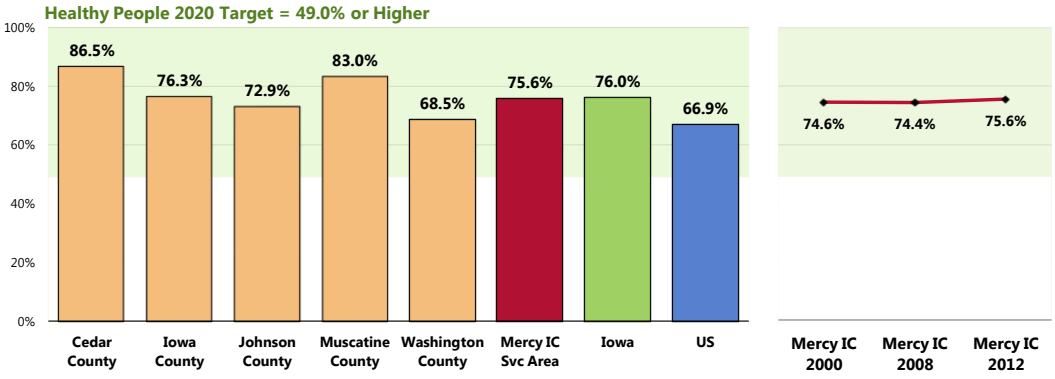
Dental Care

Adults

A total of 3 in 4 Mercy Iowa City Service Area adults (75.6%) have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Favorably high in Cedar County.
- Statistically unchanged since 2000.

Have Visited a Dentist or Dental Clinic Within the Past Year



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Iowa data.

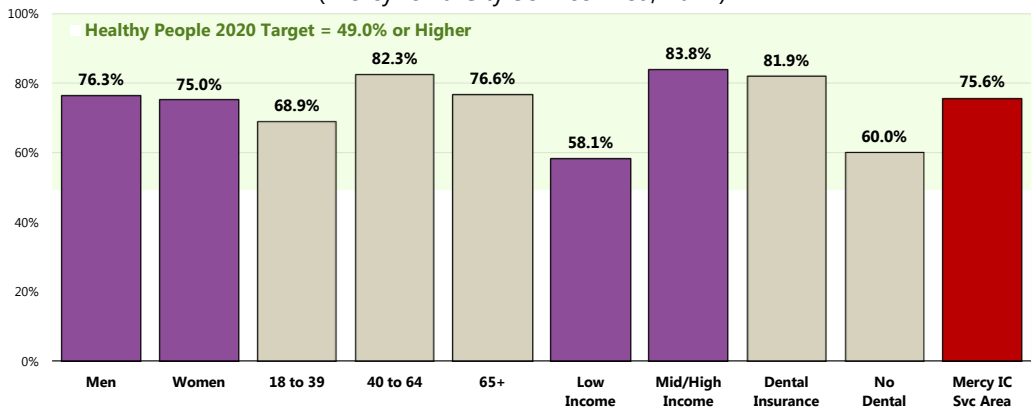
Notes:
- Asked of all respondents.

Recent dental care is less often noted among the following:

- Young adults.
- Residents living in lower-income households.
- Those without dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Mercy Iowa City Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

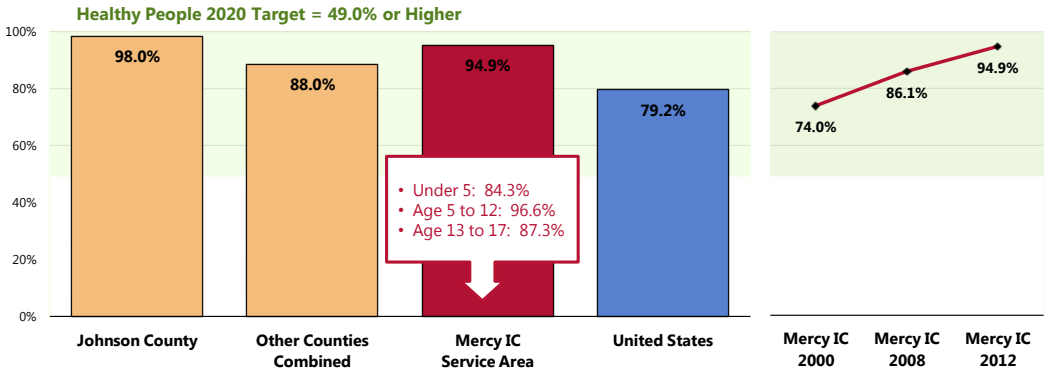
Children

A total of 94.9% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Higher in Johnson County.
- As may be expected, regular dental care is notably lower among children age 2 to 4.
- Marks a statistically significant increase in children's dental care since 2000.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children 2-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 128]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

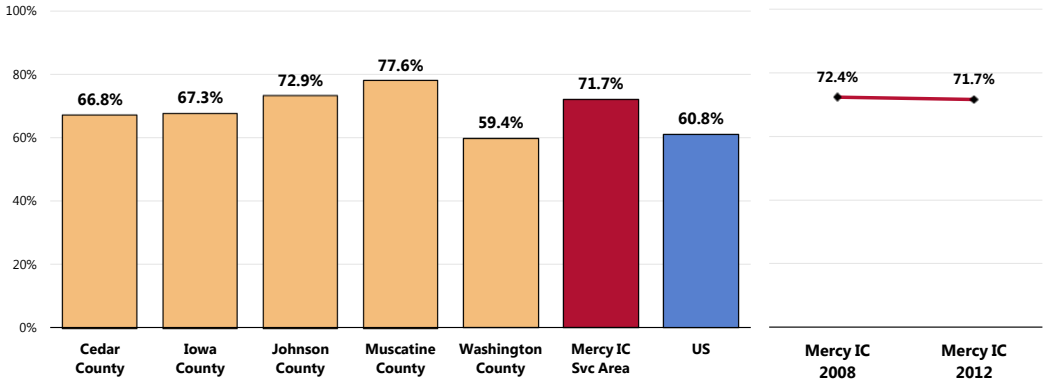
Notes:
- Asked of all respondents with children age 2 through 17.

Dental Insurance

Over 7 in 10 Mercy Iowa City Service Area adults (71.7%) have dental insurance that covers all or part of their dental care costs.

- Higher than the national finding.
- Unfavorably low in Washington County.
- Unchanged since 2008.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

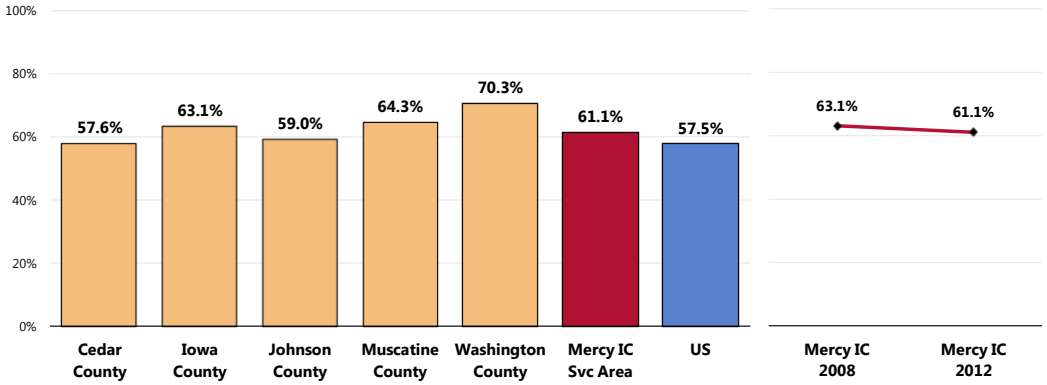
Vision Care

RELATED ISSUE:
See also *Vision & Hearing* in the **Deaths & Disease** section of this report.

A total of 61.1% of residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.
- Statistically comparable by county.
- Unchanged from 2008 survey findings.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

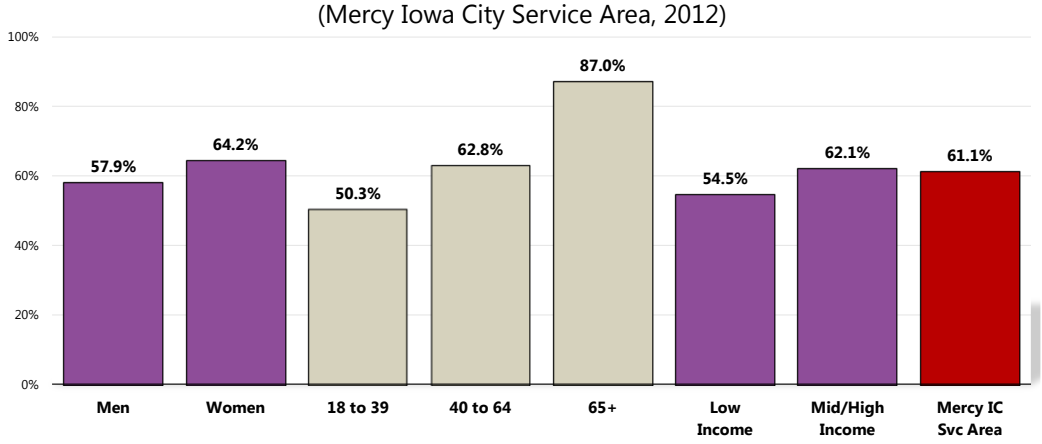


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Note the positive correlation between age and recent eye exams.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(Mercy Iowa City Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

HEALTH EDUCATION & OUTREACH

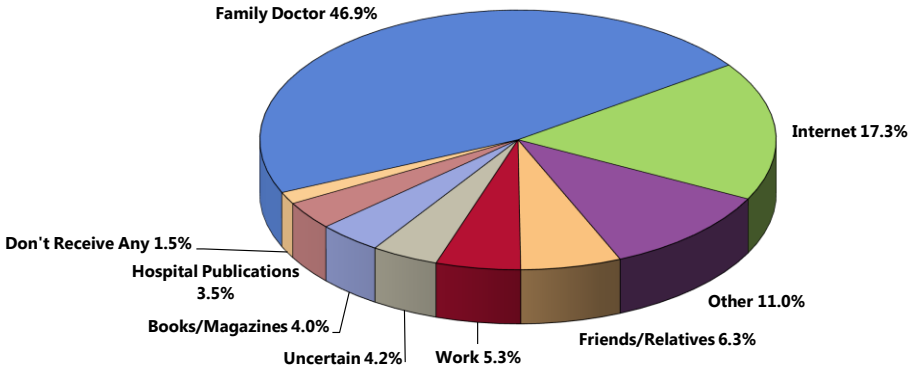
Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 46.9% of Mercy Iowa City Service Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 17.3%.
  - Other sources mentioned include friends and relatives (6.3%), work (5.3%), books and magazines (4.0%) and hospital publications (3.5%).
- Just 1.5% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information

(Mercy Iowa City Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
Notes: • Asked of all respondents.

Participation in Health Promotion Events

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

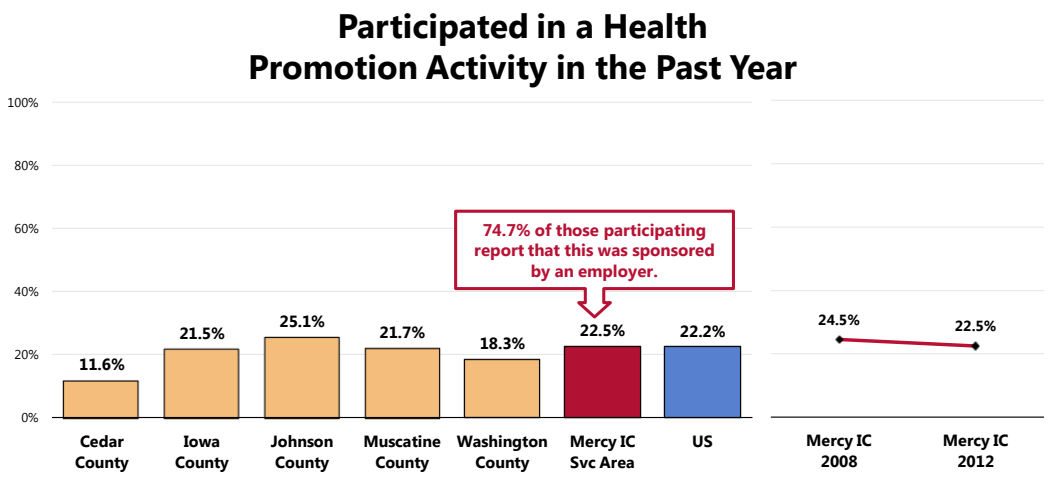
Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

– Healthy People 2020 (www.healthypeople.gov)

A total of 22.5% of Mercy Iowa City Service Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Almost identical to the national prevalence.
- Lowest in Cedar County.
- Unchanged since the 2008 survey was conducted.
- Note that 74.7% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

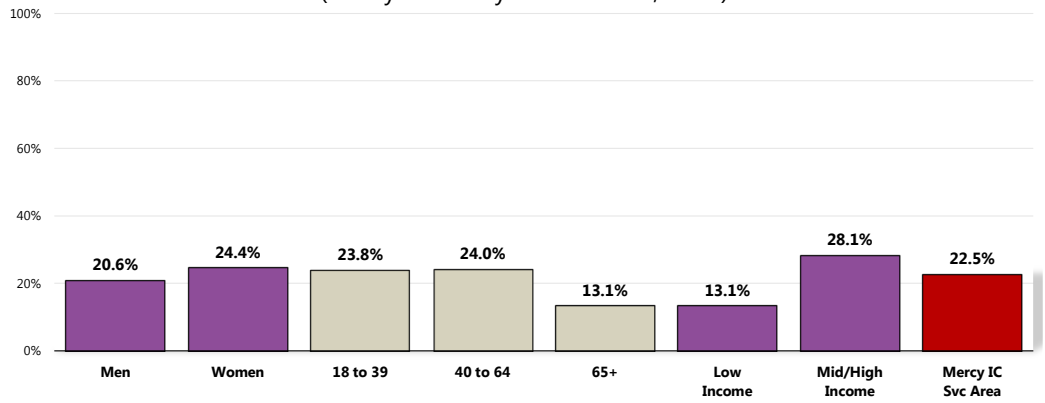


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 119-120]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following chart outlines participation by various demographic characteristics.

Note that adults under 65 and residents with higher incomes more often report participation in health promotion activities.

Participated in a Health Promotion Activity in the Past Year
(Mercy Iowa City Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Related Focus Group Findings: Education

Focus group participants agreed on the need for local health education, with main issues including:

- Integrated health message
- Mercy On Call
- Building relationships

A number of focus group participants want an **integrated health message**: a message that all agencies, practitioners, hospitals, faith-based organizations and schools can deliver about wellness and preventative medicine. One participant explains how the message about flu shots has become integrated and well-known:

> *"One of the places where I have seen real progress (and it's because the message is out there all the time) is flu shots. Everybody gets flu shots now. There's a sign everywhere you go, and suddenly people's awareness of the value of that preventative care is up, and it's convenient for them to get it. This community has made real progress around flu shots. I don't know how we can use this model for other preventive and health messages but this is a great model that works." Key Informant*

Participants think **Mercy On Call** is a great example of Mercy Hospital's involvement with the community. This confidential phone service, staffed by Mercy Hospital nurses, provides a great service to residents. When residents call, they receive referrals to local agencies. A participant describes how their organization utilizes this free service:

> *"One of the places we refer a lot is Mercy On Call because they will help people new to the community find the provider who might take Medicaid, Medicare, and where to go for services." Key Informant*

In addition, participants believe social service agencies, hospitals, faith-based organizations and schools need to work together to make sure all residents know about the services available to the community. Currently, agencies struggle to get the message out, as one attendee describes:

> *"One of the biggest challenges this area has is communicating with the community about what is available, because we have many services that a lot of people don't know about, and so we need community involvement to get the word out." Key Informant*

Participants see future health education efforts as a grass-roots initiative wherein community partners go into the neighborhoods and **build relationships**. This type of program would be culturally-competent and increase community buy-in.

> *"The simplest way to reach people is just guerilla marketing. Roll up your sleeves, get a small community of people and knock on doors. Make this a quarterly or semi-annual campaign where the same community physician or community healthcare provider or representative visits the same household so that consistent message gets out in the community, targeting the people who really need it." Key Informant*

LOCAL HEALTHCARE

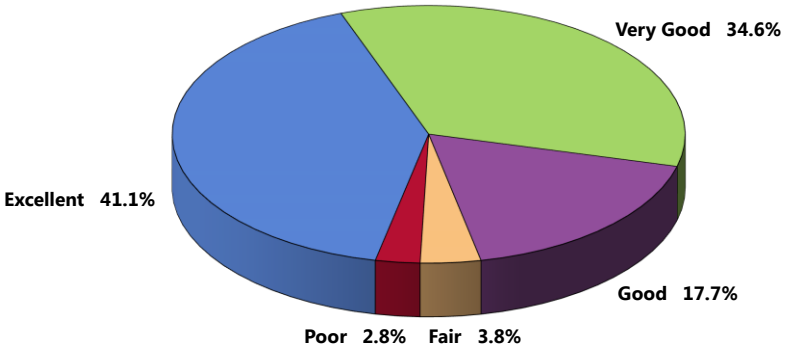
Perceptions of Local Healthcare Services

A full three in four Mercy Iowa City Service Area adults (75.7%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 17.7% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community

(Mercy Iowa City Service Area, 2012)

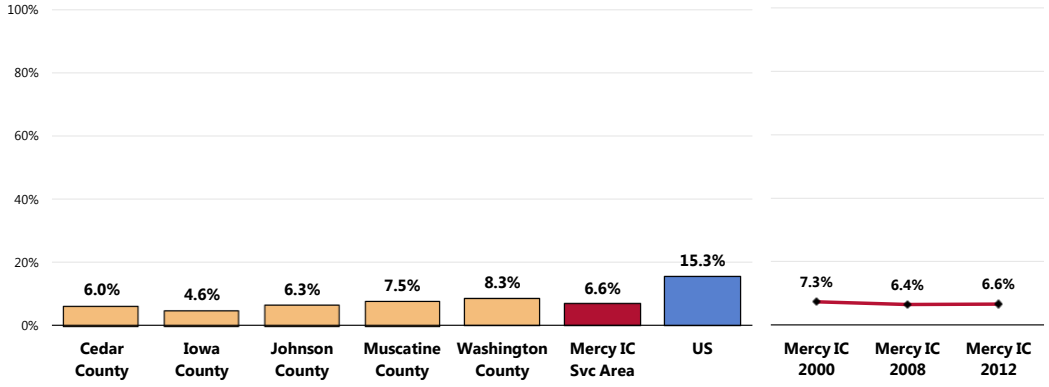


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 6.6% of residents characterize local healthcare services as "fair" or "poor."

- Less than half that reported nationally.
- No difference by county.
- Statistically unchanged over time.

Perceive Local Healthcare Services as "Fair/Poor"



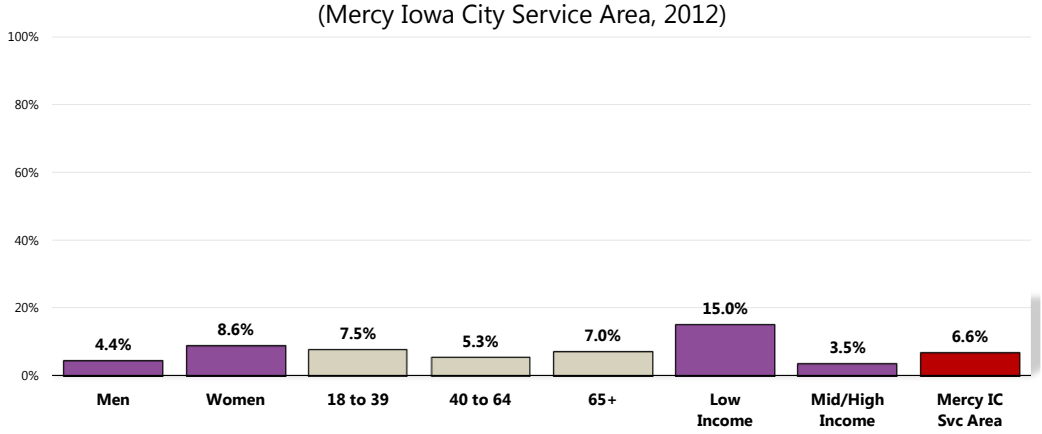
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Women.
- Residents with lower incomes.

Perceive Local Healthcare Services as "Fair/Poor"

(Mercy Iowa City Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Other Issues

Related Focus Group Findings: Collaboration

Participants spent time discussing the levels of collaboration occurring in the community between non-profit organizations, hospitals, the Chamber of Commerce, and the Free Medical Clinic (FMC). The three themes surrounding collaboration were:

- Excellent levels of local collaboration
- Mayo Clinic model
- Referral source list

Many of the focus group respondents agree that **excellent collaboration** occurs in the community between social service agencies, the Chamber of Commerce, and the Iowa City Free Medical Clinic (FMC). However, attendees believe that cooperation and collaboration between the three hospitals could improve. Overall, participants think that organizations know what others do and have a good protocol for not duplicating services. The community agencies work hard to operate as "solution-oriented." In addition, the majority of the social services agencies reside in the same building, which makes it easy for residents to access their services and for the agencies to interact with each other.

> *"I think the nonprofits in this town do a really good job talking to each other. We do a lot of referring to other agencies they also send us a lot of referrals. On a general level, the cooperation and the collaboration are good without a lot of competition among the agencies." Key Informant*

Focus group members have differing opinions about the relationships among the three hospitals. Some participants believe that a communication gap exists between healthcare agencies and the hospitals, that hospitals are not willing or able to release medical information, share medical releases, or discuss patient diagnoses. On the other hand, some participants think that the overall relationships have improved among the three hospitals, specifically when addressing community-wide healthcare projects.

Participants agree that the local healthcare system is affected by layers of bureaucracy and it needs to change in order to create easier access. Focus group members believe that the **Mayo Clinic model** is a good example of a centralized system that creates a convenient place for patients to access providers and services. In this model, providers are located in one central location and consult with one another to address patients' health.

> *"The Mayo Clinic has a team approach to everything a one-stop model. They have a team of providers and services located in the same location and the coordination of care takes place at the same place and time. This is a great opportunity for our area because in many cases the resources are available, but it's coordinating them on that continuum of care that this model would be advantageous for this community. This model would also diminish some of the transportation issues we are facing at this time." Key Informant*

The United Way website provides a **referral source list**. Residents can also access this information by dialing 2-1-1. Further, the Iowa City Free Medical Clinic (FMC) provides links on their website to different social services and other healthcare services. An attendee explains:

> *"If you go to the Free Clinic website, we have links to 20 other agencies describing the services they provide to residents in this community. I believe we are not the only ones with this type of service; the United Way website also has links to their agencies." Key Informant*

Related Focus Group Findings: Elderly Services

Many focus group participants discussed the limited number of services available to senior citizens. The main issues included:

- Aging population
- Availability of services or resources for seniors
    - *Geriatric department*
    - *Alzheimer's disease*
    - *Transportation*
- Need for case managers

According to focus group participants, the **number of seniors in the community will continue to increase** in the coming years and many elderly residents do not have extended family living in the area. Participants feel the community is ill-prepared for the aging baby boomer generation. Only a limited number of resources are available to seniors who may not have the transportation or technology literacy necessary to access healthcare services. One member describes the challenge:

> *"One of the challenges we have with all of our agencies is that we're facing a transition on how we get information out to the community. Residents need up-to-date technology skills in order to access information and services. This is not a problem with our youth but it is a big challenge to get this type of education to the elderly population." Key Informant*

Besides difficulties accessing healthcare services, participants also have concern that **seniors do not have enough services targeted to their specific health issues**. For example, only a few adult day care centers operate in the community; the community lacks a **geriatric department** at the local hospitals; and there are only a few providers or assistance centers for patients suffering from **Alzheimer's disease**. A participant explains:

> *"Do we have a geriatrics department in either of the hospitals? No. Do we have an Alzheimer's memory assessment center? No. Do we have emergency department staff who are trained to handle geriatrics when they walk in the door and they're confused and don't remember their name. No and I don't think I am overstating it just to make a point. As a community we need to address these issues." Key Informant*

Limited **transportation** options also hinder senior citizens' ability to access healthcare facilities and other social service agencies. Many seniors do not have family living in

town, so they rely heavily on SEATS Paratransit Service for their transportation needs. However, this type of transportation has limited hours of operation and capacity.

> *"My mother takes the SEATS bus out to North Liberty because this is where her physician practices, and if she were dependent upon the SEATS bus to take her and bring her back, she would be waiting there for five hours after her appointment, so this is a problem for many elderly residents." Key Informant*

Participants agree that elderly residents need **case managers** to help navigate the healthcare system. Respondents believe that the local hospitals should consider this because in the long term it will save money by keeping the elderly population healthier. A participant describes:

"It's as if you almost need individual case managers for these individuals who might have chronic conditions or I think in the elderly where it's not just chronic, it's multiple things that they are facing that alone may not necessarily be chronic or life threatening, but collectively becomes overwhelming. It's hard to manage five different appointments over the course of a month." Key Informant

APPENDICES

Community Stakeholder Input

Focus groups held as part of this Community Health Needs Assessment incorporated input from 15 key informants (or community stakeholders) in the area, with special emphasis on persons who work with or have special knowledge about vulnerable populations in the four counties, including low-income individuals, minority populations, those with chronic conditions, and other medically underserved residents.

A list of these participants is provided below.

Mercy Iowa City

Wednesday, November 28th - 7:30-9:30 AM

Focus Group Participant	Title	Organization	Populations Served: Medically Underserved	Low-Income Residents	Minority Populations	Populations w/ Chronic Disease
Brian Kaskie	Professor and Director, Center on Aging	University of Iowa College of Public Health				
Christine Scheetz	President and CEO	United Way of Johnson County				
Phoebe Trepp	Program Development Director	Shelter House	X	X	X	X
DeLayne Williamson	Work Force Director	Iowa City Area Development Group				
Susie Poulton	Director of Health and Student Services	Iowa City School District	X	X	X	X
Pastor Bev Marshall-Goodell	Recorder	Consultation of Religious Communities	X	X	X	X
Scott Fischer	Chamber Secretary					
Alex Taylor	Owner	Woofables Dog Biscuit Company				

Mercy Iowa City

Wednesday, November 28th - Noon-2:00 PM

Focus Group Participant	Title	Organization	Populations Served: Medically Underserved	Low-Income Residents	Minority Populations	Populations w/ Chronic Disease
Mark Nolte	Interim President	Iowa City Area Development Group				
Doug Beardsley	Director	Johnson County Public Health	X	X	X	X
Gerry Kuhl	City Council Member	City of North Liberty				
Marcia Bollinger	Neighborhood Services Coordinator	City of Iowa City		X	X	
Tom Shepherd	Treasurer	Consultation of Religious Communities				
Tom Markus	City Manager	City of Iowa City				
Barbara Vinograde	Director	Iowa City Free Medical Clinic	X	X	X	X

Expertise in Public Health

Note that one of these focus group participants has special knowledge of and expertise in public health; his credentials and experience include:

- **Douglas E. Beardsley, MPH, CPHA**
  Director, Johnson County Public Health – 5 years
  Formerly:
  Administrator, Boone County Health Department– 14 years
  Assistant Administrator, Henry County Health Department– 5 years
  Health Program Advisor, Humboldt County Health Department– 3 years