

2018 Community Health Assessment Report

Scott County & Muscatine County, Iowa Rock Island County, Illinois

Study Sponsored by:

Community Health Care, Inc.
Genesis Health System
Muscatine County Board of Health
Quad City Health Initiative
Rock Island County Health Department
Scott County Health Department
UnityPoint Health – Trinity



Funded by:

Genesis Health System
UnityPoint Health – Trinity



Prepared by:

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

2017-0858-02

© September 2018



Professional Research Consultants, Inc.

Table of Contents

Introduction	9
Preface	10
Project Goals	10
Acknowledgments	11
Methodology	13
Summary of Findings	20
Significant Health Needs of the Community	20
Summary Tables	22
Community Description	43
Population Characteristics	44
Total Population	44
Urban/Rural Population	46
Age	47
Race & Ethnicity	49
Linguistic Isolation	52
Social Determinants of Health	54
Poverty	54
Education	57
Employment	58
Housing Issues	59
Food Insecurity	65
Social Services	67
Health Literacy	69
Problems Facing Families in the Community	72
Health Disparities	73
Social Determinant Risk & Health	73
Income & Health	74
General Health Status	75
Overall Health Status	76
Mental Health	78
Evaluation of Mental Health Status	79
Depression	80
Stress	82
Suicide	84
Mental Health Treatment	87
Perceived Ease of Obtaining Mental Health Services	91

Death, Disease, & Chronic Conditions	93
Leading Causes of Hospital Visits	94
Inpatient Hospitalizations	94
Emergency Department Visits	96
Hospital Readmissions	98
Leading Causes of Death	100
Distribution of Deaths by Cause	100
Age-Adjusted Death Rates for Selected Causes	100
Cardiovascular Disease	102
Age-Adjusted Heart Disease & Stroke Deaths	102
Prevalence of Heart Disease & Stroke	105
Cardiovascular Risk Factors	107
Cancer	113
Age-Adjusted Cancer Deaths	113
Cancer Incidence	115
Prevalence of Cancer	117
Cancer Screenings	119
Respiratory Disease	124
Age-Adjusted Respiratory Disease Deaths	125
Prevalence of Respiratory Disease	127
Injury & Violence	131
Unintentional Injury	131
Intentional Injury (Violence)	137
Diabetes	142
Age-Adjusted Diabetes Deaths	142
Prevalence of Diabetes	144
Alzheimer's Disease	146
Age-Adjusted Alzheimer's Disease Deaths	146
Kidney Disease	148
Age-Adjusted Kidney Disease Deaths	148
Prevalence of Kidney Disease	149
Infectious Disease	151
Influenza & Pneumonia Vaccination	152
Flu Vaccination	152
Pneumonia Vaccination	153
HIV	154
HIV Prevalence	155
Sexually Transmitted Diseases	157
Chlamydia & Gonorrhea	157

Births	159
Prenatal Care	160
Lack of Timely Prenatal Care	160
Perceived Ease of Obtaining Prenatal/Postnatal Care	161
Birth Outcomes & Risks	163
Low-Weight Births	163
Infant Mortality	164
Perceptions of Childhood Vaccinations	165
Family Planning	167
Births to Teen Mothers	167
Modifiable Health Risks	169
Nutrition	170
Daily Recommendation of Fruits/Vegetables	171
Access to Fresh Produce	173
Physical Activity	175
Leisure-Time Physical Activity	175
Activity Levels	177
Access to Physical Activity	180
Use of Local Trails for Exercise	181
Weight Status	183
Adult Weight Status	183
Children's Weight Status	187
Substance Abuse	190
Age-Adjusted Cirrhosis/Liver Disease Deaths	190
Alcohol Use	192
Age-Adjusted Unintentional Drug-Related Deaths	193
Illicit Drug Use	195
Negative Effects of Substance Abuse	196
Perceived Ease of Obtaining Substance Abuse Services	199
Tobacco Use	201
Cigarette Smoking	201
Other Tobacco Use	204
Access to Health Services	207
Health Insurance Coverage	208
Type of Healthcare Coverage	208
Lack of Health Insurance Coverage	208
Difficulties Accessing Healthcare	210
Difficulties Accessing Services	210

Barriers to Healthcare Access	211
Perceived Ease of Accessing Local Healthcare Services	215
Outmigration for Care	220
Primary Care Services	222
Access to Primary Care	222
Specific Source of Ongoing Care	223
Utilization of Primary Care Services	227
Emergency Room Utilization	229
Oral Health	231
Particular Place Used for Dental Care	231
Dental Insurance	233
Dental Care	235
Perceived Ease of Accessing Local Dental Services	237
Local Resources	240
Number-One Health Concern in the Area	241
Perceptions of Local Healthcare Services	242
Healthcare Resources & Facilities	244
Hospitals & Federally Qualified Health Centers (FQHCs)	244
Health Professional Shortage Areas (HPSAs)	245
Appendices	246
Appendix A: Quad Cities Qualitative Community Health Assessment	247
Introduction	248
Quad Cities Community Themes and Strengths Assessment	250
Community Themes and Strengths Assessment	251
Introduction	251
Purpose	251
Methods	251
Results	252
Themes	252
Acknowledgements	252
Table 1: Community Themes and Strengths Participants	253
Exhibits	254
Exhibit 1: Focus Group Questions and Responses	254
Figure 1: Health Related Phrases	255
Figure 2: Sex/Gender of Target Population	255
Figure 3: Race/Ethnicity of Participants	256
Figure 4: Race/Ethnicity as Percentage	256
Table 2: Average Age and Number of Participants by Target Focus Group	257
Table 3: What Is Your Favorite Aspect About Living in the Community?	257
Table 4: What Do You See as the Biggest Health Concern in Your Community?	258
Table 5: What Do You Think Could Address Your Health Concerns?	260
Table 6: What Barriers Exist That Might Keep This From Happening?	261

Table 7: What Could Address Those Barriers?	263
Table 8: What Are Some Assets In Your Community That Support Improved Health?	264
Table 9: What Would You Like to See In Our Community In The Next 5-10 Years?	265
Table 10: Is There Anything Else You'd Like To Say About What Could Make Your Community Healthier?	266
Table 11: What Are The Top Three Daily Living Stresses In YOUR Life?	266
Table 12: What Are The Top Three Daily Things That Bring YOU Joy?	268
Exhibit 2: Survey Questions and Responses	271
Figure 5: Zip Code of Residence (n=274)	271
Figure 6: Proportion of Respondents by Gender (n=201)	272
Figure 7: Proportion of Respondents by Age (n=195)	273
Figure 8: Proportion of Respondents by Race/Ethnicity (n=210)	274
Figure 9: Proportion of Respondents by Annual Household Income (n=162)	275
Figure 10: Proportion of Respondents by Number of People in Household (n = 186)	276
Figure 11: Proportion of Respondents by Highest Education Level (n=217)	277
Figure 12: Level of Community Health (n=237)	278
Figure 13: Factors that Contribute to a Healthy Community (n=237)	279
Figure 14: Leading Health Problems (n=237)	280
Figure 15: Leading Safety Problems (n=237)	281
Figure 16: Level of Personal Health (n=237)	282
Figure 17: Number of Days Unable to Work or Perform Daily Activities Due to Illness (n=237)	283
Figure 18: Community Assets (n=237)	284
Figure 19: Method of Payment for Health Care Services (n=237)	285
Figure 20: Ability to Access Health Care Services (n=237)	286
Figure 21: Type of Health Care Services Received Outside of Community (n=237)	286
Figure 22: Reasons for Receiving Health Care Services Outside of Community (n=237)	287
Figure 23: Mental Health Services Needed by Individual or Family Members (n=237)	288
Figure 24: Social Service Benefits Needed by Individual or Family Members (n=237)	289
Figure 25: Ability to Access Services in Community (n=144)	289
Figure 26: Ability to Receive Benefits in Community (n=166)	290
Figure 27: Top Three Daily Things that Bring You Joy (n=237)	291
Figure 28: Top Three Daily Stressors (n=237)	291
Quad Cities Local Public Health System Assessment	293
Local Public Health System Assessment	294
Introduction	294
Purpose	294
Methods	294
Table 13: Essential Public Health Services	295
Results	297
Themes	297
Table 14: Suggested Focus Areas	299
Acknowledgements	299
Table 15: Local Public Health System Assessment Participants	300
Exhibits	301
Exhibit 3: LPHS - Jelly Bean Diagram	301
Exhibit 4: LPHSA Subcommittee Meeting Agendas	302
Exhibit 5: Essential Service Ratings	304
Table 16: Combined Essential Service Activity Levels	304
Figure 29: Essential Services Activity Level Comparison	304
Table 17: Essential Services Overall Consensus Results - Subcommittee Meeting	305
Exhibit 6: SWOT Analysis Discussion Results	307

Table 18: Essential Services 1 & 2 SWOT Analysis	307
Table 19: Essential Services 3 & 4 SWOT Analysis	308
Table 20: Essential Services 5 & 6 SWOT Analysis	309
Table 21: Essential Services 7 & 8 SWOT Analysis	310
Table 22: Essential Services 9 & 10 SWOT Analysis	311
Quad Cities Forces of Change Assessment	312
Forces of Change Assessment	313
Introduction	313
Purpose	313
Methods	313
Results	315
Table 23: Identified Forces of Change	315
Table 24: Rankings of Forces Categories	323
Table 25: Forces of Change Ranked as a “Top 3” Force	324
Themes	325
Acknowledgements	325
Table 26: Forces of Change Assessment Participants	325
Exhibits	326
Exhibit 7: Forces of Change Meeting Agenda	326
Exhibit 8: Forces of Change Note Sheet	327
Exhibit 9: Forces of Change Follow-Up Survey	328
Appendix B: Muscatine Community Health Assessment	329
Introduction	330
Muscatine Community Themes and Strengths Assessment	332
Community Themes and Strengths Assessment	333
Purpose	333
Method	333
Results	333
Muscatine Local Public Health System Assessment	335
Local Public Health System Assessment	336
Purpose	336
Table 1: Essential Public Health Services	336
Method	336
Results	337
Muscatine Forces of Change Assessment	338
Forces of Change Assessment	339
Purpose	339
Method	339
Results	339
Acknowledgements	340
Exhibits	341
Exhibit 1: CTSA Focus Group Questions	341
Exhibit 2: Local Public Health Services Assessment Questionnaire	342
Exhibit 3: NPHPS Current Level of Performance	345
Exhibit 4: Essential Services Questions	346

Appendix C: Community Resource List	349
Local Resources	350
Other Resources	351

Introduction



Professional Research Consultants, Inc.

Preface

The sponsors of this study, Community Health Care, Inc., Genesis Health System, Muscatine County Board of Health, Quad City Health Initiative, Rock Island County Health Department, Scott County Health Department and UnityPoint Health-Trinity, collaborate on improving health status and quality of life in the Quad Cities region. This work together is rooted in periodic, comprehensive community health assessments that meet the information and reporting needs of all partners. Understanding our community's health status is the foundation for developing community education, resources and programs that will advance our community's health. The assessment informs the creation of community health improvement plans for the study sponsors. In addition, the study sponsors encourage other organizations to use this information to inform strategic planning, grant writing and project development.

For the 2018 Community Health Assessment, our coordinated approach included primary data collection, secondary data analysis, and qualitative data gathering from community leaders and members in our bi-state area. The study sponsors engaged Professional Research Consultants, Inc. (PRC) to collect secondary data and implement a community health survey. In addition, using the Mobilizing for Action through Planning and Partnerships (MAPP) framework, the partners completed local qualitative assessments addressing Community Themes & Strengths, Forces of Change and the Local Public Health System. Select operations data from the two health systems were also summarized. The following document provides PRC's bi-state findings in detail as well as information obtained through local data collection methods. Documents produced as part of the 2018 Quad Cities Community Health Assessment process are available for review online at www.quadcities.healthforecast.net.

Project Overview

Project Goals

This Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Scott, Muscatine, and Rock Island counties; it is a follow-up to similar studies conducted in 2002, 2007, 2012, and 2015 for Scott and Rock Island counties. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health 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 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 that historically have 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 by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Assessments in hundreds of communities across the United States since 1994.

Acknowledgments

This study was sponsored by a collaboration of local organizations, including: Community Health Care, Inc.; Genesis Health System; Muscatine County Board of Health; Quad City Health Initiative; Rock Island County Health Department; Scott County Health Department; and UnityPoint Health – Trinity. The portion of the study conducted by PRC was funded by Genesis Health System and UnityPoint Health – Trinity.

Study Steering Committee:

- Brooke Barnes, Scott County Health Department
- Mariah Benson, Rock Island County Health Department
- Tom Bowman, Community Health Care, Inc.
- Nicole Carkner, Quad City Health Initiative (QCHI)
- Rachel Evans, Quad City Health Initiative (QCHI)
- Ellen Gackle, Scott County Health Department
- Janet Hill, Rock Island County Health Department
- Daniel Joiner, UnityPoint Health –Trinity
- Nita Ludwig, Rock Island County Health Department
- Henry Marquard, Genesis Health System
- Edward Rivers, Scott County Health Department
- Christy Roby Williams, UnityPoint Health – Trinity Muscatine Public Health

- Pat Shouse, UnityPoint Health – Trinity
- Jerica Thompson, UnityPoint Health – Trinity
- Tiffany Tjepkes, Scott County Health Department
- Hal Wagher, Genesis Health System

Rock Island and Scott Counties Stakeholder Committee:

- Karrie Abbott, United Way of the Quad Cities Area
- Linnea Berg, UnitedHealthcare – Community Plan of Iowa
- Dr. Ron Boesch, Palmer College of Chiropractic
- Carol Brenner, MetroLINK
- Sheriff Gerry Bustos, Rock Island County Sheriff's Department
- Linda Frederiksen, Medic EMS
- Kristin Glass, Quad Cities Chamber of Commerce
- Rev. Dr. Melvin Grimes, Churches United of the Quad City Area
- Mayor Frank Klipsch, City of Davenport
- Nita Ludwig, Rock Island County Health Department
- Amy Maxeiner, Black Hawk College
- Gena McCullough, Bi-State Regional Commission
- Andrea Meirick, The Project of the Quad Cities
- Mike Miller, River Bend Foodbank
- Sherry Ristau, Community Foundation of the Great River Bend
- Edward Rivers, Scott County Health Department
- Shawn Roth, Scott County Sheriff's Department
- Amy Rowell, World Relief
- Brian Strusz, Pleasant Valley School District
- Dr. Cheryl True, True Lifestyle Medicine Clinic
- Kathy Weiman, Alternatives for the Older Adult
- Rich Whitaker, Vera French Community Mental Health Center/QC Mental Health Consortium

Muscatine County Stakeholder Committee:

- Dr. Rhea Allen, Trinity Muscatine Occupational Medicine
- John Beckey, Beckey Insurance and Financial Resource Group
- Troy Fridley, Kent Corporation
- Cory Garvin, Wester Drug
- Angela Johnson, Trinity Muscatine
- Dr. Janell Kassel, Family Eye Center
- Jay Logel, Community Volunteer
- Scott Natvig, Community Volunteer

- Mark Peterson, WTC Communications
- Jerry Riibe, Muscatine Community School District
- Christy Roby Williams, UnityPoint Health – Trinity Muscatine Public Health
- Charla Schafer, Muscatine Center for Social Action
- Jim Simmons, Hy-Vee
- Daniel Stein, CBI Bank and Trust
- Guadalupe Vazquez, Guadalajara and North Construction, LLC
- Dr. Robert Weis, UnityPoint Clinic Internal Medicine

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 Community Stakeholder meetings; a summary of this research can be found in Appendices A and B at the end of this report.

PRC Community Health Survey

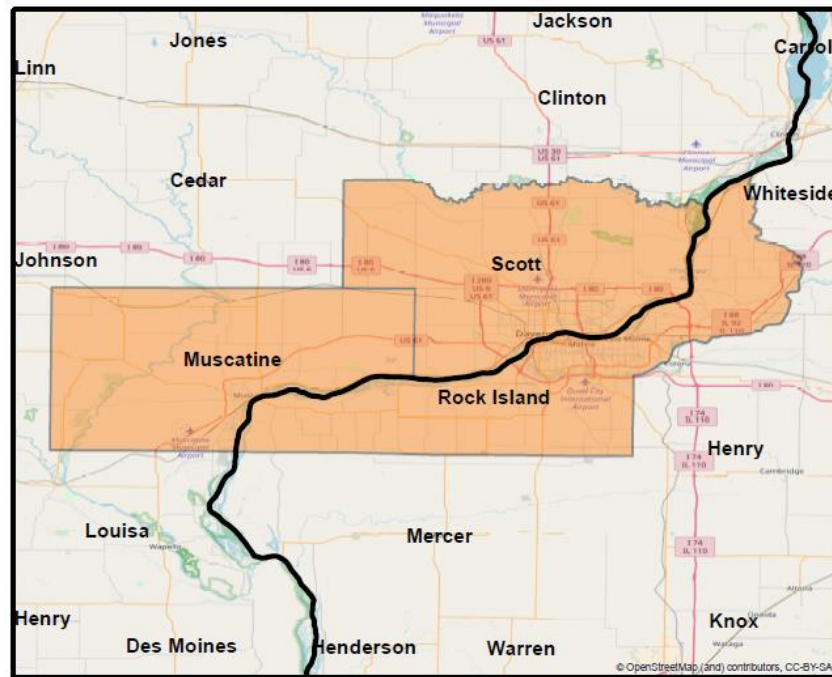
Survey Instrument

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 the sponsoring organizations and PRC and is similar to the previous surveys used in the region, allowing for data trending for the combined Scott and Rock Island counties.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Total Area” in this report) includes Scott and Muscatine counties in Iowa and Rock Island County in Illinois. These counties encompass the primary service area for each of the hospitals collaborating on this study (Genesis Medical Center Davenport, Genesis Medical Center Silvis, UnityPoint Health – Trinity Moline, UnityPoint Health – Trinity Rock Island, UnityPoint Health – Trinity Bettendorf, and UnityPoint Health – Trinity Muscatine). A geographic description is illustrated in the following map.

Data are also presented for the combination of Scott and Rock Island counties (referred to as the “Quad Cities Area” or “QCA”). It is for this combination that historical survey data are available and for which survey trending is provided.



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 mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 1,012 individuals age 18 and older in the Total Area. In addition, an oversample of 99 interviews was implemented among African American and Hispanic adults to ensure that these populations were adequately represented in the sample and could be analyzed independently. The survey design for this study is consistent with similar studies that PRC conducts in communities throughout the United States. Sampling levels were chosen in order to: produce robust samples at the county level that are appropriate for the population sizes; provide adequate coverage to generate a sample that is representative for key demographic characteristics; and minimize survey error to allow for strong estimates of local health measures.

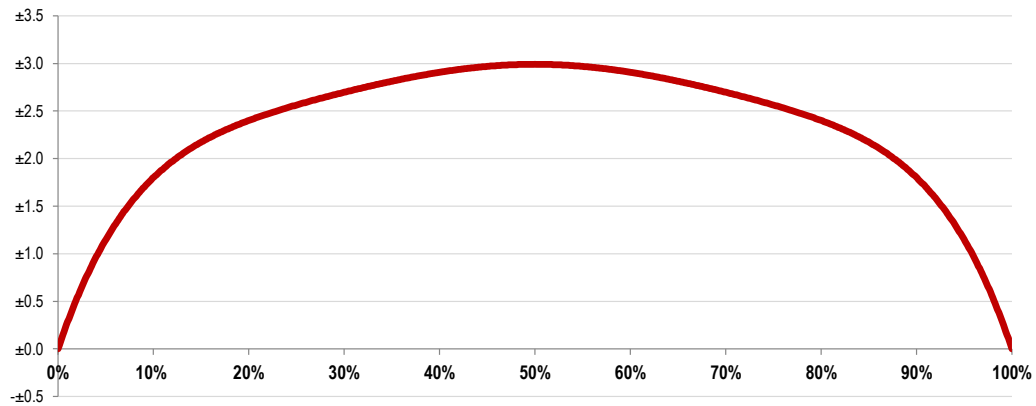
In all, the total sample of 1,111 respondents yielded 66 interviews among African American residents and 80 interviews among Hispanic residents (including respondents reached through both the random sample and the oversample interviews). By county, there were 446 surveys completed in Scott County, 207 in Muscatine County, and 458 in Rock Island County.

Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Area as a whole. All

administration of the surveys, data collection and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 1,111 respondents is $\pm 3.0\%$ at the 95 percent confidence level. For county-level data, the maximum error rates at the 95 percent confidence level are $\pm 4.6\%$ for both Scott County and Rock Island County, and $\pm 6.8\%$ for Muscatine County.

Expected Error Ranges for a Sample of 1,111 Respondents 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 1,111 respondents answered a certain question with a "yes," it can be asserted that between 8.2% and 11.8% ($10\% \pm 1.8\%$) 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 47.0% and 53.0% ($50\% \pm 3.0\%$) of the total population would respond "yes" if asked this question.

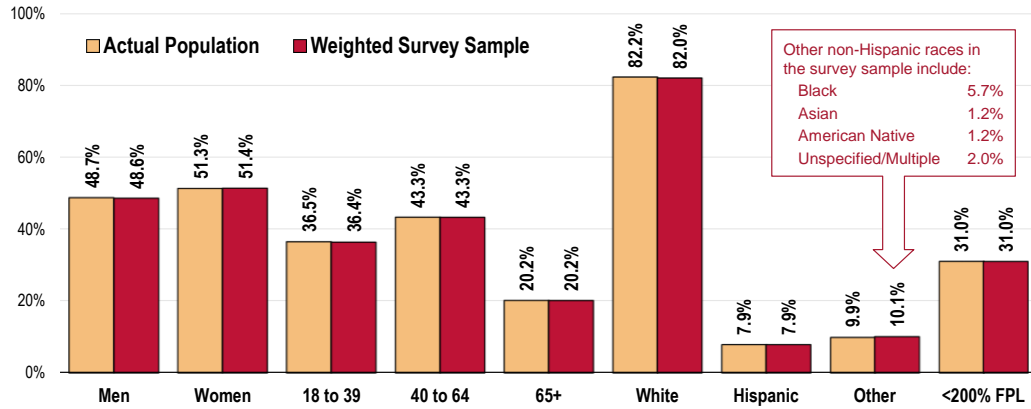
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. 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 sex, 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 Total 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 & Survey Sample Characteristics (Total Area, 2018)



Sources: • Census 2010, Summary File 3 (SF 3), US Census Bureau.
 • 2018 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 2018 guidelines place the poverty threshold for a family of four at \$25,100 annual household income or lower). In sample segmentation: “**very low income**” refers to community members living in a household with defined poverty status; “**low income**” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “**mid/high income**” refers to those households living on incomes which are twice or more (≥200% of) 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.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services,

Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)

- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data are combined to reflect the Total Area (Scott, Muscatine, and Rock Island counties) as well as the Quad Cities Area (Scott and Rock Island counties).

Benchmark Data

Trending

Similar surveys were administered in the Quad Cities Area in 2002, 2007, 2012, and 2015 by PRC on behalf of the sponsoring organizations. Trending data for the Quad Cities Area (Scott and Rock Island counties combined), as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Iowa & Illinois Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. 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 *2017 PRC National Health Survey*; the methodological approach for the national study is similar 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. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



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

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

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

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 medical conditions that are not specifically addressed.

Public Comment

The sponsors of this assessment have made this Community Health Assessment report publicly available at <http://quadcities.healthforecast.net>; through that mechanism, in September 2018, the sponsors requested from the public written comments and feedback regarding the assessment and process. The prior (2015) assessment was published on this site as well, and no written comments were received.

Summary of Findings

Significant Health Needs of the Community

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

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These 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 Healthcare Services	<ul style="list-style-type: none"> ● Barriers to Access <ul style="list-style-type: none"> ○ Inconvenient Office Hours ○ Cost of Physician Visits ○ Appointment Availability ○ Finding a Physician ○ Lack of Transportation ● Primary Care Physician Ratio ● Specific Source of Ongoing Medical Care ● Have a Particular Place for Child’s Medical Care ● Perceived Ease of Obtaining Medical Care [Adults & Children] ● Ratings of Local Healthcare
Cancer	<ul style="list-style-type: none"> ● Cancer is a leading cause of death. ● Skin Cancer Prevalence ● Cervical Cancer Incidence ● Cervical Cancer Screening [Age 21-65]
Diabetes	<ul style="list-style-type: none"> ● Diabetes Prevalence
Heart Disease & Stroke	<ul style="list-style-type: none"> ● Cardiovascular disease is a leading cause of death. ● High Blood Pressure Prevalence ● High Blood Cholesterol Prevalence ● High Blood Cholesterol Management

—continued on next page—

Areas of Opportunity (continued)	
Housing	<ul style="list-style-type: none"> • Experience of Homelessness
Infant Health & Family Planning	<ul style="list-style-type: none"> • Perceptions of Childhood Vaccinations
Injury & Violence	<ul style="list-style-type: none"> • Deaths from Unintentional Falls [Age 65+] • Prevalence of Falls [Age 45+] • Firearm-Related Deaths • Domestic Violence Experience • Experience of Abuse/Neglect While Growing Up
Kidney Disease	<ul style="list-style-type: none"> • Kidney Disease Deaths
Mental Health	<ul style="list-style-type: none"> • “Fair/Poor” Mental Health • Symptoms of Chronic Depression • Taking Medication/Receiving Treatment for Mental Health • Stress • Suicide Deaths • Perceived Ease of Obtaining Mental Health Services
Nutrition, Physical Activity, & Weight	<ul style="list-style-type: none"> • Fruit/Vegetable Consumption [Adults & Children] • Overweight & Obesity [Adults] • Children’s Physical Activity
Oral Health	<ul style="list-style-type: none"> • Have a Particular Place for Dental Care • Perceived Ease of Obtaining Dental Care
Substance Abuse	<ul style="list-style-type: none"> • Unintentional Drug-Related Deaths • Cirrhosis/Liver Disease Deaths • Perceived Ease of Obtaining Services for Substance Abuse
Tobacco Use	<ul style="list-style-type: none"> • Cigarette Smoking Prevalence • Environmental Tobacco Smoke Exposure at Home <ul style="list-style-type: none"> ◦ Including Among Households With Children • Use of Vaping Products • Use of Cigars, Pipes, or Hookahs

Summary Tables

The following tables provide an overview of indicators in the area, including comparisons among counties. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Comparisons With Benchmark Data

- In the following charts, **Total Area** results (Scott, Muscatine and Rock Island counties) are shown in the larger, blue column.
- The green columns [to the left of the Total Area column] provide comparisons among the three counties, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (⚖️) the combined opposing counties.
- The columns to the immediate right of the Total Area column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Total Area compares favorably (☀️), unfavorably (🌧️), or comparably (⚖️) to these external data.

Trend Data (Quad Cities Area)

- The pink columns at the far right represent current **Quad Cities Area** findings (Scott and Rock Island counties only), as well as trending to baseline results. Trends are identified as favorable changes (☀️), unfavorable changes (🌧️), or as statistically unchanged (⚖️).





















































Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.
















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




QUAD CITIES AREA TREND SUMMARY (Current vs. Baseline Data)




Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2002, or since the first time a question was asked.




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 examined for this assessment (typically representing the span of roughly a decade).







Social Determinants	Disparity Between Counties			Total Area	Total Area vs. Benchmarks				Quad Cities Area	TREND
	Scott County	Muscatine County	Rock Island County		vs. IA	vs. IL	vs. US	vs. HP2020		
Linguistically Isolated Population (Percent)	 1.3	 3.8	 3.2	2.4	 1.8	 4.6	 4.5		2.2	
Population in Poverty (Percent)	 12.2	 11.4	 15.1	13.3	 12.3	 14.0	 15.1		13.5	
Population Below 200% FPL (Percent)	 28.3	 28.3	 33.1	30.3	 29.6	 30.9	 33.6		30.5	
Children Below 200% FPL (Percent)	 35.6	 38.6	 49.2	41.2	 36.4	 40.1	 43.3		41.6	
No High School Diploma (Age 25+, Percent)	 7.0	 13.1	 11.4	9.5	 8.3	 11.7	 13.0		9.1	
Unemployment Rate (Age 16+, Percent)	 3.3	 3.3	 5.0	4.0	 3.0	 4.4	 4.1		4.7	 4.2
% Socioeconomically At Risk	 63.4	 67.9	 63.6	64.0					63.5	
% Worry/Stress Over Rent/Mortgage in Past Year	 30.3	 33.7	 32.5	31.6		 30.8			31.3	
% Homeless in the Past 2 Years	 2.6	 7.1	 2.7	3.2					2.6	 0.4
% Low Health Literacy	 20.4	 23.2	 23.4	22.0		 23.3			21.8	


Social Determinants (continued)	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
% 1+ Unhealthy Behaviors	 79.2	 76.2	 79.6
% Experienced Ongoing Housing Issues in the Past Year	 14.8	 15.1	 15.9
% Told That House Contains a Lead Hazard	 2.9	 5.9	 2.3
% [Parents] Child Has Been Tested for Lead	 63.8	 61.1	 47.5
% Ease of Obtaining Local Social Services Is "Fair/Poor"	 21.3	 17.5	 24.5
<small>Note: In the green section, each county is compared against all other areas 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.</small>			

Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
78.9				
15.3				
3.0				
56.6				
22.1				
 better  similar  worse				

Quad Cities Area	TREND
79.3	
15.3	
2.6	 5.8
56.0	 60.3
22.7	 27.6










Overall Health	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
% "Fair/Poor" Overall Health	 17.4	 23.2	 20.3
<small>Note: In the green section, each county is compared against all other areas 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.</small>			




Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
19.3	 13.9	 18.0	 18.1	
 better  similar  worse				




Quad Cities Area	TREND
18.8	 15.2




Access to Health Services	Disparity Between Counties			Total Area	Total Area vs. Benchmarks				Quad Cities Area	TREND
	Scott County	Muscatine County	Rock Island County		vs. IA	vs. IL	vs. US	vs. HP2020		
% [Age 18-64] Lack Health Insurance	6.3	3.5	7.7	6.5	7.8	10.7	13.7	0.0	7.0	10.6
% Difficulty Accessing Healthcare in Past Year (Composite)	42.2	42.3	45.5	43.6			43.2		43.8	33.3
% Difficulty Finding Physician in Past Year	10.9	13.0	14.5	12.6			13.4		12.6	5.5
% Difficulty Getting Appointment in Past Year	21.4	21.9	23.8	22.5			17.5		22.5	10.1
% Cost Prevented Physician Visit in Past Year	14.4	12.7	17.1	15.3	7.7	11.2	15.4		15.7	10.6
% Transportation Hindered Dr Visit in Past Year	7.2	8.6	9.4	8.2			8.3		8.2	4.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	15.6	17.4	15.5	15.8			12.5		15.6	11.9
% Language/Culture Prevented Care in Past Year	3.3	4.0	0.7	2.3			1.2		2.1	
% Cost Prevented Getting Prescription in Past Year	12.8	15.1	16.2	14.5			14.9		14.4	13.6
% Skipped Prescription Doses to Save Costs	13.6	16.0	18.9	16.1			15.3		16.1	14.0

















Access to Health Services (continued)	Disparity Between Counties			Total Area	Total Area vs. Benchmarks				Quad Cities Area	TREND
	Scott County	Muscatine County	Rock Island County		vs. IA	vs. IL	vs. US	vs. HP2020		
% [Parents] Cost of Medication Prevented Child's Prescription	1.9	13.2	8.9	6.2					5.3	5.2
% Difficulty Getting Child's Healthcare in Past Year	7.7	2.3	3.1	5.1			5.6		5.5	
Primary Care Doctors per 100,000	91.6	51.3	56.1	72.4	84.0	96.9	87.8		75.3	57.8
% Have a Specific Source of Ongoing Care	75.5	80.4	74.8	75.8			74.1	95.0	75.2	81.5
% Have a Particular Place for Medical Care	86.5	89.7	85.2	86.3			82.2		85.9	83.9
% Have Had Routine Checkup in Past Year	69.6	68.8	74.6	71.5	71.6	70.0	68.3		71.9	66.7
% [Parents] Have a Particular Place for Child's Medical Care	84.4	73.9	82.5	82.4					83.5	93.8
% Child Has Had Checkup in Past Year	82.3	72.9	81.6	80.9			87.1		81.9	81.3
% Two or More ER Visits in Past Year	8.0	12.4	14.1	11.1			9.3		10.9	8.6
% Rate Local Healthcare "Fair/Poor"	11.2	11.2	17.2	13.6			16.2		14.0	10.5


Access to Health Services (continued)	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
% Outmigration for Health Services	 24.5	 44.1	 27.3
% Ease of Obtaining Child Health Services Is "Fair/Poor"	 18.5	 14.1	 16.7
% Ease of Obtaining Healthcare Services is "Fair/Poor"	 11.8	 11.1	 17.7
<small>Note: In the green section, each county is compared against all other areas 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.</small>			

Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
28.1				
17.1				
14.1				
 better  similar  worse				

Quad Cities Area	TREND
25.8	 25.1
17.6	 11.0
14.6	 10.6

Cancer	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
Cancer (Age-Adjusted Death Rate)	 172.7	 187.9	 168.2
Lung Cancer (Age-Adjusted Death Rate)			
Prostate Cancer (Age-Adjusted Death Rate)			
Female Breast Cancer (Age-Adjusted Death Rate)			

Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
172.2	 163.3	 166.7	 158.5	 161.4
44.1	 43.0	 43.6	 40.3	 45.5
18.5	 19.2	 20.3	 19.0	 21.8
20.3	 19.0	 21.5	 20.3	 20.7




Quad Cities Area	TREND
170.3	 181.2
45.1	
18.1	
20.4	





Cancer (continued)	Disparity Between Counties			Total Area	Total Area vs. Benchmarks				Quad Cities Area	TREND
	Scott County	Muscatine County	Rock Island County		vs. IA	vs. IL	vs. US	vs. HP2020		
Colorectal Cancer (Age-Adjusted Death Rate)				13.8	14.8	15.2	14.1	14.5	12.6	
Female Breast Cancer Incidence Rate	122.4	119.7	127.0	122.4	122.8	130.0	123.5		122.4	
Prostate Cancer Incidence Rate	121.9	116.6	107.4	121.6	112.2	119.4	114.8		119.2	
Lung Cancer Incidence Rate	67.7	60.6	65.1	68.9	63.9	66.8	61.2		69.7	
Colorectal Cancer Incidence Rate	40.9	48.5	42.1	44.5	45.4	44.5	39.8		43.6	
Cervical Cancer Incidence Rate	10.0		9.7	9.9	6.7	7.7	7.6		9.9	
% Cancer (Other Than Skin)	6.6	11.3	9.5	8.4	7.1	7.0	7.1		8.0	8.1
% Skin Cancer	6.4	6.2	8.5	7.2	5.6	5.0	8.5		7.4	4.1
% [Women 50-74] Mammogram in Past 2 Years	87.4	75.1	87.4	86.0	77.6	78.0	77.0	81.1	87.4	89.8
% [Women 21-65] Pap Smear in Past 3 Years	80.7	72.1	74.3	77.1	81.6	83.8	73.5	93.0	77.8	85.2


Cancer (continued)	Disparity Between Counties			Total Area vs. Benchmarks					Quad Cities Area	
	Scott County	Muscatine County	Rock Island County	Total Area	vs. IA	vs. IL	vs. US	vs. HP2020	Area	TREND
% [Age 50-75] Colorectal Cancer Screening	77.9	73.1	79.1	77.8	68.6	63.5	76.4	70.5	78.5	72.8
<p>Note: In the green section, each county is compared against all other areas 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.</p> <p style="text-align: center;"> better similar worse </p>										



















Dementias, Including Alzheimer's Disease	Disparity Between Counties			Total Area vs. Benchmarks					Quad Cities Area	
	Scott County	Muscatine County	Rock Island County	Total Area	vs. IA	vs. IL	vs. US	vs. HP2020	Area	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)	26.4	26.4	23.2	24.9	30.3	23.9	28.4		24.8	29.1
<p>Note: In the green section, each county is compared against all other areas 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.</p> <p style="text-align: center;"> better similar worse </p>										


















Diabetes	Disparity Between Counties			Total Area vs. Benchmarks					Quad Cities Area	
	Scott County	Muscatine County	Rock Island County	Total Area	vs. IA	vs. IL	vs. US	vs. HP2020	Area	TREND
Diabetes (Age-Adjusted Death Rate)	25.2	28.8	17.1	22.1	24.4	18.9	21.1	20.5	21.3	18.5
% Diabetes/High Blood Sugar	14.2	17.9	13.7	14.5	9.3	10.4	13.3		14.0	7.0
% Borderline/Pre-Diabetes	7.0	9.5	8.9	8.1			9.5		8.1	







Diabetes (continued)	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	 46.7	 56.2	 53.1
<small>Note: In the green section, each county is compared against all other areas 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.</small>			










Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
50.5			 50.0	
				
	better	similar	worse	









Quad Cities Area	TREND
49.7	 48.5




Heart Disease & Stroke	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
Diseases of the Heart (Age-Adjusted Death Rate)	 135.5	 165.0	 194.7
Stroke (Age-Adjusted Death Rate)	 32.4	 32.2	 35.7
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 6.6	 8.9	 8.1
% Stroke	 3.0	 4.1	 2.8
% Told Have High Blood Pressure (Ever)	 33.8	 37.4	 39.8
% [HBP] Taking Action to Control High Blood Pressure	 92.0	 92.5	 90.0




Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
164.8	 160.3	 169.0	 167.0	 156.9
33.8	 33.2	 37.9	 37.1	 34.8
7.5			 8.0	
3.1	 3.1	 3.1	 4.7	
36.7	 30.6	 30.8	 37.0	 26.9
91.1			 93.8	







Quad Cities Area	TREND
164.9	 193.2
34.0	 39.3
7.3	 7.1
2.9	 2.3
36.6	 27.3
91.1	 87.3

Heart Disease & Stroke (continued)	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
% Told Have High Cholesterol (Ever)	 32.1	 31.9	 35.0
% [HBC] Taking Action to Control High Blood Cholesterol	 77.3	 85.6	 85.7
% 1+ Cardiovascular Risk Factor	 84.2	 90.9	 89.3
<small>Note: In the green section, each county is compared against all other areas 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.</small>			













Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
33.3				 13.5
81.9			 87.3	
87.1			 87.2	
 better  similar  worse				
















Quad Cities Area	TREND
33.5	 28.7
81.9	 85.9
86.6	 92.0



HIV	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
HIV Prevalence Rate	 132.9	 42.8	 193.8
<small>Note: In the green section, each county is compared against all other areas 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.</small>			










Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
147.4	 75.9	 322.9	 353.2	
 better  similar  worse				








Quad Cities Area	TREND
161.3	



Immunization & Infectious Diseases	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
% [Age 65+] Flu Vaccine in Past Year	 78.5	 89.9	 75.0
% [High-Risk 18-64] Flu Vaccine in Past Year	 48.6	 65.2	 53.9
% [Age 65+] Pneumonia Vaccine Ever	 81.4	 86.5	 77.7
% [High-Risk 18-64] Pneumonia Vaccine Ever	 49.7	 41.4	 42.6
<small>Note: In the green section, each county is compared against all other areas 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.</small>			









Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
78.3	 67.0	 56.4	 76.8	 70.0
53.5			 55.7	 70.0
80.4	 76.4	 69.6	 82.7	 90.0
45.4			 39.9	 60.0
 better  similar  worse				

Quad Cities Area	TREND
76.7	 67.3
79.5	 59.8











Infant Health & Family Planning	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
No Prenatal Care in First Trimester (Percent)	 26.3	 13.0	 20.0
% [Women <50] Ease of Obtaining Prenatal/Postnatal Care Is "F/P"	 8.3	 7.5	 12.8
Low Birthweight Births (Percent)	 7.3	 5.0	 7.4




Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
22.9	 19.9	 24.1		 22.1
10.1				
7.3	 6.7	 8.3	 8.1	 7.8













Quad Cities Area	TREND
22.9	
10.5	 7.4
7.3	 7.4






















Infant Health & Family Planning (continued)	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
Births to Teenagers Under Age 20 (Percent)	 7.7		 5.8
% [Parents] Would Want All Vaccinations for a Newborn	 83.8	 81.0	 84.1
Infant Death Rate	 3.4	 1.2	 6.3















Note: In the green section, each county is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.












Total Area	Total Area vs. Benchmarks				Quad Cities Area	TREND
	vs. IA	vs. IL	vs. US	vs. HP2020		
6.7	 4.9	 5.6	 5.8		6.7	 12.0
83.6					83.9	 93.6
4.3	 5.1	 6.4	 5.9	 6.0	4.7	 7.0



 better  similar  worse






Injury & Violence	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
Unintentional Injury (Age-Adjusted Death Rate)	 44.9	 39.9	 32.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)	 9.1		 7.6
[65+] Falls (Age-Adjusted Death Rate)	 85.1		 79.1
% [Age 45+] Injured as the Result of a Fall in the Past Year	 12.5	 13.7	 17.9
Firearm-Related Deaths (Age-Adjusted Death Rate)	 8.6		 6.6










Total Area	Total Area vs. Benchmarks				Quad Cities Area	TREND
	vs. IA	vs. IL	vs. US	vs. HP2020		
39.1	 43.3	 37.1	 43.7	 36.4	39.0	 34.8
8.6	 10.9	 8.1	 11.0	 12.4	8.4	 8.1
82.0	 89.7	 47.1	 60.6	 47.0	81.9	
14.9			 10.0		15.1	 9.1
7.5	 8.2	 10.1	 11.1	 9.3	7.7	 6.1



Injury & Violence (continued)	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
Homicide (Age-Adjusted Death Rate)	 3.0		 3.7
Violent Crime Rate	 469.0	 428.0	 343.4
% Victim of Violent Local Crime in the Past 3 Years	 3.0	 4.8	 2.4
% Victim of Domestic Violence (Ever)	 22.6	 26.6	 23.7
% Victim of Neglect or Abuse While Growing Up	 15.9	 23.9	 22.3
<small>Note: In the green section, each county is compared against all other areas 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.</small>			

Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
3.2	 2.2	 6.8	 5.6	 5.5
412.8	 270.6	 397.0	 379.7	
3.0				
23.6			 14.2	
19.5				
 better  similar  worse				










Quad Cities Area	TREND
3.3	
410.7	
2.7	
23.1	 10.7
18.9	 14.0




Kidney Disease	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
Kidney Disease (Age-Adjusted Death Rate)	 11.5		 17.2
% Kidney Disease	 2.1	 6.8	 4.3
<small>Note: In the green section, each county is compared against all other areas 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.</small>			




Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
13.7	 8.0	 17.2	 13.2	
3.6	 2.1	 3.7	 3.8	
 better  similar  worse				













Quad Cities Area	TREND
14.3	 10.5
3.1	 2.0






Mental Health	Disparity Between Counties			Total Area	Total Area vs. Benchmarks				Quad Cities Area	TREND
	Scott County	Muscatine County	Rock Island County		vs. IA	vs. IL	vs. US	vs. HP2020		
% "Fair/Poor" Mental Health	16.9	15.3	18.3	17.3			13.0	17.6	8.9	
% Diagnosed Depression	23.3	29.9	22.1	23.6	14.8	16.5	21.6	22.7	20.5	
% Symptoms of Chronic Depression (2+ Years)	36.8	34.9	32.2	34.7			31.4	34.6	25.2	
% Typical Day Is "Extremely/Very" Stressful	15.7	17.5	15.8	16.0			13.4	15.8	9.5	
Suicide (Age-Adjusted Death Rate)	15.1		16.3	15.4	13.8	10.5	13.0	10.2	15.7	11.4
% Taking Rx/Receiving Mental Health Trtmt	19.6	21.0	15.5	18.1			13.9	17.6		
% Have Ever Sought Help for Mental Health	35.9	31.6	33.3	34.3			30.8	34.7		
% [Those With Diagnosed Depression] Seeking Help	92.8	83.0	91.6	90.8			87.1			
% Unable to Get Mental Health Svcs in Past Yr	10.3	10.5	7.3	9.1			6.8	8.9		
% [Children <18] Mental Health is "Fair/Poor"	10.7	20.2	6.7	10.1				8.7	8.2	



Mental Health (continued)	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
% [Children <18] Needed Mental Health Svcs/Past Year	 24.9	 19.6	 6.7
% [Parents] Child Rec'd Mental Health Svcs in the Past Year	 18.9	 10.3	 5.9
% Ease of Obtaining Mental Health Services is "Fair/Poor"	 34.8	 29.1	 35.5
<small>Note: In the green section, each county is compared against all other areas 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.</small>			

Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
16.6				
12.4				
34.3				
 better  similar  worse				











Quad Cities Area	TREND
16.2	 10.3
12.7	 9.8
35.1	 12.6








Nutrition, Physical Activity & Weight	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
% Food Insecure	 22.3	 22.8	 25.9
% Eat 5+ Servings of Fruit or Vegetables per Day	 28.6	 32.8	 26.4
% [Children 2-17] Eat 5+ Servings of Fruit or Vegetables per Day	 49.3	 53.9	 49.7
Population With Low Food Access (Percent)	 13.5	 11.1	 12.8





Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
23.9			 27.9	
28.2			 33.5	
50.0				
12.9	 21.4	 19.4	 22.4	










Quad Cities Area	TREND
24.0	
27.6	 41.4
49.5	 61.1
13.2	






Nutrition, Physical Activity & Weight (continued)	Disparity Between Counties			Total Area	Total Area vs. Benchmarks				Quad Cities Area	TREND
	Scott County	Muscatine County	Rock Island County		vs. IA	vs. IL	vs. US	vs. HP2020		
% No Leisure-Time Physical Activity	17.9	20.5	22.7	20.2	22.7	23.9	26.2	32.6	20.1	18.6
% Meeting Physical Activity Guidelines	22.0	15.2	25.5	22.7	19.4	21.3	22.8	20.1	23.7	
% Child [Age 2-17] Physically Active 1+ Hours per Day	49.8	33.8	41.8	44.4			50.5		45.9	57.5
Recreation/Fitness Facilities per 100,000	15.1	7.0	8.8	11.5	11.5	10.7	10.5		12.2	
% Use a Local Trail for Exercise at Least Weekly	41.0	38.2	36.1	38.6					38.7	
% Overweight (BMI 25+)	72.7	77.3	71.8	72.9	68.7	65.0	67.8		72.3	64.1
% Healthy Weight (BMI 18.5-24.9)	24.8	21.5	26.9	25.3			30.3	33.9	25.8	30.7
% Obese (BMI 30+)	36.5	49.2	38.3	38.8	32.0	31.6	32.8	30.5	37.4	24.1
% Medical Advice on Weight in Past Year	22.7	30.7	27.0	25.5			24.2		24.7	20.9
% [Overweights] Counseled About Weight in Past Year	26.8	31.1	33.7	30.2			29.0		30.0	27.0




Nutrition, Physical Activity & Weight (continued)	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
% Child [Age 5-17] Healthy Weight	 60.8	 40.3	 62.3
% Children [Age 5-17] Overweight (85th Percentile)	 23.0		 29.8
% Children [Age 5-17] Obese (95th Percentile)	 21.6		 23.6
% [Child 5-17] Rec'd Professional Advice About Child's Weight	 6.3	 6.2	 8.5
<small>Note: In the green section, each county is compared against all other areas 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.</small>			










Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
59.1			 58.4	
29.3			 33.0	
24.1			 20.4	 14.5
7.2				
 better  similar  worse				






Quad Cities Area	TREND
61.5	 57.0
26.1	 30.8
22.5	 15.6
7.3	 12.1




Oral Health	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
% Have Dental Insurance	 76.2	 71.0	 69.8
% Have a Particular Place for Dental Care	 76.7	 76.6	 72.8
% [Age 18+] Dental Visit in Past Year	 71.5	 62.7	 65.7













Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
72.9			 59.9	
75.1				
68.0	 71.4	 65.5	 59.7	 49.0











Quad Cities Area	TREND
73.2	 68.3
74.9	 80.5
68.7	 68.1





Oral Health (continued)	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
% [Children 2-17] Have a Particular Place for Child's Dental Care	 87.8	 79.1	 74.6
% Child [Age 2-17] Dental Visit in Past Year	 86.8	 71.0	 75.8
% Ease of Obtaining Dental Care Is "Fair/Poor"	 12.3	 13.0	 19.5
<small>Note: In the green section, each county is compared against all other areas 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.</small>			




Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
81.2				
80.2				
15.4				
 better  similar  worse				







Quad Cities Area	TREND
81.5	 85.5
81.5	 78.2
15.7	 10.4


Respiratory Diseases	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
CLRD (Age-Adjusted Death Rate)	 50.4	 50.1	 42.9
Pneumonia/Influenza (Age-Adjusted Death Rate)	 12.1	 12.6	 17.2
% [Adult] Currently Has Asthma	 10.2	 11.6	 12.6
% [Child 0-17] Currently Has Asthma	 7.9	 6.2	 5.1







Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
47.0	 48.5	 38.5	 40.9	
14.4	 13.2	 15.7	 14.6	
11.3	 7.8	 14.2	 11.8	
6.5			 9.3	










Quad Cities Area	TREND
46.6	 49.7
14.6	 15.8
11.3	 9.8
6.5	 7.0

Respiratory Diseases (continued)	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
% COPD (Lung Disease)	 10.2	 13.1	 9.2
<small>Note: In the green section, each county is compared against all other areas 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.</small>			


















































Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
10.1	 5.4	 6.2	 8.6	
 better  similar  worse				



















Quad Cities Area	TREND
9.7	
	11.8














Sexually Transmitted Diseases	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
Chlamydia Incidence Rate	 538.8	 364.2	 483.5
Gonorrhea Incidence Rate	 67.5	 28.0	 53.7
<small>Note: In the green section, each county is compared against all other areas 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.</small>			







Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
495.5	 382.0	 515.6	 456.1	
57.2	 53.1	 124.0	 110.7	
 better  similar  worse				

Quad Cities Area	TREND
513.2	
61.1	

Substance Abuse	Disparity Between Counties			Total Area	Total Area vs. Benchmarks				Quad Cities Area	TREND
	Scott County	Muscatine County	Rock Island County		vs. IA	vs. IL	vs. US	vs. HP2020		
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	 14.1		 4.8	9.5  7.8	 13.4	 14.3	 11.3	9.9 	8.4	
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	 13.0		 11.6	11.9  9.1	 9.1	 10.6	 8.2	12.3 	9.5	
% Current Drinker	 62.8	 58.8	 62.0	62.0  59.2	 58.4	 55.0		62.4 	56.8	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	 19.2	 23.3	 20.5	20.3		 20.0	 24.4	19.8 	17.2	
% Excessive Drinker	 21.9	 26.6	 24.1	23.4		 22.5	 25.4	22.9 	20.1	
% Illicit Drug Use in Past Month	 2.1	 5.5	 4.0	3.3		 2.5	 7.1	3.0		
% Life Negatively Affected by Substance Abuse	 35.5	 44.6	 36.8	37.2		 37.3		36.1		
% Ease of Obtaining Substance Abuse Svcs is "Fair/Poor"	 23.5	 18.0	 31.3	26.1				27.3 	13.7	
<p>Note: In the green section, each county is compared against all other areas 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.</p> <div style="display: flex; justify-content: center; gap: 20px;">  better  similar  worse </div>										

Tobacco Use	Disparity Between Counties		
	Scott County	Muscatine County	Rock Island County
% Current Smoker	 17.0	 24.1	 21.7
% Someone Smokes at Home	 12.5	 20.4	 19.5
% [Nonsmokers] Someone Smokes in the Home	 4.5	 5.8	 8.0
% [Household With Children] Someone Smokes in the Home	 14.6	 29.5	 20.3
% Currently Use Vaping Products	 6.3	 5.7	 8.2
% Use Cigars, Pipes, or Hookahs	 5.9	 13.5	 12.0
<small>Note: In the green section, each county is compared against all other areas 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.</small>			

Total Area	Total Area vs. Benchmarks			
	vs. IA	vs. IL	vs. US	vs. HP2020
19.8	 16.7	 15.8	 11.0	 12.0
16.4			 10.7	
6.1			 4.0	
18.8			 7.2	
7.0	 4.3	 4.3	 3.8	
9.4				
 better  similar  worse				

Quad Cities Area	TREND
19.2	 25.9
15.8	 26.7
6.1	 5.8
17.4	 11.4
7.2	 6.8
8.8	 2.8

Community Description



Professional Research Consultants, Inc.

Population Characteristics

Total Population

The combined three-county area of Scott, Muscatine, and Rock Island counties (the Total Area), the focus of this Community Health Assessment, encompasses 1,322.99 square miles and houses a total population of 360,601 residents, according to latest census estimates.

Total Population
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Scott County, IA	171,116	458.09	373.54
Muscatine County, IA	42,949	437.44	98.18
Rock Island County, IL	146,536	427.46	342.81
Quad Cities Area	317,652	885.55	358.71
Total Area	360,601	1,322.99	272.56
Iowa	3,106,589	55,856.49	55.62
Illinois	12,851,684	55,517.13	231.49
United States	318,558,162	3,532,068.58	90.19

Sources:

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

Notes:

- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

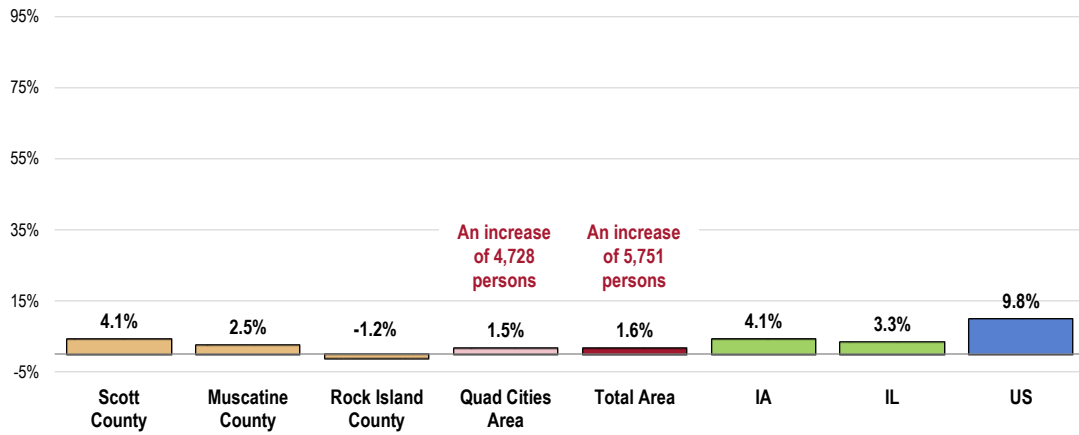
Population Change 2000-2010

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

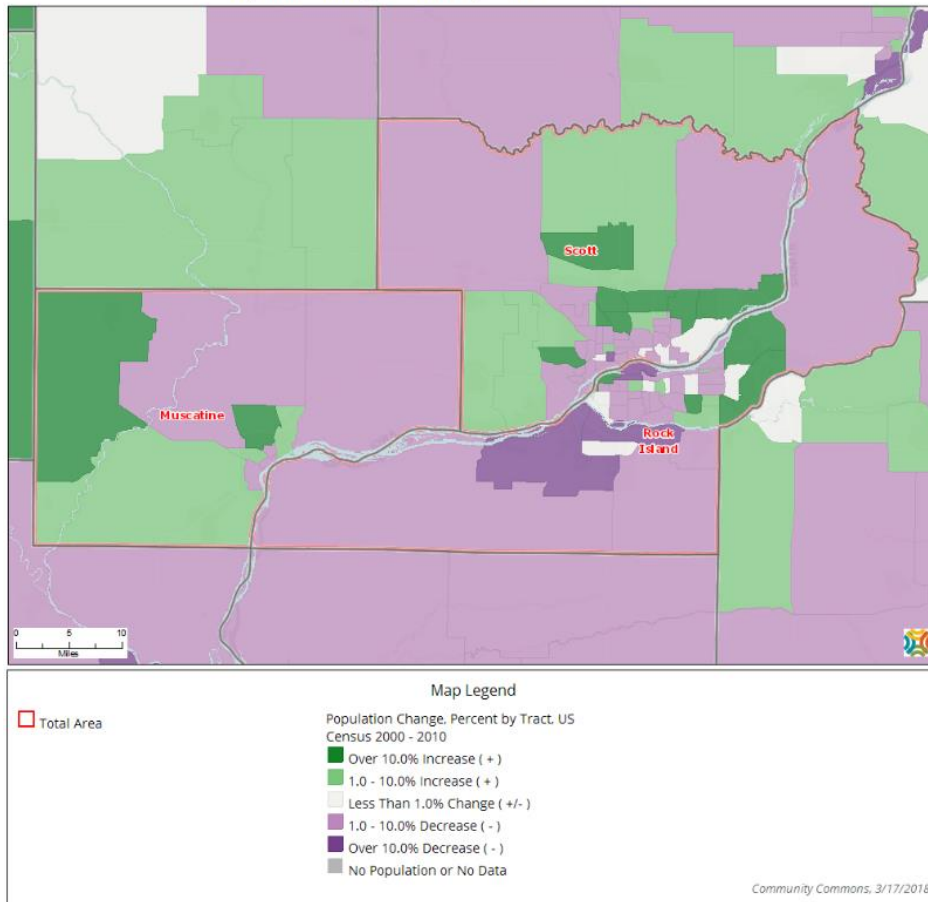
Between the 2000 and 2010 US Censuses, the Total Area population increased by 5,751 persons, or 1.6%.

- A lesser proportional increase than seen across both states, and especially compared with the US overall.
- Viewed by county, note that Rock Island County experienced a decrease in total population during this time frame.

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



- Sources:
- US Census Bureau Decennial Census (2000-2010).
 - Retrieved March 2018 from Community Commons at <http://www.chna.org>.
 - US Census Bureau Decennial Census (2000-2010).
- Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



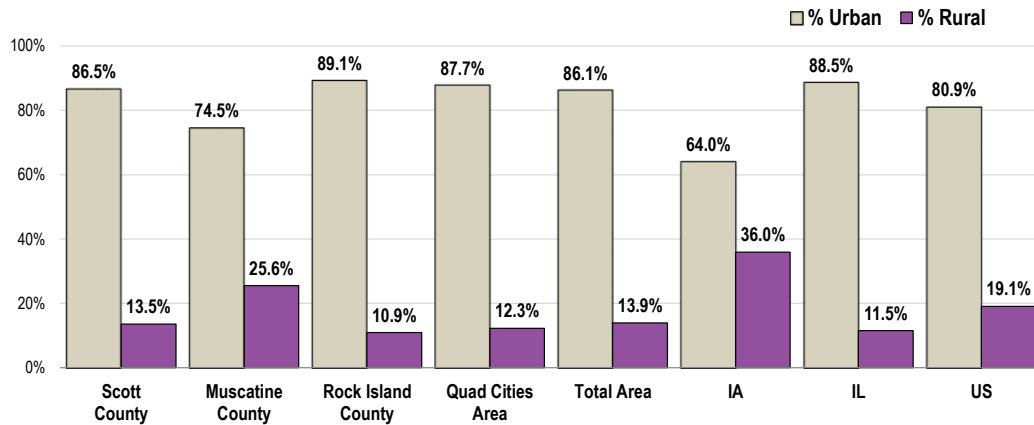
Urban/Rural Population

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

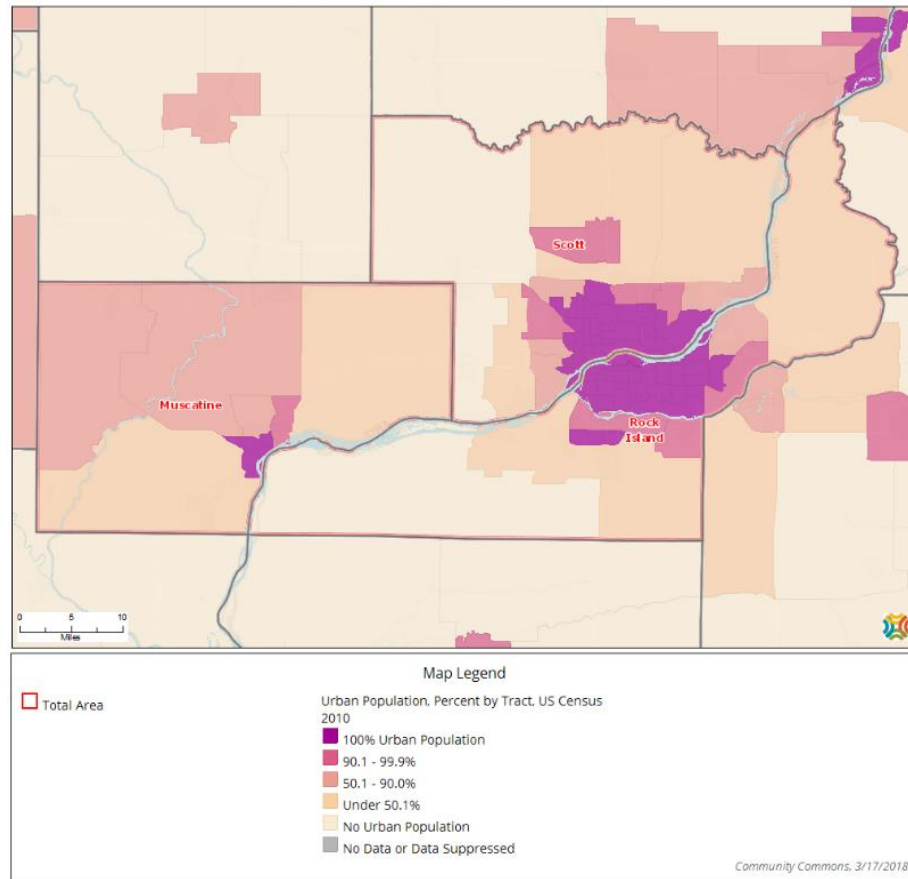
The Total Area is predominantly urban, with 86.1% of the population living in areas designated as urban.

- Note that Iowa has a much lower proportion of urban residents.
- By county, Muscatine County houses the lowest urban population.

Urban and Rural Population (2010)



- Sources:
- US Census Bureau Decennial Census (2010).
 - Retrieved March 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



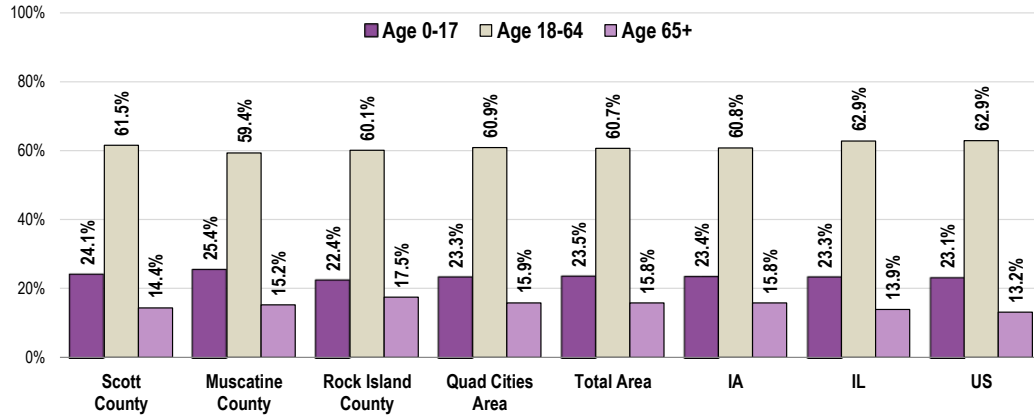
Age

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

In Total Area, 23.5% of the population are infants, children, or adolescents (age 0-17); another 60.7% are age 18 to 64, while 15.8% are age 65 and older.

- The percentage of older adults (65+) is almost identical to that found in Iowa.
- The percentage of older adults (65+) is higher than the Illinois and US figures.
- By county, Rock Island County has the highest proportion of seniors (age 65+).

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



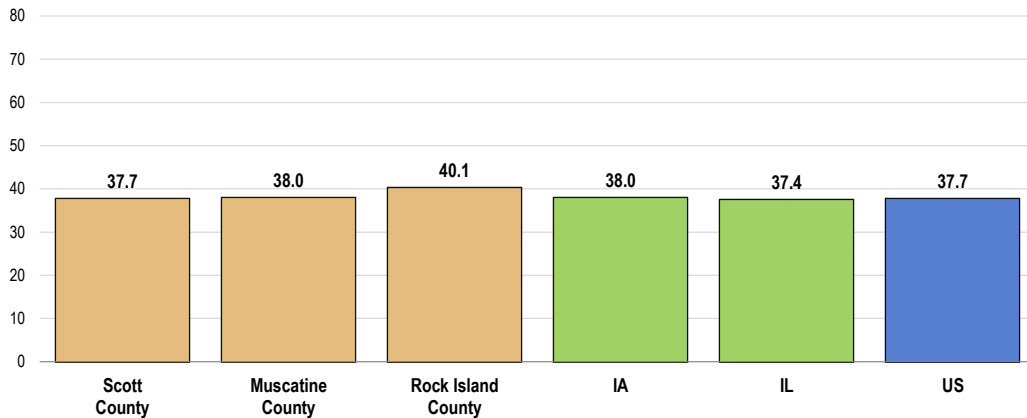
Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved March 2018 from Community Commons at <http://www.chna.org>.
 Notes: • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Median Age

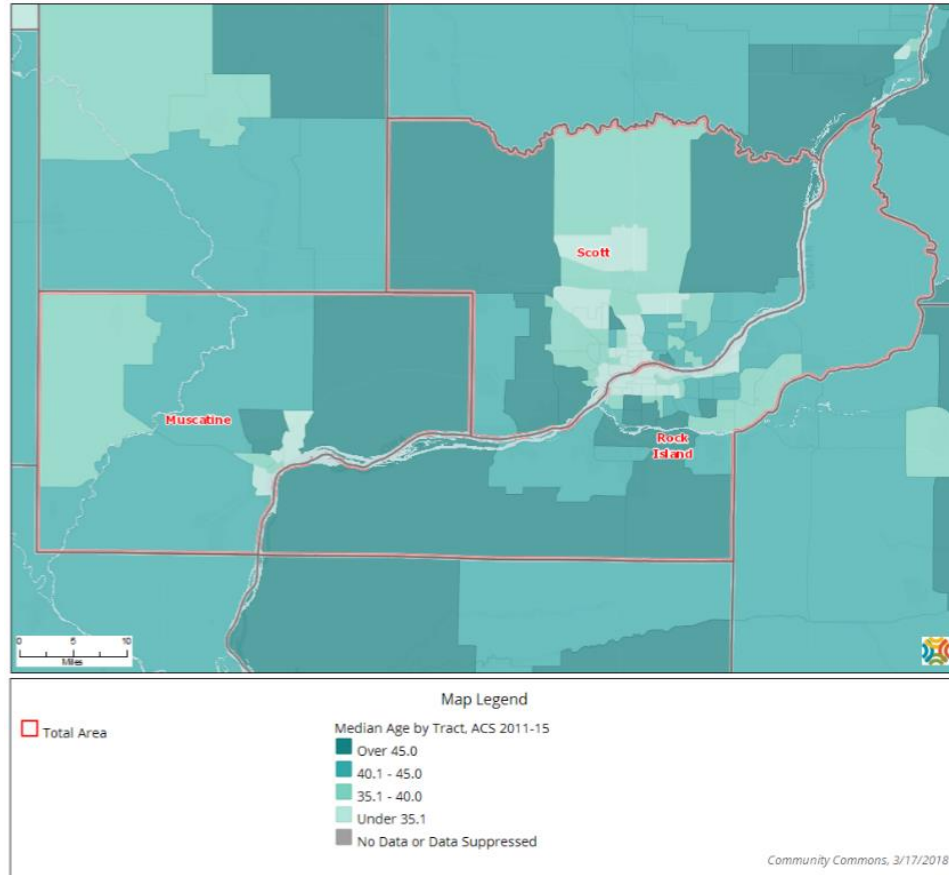
Rock Island County is “older” than both states and the nation in that the median age is higher.

- In contrast, the median age in Scott County (37.7) and Muscatine County (38.0) is more in keeping with state and national medians.

Median Age (2012-2016)



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



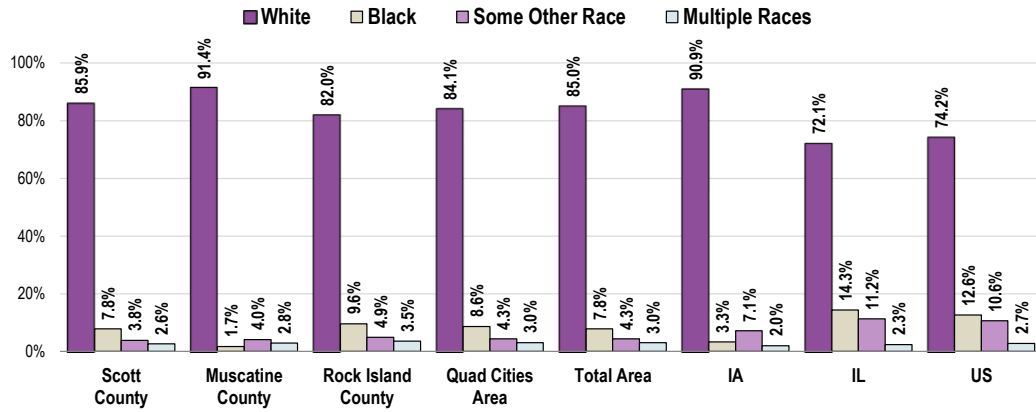
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), **85.0% of Total Area residents are White and 7.8% are Black.**

- This is generally less White than the Iowa racial distribution and more White than that in Illinois.
- Nationally, the US population is less White, more Black, and more “other” race.

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



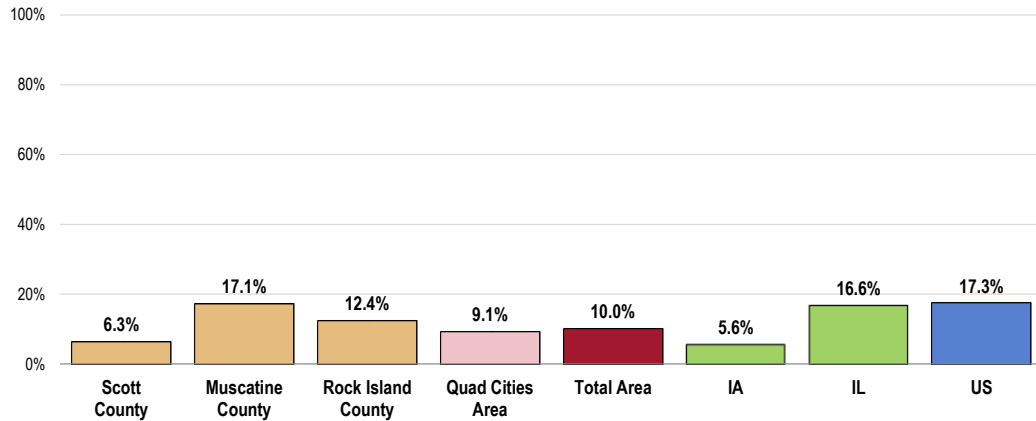
Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved March 2018 from Community Commons at <http://www.chna.org>.
 Notes: • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ethnicity

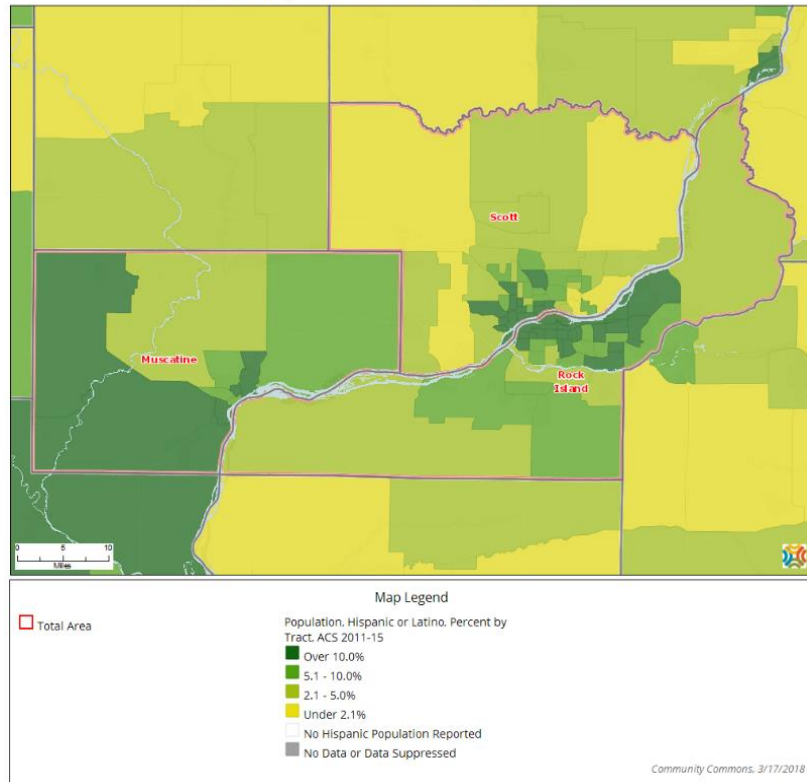
A total of 10.0% of Total Area residents are Hispanic or Latino.

- Higher than the Iowa percentage.
- Lower than Illinois and US percentages.
- By county, lowest in Scott County and highest in Muscatine County.

Hispanic Population (2012-2016)



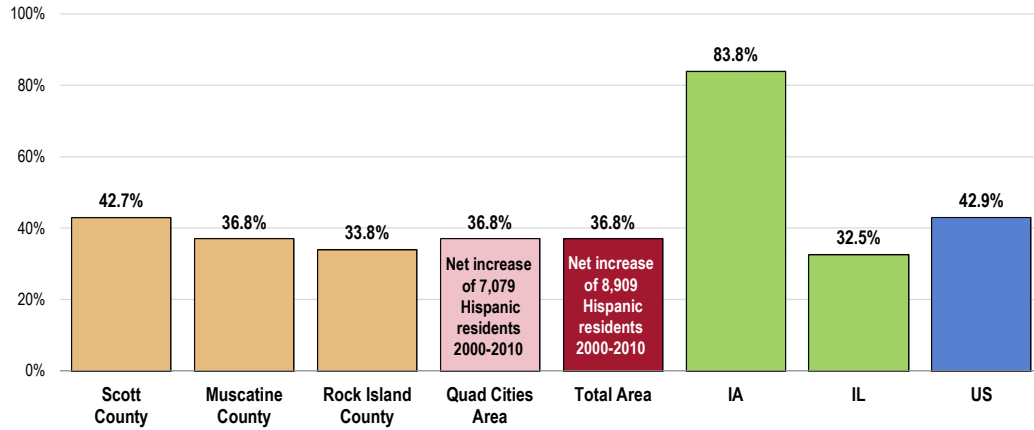
Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved March 2018 from Community Commons at <http://www.chna.org>.
 Notes: • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Between 2000 and 2010, the Hispanic population in the Total Area increased by 8,909 residents, or 36.8%.

- A considerably lower percentage growth than found in Iowa.
- Higher (in terms of percentage growth) than found in Illinois but lower than the US.
- Percentage growth of the Hispanic population is highest in Scott County and lowest in Rock Island County.

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



Sources:

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

 Notes:

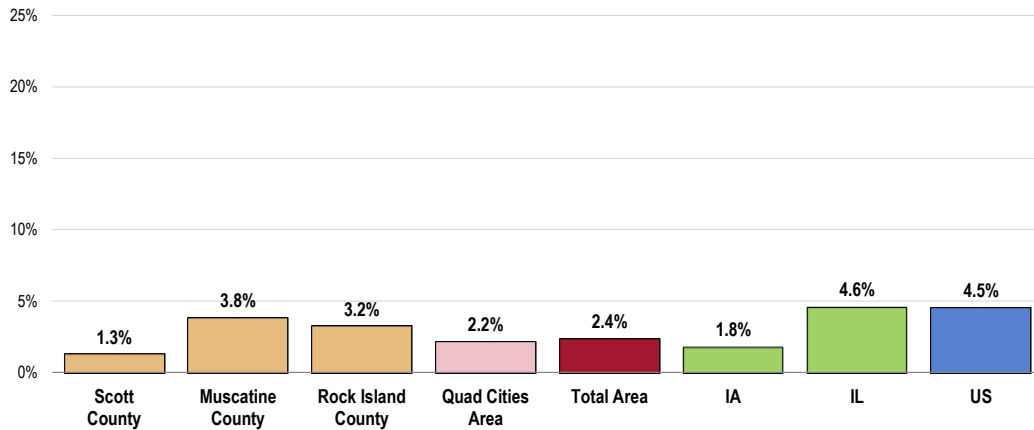
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Linguistic Isolation

A total of 2.4% of the Total Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- Higher than found in Iowa.
- Lower than found in Illinois and the US overall.
- By county, the percentage is highest in Muscatine County and lowest in Scott County.

Linguistically Isolated Population (2012-2016)

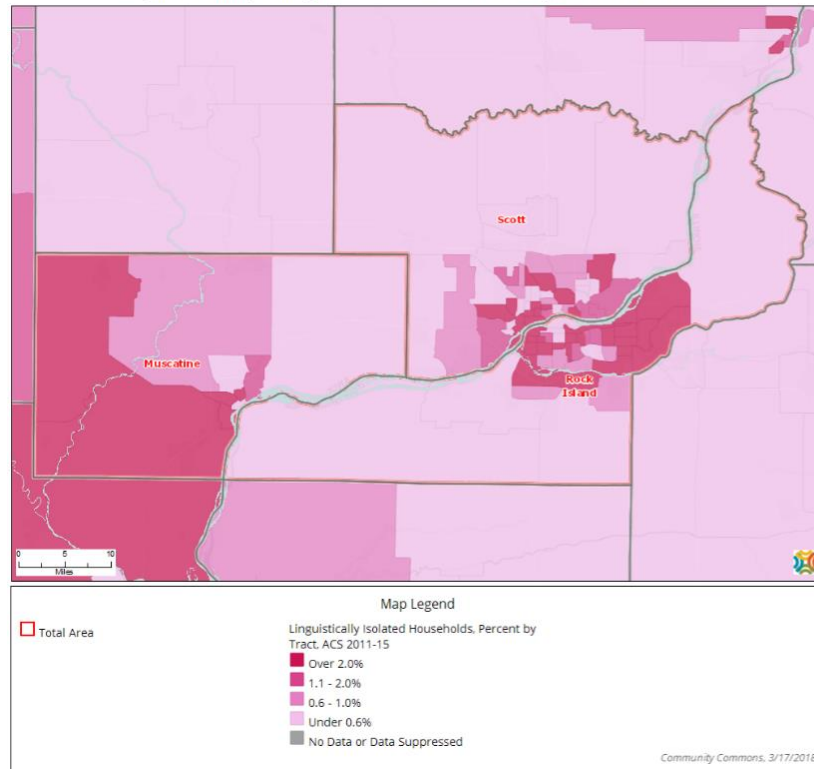


Sources:

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

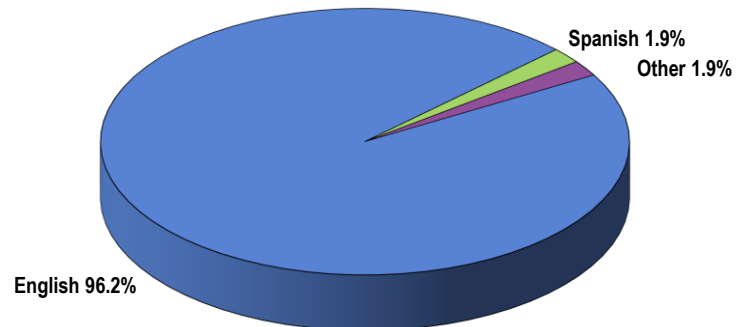
 Notes:

- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



- Among surveyed adults, the vast majority report English as the primary language spoken in the home; 1.9% report Spanish as the primary language.
- While the surveys were conducted only in English or Spanish, the many languages spoken in the community are an important consideration in health planning.

Language Spoken Most Often in the Home (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]
 Notes: • Asked of all respondents.
 • Included in the "Other" category were respondents who speak Bosnian, French, a combination of English and Spanish, and Hungarian, along with several who were uncertain how to respond.

Social Determinants of Health

About Social Determinants

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

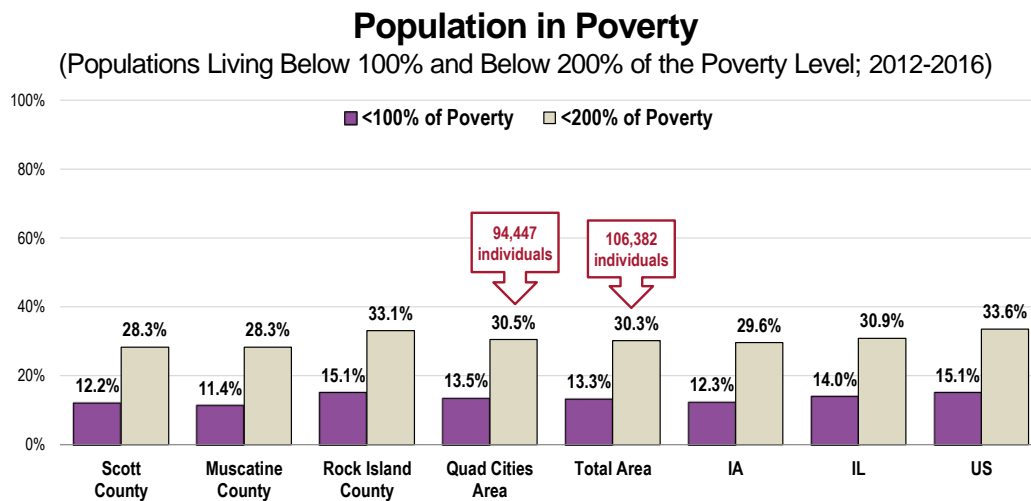
- Healthy People 2020 (www.healthypeople.gov)

Poverty

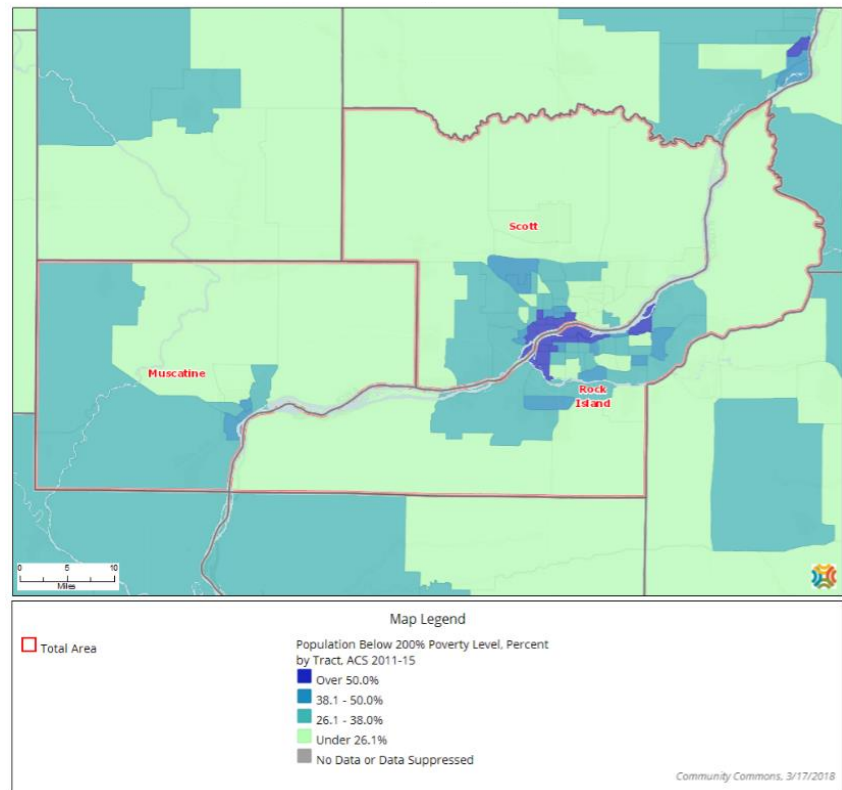
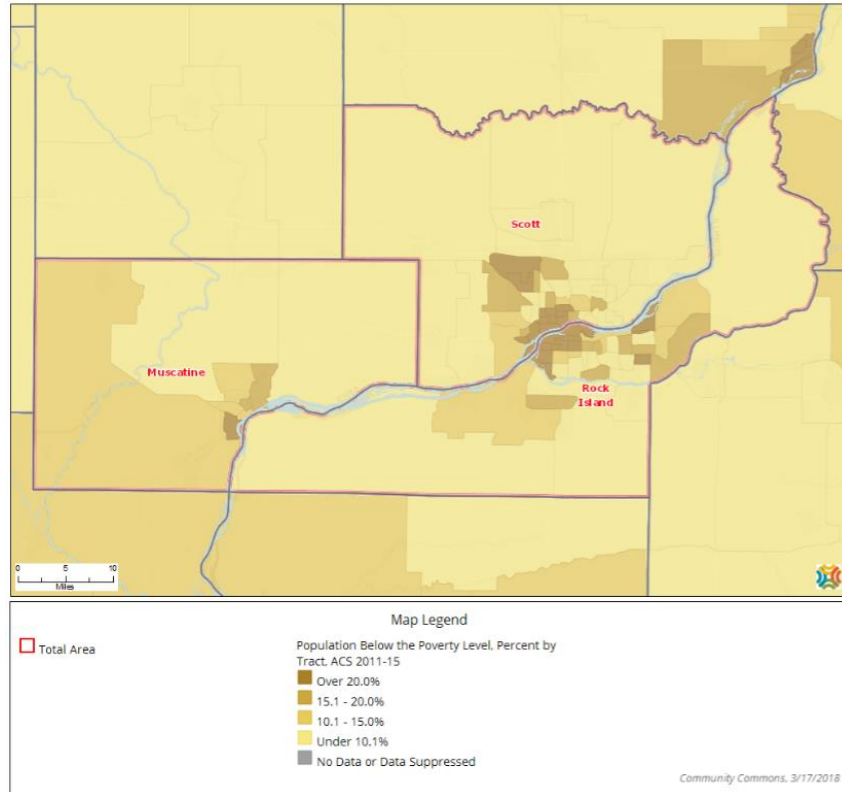
The latest census estimate shows **13.3%** of the Total Area population living below the federal poverty level.

In all, **30.3%** of Total Area residents (an estimated **106,382 individuals**) live below 200% of the federal poverty level.

- Comparable to the prevalence reported in both states and the US overall.
- Statistically comparable by county.



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved March 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

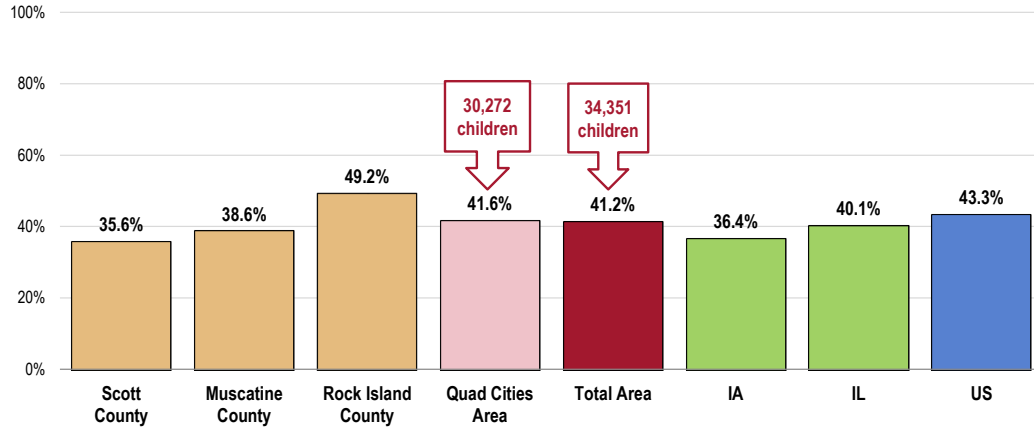


Children in Low-Income Households

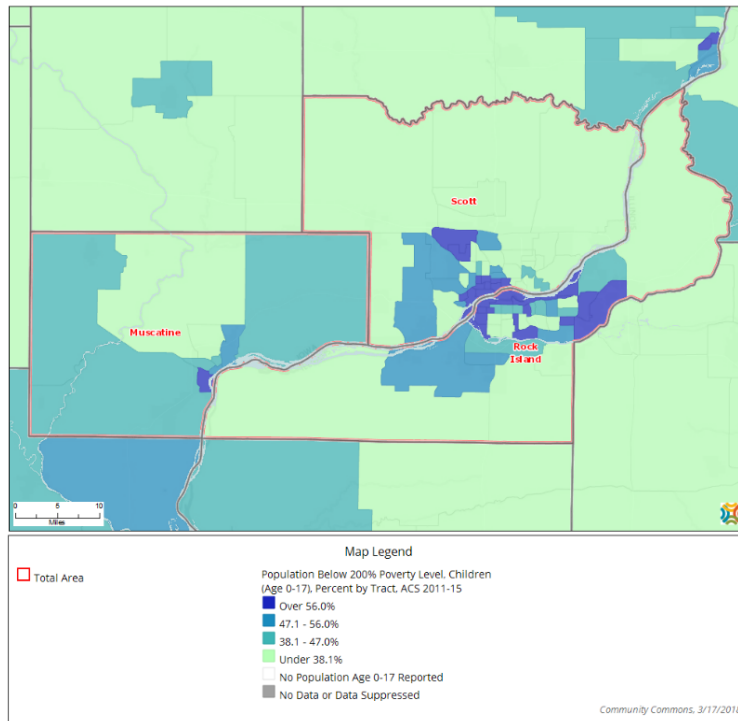
Additionally, 41.2% of Total Area children age 0-17 (representing an estimated 34,351 children) live below the 200% poverty threshold.

- Statistically similar to the state and national percentages.
- Much higher in Rock Island County.

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



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



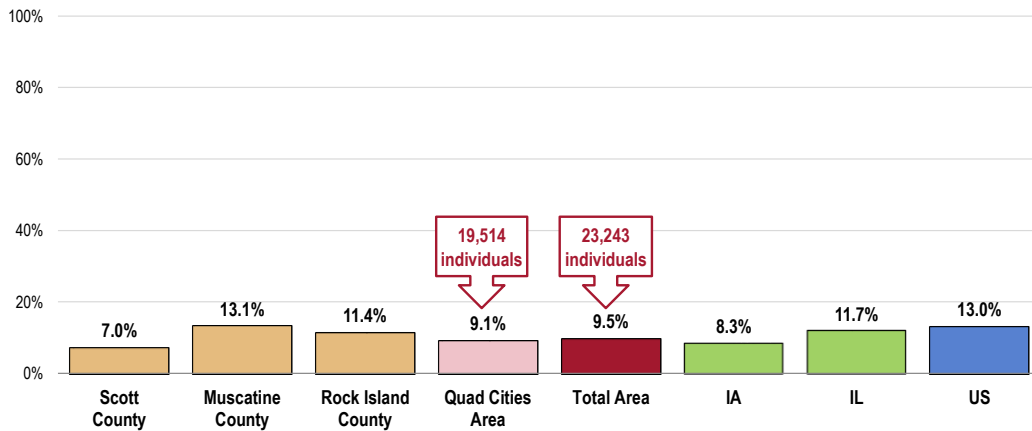
Education

Among the Total Area population age 25 and older, an estimated 9.5% (over 23,200 people) do not have a high school education.

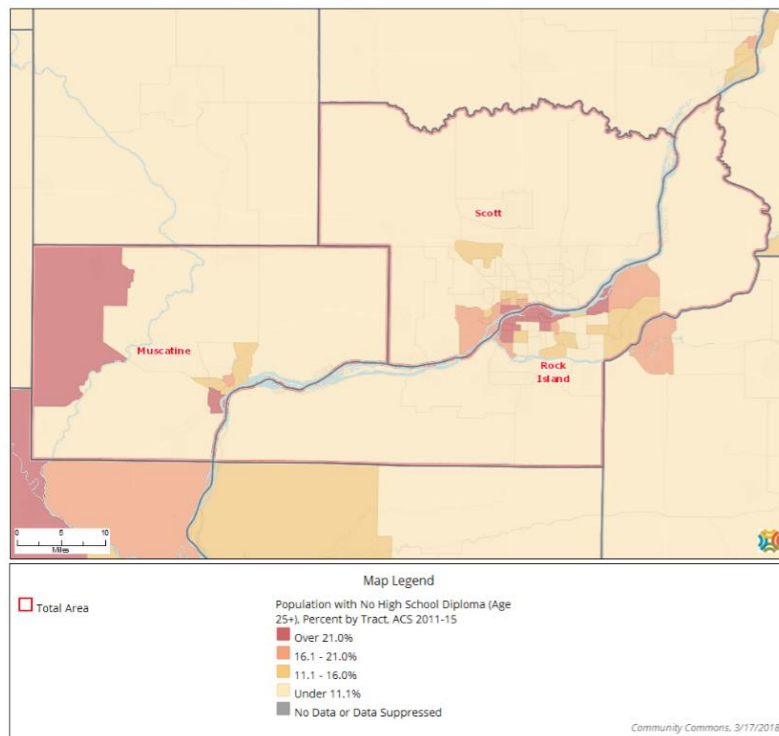
- Similar to the Iowa percentage.
- More favorable than found in Illinois and the US overall.
- Lowest (more favorable) in Scott County.

Population With No High School Diploma

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



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved March 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

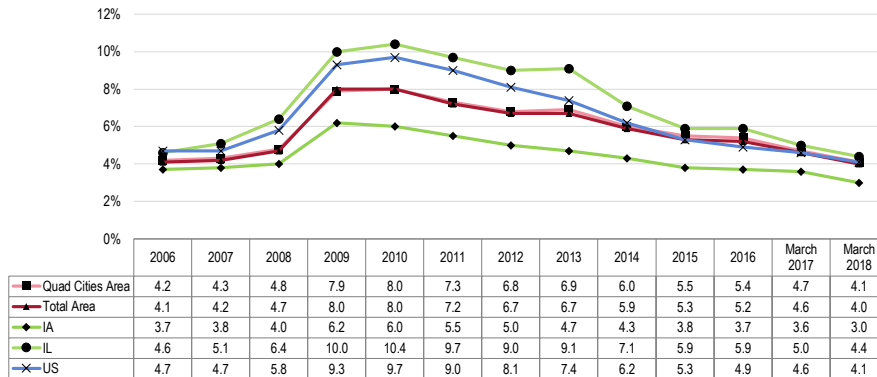


Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Area as of March 2018 was 4.0%.

- Less favorable than the Iowa unemployment rate.
- Similar to the Illinois and US unemployment rates.
- QCA TREND: Unemployment for the Quad Cities has trended downward since 2010, echoing the state and national trends.

Unemployment Rate
(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



- Sources:
- US Department of Labor, Bureau of Labor Statistics.
 - Retrieved September 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.
 - Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Housing Issues

Unhealthy Housing Conditions

A total of 15.3% of survey respondents experienced ongoing problems with leaks, rodents, insects, mold, or other potentially unhealthy housing conditions in the past year.

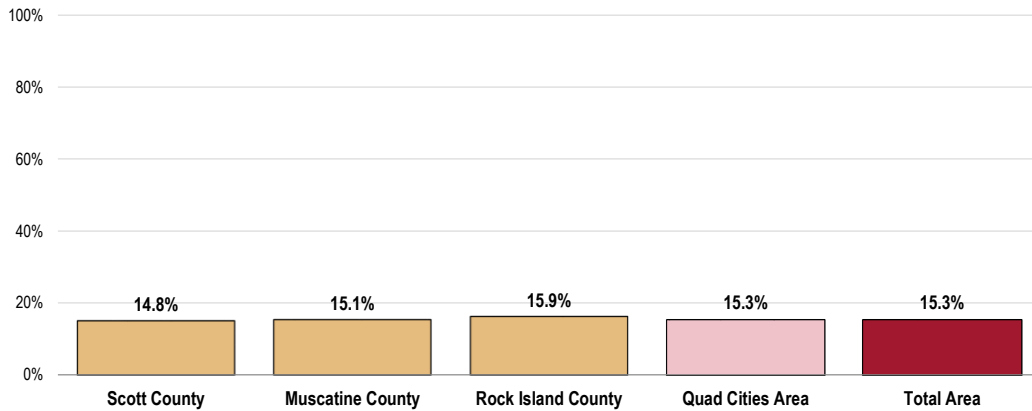
- Comparable percentages by county.

NOTE:

Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, county-level data are provided.

Experienced Ongoing Problems with Leaks, Rodents, Insects, Mold, or Other Housing Conditions in the Past 12 Months

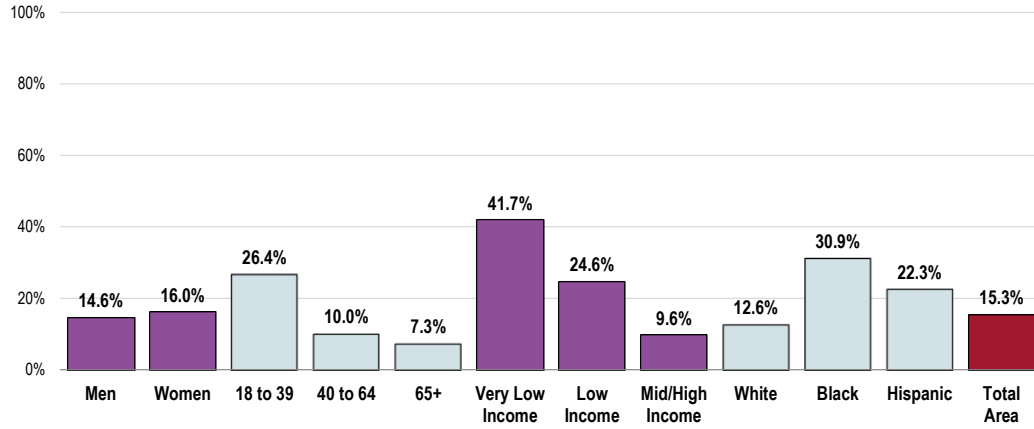


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Adults more likely to experience unhealthy housing conditions include:

- Young adults.
- Those in very low income households (correlates strongly with income).
- Blacks and Hispanics.

Experienced Ongoing Problems with Leaks, Rodents, Insects, Mold, or Other Housing Conditions in the Past 12 Months (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Lead Hazard

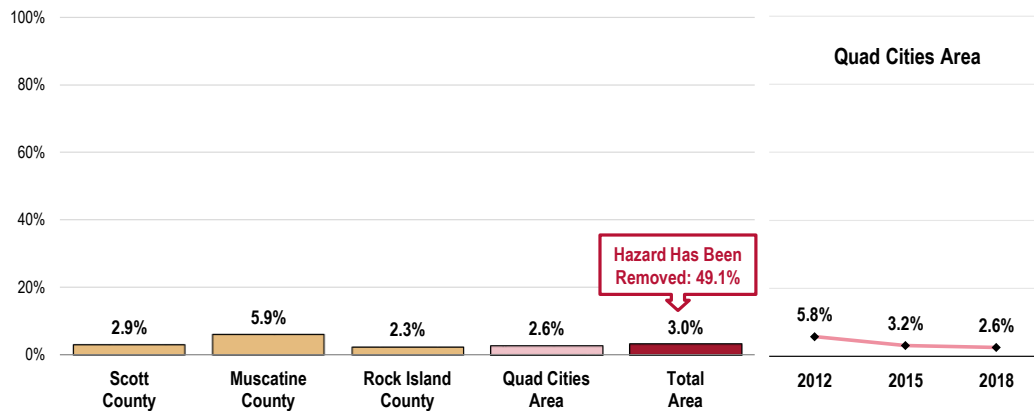
Presence of Lead in Homes

Among Total Area residents, 3.0% have been informed that their house contains a lead hazard; of these adults, 49.1% indicate the hazard has been removed.

- The prevalence of lead hazards in the home does not vary significantly by county.
- QCA TREND: Denotes a statistically significant decrease from 2012 survey results.

Trends for the Quad Cities Area (Scott and Rock Island counties) are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

Have Been Informed That House Contains a Lead Hazard

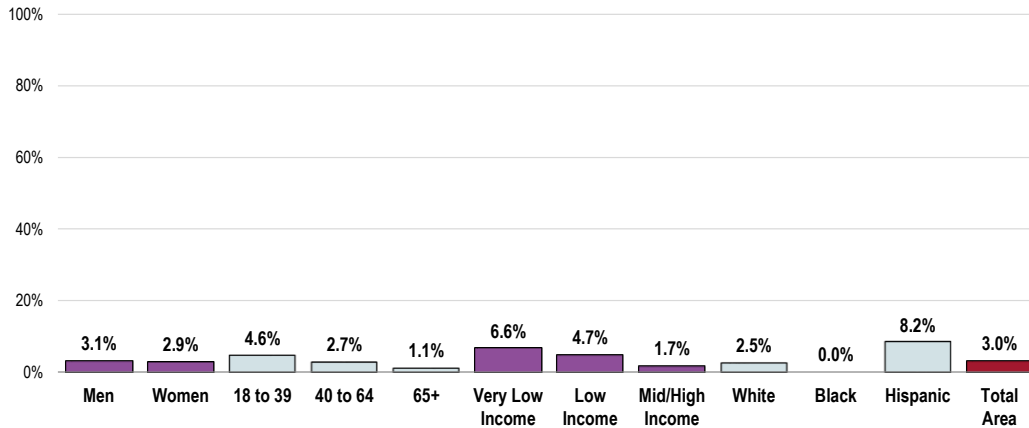


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 307-308]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Hispanics and low income residents are more likely to have been informed of a lead hazard in their home.

Have Been Informed That House Contains a Lead Hazard (Total Area, 2018)

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



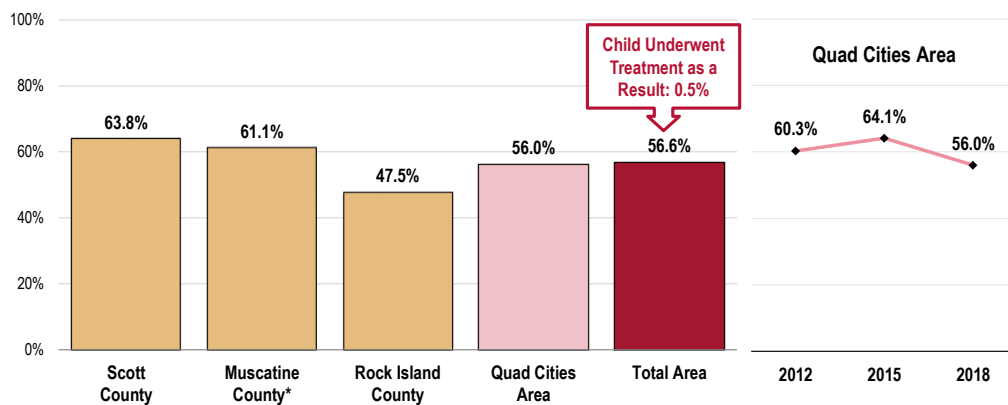
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Lead Testing in Children

Among Total Area respondents with children under 18, 56.6% report that their child has been tested for lead (only 0.5% of those tested have had to undergo treatment or therapy to lower the amount of lead in his/her blood as a result).

- The testing prevalence among children is considerably lower in Rock Island County.
- QCA TREND: The prevalence of testing has not changed significantly since 2012.

Child Has Been Tested for Lead (Among Total Area Parents of Children Age 0-17)

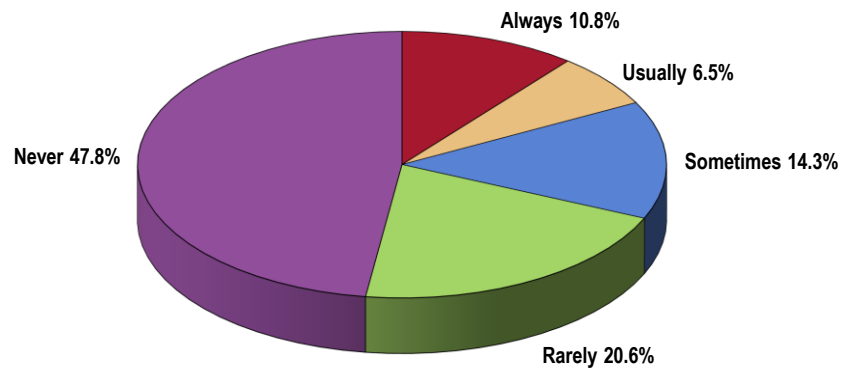


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 332-333]
 Notes: • Asked of all respondents with children under 18 at home.
 • *Use caution when interpreting Muscatine County results for this indicator as the sample size falls below 50.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Housing Insecurity

While most surveyed Total Area adults rarely, if ever, worry about the cost of housing, a considerable share (31.6%) reported that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

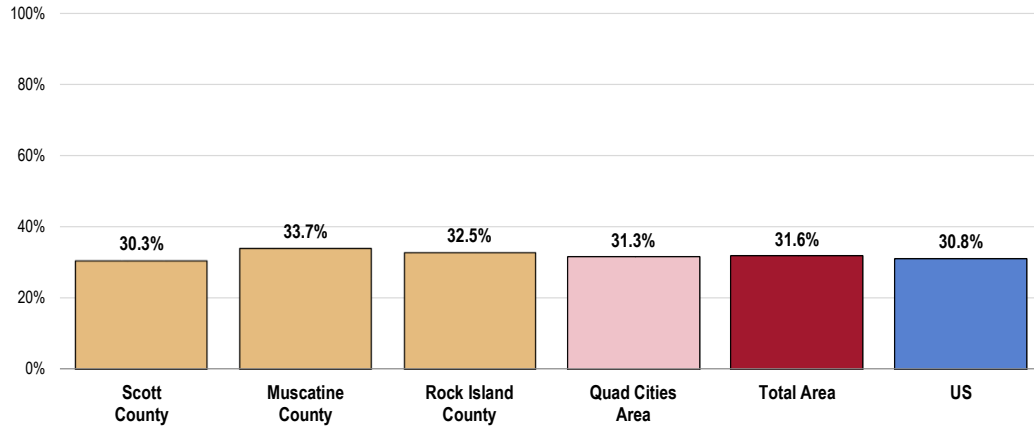
**Frequency of Worry or Stress
Over Paying Rent/Mortgage in the Past Year**
(Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
Notes: • Asked of all respondents.

- Compared to the US prevalence, the Total Area proportion of adults who worried about paying for rent or mortgage in the past year is similar.
- Housing insecurity does not vary significantly by county.

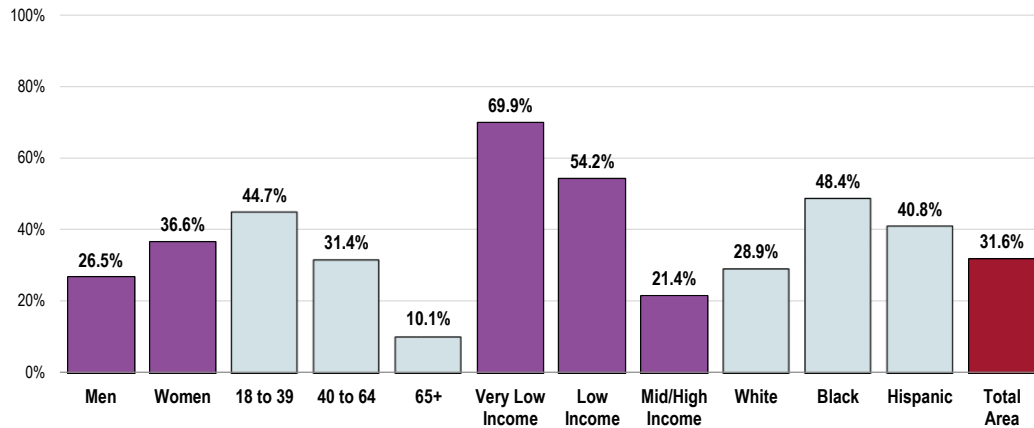
“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Adults more likely to report housing insecurity include women, young adults (strong negative correlation with age), residents living at lower incomes, Blacks, and Hispanics.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Total Area, 2018)



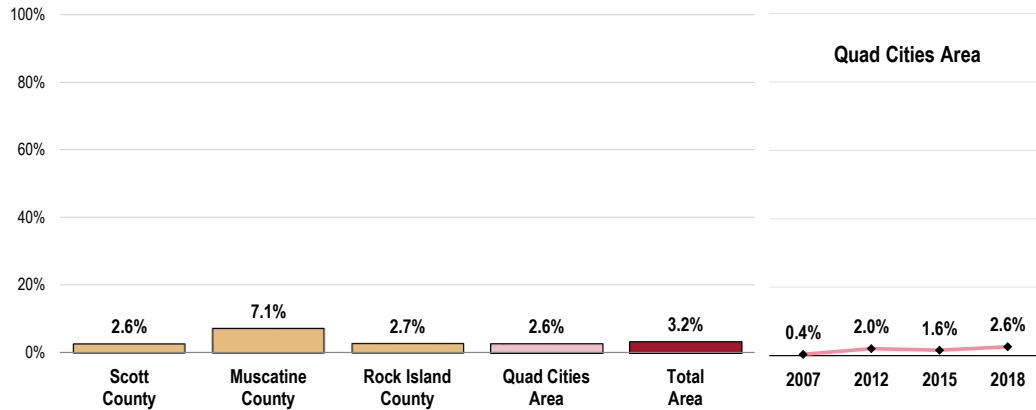
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Homelessness

Among 3.2% of Total Area adults, there was a time in the past two years when they lived on the street, in a car, or in a temporary shelter.

- The experience of homelessness is higher among Muscatine County residents.
- QCA TREND: Marks a statistically significant increase from 2007 survey findings.

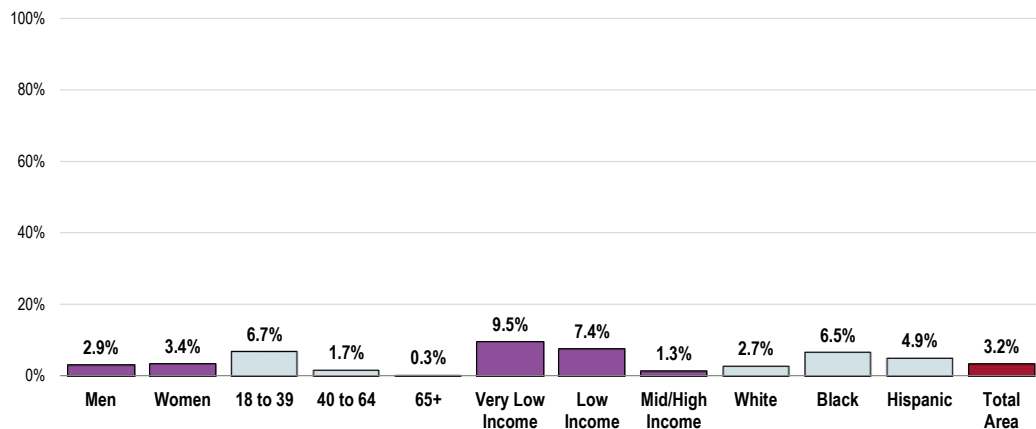
Was Homeless at Some Point in the Past 2 Years



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- The experience of homelessness in the Total Area correlates strongly with age and income.

**Was Homeless at Some Point in the Past 2 Years
(Total Area, 2018)**



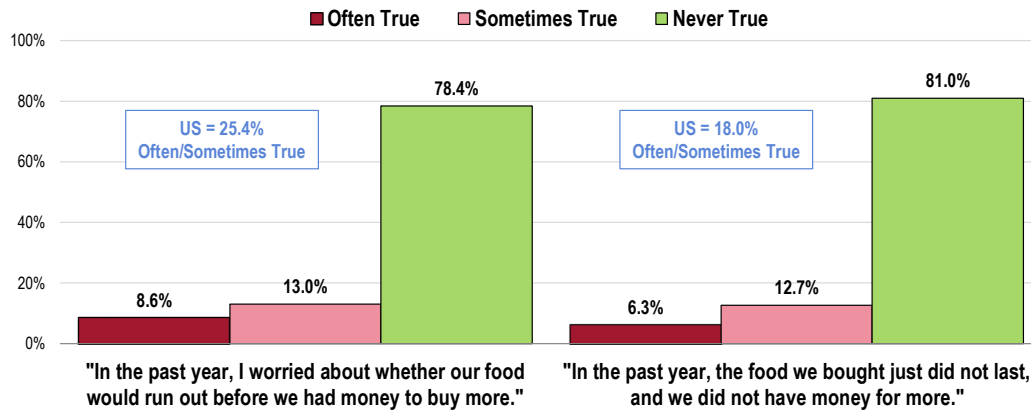
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Food Insecurity

In the past year, 21.6% of Total Area adults “often” or “sometimes” worried about whether their food would run out before they had money to buy more.

Another 19.0% report a time in the past year (“often” or “sometimes”) when the food they bought just did not last, and they did not have money to get more.

Food Insecurity (Total Area, 2018)



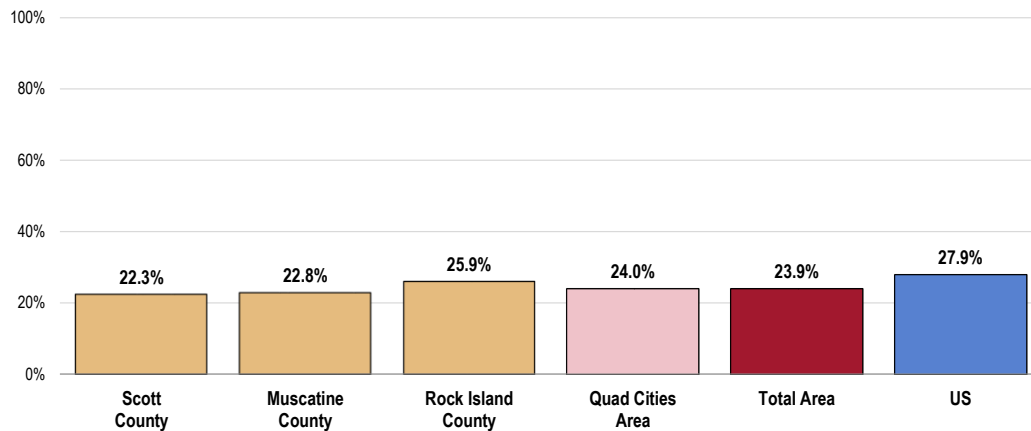
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87-88]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects the total sample of respondents.

Overall, 23.9% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

- Lower than the national prevalence.
- Similar findings by county.

Food Insecurity

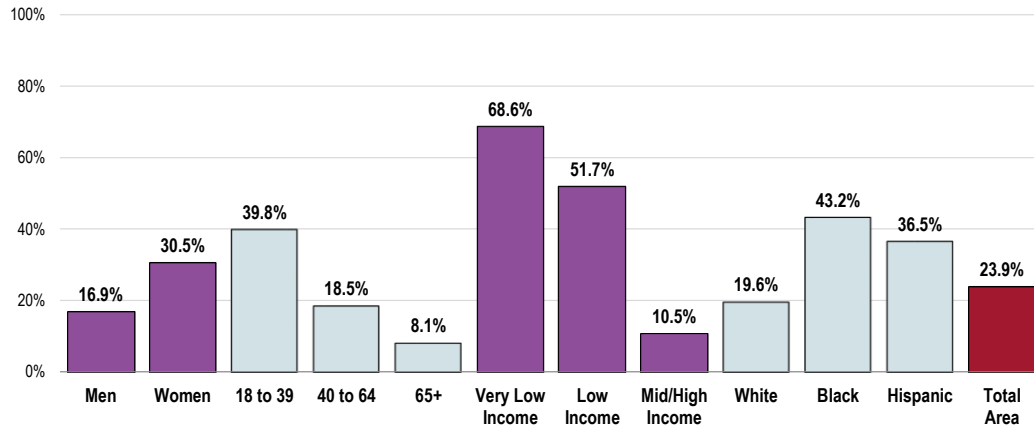


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Adults more likely affected by food insecurity include women, young adults, residents living at lower incomes, Blacks, and Hispanics.

Food Insecurity (Total Area, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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 adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Social Services

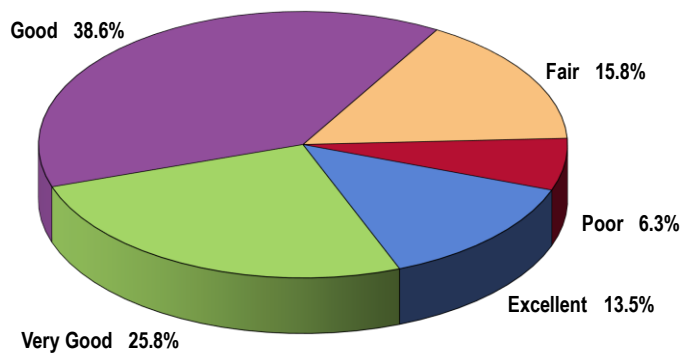
Perceived Ease of Obtaining Local Social Services

Ratings exclude those who volunteered that they haven't needed such services.

A total of 39.3% of survey respondents gave “excellent” or “very good” ratings for the ease with which they can obtain local social services.

- Another 38.6% gave “good” ratings.

Rating of the Ease With Which Local Social Services Are Obtained
(Total Area, 2018)

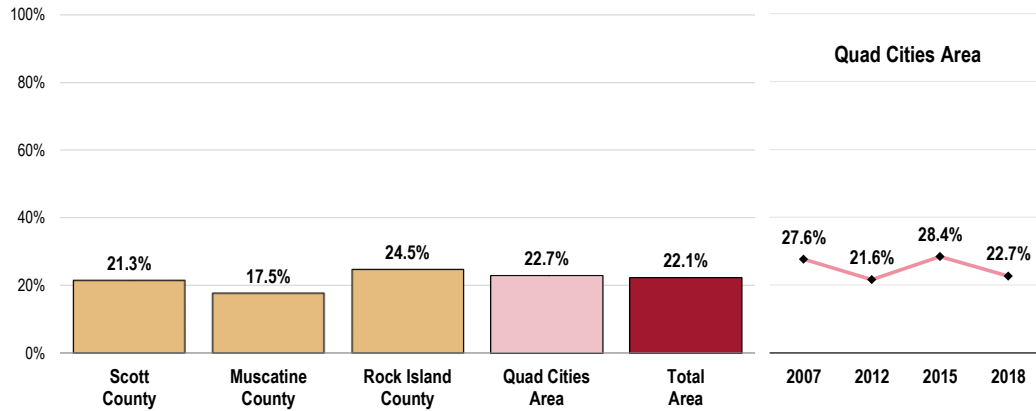


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: • Asked of all respondents; excludes those who have not needed such services.

However, 22.1% of respondents gave “fair” or “poor” ratings regarding their ease of obtaining these.

- Comparable percentages reported by county.
- QCA TREND: Although fluctuating over time, the percentage denotes a statistically significant improvement from 2007 survey findings in the Quad Cities Area.

Ease of Obtaining Local Social Services Is “Fair/Poor”

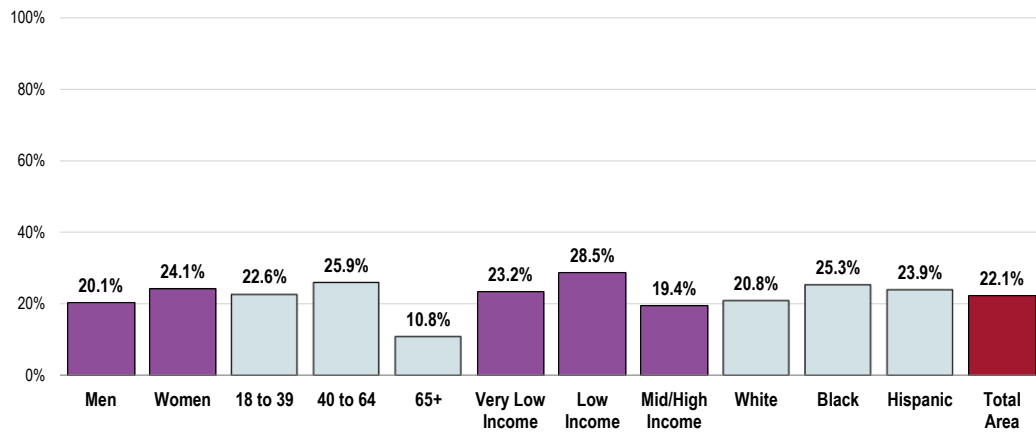


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Adults more likely to give “fair/poor” ratings about obtaining social services in the area include:

- Those age 40 to 64.
- Residents at lower incomes.

Ease of Obtaining Local Social Services Is “Fair/Poor” (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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 Literacy

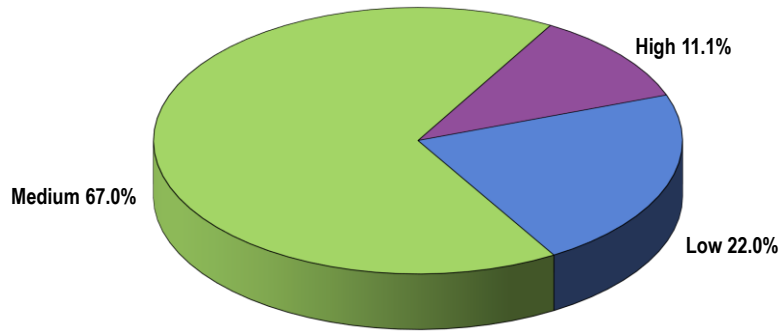
Population With Low Health Literacy

A total of 22.0% Total Area adults are found to have low health literacy.

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

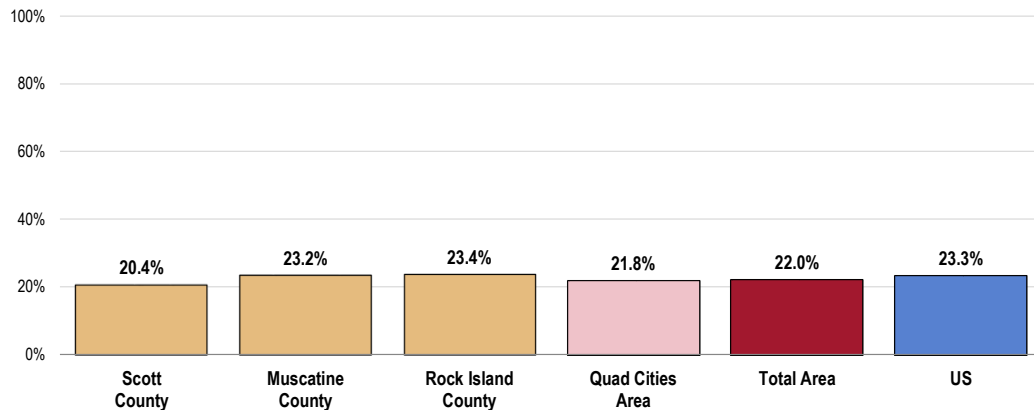
Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Level of Health Literacy (Total Area, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
- Notes:
- Asked of all respondents.
 - Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Low Health Literacy

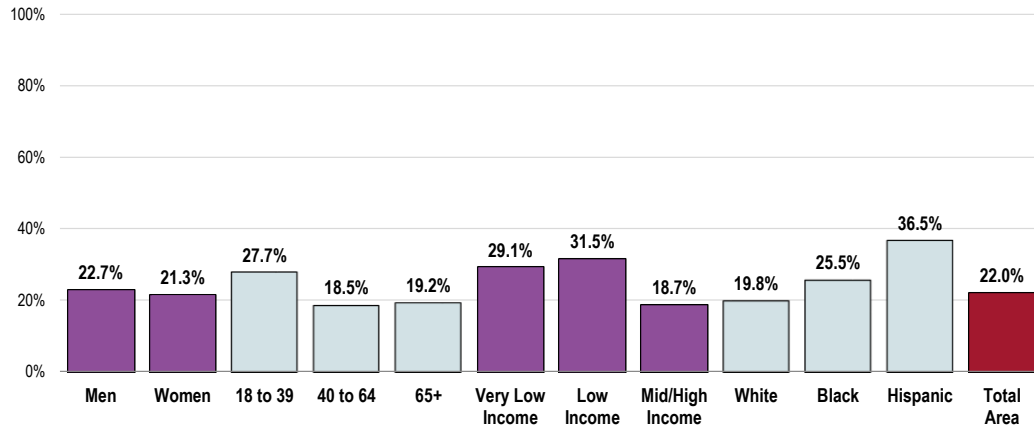


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

These local adults are more likely to have low levels of health literacy:

- Low-income residents.
- Hispanics.

Low Health Literacy (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.
 • Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Understanding Health Information

The following individual measures are used to determine the health literacy levels described above.

Written & Spoken Information

While a majority of Total Area adults generally find health information to be easy to understand, 11.6% experience some difficulty with written health information and 7.5% experience some difficulty with spoken health information (responding "seldom" or "never" easy to understand).

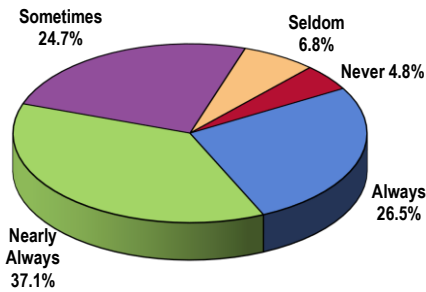
Respondents were read:

"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

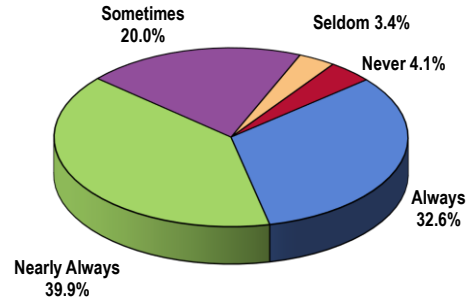
How often is health information written in a way that is easy for you to understand?

How often is health information spoken in a way that is easy for you to understand?"

Frequency With Which Health Information Is _____ in a Way That is Easy to Understand (Total Area, 2018)



Written



Spoken

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 74, 76]
 Notes: • Asked of all respondents.

Reading Health Information & Completing Health Forms

Respondents were read:

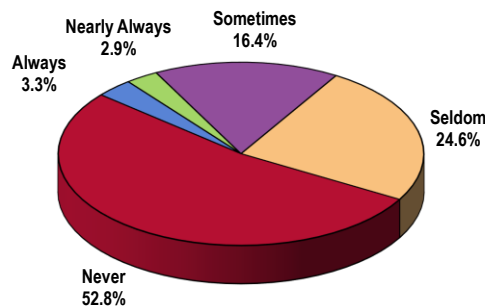
"People who might help you read health information include family members, friends, caregivers, doctors, nurses, or other health professionals. How often do you need to have someone help you read health information?"

A total of 6.2% of Total Area adults "always" or "nearly always" need to have someone help them read health information.

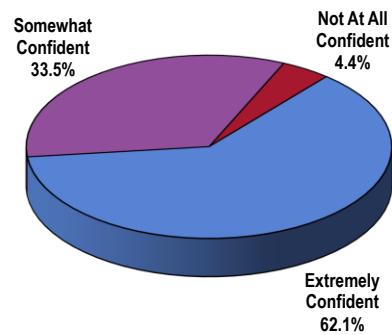
A total of 4.4% of adults are "not at all confident" in their ability to fill out health forms by themselves.

"Health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and health care. In general, how confident are you in your ability to fill out health forms yourself?"

Frequency of Needing Help Reading Health Information (Total Area, 2018)



Confidence in Ability to Fill Out Health Forms (Total Area, 2018)



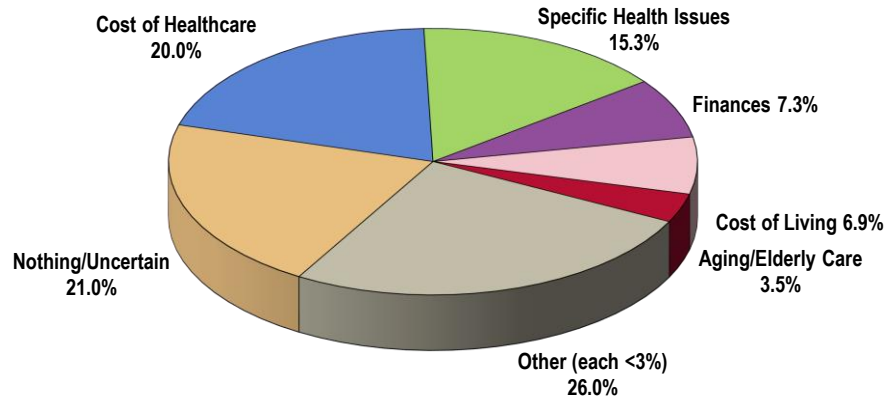
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 75, 77]
 Notes: • Asked of all respondents.
 • In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

Problems Facing Families in the Community

When asked to report on the number-one problem facing their families today, many responses (among those who could provide one) related to economic concerns:

- 20.0% of survey respondents mentioned **cost of healthcare**, 7.3% mentioned **finances**, 6.9% referenced **cost of living**, and 3.5% commented about **aging or elderly care**.
- Other issues considered to be the primary problem facing families today were specific **health issues** totaling 15.3% of responses (such as obesity, diabetes, cancer, and mental health).

Number-One Problem Facing My Family Today
(Total Area, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
- Notes:
- Asked of all respondents.
 - "Other" responses, while making up the largest combined share of responses, varied widely and could not be collapsed into like categories. These responses ranged considerably from topics such as "poor communication" and "lack of religion" to "living alone" and "weather."

Health Disparities

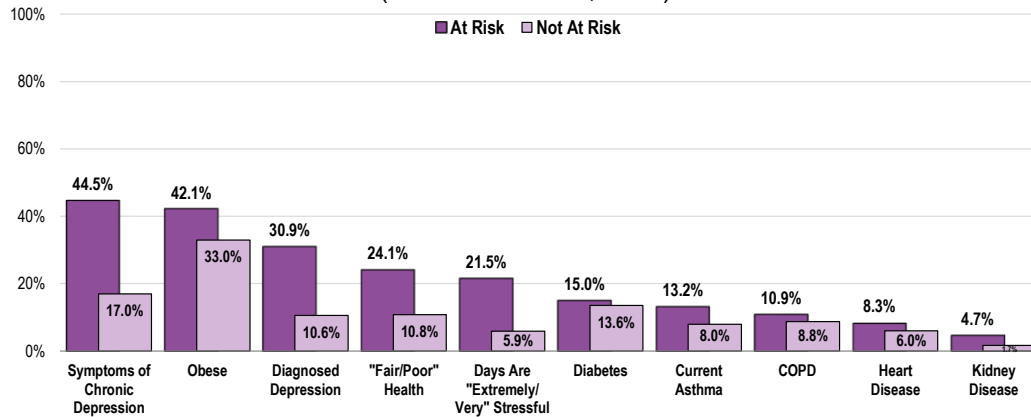
Social Determinant Risk & Health

In this case, "at-risk" includes survey respondents who answered affirmatively to any of these indicators: below 100% of the federal poverty level; living in unhealthy/unsafe housing conditions (including lead hazards); experience of homelessness; mortgage/rent insecurity; lack of high school diploma; currently out of work; victim of a violent crime in the past three years; abused or neglected as a child; victim of domestic violence; low health literacy levels; and/or food insecure.

In the survey sample, adults who reported any of a number of adverse social experiences or conditions (see definition at left) were determined to be an "at-risk" population. These at-risk adults are more likely to report a number of health problems. Among these are:

- Symptoms of chronic depression.
- Obesity.
- Diagnosed depression.
- "Fair/Poor" physical health.
- Stress.
- Diabetes.
- Asthma.
- COPD.
- Heart disease.
- Kidney disease.

Health Disparities by Social Determinant Risk
(Total Area Adults, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc.
 Note: • In this case, "at-risk" includes survey respondents who answered affirmatively to any of these indicators: below 100% of the federal poverty level; live in unhealthy/unsafe housing conditions (including lead hazards); incidence of homelessness; mortgage/rent insecure; lack of high school diploma; currently out of work; victim of a violent crime in the past three years; abused as a child; victim of domestic violence; low health literacy levels; food insecure.

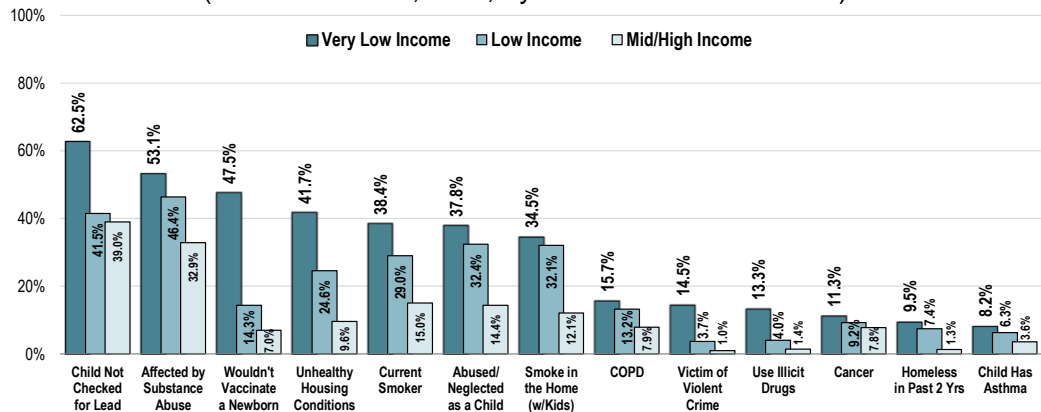
Income & Health

Respondents in households at very low and low income levels are more likely to report a number of adverse health conditions and quality-of-life indicators.

Negative findings that correlate with income among Total Area survey respondents include:

- Childhood screenings for lead exposure.
- Life negatively affected by someone’s substance abuse.
- Newborn vaccinations.
- Unhealthy housing conditions.
- Smoking.
- Experience of abuse/neglect as a child.
- Secondhand smoke in the home.
- COPD.
- Crime victimization.
- Illicit drug use.
- Cancer.
- Experience of homelessness.
- Children with asthma.

Health Disparities by Income Level
(Total Area Adults, 2018; By Household Income Level)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc.

General Health Status



Professional Research Consultants, Inc.

Overall Health Status

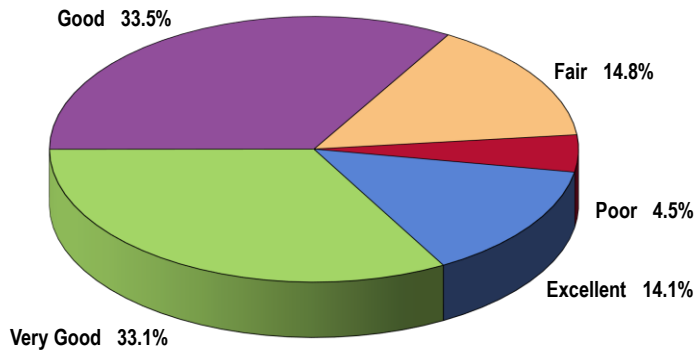
The initial inquiry of the PRC Community Health Survey asked respondents the following:

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

A total of 47.2% of Total Area adults rate their overall health as “excellent” or “very good.”

- Another 33.5% gave “good” ratings of their overall health.

Self-Reported Health Status (Total Area, 2018)

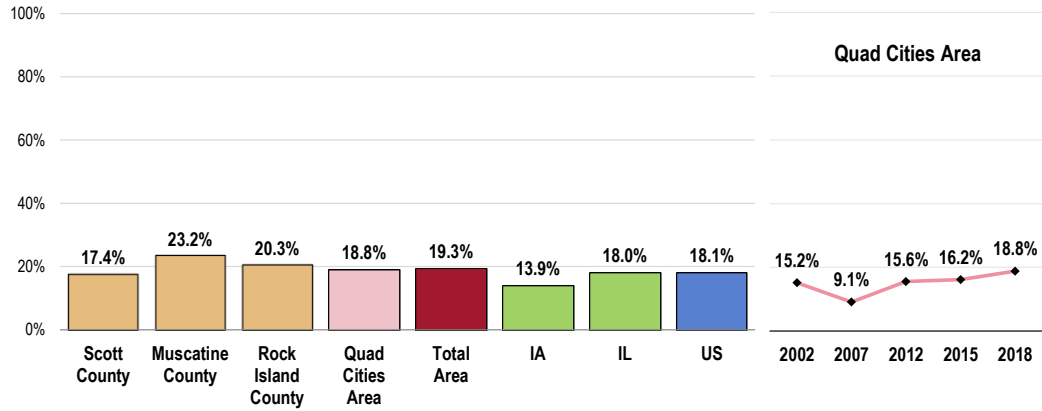


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 19.3% of Total Area adults believe that their overall health is “fair” or “poor.”

- Worse than the Iowa prevalence.
- Similar to the Illinois and US findings.
- Statistically similar findings by county.
- QCA TREND: Similar to previous survey results (with the exception of a dip in 2007).

Experience “Fair” or “Poor” Overall Health

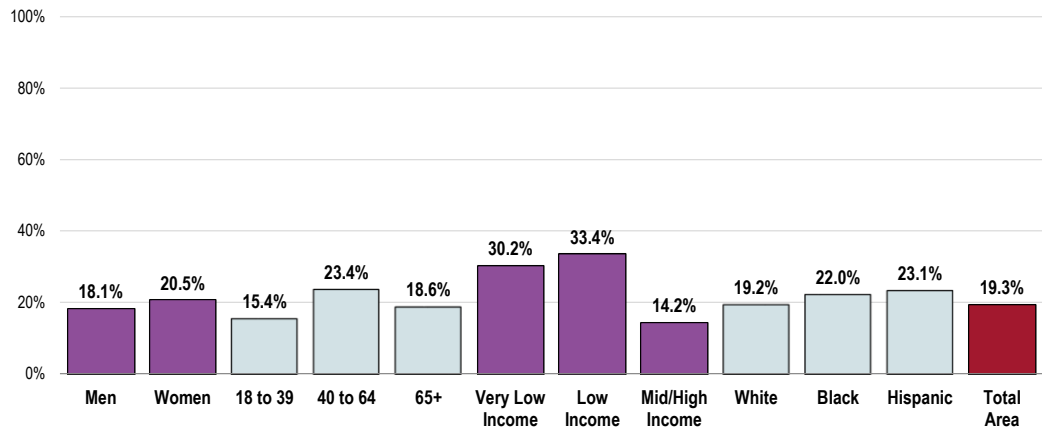


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Residents living at lower incomes are more likely to report experiencing “fair” or “poor” overall health.

Experience “Fair” or “Poor” Overall Health (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

Mental Health

About Mental Health & Mental Disorders

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

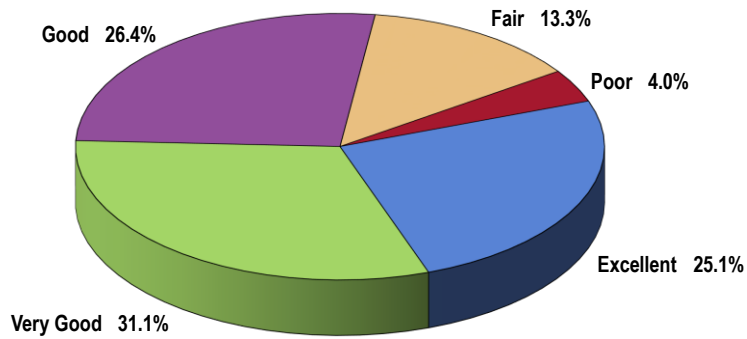
Evaluation of Mental Health Status

A total of 56.2% of Total Area adults rate their overall mental health as “excellent” or “very good.”

- Another 26.4% gave “good” ratings of their own 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?”

Self-Reported Mental Health Status (Total Area, 2018)

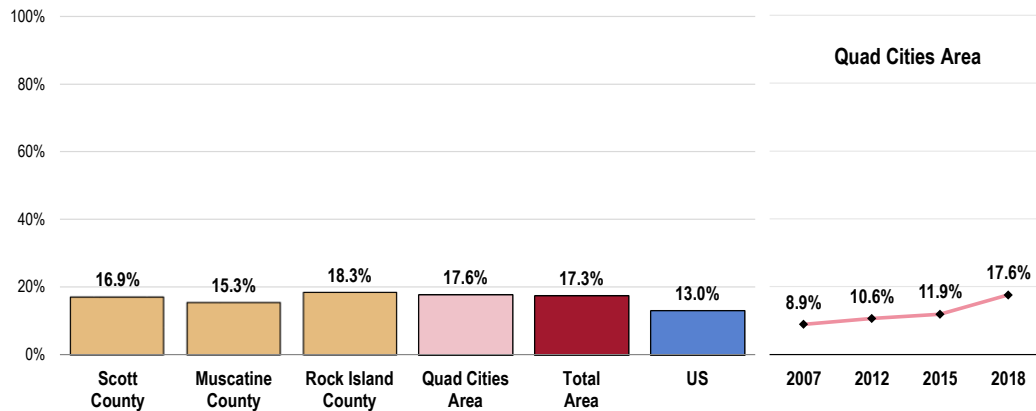


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all respondents.

A total of 17.3% of Total Area adults, however, believe that their overall mental health is “fair” or “poor.”

- Worse than the “fair/poor” response reported nationally.
- Similar findings by county.
- QCA TREND: Denotes a statistically significant increase from 2007 survey findings.

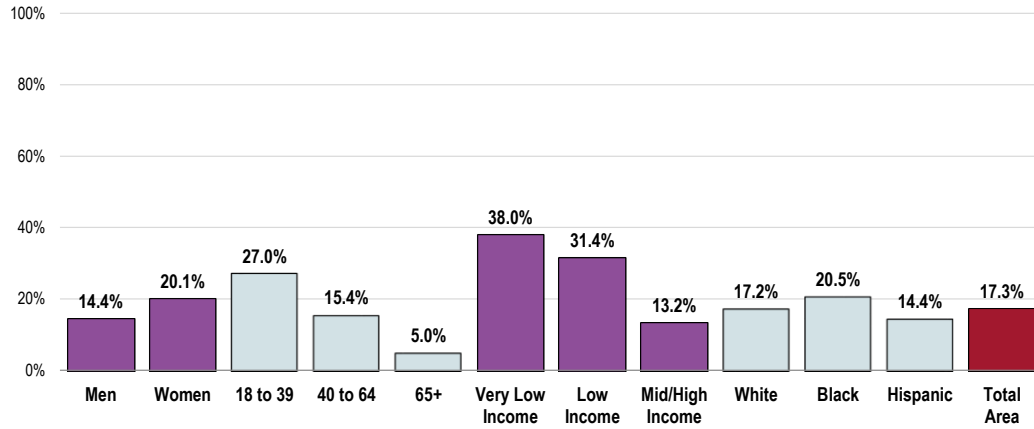
Experience “Fair” or “Poor” Mental Health



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Note the negative correlations between poor mental health and both age and income.
- Women in the Total Area are more likely to report experiencing “fair/poor” mental health than are men.

Experience “Fair” or “Poor” Mental Health (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

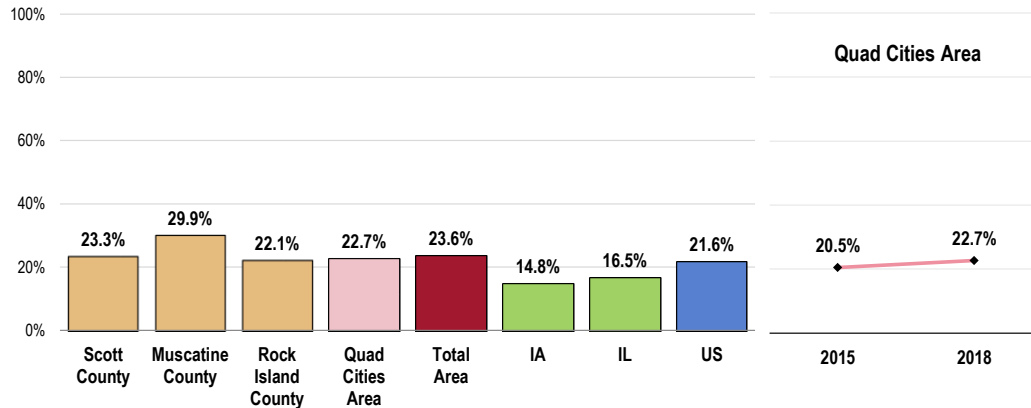
Depression

Diagnosed Depression

A total of 23.6% of Total Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Worse than the Iowa and Illinois state findings.
- Similar to the US percentage.
- Higher in Muscatine County.
- QCA TREND: Statistically unchanged from 2015 survey results when this question was first asked.

Have Been Diagnosed With a Depressive Disorder



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

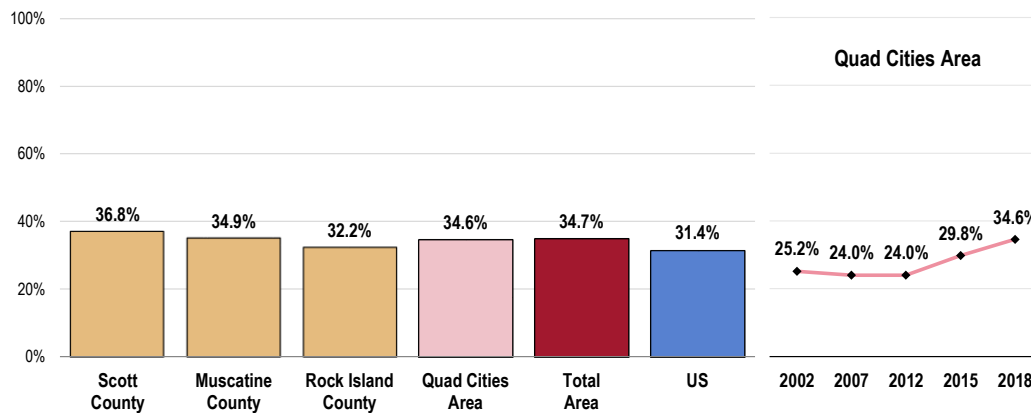
Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Symptoms of Chronic Depression

A total of 34.7% of Total 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 (symptoms of chronic depression).

- Comparable to national findings.
- Comparable findings by county.
- QCA TREND: Denotes a statistically significant increase from earlier survey findings.

Have Experienced Symptoms of Chronic Depression



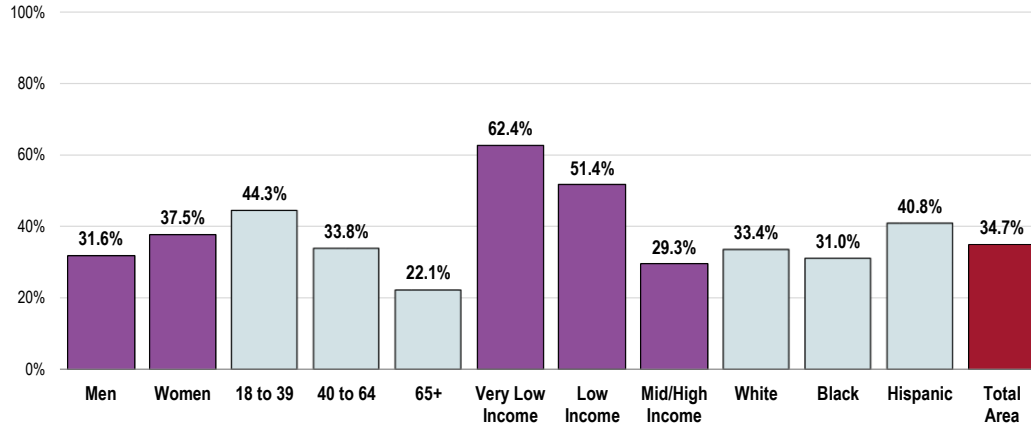
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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

- Women.
- Adults under age 65.
- Adults with lower incomes (especially).

Have Experienced Symptoms of Chronic Depression (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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

Nearly half of Total Area adults consider their typical day to be “not very stressful” (34.5%) or “not at all stressful” (13.6%).

RELATED ISSUE:

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

- Another 36.0% of survey respondents characterize their typical day as “moderately stressful.”

Perceived Level of Stress On a Typical Day (Total Area, 2018)

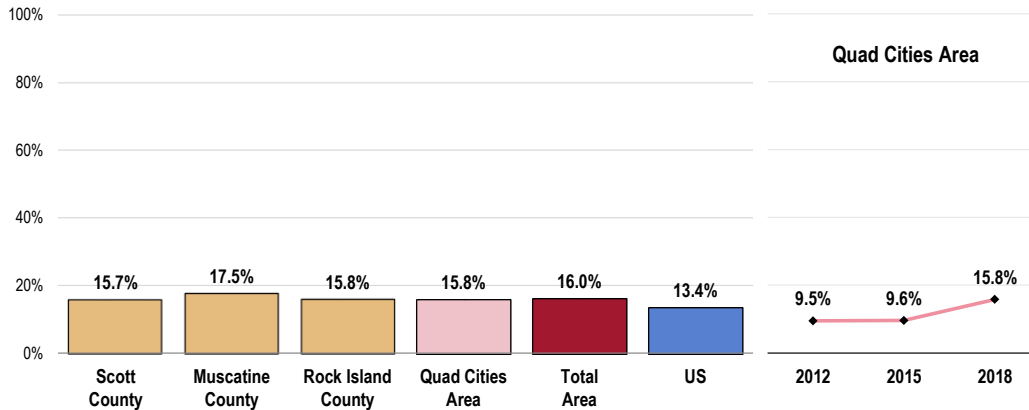


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.

In contrast, 16.0% of Total Area adults experience “very” or “extremely” stressful days on a regular basis.

- Similar to national findings.
- Similar findings by county.
- QCA TREND: Marks a statistically significant increase from previous survey findings.

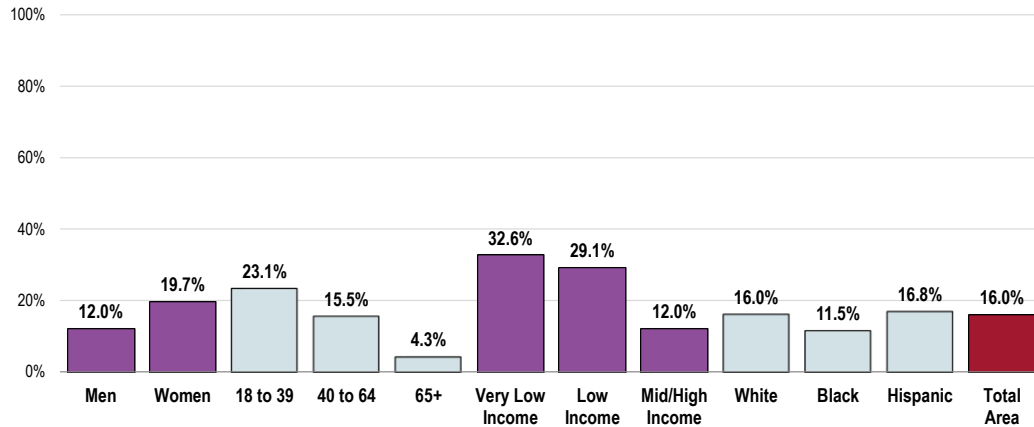
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Note that high stress levels are more prevalent among women, adults under age 65, and especially residents in low income households.

Perceive Most Days as “Extremely” or “Very” Stressful (Total Area, 2018)



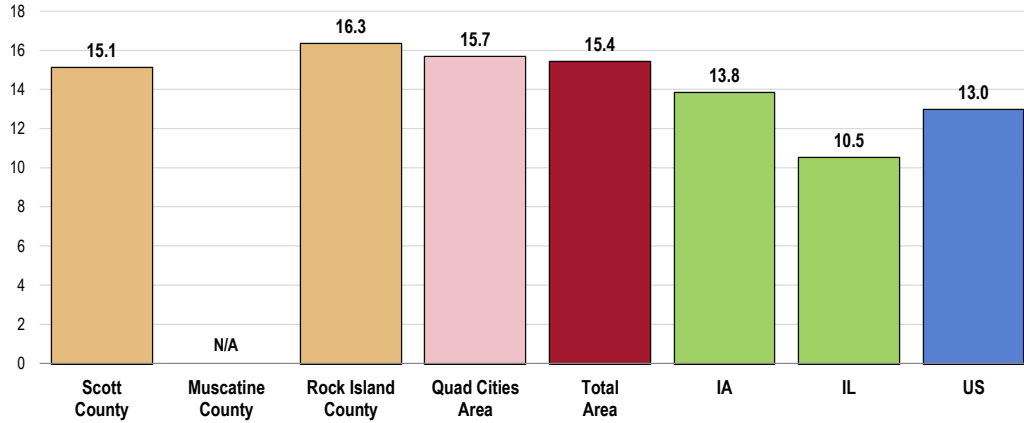
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect 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 2014 and 2016, the Total Area reported an annual average age-adjusted suicide rate of 15.4 per 100,000 population.

- Similar to the Iowa rate.
- Higher than the Illinois and US rates.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- Note that counts in Muscatine County are too small to be reported individually.

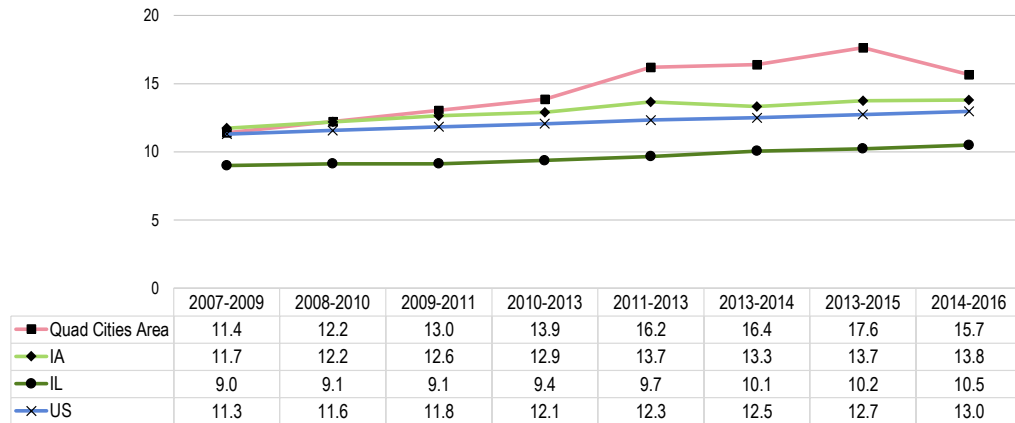
Suicide: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- **QCA TREND:** The area suicide rate has overall trended upward over the past decade.

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



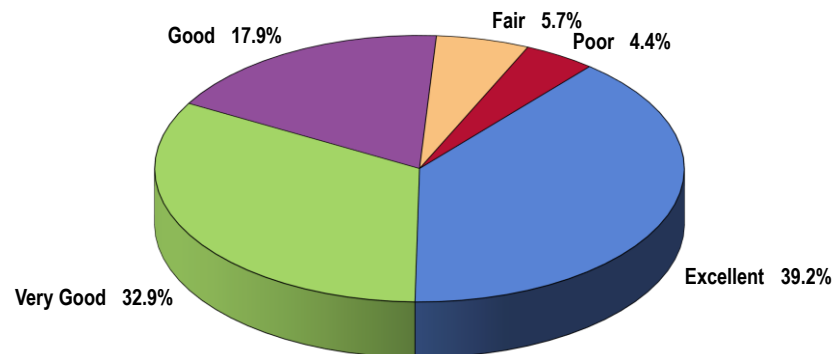
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties.

Children & Mental Health

Among parents of children under 18 in the Total Area, 72.1% evaluate their child's mental health (including problems with stress, depression, and problems with emotions) as "excellent" or "very good."

- Another 17.9% gave "good" evaluations of their child's mental health status.

Child's Mental Health Status
(Among Total Area Parents of Children Age 0-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]
Notes: • Asked of those respondents with children under 18 at home.
• In this case, mental health includes stress, depression, and problems with emotions.

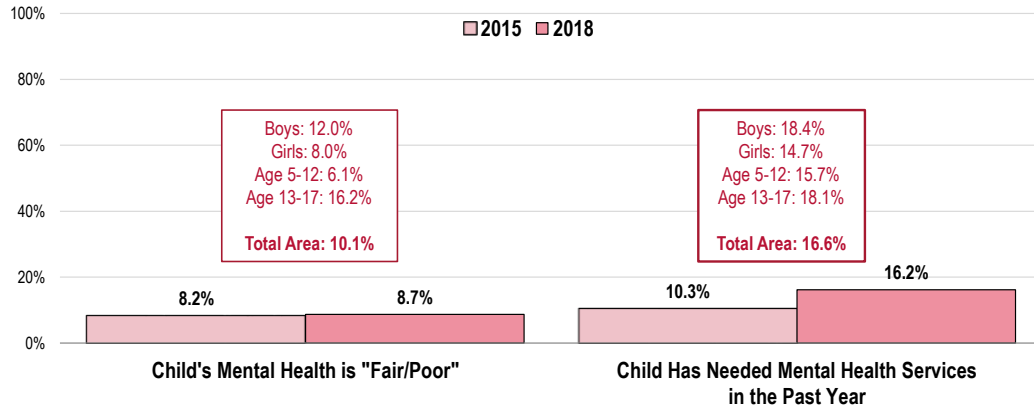
On the other hand, 10.1% gave "fair" or "poor" ratings of their child's mental health.

- Statistically similar by child's gender; higher among teens than among children age 5-12.
- Similar by county (not shown).
- QCA TREND: Statistically unchanged over time.

A total of 16.6% of children have needed mental health services at some point in the past year.

- Statistically similar by gender and age.
- Higher in Scott County (not shown).
- QCA TREND: Statistically unchanged over time.

Child's Mental Health (Quad Cities Area Parents of Children Age 5-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 336-337]
 Notes: • Reflects those respondents with children age 5-17 at home.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Mental Health Treatment

Adults

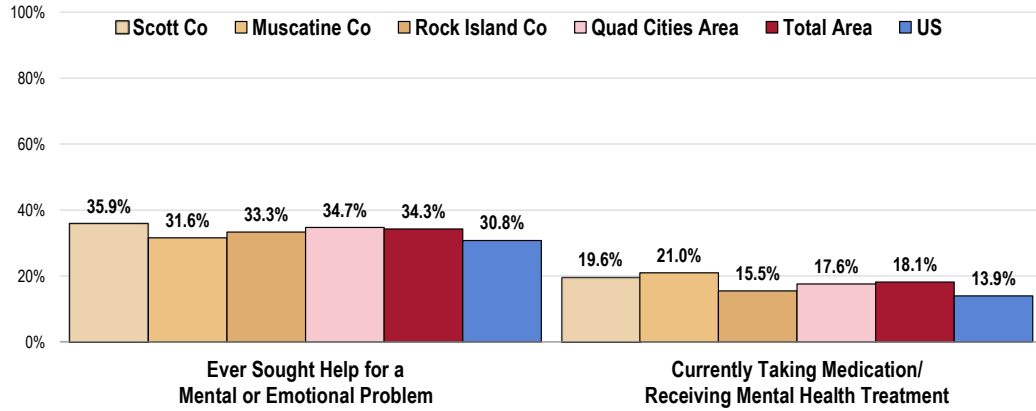
A total of 34.3% of Total Area adults acknowledge having ever sought professional help for a mental or emotional problem.

- Similar to the US prevalence.
- Similar findings by county.

A total of 18.1% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Higher than the US proportion.
- Similar findings by county.

Mental Health Treatment



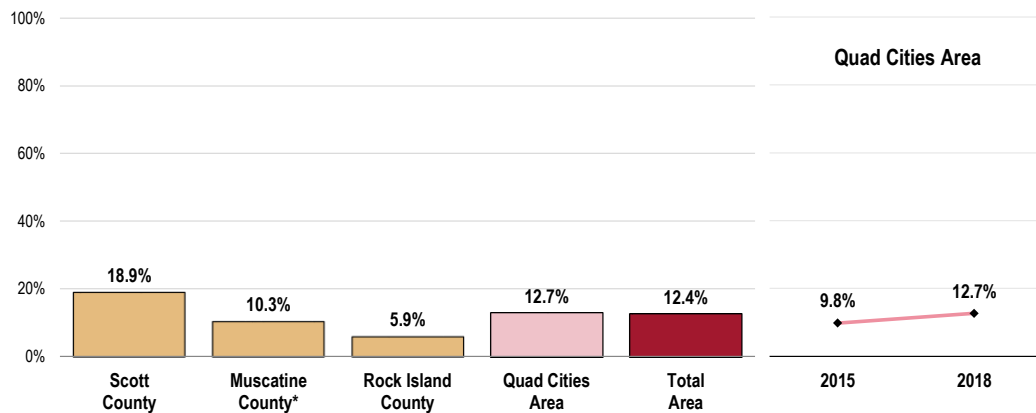
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects the total sample of respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Children

A total of 12.4% of Total Area children received treatment or counseling from a mental health professional in the past year.

- Highest among Scott County children; lowest in Rock Island County.
- QCA TREND: Statistically unchanged over time.

Child Has Received Treatment or Counseling from a Mental Health Professional in the Past Year (Among Total Area Parents of Children Age 0-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 338]
 Notes: • Asked of those respondents with children under 18 at home.
 • *Use caution when interpreting Muscatine County results for this indicator as the sample size falls below 50.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

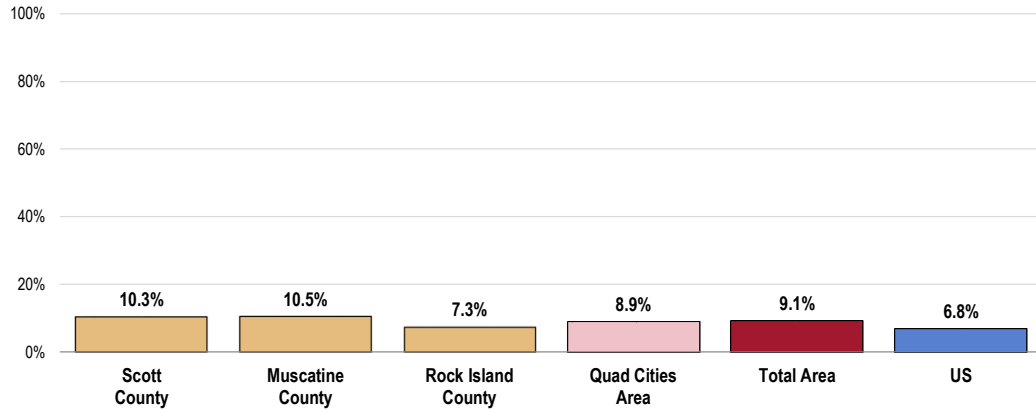
Among children who needed mental health services but did not receive them in the past year (As reported by seven parents), reasons included proximity of services, lack of transportation, and a child’s pre-existing condition.

Difficulty Accessing Mental Health Services

A total of 9.1% of Total Area adults report a time in the past year when they needed mental health services, but were not able to get them.

- Statistically similar to the national finding.
- Statistically similar by county.

Unable to Get Mental Health Services When Needed in the Past Year

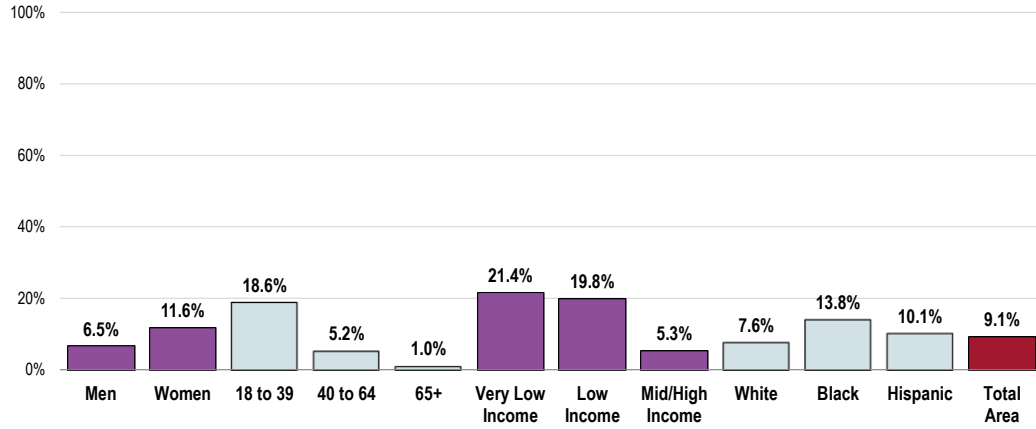


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Note that access difficulty is notably more prevalent among:

- Women.
- Adults under age 65.
- Adults with lower incomes.

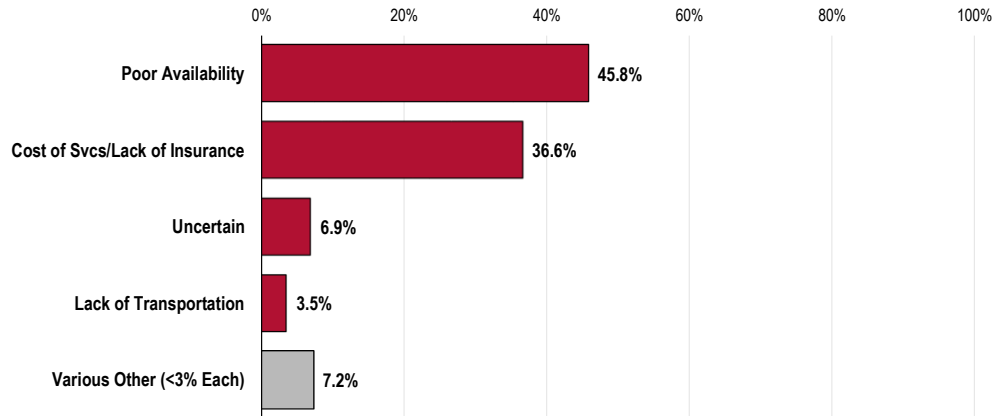
Unable to Get Mental Health Services When Needed in the Past Year (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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 citing difficulties accessing mental health services in the past year, these are predominantly attributed to **poor availability** (mentioned by 45.8%) and **cost of services/lack of insurance coverage** (36.6%). Lack of transportation was mentioned much less frequently.

Barrier to Accessing Mental Health Services in the Past Year (Among Those Reporting Problems w/Access; Total Area, 2018)



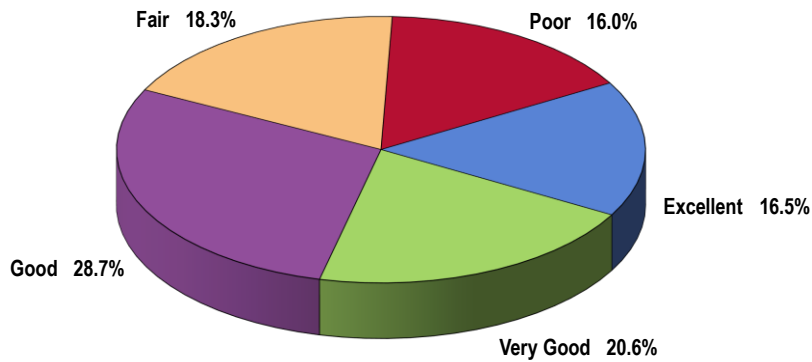
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
 Notes: • Asked of those respondents reporting problems obtaining mental health services in the past year.

Perceived Ease of Obtaining Mental Health Services

A total of 37.1% of area adults (excluding those saying they haven't needed such services) rate the ease with which they can obtain local mental health services as "excellent" or "very good."

- Another 28.7% gave "good" ratings of ease of getting local mental health services.

Rating of the Ease With Which Local Mental Health Services Are Obtained
(Total Area, 2018)

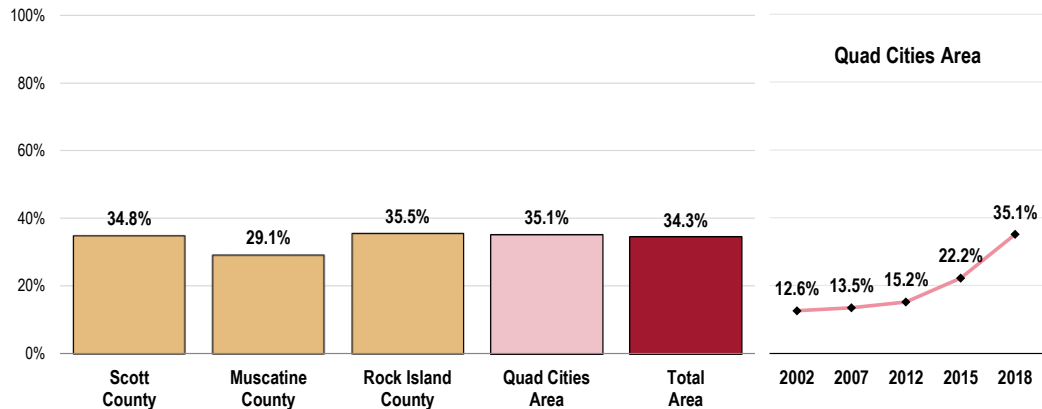


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
Notes: • Asked of all respondents; excludes those who have not needed such services.

A total of 34.3% of Total Area adults, however, believe that the ease of obtaining mental health services in the community is "fair" or "poor."

- Comparable findings by county.
- QCA TREND: Denotes a sizable increase from 2002 survey findings.

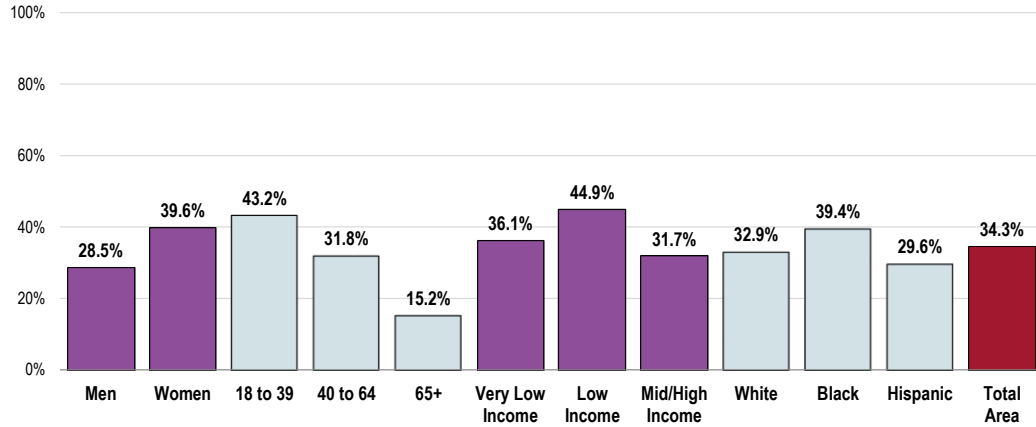
Ease of Obtaining Local Mental Health Services Is "Fair/Poor"
(Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
Notes: • Asked of all respondents; excludes those who have not needed such services.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Note the negative correlation between age and low ratings of the ease of obtaining local mental health services.
- Women and adults just above the federal poverty level are more likely to give “fair/poor” ratings of the access to mental health services.

Ease of Obtaining Local Mental Health Services Is “Fair/Poor” (Total Area, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
- Notes:
- Asked of all respondents; excludes those who have not needed such services.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

Death, Disease, & Chronic Conditions



Professional Research Consultants, Inc.

Leading Causes of Hospital Visits

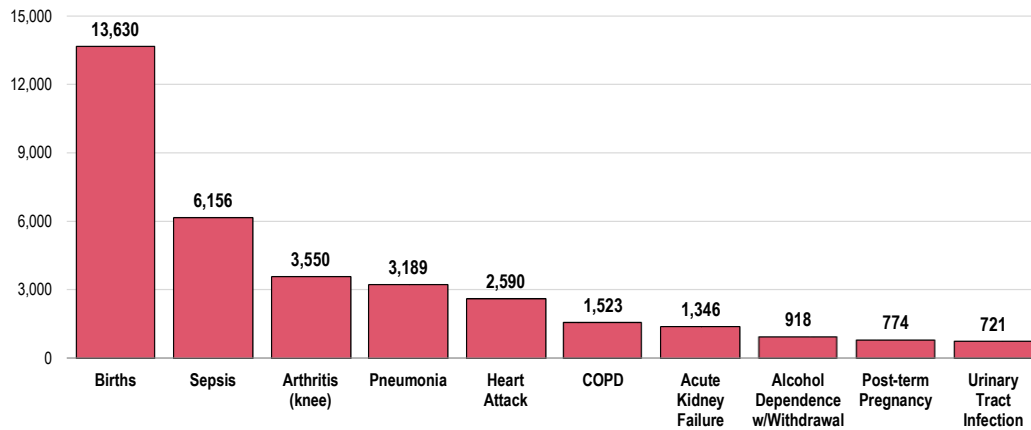
Inpatient Hospitalizations

Quad Cities

According to data from Genesis Health System and UnityPoint Health–Trinity, births were the leading reason for inpatient hospitalizations in the Quad Cities between 2015 and 2017 (13,630 cumulative hospitalizations, over twice as many as the next-leading cause), followed by hospitalization for sepsis (6,156), arthritis of the knee (3,550), pneumonia (3,189), and heart attacks (2,590).

- Other top reasons for hospitalizations in the Quad Cities between 2015 and 2017 included **chronic obstructive pulmonary disease (COPD)**, acute **kidney failure**, **alcohol dependence with withdrawal**, **post-term pregnancy** issues, and **urinary tract infections**.

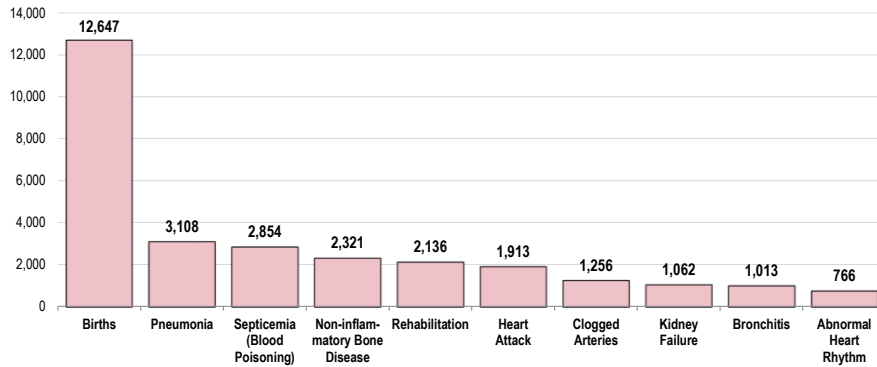
Top 10 Reasons for Inpatient Hospitalizations, Including All Inpatient, Acute, and Non-Acute Discharges
(Quad Cities 2015-2017 Cumulative Data)



Sources: • Genesis Health System and UnityPoint Health–Trinity

- For comparative purposes, the following chart illustrates cumulative data for the 2012-2014 reporting period in the Quad Cities.

Top 10 Reasons for Inpatient Hospitalizations, Including All Inpatient, Acute, and Non-Acute Discharges
(Quad Cities 2012-2014 Cumulative Data)



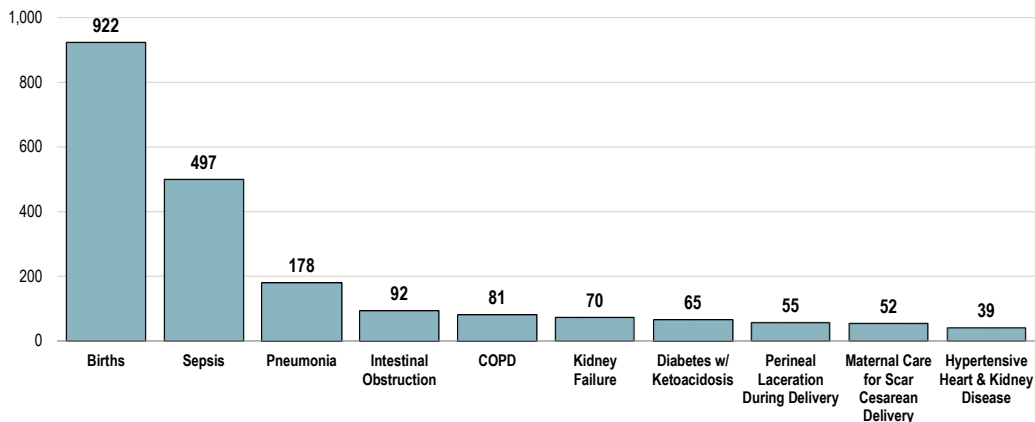
Sources: • Genesis Health System and UnityPoint Health-Trinity

Muscatine

In Muscatine, births were also the leading reason for inpatient hospitalizations between 2015 and 2017 (922 cumulative hospitalizations), followed by hospitalization for sepsis (497) and pneumonia (178).

- Other top reasons for hospitalizations in Muscatine between 2015 and 2017 included intestinal obstruction, chronic obstructive pulmonary disease (COPD), kidney failure, diabetes mellitus with ketoacidosis, perineal laceration during delivery, maternal care for scar cesarean delivery, and hypertensive heart and kidney disease.

Top 10 Reasons for Inpatient Hospitalizations, Including All Inpatient, Acute, and Non-Acute Discharges
(Muscatine 2015-2017 Cumulative Data)



Sources: • UnityPoint Health-Trinity

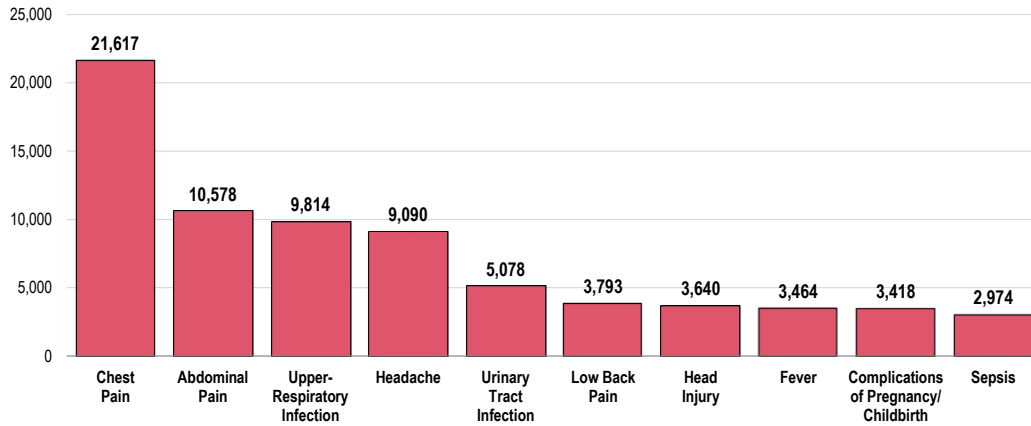
Emergency Department Visits

Quad Cities

Chest pain was the leading reason for emergency department visits (treated and released) in the Quad Cities between 2015 and 2017 (21,617 emergency department visits, twice as many as the next-leading cause), followed by ED visits for **abdominal pain** (10,578), **upper-respiratory infection** (9,814), **headache** (9,090), and **urinary tract infections** (5,078).

- Other top reasons for visits to the emergency department in the Quad Cities between 2015 and 2017 included **low back pain**, **head injury**, **fever**, complications of **pregnancy/childbirth**, and **sepsis**.

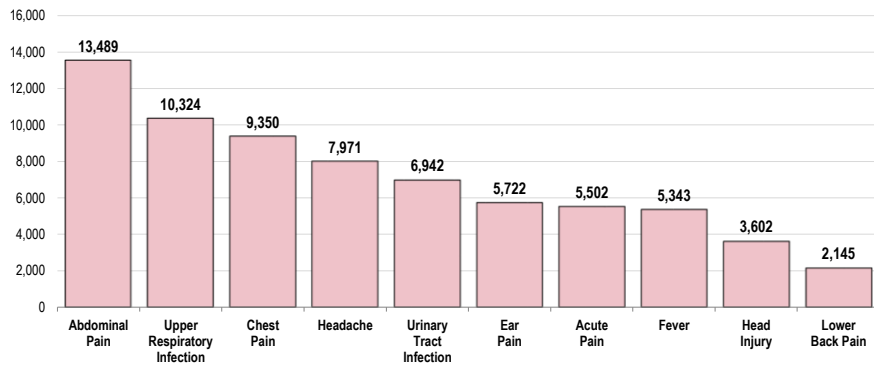
Top 10 Reasons for Emergency Department Visits, Including Treated and Released
(Quad Cities 2015-2017 Cumulative Data)



Sources: • Genesis Health System and UnityPoint Health–Trinity

- For comparative purposes, the following chart illustrates cumulative data for the **2012-2014** reporting period in the Quad Cities.

Top 10 Reasons for Emergency Department Visits, Including Treated and Released (Quad Cities 2012-2014 Cumulative Data)



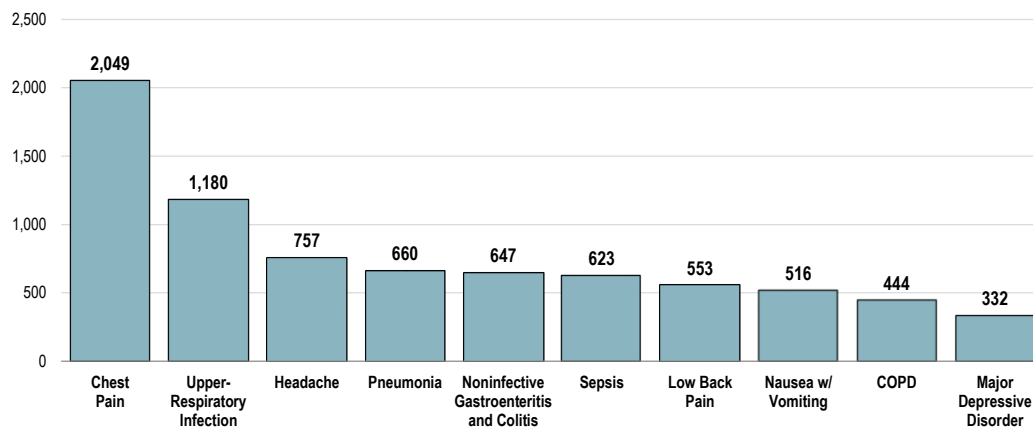
Sources: • Genesis Health System and UnityPoint Health-Trinity

Muscatine

In Muscatine, chest pain was also the leading cause for emergency department visits between 2015 and 2017 (2,049 visits), followed by visits for upper-respiratory infections (1,180).

- Other top reasons for visits to the emergency department in Muscatine between 2015 and 2017 included headaches, pneumonia, noninfective gastroenteritis and colitis, sepsis, low back pain, nausea with vomiting, COPD, and major depressive disorder.

Top 10 Reasons for Emergency Department Visits, Including Treated and Released (Muscatine 2015-2017 Cumulative Data)



Sources: • UnityPoint Health-Trinity

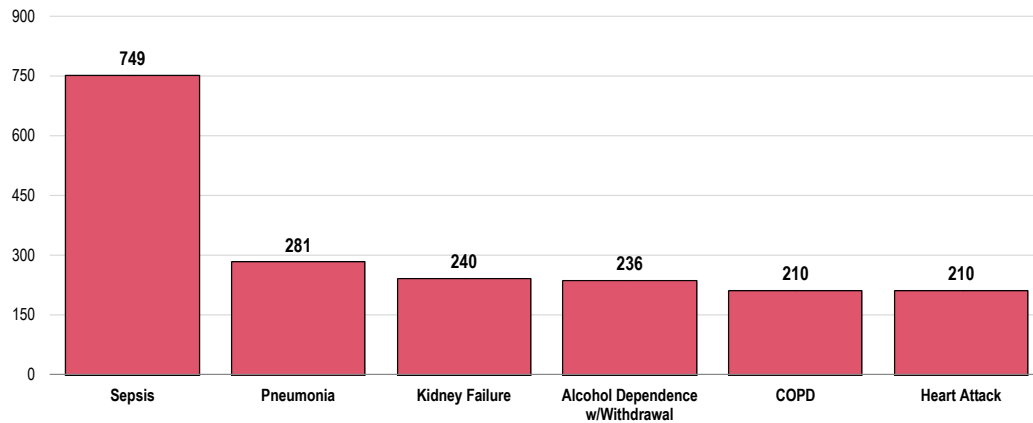
Hospital Readmissions

Quad Cities

According to data from Genesis Health System and UnityPoint Health–Trinity, **sepsis** was the leading reason for hospital readmission in the Quad Cities between 2015 and 2017 (749 cumulative readmissions, over twice as many as the next-leading cause).

- Other top reasons for hospital readmission in the Quad Cities between 2015 and 2017 included **pneumonia, kidney failure, alcohol dependence with withdrawal, COPD, and heart attacks.**

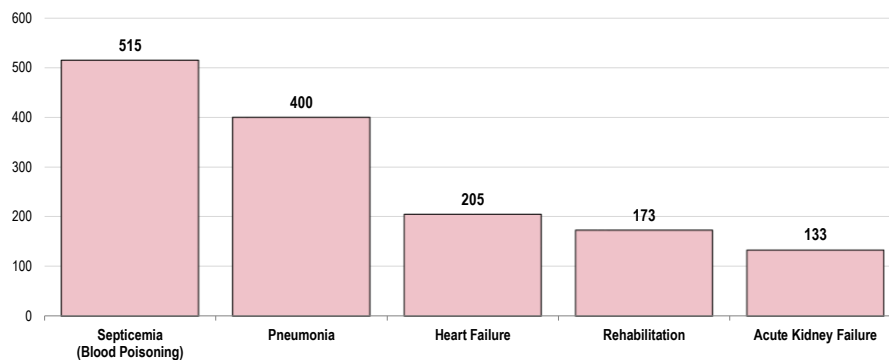
Top Five Reasons for Readmissions to the Hospital, Including 30-Day, Inpatient to Inpatient, Within the System
(Quad Cities 2015-2017 Cumulative Data)



Sources: • Genesis Health System and UnityPoint Health–Trinity

- For comparative purposes, the following chart illustrates cumulative data for the 2012-2014 reporting period in the Quad Cities.

Top Five Reasons for Readmissions to the Hospital, Including 30-Day, Inpatient to Inpatient, Within the System
(Quad Cities 2012-2014 Cumulative Data)



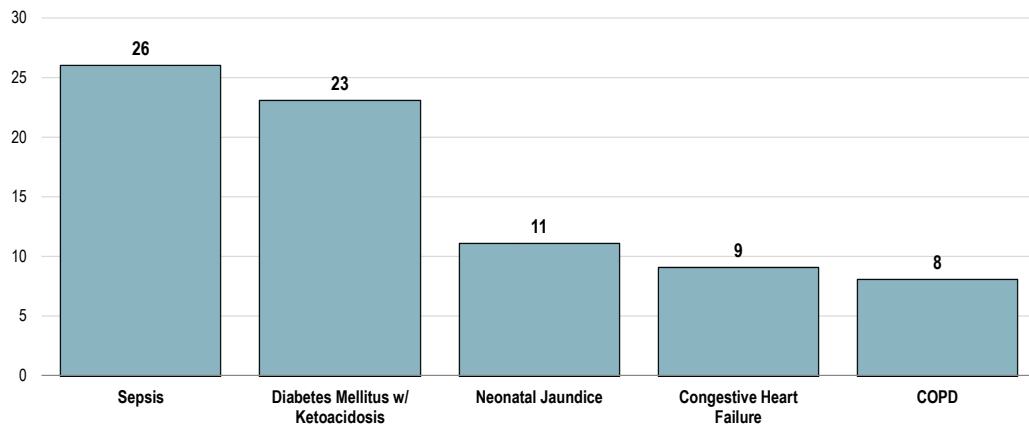
Sources: • Genesis Health System and UnityPoint Health–Trinity

Muscatine

In Muscatine, sepsis was also the leading reason for hospital readmissions between 2015 and 2017 (26 cumulative hospitalizations), followed closely by readmission to the hospital for diabetes mellitus with ketoacidosis (23).

- Other top reasons for hospital readmissions in Muscatine between 2015 and 2017 included neonatal jaundice, congestive heart failure, and COPD.

Top Five Reasons for Readmissions to the Hospital, Including 30-Day, Inpatient to Inpatient, Within the System (Muscatine 2015-2017 Cumulative Data)



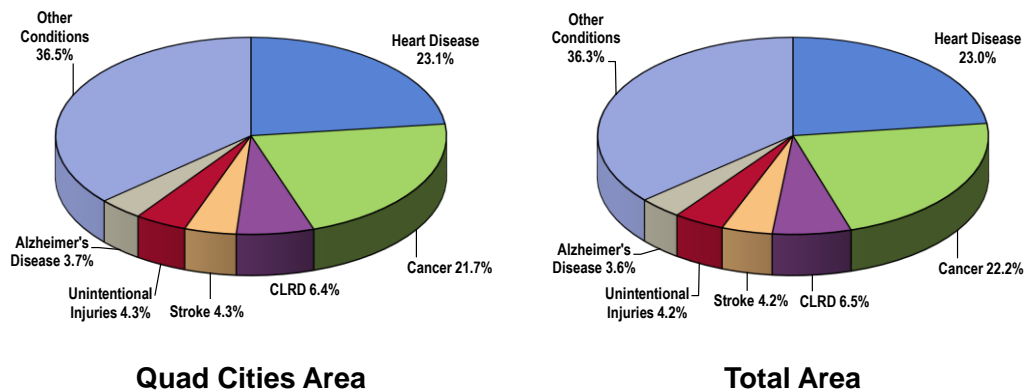
Sources: • UnityPoint Health-Trinity

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for nearly one-half of all deaths in the Total Area in 2016.

Leading Causes of Death (2016)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 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.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Iowa, Illinois, 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 2014-2016 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Area and in the Quad Cities Area.

Each of these is discussed in greater detail in subsequent sections of this report.

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

Age-Adjusted Death Rates for Selected Causes (2014-2016 Deaths per 100,000 Population)

	Quad Cities Area	Total Area	Iowa	Illinois	US	HP2020
Malignant Neoplasms (Cancers)	170.3	172.2	163.3	166.7	158.5	158.5
Diseases of the Heart	164.9	164.8	160.3	169.0	167.0	167.0
Chronic Lower Respiratory Disease (CLRD)	46.6	47.0	48.5	38.5	40.9	40.9
Unintentional Injuries	39.0	39.1	43.3	37.1	43.7	43.7
Cerebrovascular Disease (Stroke)	34.0	33.8	33.2	37.9	37.1	34.8
Alzheimer's Disease	24.8	24.9	30.3	23.9	28.4	21.1
Diabetes	21.3	22.1	24.4	18.9	21.1	21.1
Intentional Self-Harm (Suicide)	15.7	15.4	13.8	10.5	13.0	13.0
Pneumonia/Influenza	14.6	14.4	13.2	15.7	14.6	14.6
Kidney Disease	14.3	13.7	8.0	17.2	13.2	n/a
Cirrhosis/Liver Disease	12.3	11.9	9.1	9.1	10.6	10.6
Drug-Induced	9.9	9.5	7.8	13.4	14.3	14.3
Motor Vehicle Deaths	8.4	8.6	10.9	8.1	11.0	11.0
Firearm-Related	7.7	7.5	8.2	10.1	11.1	9.3
Homicide/Legal Intervention	10.7	10.7	2.2	6.8	5.6	5.5

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.

- 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.

- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

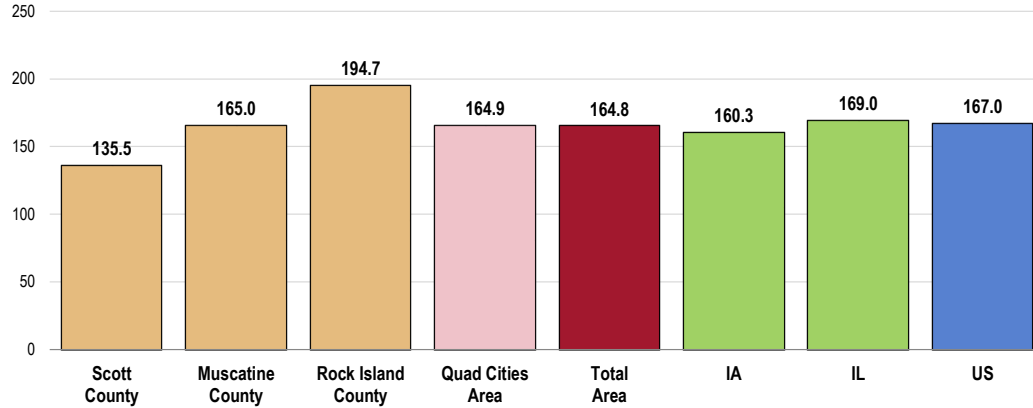
Heart Disease Deaths

Between 2014 and 2016 there was an annual average age-adjusted heart disease mortality rate of 164.8 deaths per 100,000 population in the Total Area.

- Similar to statewide and national rates.
- Similar to the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Higher in Rock Island County; lower in Scott County.

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

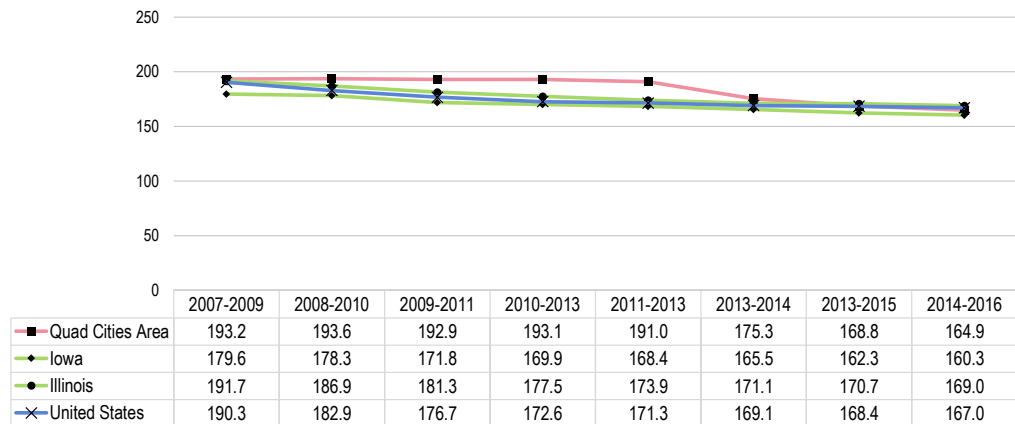
Heart Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- **QCA TREND:** The Quad Cities Area heart disease mortality rate has decreased in recent years, echoing the decreasing trends across Iowa, Illinois, and the US overall.

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



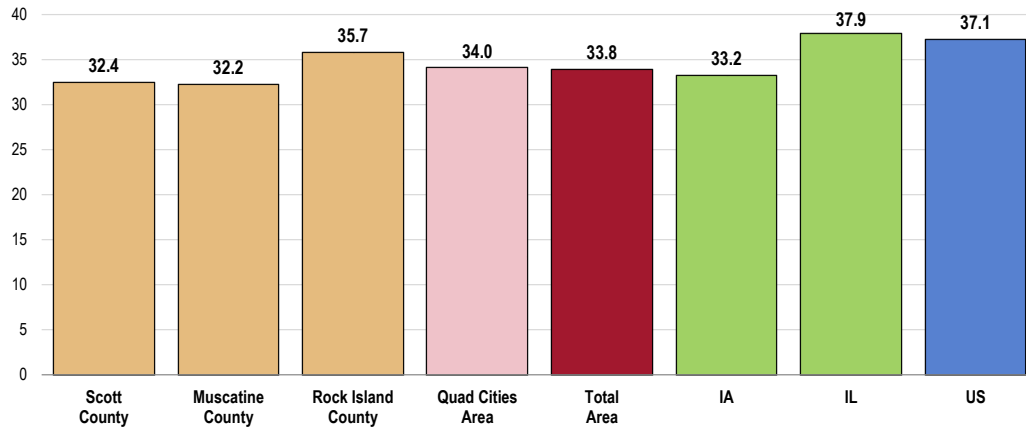
- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties.

Stroke Deaths

Between 2014 and 2016, there was an annual average age-adjusted stroke mortality rate of 33.8 deaths per 100,000 population in the Total Area.

- Similar to Iowa, Illinois, and national rates.
- Similar to the Healthy People 2020 target of 34.8 or lower.
- Similar death rates by county.

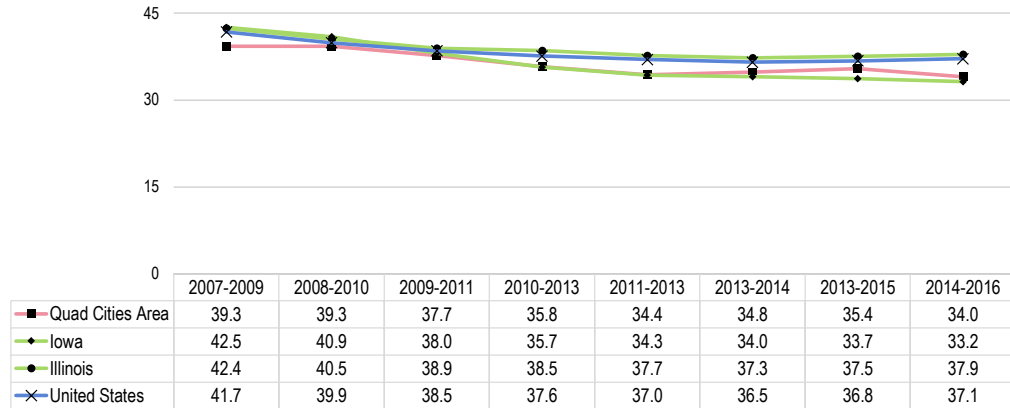
Stroke: Age-Adjusted Mortality
 (2014-2016 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- QCA TREND: The stroke rate has declined in recent years, echoing the trends reported statewide and nationally.

Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 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 March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties.

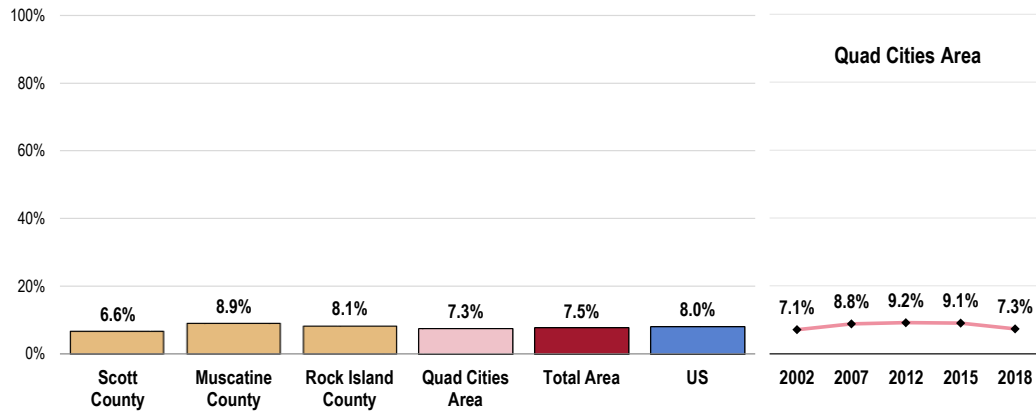
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 7.5% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- Similar to the national prevalence.
- Similar findings by county.
- QCA TREND: Statistically unchanged since 2002.

Prevalence of Heart Disease

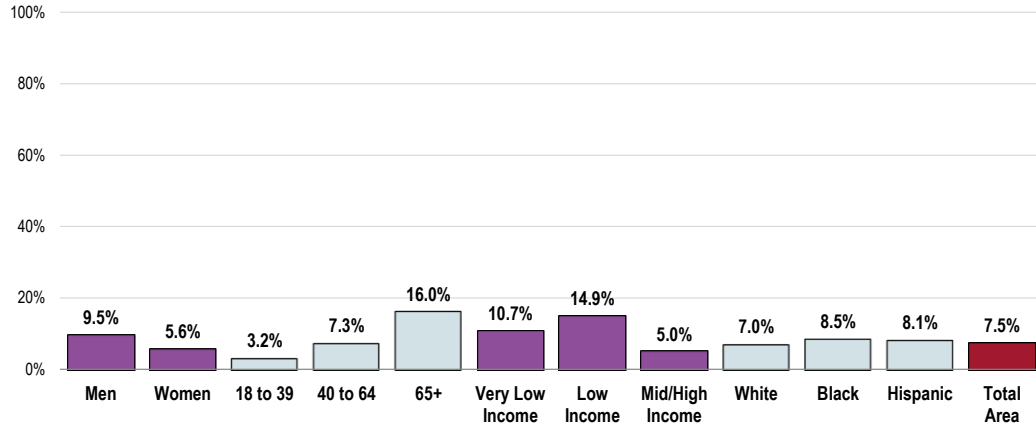


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Includes diagnoses of heart attack, angina, or coronary heart disease.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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

- Men.
- Seniors.
- Those living at lower incomes.

Prevalence of Heart Disease (Total Area, 2018)



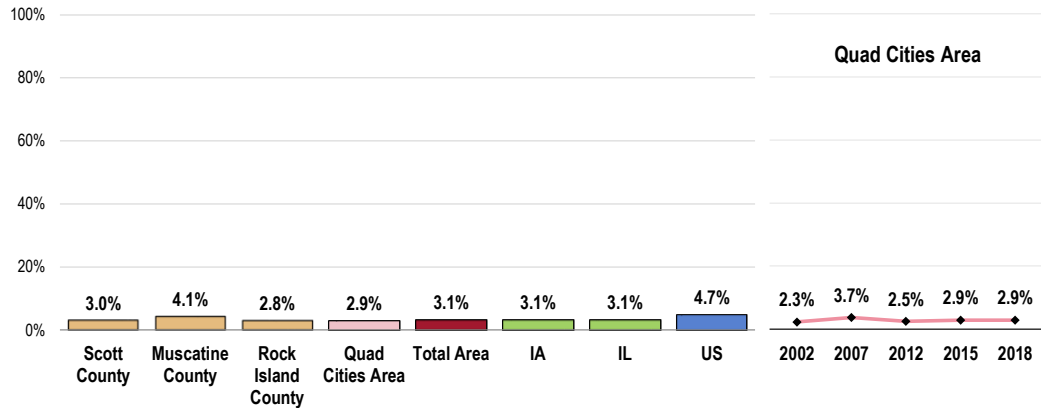
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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 3.1% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide and national findings.
- Similar findings by county.
- QCA TREND: Statistically unchanged over time.

Prevalence of Stroke



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Cardiovascular Risk Factors

About Cardiovascular Risk

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

- Healthy People 2020 (www.healthypeople.gov)

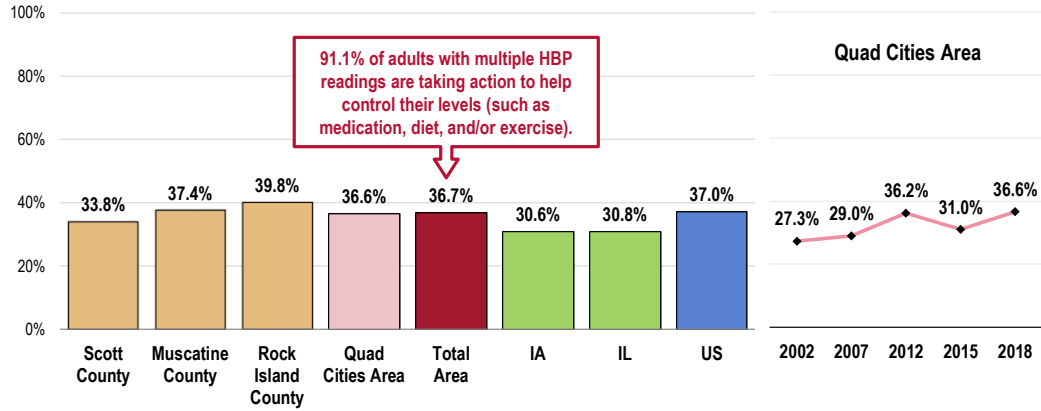
High Blood Pressure

A total of 36.7% of Total Area adults have been told at some point that their blood pressure was high.

- Less favorable than the Iowa and Illinois proportions.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Similar findings by county.
- QCA TREND: Marks a statistically significant increase since 2002.

Among adults with multiple high blood pressure readings, 91.1% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

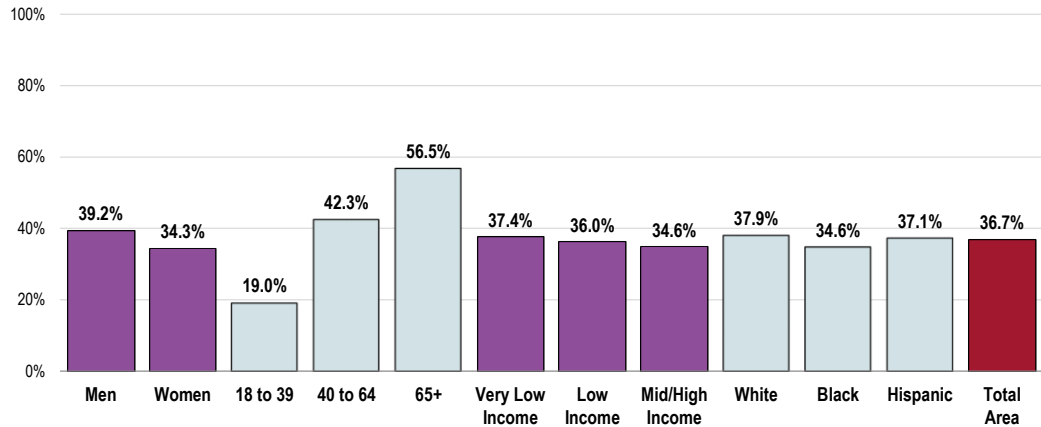
Prevalence of High Blood Pressure Healthy People 2020 Target = 26.9% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 39, 41]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 • 2017 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.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

• High blood pressure prevalence correlates strongly with age in the Total Area.

Prevalence of High Blood Pressure (Total Area, 2018) Healthy People 2020 Target = 26.9% or Lower



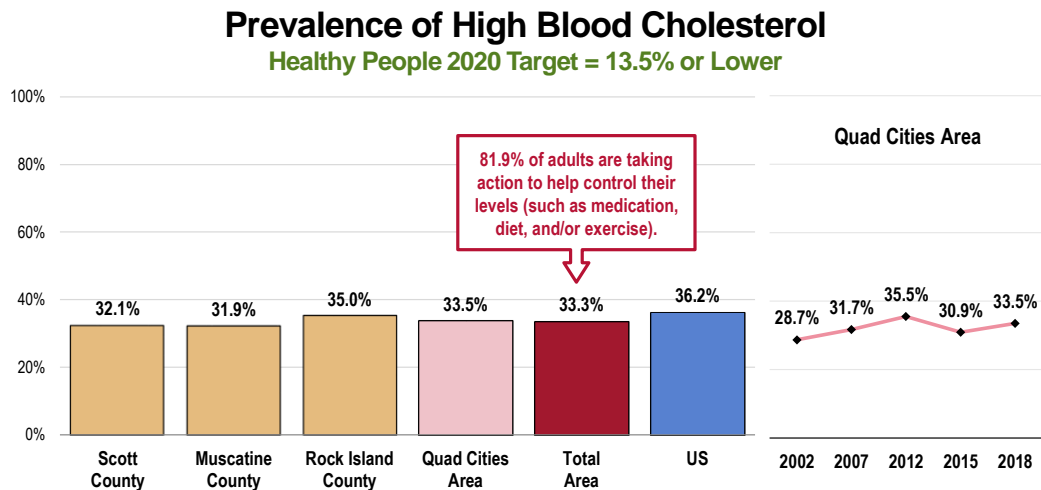
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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 Blood Cholesterol

One-third (33.3%) of Total Area adults have been told by a health professional that their cholesterol level was high.

- Similar to the national prevalence.
- Over twice the Healthy People 2020 target (13.5% or lower).
- Similar findings by county.
- QCA TREND: Marks a statistically significant increase since 2002.

Among adults with high blood cholesterol readings, 81.9% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 43-44]
 • 2017 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.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

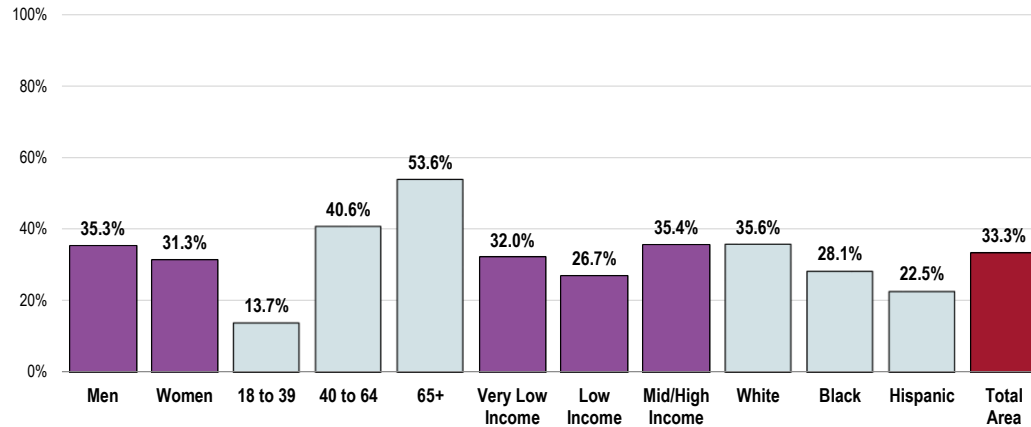
Further note the following:

- There is a strong correlation between age and high blood cholesterol.
- There is a higher prevalence among higher income adults.
- Whites report a higher prevalence than Blacks and Hispanics.

Prevalence of High Blood Cholesterol

(Total Area, 2018)

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

About 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

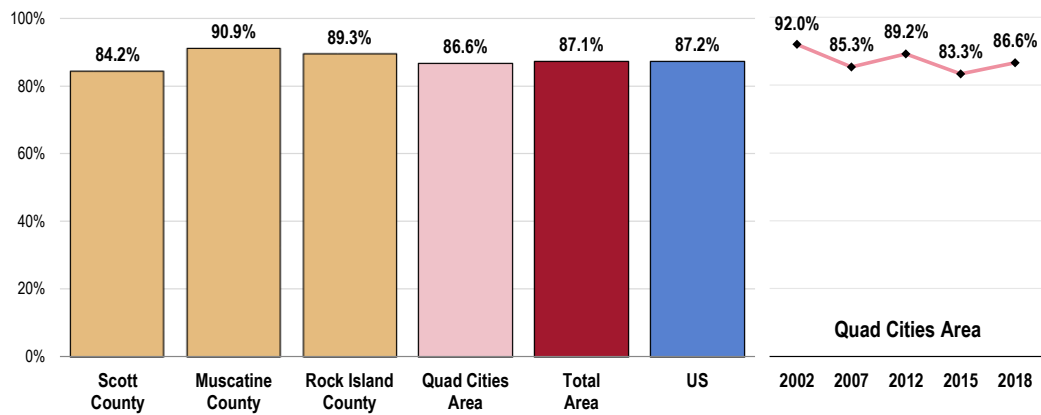
Total Cardiovascular Risk

A total of 87.1% of Total 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.

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

- Nearly identical to the national prevalence.
- Lowest in Scott County.
- QCA TREND: Though fluctuating, the prevalence marks a statistically significant improvement from 2002 findings.

Present One or More Cardiovascular Risks or Behaviors

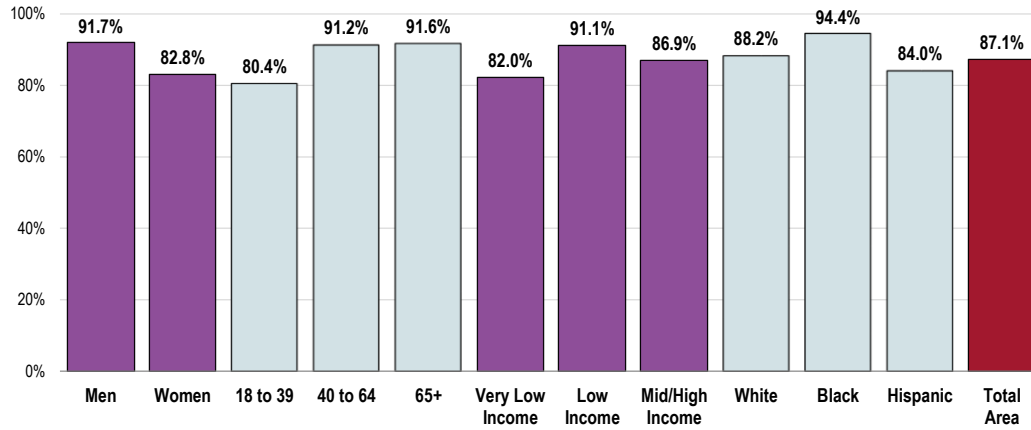


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older.
- Those living just above the federal poverty level.
- Black residents.

Present One or More Cardiovascular Risks or Behaviors (Total Area, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
- 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.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Cancer

About Cancer

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

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

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

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

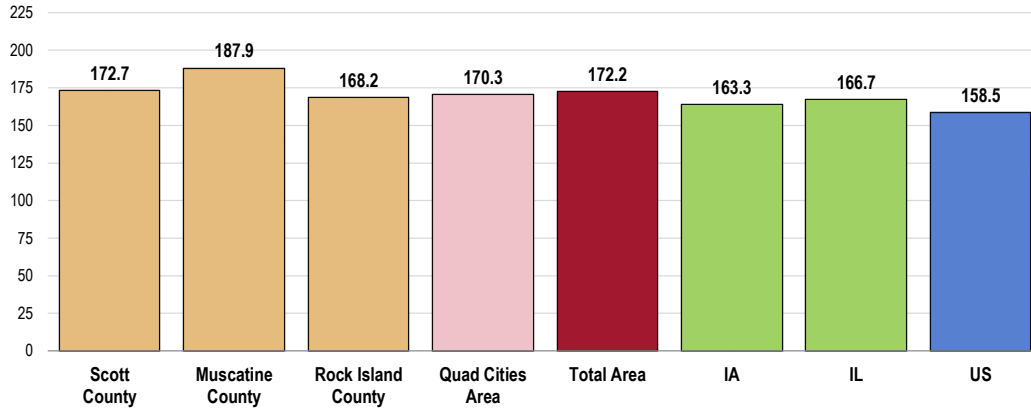
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2014 and 2016, there was an annual average age-adjusted cancer mortality rate of 172.2 deaths per 100,000 population in the Total Area.

- Similar to the statewide and national rates.
- Similar to the Healthy People 2020 target of 161.4 or lower.
- Similar findings by county.

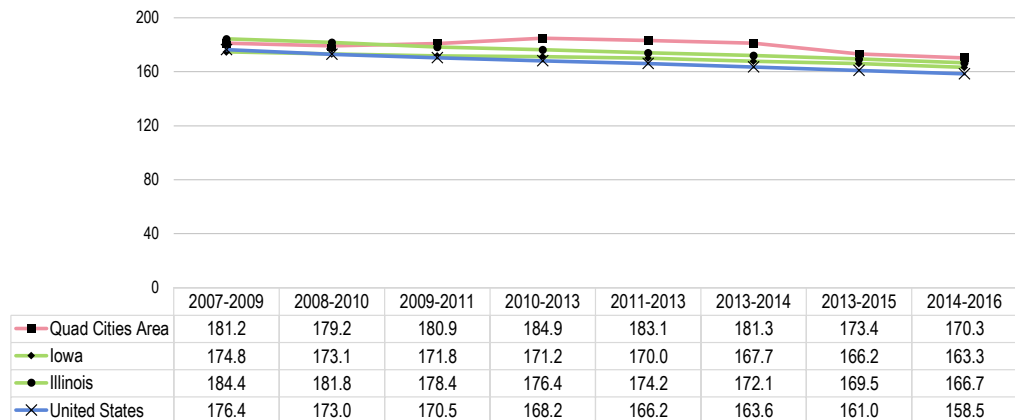
Cancer: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- **QCA TREND:** Cancer mortality has decreased over the past decade in the Total Area; the same trend is apparent in both states and nationally.

Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 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 March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the Total Area.

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

As evident in the following chart (referencing 2014-2016 annual average age-adjusted death rates):

- Each of the Total Area cancer death rates are similar to both state rates as well as the US rate.
- With the exception of prostate cancer (for which the Total Area meets the Healthy People 2020 target), each of the Total Area cancer death rates detailed below is similar to the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site (2014-2016 Annual Average Deaths per 100,000 Population)

	Quad Cities Area	Total Area	IA	IL	US	HP2020
ALL CANCERS	170.3	172.2	163.3	166.7	158.5	161.4
Lung Cancer	45.1	44.1	43.0	43.6	40.3	45.5
Female Breast Cancer	20.4	20.3	19.0	21.5	20.3	20.7
Prostate Cancer	18.1	18.5	19.2	20.3	19.0	21.8
Colorectal Cancer	12.6	13.8	14.8	15.2	14.1	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 March 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>
 Notes: • Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Cancer Incidence

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

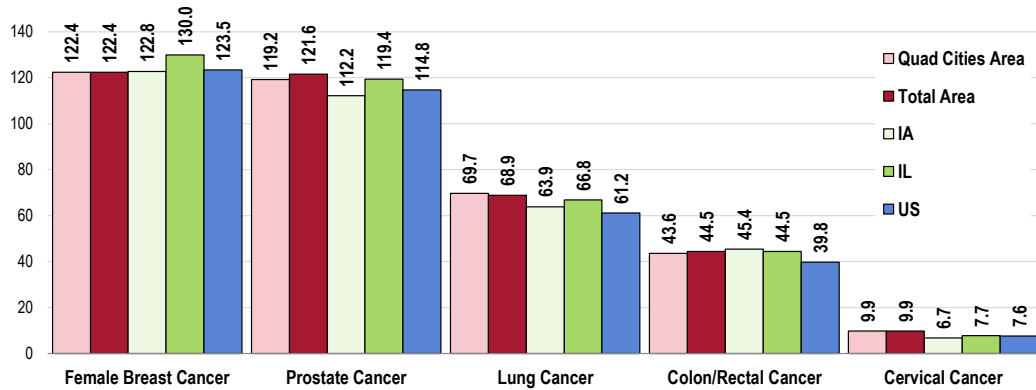
The 2010-2014 Total Area incidence rates for leading cancers are generally similar to state and national rates; the exception is for cervical cancer, which fares worse.

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

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

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)

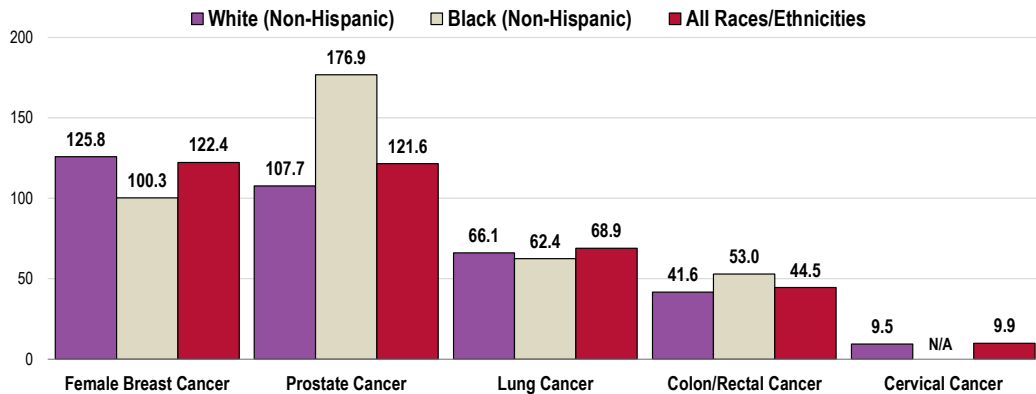


Sources: • State Cancer Profiles.
 • Retrieved March 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ...,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

- By available race data, Non-Hispanic Blacks experience a notably higher prostate and colon/rectal cancer incidence than Non-Hispanic Whites in the Total Area.
- On the other hand, Whites report a higher female breast cancer and lung cancer (both genders) incidence rate than do Blacks in the Total Area.

Cancer Incidence Rates by Site and Race/Ethnicity

(Annual Average Age-Adjusted Incidence per 100,000 Population, Total Area, 2010-2014)



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

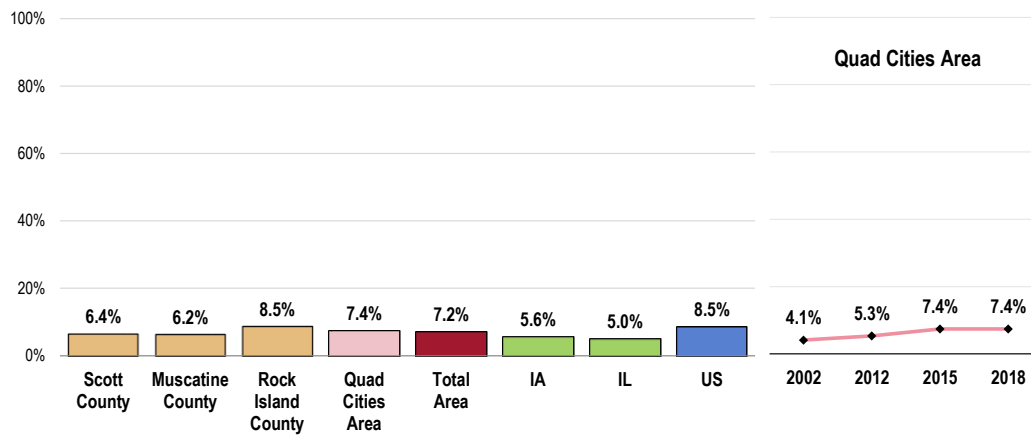
Prevalence of Cancer

Skin Cancer

A total of 7.2% of surveyed Total Area adults report having been diagnosed with skin cancer.

- Worse than the Illinois prevalence.
- Statistically similar to what is found in Iowa and the US overall.
- Similar findings by county.
- QCA TREND: The prevalence of skin cancer has increased significantly since 2002.

Prevalence of Skin Cancer



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

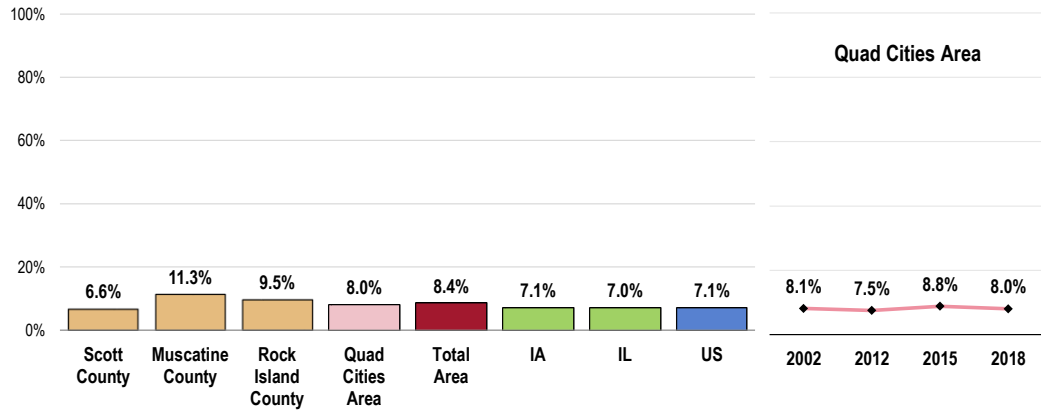
Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Other Cancer

A total of 8.4% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide (both Iowa and Illinois) and national percentages.
- Similar by county.
- QCA TREND: The prevalence of cancer has remained unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Iowa and Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

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

Cancer Risk

About Cancer Risk

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

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

Cancer Screenings

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

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy/colonoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

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.

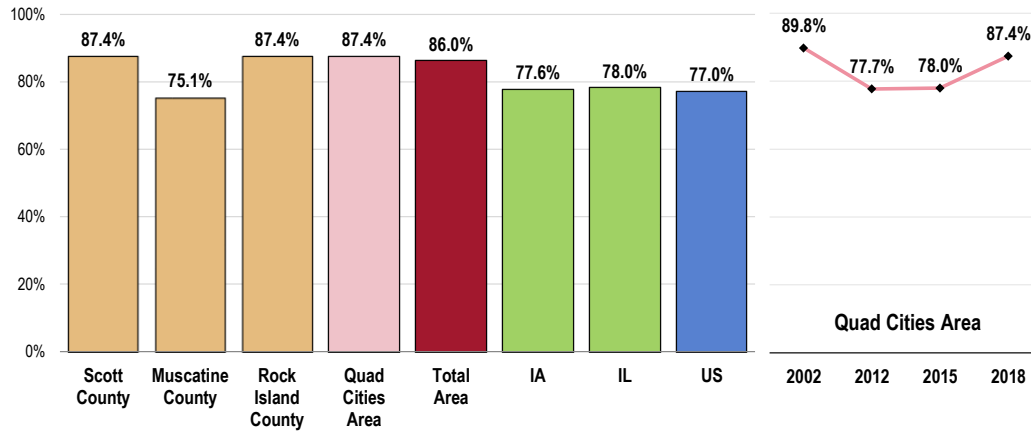
Mammography

Among women age 50-74, 86.0% have had a mammogram within the past 2 years.

- More favorable than state and US findings.
- Satisfies the Healthy People 2020 target (81.1% or higher).
- Lower among women in Muscatine County.
- QCA TREND: Statistically unchanged from 2002 survey findings (but marking an increase from 2012 and 2015 findings).

Have Had a Mammogram in the Past Two Years
(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 • 2017 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.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Cervical Cancer Screenings

About Screening for Cervical Cancer

NOTE: The screening guideline outlined below, in place when this assessment was conducted, is the guideline reflected in the data that follows. However, an updated guideline (which now incorporates high-risk human papillomavirus [hrHPV] testing) was released in August 2018 as this report was being compiled.

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

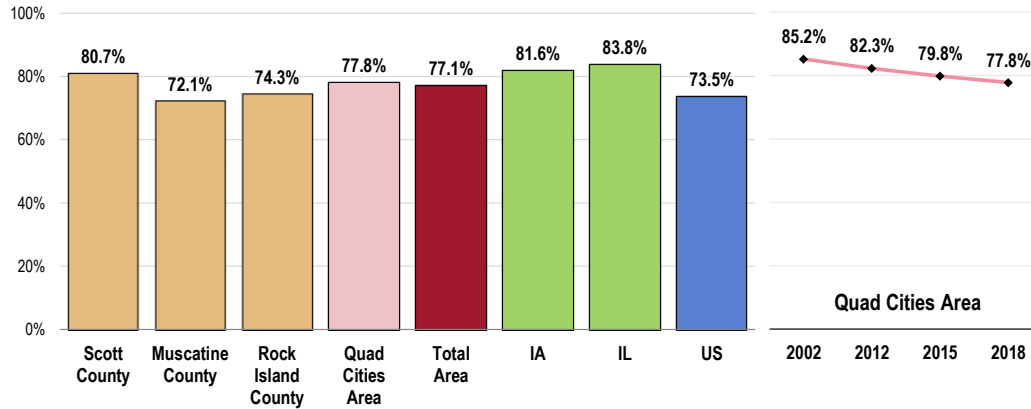
Among Total Area women age 21 to 65, 77.1% have had a Pap smear within the past 3 years.

- Lower than Iowa and Illinois percentages.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Similar reports by county.
- QCA TREND: Denotes a statistically significant decrease since 2002.

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Iowa and Illinois data.
 - 2017 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.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

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 (fecal occult blood testing, 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

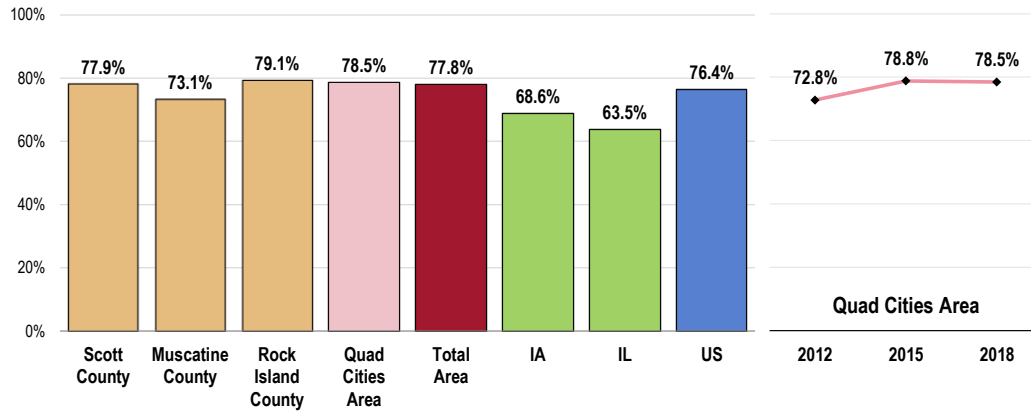
Among adults age 50-75, 77.8% have had an appropriate colorectal cancer screening.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

- Higher than Iowa and Illinois percentages.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Similar findings by county.
- QCA TREND: The percentage has increased significantly since 2012.

Have Had a Colorectal Cancer Screening
(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services. Centers for Disease Control and Prevention (CDC): 2016 Iowa and Illinois data.
 - 2017 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-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.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Respiratory Disease

About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

Age-Adjusted Respiratory Disease Deaths

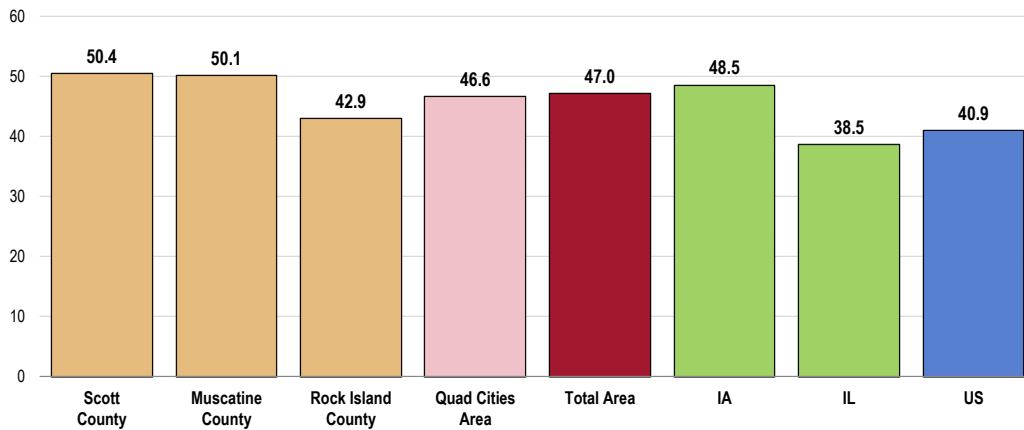
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2014 and 2016, there was an annual average age-adjusted CLRD mortality rate of 47.0 deaths per 100,000 population in the Total Area.

- Higher than the Illinois death rate.
- Similar to the Iowa and US rates.
- Lowest in Rock Island County.

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.

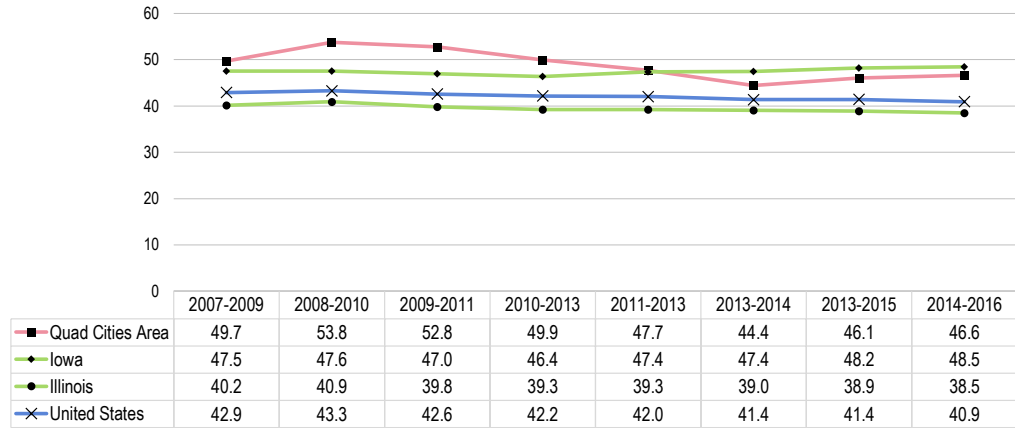
CLRD: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- 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.
 - CLRD is chronic lower respiratory disease.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- QCA TREND: While there has been some decline in CLRD mortality rates during the past decade, the rate appears to have leveled off in recent years.

CLRD: Age-Adjusted Mortality Trends (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 March 2018.
- 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.
 - CLRD is chronic lower respiratory disease.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties.

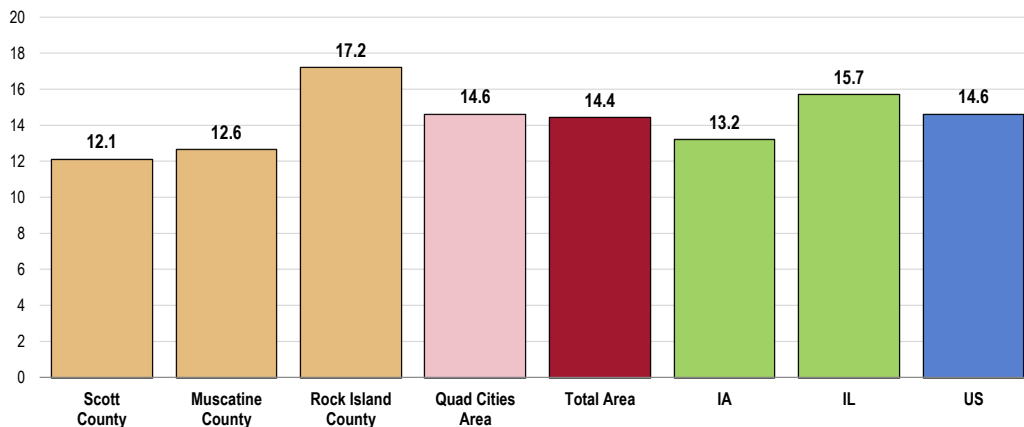
Pneumonia/Influenza Deaths

Between 2014 and 2016, the Total Area reported an annual average age-adjusted pneumonia influenza mortality rate of 14.4 deaths per 100,000 population.

- Comparable to state and US rates.
- Much higher in Rock Island County.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the *Infectious Disease* section of this report.

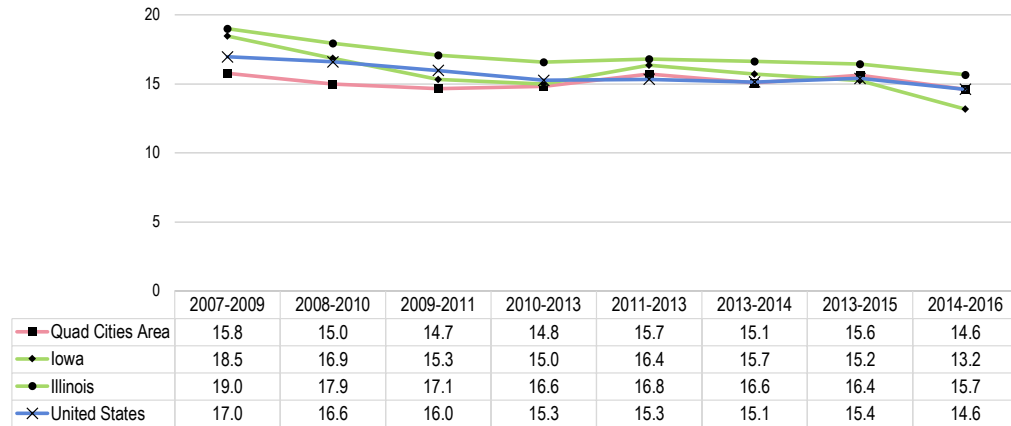
Pneumonia/Influenza: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- 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.
 - Quad Cities Area reflects a combination of the three counties of Scott, Muscatine, and Rock Island.

- QCA TREND: Quad Cities Area pneumonia/influenza death rates have been largely stable over the past decade, despite decreasing trends noted statewide and nationally.

Pneumonia/Influenza: Age-Adjusted Mortality Trends (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 March 2018.
 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.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties.

Prevalence of Respiratory Disease

Asthma

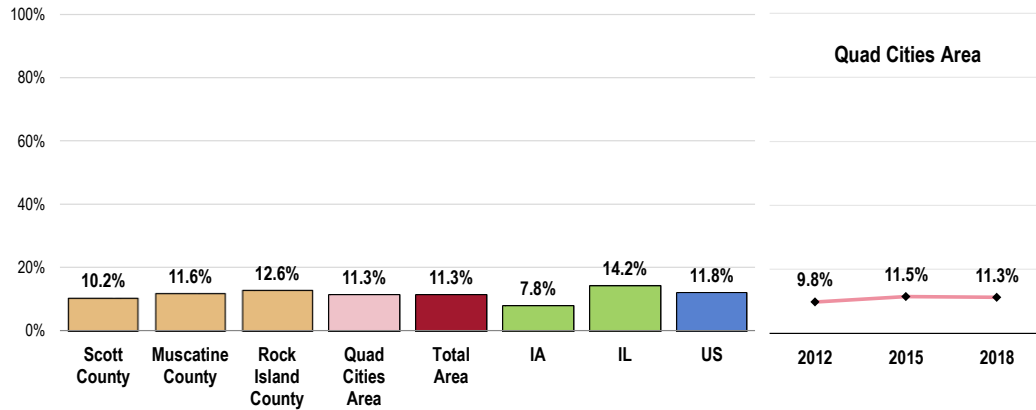
Adults

A total of 11.3% of Total Area adults currently suffer from asthma.

- Higher than the Iowa prevalence.
- Lower than the Illinois prevalence.
- Similar to the national prevalence.
- Statistically similar by county.
- QCA TREND: The prevalence of adults with current asthma has not changed significantly since 2012.

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

Adult Asthma: Current Prevalence



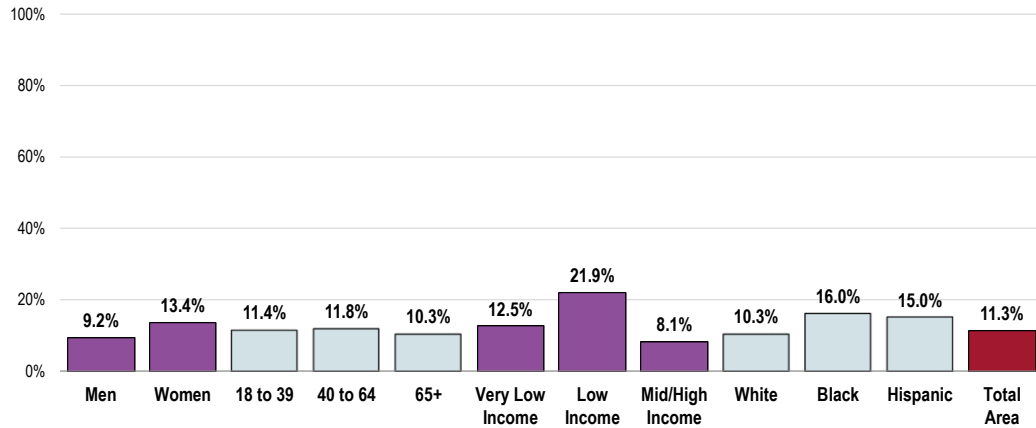
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

The following adults are more likely to suffer from asthma:

- Women.
- Residents living just above the federal poverty level.

Currently Have Asthma (Total Area, 2018)



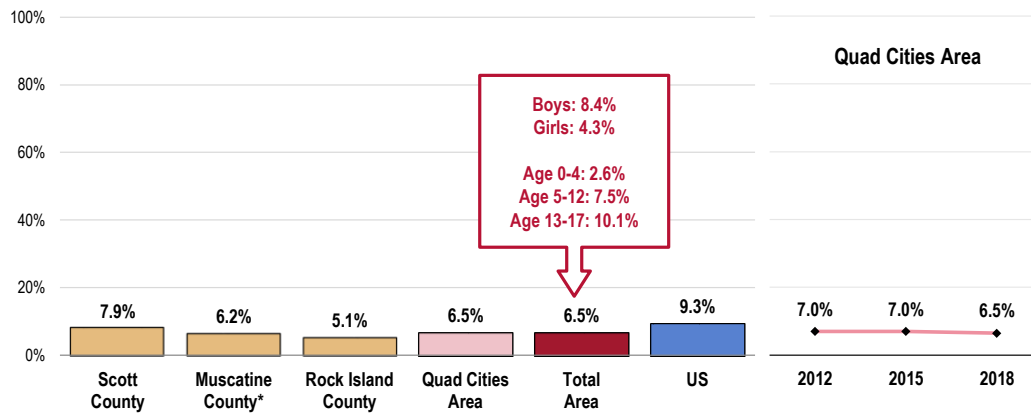
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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

Among Total Area children under age 18, 6.5% currently have asthma.

- Comparable to the national figure.
- Comparable findings by county.
- QCA TREND: Statistically unchanged over time.
- Viewed by age and gender, Total Area boys are more likely than girls to have asthma, and the prevalence increases with age.

Childhood Asthma: Current Prevalence
(Among Total Area Parents of Children Age 0-17)



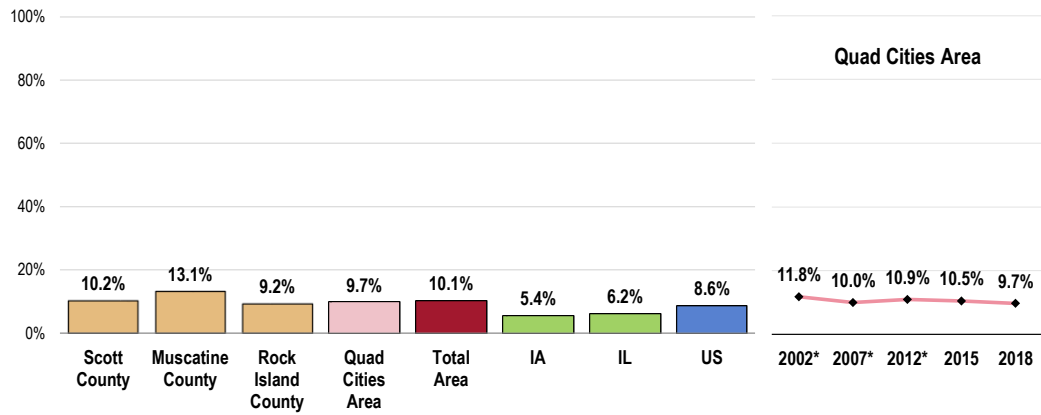
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.
 • *Use caution when interpreting Muscatine County results for this indicator as the sample size falls below 50.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 10.1% of Total Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Worse than the Iowa and Illinois figures.
- Similar to the US figure.
- Similar findings by county.
- QCA TREND: Statistically unchanged over time in the Quad Cities Area.
- *NOTE: In prior data, this question was asked slightly differently; prior to 2015, respondents were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema,” as is asked currently.*

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 - *Prior to 2015, the term "chronic lung disease" was used, which also included bronchitis or emphysema.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Injury & Violence

About Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

- Healthy People 2020 (www.healthypeople.gov)

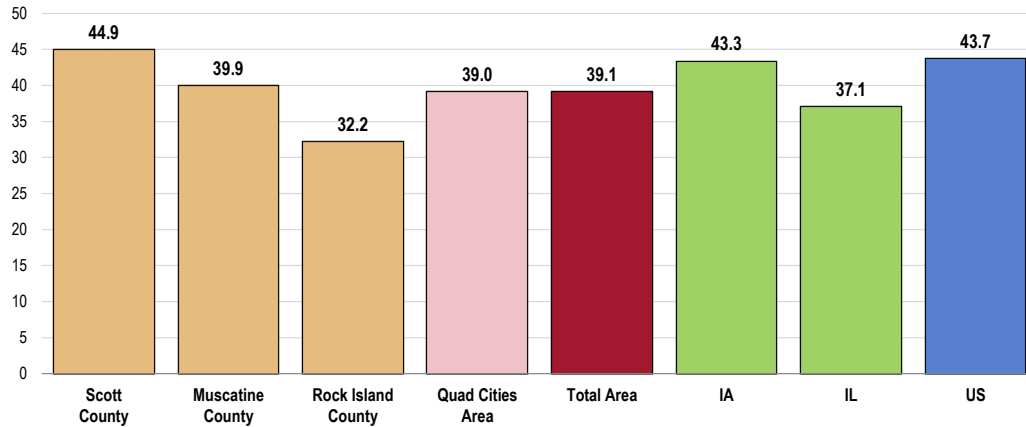
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2014 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 39.1 deaths per 100,000 population in the Total Area.

- Similar to the Iowa, Illinois, and US death rates.
- Similar to the Healthy People 2020 target (36.4 or lower).
- Lowest in Rock Island County.

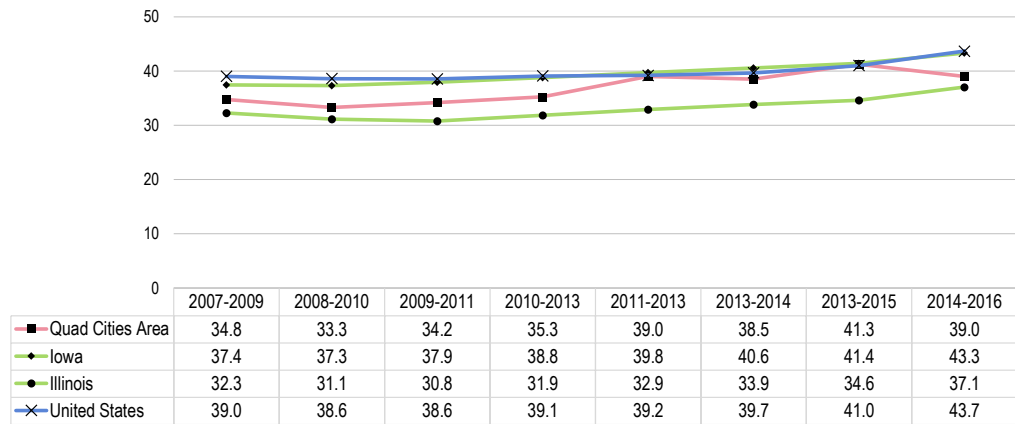
Unintentional Injuries: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- QCA TREND: A clear trend is not apparent in the more recent reporting years.

Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower

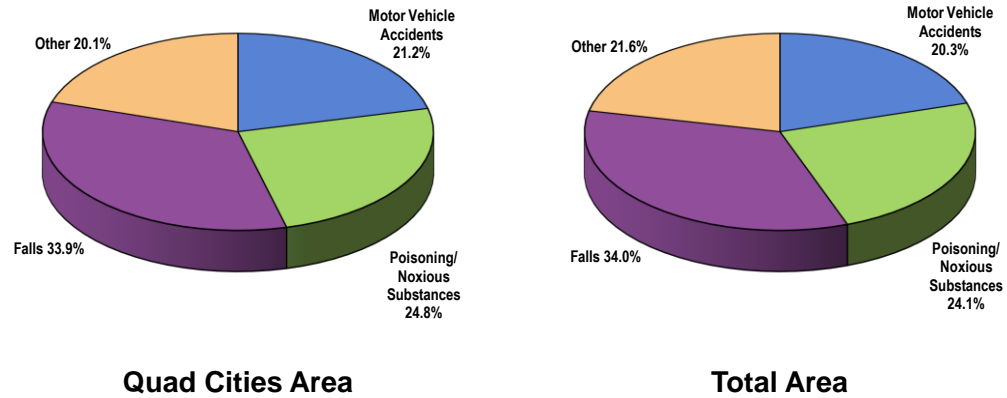


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties.

Leading Causes of Accidental Death

Poisoning (including accidental drug overdose), motor vehicle accidents, and falls accounted for most accidental deaths in the Total Area between 2014 and 2016.

Leading Causes of Accidental Death (2014-2016)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Selected Injury Deaths

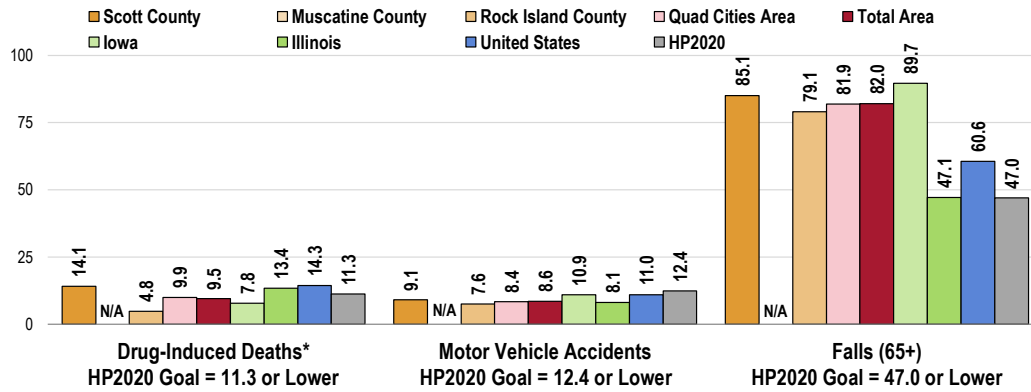
The following chart outlines mortality rates for unintentional drug-related deaths, motor vehicle crashes, and falls (among adults age 65 and older).

The Total Area annual average age-adjusted mortality rate from falls (among those age 65+) is worse than Illinois and US rates.

The Total Area unintentional drug-induced death rate is worse than the Iowa rate.

Select Injury Death Rates

(By Cause of Death; 2014-2016 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 March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1, IVP-23.2, 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.
 - *Drug-induced deaths include both intentional and unintentional drug overdoses.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years ... In 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately \$19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

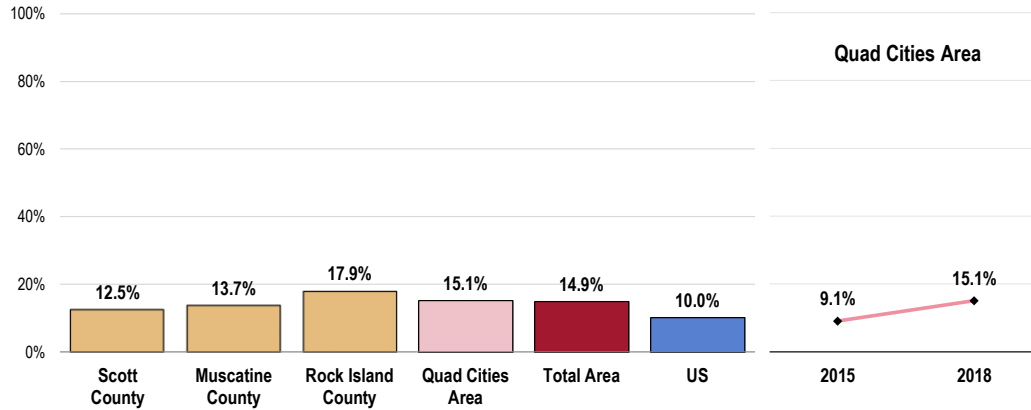
Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

- Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Total Area adults age 45 and older, 14.9% were injured in the past year as the result of a fall.

- Higher than the national proportion.
- Higher in Rock Island County.
- QCA TREND: Denotes a statistically significant increase from 2015 survey findings.

Injured as the Result of a Fall in the Past Year
(Among Respondents Age 45 and Older)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 108]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of those respondents age 45 and older.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Firearm Safety

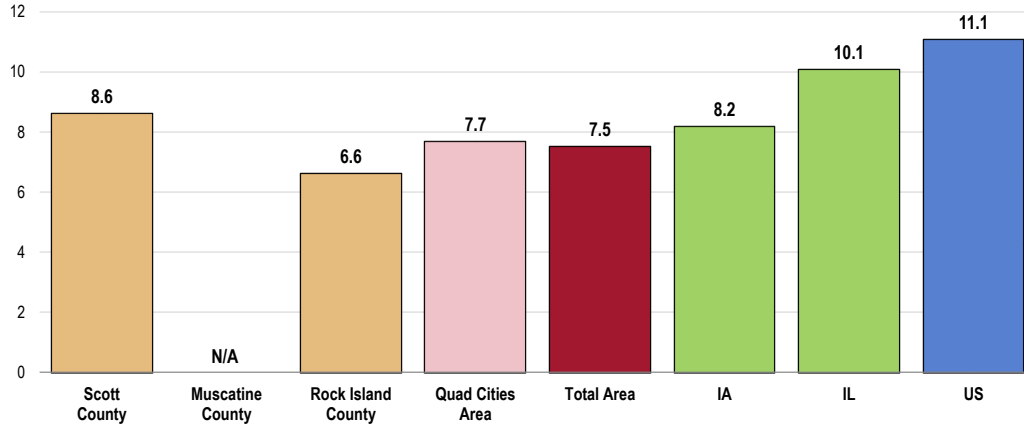
Age-Adjusted Firearm-Related Deaths

Between 2014 and 2016, firearms in the Total Area accounted for an annual average age-adjusted 7.5 deaths per 100,000 population.

- Comparable to the Iowa rate.
- Lower than found in Illinois and also nationally.
- Satisfies the Healthy People 2020 objective (9.3 or lower).
- Lower in Rock Island County (counts are too small for independent reporting for Muscatine County).

Firearms-Related Deaths: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower

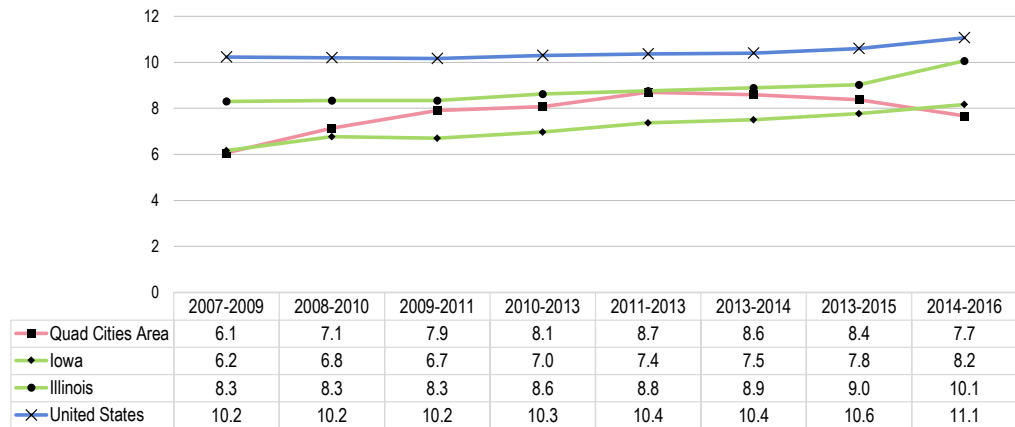


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- **QCA TREND:** After increasing for much of the past decade, firearm-related deaths have declined in more recent years.

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

Healthy People 2020 Target = 5.5 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 March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- 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.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

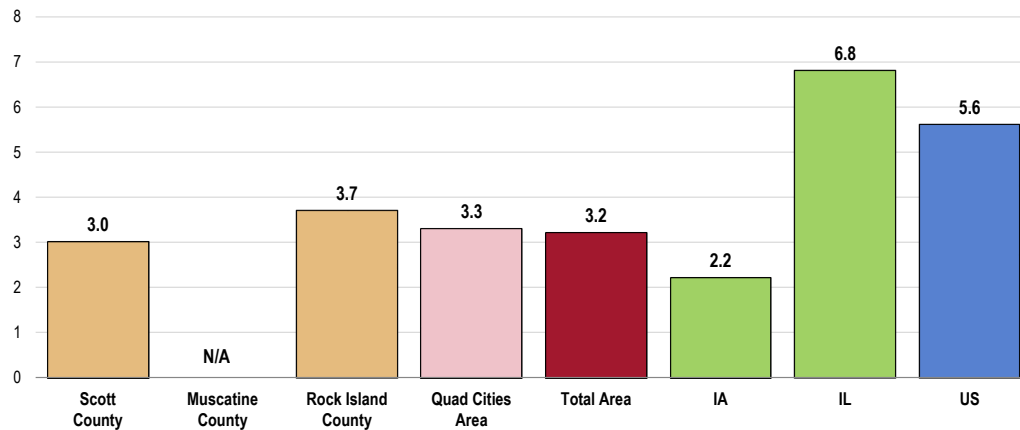
Between 2014 and 2016, there were 3.2 homicides per 100,000 population in the Total Area.

RELATED ISSUE:

See also *Mental Health: Suicide* in the **General Health Status** section of this report.

- Higher than the Iowa rate.
- Lower than the Illinois and US rates.
- Satisfies the Healthy People 2020 target of 5.5 or lower.
- Similar rates in Scott and Rock Island counties.

Homicide: Age-Adjusted Mortality
(2007-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 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 March 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- 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.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Violent Crime

Violent Crime Rates

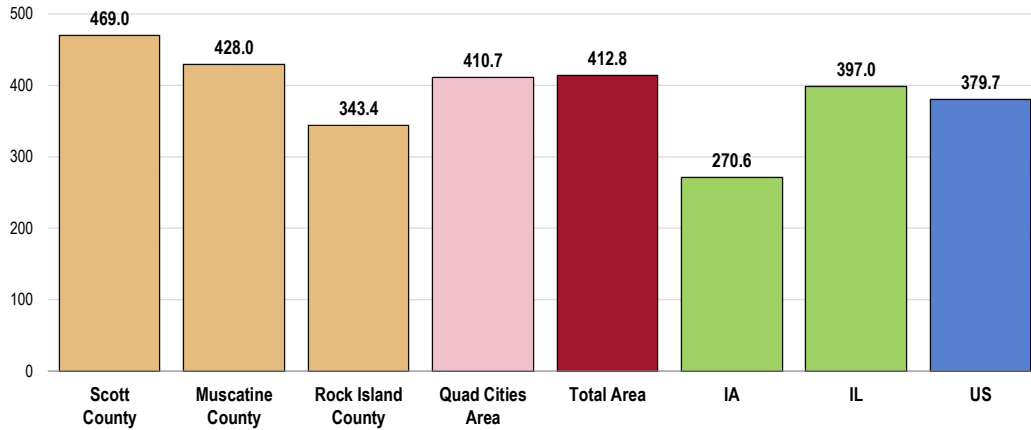
Between 2012 and 2014, there were a reported 412.8 violent crimes per 100,000 population in the Total Area.

- Higher than the Iowa rate for the same period.
- Similar to the Illinois and national rates.
- Lowest in Rock Island County.

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

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

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



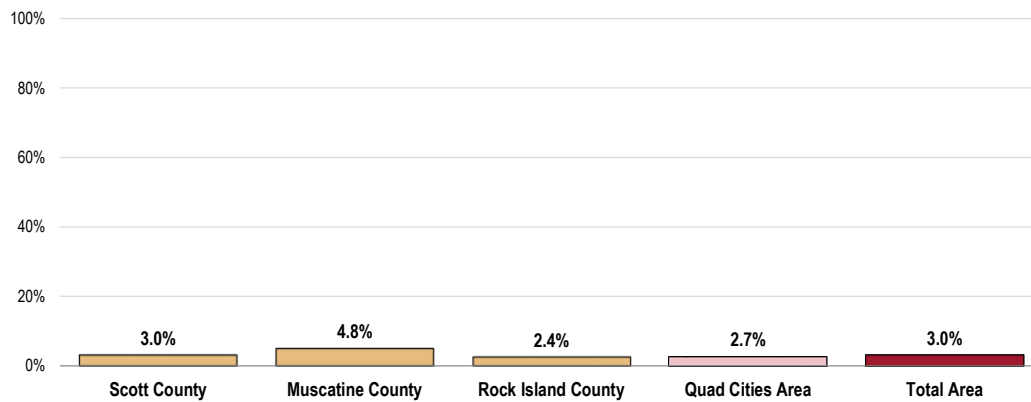
Sources: • Federal Bureau of Investigation, FBI Uniform Crime Reports.
 • Retrieved March 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
 • Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and College's data tables.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Community Violence

A total of 3.0% of surveyed Total Area adults acknowledge being the victim of a violent crime in the area in the past three years.

- Similar percentages reported in all three counties.

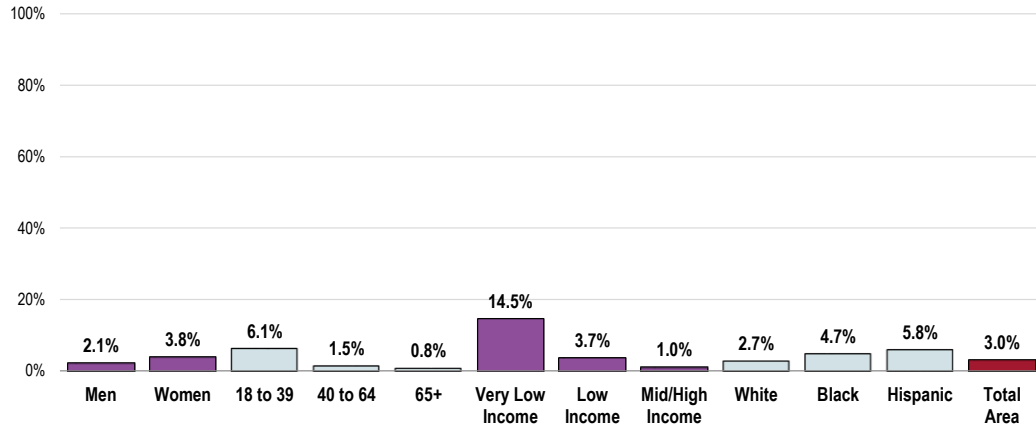
Have Been the Victim of a Violent Local Crime in the Past Three Years



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 322]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Reports of violence are notably higher among young adults and especially residents living in the lower income categories.

Have Been the Victim of a Violent Local Crime in the Past Three Years (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 322]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Family Violence

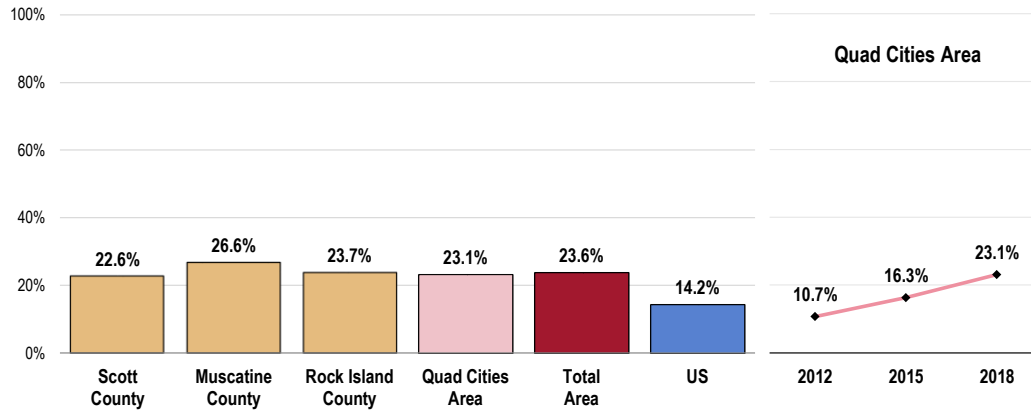
A total of 23.6% of Total Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Higher than national findings.
- Similar by county.
- QCA TREND: Marks a statistically significant increase since 2012.

Respondents were read:

"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."

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

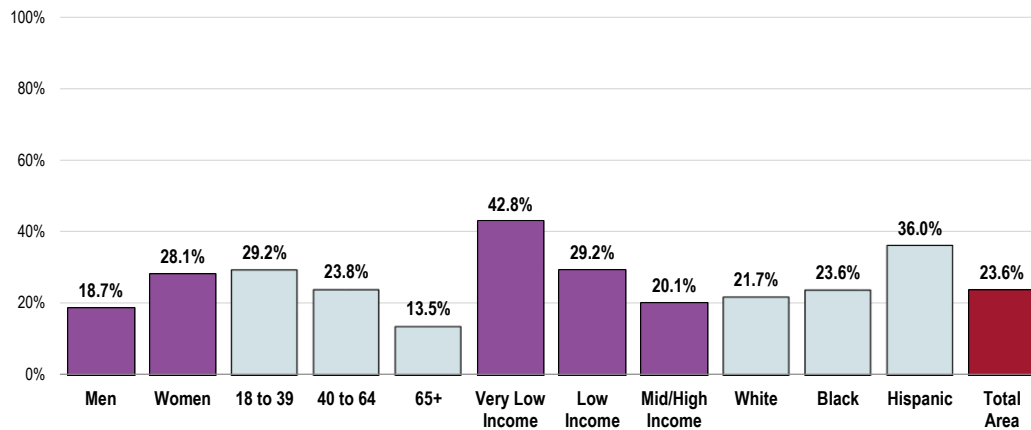


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Reports of domestic violence are also notably higher among:

- Women.
- Adults under 65.
- Those with lower incomes.
- Hispanics.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Total Area, 2018)



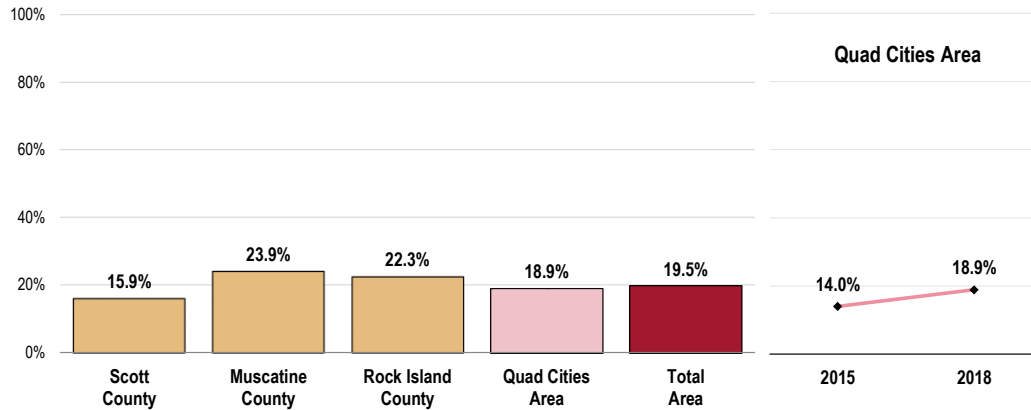
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Childhood Abuse

Among Total Area respondents, 19.5% report that at some point in their childhood, they were victims of neglect or abuse.

- Lowest among respondents in Scott County.
- QCA TREND: Denotes a statistically significant increase since 2015.

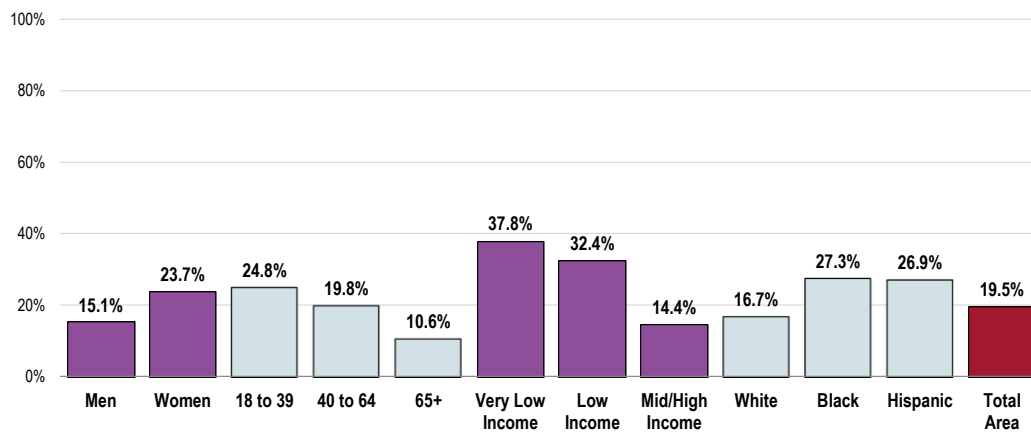
Victim of Neglect or Abuse While Growing Up



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 323]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Reports of childhood neglect or abuse during childhood are notably higher among women, Blacks, and Hispanics.
- Note also the negative correlations between reports of neglect or abuse during childhood and both age and income levels in the Total Area.

**Victim of Neglect or Abuse While Growing Up
 (Total Area, 2018)**



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 323]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Diabetes

About Diabetes

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

Diabetes mellitus:

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

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

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

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

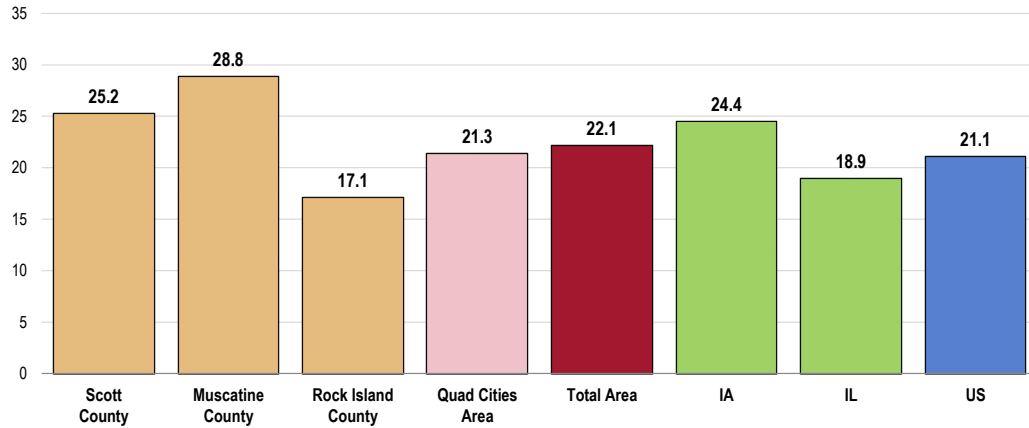
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2014 and 2016, there was an annual average age-adjusted diabetes mortality rate of 22.1 deaths per 100,000 population in the Total Area.

- Similar to the Iowa, Illinois, and US rates.
- Similar to the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Lowest in Rock Island County.

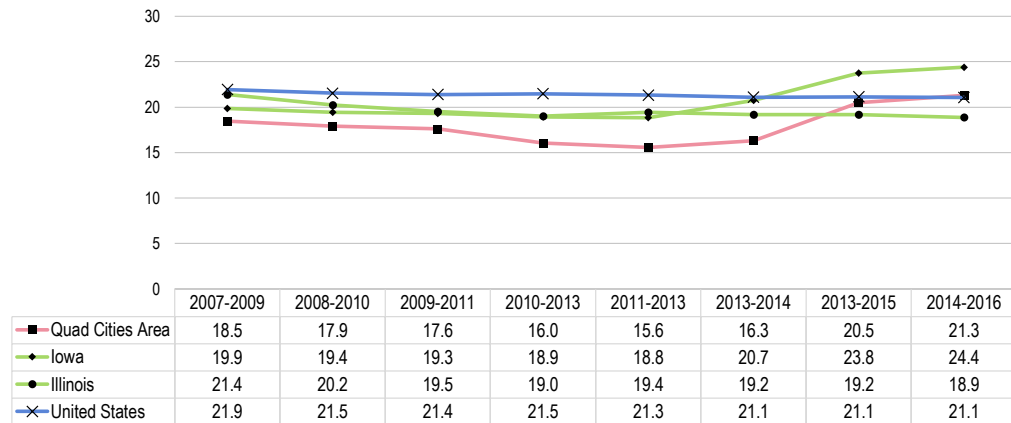
Diabetes: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - 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 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- **QCA TREND:** While diabetes mortality declined for part of the past decade in the Quad Cities Area, the more recent trend is an increasing one.

Diabetes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - 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 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties.

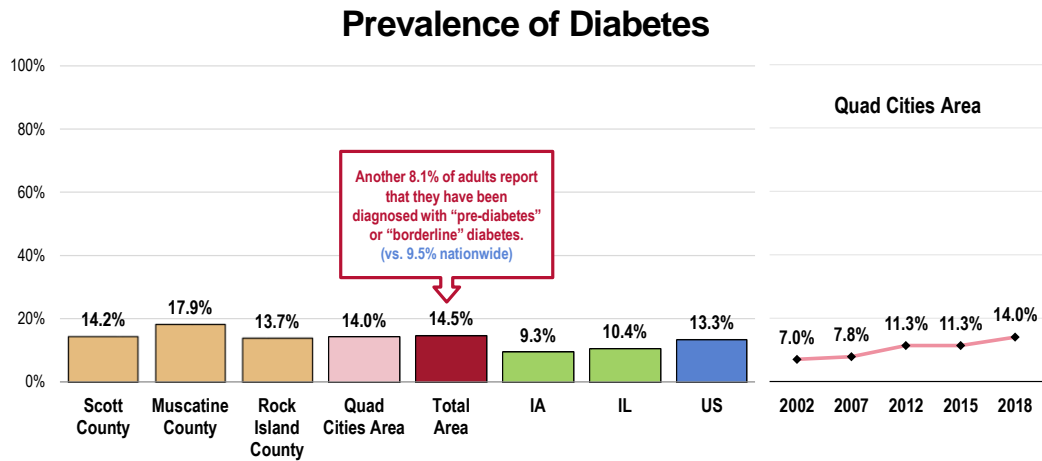
Prevalence of Diabetes

A total of 14.5% of Total Area adults report having been diagnosed with diabetes.

- Higher than both statewide proportions.
- Similar to the national proportion.
- Statistically similar by county.
- QCA TREND: Marks a statistically significant increase over time.

In addition to the prevalence of diagnosed diabetes referenced above, another 8.1% of Total Area adults report that they have “pre-diabetes” or “borderline diabetes.”

- Comparable to the US prevalence.
- Similar findings by county (not shown).

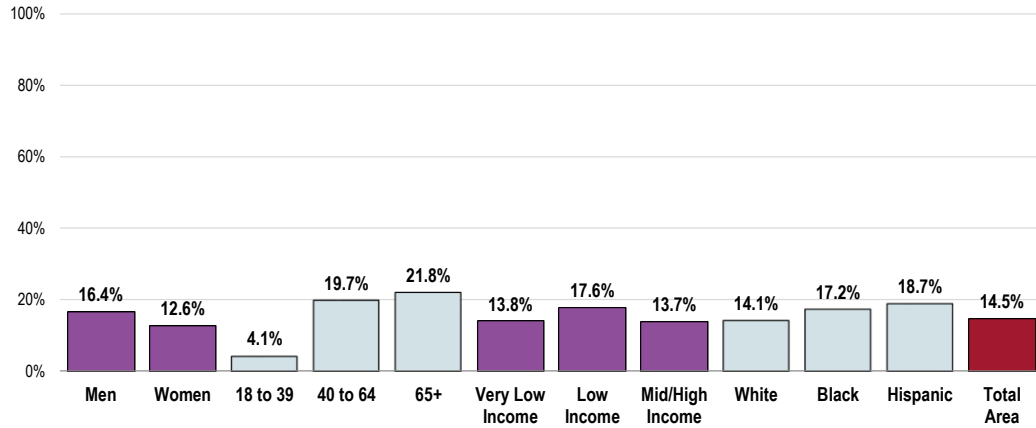


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among adults age 40 and older, with 21.8% of seniors diagnosed with diabetes.

Prevalence of Diabetes (Total Area, 2018)



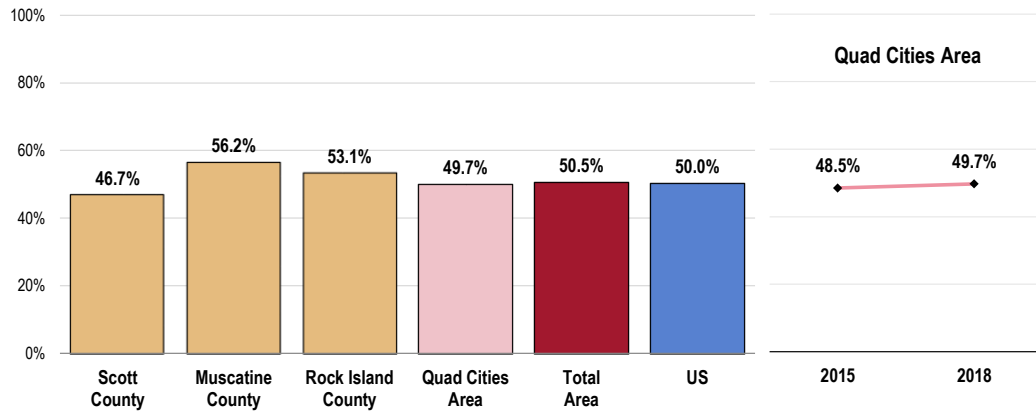
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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 gestational diabetes (occurring only during pregnancy).

Diabetes Testing

Of area adults who have not been diagnosed with diabetes, 50.5% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- Lower in Scott County.
- QCA TREND: Statistically unchanged since 2015.

Have Had Blood Sugar Tested in the Past Three Years (Among Nondiabetics)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents who have not been diagnosed with diabetes.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Alzheimer's Disease

About Dementia

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

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

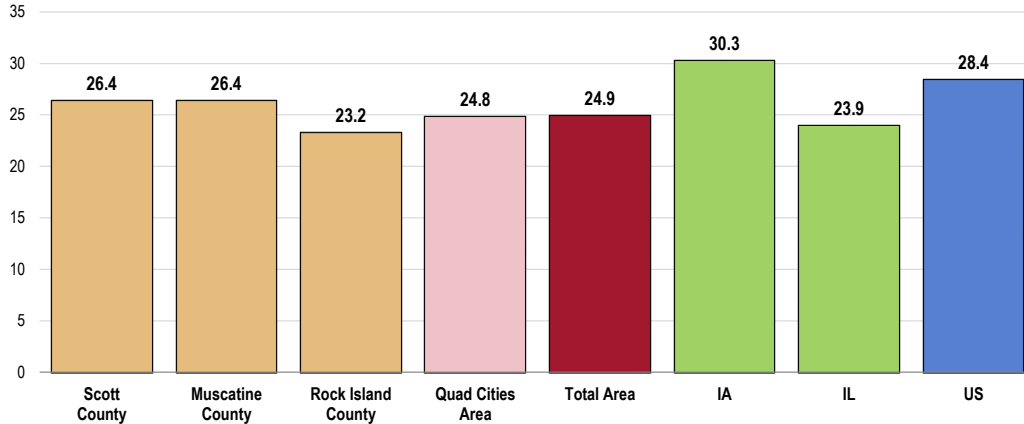
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2014 and 2016, the Total Area reported an annual average age-adjusted Alzheimer's disease mortality rate of 24.9 deaths per 100,000 population.

- More favorable than the Iowa rate.
- Similar to the Illinois and national rates.
- Similar rates by county.

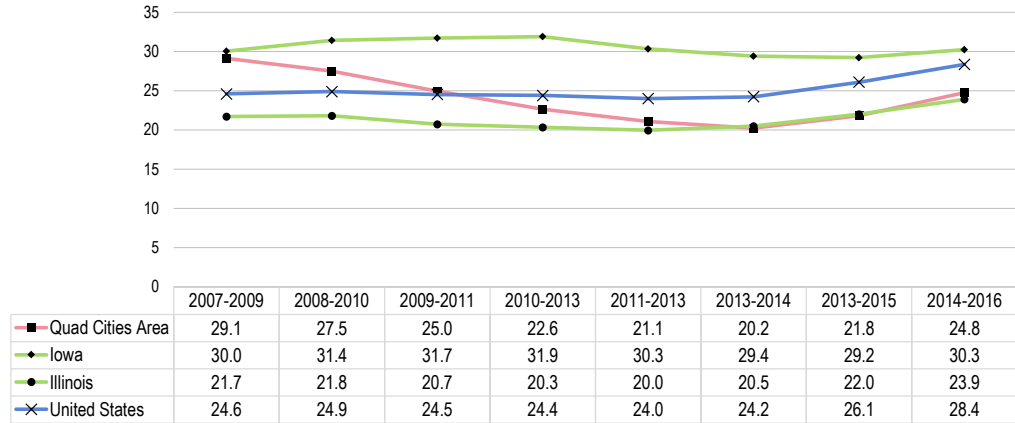
Alzheimer's Disease: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- 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.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- QCA TREND: The decreases noted for much of the past decade have not continued in the most recent reporting years.

Alzheimer's Disease: Age-Adjusted Mortality Trends (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 March 2018.
- 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.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties.

Kidney Disease

About 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.

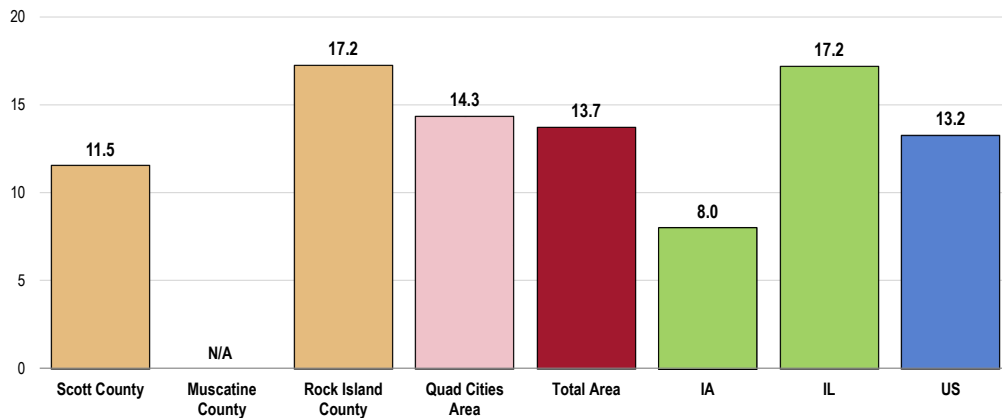
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted kidney disease mortality rate of 13.7 deaths per 100,000 population in the Total Area.

- Higher than the Iowa rate.
- Lower than the Illinois rate.
- Similar to the US rate.
- Higher in Rock Island County than in Scott County.

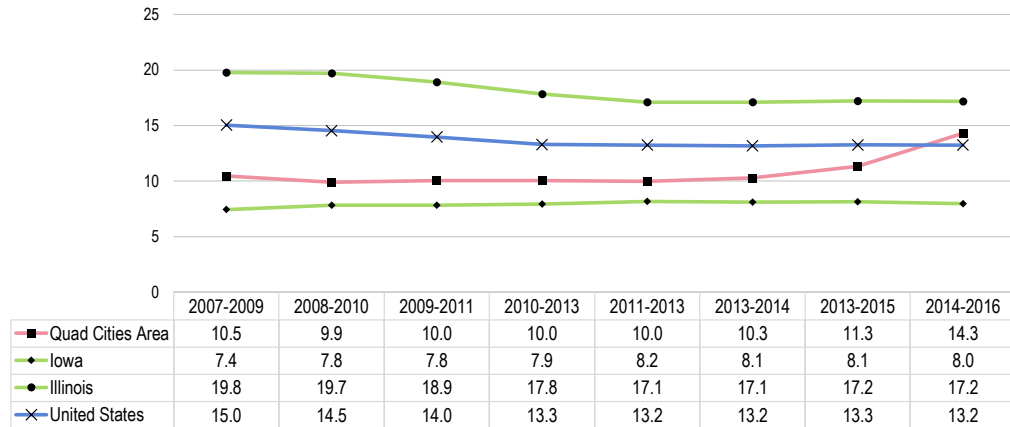
Kidney Disease: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- 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.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- QCA TREND: The death rate has increased over the past decade in the Quad Cities Area, in contrast to the more stable rates statewide and nationally.

Kidney Disease: Age-Adjusted Mortality Trends (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 March 2018.

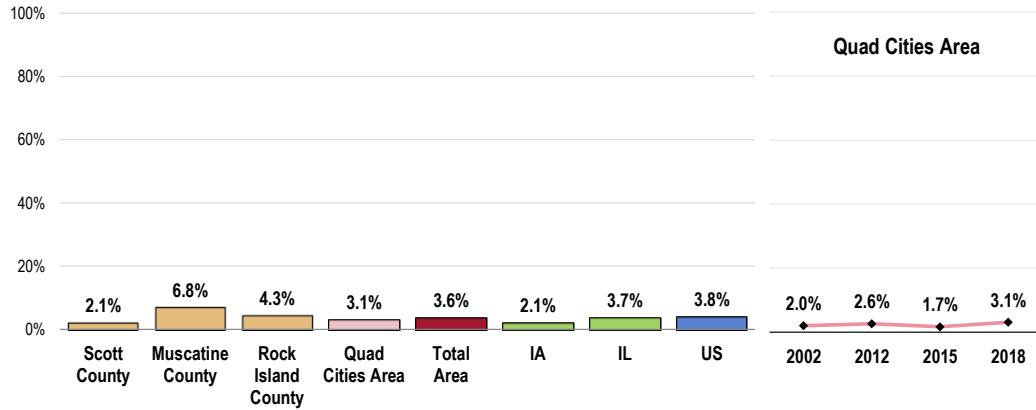
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties.

Prevalence of Kidney Disease

A total of 3.6% of Total Area adults report having been diagnosed with kidney disease.

- Higher than the Iowa prevalence.
- Similar to the Illinois and national proportions.
- Highest in Muscatine County, lowest in Scott County.
- QCA TREND: Statistically unchanged since 2002.

Prevalence of Kidney Disease

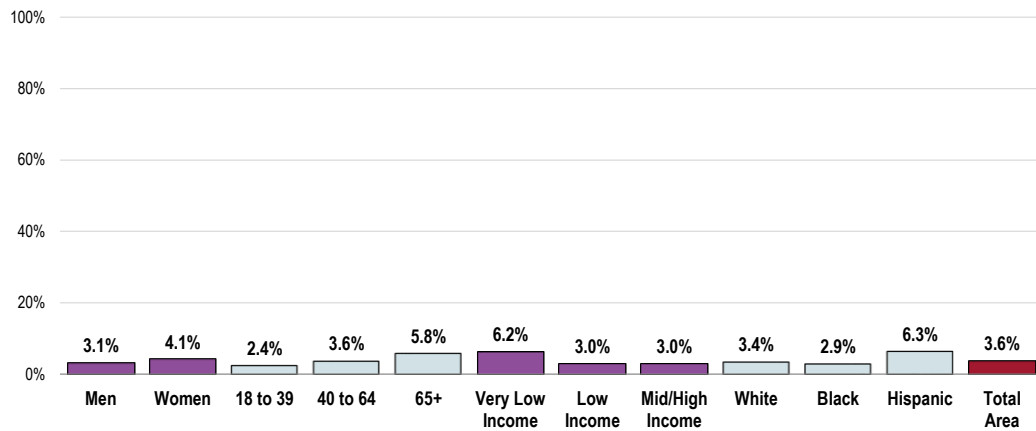


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- No statistical difference in the prevalence of kidney disease when reported by demographic characteristics in the Total Area.

Prevalence of Kidney Disease (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Infectious Disease



Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

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 Vaccination

Among Total Area seniors, 78.3% received a flu shot within the past year.

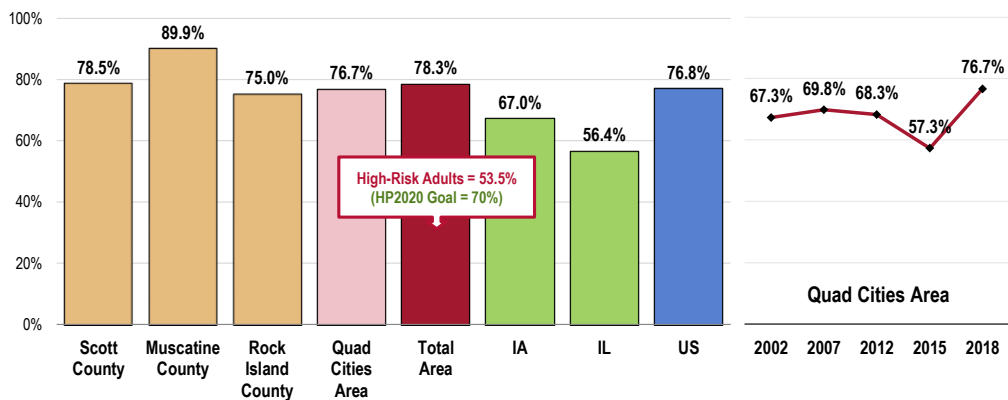
- Higher than the Iowa and Illinois percentages.
- Similar to the national finding.
- Satisfies the Healthy People 2020 target (70% or higher).
- Highest in Muscatine County.
- QCA TREND: Denotes a statistically significant increase from previous survey findings (especially from the 2015 percentage).

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

A total of 53.5% of high-risk adults age 18 to 64 received a flu shot within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year (Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Iowa and Illinois data.
 - 2017 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-12.12]
- Notes:
- Reflects respondents 65 and older.
 - “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes, or respiratory disease.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Pneumonia Vaccination

Among Total Area adults age 65 and older, 80.4% have received a pneumonia vaccination at some point in their lives.

- Higher than the Illinois finding.
- Similar to the Iowa and US figures.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar by county.
- QCA TREND: Denotes a statistically significant increase since 2002.

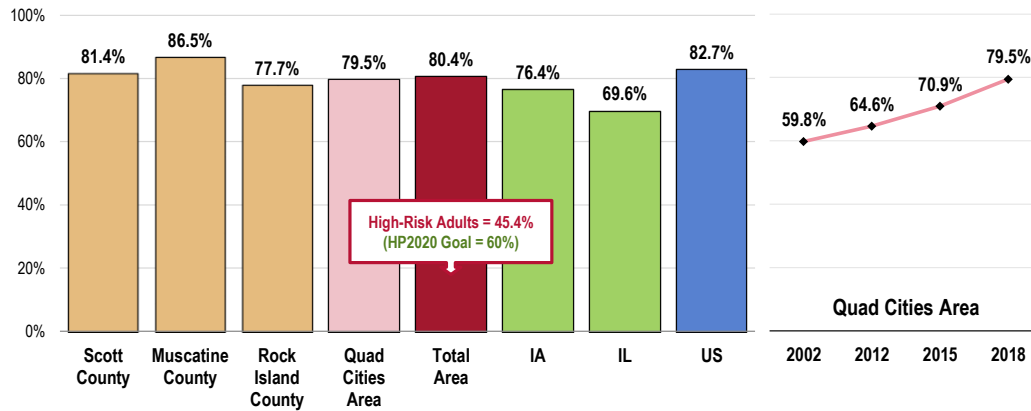
RELATED ISSUE:
See also *Birth Outcomes & Risks: Recommended Childhood Vaccinations in the Births* section of this report.

A total of 45.4% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives IID-13.1, IID-13.2]
- Notes:
- Reflects respondents 65 and older.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

HIV

About Human Immunodeficiency Virus (HIV)

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

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

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

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

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

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

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

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

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

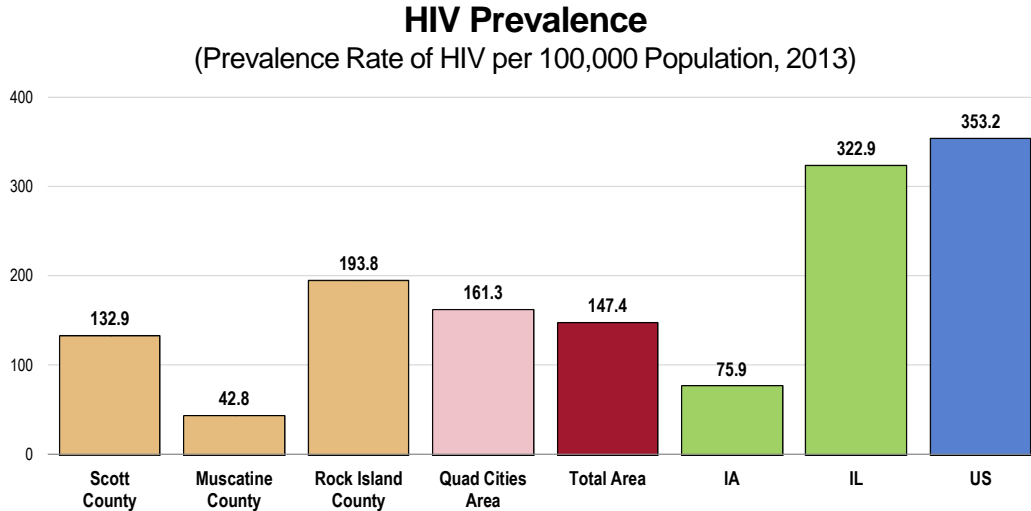
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions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

- Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

In 2013, there was a prevalence of 147.4 HIV cases per 100,000 population in the Total Area.

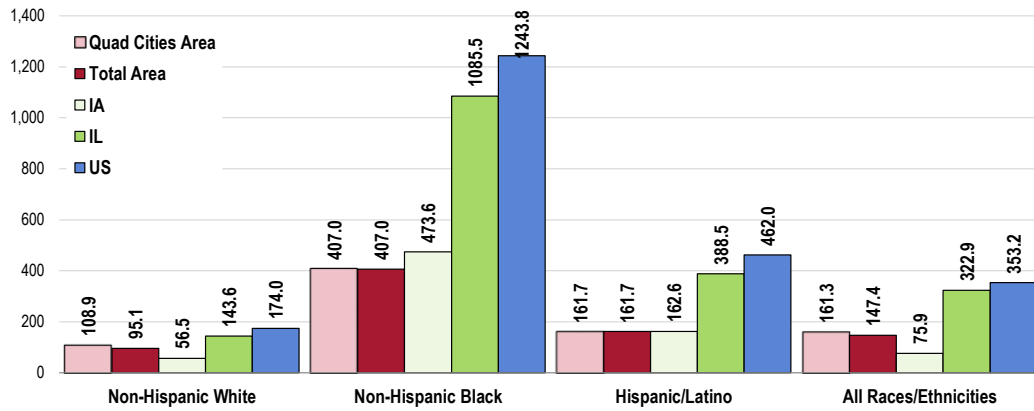
- Above the Iowa prevalence.
- Much more favorable than the Illinois and US figures.
- Highest in Rock Island County, lowest in Muscatine County.



- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 - Retrieved March 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- By race and ethnicity, HIV/AIDS prevalence in the Total Area is particularly high among non-Hispanic Blacks, although to a lesser degree than found across Illinois and the US as a whole.

HIV Prevalence by Race/Ethnicity (Rate per 100,000 Population, 2013)



- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 - Retrieved March 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

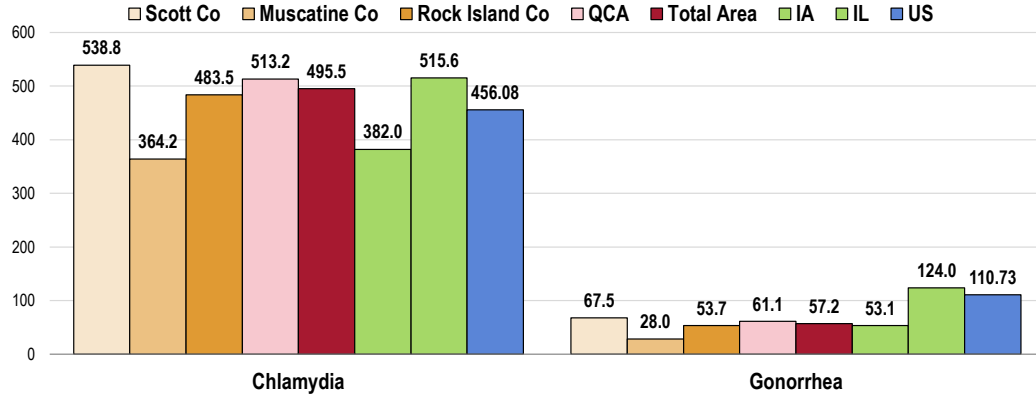
In 2014, the chlamydia incidence rate in the Total Area was 495.5 cases per 100,000 population.

- Notably higher than the Iowa incidence rate.
- Similar to the Illinois and US rates.
- Favorably lower in Muscatine County.

The Total Area gonorrhea incidence rate in 2014 was 57.2 cases per 100,000 population.

- Comparable to the Iowa incidence rate.
- Notably lower than the Illinois and national incidence rates.
- Highest in Scott County; lowest in Muscatine County.

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



- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 - Retrieved March 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Births



Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

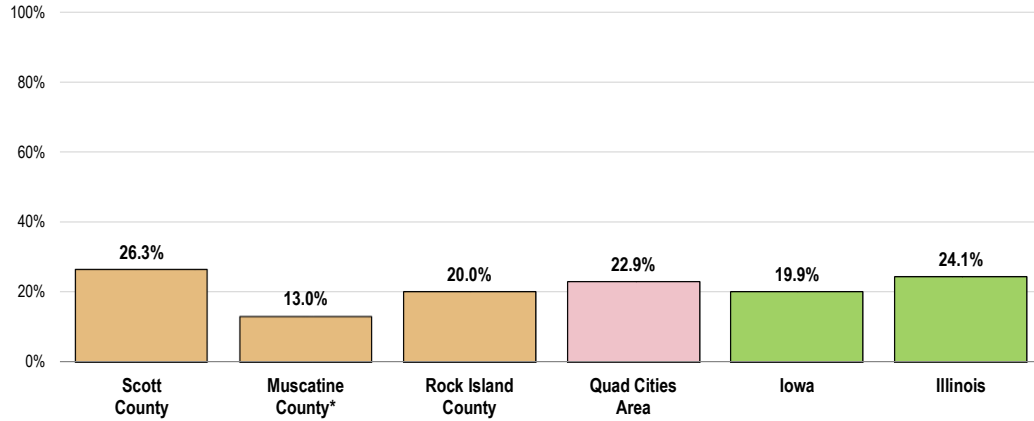
Lack of Timely Prenatal Care

Between 2014 and 2016, 22.9% of all Quad Cities Area births did not receive prenatal care in the first trimester of pregnancy.

- Comparable to the Iowa and Illinois proportions.
- Comparable to the Healthy People 2020 target (22.1% or lower).
- Least favorable in Scott County.

Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2014-2016)

Healthy People 2020 Target = 22.1% or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted March 2018.
- Iowa Department of Public Health. Iowa Public Health Tracking Portal
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]

Note:

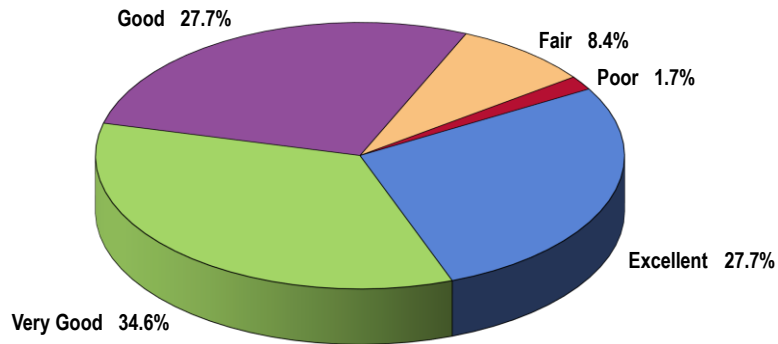
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.
- *The Muscatine County percentage reflects 2011-2015 data.
- Quad Cities Area reflects a combination of Scott and Rock Island counties.

Perceived Ease of Obtaining Prenatal/Postnatal Care

Among Total Area female respondents under age 50, 62.3% gave “excellent” or “very good” ratings of the ease of obtaining such services (excludes women who said they have not needed these services).

- Another 27.7% of these women gave “good” ratings.

Rating of the Ease With Which Prenatal/Postnatal Care Is Obtained (Among Total Area Women Age 18-49, 2018)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]

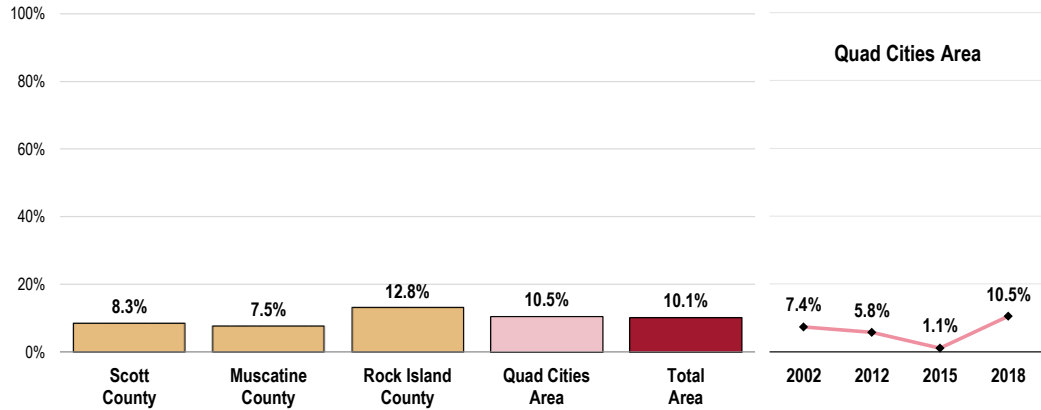
Notes:

- Asked of female respondents age 18 to 49. Excludes those reporting they have not needed prenatal/postnatal care.

On the other hand, 10.1% of these respondents gave “fair/poor” ratings of the ease with which they can obtain prenatal/postnatal services in the community.

- Similar reports by county.
- QCA TREND: Fluctuating considerably over time (statistically similar to the 2002 prevalence but marking a statistically significant increase since 2015).

Ease of Obtaining Prenatal/Postnatal Care Is “Fair/Poor” (Among Total Area Women Age 18-49, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
 Notes: • Asked of female respondents age 18 to 49. Excludes those reporting they have not needed prenatal/postnatal care.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Birth Outcomes & Risks

Low-Weight Births

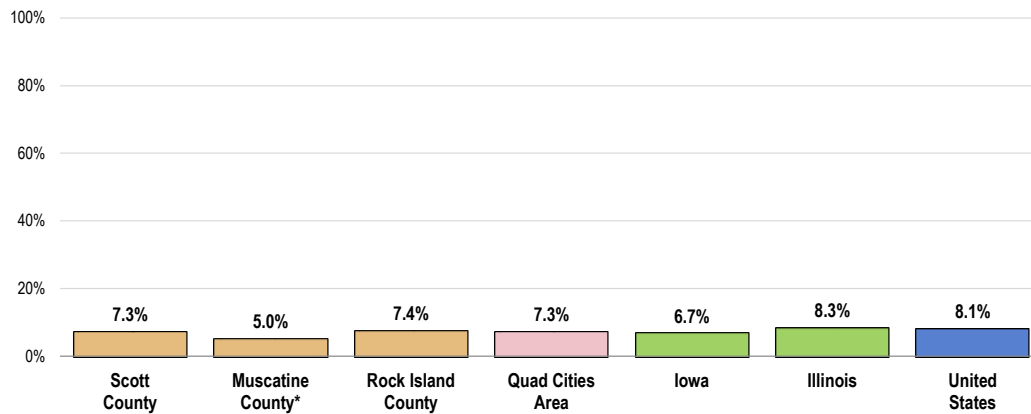
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

A total of 7.3% of 2014-2016 Quad Cities Area births were low-weight.

- Comparable to both state and US percentages.
- Comparable to the Healthy People 2020 target (7.8% or lower).
- Favorably low in Muscatine County (2011-2015 data).

Low-Weight Births
(Percent of Live Births, 2014-2016)
Healthy People 2020 Target = 7.8% or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted March 2018.

• Iowa Department of Public Health, Iowa Public Health Tracking Portal

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

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

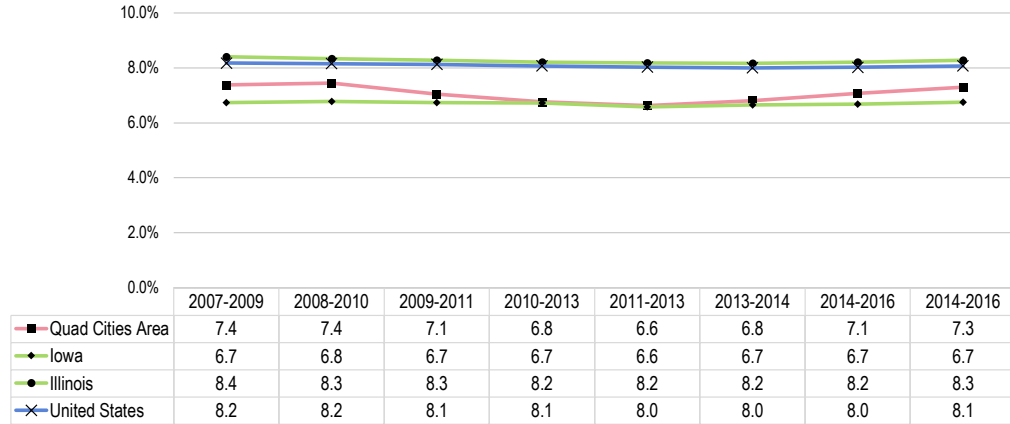
• *The Muscatine County percentage reflects 2011-2015 data.

• Quad Cities Area reflects a combination of Scott and Rock Island counties.

- **QCA TREND:** The percentage of low-weight births has been fairly stable over the past decade, as is found throughout Iowa, Illinois, and the US overall.

Low-Weight Births (Percent of Live Births)

Healthy People 2020 Target = 7.8% or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted March 2018.

Note: ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 ● This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties.

Infant Mortality

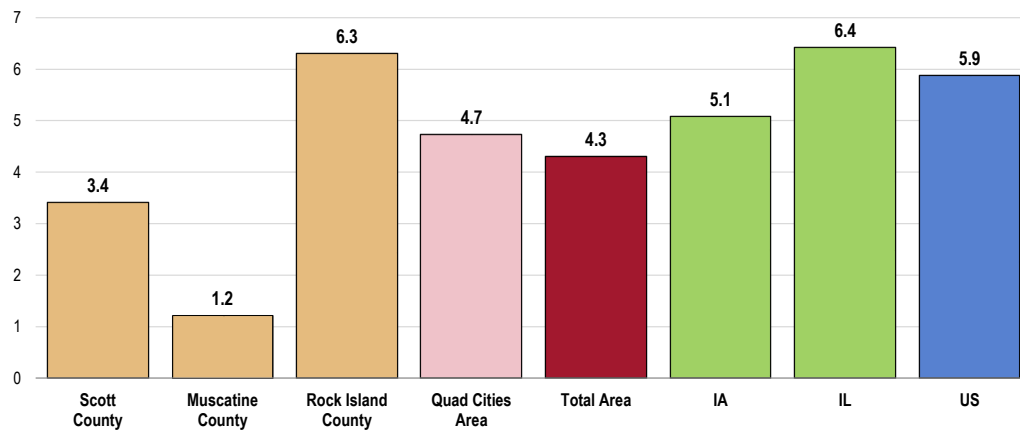
The Total Area reports an annual average of 4.3 infant deaths per 1,000 live births.

- More favorable than the Iowa, Illinois, and US rates.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births or lower.
- Higher in Rock Island County; lower in Muscatine County.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2014-2016)

Healthy People 2020 Target = 6.0 or Lower

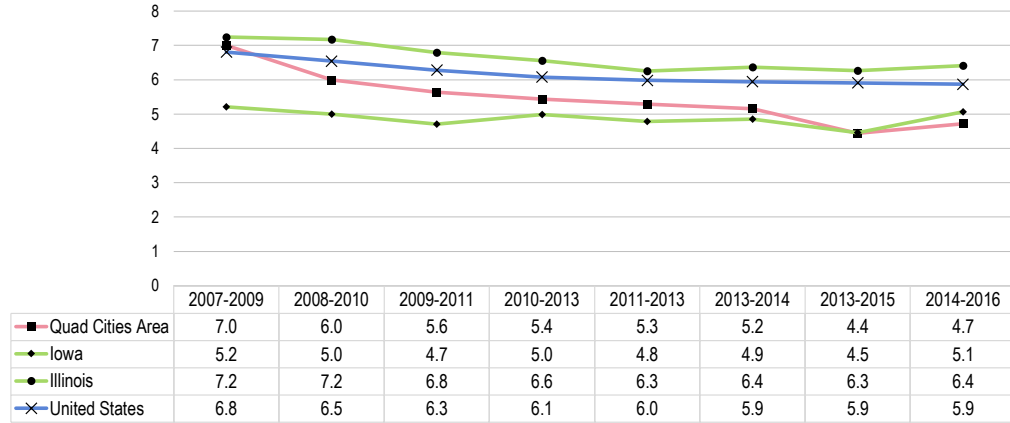


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted March 2018.

Note: ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 ● Infant deaths include deaths of children under 1 year old.
 ● This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- QCA TREND: Infant mortality has decreased over time in the Quad Cities Area.

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



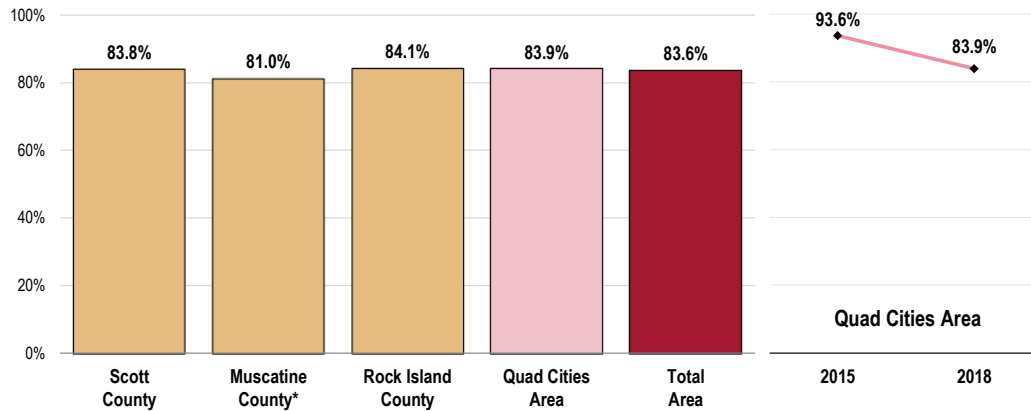
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted March 2018.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 • US Department of Health and Human 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.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties.

Perceptions of Childhood Vaccinations

PRC survey respondents with children under 18 were asked whether they would want all recommended childhood vaccinations if they were to have a newborn. Most (83.6%) reported that they would want these vaccines.

- Similar findings by county.
- QCA TREND: Denotes a statistically significant decrease among parents since 2015.

Would Want All Recommended Vaccinations for a Newborn (Total Area Adults with Children <18; 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 343]
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • *Use caution when interpreting Muscatine County results for this indicator as the sample size falls below 50.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Of the 33 respondents who would not want a newborn to have the recommended vaccinations, 12 **weren't sure** why not and 10 mentioned specific **side effects**. Other reasons mentioned by fewer parents included personal **preference**, perceived **risk**, lack of **necessity**, **religion/culture**, **timing**, **cost**, and **age** of the child.

Family Planning

Births to Teen Mothers

About Teen Births

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

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

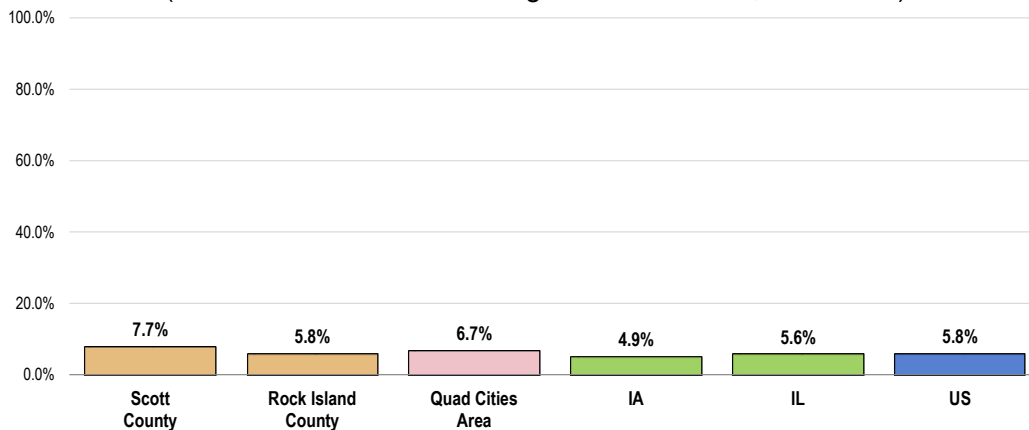
Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become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

- Healthy People 2020 (www.healthypeople.gov)

Between 2014 and 2016 in the Quad Cities Area, 6.7% of all live births were to teens under the age of 20.

- Higher than the Iowa and Illinois percentages.
- Comparable to the US percentage.
- Lower in Rock Island County.

Births to Teenagers Under Age 20
(Births to Teens as a Percentage of All Live Births, 2014-2016)

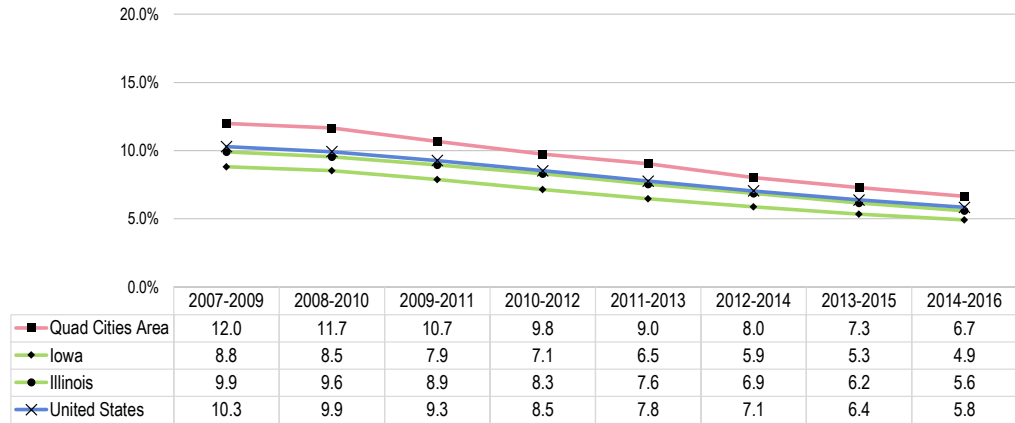


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted March 2018.

Note: • This indicator reports the percentage of total births that are to females under the age of 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high percentages of teen pregnancy may indicate the prevalence of unsafe sex practices.
• Quad Cities Area reflects a combination of Scott and Rock Island counties.

- QCA TREND: The prevalence of teen births has decreased considerably over the past decade.

Births to Teenagers Under Age 20 (Births to Teens as a Percentage of All Live Births, 2014-2016)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics.
Data extracted March 2018.

Note: • This indicator reports the percentage of total births that are to females under the age of 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high percentages of teen pregnancy may indicate the prevalence of unsafe sex practices.
• Quad Cities Area reflects a combination of Scott and Rock Island counties.

Modifiable Health Risks



Professional Research Consultants, Inc.

Nutrition

About Healthful Diet & Healthy Weight

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

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

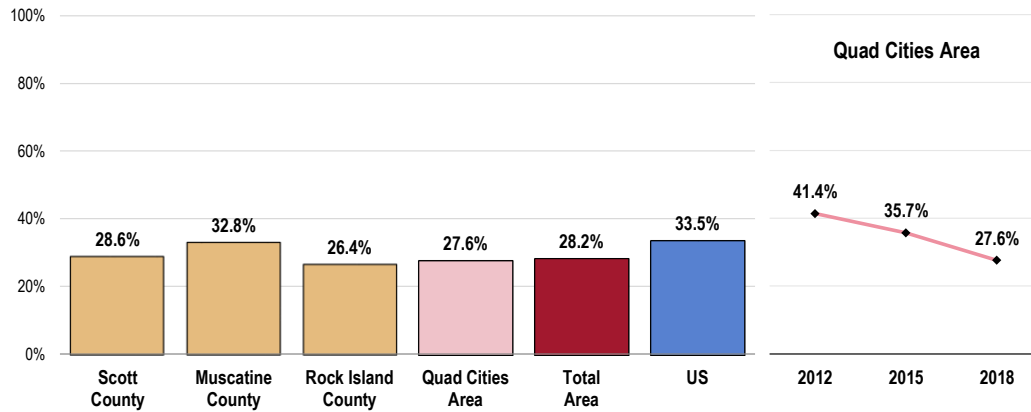
Adults

A total of 28.2% of Total Area adults report eating five or more servings of fruits and/or vegetables per day.

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.

- Lower than national findings.
- Statistically similar findings by county.
- QCA TREND: Fruit/vegetable consumption has decreased significantly since 2012.

Consume Five or More Servings of Fruits/Vegetables Per Day

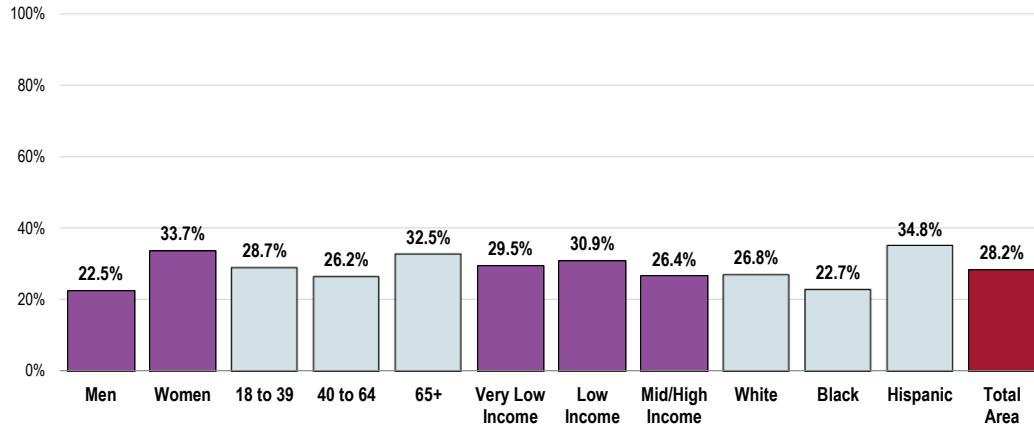


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Area men are less likely to get the recommended servings of daily fruits/vegetables when compared with Total Area women.

Consume Five or More Servings of Fruits/Vegetables Per Day (Total Area, 2018)



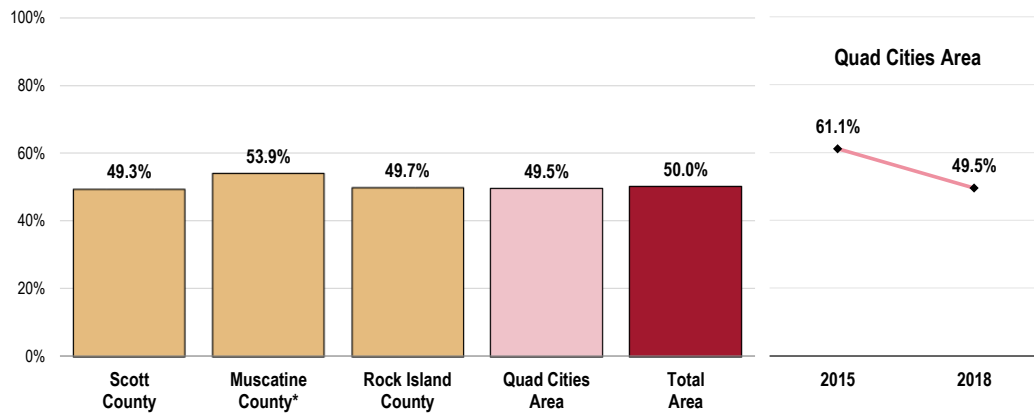
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Children

Half (50.0%) of area children age 2-17 eat five or more servings of fruits and/or vegetables per day (parents recalled their child's food intake on the previous day).

- Similar findings by county (*note that the Muscatine County sample falls below 50*).
- QCA TREND: Children's fruit/vegetable consumption has decreased significantly.

Child Consumes 5+ Servings of Fruits/Vegetables per Day (Among Total Area Parents of Children Age 2-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 199]
 Notes: • Asked of all respondents with children age 2-17.
 • For this issue, respondents were asked to recall their child's food intake on the previous day.
 • *Use caution when interpreting Muscatine County results for this indicator as the sample size falls below 50.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Access to Fresh Produce

Low Food Access (Food Deserts)

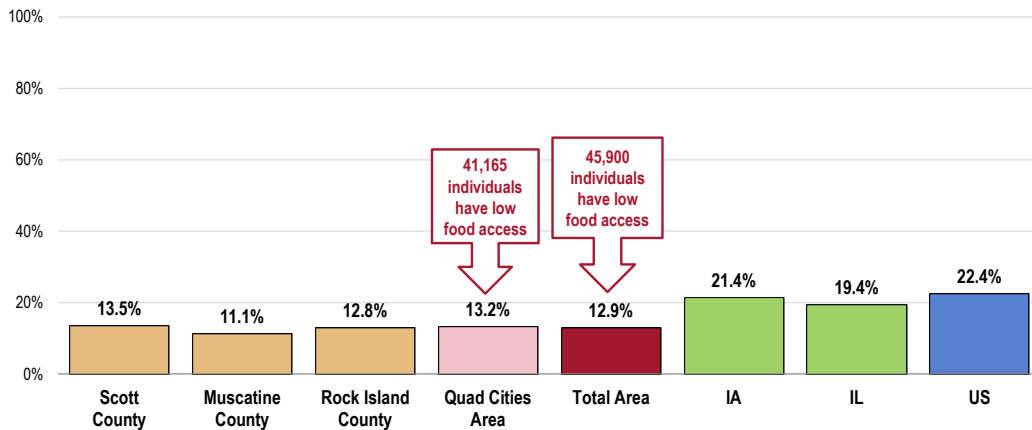
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 12.9% of the Total Area population (representing nearly 46,000 residents) have low food access or live in a "food desert," meaning they do not live near a supermarket or large grocery store.

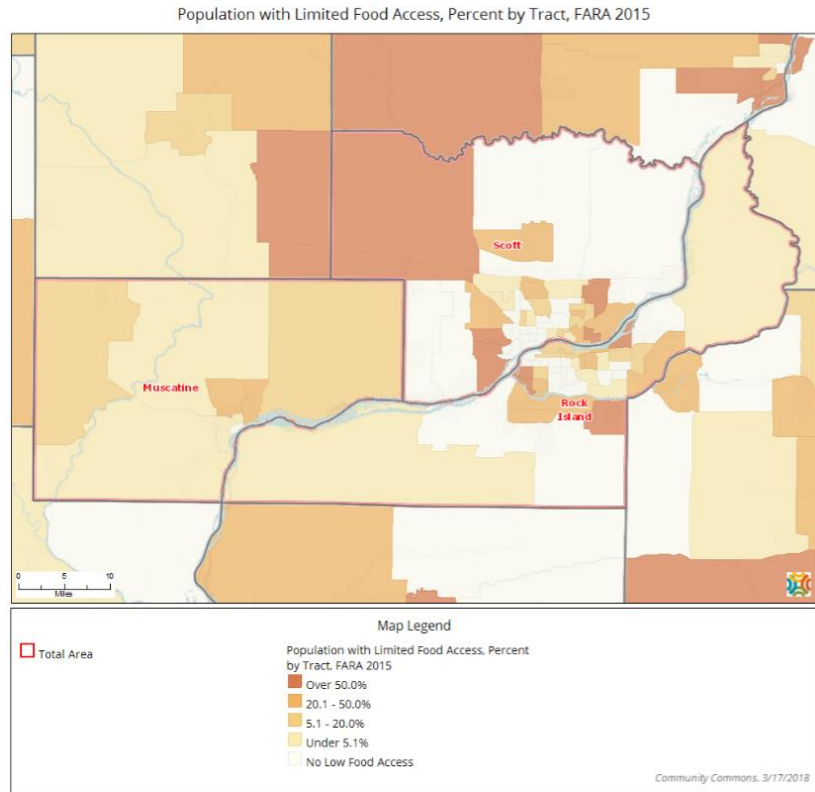
- Better than Iowa, Illinois, and US findings.
- Lowest in Muscatine County.

Population With Low Food Access

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



- Sources:
- US Department of Agriculture, Economic Research Service, USDA: Food Access Research Atlas (FARA).
 - Retrieved March 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Physical Activity

About Physical Activity

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

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

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

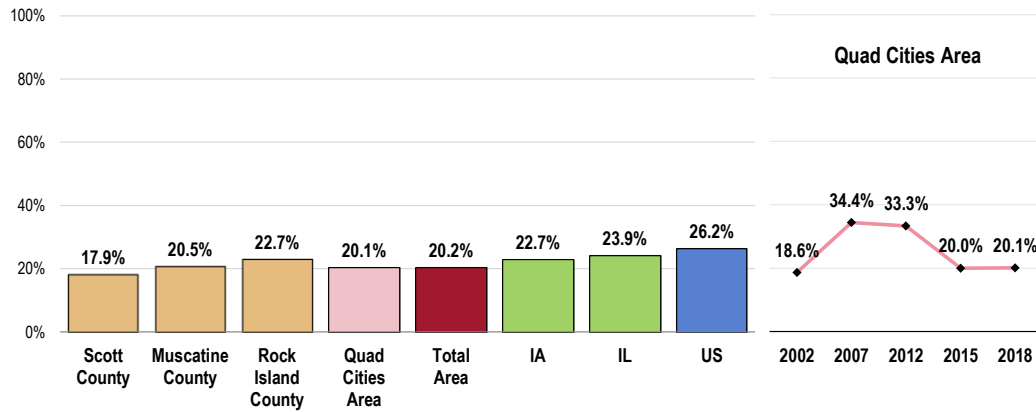
A total of 20.2% of Total Area adults report no leisure-time physical activity in the past month.

- Similar to the Iowa percentage.
- Lower than the Illinois and US findings.

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.

- Satisfies the Healthy People 2020 target (32.6% or lower).
- Similar findings by county.
- QCA TREND: Statistically unchanged since 2002 (but note the spike among Quad Cities Area respondents in 2007 and 2012).

No Leisure-Time Physical Activity in the Past Month Healthy People 2020 Target = 32.6% or Lower

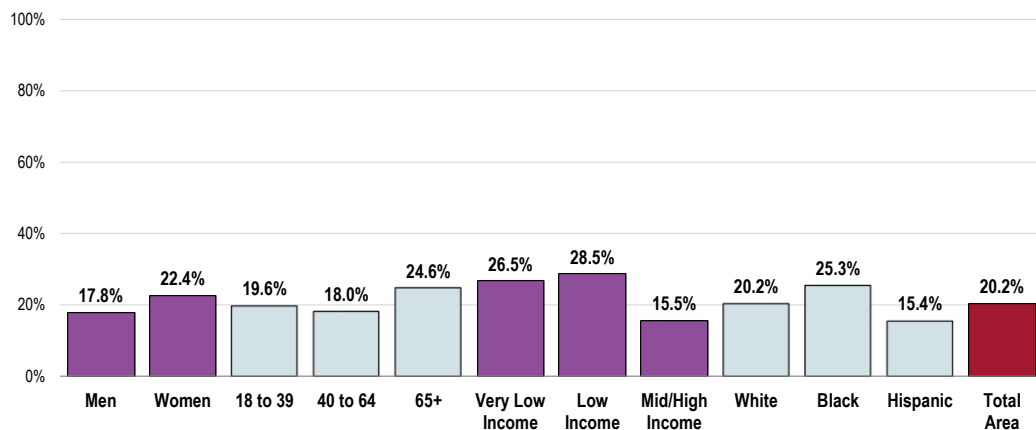


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 • 2017 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.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Lack of leisure-time physical activity is higher among lower-income residents.

No Leisure-Time Physical Activity in the Past Month (Total Area, 2018) Healthy People 2020 Target = 32.6% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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 Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
- Learn more about CDC's efforts to promote walking by visiting <http://www.cdc.gov/vitalsigns/walking>.

Aerobic & Strengthening Physical Activity

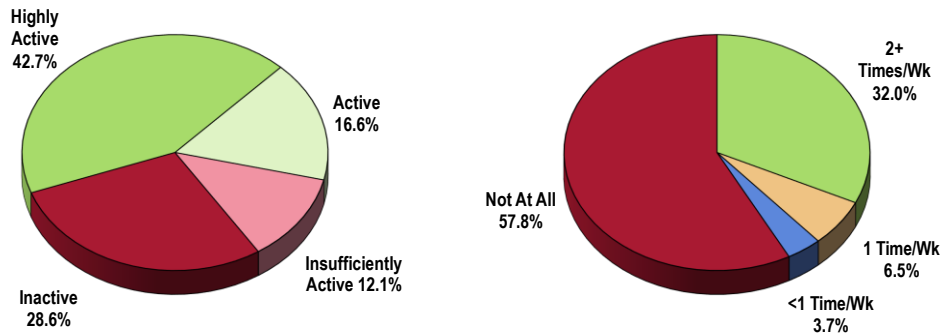
Based on reported physical activity intensity, frequency, and duration over the past month, **40.7% of Total Area adults are found to be “insufficiently active” or “inactive.”**

A total of 57.8% of Total Area adults do not participate in any types of physical activities or exercises to strengthen their muscles.

Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

- “Inactive” includes those reporting no aerobic physical activity in the past month.
- “Insufficiently active” includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- “Active” includes those with 150-300 minutes of weekly aerobic physical activity.
- “Highly active” includes those with >300 minutes of weekly aerobic physical activity.

Participation in Physical Activities (Total Area, 2018)



Aerobic Activity

Strengthening Activity

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]

Notes: • Reflects the total sample of respondents.

- In this case, “inactive” aerobic activity represents those adults participating in no aerobic activity in the past week; “insufficiently active” reflects those respondents with 1–149 minutes of aerobic activity in the past week; “active” adults are those with 150–300 minutes of aerobic activity per week; and “highly active” adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

A total of 22.7% of Total Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

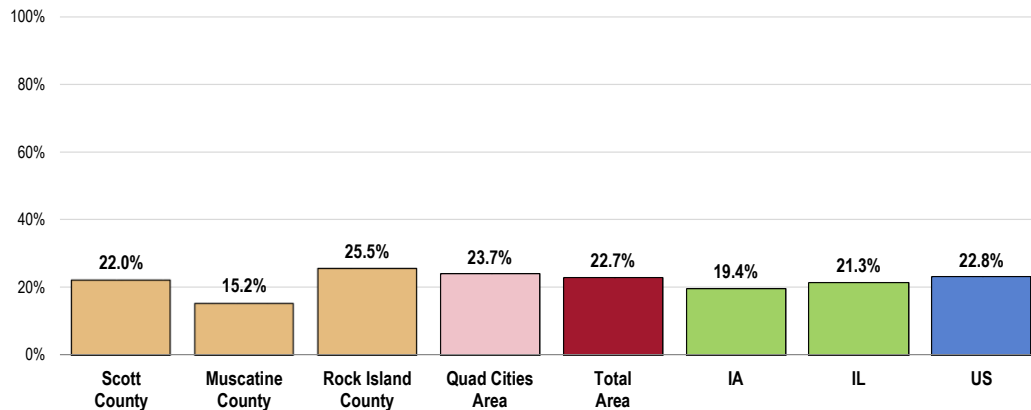
- More favorable than Iowa findings.
- Similar to Illinois and US percentages.
- Satisfies the Healthy People 2020 target (20.1% or higher).

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meets Physical Activity Recommendations
 Healthy People 2020 Target = 20.1% or Higher



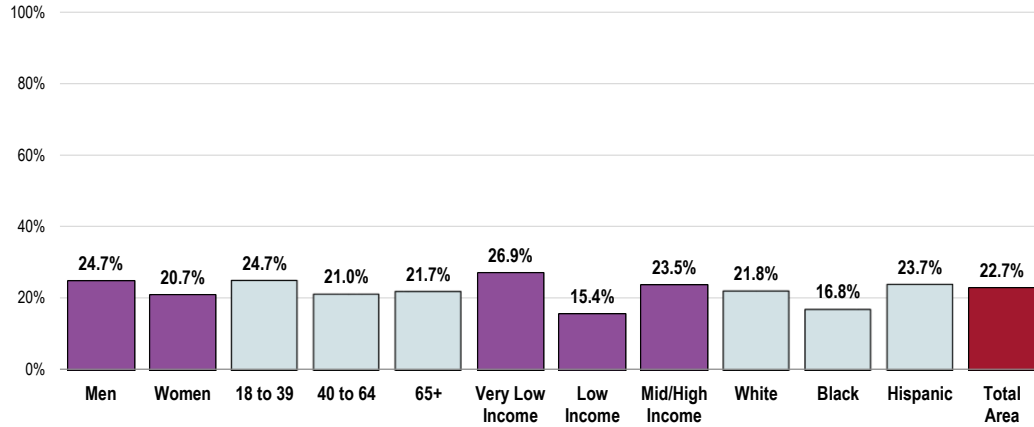
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 - 2017 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-2.4]
- Notes:
- Asked of all respondents.
 - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Residents living just above the federal poverty level are less likely to meet physical activity requirements.

Meets Physical Activity Recommendations

(Total Area, 2018)

Healthy People 2020 Target = 20.1% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.
 - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

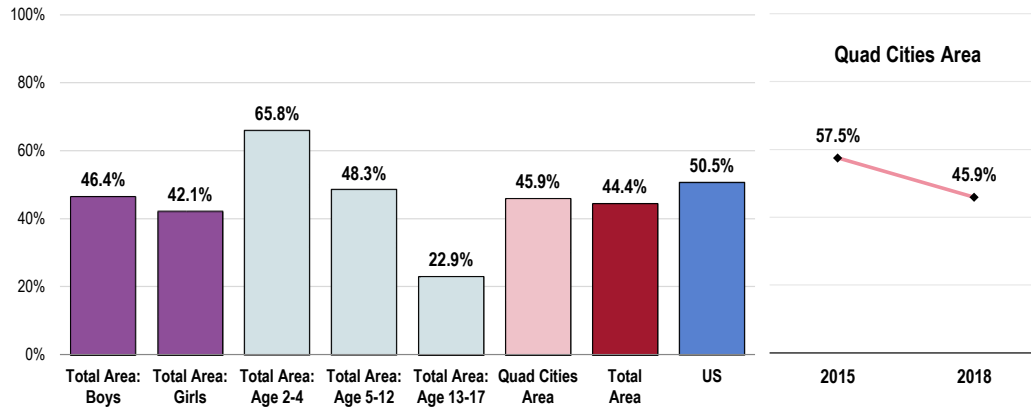
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Total Area children age 2 to 17, 44.4% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Comparable to the national figure.
- Comparable findings by county (not shown).
- Similar findings by gender, but a strong negative correlation with child's age is apparent.
- QCA TREND: Marks a statistically significant decrease from 2015 survey findings.

Child Is Physically Active for One or More Hours per Day (Among Total Area Parents of Children Age 2-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

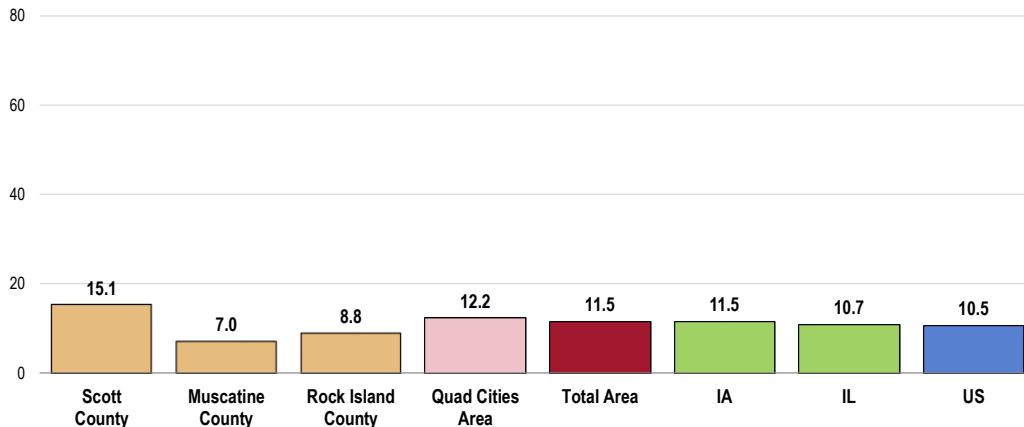
In 2015, there were 11.5 recreation/fitness facilities for every 100,000 population in the Total Area.

- A similar proportion to the Iowa, Illinois, and US proportions.
- The ratio is highest in Scott County; lowest in Muscatine County.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2015)



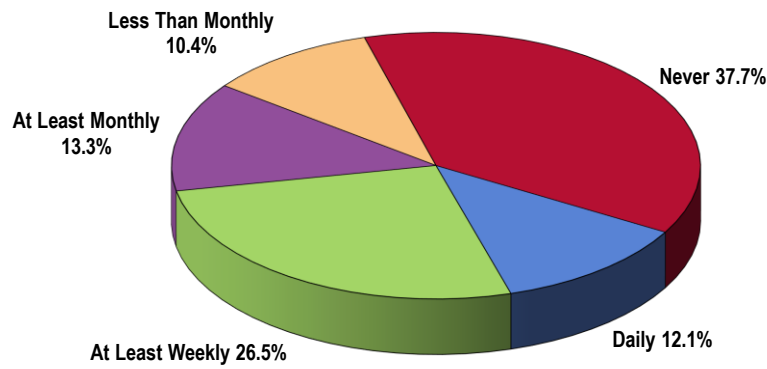
Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 • Retrieved March 2018 from Community Commons at <http://www.chna.org>.
 Notes: • Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities".* Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Use of Local Trails for Exercise

Asked how often they use a local paved or dirt trail for walking, hiking, or biking in good weather, 38.6% of survey respondents report at least weekly use (including 12.1% who use local trails daily).

- On the other hand, another 37.7% of local adults **never** use trails for exercise in good weather.

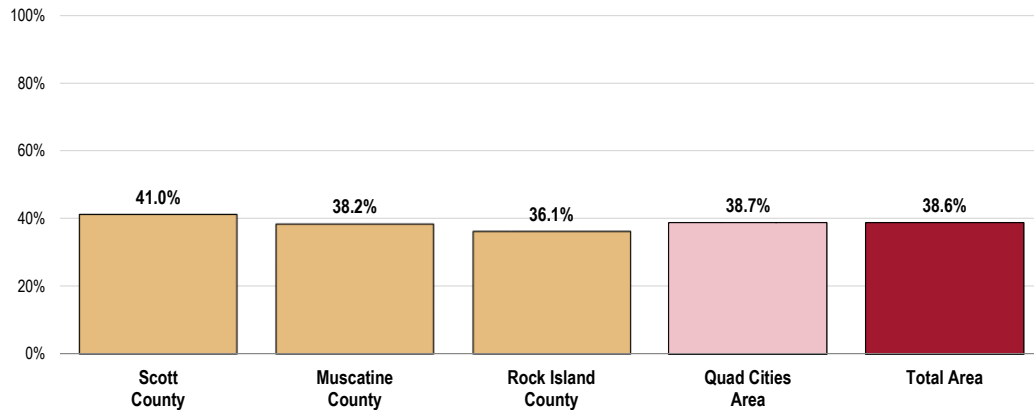
Frequency of Using a Local Paved or Dirt Trail for Walking, Hiking, or Biking in Good Weather
(Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 328]
Notes: • Asked of all respondents.

- Use of local trails for exercise does not vary significantly by county of residence.

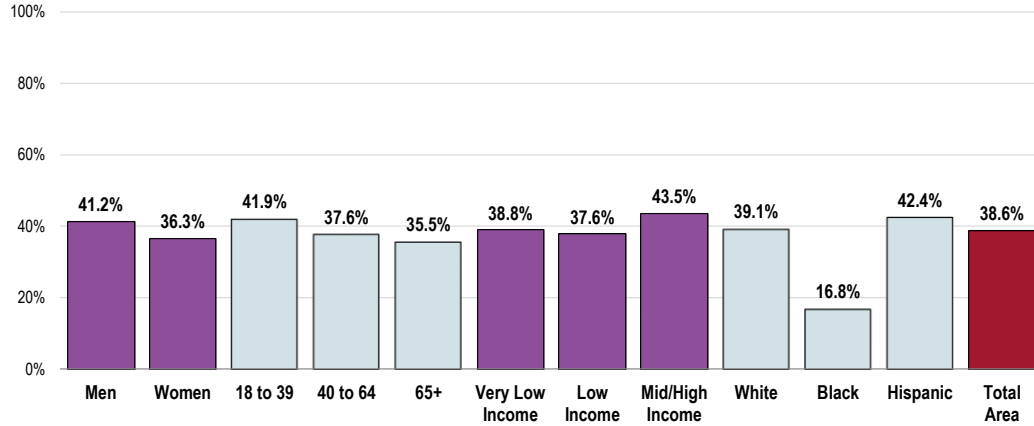
Use a Local Paved or Dirt Trail for Walking, Hiking, or Biking at Least Weekly



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 328]
Notes: • Asked of all respondents.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Viewed by demographics, Blacks in the community are least likely to use a local paved or dirt trail for exercise at least weekly in good weather.

Use a Local Paved or Dirt Trail for Walking, Hiking, or Biking at Least Weekly (Total Area, 2018)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 328]

 Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Weight Status

About Overweight & Obesity

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

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

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

Adult Weight Status

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.

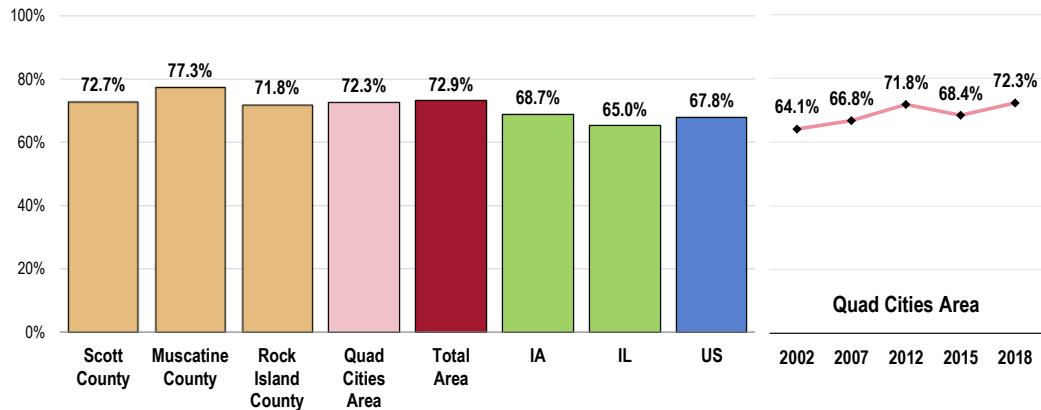
Overweight Status

A total of 72.9% of Total Area adults are overweight.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

- Worse than the Iowa, Illinois, and US percentages.
- Similar findings by county.
- QCA TREND: Marks a statistically significant increase since 2002.

Prevalence of Total Overweight (Overweight or Obese) (Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

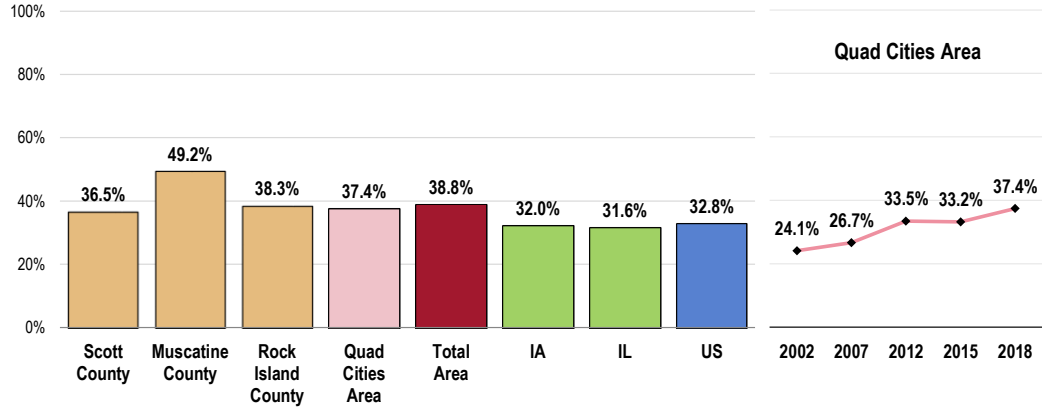
Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Further, 38.8% of Total Area adults are obese.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

- Worse than state and US obesity figures.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- Highest among respondents in Muscatine County.
- QCA TREND: Denotes a statistically significant increase in obesity since 2002.

Prevalence of Obesity (Percent of Adults With a Body Mass Index of 30.0 or Higher) Healthy People 2020 Target = 30.5% or Lower



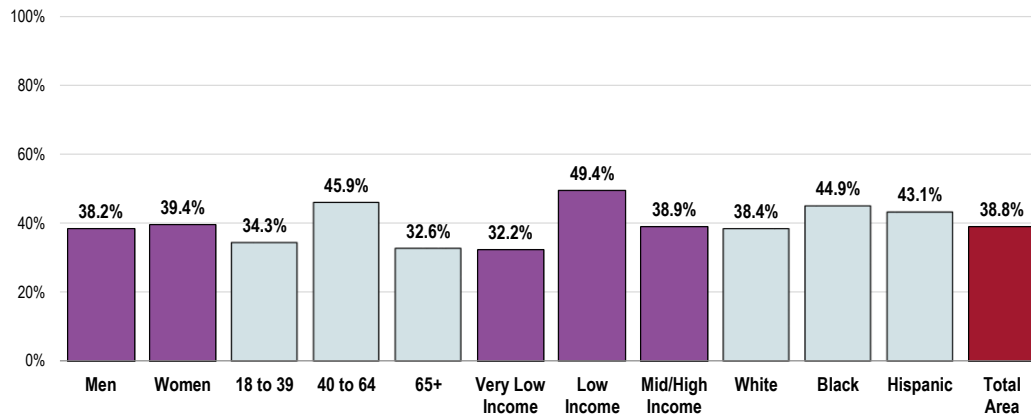
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Iowa and Illinois data.
 • 2017 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]

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.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Obesity is notably more prevalent among:

- Those between the ages of 40 and 64.
- Residents living just above the federal poverty level.

Prevalence of Obesity (Percent of Adults With a BMI of 30.0 or Higher; Total Area, 2018) Healthy People 2020 Target = 30.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

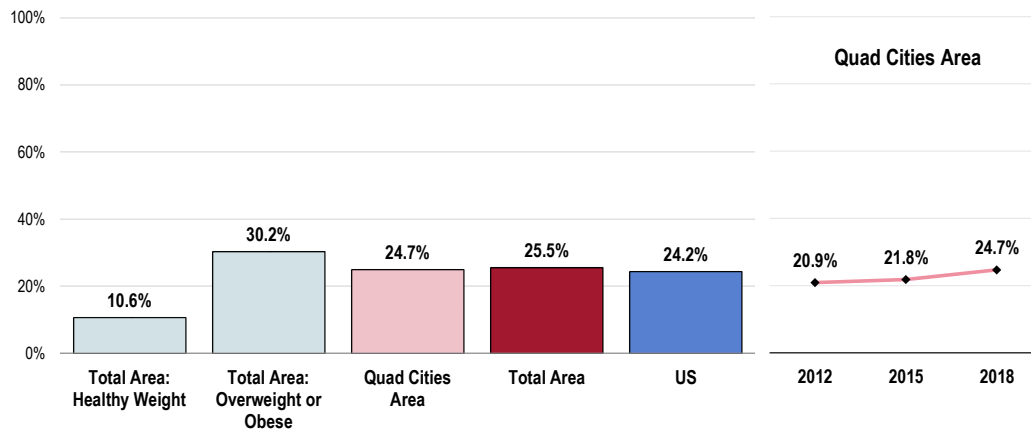
Notes: • Based on reported heights and weights, asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal 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.

Health Professional Advice About Weight

A total of 25.5% 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.
- Similar findings by county (not shown).
- QCA TREND: The increase over time is not statistically significant.
- Note that only 30.2% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while most have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 156-157]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Relationship of Overweight With Other Health Issues

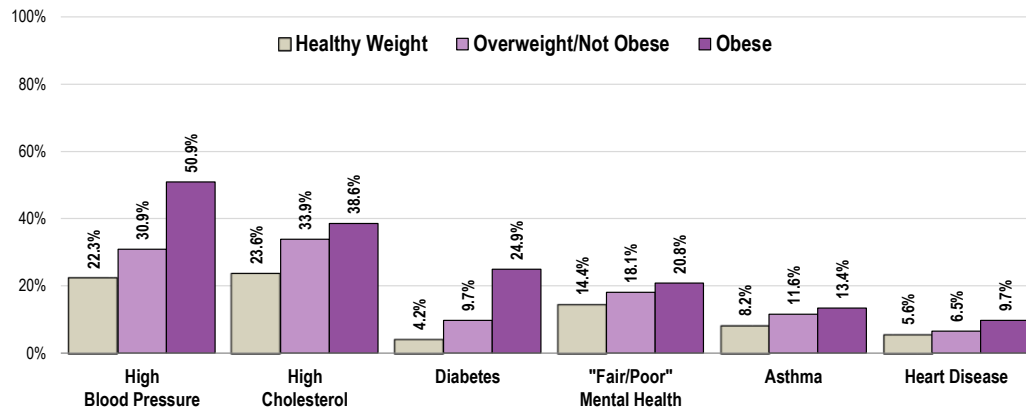
Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

- High blood pressure.
- High cholesterol.
- Diabetes.
- “Fair/Poor” mental health.
- Asthma.
- Heart disease.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues (By Weight Classification; Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 39, 43, 99, 128, 138, 140]
 Notes: • Based on reported heights and weights, asked of all respondents.

Children’s Weight Status

About Weight Status in Children & Teens

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

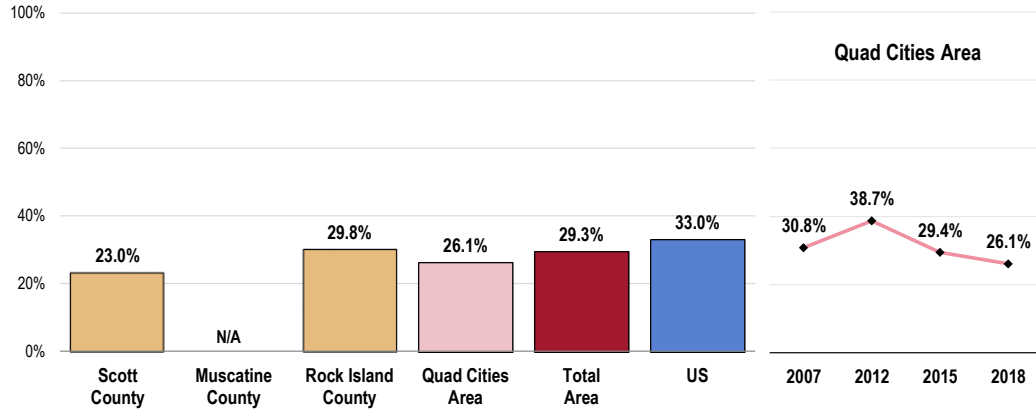
• Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 29.3% of Total Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Similar to that found nationally.
- Similar by county (counts are too small in Muscatine County to be reported on independently).
- QCA TREND: Statistically unchanged since 2007 (decreasing since 2012).

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Counts are too small in Muscatine County to be reported in independently.
 • 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.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

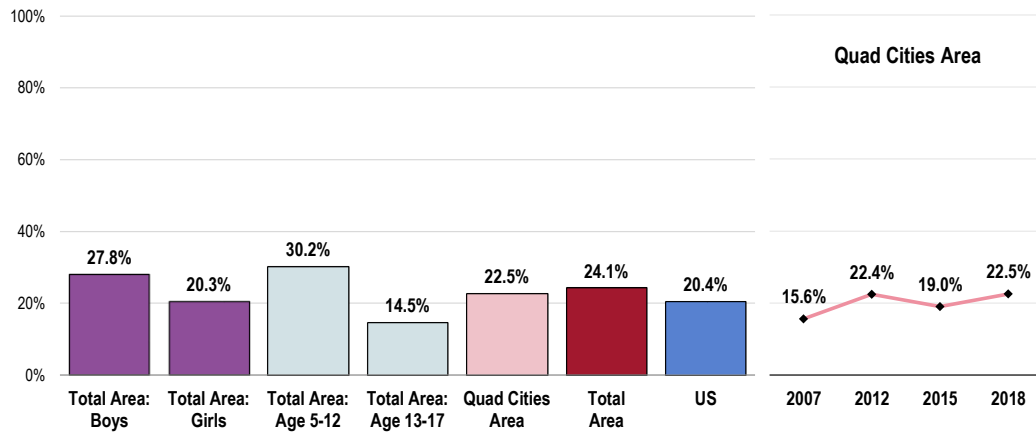
Further, 24.1% of area children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- Comparable findings by county.
- QCA TREND: Statistically unchanged since 2007.
- Statistically similar by child's gender but higher among younger children than teens.

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



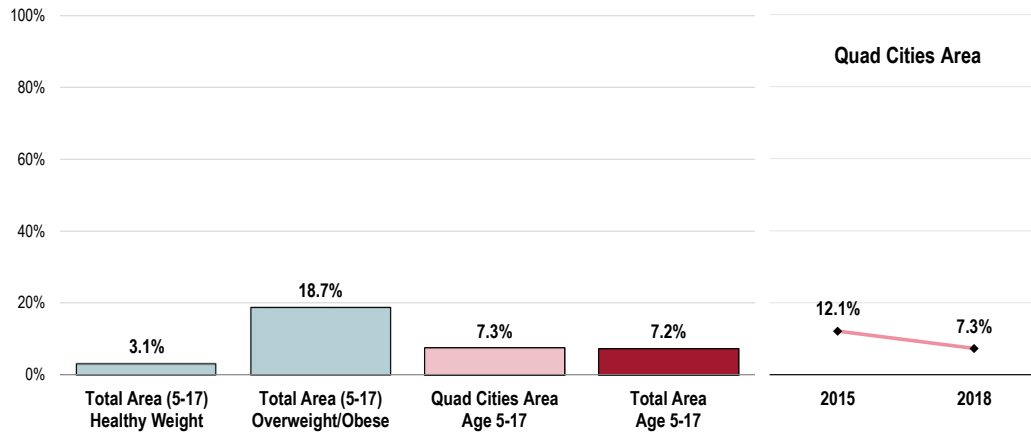
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 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.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Health Professional Advice About Child’s Weight

A total of 7.2% of Total Area parents have been given advice about their child’s weight by a doctor, nurse, or other health professional in the past year.

- QCA TREND: Statistically unchanged from that reported in 2015.
- Note that only 18.7% of parents with overweight/obese children have been given advice about their child’s weight by a health professional in the past year (while most have not).

Have Received Advice About Child’s Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Child’s Weight Classification)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 342]
 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.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Substance Abuse

About Substance Abuse

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

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

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

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

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

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

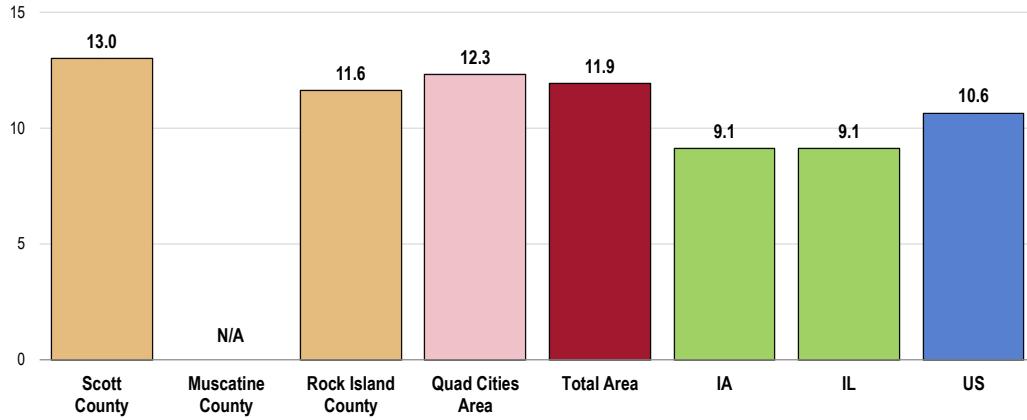
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2014 and 2016, Total Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 11.9 deaths per 100,000 population.

- Higher than the Iowa and Illinois rates.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
- Similar rates between Scott and Rock Island counties.

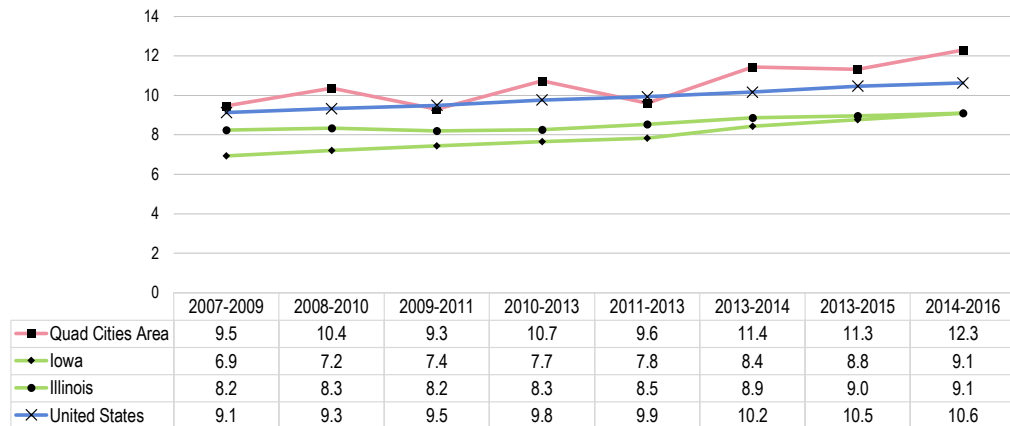
Cirrhosis/Liver Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
 - 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 US Standard Population.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- QCA TREND: Though fluctuating, the mortality rate has increased in the region, in keeping with the increasing trends reported statewide and nationally.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) 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 March 2018.
 - 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 US Standard Population.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties.

Alcohol Use

Excessive Drinking

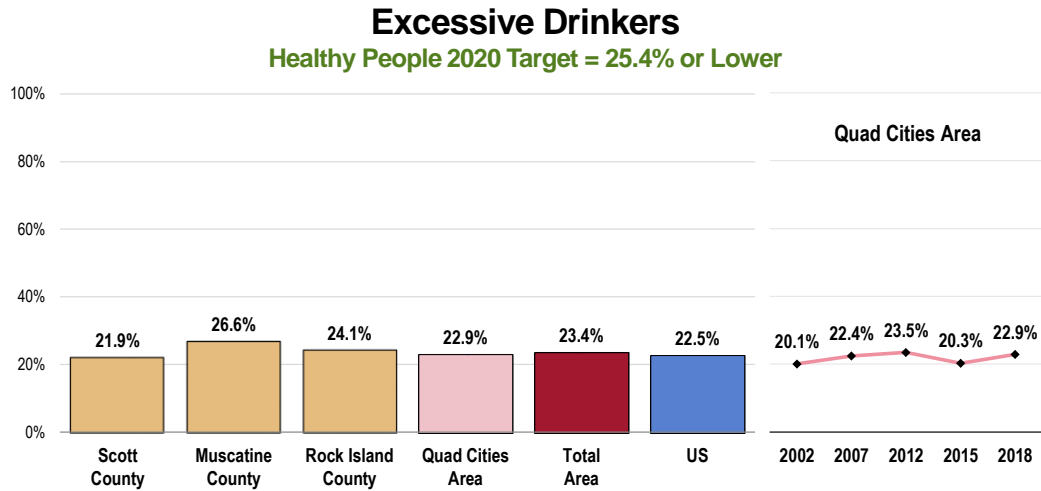
A total of 23.4% of area adults are excessive drinkers (heavy and/or binge drinkers).

“Excessive drinking” includes heavy and/or binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

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

- Comparable to the national proportion.
- Comparable to the Healthy People 2020 target (25.4% or lower).
- Comparable percentages by county.
- QCA TREND: Statistically unchanged since 2002.



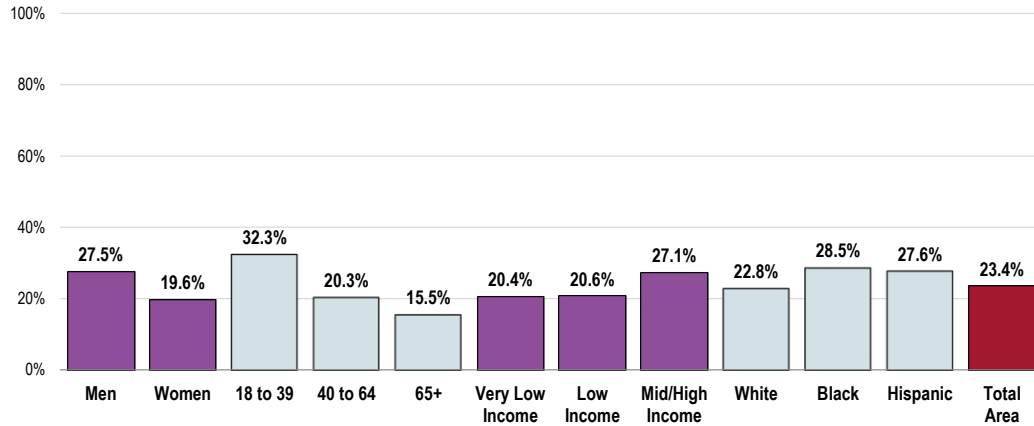
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- Asked of all respondents.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Excessive drinking is more prevalent among men, young adults, and upper income residents.

Excessive Drinkers

(Total Area, 2018)

Healthy People 2020 Target = 25.4% or Lower



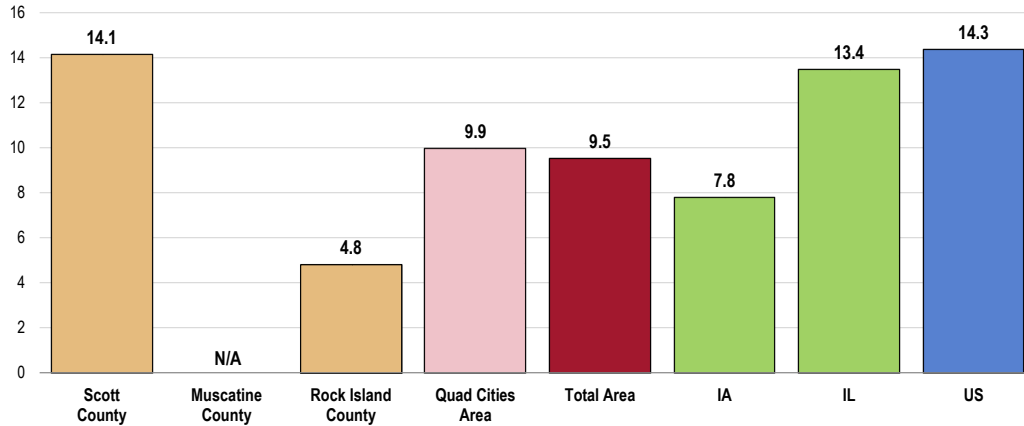
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Age-Adjusted Unintentional Drug-Related Deaths

Between 2014 and 2016, there was an annual average age-adjusted unintentional drug-related mortality rate of 9.5 deaths per 100,000 population in the Total Area.

- Higher than the Iowa rate.
- Well below the Illinois and US rates.
- Satisfies the Healthy People 2020 target (11.3 or lower).
- Higher in Scott County.

Drug-Induced Deaths: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



Sources:

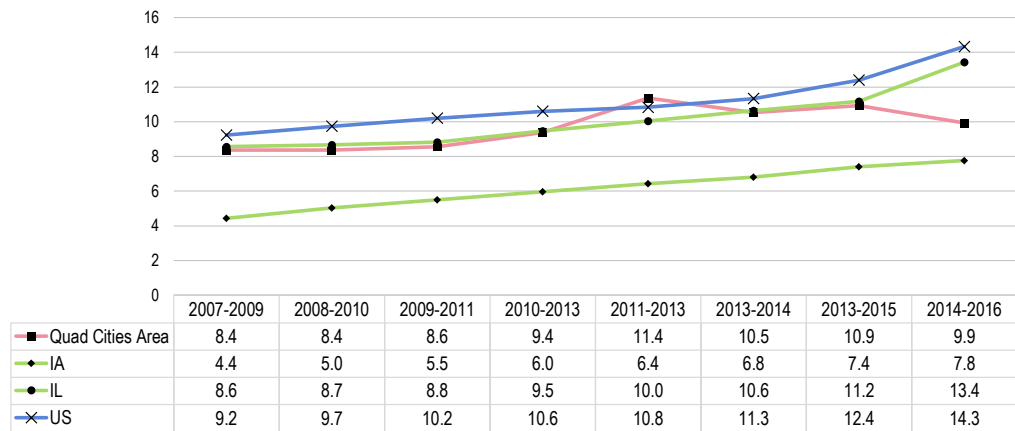
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- **QCA TREND:** Though decreasing in recent years, the mortality rate has increased overall during the past decade. Statewide and nationwide, unintentional drug-related death rates have increased.

Drug-Induced Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 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 March 2018.
- UD 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.
- Quad Cities Area reflects a combination of Scott and Rock Island counties.

Illicit Drug Use

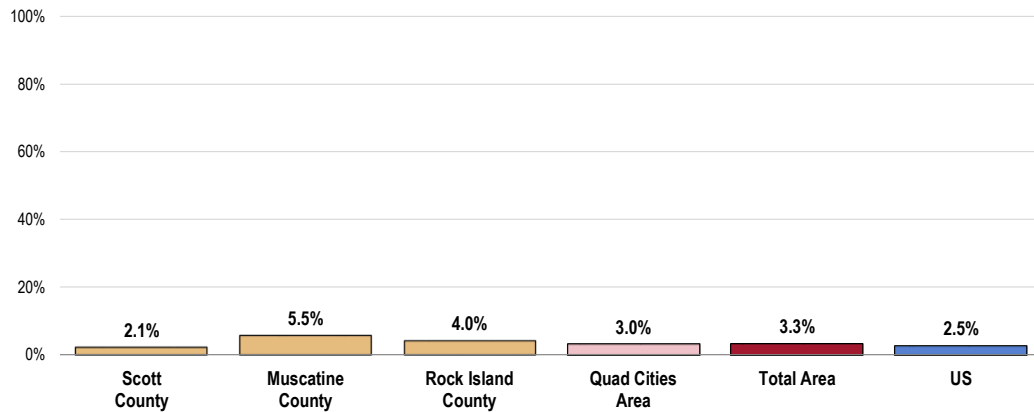
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

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.

A total of 3.3% of Total Area adults acknowledge using an illicit drug in the past month (the indicator does not include use of marijuana).

- Similar to the proportion found nationally (which does include the use of marijuana).
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Lowest in Scott County.

Illicit Drug Use in the Past Month Healthy People 2020 Target = 7.1% or Lower



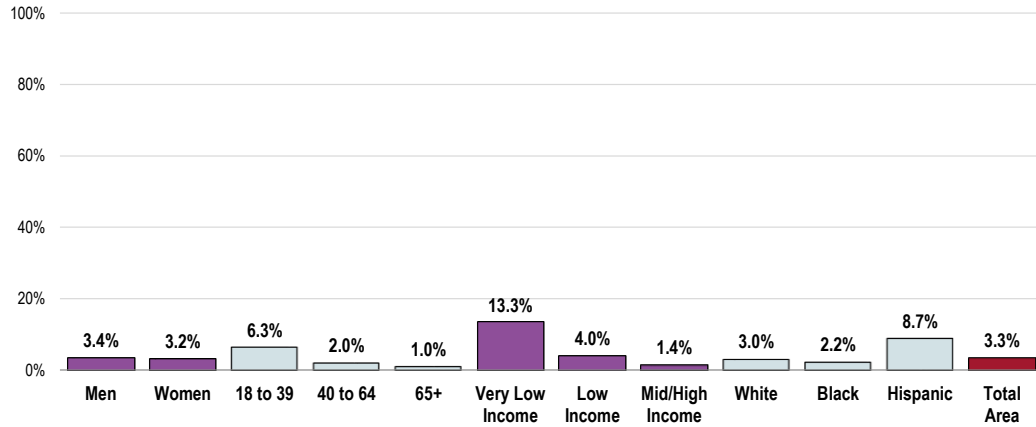
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 325]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
- Notes:
- Asked of all respondents; does not include marijuana.
 - US indicator includes marijuana.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Illicit drug use is more prevalent among young adults, low income residents, and Hispanics.

Illicit Drug Use in the Past Month

(Total Area, 2018)

Healthy People 2020 Target = 7.1% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 325]
 • 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; does not include marijuana.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

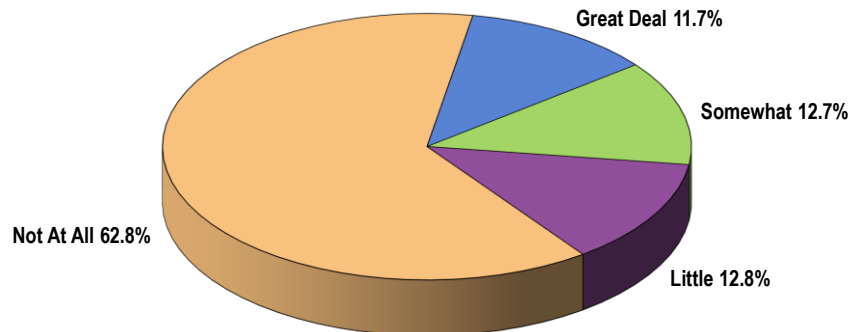
Negative Effects of Substance Abuse

Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own abuse or that of another).

In all, most respondents have not been negatively affected (62.8% "not at all" responses).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)

(Total Area, 2018)

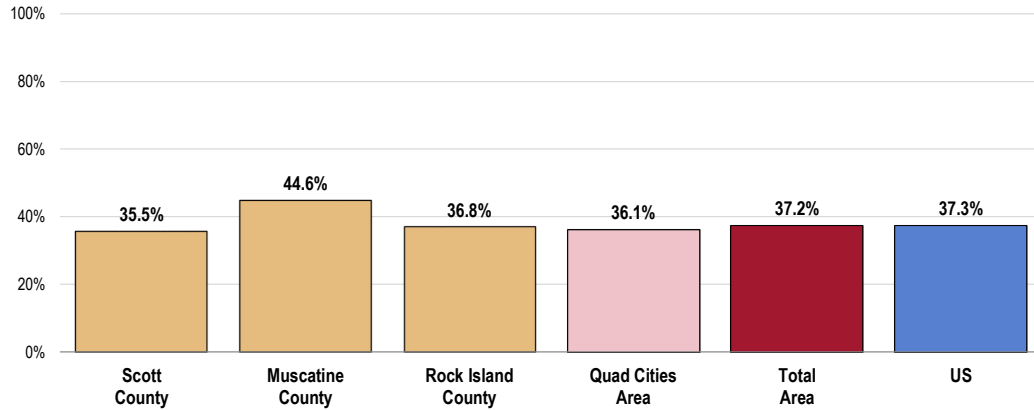


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
 Notes: • Asked of all respondents.

However, 37.2% of survey respondents indicate that their lives have been negatively affected by substance abuse, including 11.7% who report having been affected “a great deal.”

- Almost identical to the US figure.
- Highest in Muscatine County.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



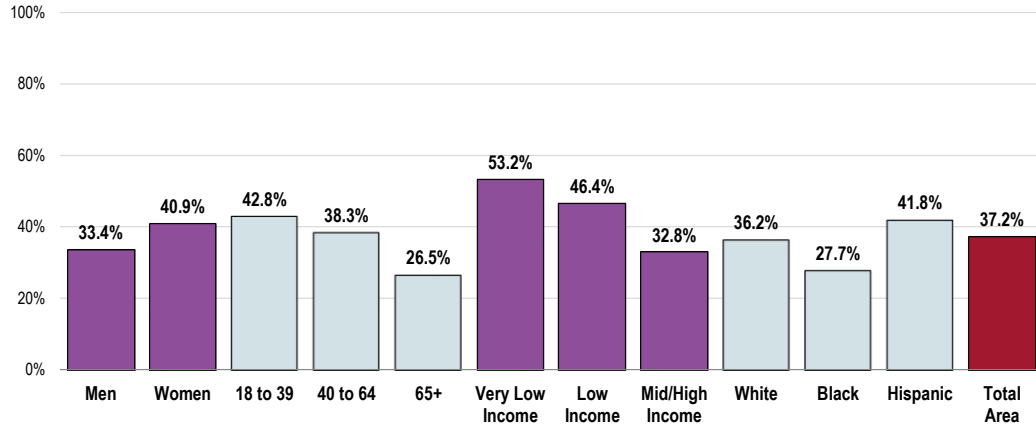
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Includes response of “a great deal,” “somewhat,” and “a little.”
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

The prevalence of survey respondents whose lives have been negatively impacted by substance abuse, whether their own abuse or that of another, is higher among the following demographic groups:

- Women.
- Young adults.
- Lower income residents.

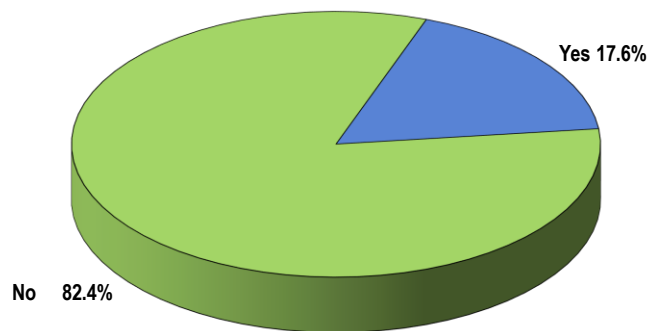
Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
 Notes: • Asked of all respondents.
 • Includes response of "a great deal," "somewhat," and "a little."
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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 a follow-up inquiry, 17.6% of adults whose lives have been negatively affected report that the substance abuse issues involved heroin and/or prescription opioids.

Substance Abuse Issues Involve Heroin and/or Prescription Opioids (Total Area, 2018)



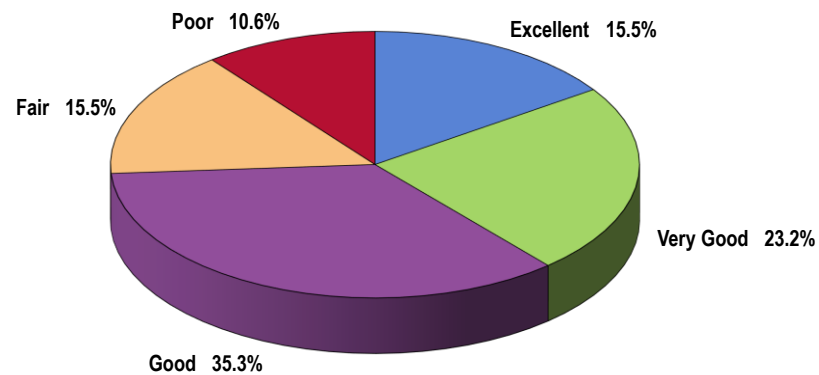
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]
 Notes: • Asked of those respondents for whom substance abuse (their own or another's) has negative affected their lives.
 • In this case, prescription opioids include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opiates include Vicodin, Dilaudid, Percocet, Oxycontin, and Demerol.

Perceived Ease of Obtaining Substance Abuse Services

A total of 38.7% of survey respondents consider the ease of obtaining substance abuse services to be “excellent” or “very good” (excluding those respondents who have not needed such services).

- Another 35.3% gave “good” ratings.

**Rating of the Ease With Which
Substance Abuse Services Are Obtained**
(Total Area, 2018)

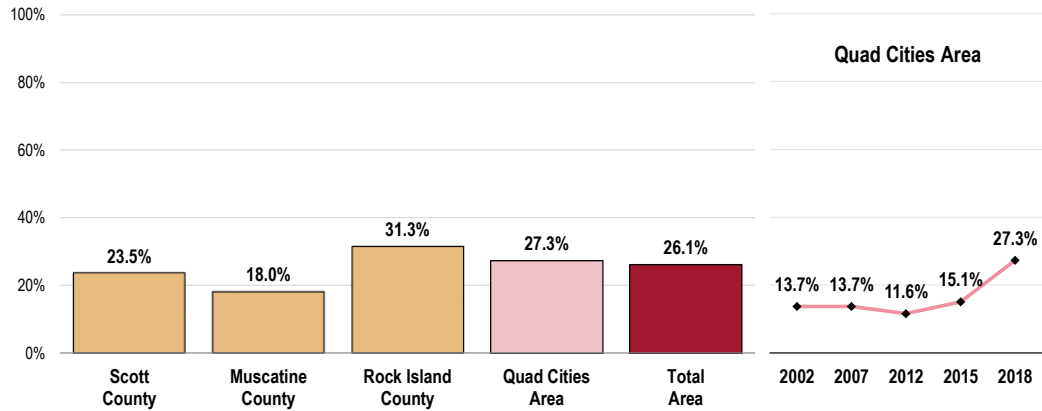


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
Notes: • Asked of all respondents; excludes those who have not needed such services.

On the other hand, 26.1% of survey respondents gave “fair/poor” ratings of the ease with which they can access local services for substance abuse issues.

- Highest in Rock Island County, lowest in Muscatine County.
- QCA TREND: Denotes a statistically significant increase from 2002 (and subsequent) survey findings.

Ease of Obtaining Substance Abuse Services Is “Fair/Poor” (Total Area, 2018)

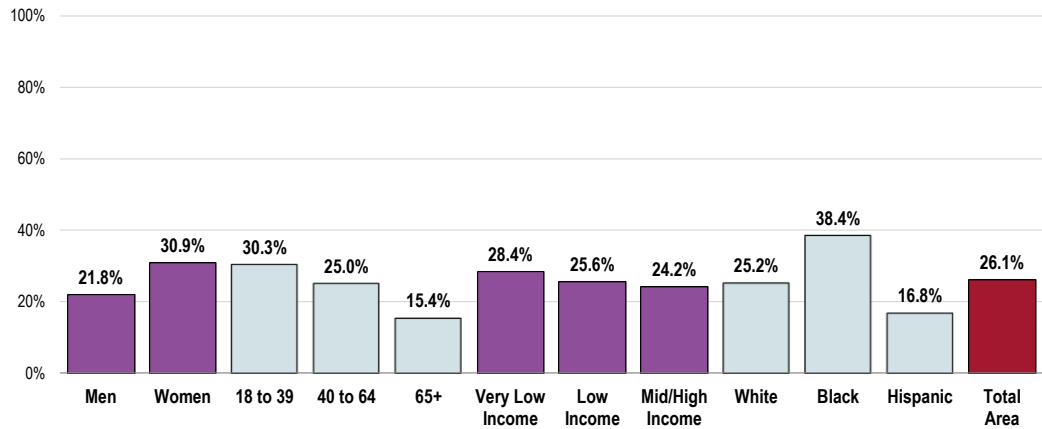


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

The perception that substance abuse services are difficult to obtain in the community is highest among:

- Women.
- Young adults.
- Blacks.

Ease of Obtaining Substance Abuse Services Is “Fair/Poor” (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

Tobacco Use

About Tobacco Use

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

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- 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)

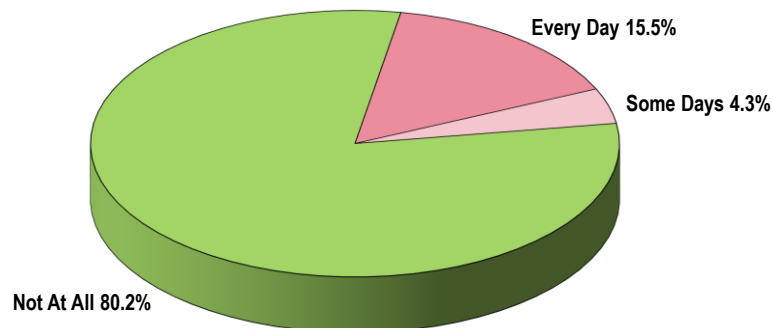
Cigarette Smoking

Cigarette Smoking Prevalence

A total of 19.8% of Total Area adults currently smoke cigarettes, either regularly (15.5% every day) or occasionally (4.3% on some days).

Cigarette Smoking Prevalence

(Total Area, 2018)



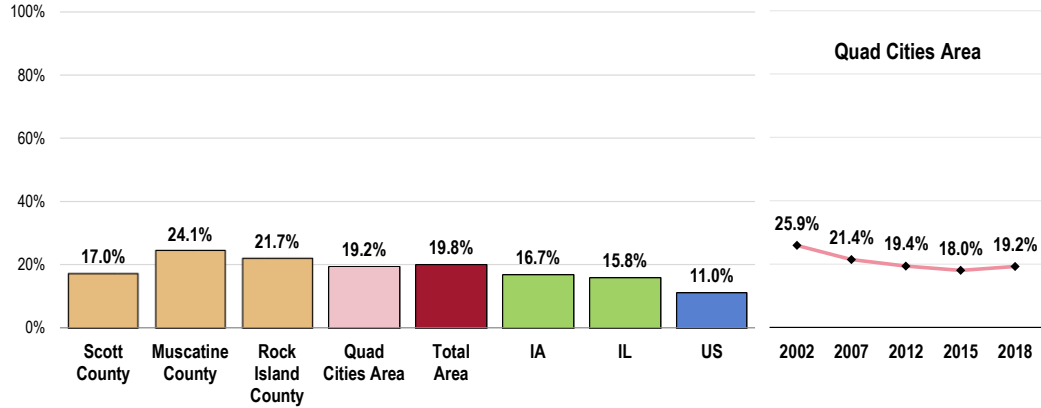
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
Notes: • Asked of all respondents.

- Higher than state and national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Lowest in Scott County.

- QCA TREND: The percentage has decreased significantly since 2002.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Iowa and Illinois data.
 - 2017 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-1.1]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

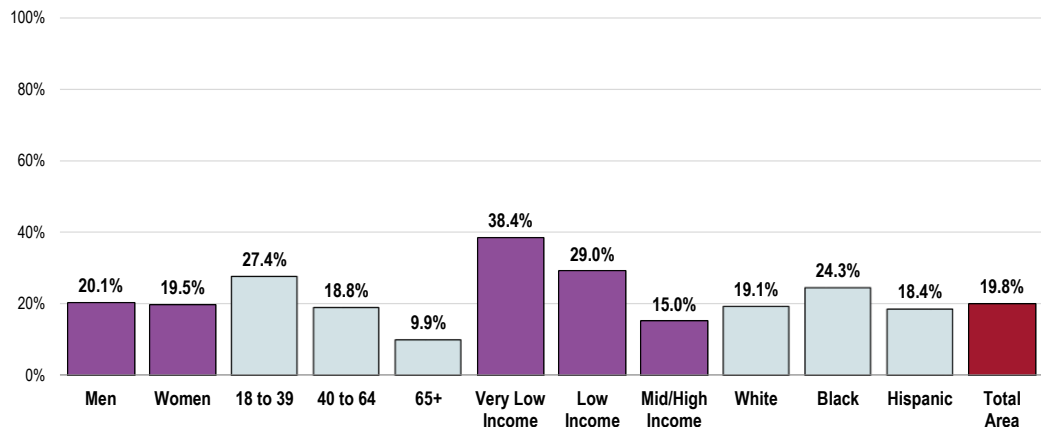
Cigarette smoking is more prevalent among:

- Adults under age 65.
- Lower-income residents.

Current Smokers

(Total Area, 2018)

Healthy People 2020 Target = 12.0% or Lower



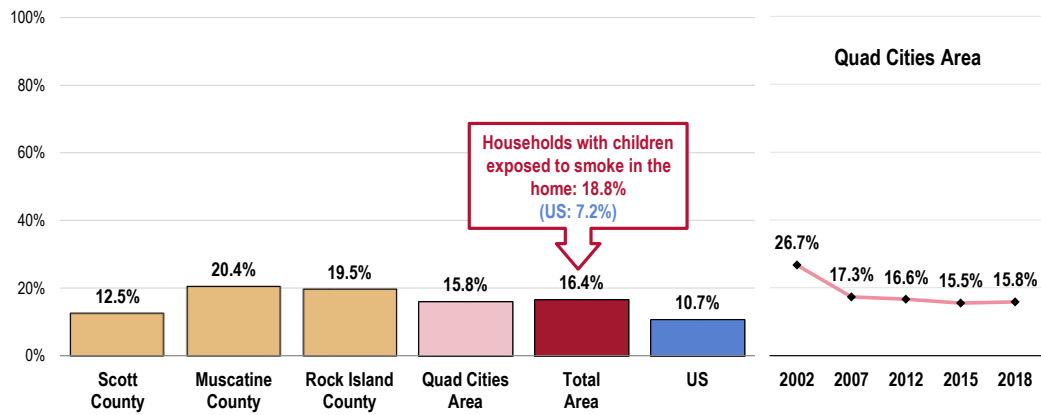
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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 (every day and some days).

Environmental Tobacco Smoke

A total of 16.4% of Total Area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of four or more times per week over the past month.

- Higher than national findings.
- Lowest in Scott County.
- QCA TREND: Marks a statistically significant decrease from 2002 survey results (but similar to all subsequent findings).
- Note that 18.8% of Total Area children are exposed to cigarette smoke at home, more than twice the national prevalence.

Member of Household Smokes at Home



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

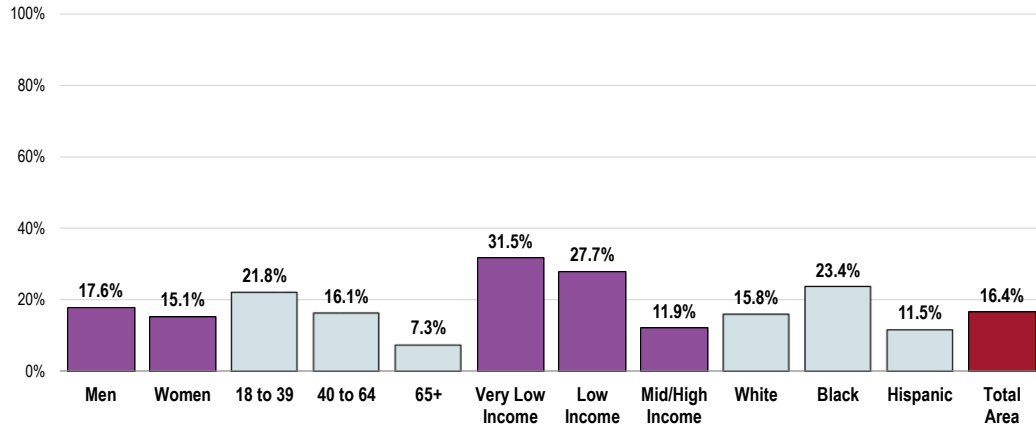
Notes: • Asked of all respondents.

• "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.

• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Notably higher among young adults and residents with lower incomes.

Member of Household Smokes At Home (Total Area, 2018)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

 Notes:

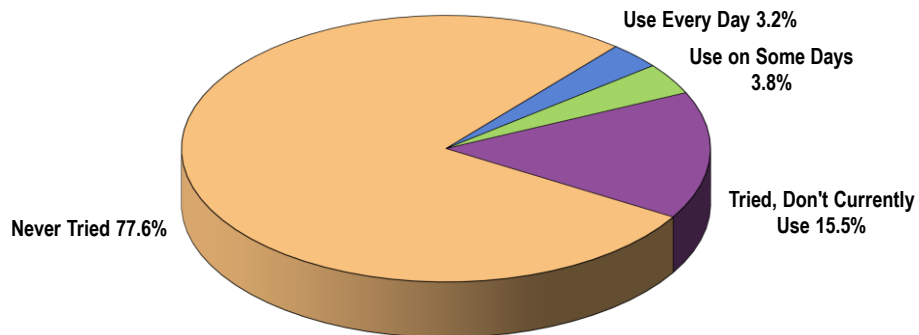
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "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.

Other Tobacco Use

Use of Vaping Products

A total of 7.0% of Total Area adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products either regularly (3.2% every day) or occasionally (3.8% on some days).

Use of Vaping Products (Total Area, 2018)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]

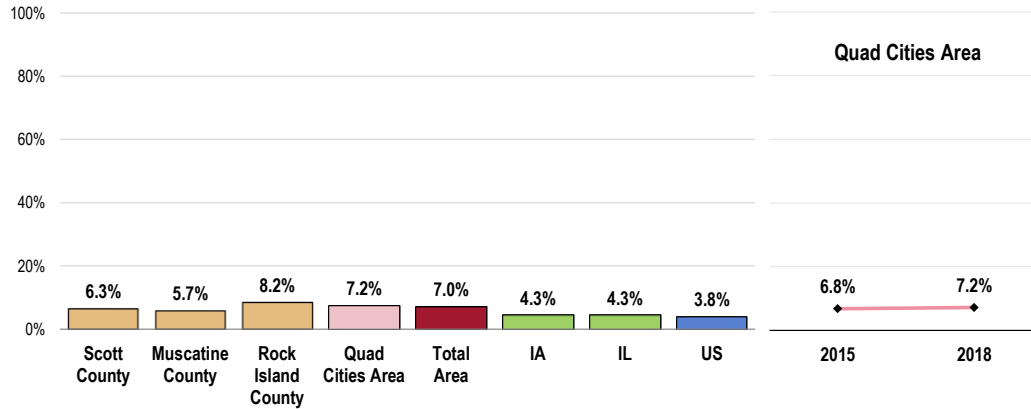
 Notes:

- Asked of all respondents.

- Higher than state and national percentages.
- Similar by county.

- QCA TREND: The prevalence is statistically unchanged since 2015.

Currently Use Vaping Products (Every Day or on Some Days)



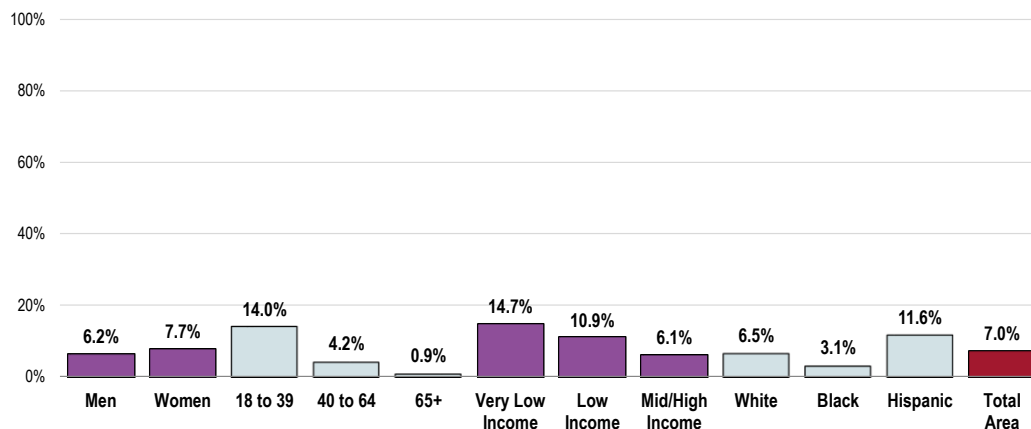
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Electronic cigarette/other vaping product use is more prevalent among:

- Adults under age 40.
- Lower income residents.
- Hispanics.

Currently Use Vaping Products (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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 occasional users (those who smoke e-cigarettes every day or on some days).

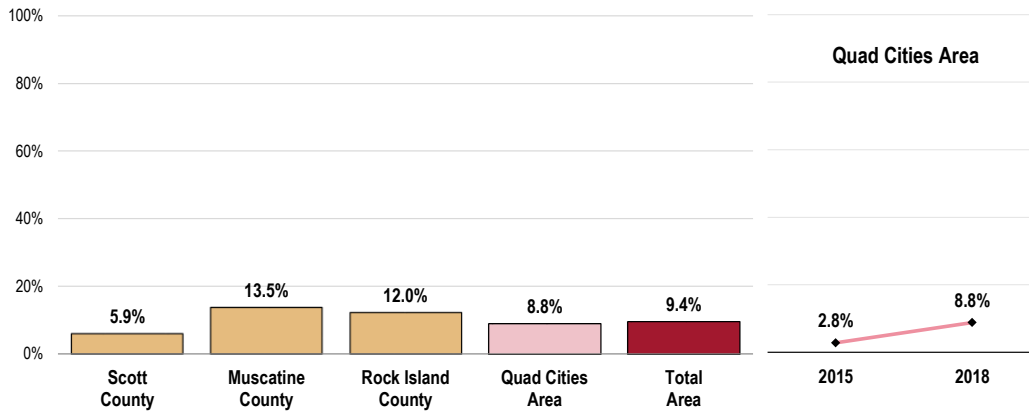
Cigars, Pipes, and Hookahs

A total of 9.4% of Total Area adults use cigars, pipes, and/or hookahs (an oriental tobacco pipe with a long, flexible tube that draws the smoke through water contained in a bowl) every day or on some days.

- Lowest in Scott County.
- QCA TREND: Marks a statistically significant increase since 2015.

Use of Cigars, Pipes, or Hookahs

(Total Area, 2018; Includes Regular and Occasional Use)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 324]

- Notes:
- Asked of all respondents.
 - Includes regular and occasional users (those who use cigars, pipes, or hookahs every day or on some days).
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Access to Health Services



Professional Research Consultants, Inc.

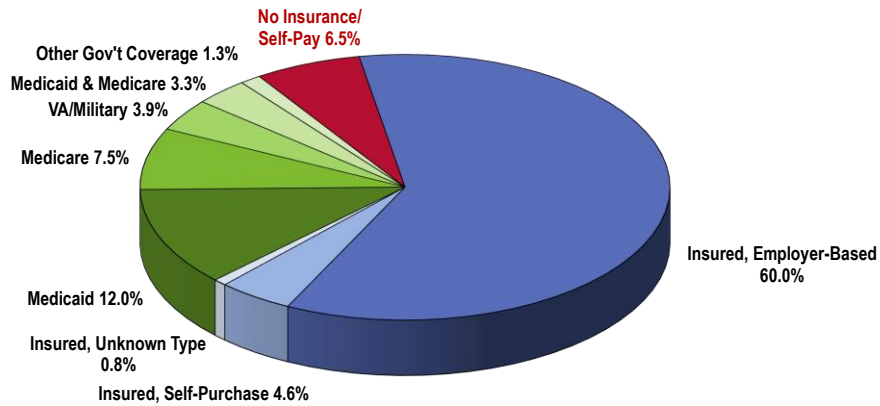
Health Insurance Coverage

Type of Healthcare Coverage

A total of 65.4% of Total Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 28.0% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage
(Among Adults Age 18-64; Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

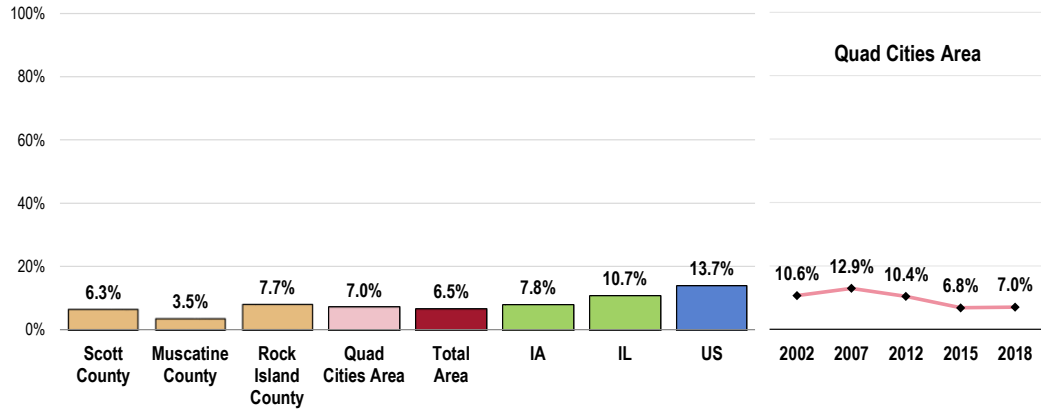
Lack of Health Insurance Coverage

Among adults age 18 to 64, 6.5% report having no insurance coverage for healthcare expenses.

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).

- Similar to the Iowa finding.
- Lower than the Illinois and US percentages.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Statistically similar by county.
- QCA TREND: Denotes a statistically significant decrease (improvement) since 2002.

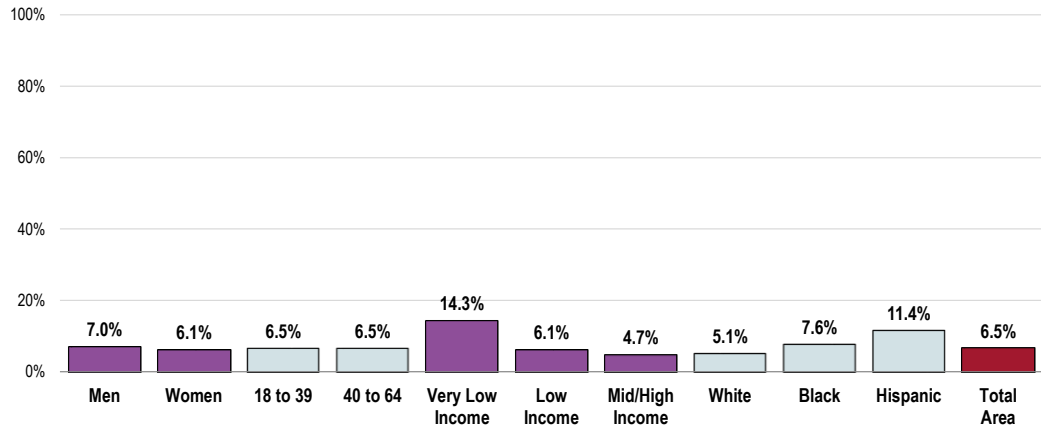
Lack of Healthcare Insurance Coverage (Among Adults Age 18-64) Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Iowa and Illinois data.
 • 2017 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.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

• Note the negative correlation between income and lack of coverage.

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; Total Area, 2018) Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 • 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.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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

About Access to Healthcare

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

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

- Healthy People 2020 (www.healthypeople.gov)

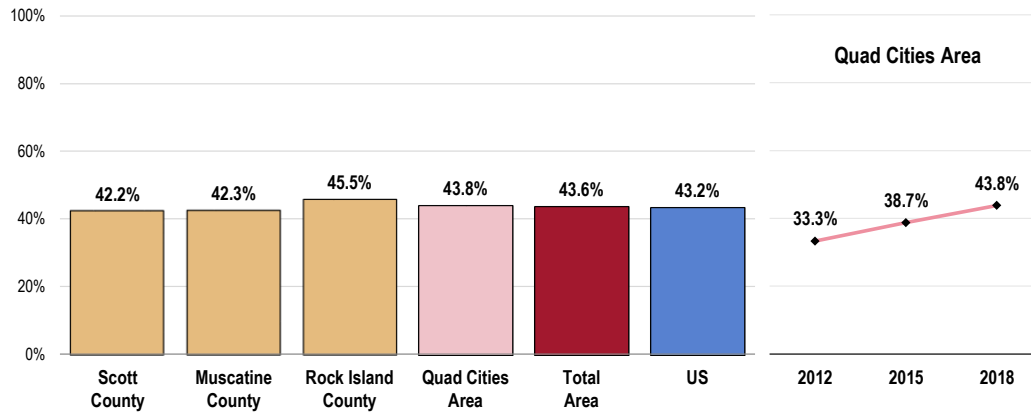
Difficulties Accessing Services

A total of 43.6% of Total Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

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.

- Comparable to national findings.
- Statistically similar by county.
- QCA TREND: Denotes a statistically significant increase since 2012.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

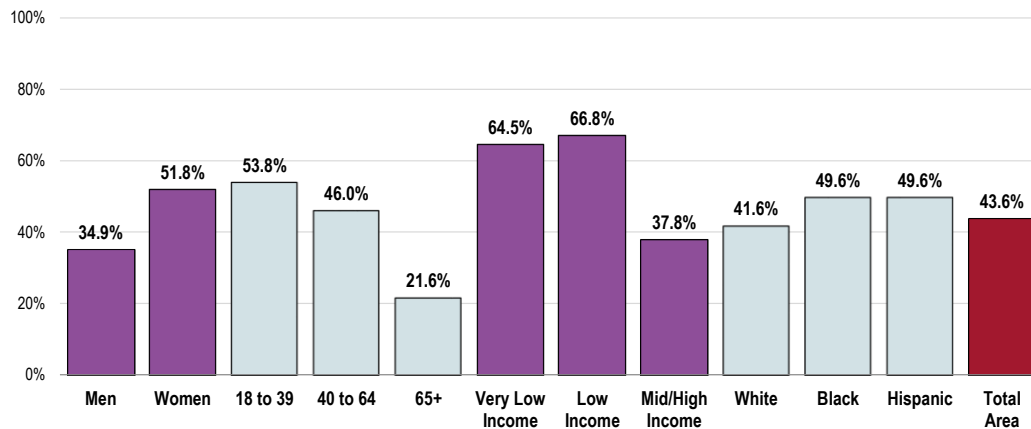


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under age 65.
- Low income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Barriers to Healthcare Access

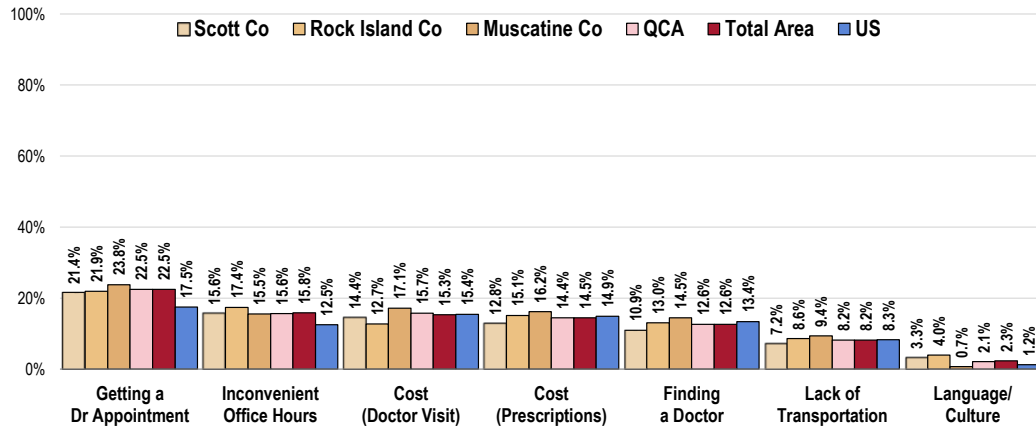
Of the tested barriers, obtaining a medical appointment impacted the greatest share of Total Area adults (22.5% say that they had difficulty getting an appointment in the past year).

- The proportion of impacted Total Area adults is statistically comparable to the US figure for each of the tested barriers, with the exceptions of inconvenient office hours and obtaining a medical appointment (both barriers affected higher proportions of local adults).
- Survey findings were statistically similar by county for each barrier tested, with the exception of language/culture as a barrier (favorably low in Muscatine County).

To better understand healthcare access barriers, survey participants were asked whether any of seven 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.

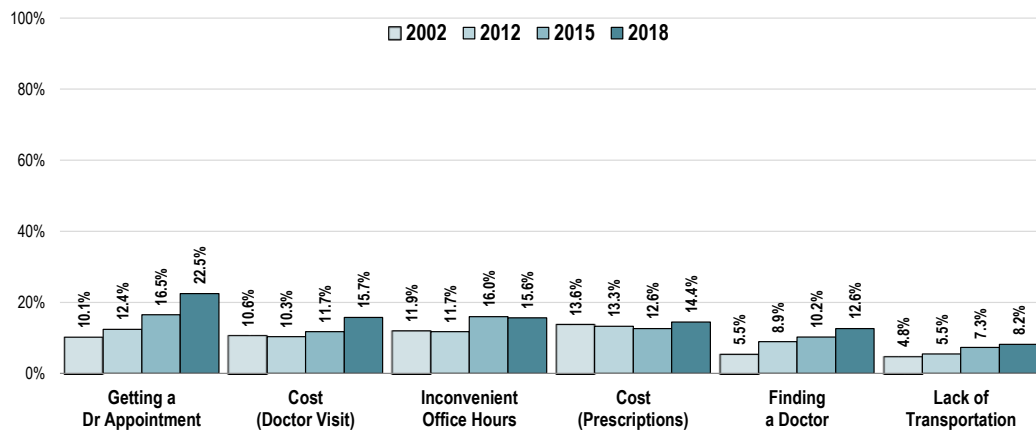
Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- QCA TREND: In the Quad Cities Area, each access barrier tested has increased significantly over time, with the exception of prescription costs (statistically unchanged over time).
- Note that the language/culture indicator was not addressed in prior survey administrations.

Trend in Barriers to Access (Quad Cities Area)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11, 13]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties.

In a follow-up inquiry, respondents were asked whether there were any other barriers to healthcare they experienced in the past year. Overall, 15.0% answered affirmatively, citing reasons such as did not have **time**, could not **afford** care, poor **quality** care, and **insurance** issues.

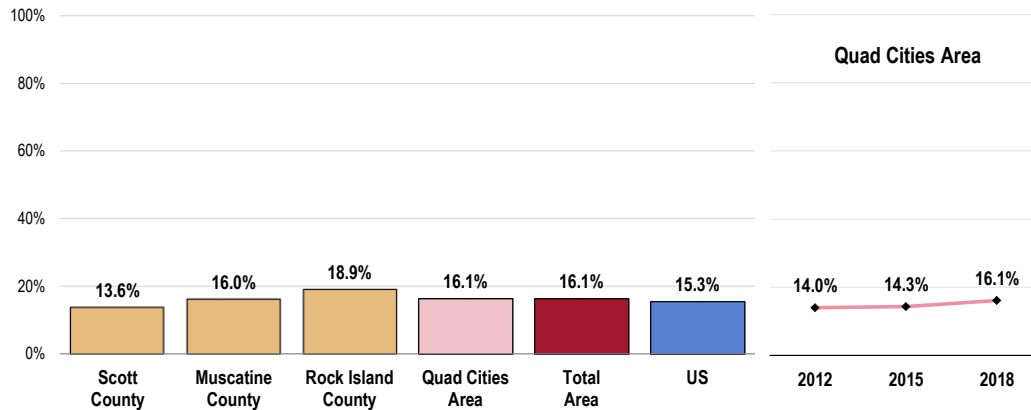
Prescriptions

Adults

Among all Total Area adults, 16.1% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Comparable to national findings.
- Higher in Rock Island County, lower in Scott County.
- QCA TREND: Statistically unchanged over time.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



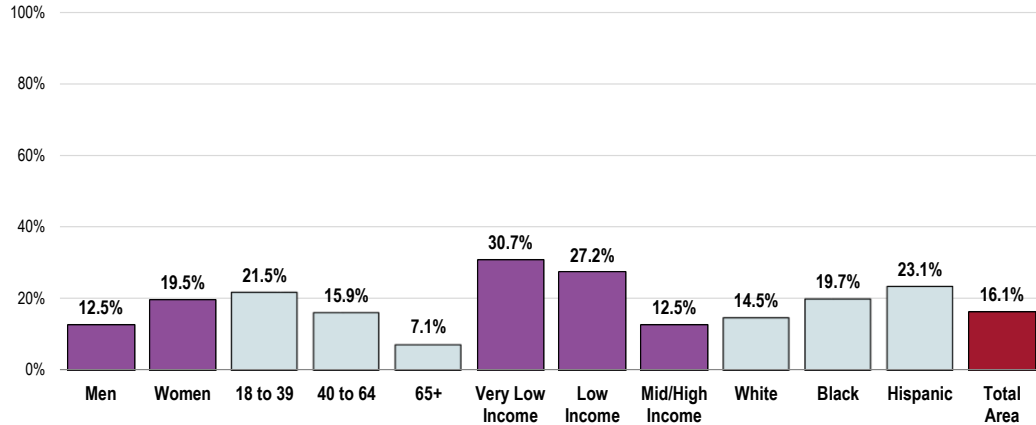
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Young adults.
- Respondents with lower incomes.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Total Area, 2018)



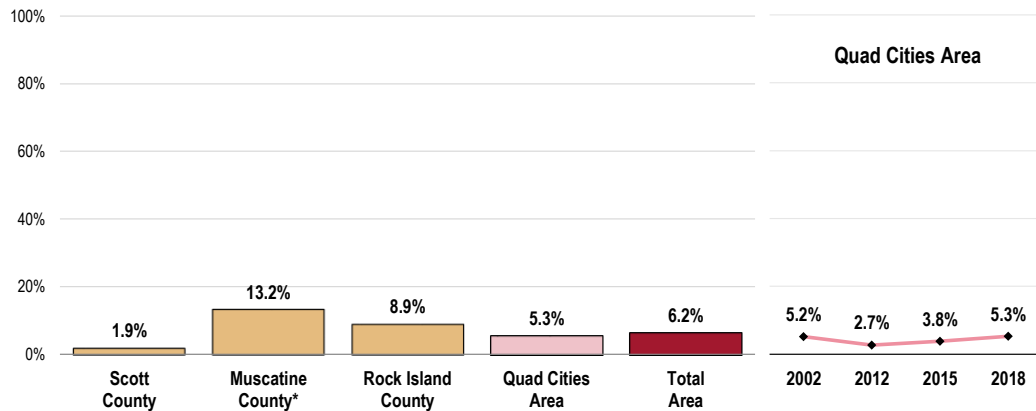
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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

Among Total Area adults with children under 18, 6.2% report that the cost of a child's medication prevented them from getting a needed prescription in the past year.

- Lowest in Scott County.
- QCA TREND: Statistically similar to 2002 findings.

Cost of Medication Prevented Child's Prescription in the Past Year (Among Total Area Parents of Children Age 0-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 329]
 Notes: • Asked of all respondents.
 • *Use caution when interpreting Muscatine County results for this indicator as the sample size falls below 50.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

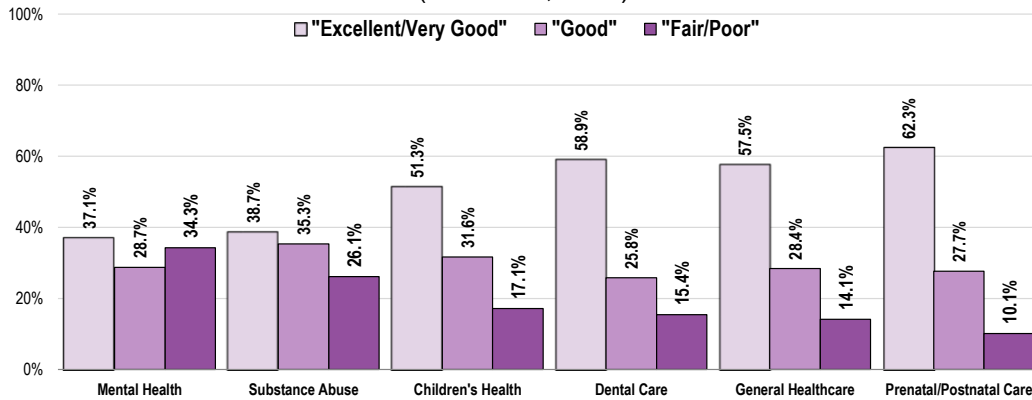
Each of these is explored more fully in various sections of this report.

Perceived Ease of Accessing Local Healthcare Services

When considering the ratings given among survey respondents regarding the ease of obtaining six health-related services in the community, the highest prevalence of “fair/poor” responses was for mental health services (mentioned by 34.3%), followed by services for substance abuse (26.1%).

- Survey respondents were less likely to give “fair/poor” ratings of the ease of obtaining children’s health services, dental care, general medical care, and prenatal/postnatal care.

Rating of the Ease of Accessing Various Local Healthcare Services
(Total Area, 2018)



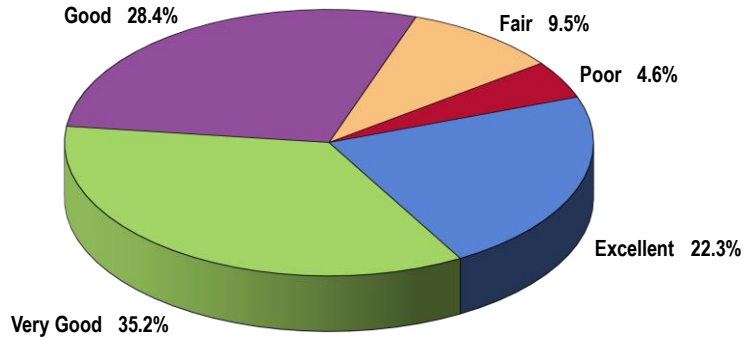
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 311-316]
Notes: • Asked of all respondents; excludes those who have not needed such services.

Services for Adults

Among survey respondents, 57.5% gave “excellent” or “very good” ratings of the ease with which they can obtain local healthcare services.

- Another 28.4% gave “good” ratings for this indicator.

Rating of the Ease With Which Local Healthcare Services Are Obtained (Total Area, 2018)

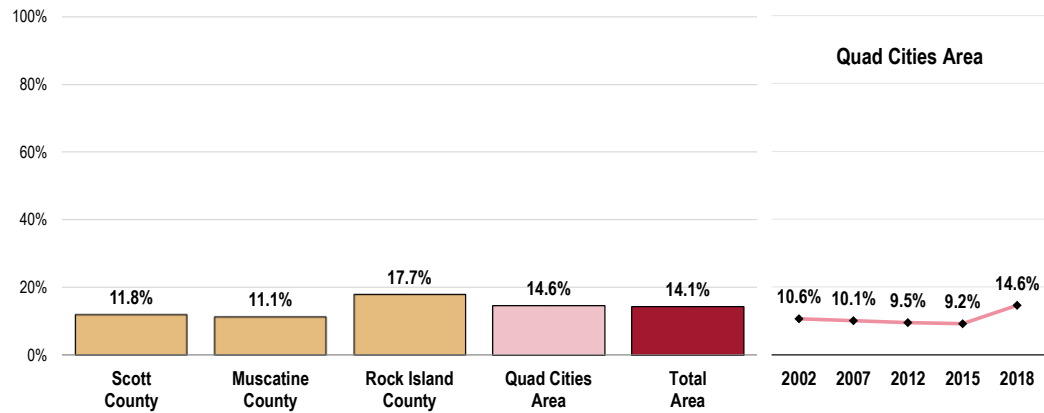


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
 Notes: • Asked of all respondents; excludes those who have not needed such services.

On the other hand, 14.1% of respondents gave “fair/poor” ratings regarding the ease with which they can obtain medical services in the community.

- Unfavorably high in Rock Island County.
- QCA TREND: Marks a statistically significant increase from 2002 (and all subsequent) findings.

Ease of Obtaining Local Healthcare Services Is “Fair/Poor” (Total Area, 2018)

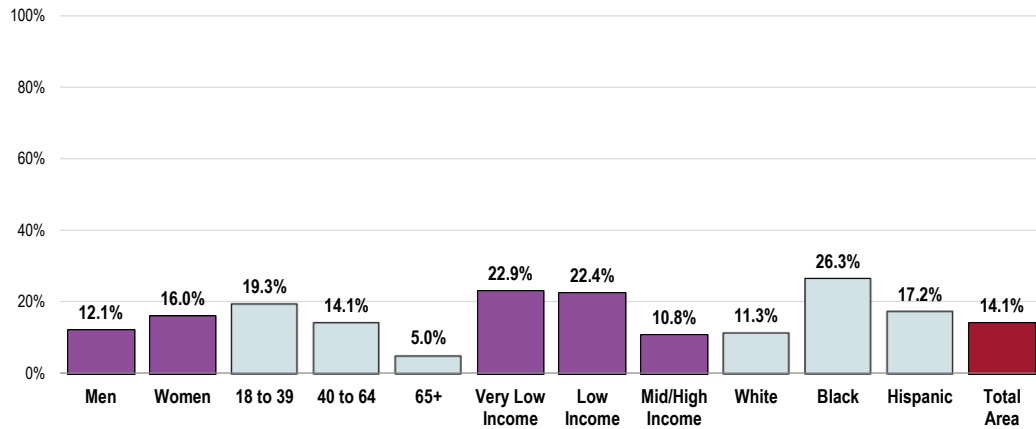


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Residents more likely to consider the ease of obtaining local healthcare services to be “fair” or “poor” include:

- Young adults (strong correlation with age).
- Those in very low and low income households.
- Blacks.

Ease of Obtaining Local Healthcare Services Is “Fair/Poor” (Total Area, 2018)



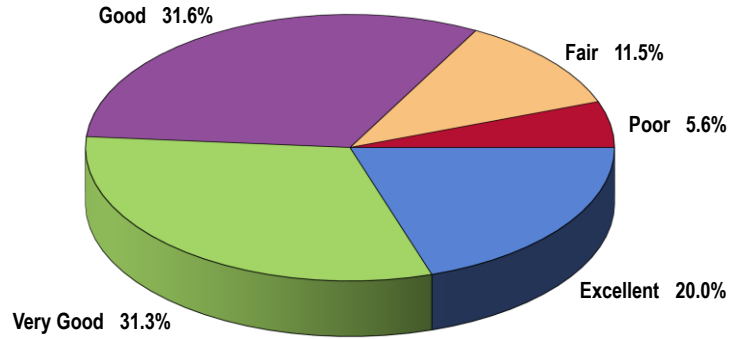
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

Services for Children

Among survey respondents with children who have needed a child’s medical care, **51.3% gave “excellent” or “very good” ratings of the ease with which they can obtain such services for their child.**

- Another 31.6% gave “good” ratings for this indicator.

Rating of the Ease With Which Child Health Services Are Obtained (Total Area, 2018)

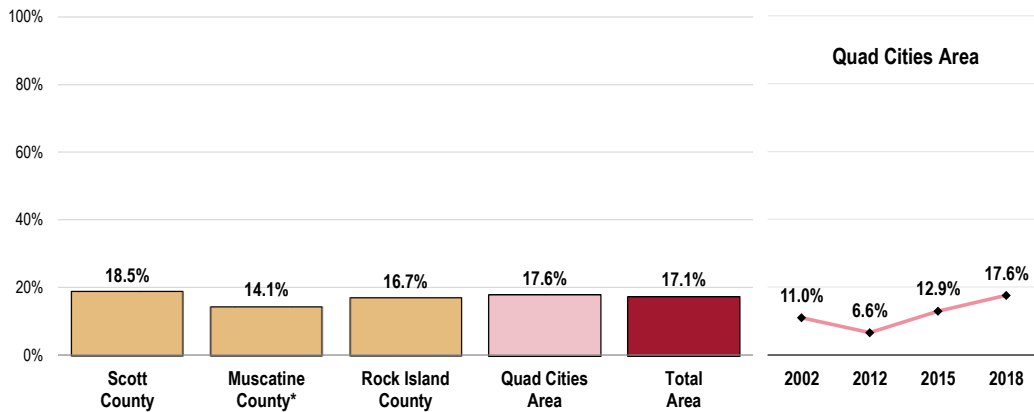


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
 Notes: • Asked of all respondents; excludes those who have not needed such services.

On the other hand, 17.1% of parents gave “fair/poor” ratings regarding the ease with which they can obtain local medical services for their child.

- Similar findings by county.
- QCA TREND: Marks a statistically significant increase earlier findings.

Ease of Obtaining Child Health Services Is “Fair/Poor” (Total Area, 2018)

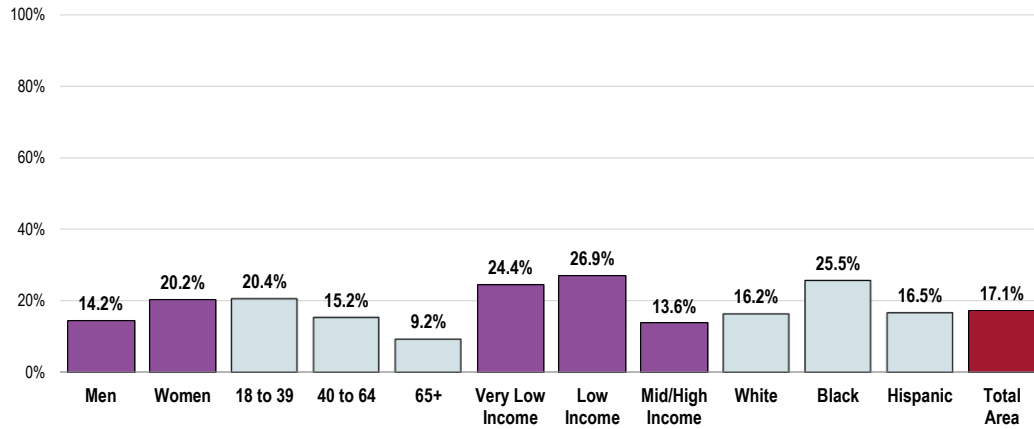


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • *Use caution when interpreting Muscatine County results for this indicator as the sample size falls below 50.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Residents more likely to consider the ease of obtaining local children’s medical services to be “fair” or “poor” include:

- Women.
- Young adults.
- Those living at or near the federal poverty level.

Ease of Obtaining Child Health Services Is “Fair/Poor”
(Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

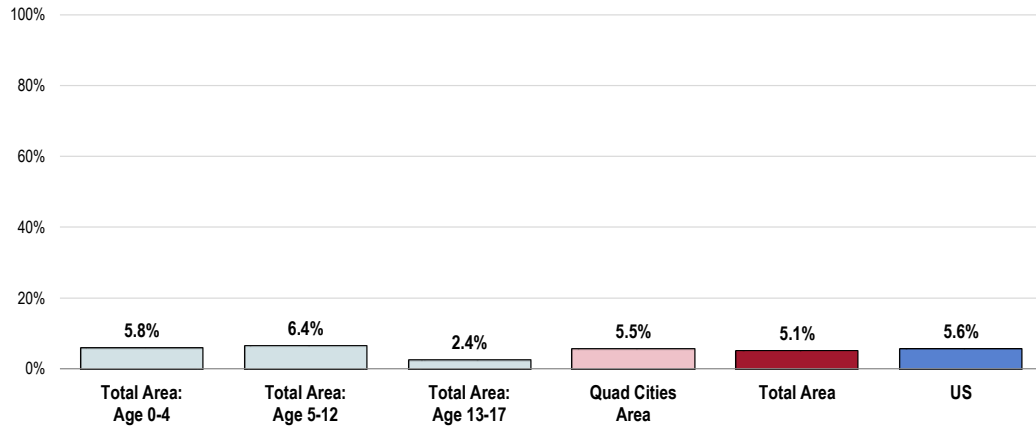
Recent Difficulties

A total of 5.1% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.
- Similar findings by county (not shown).
- Lowest among parents of teens.

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.

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Total Area Parents of Children Age 0-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

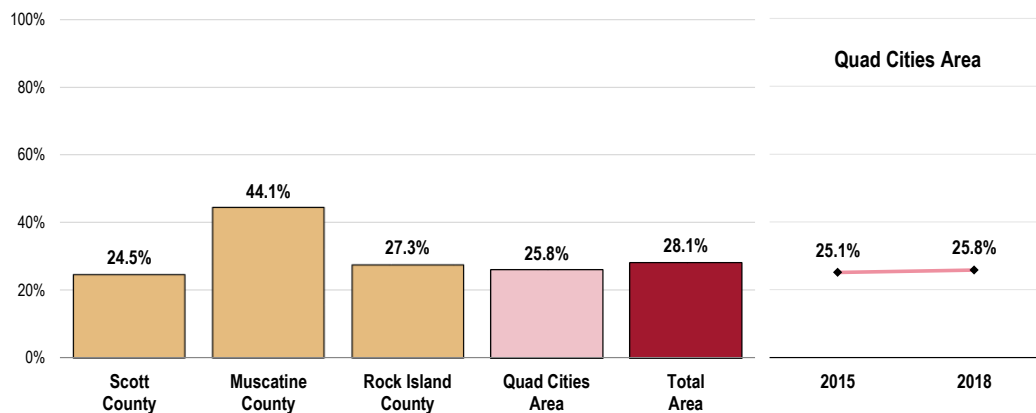
Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited **long waits for appointments**.

Outmigration for Care

Among survey respondents, **28.1%** report that they leave the area for at least some of their healthcare needs.

- The prevalence is considerably higher in Muscatine County.
- QCA TREND: Unchanged from 2015 survey results.

Outmigration for Health Services



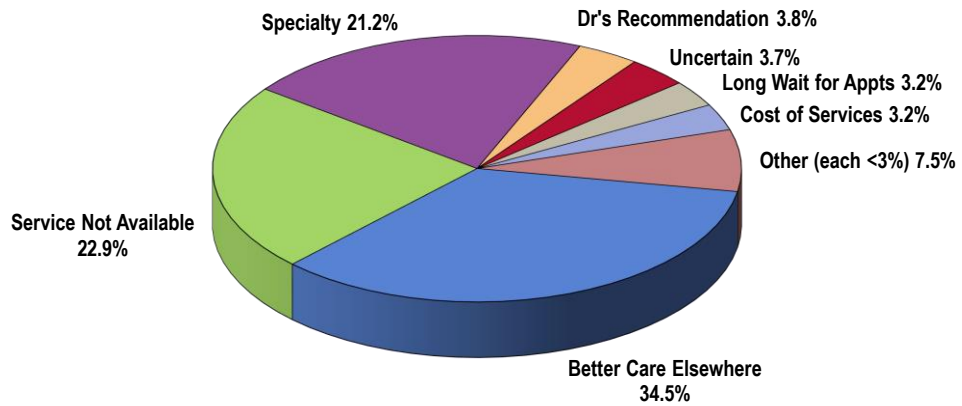
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 317]

Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Reasons for leaving the area included the perception of better care elsewhere (mentioned by 34.5%), services unavailable locally (22.9%), and the need for specialties not available locally (21.2%).

- Other reasons mentioned much less frequently included a physician's recommendation, long waits for appointments, and local cost of services.

Specific Health Services for Which Respondent Leaves the Area (Total Area Adults Who Leave the Area for Health Services, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]
 Notes: • Asked of those respondents who leave the area for health services.

Primary Care Services

About Primary Care

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

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

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

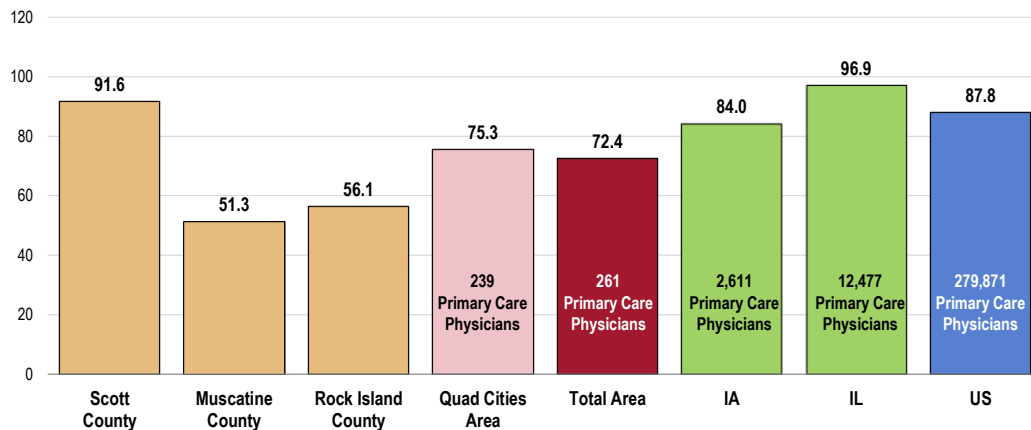
- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In the Total Area in 2014, there were 261 primary care physicians, translating to a rate of 72.4 primary care physicians per 100,000 population.

- Well below what is found in both states and nationally.
- Favorably high in Scott County.

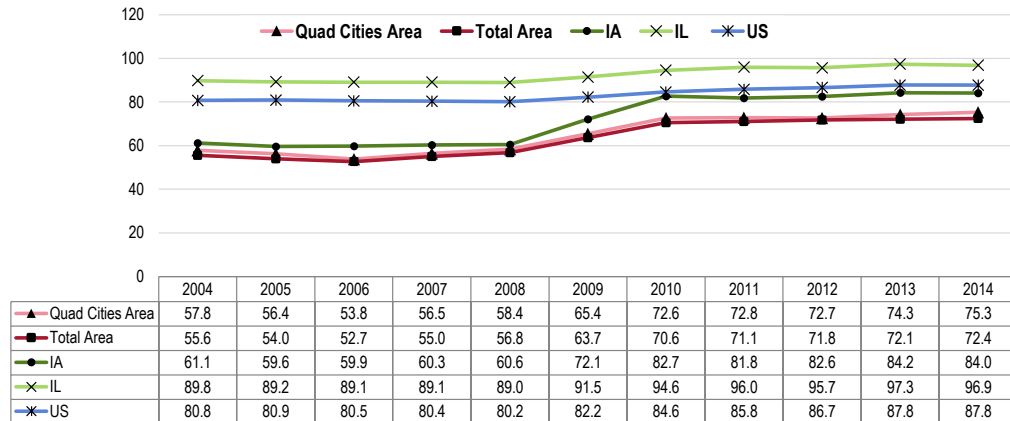
Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2014)



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Retrieved March 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- QCA TREND: Access to primary care (in terms of the rate of primary care physicians to population) has improved greatly over the past decade.

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



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Retrieved March 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
 - These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.
 - Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Specific Source of Ongoing Care

A total of 75.8% of Total Area adults were determined to have a specific source of ongoing medical care.

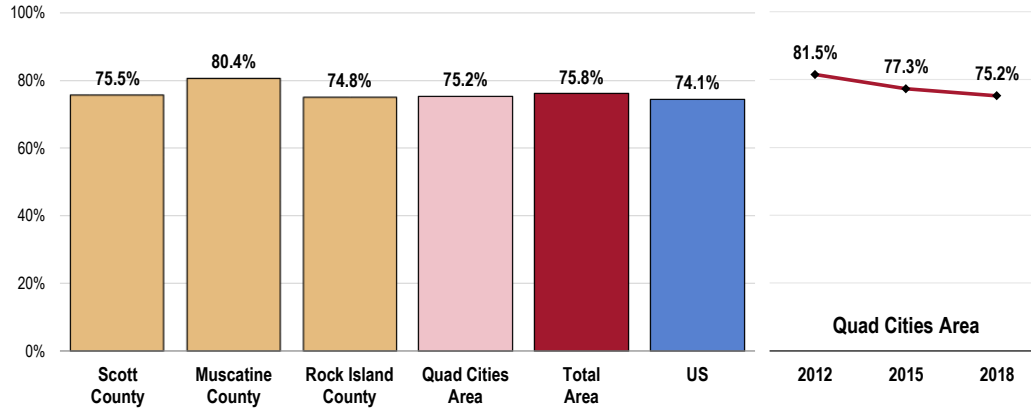
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Similar findings by county.
- QCA TREND: Marks a statistically significant decrease since 2012.

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 crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
 • 2017 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.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

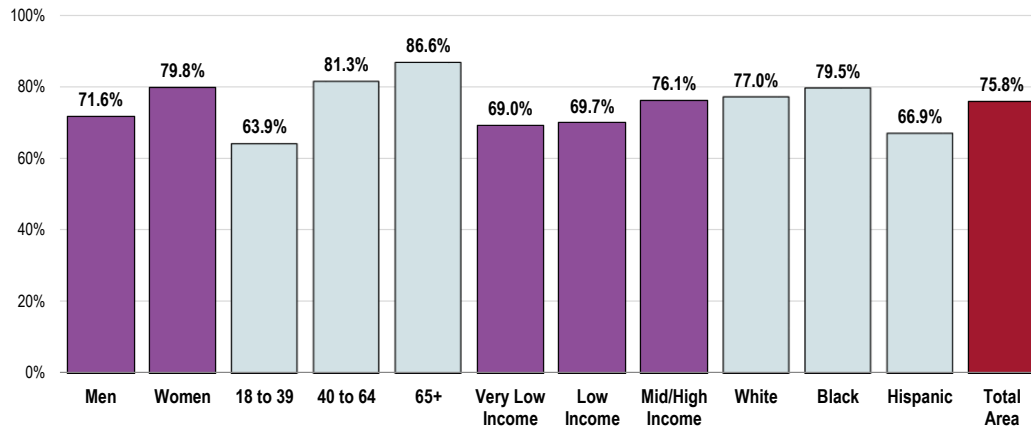
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 40.

Have a Specific Source of Ongoing Medical Care

(Total Area, 2018)

Healthy People 2020 Target = 95.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]

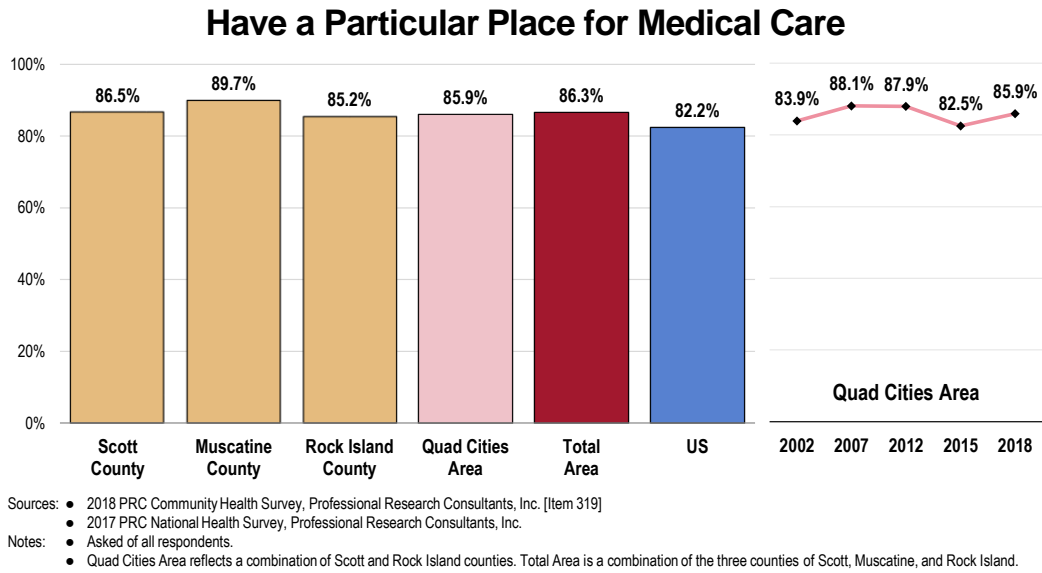
Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household 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.

Particular Place Used for Medical Care

Adults

Overall, 86.3% of Total Area survey respondents have one place they generally go if they are sick or need advice about their health.

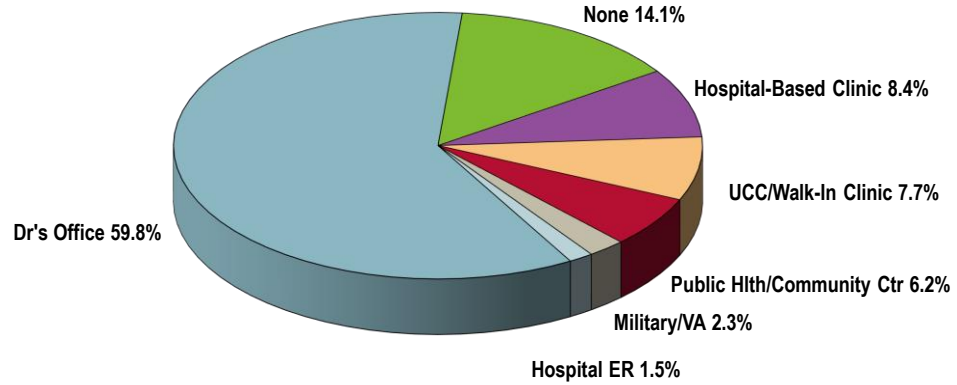
- Higher than the national proportion.
- Similar findings by county.
- QCA TREND: Statistically unchanged since 2002.



When asked to describe where they usually go if they are sick or in need of advice about their health, the greatest share of respondents (59.8%) identified a particular doctor’s office, followed by references to some type of hospital-based clinic (mentioned by 8.4%).

- Another 7.7% mentioned urgent-care centers/walk-in clinics, while 6.2% use some type of public health or community center, and 2.3% rely on a military/VA facility.
- Note that 1.5% of respondents consider a hospital ER to be their source for medical care.

Particular Place Utilized for Medical Care (Total Area, 2018)



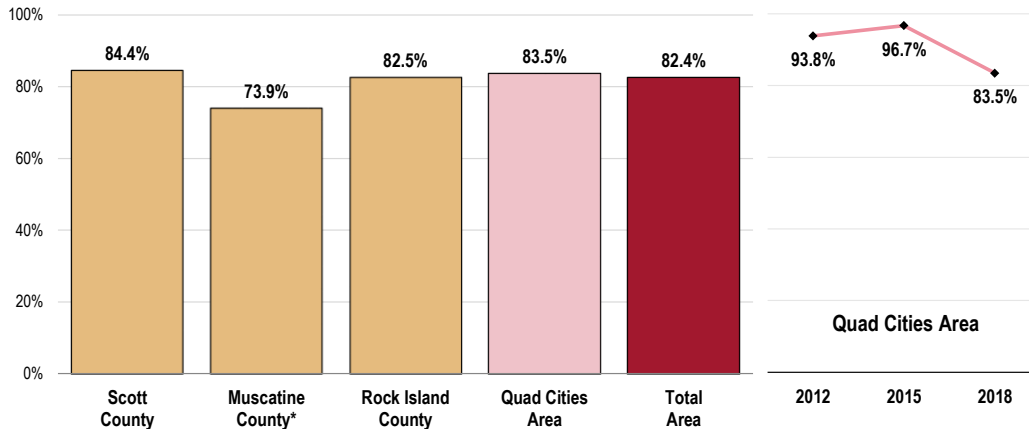
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
 Notes: • Asked of all respondents.

Children

Among survey respondents with children under 18 at home, 82.4% have one place they generally take their child if the child is sick or in need of advice about their health.

- Comparable by county.
- QCA TREND: Marks a statistically significant decrease since 2012.

Have a Particular Place for Child's Medical Care (Among Total Area Parents of Children Age 0-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 330]
 Notes: • Asked of all respondents with children under 18 at home.
 • *Use caution when interpreting Muscatine County results for this indicator as the sample size falls below 50.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Asked to describe where they usually take their child for medical care, most parents (76.3%) cite a specific **physician’s office** and 15.0% mentioned some type of **clinic** for their child’s care.

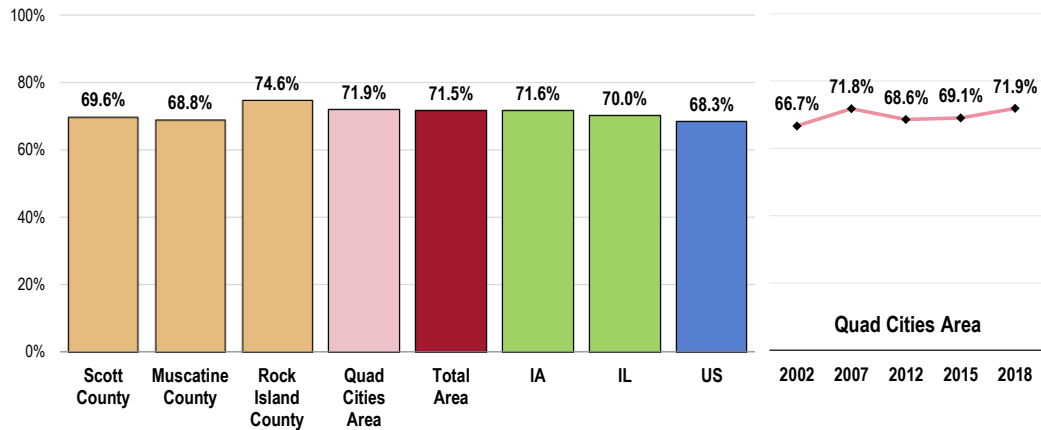
Utilization of Primary Care Services

Adults

Most Total Area adults (71.5%) visited a physician for a routine checkup in the past year.

- Comparable to state and national findings.
- Comparable by county.
- QCA TREND: The prevalence marks a statistically significant increase since 2002.

Have Visited a Physician for a Checkup in the Past Year

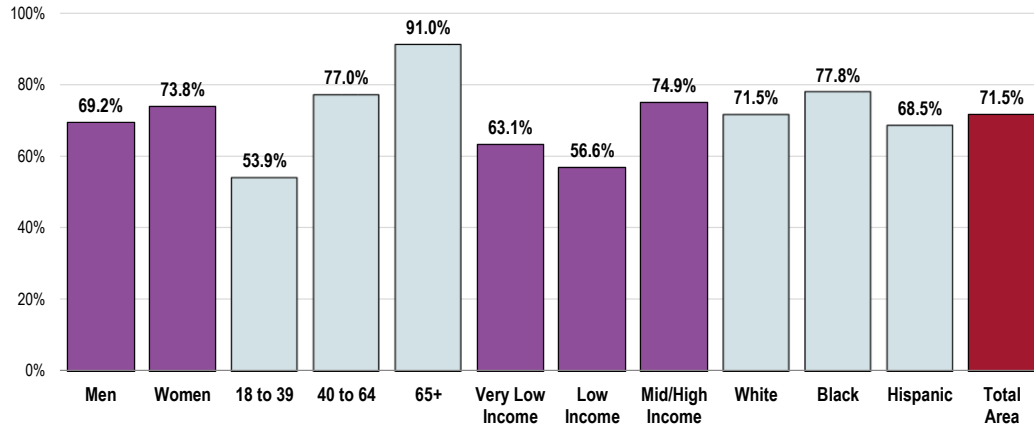


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Iowa and Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

- Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age), as are adults living at or near the federal poverty level.

Have Visited a Physician for a Checkup in the Past Year (Total Area, 2018)



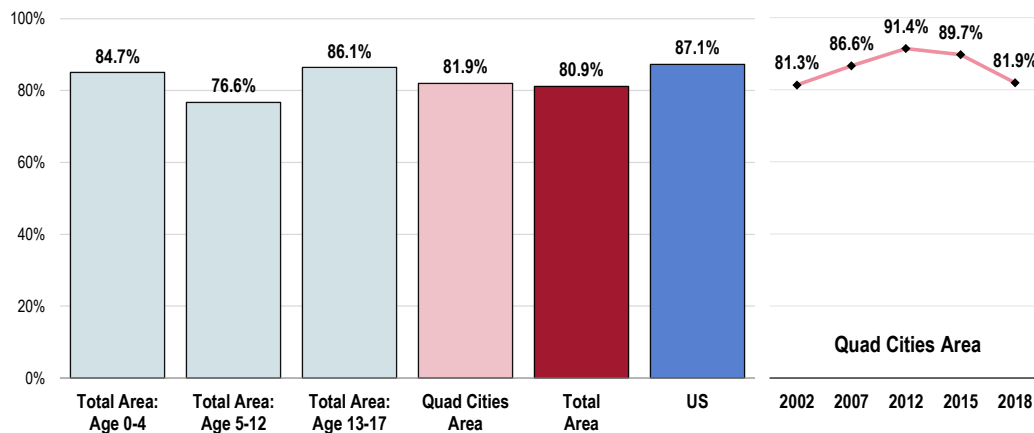
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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

Among surveyed parents, 80.9% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- Similar findings by county.
- QCA TREND: Although decreasing since peaking in 2012, the prevalence is statistically similar to 2002 findings.
- The disparity by child's age is not statistically significant.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Total Area Parents of Children Age 0-17)



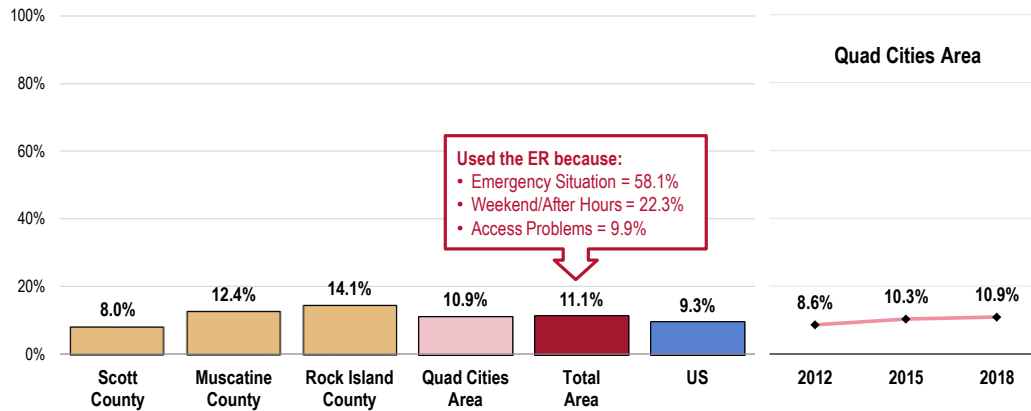
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 11.1% of Total Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- Higher in Rock Island County, lower in Scott County.
- QCA TREND: Statistically unchanged since 2012.

Have Used a Hospital Emergency Room More Than Once in the Past Year



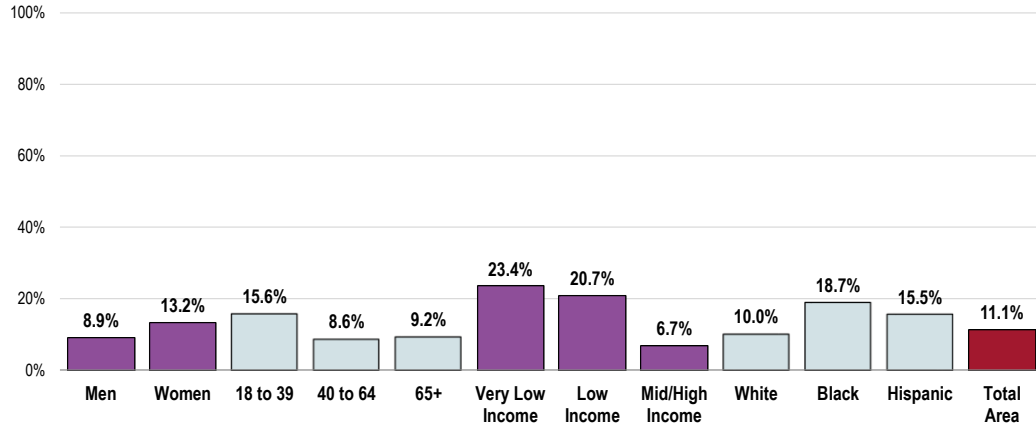
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Of those using a hospital ER, 58.1% say this was due to an **emergency or life-threatening situation**, while 22.3% indicated that the visit was during **after-hours or on the weekend**. A total of 9.9% cited **difficulties accessing primary care** for various reasons.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Women.
- Young adults (under age 40).
- Residents living in households with lower incomes.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Total Area, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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

About Oral Health

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

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

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

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

Potential strategies to address these issues include:

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

• Healthy People 2020 (www.healthypeople.gov)

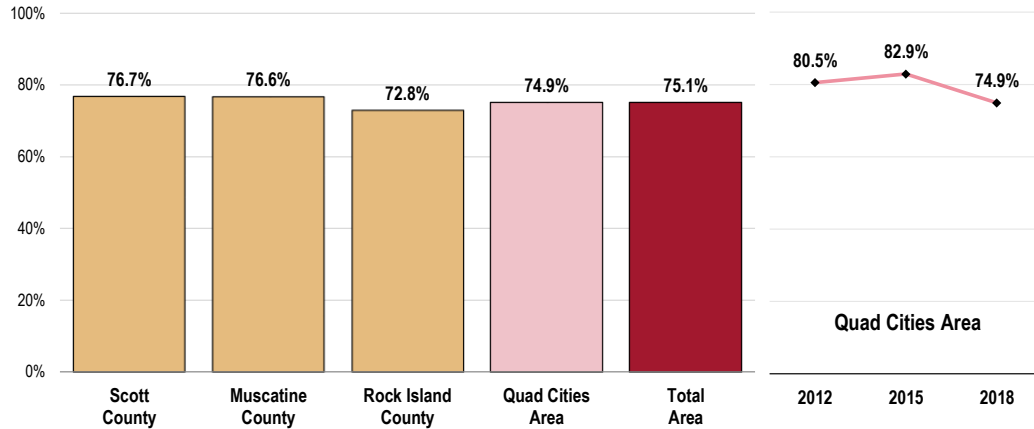
Particular Place Used for Dental Care

Adults

Overall, 75.1% of Total Area survey respondents have one place they generally go if they need dental care.

- Similar findings by county.
- QCA TREND: Marks a statistically significant decrease since 2012.
- The vast majority of these adults (96.1%) mentioned using a dentist's office for their oral health services.

Have a Particular Place for Dental Care

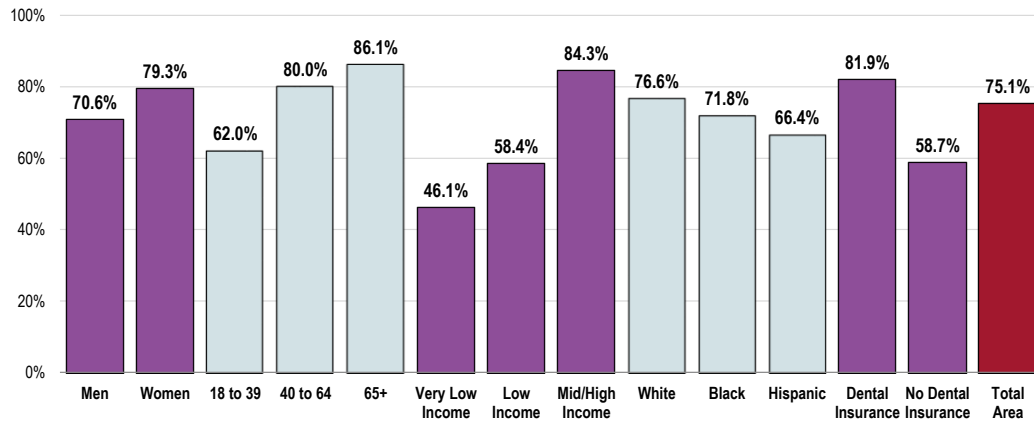


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 320]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

These adults are less likely to be have a particular place for dental care:

- Men.
- Young adults.
- Residents living at or near the federal poverty level.
- Those without dental insurance.

Have a Particular Place for Dental Care (Total Area, 2018)



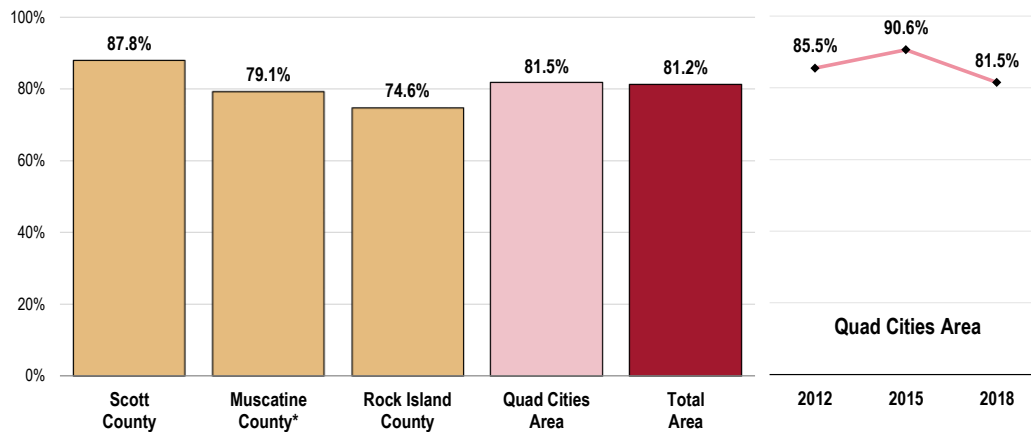
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 320]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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

Among survey respondents with children under 18 at home, 81.2% have one place they generally take their child for general dental care.

- Highest in Scott County, lowest in Rock Island County.
- QCA TREND: Statistically unchanged over time.
- The vast majority of parents (92.4%) rely on a dental office for their child’s oral health care.

Have a Particular Place for Child’s Dental Care (Among Total Area Parents of Children Age 2-17)



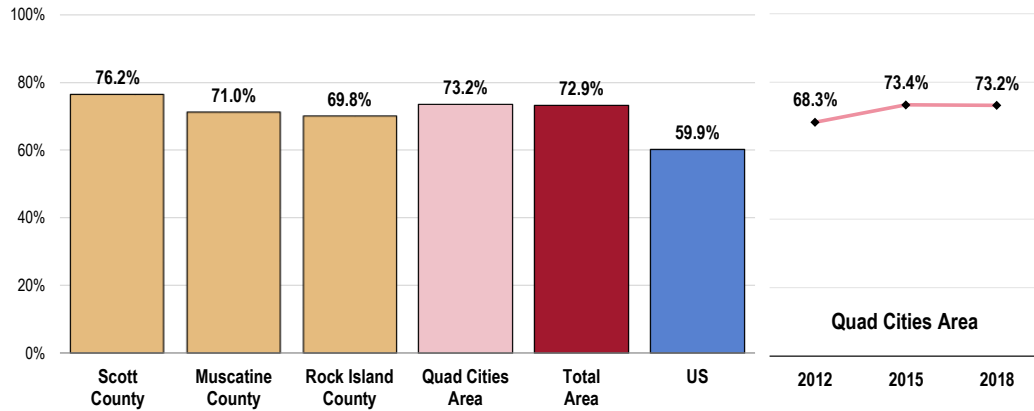
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 334]
 Notes: • Asked of all respondents with children age 2-17 at home.
 • *Use caution when interpreting Muscatine County results for this indicator as the sample size falls below 50.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Dental Insurance

Nearly three in four Total Area adults (72.9%) have dental insurance that covers all or part of their dental care costs.

- Much higher than the national prevalence.
- Higher in Scott County.
- QCA TREND: Marks a statistically significant increase since 2012.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

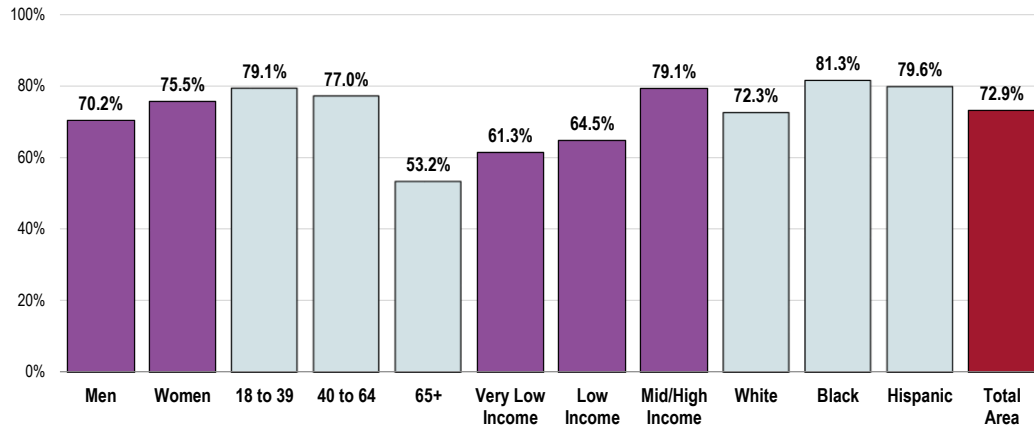


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

These adults are less likely to be covered by dental insurance:

- Men.
- Seniors.
- Low income residents.

Have Insurance Coverage That Pays All or Part of Dental Care Costs (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

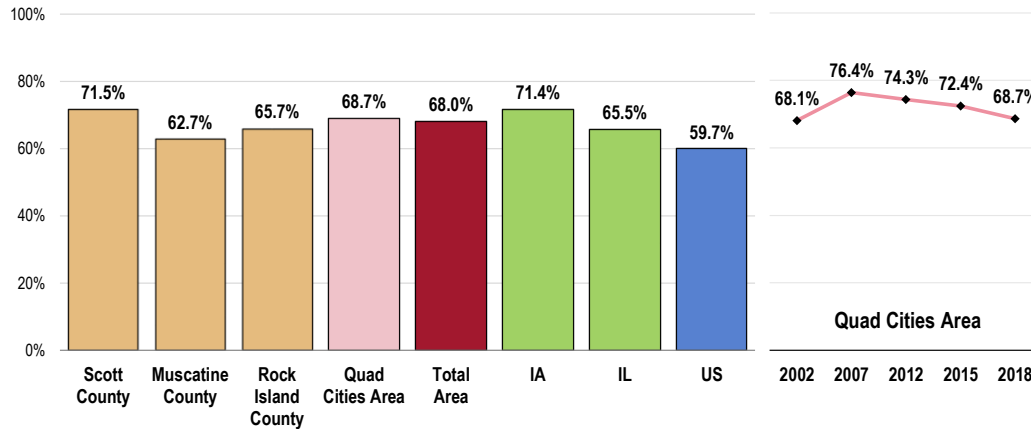
Dental Care

Adults

A total of 68.0% of Total Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Lower than the Iowa findings.
- Similar to the Illinois figure.
- Higher than the US figure.
- Satisfies the Healthy People 2020 target (49% or higher).
- Higher in Scott County.
- QCA TREND: Though decreasing since peaking in 2007, the prevalence is statistically unchanged from the 2002 survey findings.

Have Visited a Dentist or Dental Clinic Within the Past Year
 Healthy People 2020 Target = 49.0% or Higher

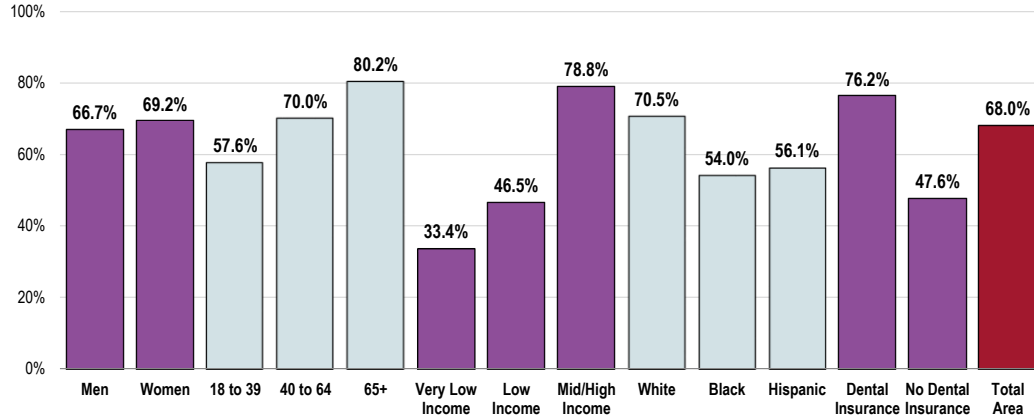


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services. Centers for Disease Control and Prevention (CDC): 2016 Iowa and Illinois data.
 • 2017 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.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Note the following:

- There is a positive correlation between age and recent dental visits.
- Persons living in the higher income categories report much higher utilization of oral health services (low income adults fail to satisfy the Healthy People 2020 target).
- Whites are much more likely to report recent dental care.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year (Total Area, 2018) Healthy People 2020 Target = 49.0% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes:

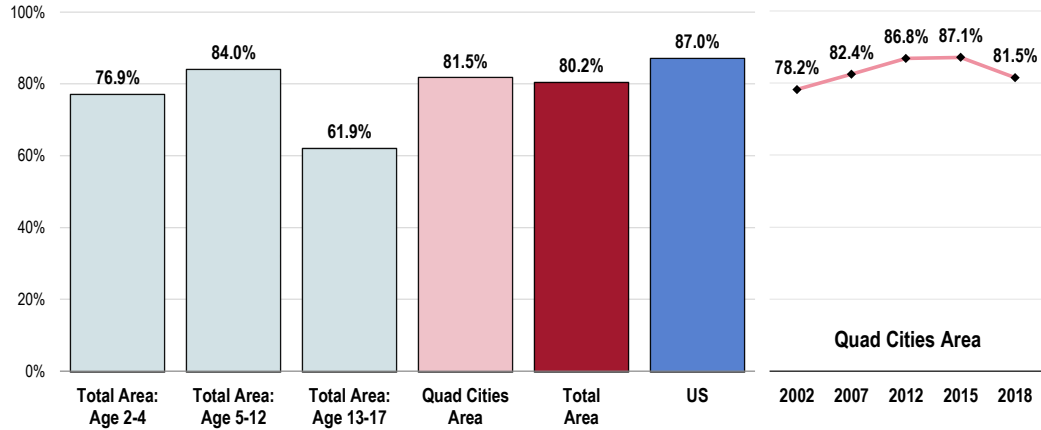
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "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 80.2% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- QCA TREND: Though decreasing over the past three years, the prevalence is statistically unchanged from the 2002 survey findings.
- Regular dental care is notably lower among area teens.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Total Area Parents of Children Age 2-17) Healthy People 2020 Target = 49.0% or Higher



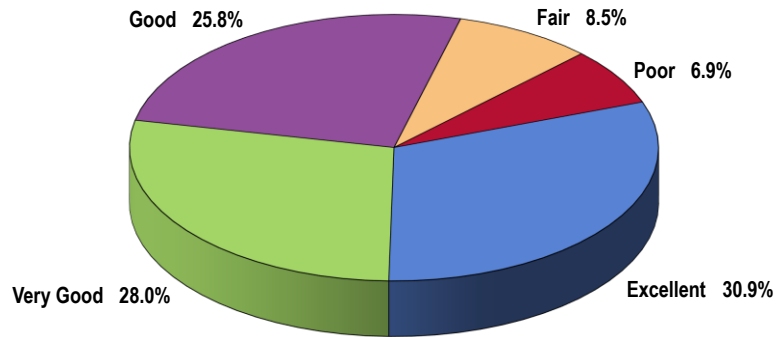
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Perceived Ease of Accessing Local Dental Services

Of Total Area survey respondents, 58.9% consider the ease of obtaining local dental services to be “excellent” or “very good.”

- Another 25.8% gave “good” ratings.

Rating of the Ease With Which Dental Care Is Obtained (Total Area, 2018)

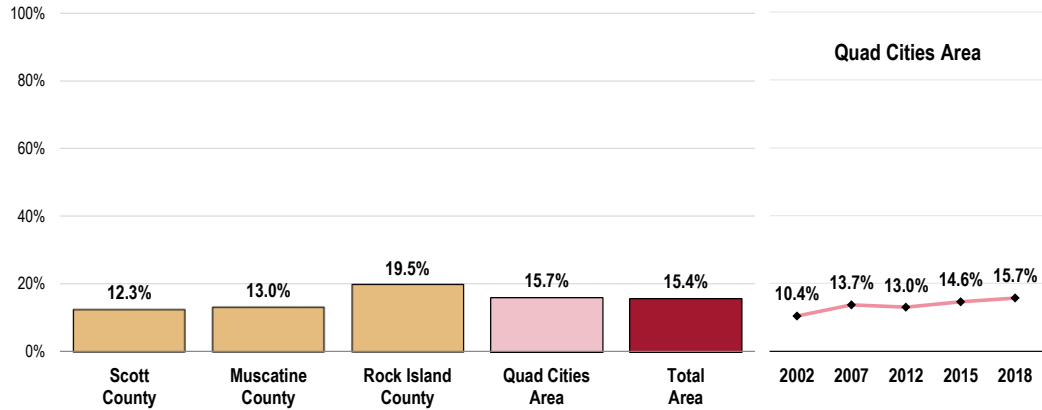


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]
 Notes: • Asked of all respondents; excludes those who have not needed such services.

On the other hand, 15.4% of survey respondents consider the ease of obtaining local dental services to be “fair” or “poor.”

- Higher in Rock Island County, lower in Scott County.
- QCA TREND: Denotes a statistically significant increase since 2002.

Ease of Obtaining Dental Care Is “Fair/Poor”
(Total Area, 2018)

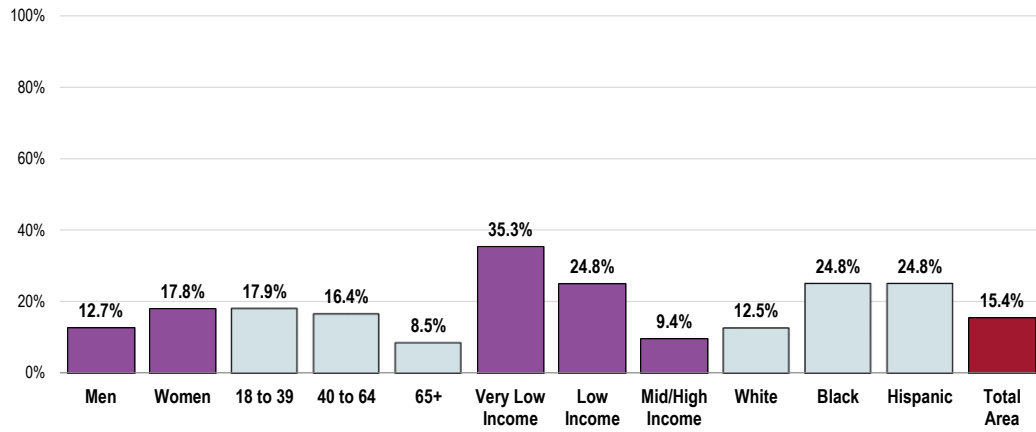


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Residents more likely to consider the ease of obtaining local dental care to be “fair” or “poor” include:

- Women.
- Adults under 65.
- Those in very low and low income households.
- Blacks and Hispanics.

Ease of Obtaining Dental Care Is “Fair/Poor” (Total Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Local Resources



Professional Research Consultants, Inc.

Number-One Health Concern in the Area

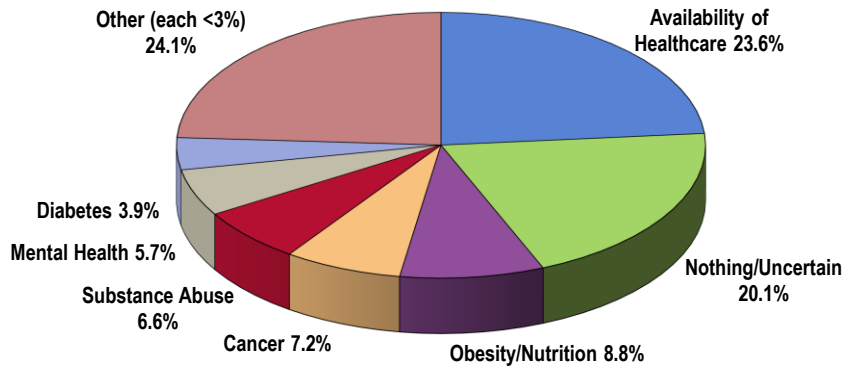
"What do you feel is the number-one health concern facing the community today?"

This question was asked in an "open-ended" format, meaning that respondents were free to answer with whatever came to mind (unprompted). Their responses were then categorized and grouped according to emerging themes.

When asked to describe the number-one health concern facing the community today, the largest share of survey respondents (23.6%) mentioned availability of healthcare (20.1% of survey respondents were uncertain or unable to offer a response).

- Fewer community members mentioned health issues such as **obesity/nutrition** (mentioned by 8.8%), **cancer** (7.2%), **substance abuse** (6.6%), **mental health** (5.7%), and **diabetes** (3.9%).

#1 Health Concern Facing the Community Today (Total Area, 2018)



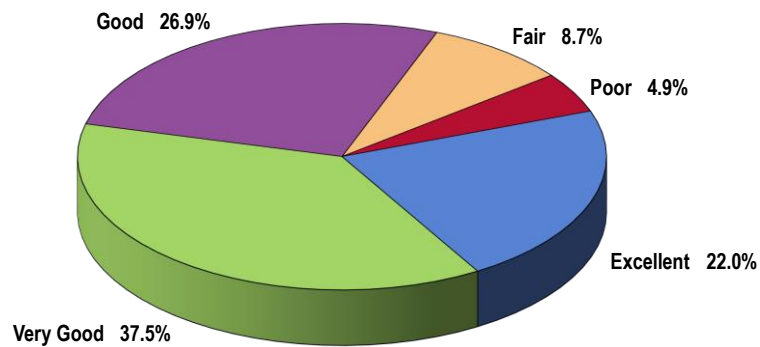
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
- Notes:
- Asked of all respondents.
 - "Other" responses, while making up the largest combined share of responses, varied widely and could not be collapsed into like categories. These responses ranged considerably from topics such as "flu" and "high blood pressure" to "government" and "industrial waste."

Perceptions of Local Healthcare Services

Nearly six in 10 Total Area adults (59.5%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 26.9% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(Total Area, 2018)

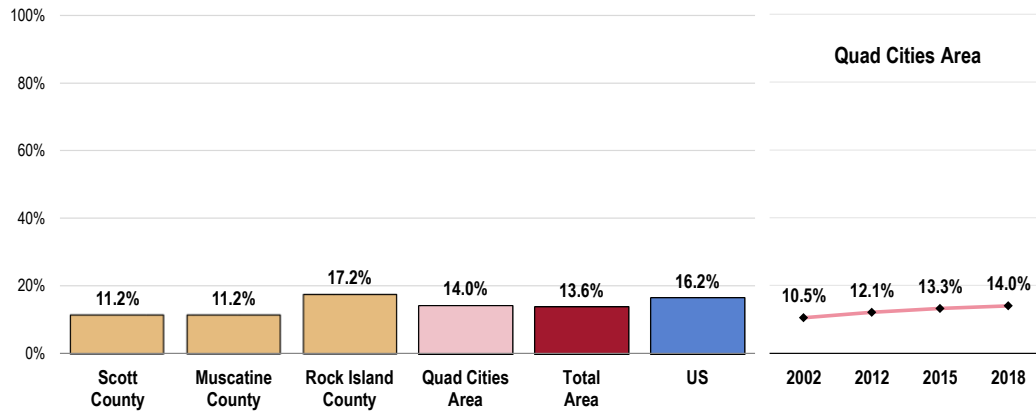


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 13.6% of residents characterize local healthcare services as “fair” or “poor.”

- Comparable to the US figure.
- Unfavorably high in Rock Island County.
- QCA TREND: Marks a statistically significant increase in low ratings since 2002.

Perceive Local Healthcare Services as “Fair/Poor”

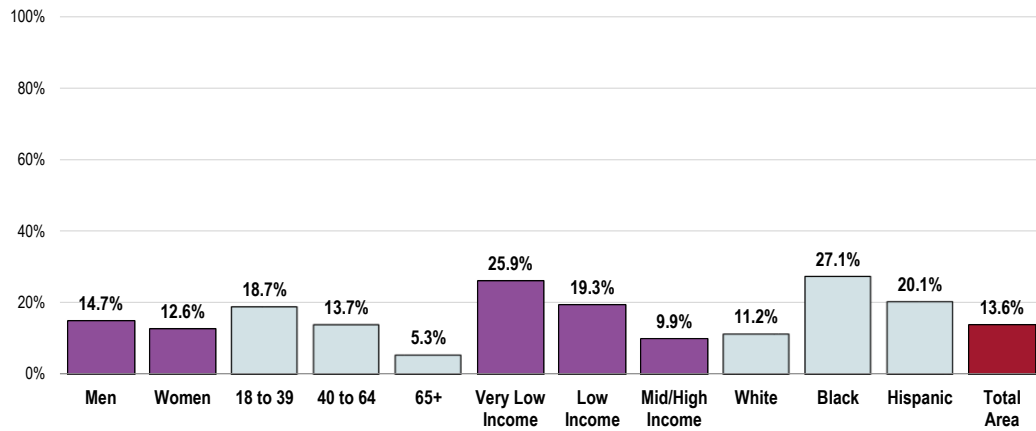


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

The following residents are more critical of local healthcare services:

- Adults under age 65.
- Residents with lower incomes.
- Blacks and Hispanics.

Perceive Local Healthcare Services as “Fair/Poor” (Total Area, 2018)



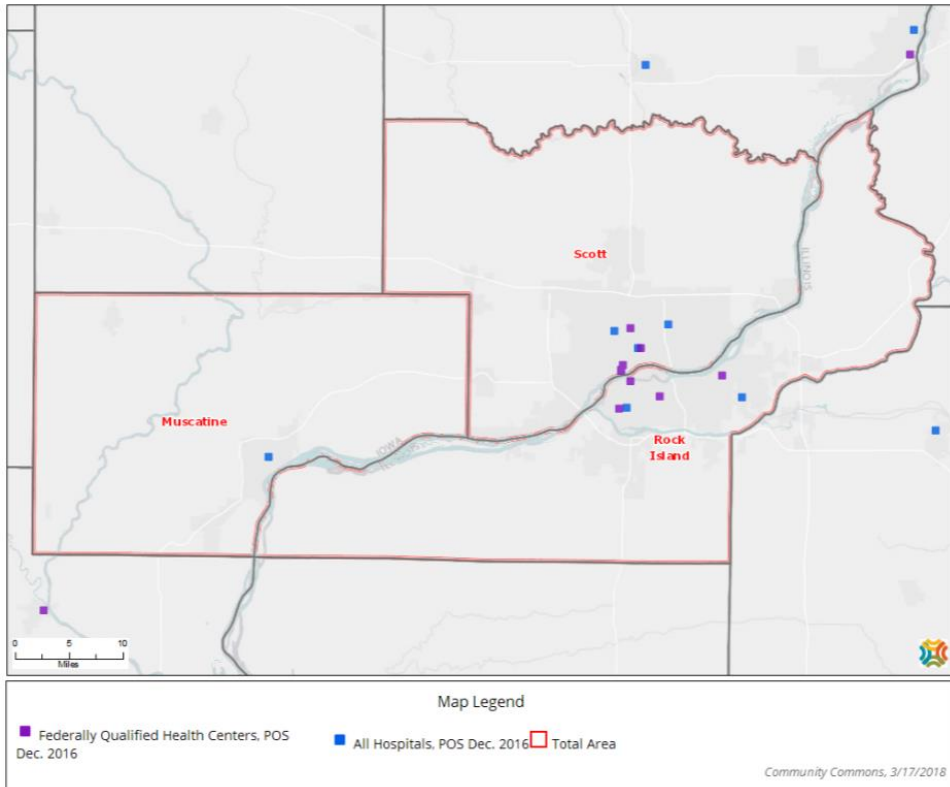
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

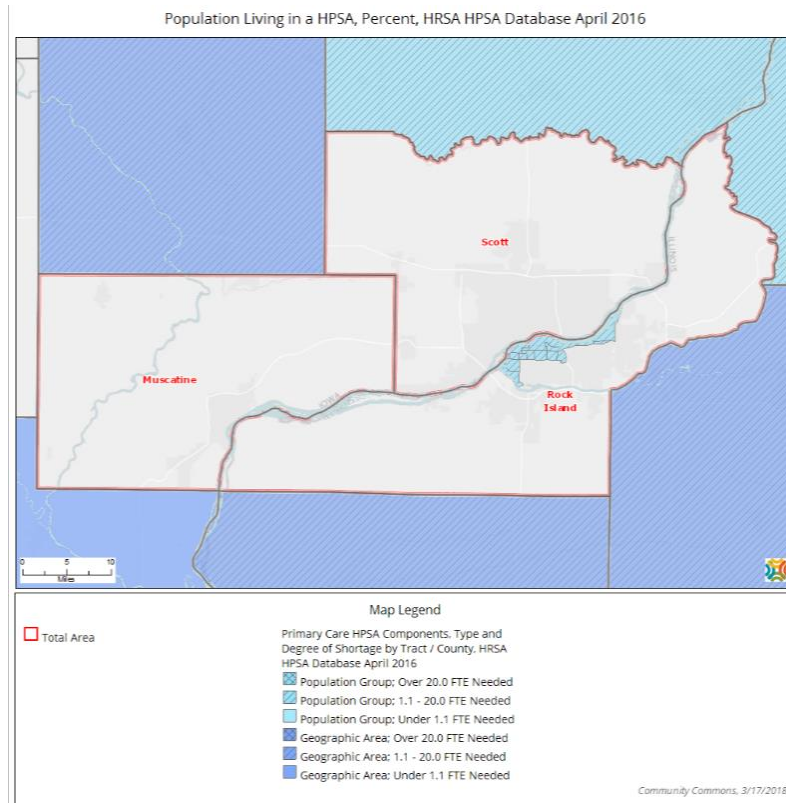
The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within the Total Area as of late 2016.

Hospitals and Federally Qualified Centers, POS December 2016



Health Professional Shortage Areas (HPSAs)

The following map details the population living in a health professional shortage area (HPSA) within the Total Area as of April 2016.



Appendices



Professional Research Consultants, Inc.



UnityPoint Health
Trinity

2018 Community Health Assessment

Appendix A: Quad Cities Qualitative Community Health Assessment

QUALITATIVE ASSESSMENT OF
Community Themes and Strengths
Local Public Health System
Forces of Change

ROCK ISLAND
COUNTY, IL
SCOTT COUNTY,
IA



Introduction

The 2018 Quad Cities Community Health Assessment was conducted by six community partners: Genesis Health System, UnityPoint Health-Trinity, Community Health Care, Inc, Rock Island County Health Department, Scott County Health Department, and Quad City Health Initiative. Information from this assessment will help these organizations coordinate community health improvement plans for the Quad Cities area.

This process was guided by the Mobilizing for Action through Planning and Partnerships (MAPP) framework. Developed by a partnership between the National Association for County and City Health Officials (NACCHO), Public Health Practice Program Office, and Centers for Disease Control and Prevention (CDC), MAPP is a community strategic planning process that aims to improve the health of communities by forming partnerships, identifying important issues, and formulating strategies to address these issues.


The first stage of the MAPP process is “Organizing for Success and Partnership Development.” This was done by identifying representatives from the six partners to comprise a Core Team to lead this assessment process. A Core Team of 12 individuals was finalized in the fall of 2017 and met regularly starting in December 2017.

In addition to the Core Team, leaders from the community were selected to form the Rock Island and Scott Counties Stakeholder Committee to represent various sectors. Core Team members first identified multiple sectors within the community that would provide relevant information to the assessments. From these sectors, organizations and contact individuals were defined for each one. The Core Team evaluated which organization(s) would best represent that sector, as well as which individual from each organization to include on the Rock Island and Scott Counties Stakeholder Committee. Overall, there were 18 sectors represented by 27 stakeholders. The sectors represented were business/industry, community not-for-profit organizations, departments of government, elected officials, EMS, faith-based organizations, food system stakeholders, foundations and philanthropists, health insurers, human service agencies, law enforcement, local health care providers, local schools and academic institutions, members of the general public, mental health, planning organizations, senior services, and transportation.

The second phase is creating a community vision, which is the focus of the overall MAPP process. This was completed by Core Team members with input from the Rock Island and Scott Counties Stakeholder Committee at a meeting in May 2018. The vision for the 2018 Quad Cities Community Health Assessment is: “The Quad Cities region is united as one vibrant, collaborative community with engaged citizens, safe, thriving neighborhoods, and equitable access and opportunities for overall health and social well-being.”

“The Quad Cities region is united as one vibrant, collaborative community with engaged citizens, safe, thriving neighborhoods, and equitable access and opportunities for overall health and social well-being.”

Phase three of MAPP is conducting four assessments to gather both quantitative and qualitative data to create a comprehensive view of health in our community. The “Community Health Status” assessment was conducted by Professional Research Consultants through a telephone and internet survey of residents from Scott and Rock Island counties. The other three assessments, which were conducted by the Core Team and the Rock Island and Scott Counties Stakeholder Committee from April to



July 2018, include Community Themes and Strengths, Forces of Change, and the Local Public Health System. Core Team members divided stakeholders into three subcommittees based on the needs of each assessment structure and where they would provide the most valuable insight.

The final three phases of MAPP will be implemented following analysis of results from the assessments. These include “Identifying Strategic Issues”, where common themes that need to be addressed will be identified. Phase five is “Formulating Goals and Strategies” where the community will define goals, as well as strategies on how to achieve those goals. Finally, phase six is “Action Cycle” where the community partners will implement these strategies to achieve the defined community vision.

August
2018

Quad Cities Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment identifies community thoughts, experiences, opinions, and concerns.

Community Themes and Strengths Assessment

Introduction

As part of the Quad Cities Community Health Assessment, the Community Themes and Strengths assessment was completed between the months of June and July 2018. Four members of the Community Health Assessment Steering Committee conducted this assessment: Daniel Joiner, UnityPoint Health-Trinity; Tom Bowman, Community Health Care, Inc.; Ellen Gackle, Scott County Health Department; and Mariah Benson, Rock Island County Health Department. Eight members of the Rock Island and Scott Counties Stakeholder Committee were assigned to the subcommittee for the Community Themes and Strengths assessment: Karrie Abbott, United Way of the Quad Cities; Ken Beck, Scott County Board of Supervisors; Melvin Grimes, Churches United of the Quad Cities; Andrea Meirick, The Project of the Quad Cities; Mike Miller, River Bend Foodbank; Amy Rowell, World Relief; Kathy Weiman, Alternatives for the Older Adult; Anthony Williams, Rock Island Arsenal. This subcommittee was tasked with reaching out to their assigned subpopulations to conduct focus groups and send out a survey to gather information for this assessment. The subpopulations included in this assessment are as follows: college students; elderly; homeless/transitional housing; lesbian, gay, bisexual, transgender, and queer (LGBTQ); mental health; military; disabled; immigrants and refugees; and food distribution organizations.

Purpose

As outlined by the MAPP handbook, the Community Themes and Strengths assessment aimed to answer the following questions:

- ▶ **Why do certain health conditions exist?**
- ▶ **What assets are available in the community?**
- ▶ **What is the quality of life in the community?**

By identifying residents' thoughts, experiences, opinions, and concerns related to these questions, the six community partners received valuable public input that will aid in producing a responsive community health improvement plan.

Methods

During the May 11th Rock Island and Scott Counties Stakeholder Committee meeting, the Community Themes and Strengths subcommittee selected two methods of collecting data: focus groups and a survey. The leading members of the Community Health Assessment Steering Committee developed a 21-question survey that was distributed to subcommittee members to send out to their specific subpopulations. Overall, the survey received 237 responses from residents of Scott and Rock Island counties and outlying areas. In addition, six focus groups were held with a total of 88 participants from different subpopulations in the community. Various members of the subcommittee led these focus groups and provided feedback to the Community Health Assessment Steering Committee. Subpopulations in which focus groups were conducted included: immigrants and refugees, LGBTQ, seniors, college students, homeless/social services, and food insecurity organizations.



Results

The Community Themes and Strengths subcommittee conducted six focus groups with a total of 88 participants. See Exhibit 1 for responses and breakdown by sub-population. The community survey received 237 responses and the questions and results are summarized in Exhibit 2.

Themes

Several common themes arose from the responses to both the community survey and the community focus groups for this assessment. First, community assets that residents report as helping to improve health include: community health services, parks/trails/outdoor spaces, and churches/faith-based organizations. Community efforts should focus on enhancing and expanding these existing community assets to further increase community well-being. Second, residents reported the most important health concerns in the area as: access to health care services, mental health and access to mental health services, substance abuse, poor diet/inactivity, and food insecurity/hunger. Community safety was another common area of concern. Respondents expressed distress in their lives related to alcohol and drug abuse, unsafe driving, gang-related activity, gun violence, domestic violence, and racism and intolerance. Finally, residents were asked what they would like to see in the community 5-10 years from now to create a healthier community. The most common responses included increased tolerance and acceptance of diversity, a decrease in crime and violence, a decrease in substance abuse-related problems, increased and higher quality mental health services, and increased access to affordable housing and healthy food options.

Acknowledgements

The Core Group of the 2018 Community Health Assessment acknowledges the leadership and support provided by the following organizations in sharing MAPP resources, lessons learned, templates, and more as this process has been tackled. Your partnership in public health and in this very important effort to assess and strengthen communities is greatly appreciated.

- Linn County Public Health, Cedar Rapids, Iowa
- Johnson County Public Health, Iowa City, Iowa

The team would also like to acknowledge the assistance of the following participants who helped to disseminate the community survey and conduct focus groups with various sub-populations.

Table 1: Community Themes and Strengths Participants

Name	Organization
Karrie Abbott	United Way of the Quad Cities Area
Ken Beck	Scott County Board of Supervisors
Mariah Benson	Rock Island County Health Department
Tom Bowman	Community Health Care, Inc.
Ellen Gackle	Scott County Health Department
Melvin Grimes	Churches United of the Quad City Area
Daniel Joiner	UnityPoint Health-Trinity
Andrea Meirick	The Project of the Quad Cities
Mike Miller	River Bend Foodbank
Amy Rowell	World Relief
Kathy Weiman	Alternatives for the Older Adult
Anthony Williams	Rock Island Arsenal

Exhibits

Exhibit 1: Focus Group Questions and Responses

Community Focus Groups Overview

Under the Community Themes and Strengths Assessment there were a total of six focus groups that were conducted. Ten questions were asked in each focus group to assess the community's thoughts on quality of life and identify major barriers, perceptions, and assets within the Quad Cities community. Subjective information was collected related to participants' race, age, and sex/gender. The number of participants was collected for each focus group. The subcommittee assisted in scheduling and conducting focus groups. The following is the list of targeted sub-populations where information was collected.

- Food Insecurity (Food Distribution Organizations)
- Immigrant and Refugee Community
- LGBTQ Community
- Senior Population
- College Aged Population
- Homeless/Social Services

The six focus groups were conducted from June 2018 – July 2018 with a total of 88 participants.

A. Focus Group Questions

Ten questions were asked to each group that participated in the Community Themes and Strengths Assessment. The responses to the questions were collected and summarized for each focus group. If multiple but related points were raised during the discussion, the responses were combined into one point.

1. What is your favorite aspect about living in your community?
2. What do you see as the biggest health concern in your community, from your perspective?
3. What do you think could address those concerns?
4. What barriers might keep this from happening?
5. What could address those barriers?
6. What are some assets in your community that support improved health?
7. What would you like to see in our community in 5-10 years?
8. Is there anything else you'd like to say about what could make your community healthier?
9. What are the top three daily living stresses in YOUR life?
10. What are the top three daily things that bring YOU joy?

B. Ice Breaker Question

At the beginning of each focus group, participants were asked “what was the first word or phrase participants think of when they hear the word “health?” Below is a snapshot of some of the responses captured from this introductory question.

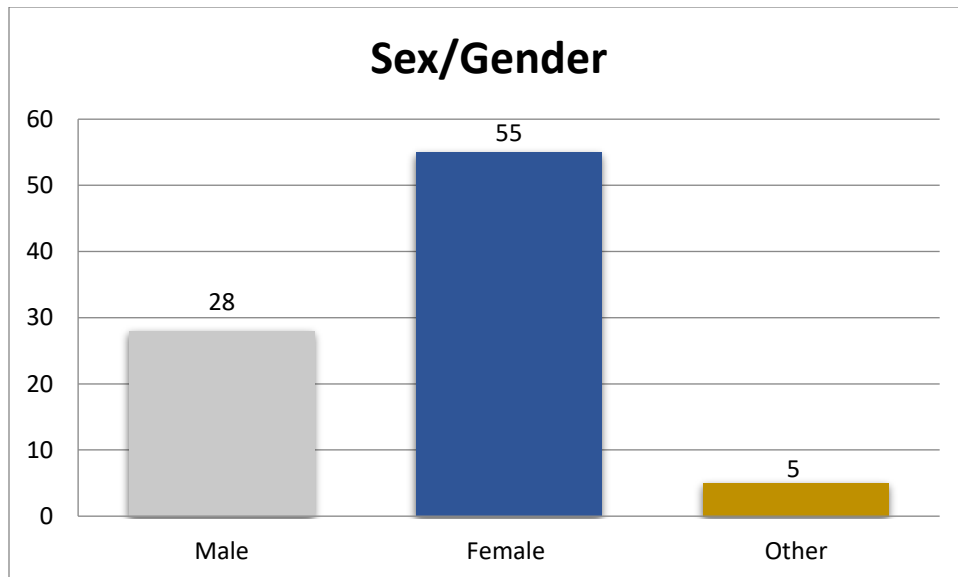
Figure 1: Health Related Phrases



C. Target Populations Represented In Focus Group Data Collection

There were a total of 88 members of the community that participated in the six focus groups. Of the 88 participants, 55 were women (62.5%), 28 were men (31.8%), and 5 individuals did not identify as neither male nor female (5.7%).

Figure 2: Sex/Gender of Target Population



Information on race/ethnicity was also collected during each focus group. 45 (51.1%) of participants were white, 24 (27.3%) were Asian, 7 (8%) African American, 6 (6.8%) African, 5 (5.7%) Hispanic/Latino, and 1 (1.1%) Pacific Islander.

Figure 3: Race/Ethnicity of Participants

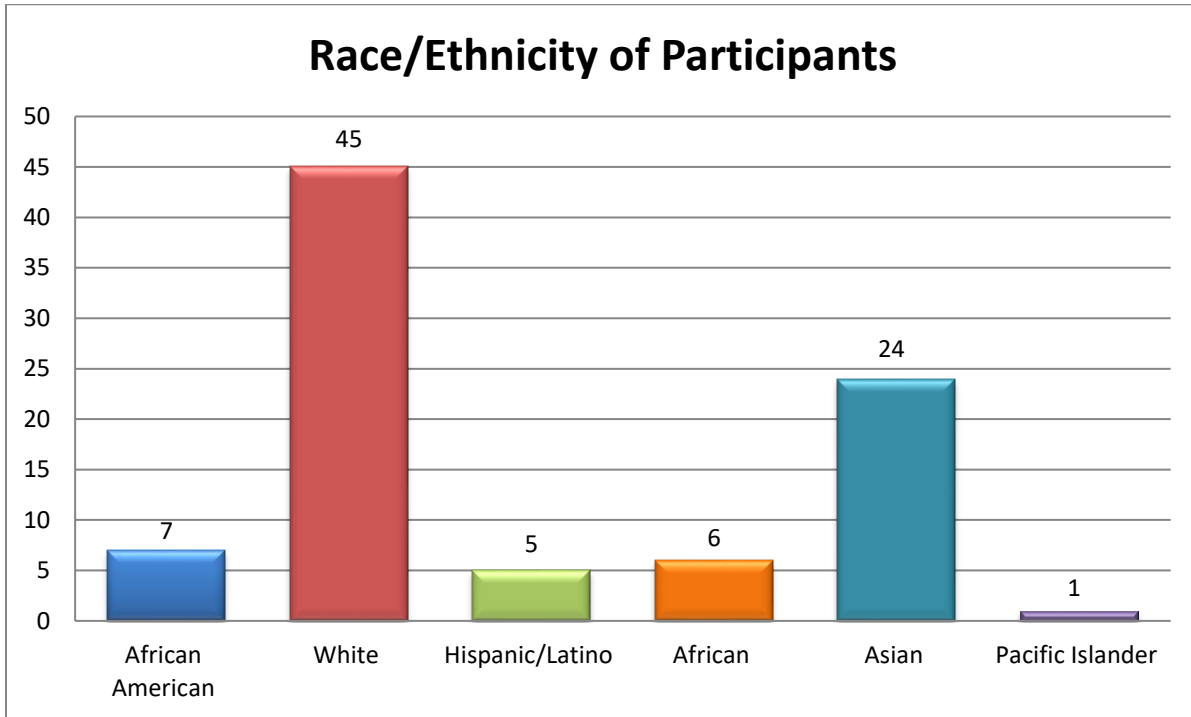
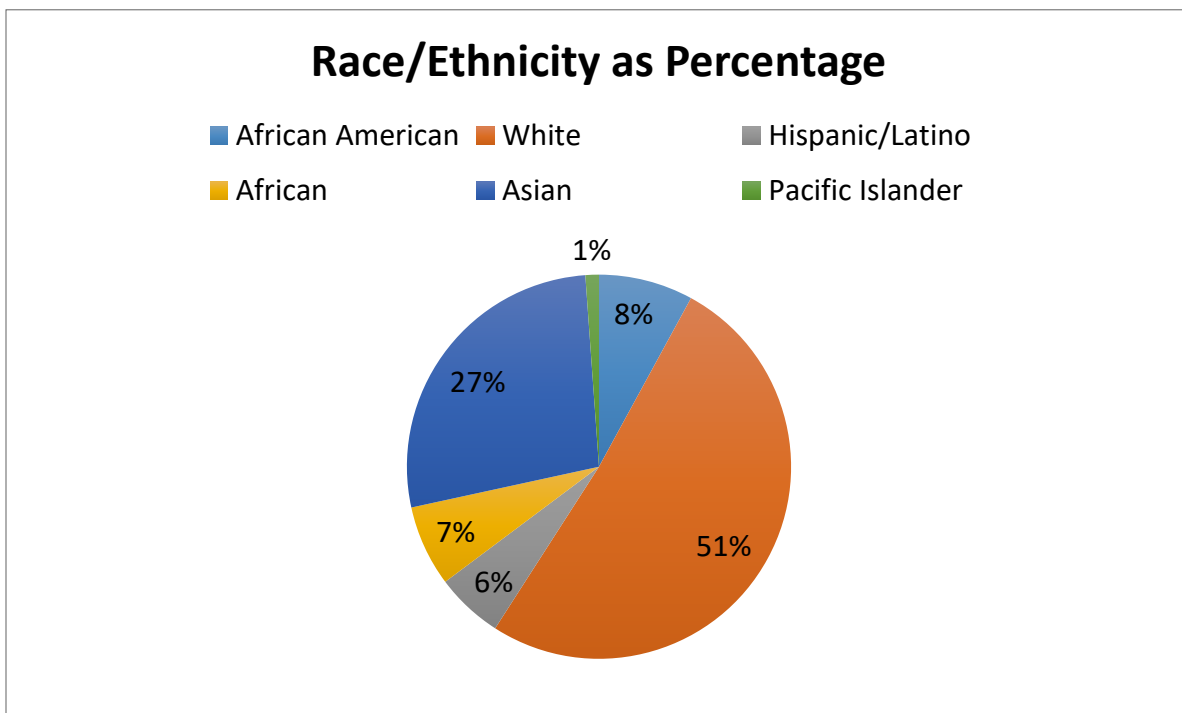


Figure 4: Race/Ethnicity as Percentage



D. Average Age and Number of Participants by Target Focus Group

Table 2: Average Age and Number of Participants by Target Focus Group

Target Population	Partner	Average Age of Participants (Years)	Number of Participants
Food Insecurity (Food Distribution Organizations)	River Bend Foodbank	45	8
Immigrant and Refugee Population	World Relief	31	34
LGBTQ Community	Leaders from LGBT Community	45	8
Senior Population	Senior Star	88	9
College Age Population	UnityPoint Health – Trinity, Intern	21	8
Homeless/ Social Service	Community Health Care, Inc.	40	21

E. Focus Group Findings

1. What is your favorite aspect about living in the Community?

Table 3: What Is Your Favorite Aspect About Living in the Community?

Focus Group Area	Responses
Food Insecurity (Food Distribution Organizations)	<ul style="list-style-type: none"> • Slower pace living in the community • Lots of opportunities to get involved • Good size communities • Always something to do • River • Lots of collaborations between governments, businesses, and non-profits
Immigrant & Refugee Population	<ul style="list-style-type: none"> • Safe place to live • Beautiful community • Inexpensive to live • More opportunities • Safe housing • Good educational system/schools for both kids and adults • Access to good teachers/enjoys the way kids are taught in schools • Good employers • Access to good food • Opportunity for a better life/future • Safety factor (less violence/no war)
LGBTQ Community	<ul style="list-style-type: none"> • Public art community • Pride events • Evolution of local LGBT community • Amount of growth in last 20 years • Lots of ways to be involved

	<ul style="list-style-type: none"> • Ability to have voice be heard • Ability to make an impact • Safer/easier to be openly LGBT here than in other cities where they've lived
Senior population	<ul style="list-style-type: none"> • Family in the Midwest • Jobs • Friendly Midwest/Quad Cities culture
College Age Population	<ul style="list-style-type: none"> • Easy access to do things • Lots of access to outdoor exercise, bike trails, parks • Being close to friends and family • Friendly neighbors
Homeless/ Social Service	<ul style="list-style-type: none"> • Regional vision and regional collaboration of different groups (QCA is a real thing) • Understanding of efforts to reduce redundancy in services and instead each organization working to support the services of each • Diversity of the community (ethnic, food, cultures) • Great school systems

2. What Do You See as the Biggest Health Concern in Your Community?

Table 4: What Do You See as the Biggest Health Concern in Your Community?

Focus Group Area	Responses
Food Insecurity (Food Distribution Organizations)	<ul style="list-style-type: none"> • Poverty • Hunger- symptom of poverty, but completely solvable • Food deserts • Nutrition/nutrition education • The connection between food and health- seeing food as medicine • Alcohol • Substance abuse • Obesity • Smoking • Vicious cycle of being food insecure • Having health needs • Low income • Unstable housing
Immigrant & Refugee Population	<ul style="list-style-type: none"> • Language barriers at hospitals • Mental health issues • Access to mental health care • Heart issues/Hypertension • Complex healthcare systems • Not clear as to where to seek health care (ER, clinic, physician) • Difference in prescription medications in comparison to back home • Hard to make appointments for non-English speakers • Medical care is very expensive • Lack of accessibility (bus system was challenging)
LGBTQ Community	<ul style="list-style-type: none"> • Depression/mental illness/addiction • Lack of cohesive LBGT resources

	<ul style="list-style-type: none"> • Lack of non-alcohol-centric events for LGBT youth • Lack of access to healthcare, especially mental health • Drug addiction • Lack of education • STIs • Taboos on LGBT in black community • Discussion of issue of not knowing which providers are genuinely LGBT-friendly • Lack of outreach in Latin/Black communities, but without being stigmatizing • Prevalence of sex work in transgender community • Lack of diversity in doctor's offices and outreach groups • No local endocrinologists who will work with transgender individuals • Lack of public awareness of resources
Senior Population	<ul style="list-style-type: none"> • Medicare is changing drastically • Understanding/Communication barriers with doctors • Misunderstanding of the role of a hospitalist vs. doctor (communication challenge, do they really know what's best for me?) • Lack of ear/nose/throat doctors • Places that are not ADA accessible • What's covered/not covered with Medicare (hearing aids, tetanus shots)
College Age Population	<ul style="list-style-type: none"> • Crime • Mental health • Obesity • Lack of Public Education
Homeless/ Social Service	<ul style="list-style-type: none"> • Access to mental health services • Substance abuse treatment • Not enough proactive prevention efforts around health • Too much treatment vs. not enough prevention • Could use more focus on early childhood illness- education- prevention • Lack of access to all health services both primary and specialty • Poor overall health insurance options (especially for low income populations) • The Medicaid plans are not effective due to lack of participation by many providers • Lack of understanding of how insurance works and what coverages mean for all income levels • Policy makers don't understand the impact and barriers associated with homelessness • An assumption that homeless are only those living on the streets

3. What Do You Think Could Address Your Health Concerns?

Table 5: What Do You Think Could Address Your Health Concerns?


Focus Group Area	Responses
Food Insecurity (Food Distribution Organizations)	<ul style="list-style-type: none"> • Stop throwing away food • Nutrition education • Build relationships with people in need • How food is marketed (stop using characters to market low quality foods to kids) • Can't be incidental- it's about changing the norm and changing behaviors • Help people understand the economic cost of poor health
Immigrant & Refugee Population	<ul style="list-style-type: none"> • Have correct translators on call • Teach refugees and provide information that would allow them to navigate the healthcare systems • Explain how health care and insurance system works • Ensuring interpreters are a part of the community that the patient is from • Hire refugees as interpreters and use them as an asset • Diversify workforce • Teach refugees to drive to help increase accessibility to clinics/hospitals • Long term case management and better transition process
LGBTQ Community	<ul style="list-style-type: none"> • Diet/exercise • Health training • Education/awareness • Communication • An administration that supports democracy • More available/free HIV/STI testing • Better enforcement of laws • More mental health training in work and schools • More federal/state funding • More events like this • Universal healthcare • People being more politically involved • People caring more • Better media coverage of issues
Senior Population	<ul style="list-style-type: none"> • Education on changes to Medicare • Education on the role of a hospitalist • Look for ways to improve communication barriers with doctors • Have individuals on staff available to answer additional questions regarding visit and doctor's instructions
College Age Population	<ul style="list-style-type: none"> • More patrol in the evening • More street lighting • State funding • Government funding • More awareness • Give attention • Encourage exercise outside of overpriced gym memberships

Homeless/ Social Service	<ul style="list-style-type: none"> • Community-wide efforts to recruit providers in almost all specialties (especially those willing to work with low income populations) • Greater community-wide action planning • Better integration of services between specialties and primary care (behavioral health and primary care was noted) • Universal Healthcare • Better transportation both local and regionally • More childhood health service providers focused on prevention
-------------------------------------	--

4. What Barriers Exist That Might Keep This From Happening?

Table 6: What Barriers Exist That Might Keep This From Happening?

Focus Group Area	Responses
Food Insecurity (Food Distribution Organizations)	<ul style="list-style-type: none"> • Getting food distribution centers, grocery stores, farmers, etc. to buy in to not throwing food away • People resistant or not willing to change behavior • Inability to break cycle of poverty
Immigrant & Refugee Population	<ul style="list-style-type: none"> • Lack of awareness in regards to refugees • Not enough interaction with refugees leading to a lack of understanding within the community • Limited funding
LGBTQ Community	<ul style="list-style-type: none"> • Lack of funding • Embarrassment/shame/judgment • Stigma • Lack of discussion of the issue • Fear • The Government/politics • “Big Pharma” • Lack of concern • Schools • Lack of resources
Senior Population	<ul style="list-style-type: none"> • Lack of nursing staff/time to take to recap visits and answer questions • Doctors not accepting new patients • Can’t get into primary care doctor in a timely manner • Limited resources • Nursing and staff shortage
College Age Population	<ul style="list-style-type: none"> • Cops not wanting to patrol nights and weekends (when more crime occurs) • Not being able to get the funding • City budget updating • People simply just not wanting to spend the money
Homeless/ Social Service	<ul style="list-style-type: none"> • Funding and cost of care • Bureaucratic complexity • Too long to get through the paperwork before benefits or services can be delivered- breeds non-compliance and non-participation • Not enough service professionals

- 
- | | |
|--|--|
| | <ul style="list-style-type: none">• Not enough professional training for those working with low income populations• How to navigate the system to help patients get the care they need• Still some parochialism even though we do value collaboration• Very limited resources available |
|--|--|

5. What Could Address Those Barriers?

Table 7: What Could Address Those Barriers?

Focus Group Area	Responses
Food Insecurity (Food Distribution Organizations)	<ul style="list-style-type: none"> • Having conversations that some of the problems we're faced with are solvable • Taking action to make steps to break the cycle • Finding ways to make food good, healthy, and inexpensive
Immigrant & Refugee Population	<ul style="list-style-type: none"> • Hire individuals that can speak those languages to address the issue of the language barrier • Use refugees to diversify your workforce
LGBTQ Community	<ul style="list-style-type: none"> • More healthy choices • Donations • Education • Communication • Awareness • Abstinence • Affordable schooling • More acceptance • Voting • Outreach • More pride fest • Community unity • Better funding
Senior Population	<ul style="list-style-type: none"> • Recruit new doctors • Have a health advocate there to help understand visit
College Age Population	<ul style="list-style-type: none"> • Having fundraisers and events to raise money and awareness of issues • Better communication about information • Reach out to Federal funding possibilities
Homeless/ Social Service	<ul style="list-style-type: none"> • Professional training for service providers • Philanthropy • Medical/Legal partnerships to assist in overcoming bureaucratic barriers • Researching best practices nationally on addressing most pressing community health challenges

6. What Are Some Assets In Your Community That Support Improved Health?

Table 8: What Are Some Assets In Your Community That Support Improved Health?

Focus Group Area	Responses
Food Insecurity (Food Distribution Organizations)	<ul style="list-style-type: none"> • Community health services • Charitable food distribution network • Access it has to reach people in need • Could be leveraged to connect these sources to people in need • River Bend Foodbank • Parish Nursing Program
Immigrant & Refugee Population	<ul style="list-style-type: none"> • This was a difficult question to ask this group, therefore it was not asked
LGBTQ Community	<ul style="list-style-type: none"> • QC Queer Committee (2) • Walk-in clinics • Metropolitan Community Church • Changes in health care regarding LGBT • QC Pride • Increased availability of education
Senior Population	<ul style="list-style-type: none"> • Senior activities • Churches • Hospitals
College Age Population	<ul style="list-style-type: none"> • Sidewalks • Trails • Recreational Facilities • Pools • 5k-marathon races for awareness • Social events for awareness
Homeless/ Social Service	<ul style="list-style-type: none"> • Community Health Care, Inc. • Vera French • Robert Young Center • Strong Health Systems (UnityPoint Health – Trinity, Genesis) • Quad City Health Initiative • County Health Departments • Integration efforts and school-based services • Familiarity among social service agency and a collaborative nature

7. What Would You Like To See In Our Community In The Next 5-10 Years?

Table 9: What Would You Like to See In Our Community In The Next 5-10 Years?

Focus Group Area	Responses
Food Insecurity (Food Distribution Organizations)	<ul style="list-style-type: none"> • Enough charitable meal distribution so no one is missing meals • Enough nutritious food so they can all be nutritious • Start teaching health eating/behaviors earlier in life • Start a blue apron (charity-based) • Graph was displayed showing the relationship between healthy, good, and inexpensive foods- how do we get all of these with no tradeoffs?
Immigrant & Refugee Population	<ul style="list-style-type: none"> • More awareness in regards to refugees • More interaction between refugees and the community leading to more understanding • Americans are more private in comparison to their communities- increase hospitality • Kids having access to a good education and good jobs • More opportunities for employment • Better infrastructure (Better public transport)
LGBTQ Community	<ul style="list-style-type: none"> • Better cohesion in LGBT community • More queer dedicated safe spaces • Providers need to be on board with and OPEN about LGBTQ-friendliness • Need education for physicians about LGBTQ issues • More social places for LGBTQ • More diversity in LGBTQ leadership/representation • LGBTQ-specific clinic • Community center/safe space for LGBTQ • More youth and family programming • More alignment and cohesion in the local LGBTQ community • Scholarship funds for youth
Senior Population	<ul style="list-style-type: none"> • More transportation for seniors and others who cannot transport themselves • Transportation after hours • More of a focus on senior health/wellness • Places that are more ADA accessible
College Age Population	<ul style="list-style-type: none"> • More outdoor park activities • More outdoor classes for exercise • More parks with longer bike trails • Better public education system • More mental health awareness events and associations • Crime rate go down
Homeless/ Social Service	<ul style="list-style-type: none"> • Reduction in gun violence/gang activity/drug-related crime • Improved cleanliness • Reduction of blighted neighborhoods • More affordable housing for low income populations • One stop shop social service provider or agencies under one roof serving the community/region • Better public transportation options • Year-round homeless and overflow shelter(s) • More community-wide innovation and participation in problem solving on health issues

8. Is There Anything Else You'd Like To Say About What Could Make Your Community Healthier?

Table 10: Is There Anything Else You'd Like To Say About What Could Make Your Community Healthier?

Focus Group Area	Responses
Food Insecurity (Food Distribution Organizations)	<ul style="list-style-type: none"> Better connection between people and food Wish schools would get more involved in growing food Would be great if a part of the Quad Cities attraction was focused on agriculture and teaching people to grow food
Immigrant & Refugee Population	<ul style="list-style-type: none"> This was a difficult question to ask this group, therefore it was not asked
LGBTQ Community	<ul style="list-style-type: none"> Worried about the LGBTQ youth People need to be engaged outside of Pride month
Senior Population	<ul style="list-style-type: none"> Limit/ban smoking in all public outside areas- parks, movie theaters, restaurants, etc.
College Age Population	<ul style="list-style-type: none"> Create more community activities to help people become more active Create healthier "fast food" vendors Fast food is not convenient for people who try to eat healthy Bowls of fruit and fresh veggies as an option in a time friendly food restaurant
Homeless/ Social Service	<ul style="list-style-type: none"> Need more "Big Table" discussions Medication affordability is a major issue

9. What Are The Top Three Daily Living Stresses In YOUR Life?

Table 11: What Are The Top Three Daily Living Stresses In YOUR Life?

Focus Group Area	Responses
Food Insecurity (Food Distribution Organizations)	<ul style="list-style-type: none"> Work Time Sleep Nutrition/cost/time tradeoff when trying to eat healthy Everything feeling like a tradeoff in life- lots of give/take, push/pull, this/that Family- traveling Caring for loved ones Family needs
Immigrant & Refugee Population	<ul style="list-style-type: none"> Having family overseas and not being able to bring them to the US Passing the citizenship test Overcoming language barriers in daily life Paying bills/rent Getting kids educated Spousal issues Worrying about now knowing American laws and social norms

	<ul style="list-style-type: none"> • Confusion about laws and how systems work • Financial stress • Thinking of home • Parents not understanding the cultural differences • Lack of job opportunities due to language barrier • Complex procedures and policies • Injuries at work
LGBTQ Community	<ul style="list-style-type: none"> • Illinois budget • Work interactions • Student interactions • Work stress • Watching LGBTQ students age and changing healthcare needs (who is LGBTQ friendly?) • Family issues • Getting old- insurance, changing needs • Family (aging parent) • Finances/budgeting • Health (diet, fitness, drain) • Anxiety • Future of society/country • Wanting to do the most I can, but feeling hopeless • Wife's cancer • Preparing for retirement • Cancer and survival • Foster babies • Children • Passing and being in the public eye • Misgendering • TERFs (Trans exclusionist radical feminists) do not consider transwomen 'real' women)
Senior Population	<ul style="list-style-type: none"> • Getting up in the mornings • Missing family • Losing loved ones
College Age Population	<ul style="list-style-type: none"> • Driving • Work • Bills/debt • Exercise • School • Money • Friends
Homeless/ Social Service	<ul style="list-style-type: none"> • Breathing • Family • Employment • Stigma that people don't want to work, when in fact they very much want to work and provide for their families

10. What Are The Top Three Daily Things That Bring YOU Joy?

Table 12: What Are The Top Three Daily Things That Bring YOU Joy?

Focus Group Area	Responses
Food Insecurity (Food Distribution Organizations)	<ul style="list-style-type: none"> • Access to healthy food • Helping others • Family • Recreation- bowling, running
Immigrant & Refugee Population	<ul style="list-style-type: none"> • Cooking/making food • Learning new things • Going to school • Having access to free schooling • Going to work and having good job opportunities • Having a future • Stability • Safety (safe place to live) • Having a healthy and happy family at home • Going to church • Having money • Kids growing up in America with access to a better education • Having freedom • Being a part of a beautiful community • Having peace and no longer living in a place ravaged by war • No violence • Sense of hope in America
LGBTQ Community	<ul style="list-style-type: none"> • Dogs • Traveling • Wife • Family and friends • Job • Being able to help people outside of work • The weekend • Interacting with people • Alone time and relaxation • Theater • Church (MCC) • Gardening
Senior Population	<ul style="list-style-type: none"> • Playing cards and doing activities with friends • Root beer floats • Mail • Receiving cards from friends and family
College Age Population	<ul style="list-style-type: none"> • Exercise • Hobbies • Entertainment • Friends • Family

	<ul style="list-style-type: none"> • Sports • Video Games • Money
Homeless/ Social Service	<ul style="list-style-type: none"> • Breathing • Family • Employment

A number of common themes emerged from the responses collected during the focus group process. The top themes from each focus group question include:

1. What is Your Favorite Aspect about Living in the Community?
 - Good size community
 - Collaboration across multiple community agencies
 - Ability to make an impact and have your voices heard
 - Being close to family and friends
2. What do you see as the biggest health concern in your community?
 - Lack of understanding with healthcare coverage
 - Access to healthcare services
 - Mental health
 - Substance abuse
 - Focus more on preventative services
 - Poverty – Food insecurity
3. What Do You Think Could Address Your Health Concerns?
 - Education on nutrition, diet, and exercise
 - Awareness of healthcare issues
 - Education on how insurance/healthcare coverage works
 - Community wide action planning
4. What Barriers Exist That Might Keep This from Happening?
 - Inability to break the cycle of poverty
 - Limited resources
 - Lack of discussion and awareness related to minority populations in our community
 - Doctors not accepting new patients (Medicaid/Medicare)
 - Lack of doctors and nurses in the community
5. What Could Address Those Barriers?
 - Find ways to make food good, healthy, and inexpensive
 - Use immigrant/refugee population to diversify workforce
 - Community unity
 - Recruit new doctors
 - Raise funds to create awareness for health concerns
 - Search for best practices to address community health concerns



6. What are Some Assets in Your Community That Support Improved Health?

- Community health services
- Parks and trails
- Churches

7. What Would You Like to See in Our Community in the Next 5 -10 Years?

- Teach Healthy eating/behaviors at an earlier age
- More collaboration with minority communities in the Quad Cities
- Increased opportunities for employment and leadership roles for minority communities
- More ADA accessible places in the community
- Decrease in crime rates and drug related offenses
- Increased access to affordable housing

8. Is There Anything Else You'd Like to Say about What Could Make Your Community Healthier?

- Needs to be a better connection between people and food
- People getting engaged with LGBT community outside of pride month
- Ban smoking in all public areas (outside of restaurants)
- Have healthy fast food options
- Need more "Big Table" discussion

9. What Are the Top Three Daily Living Stresses in YOUR Life?

- Work
- Integration into the community
- Family challenges
- Losing loved ones
- Debt/finances

10. What Are The Top Three Daily Things That Give You Joy?

- Access to healthy foods
- Helping others
- Stability/Safety
- Family and Friends

Exhibit 2: Survey Questions and Responses

Community Survey Overview

The Quad Cities Community Health Survey was comprised of 28 questions to assess community themes and strengths from the community at large. Of these, 20 related to identifying major issues, perceptions, and assets within the community, while the other eight evaluated demographic characteristics of respondents. The survey was conducted through Survey Monkey and was open for responses between June 2018 and July 2018. Assessment participants helped to disseminate the survey link to various groups of residents throughout the Quad Cities. The link was also available on social media platforms. The survey received 237 total responses.

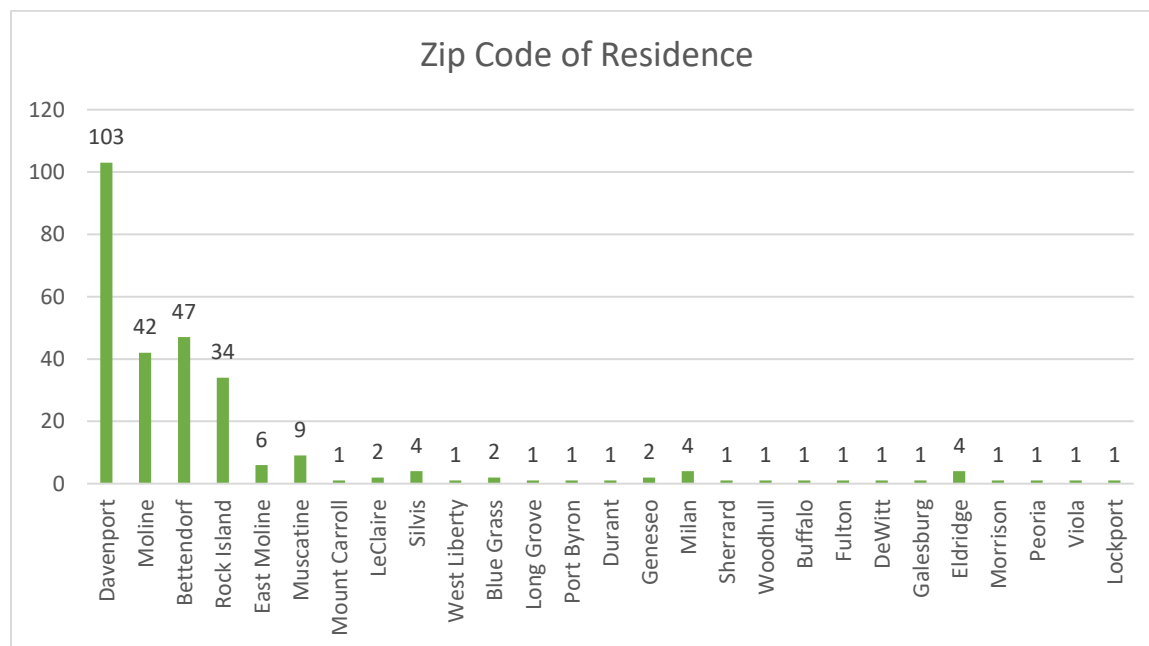
A. Demographic Characteristics

Respondents were asked seven optional demographic questions that identified zip code of residence, gender, age, race/ethnicity, income, number of people in their household, and education level.

Zip Code of Residence

The largest proportion of respondents (43.46%) reported living in Davenport. Moline, Bettendorf, and Rock Island accounted for 17.72%, 19.83%, and 14.35% of respondents respectively. Several other urban and rural areas surrounding the Quad Cities were also represented. These included East Moline (2.53%), Muscatine (3.38%), Mount Carroll, LeClaire, Silvis, West Liberty, Blue Grass, Long Grove, Port Byron, Durant, Geneseo, Milan, Woodhull, Sherrard, Buffalo, Fulton, DeWitt, Galesburg, Eldridge, Morrison, Peoria, Viola, and Lockport.

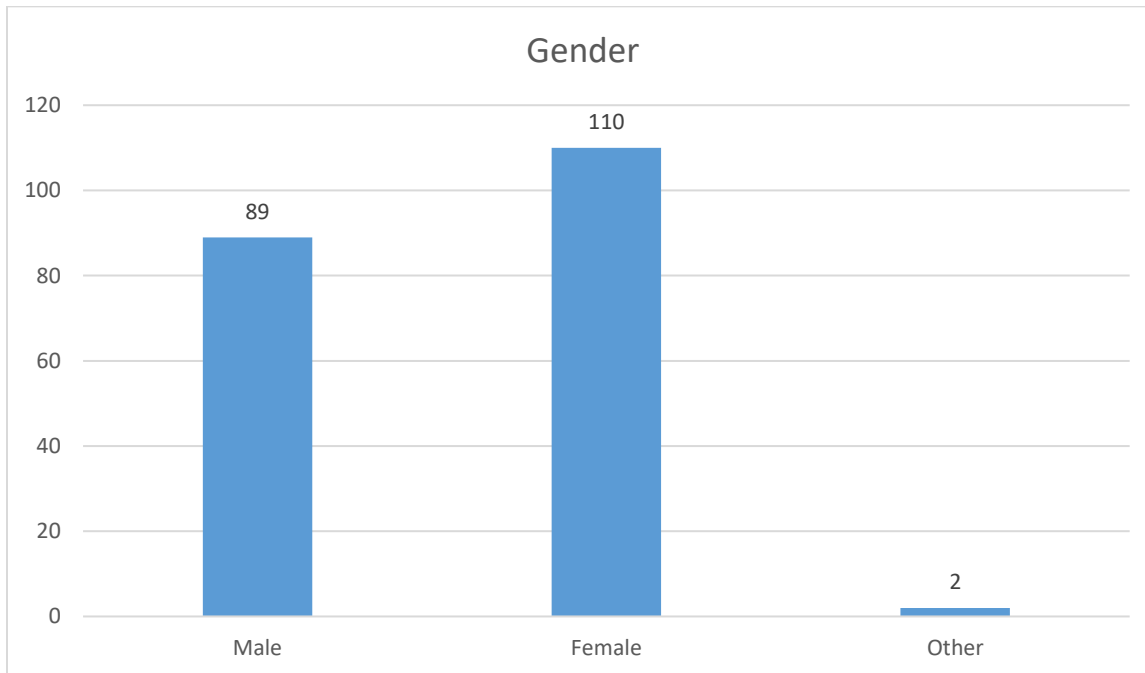
Figure 5: Zip Code of Residence (n=274)



Gender

54.73% of respondents identified as female, 44.28% of respondents identified as male, and 1% of respondents identified as "Other".

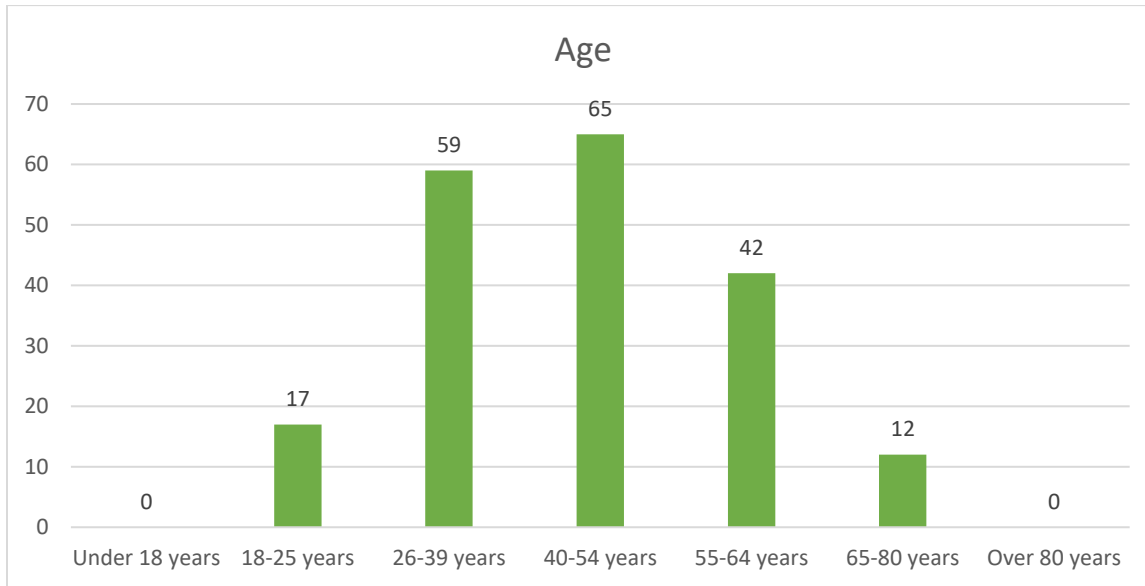
Figure 6: Proportion of Respondents by Gender (n=201)



Age

Almost two-thirds of respondents were contained in one of two age groups, 26-39 years old (30.26%) and 40-54 years (33.33%). 21.54% of respondents fell into the category of 55-64 years old. Individuals 18-25 years and 65-80 years accounted for 8.72% and 6.15% of responses respectively. There were no responses from individuals under 18 years or over 80 years.

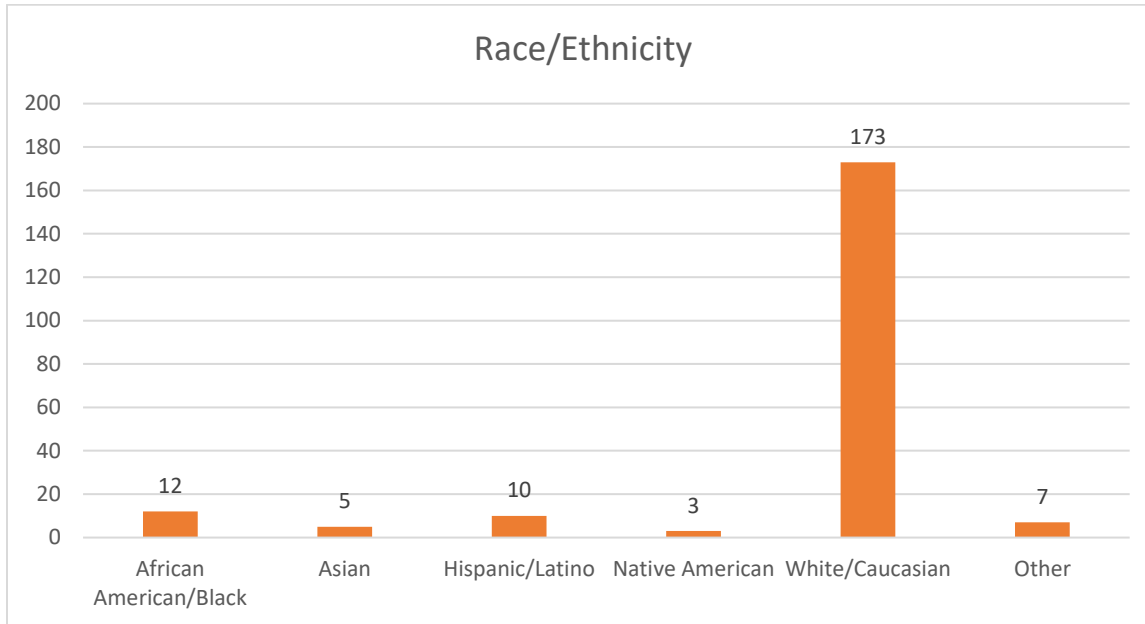
Figure 7: Proportion of Respondents by Age (n=195)



Race/Ethnicity

A majority of respondents (82.38%) identified as White or Caucasian. Other racial/ethnic groups included African American/Black (5.71%), Hispanic/Latino (4.76%), Asian (2.38%), and Native American (1.43%). 3.33% of respondents chose “Other” and listed specifications such as “mixed race”.

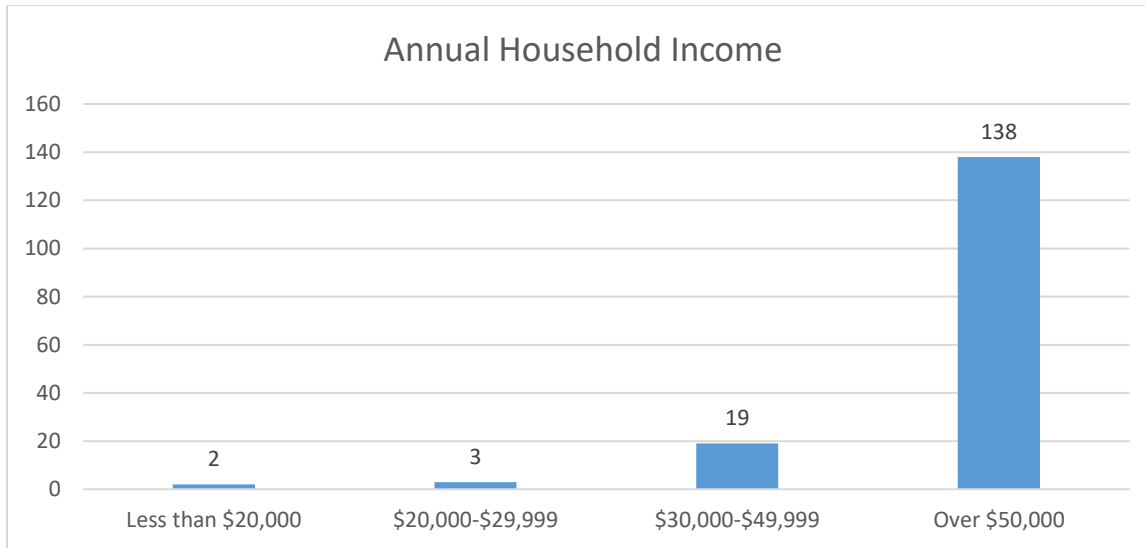
Figure 8: Proportion of Respondents by Race/Ethnicity (n=210)



Annual Household Income

A majority of respondents (85.19%) reported an annual household income over \$50,000. Individuals who reported an annual household income of \$30,000-\$49,999 made up 11.73%. 1.85% reported an annual household income of \$20,000-\$29,999 and 1.23% reported less than \$20,000.

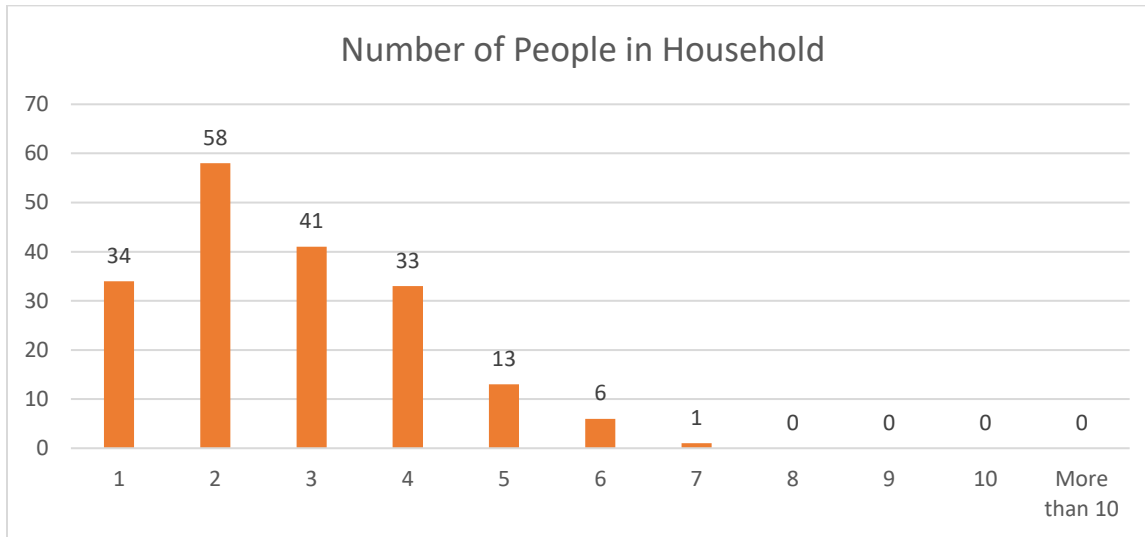
Figure 9: Proportion of Respondents by Annual Household Income (n=162)



Number of People in Household

The largest proportion of respondents (31.18%) reported two people in the household. 22.04% reported three people, 18.28% reported one person, and 17.74% reported four people. The remaining 10.76% reported five, six, or seven people in the household with no respondents reporting eight or more people.

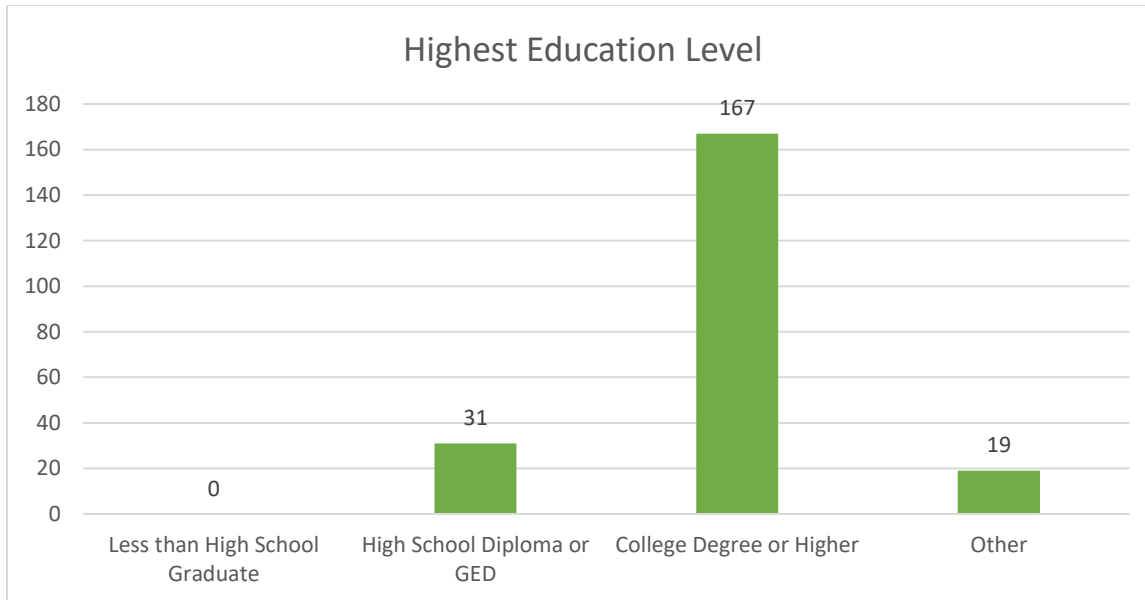
Figure 10: Proportion of Respondents by Number of People in Household (n = 186)



Education

Three-quarters of respondents (76.96%) reported receiving a college degree or higher. 14.29% received a high school diploma or GED. No respondents reported being less than a high school graduate. 8.76% chose the “Other” option and specified “some college”, “two year degree”, or “currently in college”.

Figure 11: Proportion of Respondents by Highest Education Level (n=217)

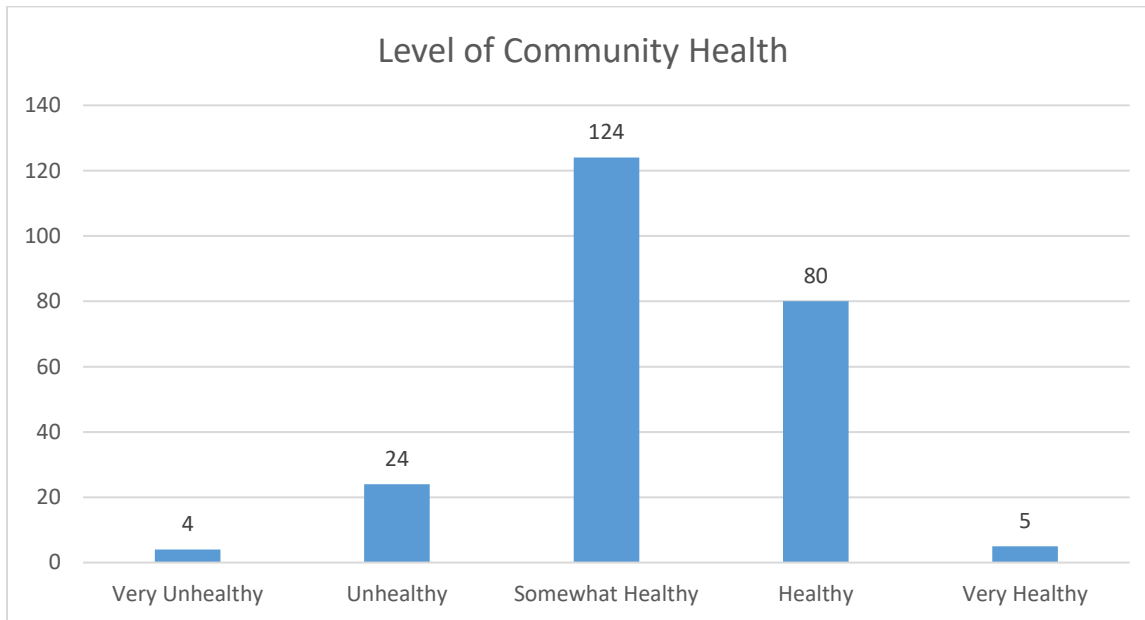


B. Evaluation of Community Health and Safety

How would you rate your community as a healthy community to live in?

Approximately half of respondents (52.32%) viewed their community as somewhat healthy. 33.76% reported their community as healthy and 10.13% as unhealthy. The remaining respondents indicated their community as either very unhealthy (1.69%) or very healthy (2.11%).

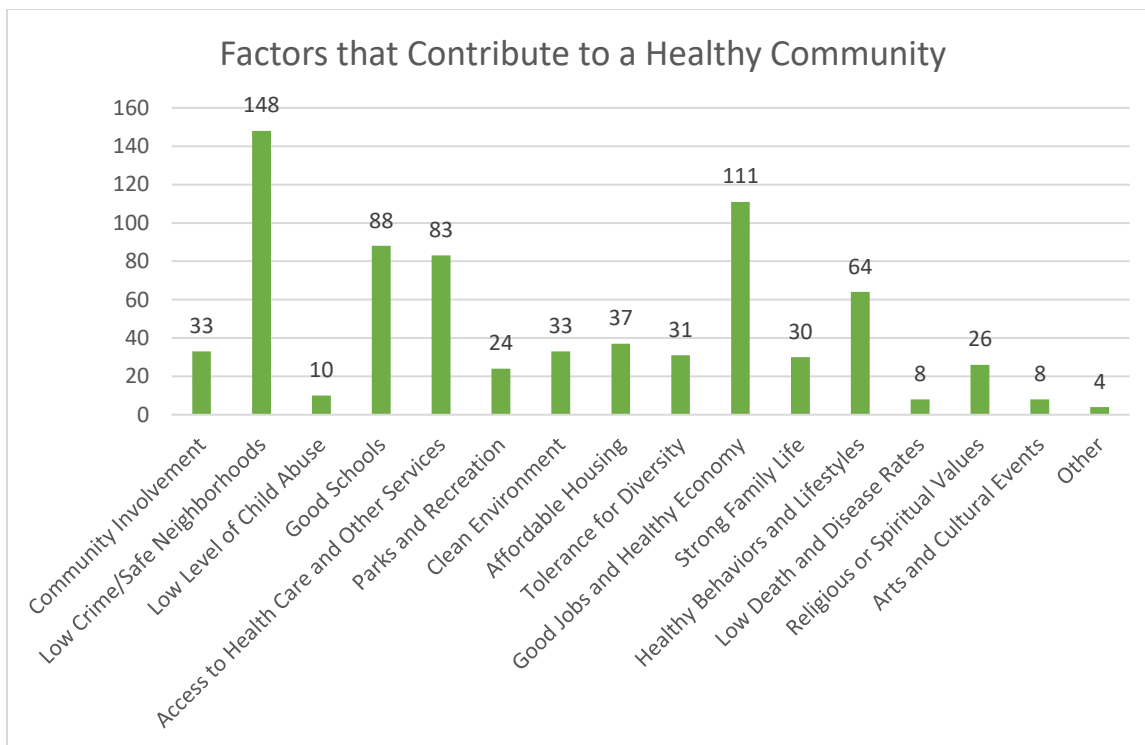
Figure 12: Level of Community Health (n=237)



In the following list, what do you think are the most important factors that define a “Healthy Community”? Choose only three.

The top three factors chosen for defining a “Healthy Community” were low crime/safe neighborhoods, good jobs/healthy economy, and good schools. Other options that received a significant amount of responses included access to health care and other services, healthy behaviors and lifestyles, and affordable housing. Respondents who chose the “Other” option indicated additional things such as food security and senior services.

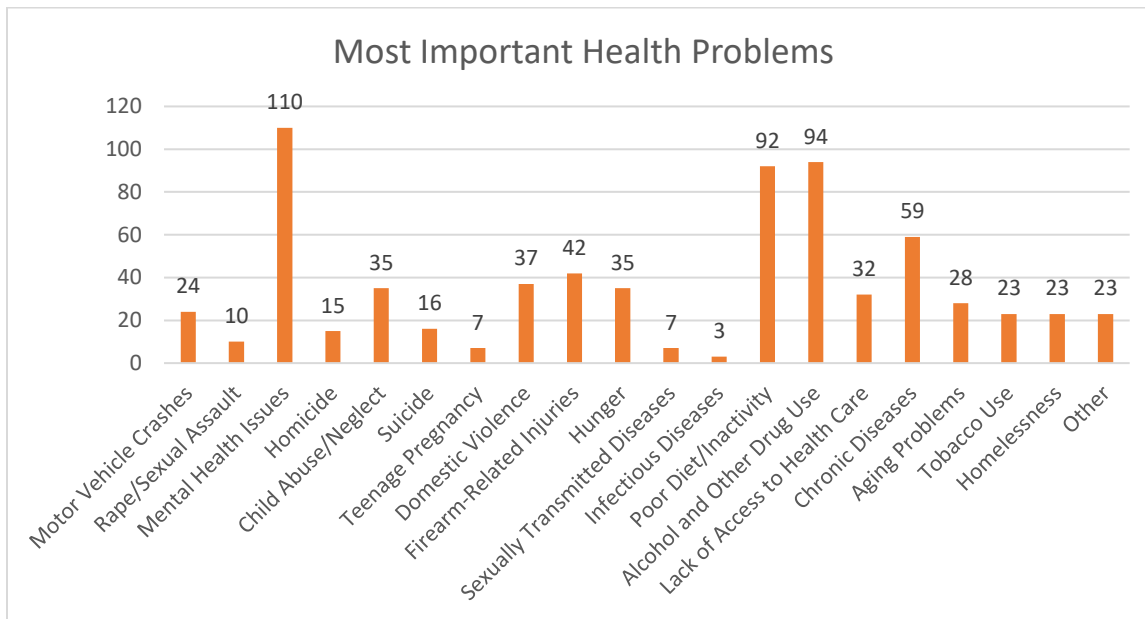
Figure 13. Factors that Contribute to a Healthy Community (n=237)



In the following list, what do you think are the three most important “health problems” in your community?

The top three health problems chosen were mental health issues, alcohol and other drug abuse, and poor diet/inactivity. Chronic diseases, firearm-related injuries, hunger, and domestic violence were also indicated as important health problems. Additional problems listed by respondents who chose “Other” included lack of affordable housing and juvenile crime.

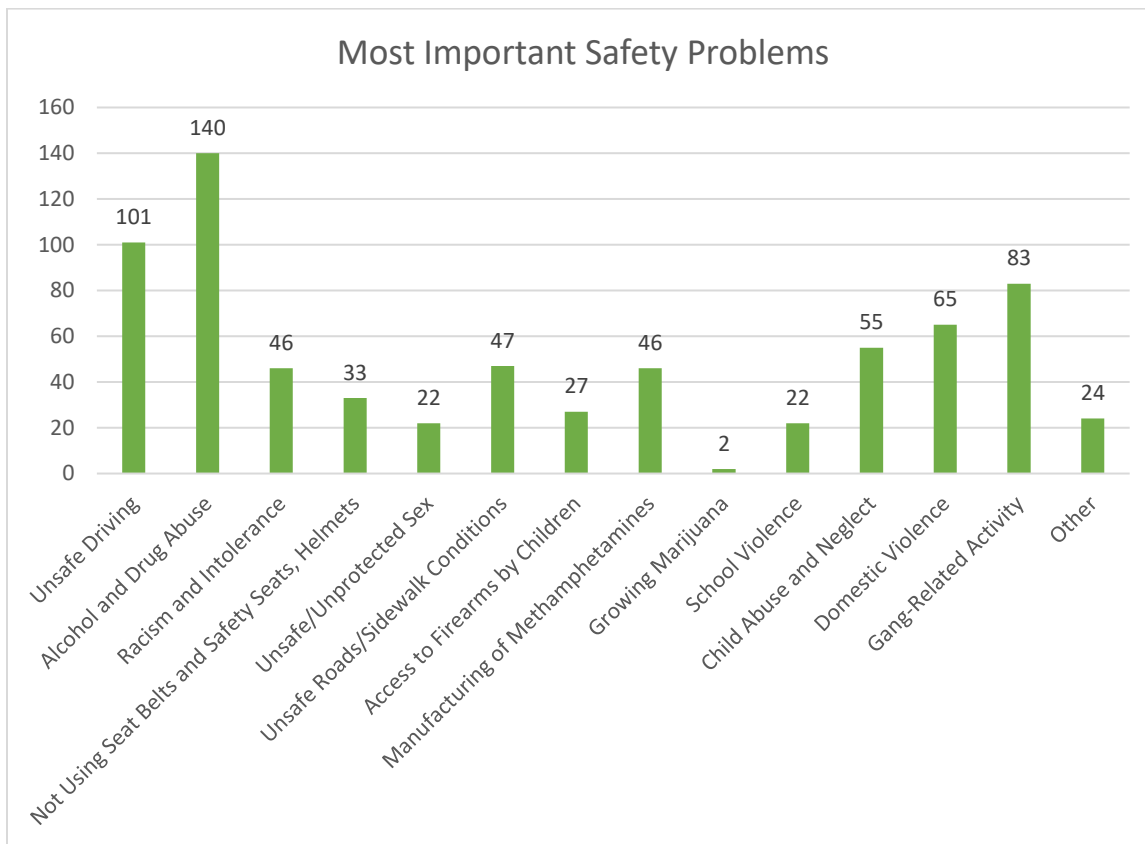
Figure 14: Leading Health Problems (n=237)



In the following list, what do you think are the three most serious safety problems for people in your community? (n=237)

The top three safety problems chosen were alcohol and other drug abuse, unsafe driving habits, and gang-related activity. A significant number of respondents also indicated racism and intolerance, domestic violence, and child abuse/neglect as serious safety issues. Additional problems listed by respondents who chose “Other” included unsafe housing, gun violence, and juvenile crime.

Figure 15: Leading Safety Problems (n=237)

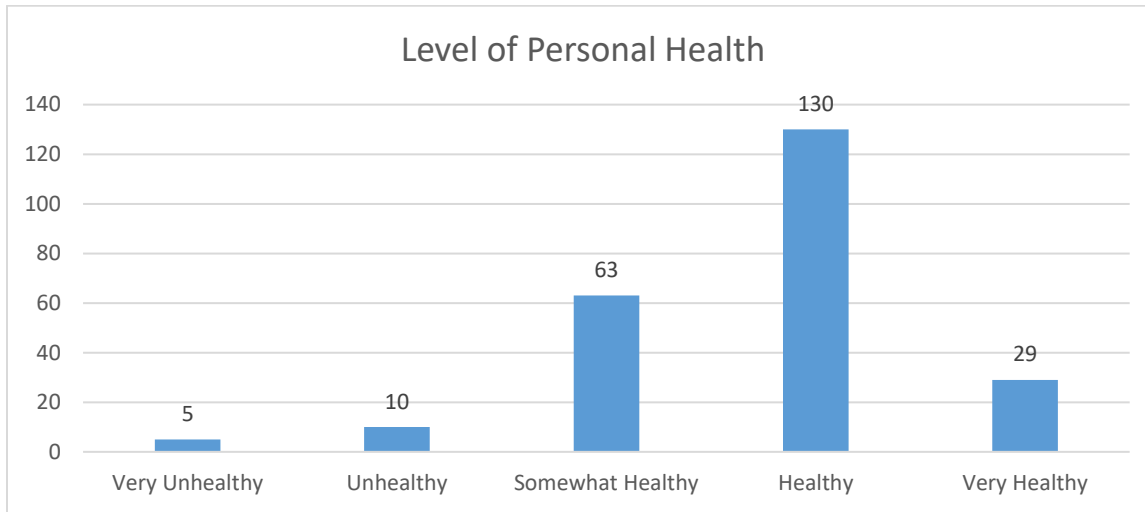


C. Evaluation of Personal Health

How would you rate your own personal health?

A majority of respondents (54.85%) rated their own personal health as healthy. 26.58% viewed themselves as somewhat healthy and 12.24% as very healthy. The remaining 6.33% rated their health as unhealthy or very unhealthy.

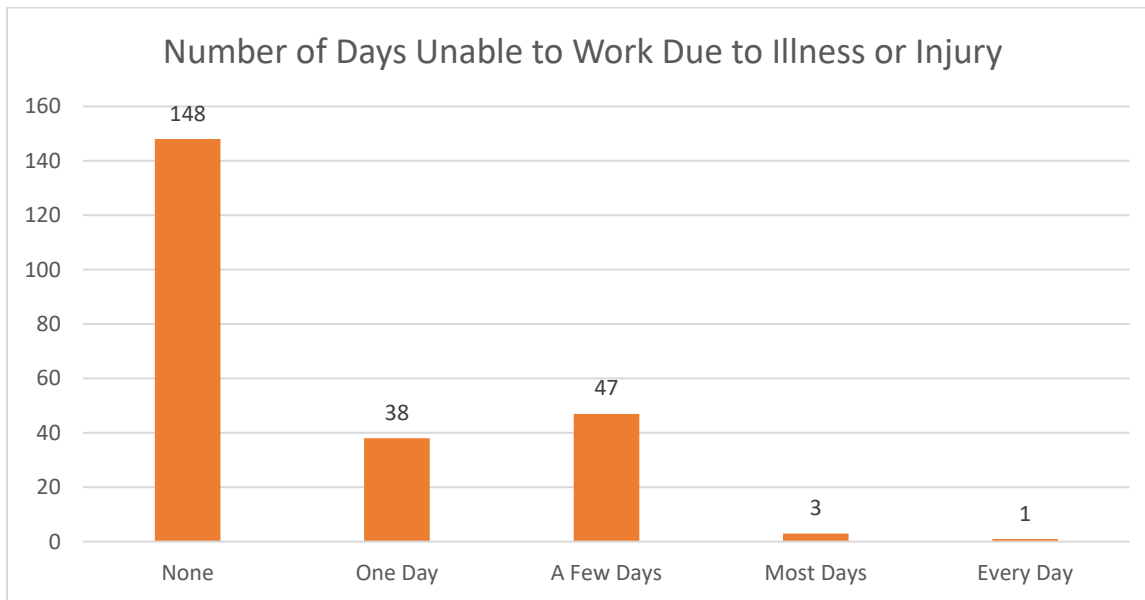
Figure 16: Level of Personal Health (n=237)



How many days in the past month were you not able to work or do your daily activities because of illness? Choose one.

62.45% of respondents reported no days in the past month where they were unable to work or do daily activities due to illness or injury. 19.82% reported missing a few days while 16.03% reported missing one day. Only 1.69% of respondents indicated missing most days or every day due to illness or injury.

Figure 17: Number of Days Unable to Work or Perform Daily Activities Due to Illness (n=237)

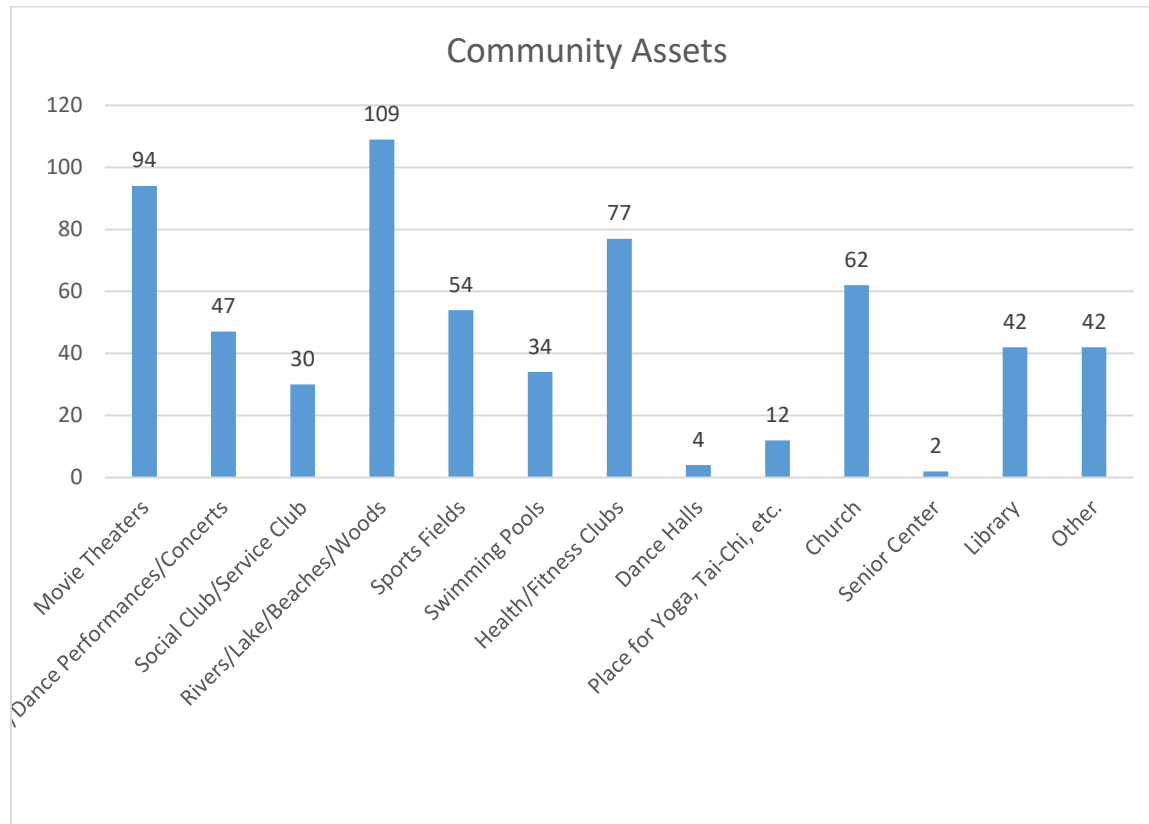


D. Community Assets

In my community, the places where I go for recreation most often are: (choose three)

The top three community assets for recreation included rivers/lakes/beaches/woods, movie theaters, and health/fitness clubs. Churches were another common response for recreational activities. Additional assets listed by respondents who chose “Other” included parks, golf courses, biking/walking trails, and restaurants.

Figure 18: Community Assets (n=237)

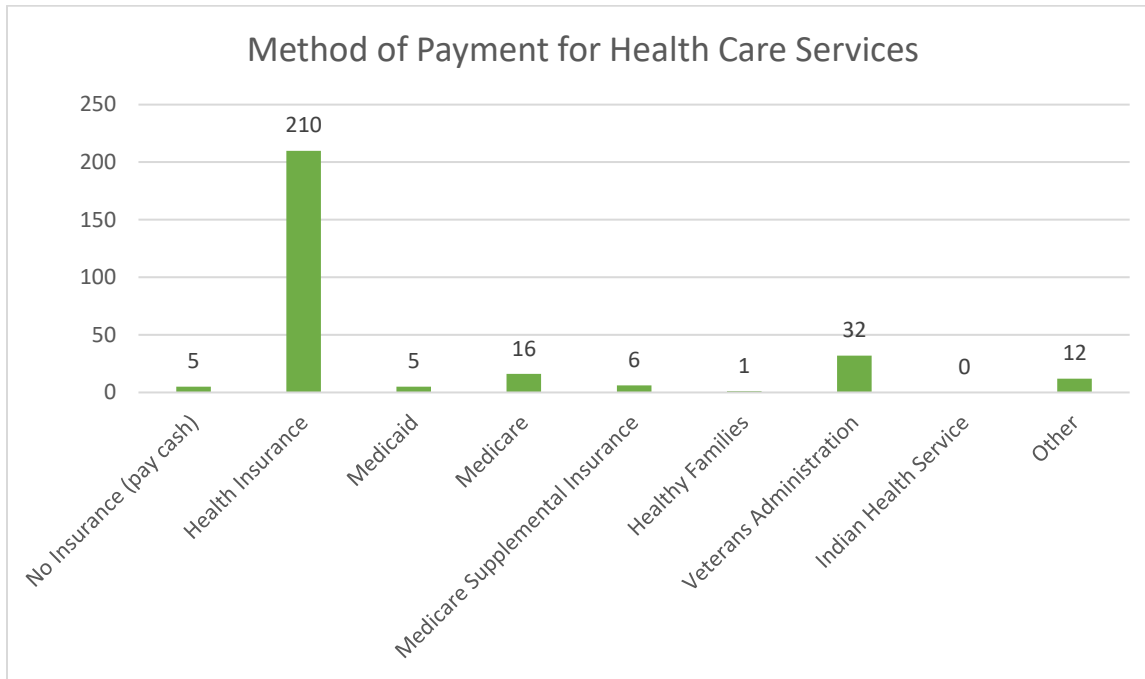


E. Evaluation of Community Health Care Services

How do you pay for your health care? Choose all that apply.

A majority of respondents (88.61%) reported having health insurance to pay for health care services. 6.75% of respondents reported being on Medicare and 2.11% on Medicaid. An additional method listed by respondents who chose “Other” was Tricare.

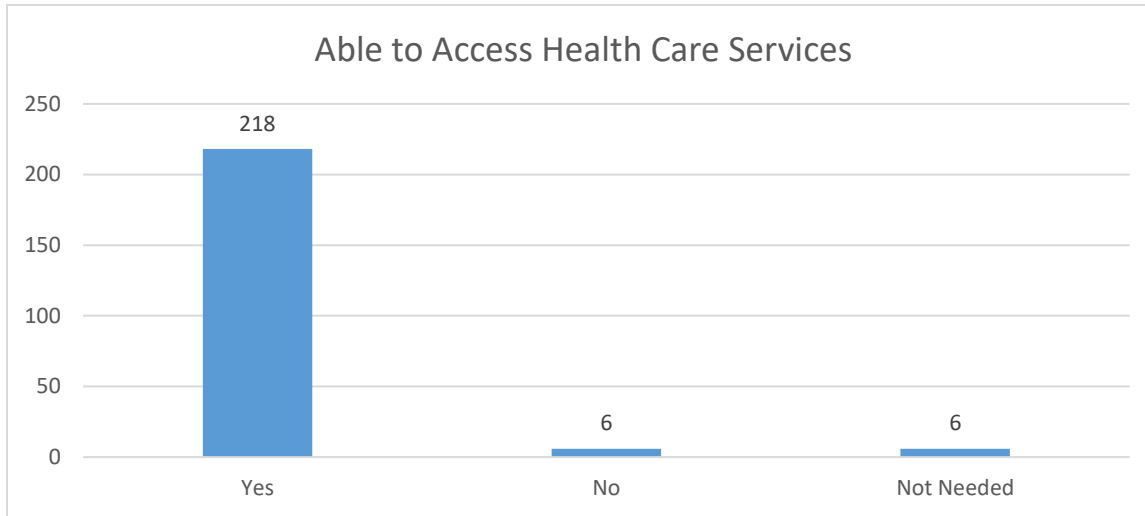
Figure 19: Method of Payment for Health Care Services (n=237)



Within the past year, were you able to get needed healthcare?

A significant majority of respondents (91.98%) reported they were able to access needed health care services within the past year. 2.53% reported they were not able to access health care services and 2.53% reported they did not need any health care services.

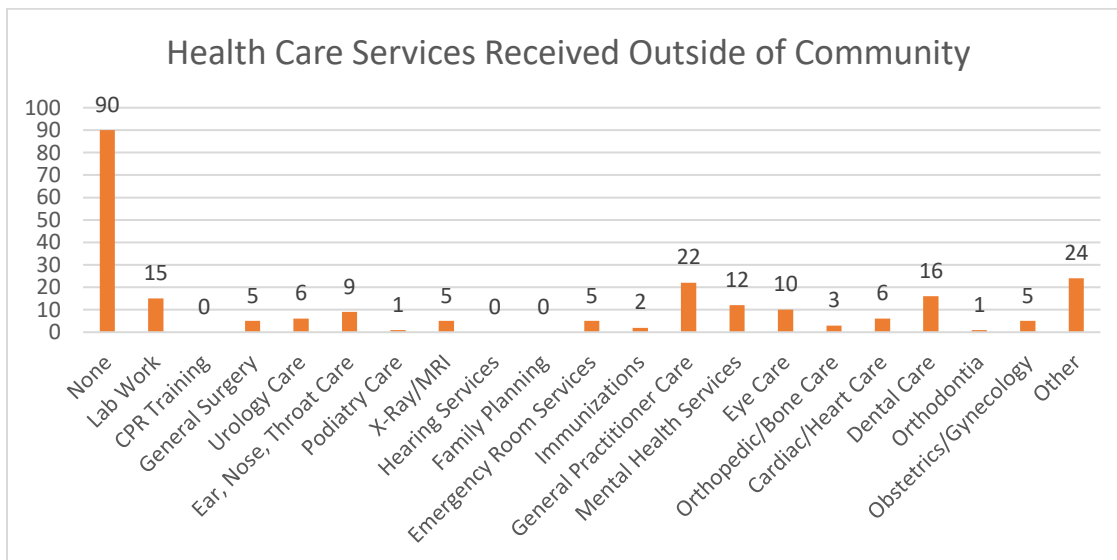
Figure 20: Ability to Access Health Care Services (n=237)



Within the past year, what type of health services did you or your immediate family members receive outside your community? Choose your most recent visit.

The largest proportion of respondents (37.97%) indicated they did not need any health care services outside of their community. 9.28% reported receiving general practitioner care while the 10.13% of respondents in the "Other" category indicated they needed multiple health care services outside of their community.

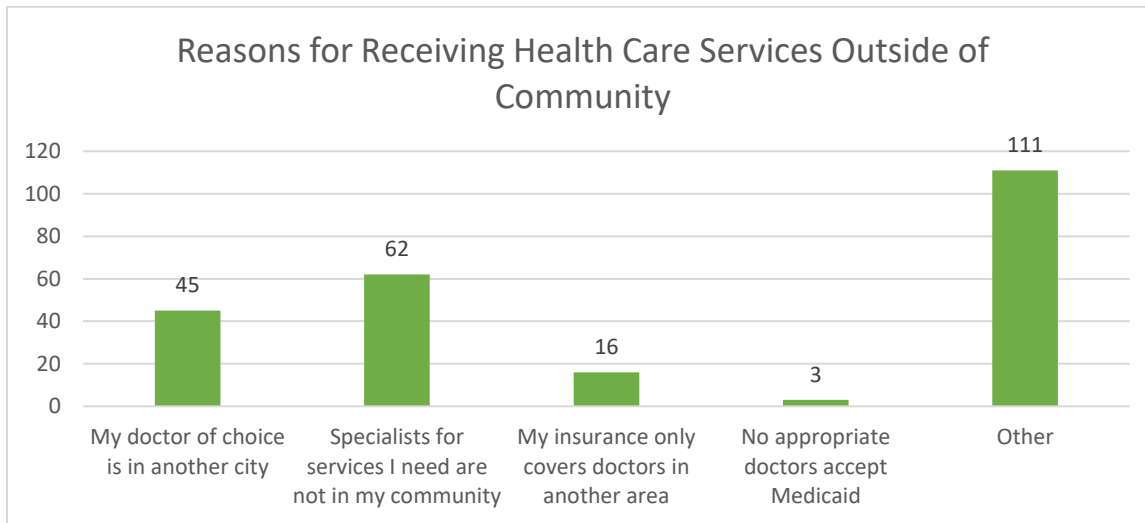
Figure 21: Type of Health Care Services Received Outside of Community (n=237)



If you got health care outside your community, choose one that best matches why.

The largest proportion of respondents (26.16%) indicated they received health care services outside of their community because the specialists needed were not located in their community. A majority of the responses under “Other” stated they did not need services outside of the community. Other options specified included being out of town for school or work and the VA was located in another community.

Figure 22: Reasons for Receiving Health Care Services Outside of Community (n=237)

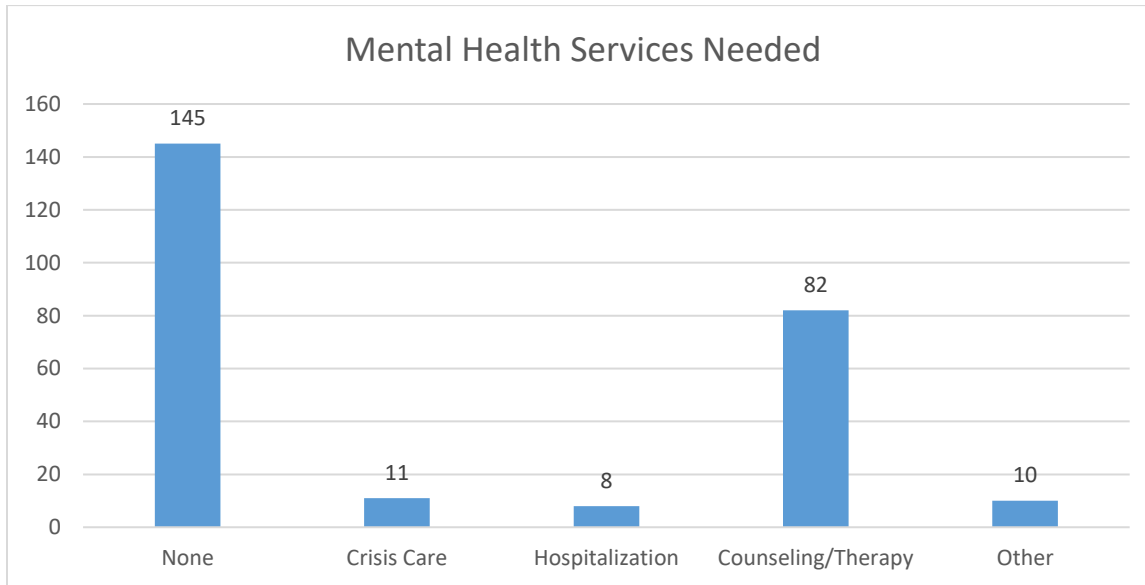


F. Evaluation of Community Mental Health Services

Within the past year, what type of mental health services did you or anyone in your family need? Choose all that apply.

A majority of respondents (61.18%) indicated they did not need any mental health services within the past year. Receiving medications for anxiety or depression was a common response listed by respondents who chose “Other”.

Figure 23: Mental Health Services Needed by Individual or Family Members (n=237)

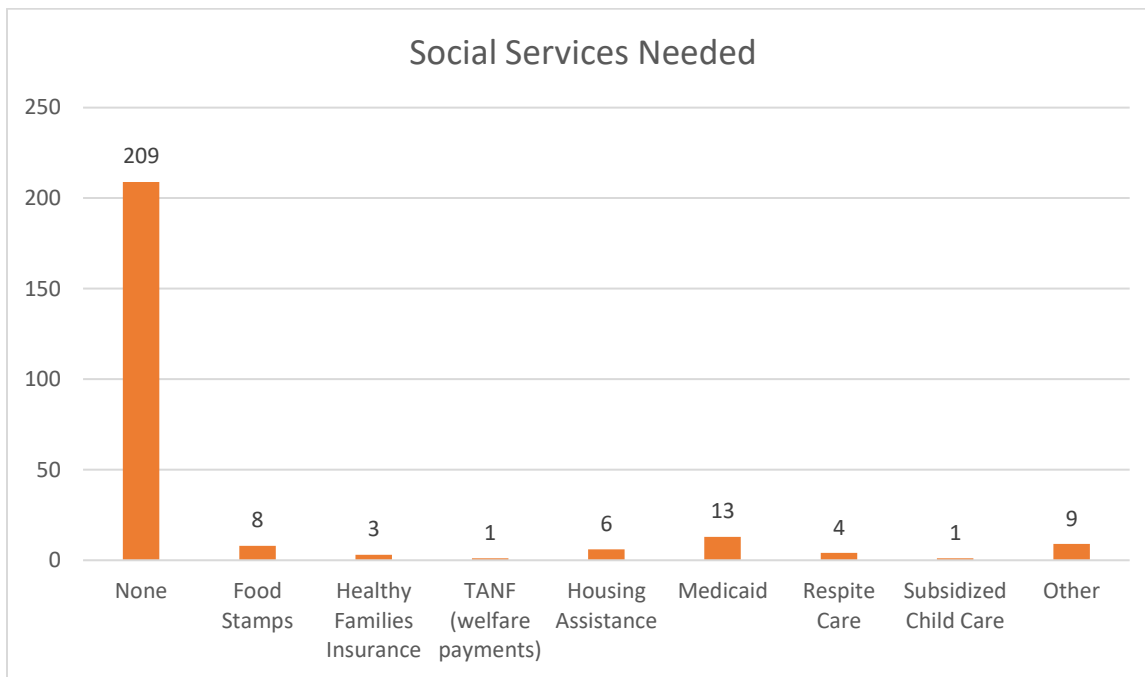


G. Evaluation of Community Social Services

Within the past year, what type of social service benefits did you or anyone in your family need? Choose all that apply.

A majority of respondents (88.19%) indicated not needing any social service benefits within the past year. 5.49% reported receiving Medicaid and 3.38% reported receiving food stamps.

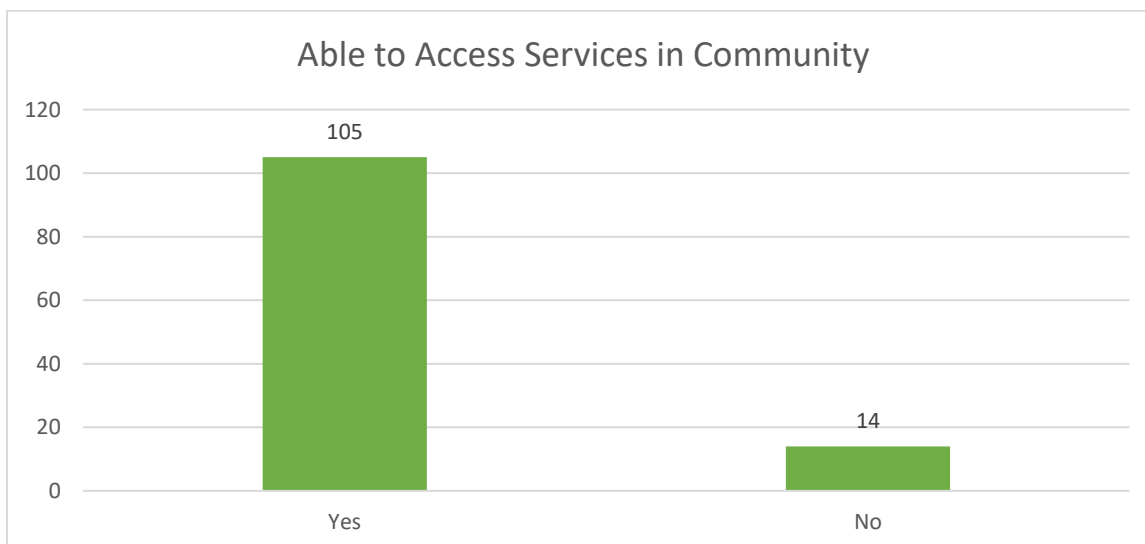
Figure 24: Social Service Benefits Needed by Individual or Family Members (n=237)



If you needed services, were you able to get these services in your community?

72.92% of respondents indicated yes, they were able to access these services in the community.

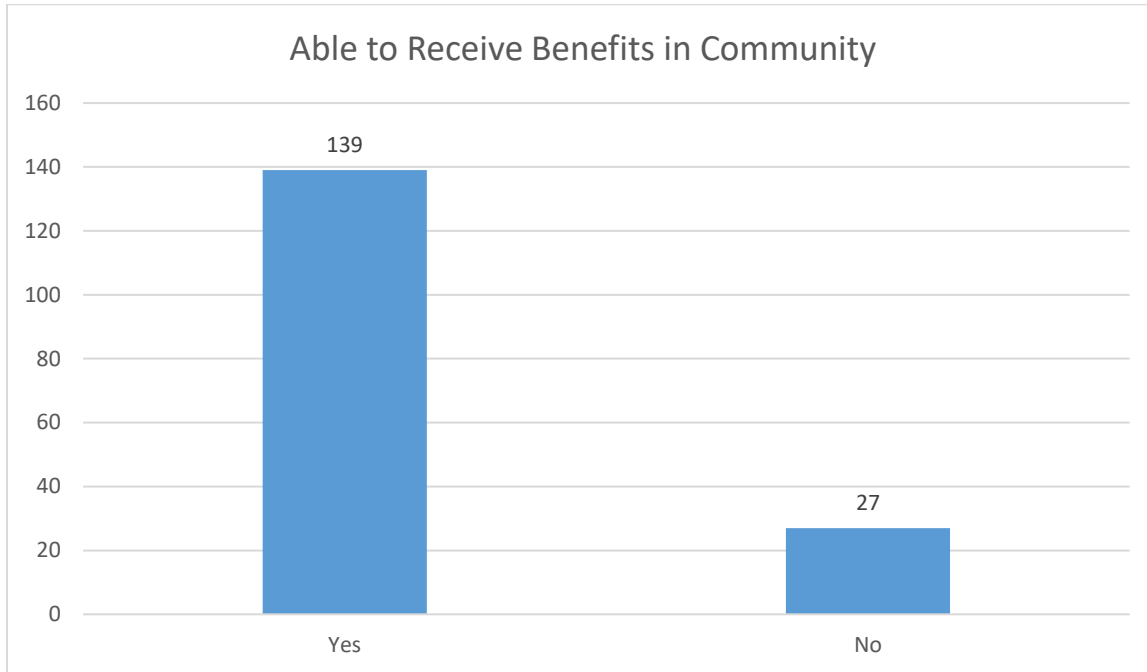
Figure 25: Ability to Access Services in Community (n=144)



If you needed benefits, were you able to get them in your community?

83.73% of respondents indicated yes, they were able to receive benefits in the community.

Figure 26: Ability to Receive Benefits in Community (n=166)





I. Summary of Community Survey

At the conclusion of the Quad Cities Community Health Survey, respondents were asked open-ended questions regarding what they would like to see in the community within the next five to ten years in order to achieve a healthier community. Several areas of improvement were suggested with the most common being increased tolerance and acceptance of diversity, increased and higher quality mental health services, and reduced crime and violence.

Residents also expressed a strong interest in further development of the riverfront areas, including increasing the number of green spaces and attractions, as well as safer access to these areas. Several respondents indicated a need for more physical activity and recreational opportunities both indoors and outdoors for all ages, but especially children and seniors. Along with this, residents requested an increased amount of family-friendly community events. Another common suggestion was implementing community programs, centers, or events specifically for youth as a solution to decreasing the rate of juvenile crime in the area. For youth that have graduated high school, several respondents also suggested offering and promoting alternative options to college for those who are interested.

Other improvements mentioned included healthier food options in grocery stores and restaurants, an improved public transportation system, affordable and safe housing, a cleaner environment, a better health care system, safer driving habits, and better roads. Several respondents articulated a need for healthier food options in both grocery stores and local restaurants. Improving the infrastructure of the community was also a common theme. Residents indicated a strong desire to increase the number of walking and bike paths around the Quad Cities area in order to connect smaller and larger communities. Some individuals also reported the need for smoother roadways, the addition of bike lanes, and efforts to decrease the number of distracted drivers.

August
2018

Quad Cities Local Public Health System Assessment

The Local Public Health Assessment measures how well the local public health system delivers the 10 Essential Public Health Services.

Local Public Health System Assessment

Introduction

The Local Public Health System Assessment (LPHSA), a component of the 2018 Quad Cities Community Health Assessment, was completed during the months of May and June 2018. The LPHSA was facilitated by three members of the Community Health Assessment Steering Committee: Janet Hill, Rock Island County Health Department; Tiffany Tjepkes, Scott County Health Department; and Brooke Barnes, Scott County Health Department.

During the initial May 11, 2018 Quad Cities Community Health Assessment Stakeholder Meeting, various members of the Rock Island and Scott County Stakeholder Committee were assigned to the Local Public Health System Assessment subcommittee: Linnea Berg, Carol Brenner, Nicole Carkner, Linda Frederiksen, Dr. Arthur Cajigal, Nita Ludwig, Ed Rivers, Dr. Cheryl True, and Dr. Richard Whitaker. Using the MAPP Framework's "jelly bean diagram" (Exhibit 3) as a guide, the subcommittee facilitators and subcommittee members identified a number of representatives from a variety of sectors in the Quad Cities community to participate in the assessment. Participants participating in the assessment represented the following sectors: community not-for-profit organizations, departments of government, elected officials, emergency management, EMS, health insurance industry, local board of health, local health care providers, local schools and academic institutions, the general public, the mental health community, and planning organizations.

Purpose

The purpose of the LPHSA was to measure how well the local public health system (LPHS) delivers the 10 Essential Public Health Services. The LPHSA is a broad assessment and encourages the involvement of all of the organizations and entities that contribute to public health in the community. The LPHSA subcommittee sought to answer two key questions:

- ▶ **What are the components, activities, competencies, and capacities of our local public health system?**
- ▶ **How are the Essential Services being provided to our community?**

Methods

The Mobilizing for Action through Planning and Partnerships (MAPP) framework was utilized to guide the 2018 Community Health Assessment process. MAPP encouraged the facilitation of discussions between community representatives and local public health system partners to determine how well the local public health system achieves model standards known as the 10 Essential Public Health Services. The model standards are measured utilizing the National Public Health Performance Standards (NPHPS) survey instrument. The NPHPS is built on a systems perspective that ensures that the contributions of all entities are recognized in assessing the local delivery of the essential services. A benefit of an assessment that emphasizes the system is the notion of increased awareness and understanding of the system concept.

Essential Public Health Services

Table 13: Essential Public Health Services


1. Monitor health status to identify and solve community health problems.	6. Enforce laws and regulations that protect health and ensure safety.
2. Diagnose and investigate health problems and health hazards in the community.	7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
3. Inform, educate, and empower people about health issues.	8. Assure competent public and personal healthcare workforce.
4. Mobilize community partnerships and action to identify and solve health problems.	9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
5. Develop policies and plans that support individual and community health efforts.	10. Research for new insights and innovative solutions to health problems.

Within each of the 10 Essential Public Health Services addressed in the NPHPS survey are model standards. The model standards represent optimal services that a robust local public health system would provide. Each model standard contains multiple performance measures. These measures allow communities to measure their level of activity in meeting the model standards.

Because the NPHPS encourages the blending of survey responses and facilitated discussion by participants, the process in the Quad Cities consisted of both in-person meetings and an electronic survey component. An initial meeting was held on May 30, 2018 and served to orient the community partners on the local public health system concept, present them with the Essential Public Health Services, and introduce them to the NPHPS survey instrument. Participants were asked to complete specific components of the NPHPS survey in order to gather feedback on the local public health system's ability to achieve the Essential Public Health services. The meeting agenda is included as Exhibit 4.

During the planning phase, the LPHSA subcommittee recognized the likelihood that not all participants would be able to provide feedback on all essential services based on their/their organization's role in the community. To address this, the subcommittee members divided the essential services into five categories that later became five separate assessment components: Essential Services 1 & 2, Essential Services 3 & 4, Essential Services 5 & 6, Essential Services 7 & 8, and Essential Services 9 & 10. Attendees were asked to self-select the essential service group their work in the community aligns with in order to ensure that only participants with relevant knowledge to each essential services group are providing ratings.

The second phase of the assessment involved the completion of the National Public Health Performance Standards survey. The survey contains model standards and performance measures within each Essential Service. Respondents rated each performance measure based on the question "*At what level does the local public health system...*" using the following scale to provide a response: No Activity, Minimal Activity, Moderate Activity, Significant Activity, or Optimal Activity. The survey questions were compiled into a SurveyMonkey electronic survey to allow participants to complete the survey in a timely manner. Within SurveyMonkey, there were five separate surveys that each contained two Essential Services and their related performance measures: Essential Services 1 & 2, Essential Services 3 & 4, Essential Services 5 & 6,



Essential Services 7 & 8, and Essential Services 9 & 10. The surveys were sent out according to the categorized list generated by participants in the first in-person meeting. The number of surveys completed varied among each participant.

Following the gathering of survey responses, the LPHSA subcommittee facilitators assembled the response data and developed data handouts to share with the LPHSA participants. Participants were asked to review the response results and be prepared to discuss the data at the final in-person LPHSA meeting.

The final phase of the LPHSA took place on June 20, 2018. The LPHSA subcommittee and assessment participants gathered for a final meeting to discuss the feedback received on the National Public Health Performance Standards survey. Subcommittee facilitators provided members in attendance with an overview of the general results of the National Public Health Performance Standards survey. Following the brief synopsis, participants were asked to divide into small groups based on the five Essential Service groupings each member completed in the survey completion phase. Each of the five groups were tasked to complete a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis of the two Essential Services. This in-depth discussion period allowed for the gathering of areas of strength for the local public health system, identification of opportunities to increase activity levels, and distinguishing areas where the level of activity was less than optimal. The last task given to each of the five groups was to agree upon a consensus activity level for each of the essential services based on the survey results and small group SWOT discussion.

Limited time during the final meeting prevented a robust, in-person discussion from occurring on final topic areas, including perceptions and experiences within the local public health system; surprising scores in any of the performance areas; public health issue areas the community is most expected to address; and insight into how and why the local public health system performs as it currently does. Answers to these questions were gathered via a final SurveyMonkey survey of participants.

Results

Results gathered from the National Public Health Performance Standards survey are included in Exhibit 5. Results of the Strengths, Weaknesses, Opportunities, and Threats discussion for each of the Essential Services is included in Exhibit 6.

Themes

Analysis of the Local Public Health System Assessment underscored a number of themes related to the success of the Quad Cities local public health system in meeting the essential services of public health. As a result of the National Public Health Performance Standards assessment results and subsequent subcommittee discussion, the following themes emerged:

Local Public Health System Abilities

System Strengths:

- Surveillance system with schools and providers
- Prompt evaluation process after emergency preparedness exercises
- Coordination of health promotion and health education activities
- Establishment of community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community
- Coordination of health threats/alerts - public health agencies share information
- Routine community health assessment (CHA) & community health improvement plans (CHIP) every 3 years
- The Project (of the Quad Cities) has made a positive impact on access to care
- New public health academic program access: Public Health programs at St. Ambrose, Augustana, Western Illinois University
- Public health system is motivated

System Weaknesses:

- Ability to analyze data locally
- Duplicating services
- Communication from the system to the public
- Lack of awareness of public health policymaking or development
- Public health is not consulted in decision-making
- Providers limited in accepting Medicaid insurance
- Lack of prevention funding
- Academic/application vs. policy/practice



Opportunities for System Improvement:

- Developing options for analyzing data (individually vs. system-wide)
- Technology
- Further engagement of the community in developing/implementing health education/promotion activities
- Address issues with laws & regulations
- Identify issues inadequately addressed in laws & regulations
- Making resources available more broadly in the community
- Offer continuing education for both Iowa & Illinois utilizing community partners
- Opportunities for partnerships
- Improve diversity (leadership; participation)

Threats to the Success of the System:

- Potential loss of revenue and resources (grants, funds)
- Funding - Rock Island County
- Aging workforce
- Lack of personnel - resources, especially RNs
- Lack of access to services for clients with Medicaid
- Capacity of the system

Future Focus for Local Public Health System

Based on the overall scoring given, the LPHS subcommittee recommends the LPHS is best positioned to address the following public health issues:

- Overall personnel shortages and funding
- Women's health issues
- Physical health prevention (to mirror efforts made for food safety, vaccinations, and diabetes care)
- Access to care
- Obesity
- Nutritional health
- Preparedness (emergency planning and response)
- Community assessment
- Food safety
- Those that emerge from the community health assessment process
- Disease prevention/outbreak
- Cost
- Enhancing healthcare provider knowledge pertaining to public health issues
- Costs of chronic disease management
- Funding
- Social determinants of health
- Dissemination of research

For ultimate success, feedback received through the LPHS assessment suggests the LPHS must focus efforts in the following areas in order to achieve results:

Table 14: Suggested Focus Areas

<i>Communication</i>	<ul style="list-style-type: none"> ▪ Educating the public on services available ▪ Community outreach ▪ Data sharing ▪ Educating health care providers on the upstream factors impacting health
<i>Evaluation</i>	<ul style="list-style-type: none"> ▪ Focus on cross-sector accountability through evaluation
<i>Capacity/ Workforce</i>	<ul style="list-style-type: none"> ▪ Increase funding for the local public health system ▪ Improvements in technology ▪ Continue collaborations with local colleges to help educate future health care providers ▪ Focus on social determinants of health
<i>Policy Development</i>	<ul style="list-style-type: none"> ▪ Enforcement of laws (assurance) ▪ Understand and enforce the standards
<i>Preparedness</i>	<ul style="list-style-type: none"> ▪ Outbreak response ▪ Emergency preparedness efforts
<i>Access to Care</i>	<ul style="list-style-type: none"> ▪ Access to care

Acknowledgements

The Core Group of the 2018 Community Health Assessment acknowledges the leadership and support provided by the following organizations in sharing MAPP resources, lessons learned, templates, and more as this process has been tackled. Your partnership in public health and in this very important effort to assess and strengthen communities is greatly appreciated.

- Linn County Public Health, Cedar Rapids, Iowa
- Johnson County Public Health, Iowa City, Iowa
- Solano Public Health, Fairfield, California

The team would also like to acknowledge the input of the following assessment participants who provided electronic feedback and/or attended the Local Public Health System meetings on May 30th and June 20th. The meetings were facilitated by Brooke Barnes, Scott County Health Department; Janet Hill, Rock Island County Health Department; and Tiffany Tjepkes, Scott County Health Department.

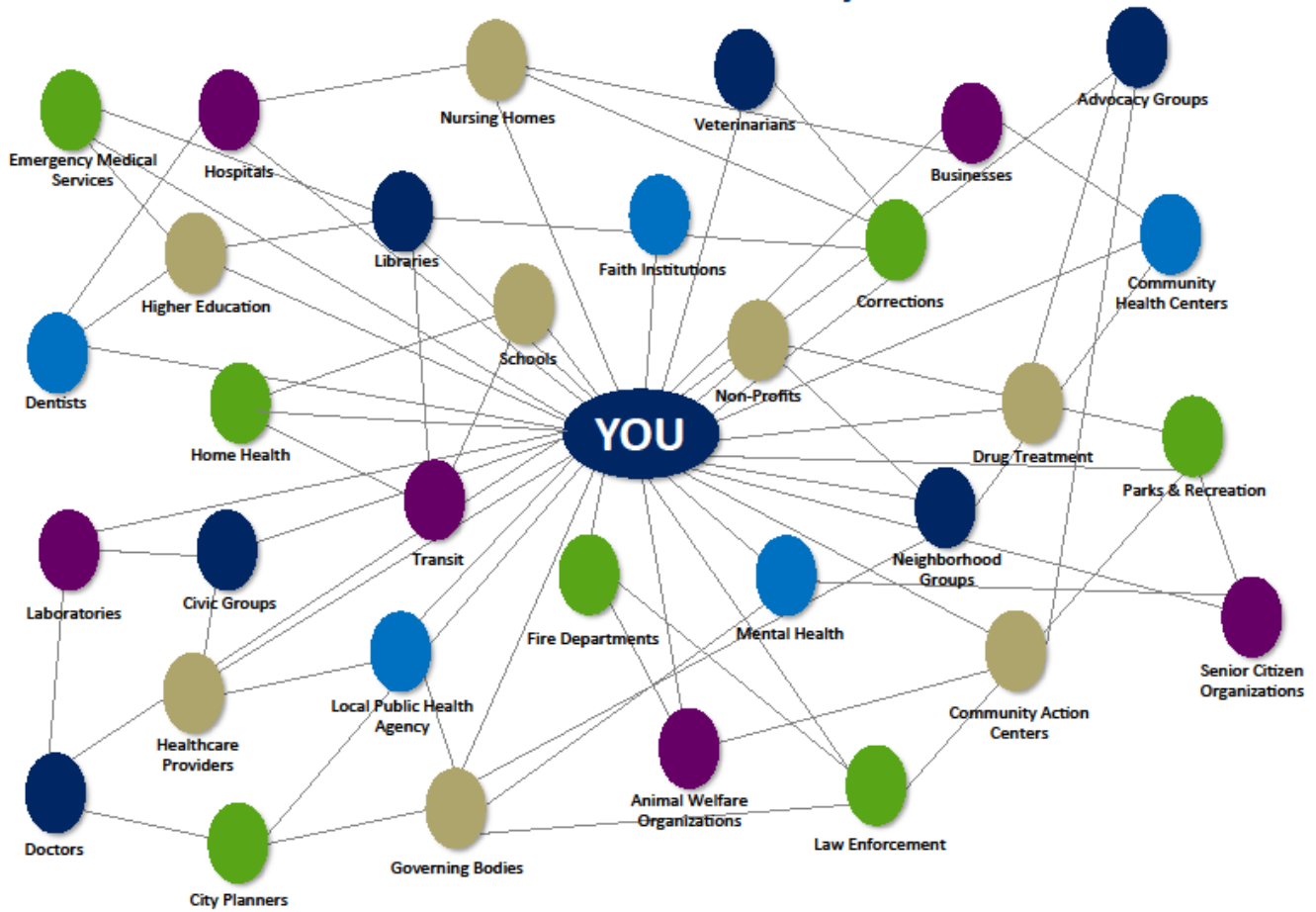
Table 15: Local Public Health System Assessment Participants

Name	Title or Organization
Karrie Abbott	United Way
Kathy Andresen	St. Ambrose University
Ken Beck	Scott County Board of Supervisors
Linnea Berg	United Healthcare of the River Valley
Dr. Ron Boesch	Palmer College of Chiropractic
Dr. Arthur B. Cajigal	Rock Island Arsenal
Nicole Carkner	Quad City Health Initiative
Michele Cullen	Genesis Visiting Nurses Association
Linda Frederiksen	Medic EMS
Jenny Garner	Illinois State University Extension
Frank Klipsch	Mayor of Davenport
Nita Ludwig	Rock Island County Health Department
Mary Macumber Schmidt	Family Resources
Dr. Namrata Mallik	Genesis Health System
Mary Ann McLeod	Bethany for Children and Families
Lorette Sonia Oden	Western Illinois University
Dr. Ann O'Donnell	Genesis Visiting Nurses Association
Erica Pence	Iowa State University Extension
Edward Rivers	Scott County Health Department
Melissa Sharer	St. Ambrose University
Dr. Cheryl True	Member of the General Public
Diana Von Stein	Iowa Department of Public Health
Rebecca Williams	Child Protection Response Clinic
Teresa Wischmann	Trinity College of Nursing and Health Sciences

Exhibits

Exhibit 3: LPHS - Jelly Bean Diagram

The Public Health System



2018 Quad Cities Community Health Assessment

Local Public Health System Assessment

May 30, 2018
8:00-9:30am

Location:
Scott County Administrative Center, Room 605 A/B (located on the 6th Floor)
600 West 4th Street
Davenport, IA 52801

Agenda

8:00-8:10am	2018 Community Health Assessment Overview
8:10-8:15am	Attendee Introductions
8:15-8:50am	10 Essential Public Health Services Introduction
8:50-9:10am	10 Essential Public Health Services Self-Identification
9:10-9:20am	Overview of National Public Health Performance Standards Instrument
	Next Steps
9:20-9:30am	Questions

2018 Quad Cities Community Health Assessment

Local Public Health System Assessment

June 20, 2018
1:00-2:30 pm

Location:
Rock Island County Health Department
2112 25th Avenue
Rock Island, IL 61201

Agenda

1:00-1:05 pm	Local Public Health System Overview
1:05-1:10 pm	Attendee Introductions
1:10-1:20 pm	Results of National Public Health Performance Standards surveys
1:20-1:50 pm	Small Group Discussion of Results/SWOT
1:50-2:00 pm	Report of SWOT Analysis
2:00-2:25 pm	Interpretation of Findings
2:25-2:30 pm	Next Steps & Questions

Community Health Assessment Data Sharing	Tuesday, August 28 3:00-5:00pm	Figge Art Museum
	<i>OR</i>	
	Wednesday, August 29 8:30-10:30am	Western Illinois University - Quad Cities Campus

Essential Services Rating Results

Table 16: Combined Essential Service Activity Levels

Rating	ES 1	ES 2	ES 3	ES 4	ES 5	ES 6	ES 7	ES 8	ES 9	ES 10
No Activity	0%	0%	0%	3%	1%	0%	0%	0%	0%	0%
Minimal	7%	2%	7%	4%	8%	14%	14%	13%	18%	19%
Moderate	29%	28%	41%	36%	38%	40%	44%	42%	40%	35%
Significant	57%	50%	45%	50%	45%	38%	35%	41%	37%	40%
Optimal	7%	20%	7%	6%	8%	8%	8%	4%	4%	7%

Figure 29: Essential Services Activity Level Comparison

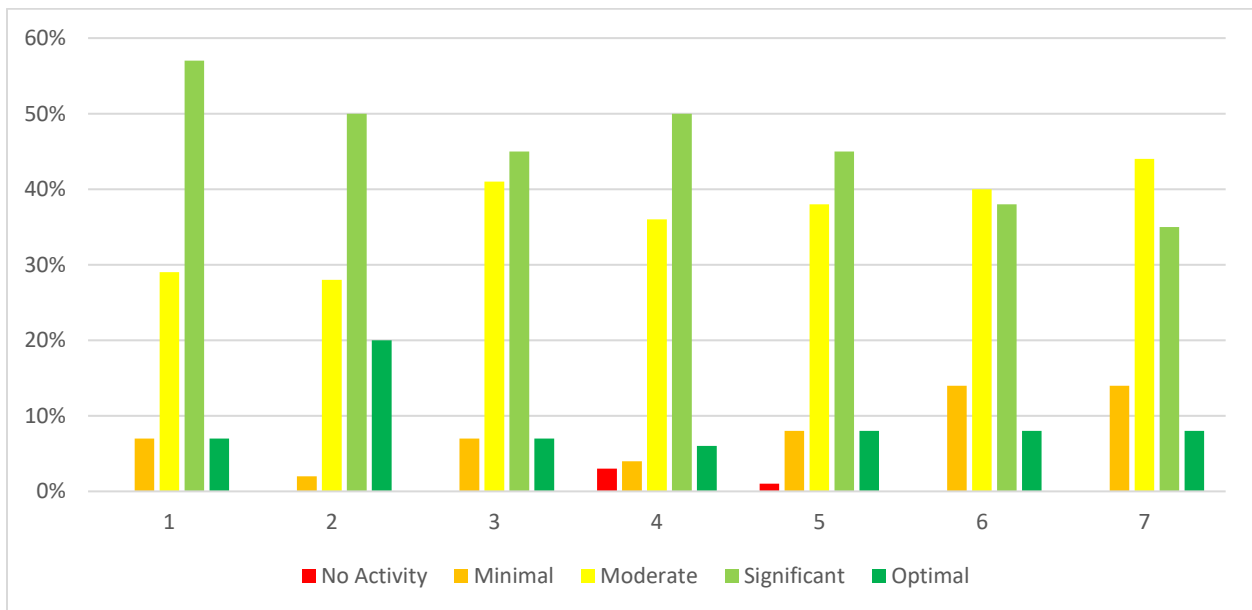


Table 17: Essential Services Overall Consensus Results - Subcommittee Meeting

Essential Service	Optimal Activity	Significant Activity	Moderate Activity	Minimal Activity	No Activity
1: Monitor health status to identify and solve community health problems.		X			
2: Diagnose and investigate health problems and health hazards in the community.		X			
3: Inform, educate, and empower people about health issues.			X		
4: Mobilize community partnerships and action to identify and solve health problems.		X			
5: Develop policies and plans that support individual and community health efforts.		X			
6: Enforce laws and regulations that protect health and ensure safety.			X		
7: Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.			X		
8: Assure competent public and personal healthcare workforce.			X		
9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.			X		
10: Research for new insights and innovative solutions to health problems.			X		


Model Standards:

The following information details results of performance of the community against the model standards measured in the National Public Health Performance Standards survey.

Model standards identified as having **significant** and/or **optimal** activity include:

Model Standard 1.1: Population-Based Community Health Assessment

- 1.1.1 Conduct regular community health assessments
- 1.1.3 Promote the use of the community health assessment among community members and partners



Model Standard 2.2: Investigating and Responding to Public Health Threats and Emergencies

- 2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment
- 2.2.3 Designate a jurisdictional Emergency Response Coordinator
- 2.2.6 Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)

Model Standard 2.3: Laboratory Support for Investigating Health Threats

- 2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring
- 2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards
- 2.3.3 Use only licensed or credentialed laboratories
- 2.3.4 Maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results

Model Standard 10.2: Linking with Institutions of Higher Learning and/or Research

- 10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together
- 10.2.3 Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education

Model standards identified as having **no** and/or **minimal** activity include:

Model Standard 4.1: Constituency Development

- 4.1.1 Maintain a complete and current directory of community organizations
- 4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns
- 4.1.3 Encourage constituents to participate in activities to improve community health
- 4.1.4 Create forums for communication of public health issues

Model Standard 8.3: Life-Long Learning through Continuing Education, Training and Mentoring

- 8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases
- 8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health

Model Standard 10.3: Capacity to Initiate or Participate in Research

- 10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies
- 10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practice

Exhibit 6: SWOT Analysis Discussion Results

SWOT Analysis Discussion:

The following tables report the Strengths, Weaknesses, Opportunities and Threats (SWOT) discussion and overall results related to areas of strength for the local public health system, identification of opportunities to increase activity levels, and distinguishing areas where the level of activity was less than optimal.

Essential Services 1 & 2

- 1: *Monitor Health Status to Identify Community Health Problems*
- 2: *Diagnose and Investigate Health Problems and Health Hazards*

Table 18: Essential Services 1 & 2 SWOT Analysis

S <i>Strengths</i>	W <i>Weaknesses</i>	O <i>Opportunities</i>	T <i>Threats</i>
<ul style="list-style-type: none"> ▪ Surveillance system (schools, providers) ▪ IRIS/HELPPS Database (sharing with IDPH) ▪ Communication of health issues with stakeholders ▪ Written policies/procedures ▪ Prompt evaluation process after emergency preparedness exercises ▪ Part of QCEPC committee ▪ Laboratory Access ▪ Technology 	<ul style="list-style-type: none"> ▪ Analyzing data (ability to) ▪ Communicating health needs assessment report/outcomes with public and partners ▪ Technology 	<ul style="list-style-type: none"> ▪ Developing options for analyzing data (individually vs. system-wide) ▪ Finding a workforce with desired knowledge ▪ Technology 	<ul style="list-style-type: none"> ▪ Funding cuts ▪ Aging workforce

Essential Services 3 & 4

- 3: *Inform, Educate, and Empower People about Health Issues*
- 4: *Mobilize Community Partnerships to Identify and Solve Health Problems*

Table 19: Essential Services 3 & 4 SWOT Analysis

S <i>Strengths</i>	W <i>Weaknesses</i>	O <i>Opportunities</i>	T <i>Threats</i>
<ul style="list-style-type: none"> ▪ 3.1.2: Coordinate health promotion & health education activities ▪ 4.2.1: Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community 	<ul style="list-style-type: none"> ▪ Duplicating services ▪ Communication 	<ul style="list-style-type: none"> ▪ 3.1.3: Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities ▪ <i>How we connect efforts & goals</i> 	<ul style="list-style-type: none"> ▪ Potential loss of revenue and resources (grants, funds)

Essential Services 5 & 6

- *5: Develop Policies and Plans That Support Individual and Community Health Efforts*
- *6: Enforce Laws and Regulations That Protect Health and Ensure Safety*

Table 20: Essential Services 5 & 6 SWOT Analysis

S <i>Strengths</i>	W <i>Weaknesses</i>	O <i>Opportunities</i>	T <i>Threats</i>
<ul style="list-style-type: none"> ▪ Scott County Health Department working on Public Health Accreditation Board (PHAB) Accreditation ▪ Health threats/alerts - public health agencies share information ▪ Community health assessment (CHA) & community health improvement plans (CHIP) every 3 years ▪ PHEP - bi-state groups working on emergency preparedness ▪ Regular updates to ordinances ▪ Public health powers given by states 	<ul style="list-style-type: none"> ▪ Others aren't aware of public health policymaking or development ▪ Others do not think to consult public health ▪ Health educators have decreased at Rock Island County Health Department (funding) ▪ Some policies are driven by state or federal mandate 	<ul style="list-style-type: none"> ▪ Rock Island County Health Department could work towards PHAB Accreditation ▪ Address issues with laws & regulations ▪ Identify issues inadequately addressed in laws & regulations 	<ul style="list-style-type: none"> ▪ Funding - Rock Island County ▪ Personnel - resources, especially RNs

Essential Services 7 & 8

- *7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable*
- *8: Assure a Competent Public Health and Personal Healthcare Workforce*

Table 21: Essential Services 7 & 8 SWOT Analysis

S <i>Strengths</i>	W <i>Weaknesses</i>	O <i>Opportunities</i>	T <i>Threats</i>
<ul style="list-style-type: none"> ▪ The Project has made a positive impact on both sides of the river (access) 	<ul style="list-style-type: none"> ▪ Decrease in resources for women’s health in Rock Island County ▪ Limited clinical placement for healthcare professional training ▪ Providers limited in accepting Medicaid ▪ Lack of prevention funding ▪ Lack of mental health services ▪ Health professionals do not ask senior citizens about sex 	<ul style="list-style-type: none"> ▪ Making resources available to more people ▪ Offer continuing education for both Iowa & Illinois utilizing community partners 	<ul style="list-style-type: none"> ▪ Clients unable to access services if they have Medicaid

Essential Services 9 & 10

- 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
- 10: Research for New Insights and Innovative Solutions to Health Problems

Table 22: Essential Services 9 & 10 SWOT Analysis

S <i>Strengths</i>	W <i>Weaknesses</i>	O <i>Opportunities</i>	T <i>Threats</i>
<ul style="list-style-type: none"> ▪ Access to research ▪ New program access: Public Health programs at St. Ambrose, Augustana, Western ▪ Diversity ▪ Size makes us “nimble” ▪ Motivated ▪ Unique area ▪ Quad City Health Initiative 	<ul style="list-style-type: none"> ▪ Academic/ application vs. policy/practice ▪ Training ▪ Resources ▪ Size/location - affects available resources ▪ Cultural coup ▪ Disconnected ▪ Unique area 	<ul style="list-style-type: none"> ▪ Opportunities for partnerships ▪ Implementation of science/training ▪ Training: grant writers ▪ Improve diversity (leadership; participation) 	<ul style="list-style-type: none"> ▪ Resources/\$ ▪ IL vs. IA (funding + focus) ▪ Misunderstanding of HHS ▪ Capacity ▪ Policy - leverage vs. practice ▪ Duplication ▪ Ability to recruit

August
2018

Quad Cities Forces of Change Assessment

The Forces of Change Assessment identifies all of the forces and associated opportunities and threats that can affect, either now or in the future, the community and local public health system.

Forces of Change Assessment

Introduction

The Forces of Change Assessment was completed as part of the overall 2018 Community Health Assessment process in the Quad Cities community. The Forces of Change Assessment was facilitated by four members of the Community Health Assessment Steering Committee: Nicole Carkner, Quad City Health Initiative; Rachel Evans, Quad City Health Initiative; Henry Marquard, Genesis Health System; and Hal Wagher, Genesis Health System. Six members of the Rock Island and Scott County Stakeholder Committee were also assigned to a Forces of Change subcommittee: Gerry Bustos, Sheriff, Rock Island County; Frank Klipsch, Mayor, City of Davenport; Amy Maxeiner, Black Hawk Community College; Gena McCullough, Bi-State Regional Commission; Sherry Ristau, Community Foundation of the Great River Bend and Brian Strusz, Pleasant Valley School District. These subcommittee members were asked to provide input to the Forces of Change assessment process.

The primary data collection effort was a community Forces of Change Assessment meeting held on June 21, 2018 with community leaders from multiple sectors. The meeting agenda can be found in Exhibit 7. A meeting summary and follow-up survey were circulated to the meeting attendees and Forces of Change subcommittee for comments.

Purpose


The purpose of the Forces of Change Assessment was to identify trends, factors, and events that may influence a community's health and then identify the specific opportunities or challenges associated with each of these forces. For example, forces could include demographic trends such as migration or growing ethnic populations, community factors such as proximity to transportation routes, or events such as the opening of a new business or passage of legislation. These forces may be outside of a community's control, but have significant impact on the community. The Forces of Change subcommittee sought to answer two key questions:

- ▶ **What is occurring or might occur that affects the health of our community or the local public health system?**
- ▶ **What specific threats or opportunities are generated by these occurrences?**

Methods

Planning for the Forces of Change Assessment began with the initial May 11th meeting of the Rock Island and Scott Counties Stakeholder Group. Six members of the Stakeholder Group were assigned to the Forces of Change subcommittee and they worked with the Forces of Change facilitators to provide input on the process. Overall, the group was asked to identify invitees for a community Forces of Change meeting, to pinpoint community resources that should be referenced for the assessment (these were added to the report Resource List), and to generate an initial list of Forces of Change for discussion. Subcommittee members were welcome to consult with their community contacts to provide additional input.

The primary data collection effort was through a community Forces of Change Assessment meeting held on June 21, 2018. About 48 individuals (Steering Committee, Stakeholder Committee and other Community Leaders) were invited to participate and share their perspectives. A group of 22 people (including facilitators) met to brainstorm Forces of Change



and identify opportunities and challenges associated with those forces. These individuals represented the higher education, community planning, healthcare, K-12 education, faith, transportation, social services, public health, and private/business sectors of our community.

Prior to the meeting, a list of 12 Categories of Forces was developed based upon the MAPP methodology, a review of other published Forces of Change assessments, and initial brainstorming. These categories included:

- Economic Forces
- Environmental Forces
- Individual Health Status Forces
- Social Forces
- Community Demographics Forces
- Education Forces
- Healthcare System Forces
- Technological Forces
- Political Forces
- Scientific Forces
- Legal Forces
- Ethical Forces

During the meeting, the facilitators asked the meeting participants to provide additional Forces of Change and then identify threats and opportunities. This input was captured directly in an excel file which the whole group reviewed together. A copy of the notes sheet can be found in Exhibit 8. Due to meeting time constraints, the participants were asked to highlight threats or opportunities for each category rather than discuss each individual force.

Following the meeting, the facilitators added additional text to clarify points raised during the meeting, revised the categories of forces, and merged content to present key themes. The revised 10 Categories of Forces included:

- Economic Forces
- Equity and Opportunity Forces
- Environmental Forces
- Individual Health Status Forces
- Social Forces
- Healthcare System Forces
- Technological Forces
- Political Forces
- Scientific Forces
- Ethical Forces

Then, a list of the Forces of Change was distributed via email to the meeting attendees and Forces of Change subcommittee. Respondents were asked to provide any additional input as well as rank the Top 3 Categories of Forces and the Top 3 Forces of Change (in any category) in terms of their impact on our community's health. The final excel table and survey rankings are summarized in the following section.

Results

The following Table 23 summarizes the input collected on Forces of Change across 10 categories and the sample threats/opportunities that were identified in each category.

Table 23: Identified Forces of Change

	What is occurring or might occur that affects the health of our community or the local public health system?	What specific threats or opportunities are generated by these occurrences?	
Forces Category	Examples of Forces	Threats Posed	Opportunities Created
Economic Forces	<ul style="list-style-type: none"> State of Iowa and local economy continue to grow 	<ul style="list-style-type: none"> Increases income, social, and demographic divide, Workforce shortage 	<ul style="list-style-type: none"> Business development, unemployment decreases
	<ul style="list-style-type: none"> Illinois and Iowa budgets for healthcare services decrease 		
	<ul style="list-style-type: none"> Outward migration 		
	<ul style="list-style-type: none"> Aging infrastructure 		
	<ul style="list-style-type: none"> Stagnant population growth 		
	<ul style="list-style-type: none"> Transportation access, connectivity 		
	<ul style="list-style-type: none"> Regional migration, imbalance between local IA and IL populations 		

Forces Category	Examples of Forces	Threats Posed	Opportunities Created
Economic Forces Continued	<ul style="list-style-type: none"> Health insurance access, especially for small businesses 		
	<ul style="list-style-type: none"> Workforce availability, e.g., supply/demand of teachers/educational capacity 		
	<ul style="list-style-type: none"> Regional identity of the Quad Cities 		<ul style="list-style-type: none"> Regional vision fosters collaboration and community conversations
Equity and Opportunity Forces	<ul style="list-style-type: none"> Social service safety net/funding 	<ul style="list-style-type: none"> Funding amount is not proportionate Eligibility cliffs leave some unable to access services 	<ul style="list-style-type: none"> Social service agencies providing new/different services Collaboration/formal partnerships
	<ul style="list-style-type: none"> Poverty rate increases, living wages 		
	<ul style="list-style-type: none"> Affordable housing is difficult to find 	<ul style="list-style-type: none"> Definition of "affordable" is variable Temporary vs. permanent housing Neighborhood Safety 	<ul style="list-style-type: none"> Transitional housing
	<ul style="list-style-type: none"> Lack of operational funding for schools, higher education, and nonprofit services and imbalance of funding 	<ul style="list-style-type: none"> ALL education cuts (Early Childhood to Post-Secondary Education/Training) Accountability Unfunded mandates 	<ul style="list-style-type: none"> IL K-12 evidenced-based school funding model IA K-12 per pupil model School, community, business partnerships
	<ul style="list-style-type: none"> Access to healthcare challenging for those living at lower incomes 		

Forces Category	Examples of Forces	Threats Posed	Opportunities Created
Equity and Opportunity Forces Continued	<ul style="list-style-type: none"> ▪ Social determinants of health 		
	<ul style="list-style-type: none"> ▪ Support for minority groups 		
	<ul style="list-style-type: none"> ▪ High school graduation rates and lack of pursuit of education or certification beyond high school 		
	<ul style="list-style-type: none"> ▪ Community education about nonprofit services that are available 		
	<ul style="list-style-type: none"> ▪ Access to grants and scholarships for secondary education 		
	<ul style="list-style-type: none"> ▪ Services for special needs students 		
	<ul style="list-style-type: none"> ▪ Some community members have no/limited internet access 		
	<ul style="list-style-type: none"> ▪ Access to latest services/ treatments may not be available to all/dependent upon health insurance status 		
	<ul style="list-style-type: none"> ▪ Access to legal services varies based on income 	<ul style="list-style-type: none"> ▪ Cuts to legal aid 	
Environmental Forces	<ul style="list-style-type: none"> ▪ Air quality problems increase 	<ul style="list-style-type: none"> ▪ Quality has reached a plateau 	
	<ul style="list-style-type: none"> ▪ Water quality 	<ul style="list-style-type: none"> ▪ Farm run off 	<ul style="list-style-type: none"> ▪ Learn from other communities who have experienced water quality problems

Forces Category	Examples of Forces	Threats Posed	Opportunities Created
Environmental Forces Continued	<ul style="list-style-type: none"> ▪ Increase in natural disasters and extreme weather -- including Mississippi/Rock River floods and flash flooding 	<ul style="list-style-type: none"> ▪ Changes in what agricultural crops will flourish 	<ul style="list-style-type: none"> ▪ Extreme weather analysis ▪ Regional response and development ▪ Community partnerships ▪ Disaster preparedness COAD (Community Organizations Active in Disasters)
Individual Health Status Forces	<ul style="list-style-type: none"> ▪ Continued promotion needed to encourage healthy behaviors such as physical activity, healthy eating, not smoking 		<ul style="list-style-type: none"> ▪ Community initiatives and engagement
	<ul style="list-style-type: none"> ▪ STDs increase 		
	<ul style="list-style-type: none"> ▪ Obesity rates among adults and children (lack of physical activity and general wellness) 	<ul style="list-style-type: none"> ▪ Lack of wellness programs for small business ▪ Lack of winter activities ▪ Lack of free/safe activities for kids and families ▪ Lack of trails/bike lanes for transportation 	<ul style="list-style-type: none"> ▪ Worksite wellness programs ▪ New safe parks ▪ Programing opportunity for nonprofits ▪ Master events calendar for whole QC ▪ Outdoor ice rink ▪ Trails
	<ul style="list-style-type: none"> ▪ Substance abuse grows: opioid epidemic nationally and locally, marijuana is drug of choice among high school students 	<ul style="list-style-type: none"> ▪ Penalties for marijuana use are low 	<ul style="list-style-type: none"> ▪ Further discussion/dialogue about the opioid epidemic and over-prescription of medications
	<ul style="list-style-type: none"> ▪ Infectious disease outbreaks increase 		

Forces Category	Examples of Forces	Threats Posed	Opportunities Created
Individual Health Status Forces Continued	<ul style="list-style-type: none"> Food and health, including access to healthy foods and link to education: hungry students (1 in 5) have difficulty learning 	<ul style="list-style-type: none"> Healthy foods are more expensive 	
	<ul style="list-style-type: none"> Healthcare for veterans, especially mental health, can be challenging to access 	<ul style="list-style-type: none"> Traveling to Iowa City or Peoria for healthcare services 	
	<ul style="list-style-type: none"> Trauma: childhood, environmental, domestic violence 		
	<ul style="list-style-type: none"> Community trails expand access to physical activity 		<ul style="list-style-type: none"> QCTrails.org Complete streets Safe Routes to School
Social Forces	<ul style="list-style-type: none"> Violence: crimes committed by youth increase, school violence, repeat offenders, incarceration (who, why, rates, rehabilitation), neighborhood safety (definition of neighborhood) 	<ul style="list-style-type: none"> Community cycle of violence and lack of support or services for families 	
	<ul style="list-style-type: none"> Access to healthy foods remains a challenge in food deserts, food insecurity, food rescue system 	<ul style="list-style-type: none"> Distribution of food is uneven (some have excess, some don't have enough) 	<ul style="list-style-type: none"> Enough food available to feed community if food waste can be reduced
	<ul style="list-style-type: none"> Childcare deserts 	<ul style="list-style-type: none"> Limitations in workforce 	
	<ul style="list-style-type: none"> Population is aging 	<ul style="list-style-type: none"> Access to providers for people with dementia and Alzheimer's 	
	<ul style="list-style-type: none"> Minority population growing 		

Forces Category	Examples of Forces	Threats Posed	Opportunities Created
Social Forces Continued	<ul style="list-style-type: none"> ▪ Language barriers/number of languages spoken in community 		
	<ul style="list-style-type: none"> ▪ Integration of immigrants and refugees into community (as well as minority groups) 		
	<ul style="list-style-type: none"> ▪ Schools as a hub for services 	<ul style="list-style-type: none"> ▪ Limited time/resources during school day 	<ul style="list-style-type: none"> ▪ Collaboration with businesses
Healthcare System Forces	<ul style="list-style-type: none"> ▪ Declining reimbursement for key services/new models of financing 		
	<ul style="list-style-type: none"> ▪ Transitions to new models of patient centered care, identify and coordinate care 		
	<ul style="list-style-type: none"> ▪ Lack of providers, specialists, nurses 		
	<ul style="list-style-type: none"> ▪ Mental health services availability, demand for mental health services grows, mental illness 		
	<ul style="list-style-type: none"> ▪ Availability of primary health care services 		
Technological Forces	<ul style="list-style-type: none"> ▪ Telehealth 	<ul style="list-style-type: none"> ▪ Funding 	<ul style="list-style-type: none"> ▪ Increases access to care
	<ul style="list-style-type: none"> ▪ Prevalence of smart phones, e-devices changes communication norms, difficult to reach those who do not have smart phones/access to technology 	<ul style="list-style-type: none"> ▪ Challenges regarding health information 	<ul style="list-style-type: none"> ▪ Create Innovation zone: attract technology sector to community ▪ Expand electronic health records

Forces Category	Examples of Forces	Threats Posed	Opportunities Created
Technological Forces Continued	<ul style="list-style-type: none"> ▪ Social media and reliance on electronic devices causes problems among school age students (fights, bullying) and among car drivers (distracted driving) 		<ul style="list-style-type: none"> ▪ Conversation, education about the pitfalls of social media/electronic addiction
Political Forces	<ul style="list-style-type: none"> ▪ Tobacco policies could be expanded to cover electronic smoking devices 		
	<ul style="list-style-type: none"> ▪ Potential for legalization of marijuana 		
	<ul style="list-style-type: none"> ▪ Lack of collaboration: increased polarization, civic engagement decreasing 	<ul style="list-style-type: none"> ▪ Resources not available for collaboration 	
	<ul style="list-style-type: none"> ▪ Community engagement increasing: volunteering, activism, community advocacy 	<ul style="list-style-type: none"> ▪ Duplication of effort among existing groups and lack of resources to fund the causes 	<ul style="list-style-type: none"> ▪ Mobilize community to create equitable outcomes (high school graduation, childhood obesity, poverty)
	<ul style="list-style-type: none"> ▪ Gender equality increasing 		
Scientific Forces	<ul style="list-style-type: none"> ▪ Advances in disease treatments make care more effective 		
	<ul style="list-style-type: none"> ▪ Immunizations become more effective at preventing diseases 		
	<ul style="list-style-type: none"> ▪ Funding for research and development 		
	<ul style="list-style-type: none"> ▪ Genetic testing 	<ul style="list-style-type: none"> ▪ Fear of how results will be used ▪ Funding 	<ul style="list-style-type: none"> ▪ More effective and personalized treatments



Forces Category	Examples of Forces	Threats Posed	Opportunities Created
Ethical Forces	▪ End of life care planning makes care more responsive to individual wishes		
	▪ Physician assisted suicide		
	▪ Less agreement on what's ethical		
	▪ Moving beyond ADA compliance		
	▪ Beliefs and health		
	▪ Extent of scientific advancement		
	▪ Immunizations: concerns about immunization safety		

The list of Forces was emailed to the attendees from the June 21st meeting and the subcommittee along with a 5-question electronic survey seeking input on the relative priority of these Categories of Forces and the Forces of Change (Exhibit 9). Seven individuals provided responses to the survey.

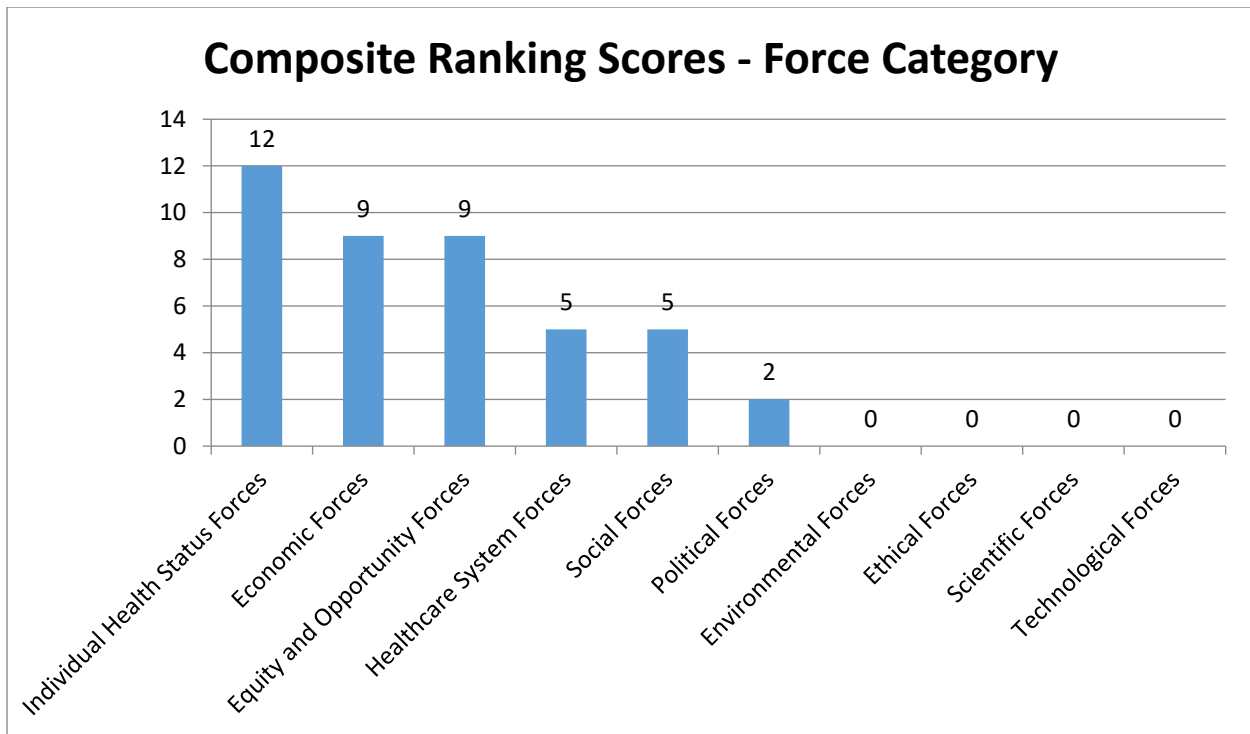
The survey sample was small and thus findings may not be representative of all opinions. Survey respondents did identify that 6 Categories of Forces were most important to our community’s health status. When asked to select the Top Three Categories of Forces, votes were cast for Individual Health Status, Economic, Equity and Opportunity, Healthcare System, Social, and Political Force Categories. None of the respondents selected the Force Categories of Environmental, Ethical, Scientific, or Technological in their “top three” categories. (See Table 24.)

Table 24: Rankings of Forces Categories

Forces Category	Count of 1 st Place Rankings	Count of 2 nd Place Rankings	Count of 3 rd Place Rankings
Individual Health Status Forces	2	2	2
Economic Forces	1	3	0
Equity and Opportunity Forces	2	1	1
Healthcare System Forces	1	1	0
Social Forces	1	0	2
Political Forces	0	0	2
Environmental Forces	0	0	0
Ethical Forces	0	0	0
Scientific Forces	0	0	0
Technological Forces	0	0	0

In order to summarize the votes, a point value was assigned to 1st, 2nd, and 3rd place rankings (1st place=3 points, 2nd place=2 points and 3rd place=1 point). A composite score was thus calculated for each Forces Category based on the votes (Figure 30). These composite scores indicate respondents considered the “Individual Health Status” Forces to have the greatest influence on our community’s health. The “Economic” and “Equity and Opportunity” Force categories were tied for next place.

Figure 30: Composite Ranking Scores for Categories of Forces



Survey respondents were also asked to identify their Top 3 Forces in any category. Respondents provided open ended text answers in the survey which were matched to the best fit “Examples of Forces” text from Table 1. Fourteen Forces of Change were thus identified by the respondents in their Top 3 rankings with five forces receiving multiple votes. (See Table 25. Multiple votes are noted in parentheses after the text.)

Table 25: Forces of Change Ranked as a “Top 3” Force

Forces in Top 3 Rankings
Access to healthy foods remains a challenge in food deserts, food insecurity, food rescue system [2]
Continued promotion needed to encourage healthy behaviors such as physical activity, healthy eating, not smoking
Declining reimbursement for key services/new models of financing
Food and health, including access to healthy foods, and link to education: hungry students (1 in 5) have difficulty learning [3]
Illinois and Iowa budgets for healthcare services decrease [2]
Lack of collaboration: increased polarization, civic engagement decreasing
Lack of providers, specialists, nurses
Language barriers/number of languages spoken in community
Mental health services availability, demand for mental health services grows, mental illness
Obesity rates among adults and children (lack of physical activity and general wellness) [3]
Poverty rate increase, living wages [2]
Regional migration, imbalance between local IA and IL populations
Social determinants of health
Trauma: childhood, environmental, domestic violence

Themes

The Forces of Change assessment identified the complexity and interconnectedness of community forces as they influence individual and community health status. There is an overall recognition that in order to improve individual health status, our community must also consider all of the other factors contributing to health. Of note, the community meeting and survey process highlighted the relationship between food access (hunger) and health. In addition, the assessment made obvious that challenges inherent in securing adequate funding for healthcare, education, and social services, as well as the economic circumstances of individuals, have a direct impact on our community's health. There is an on-going opportunity for collaborative and cross-sector work to identify and implement program, policy, systems, and environmental changes that can create a healthier Quad Cities.

Acknowledgements

The Core Group of the 2018 Community Health Assessment acknowledges the leadership and support provided by the following organizations in sharing MAPP resources, lessons learned, templates, and more as this process has been tackled. Your partnership in public health and in this very important effort to assess and strengthen communities is greatly appreciated.

- Linn County Public Health, Cedar Rapids, Iowa
- Johnson County Public Health, Iowa City, Iowa

The team would also like to acknowledge the input of the following community stakeholders who attended the Forces of Change meeting on June 21st. The meeting was facilitated by Hal Wagher and Henry Marquard of Genesis Health System and Nicole Carkner and Rachel Evans of the Quad City Health Initiative.

Table 26: Forces of Change Assessment Participants

Name	Organization
Brooke Barnes	Scott County Health Department
Melvin Grimes	Churches United of the Quad City Area
Janet Hill	Rock Island County Health Department
Jennifer Hirsch	MetroLINK
Daniel Joiner	UnityPoint Health – Trinity
Jerry Lack	Tri-City Building and Construction Trades
Vanessa Lee	Genesis Health System
Natalie Linville-Mass	Media Link, Inc.
Mary Macumber-Schmidt	Family Resources, Inc.
Amy Maxeiner	Black Hawk College
Gena McCullough	Bi-State Regional Commission
Mike Miller	River Bend Foodbank
Mike Oberhaus	Rock Island-Milan School District #41
Tanner Pugh	Genesis Health System
Pam Samuelson	UnityPoint Health – Trinity
Aleeza Singh	The Singh Group – Merrill Lynch
Tiffany Tjepkes	Scott County Health Department
Betsy Vanausdeln	Churches United of the Quad City Area

Exhibits

Exhibit 7: Forces of Change Meeting Agenda



2018 Community Health Assessment

Forces of Change Assessment Meeting

June 21, 2018

7:30 a.m. - 9 a.m.

Genesis Medical Center West Campus – Pavilion 2 - Borromeo Conference Room

1351 West Central Park Ave., Davenport

Agenda

7:30 a.m.-7:40 a.m.	2018 Community Health Assessment Overview
7:40 a.m.-7:45 a.m.	Introductions
7:45 a.m.-7:50 a.m.	Forces of Change Introduction
7:50 a.m.-8:10 a.m.	Forces of Change – Identifying Forces
8:10 a.m.-8:40 a.m.	Forces of Change – Discussing Threats and Opportunities
8:40 a.m.-8:50 a.m.	Forces of Change – Prioritization of Forces
8:50 a.m.-9:00 a.m.	Next Steps



Exhibit 8: Forces of Change Note Sheet

Forces Category	What is occurring or might occur that affects the health of our community or the local public health system?
Economic Forces	
Environmental Forces	
Individual Health Status Forces	
Social Forces	
Community Demographics Forces	
Education Forces	
Healthcare System Forces	
Technological Forces	
Political Forces	
Scientific Forces	
Legal Forces	
Ethical Forces	

Forces of Change - Prioritization

Force Category Ranking

1. Please select the force category you believe to be most important to our community's health.

2. Please select the force category you believe to be the second most important to our community's health.

3. Please select the force category you believe to be the third most important to our community's health.

You'll need to reference the spreadsheet provided by the FOC Facilitators to answer this question. Please refer to the "Examples of Forces" column.

4. Using the excel spreadsheet provided, please list the three issues (from the "Examples of Forces" column) you believe are most important to our community's health.

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

5. Do you have any other comments regarding this ranking?



Appendix B: Muscatine Community Health Assessment

QUALITATIVE ASSESSMENT OF
Community Themes and Strengths Assessment
Local Public Health System Assessment
Forces of Change Assessment

MUSCATINE
COUNTY, IA

Introduction

The 2018 Community Health Assessment was conducted by UnityPoint Health-Trinity Muscatine's hospital and public health department in collaboration with the Quad Cities regional partners: Genesis Health System, UnityPoint Health-Trinity Quad Cities, Community Health Care, Inc., Rock Island County Health Department, Scott County Health Department, and Quad City Health Initiative. Information obtained through these assessments help guide each organization on how to collectively develop health improvement plans that meets the needs of their communities and counties they serve. This was a new collaboration for UnityPoint Health-Trinity Muscatine's hospital and public health department. The process brought guidance from the Quad Cities collaborative partners, a national model on strategic planning for city and county health departments, and the opportunity to work with a reputable consultant who conducted qualitative and quantitative research for all areas involved.

This process was guided by the Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP is a national community strategic planning process model that aims to improve the health of communities by forming partnerships, identifying important issues, and formulating strategies to address these issues.


The first phase of the MAPP process is "Organizing for Success and Partnership Development". This was done by identifying representatives from the regional health care systems and local public health partners from Rock Island, Scott and Muscatine Counties. These partners comprised a Core Team to lead the assessment process. A Core Team of 12 individuals was finalized in the fall of 2017 and met regularly starting in December 2017.

In addition to the Core Team, the Community Effectiveness Committee of Trinity Muscatine's Hospital was selected as the Stakeholder Committee to participate in health needs assessments and drive the health improvement plan. This committee are representatives of the following sectors in the Muscatine County area: industry, small business owners, community not-for-profit, health care providers, pharmacies, optometry, academic institutes, insurance and financial resource groups, human and mental health services, and elected officials.

The second phase was to create a community vision, a process of the MAPP framework. This visioning statement was completed with input from the Stakeholder Committee meeting held in Scott County in May of 2018, with final vetting from the Core Team. The following vision statement for this health assessment embraces the greater region to include the Muscatine County area. The vision for the 2018 community health assessment is: "The Quad Cities region is united as one vibrant, collaborative community with engaged citizens, safe, thriving neighborhoods, and equitable access and opportunities for overall health and social well-being."

"The Quad Cities region is united as one vibrant, collaborative community with engaged citizens, safe, thriving neighborhoods, and equitable access and opportunities for overall health and social well-being."

Phase three of MAPP is conducting four assessments gathering both quantitative and qualitative data to create a comprehensive view of health in our community. The "Community Health Status" assessment was conducted by Professional Research Consultants (PRC) through a telephone



and internet survey of residents from Muscatine County. The Core Team worked extensively with PRC to ensure consistent and appropriate survey questions, with comparative national data, were deployed to best meet the comprehensive health assessments for all counties and communities involved. The other three assessments in Muscatine County were led by the public health department at Trinity Muscatine. These included Community Themes and Strengths, Local Public Health System, and Forces of Change.

The final three phases of MAPP will be implemented following analysis of results from the assessments. These include “Identifying Strategic Issues”, where common themes that need to be addressed will be identified. Phase five is “Formulating Goals and Strategies” where the community will define goals, as well as strategies on how to achieve those goals. Finally, phase six is “Action Cycle” where the community partners will implement these strategies to achieve the defined community vision.

August
2018

Muscatine Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment identifies community thoughts, experiences, opinions, and concerns.

Community Themes and Strengths Assessment

Purpose

UnityPoint Health-Trinity Muscatine and the Local Public Health (LPH) department utilized the Community Themes and Strengths Assessments provided through the MAPP framework as recommended by the collaborative Core Group. Conducting the Community Themes and Strengths Assessments seeks to understand three priorities from populations within the county. The first identifies what is important to the community (concerns and assets). The second assesses how quality of life is perceived in the community. The third assesses what assets does the community have that can be used to improve community health. The Community Themes and Strengths assessments were distributed and completed during the months of April through June of 2018. Utilizing the MAPP framework as a guide, the LPH department distributed the Community Themes and Strengths assessments (Exhibit 1), gathered results and analyzed common themes.

Method

In following the recommendation of the MAPP process, the LPH department distributed the Community Themes and Strengths assessments to sub-populations within the county that represent diverse perspectives, knowing that further qualitative and quantitative data is being gathered by the Professional Research Consultants (PRC). The Community Themes and Strengths assessment was provided to the following sub-population groups within Muscatine County: students enrolled in college, elderly population, people currently homeless, people in transitional housing, people living with substance abuse barriers, individuals with mental health diagnosis, professionals serving persons with disabilities, residents who are immigrants and refugees, adolescents, Blue Zones project steering committee, Muscatine County Board of Health, public health officials, and the stakeholder committee. These sub-populations were asked to complete the assessments in small group settings and individually. They were returned via scanned/email or hard copy to the LPH department.

Results

Results were gathered by the LPH department and analyzed through a prioritizing process that tagged common themes of community concerns and assets. The following results outline the themes across all sub-groups.

Common Assets:

The kind and caring nature of small communities was a universal strength identified throughout the sub-populations. People enjoy the outdoor parks, trails, rivers and riverfront the county provides. There were several community-based resources that were identified as an asset to the overall health and well-being of residents. While many resources were identified the aligned themes included Muscatine Center for Social Action, Robert Young Center, the Muscatine Community Y, ISU Muscatine County Extension, Trinity Muscatine hospital, New Horizons outpatient substance abuse services, and Public Health.

Common Concerns:

Resounding concerns recorded include rising usage of drugs and alcohol and access to addiction treatment (inpatient and outpatient), access to mental health care and treatment, and air quality. Other aligned concerns included rising rates of obesity, the number of people diagnosed with diabetes, and access to affordable housing.

Common Solutions to Concerns

Mutual solutions to air quality improvement included developing a collaborative approach as government entities, local residents, and industry to address the concerns in a unified approach.

A common theme to address drug and alcohol concerns was to increase education and awareness related to prevention strategies to all ages and populations in the county. Another unified recommendation was to provide inpatient treatment as an option within the county.

Suggestions to address affordable housing included providing living wages for jobs throughout the county. Other recommendations related to optimal health outcomes for people living in poverty included free health care clinics and access to low cost medications.

A common solution to address improving obesity and diabetes was to increase education and access to healthy eating and movement at work, in schools, and throughout communities. Another common theme was to improve policies that support these efforts within public and private sectors.

An overall recommendation by a majority of surveyors to address aligned barriers included creating sustainable ways for communities to support the strategic interventions. Suggestions provided included collaborative community approaches, policy development in public and private entities, funding allocations from public and private entities, and fund raising efforts.

Common Barriers to Solutions

The majority of responses identified that a lack of financial resources are a barrier to address the common concerns. Other unified responses included lack of awareness of what the barriers are in communities, community politics, behaviors or usage of drugs/alcohol have become a social norm, and marketing of/access to fast food.

Common Vision in 5-10 Years

The collective vision from these sub-groups included having children, adults, and families living healthier lifestyles with improved health outcomes. Continuing to increase indoor and outdoor facilities that promote physical activity (walking and bike trails, parks, community events, indoor walking areas, etc.) is important to these sub-groups. Another common vision is that our area would have increased mental health and substance abuse treatment facilities (inpatient and outpatient). Finally, an aligned theme identified that as a county we would have more affordable housing, living wages, and healthy food options for people of all incomes.

August
2018

Muscatine Local Public Health System Assessment

The Local Public Health Assessment measures how well the local public health system delivers the 10 Essential Public Health Services.

Local Public Health System Assessment

Purpose

The Local Public Health System Assessment (LPHSA), a component of the 2018 Community Health Assessment collaborative, was completed during the month of July 2018 by the local public health (LPH) department at Trinity Muscatine for the Muscatine County area. The LPHSA is a recommended assessment process from the National Public Health Performance Standards (NPHPS). The purpose of the LPHSA is to measure how well the LPH system delivers the 10 Essential Public Health Services. Within each of the 10 Essential Public Health Services addressed in the survey are model standards. The model standards represent optimal services that a robust local public health system would provide.

The 10 Essential Public Health Services are as follows.

Table 1: Essential Public Health Services

1. Monitor health status to identify and solve community health problems.	6. Enforce laws and regulations that protect health and ensure safety.
2. Diagnose and investigate health problems and health hazards in the community.	7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
3. Inform, educate, and empower people about health issues.	8. Assure competent public and personal healthcare workforce.
4. Mobilize community partnerships and action to identify and solve health problems.	9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
5. Develop policies and plans that support individual and community health efforts.	10. Research for new insights and innovative solutions to health problems.

The LPHSA answers two key questions:

- ▶ **What are the components, activities, competencies, and capacities of our local public health system?**
- ▶ **How are the Essential Services being provided to our community?**

Method

Utilizing the questionnaire on priorities of model standards survey (Exhibit 2) and the basic framework for priority identification (Exhibit 3) provided by the NPHPS, the LPH department of Muscatine County assessed and identified themes of strengths and opportunity for improvements within each of the 10 Essential Public Health Services. Each performance measure was ranked on a scale of 1 to 10 (with 1 being the lowest and 10 being the highest) utilizing the model standard survey. Then each essential service was prioritized from optimal activity, significant, moderate, minimal, to no activity by averaging each essential service ranking. Each standard within the essential services was then prioritized utilizing the framework for priority identification tool.

Results

LPHSA Strengths of Muscatine County

Based upon the assessment of performance according to the 10 Essential Public Health Services, the LPH department for Muscatine County was able to identify themed strengths and needs in our jurisdiction's capacity in order to continue protecting and promoting the public's health.

Our area LPH has optimal activity related to a competent public health and personal healthcare work force that meets the needs of the people, communities, and county they serve (**Essential Service #8**). Their competent workforce excels in linking people to the needed personal health services and assuring the provision of healthcare when otherwise unavailable to individuals (**Essential Service #7**). The LPH is committed to excellence when diagnosing and investigating health problems and health hazards (**Essential Service #2**).

LPH services have a positive and significant impact on identifying social determinants of health that are barriers for populations to achieve optimal health outcomes (**Essential Service #9**). This is done through utilization of the Community Health Assessment and ongoing tracking and monitoring of identified needs within the county (**Essential Service #1**). Comprehensive coordination models of care drive the work and services LPH provides when delivering screenings, education, disease investigations, and more. The LPH collaborates successfully with community partners to meet the identified needs of constituents within the county (**Essential Service #4**). The services LPH provides offer many opportunities for population-based education with a continuous commitment to being responsive to the multitude of health literacy levels of people being served (**Essential Service #3**).

LPHSA Needs of Muscatine County

According to the assessment of the 10 Essential Public Health Services the following were identified as priority areas of improvement opportunities for the Muscatine County's LPH department. The LPH has the opportunity to increase their involvement in the review, evaluation, and involvement to improve local laws and regulations that protect health and ensure safety of the public (**Essential Service #5 & #6**). The LPH has had significant involvement in collaborative approaches with the state. However, the LPH has had moderate involvement in reviewing and collaborating on a local level to impact local change.

The needs assessment specific to population health has historically driven the priorities of the LPH focus in Muscatine County. With a strong focus on serving population health priorities, policy review and development within private and public sectors has been limited in the scope of impact efforts delivered by the LPH department. This is an opportunity for improvement and involvement for the LPH department.

Muscatine Forces of Change Assessment

The Forces of Change Assessment identifies all of the forces and associated opportunities and threats that can affect, either now or in the future, the community and local public health system.

Forces of Change Assessment

Purpose

The Forces of Change Assessment was completed as part of the overall 2018 Community Health Assessment collaborative process. The assessment was completed during the month of July 2018 by the local public health (LPH) department in the Muscatine County area. The purpose of the Forces of Change Assessment was to identify trends, factors, and events that may influence our county's health, and then identify the specific opportunities or challenges associated with each of these forces. These forces may be outside of our control, but have significant impact on our community.

Method

When completing the Forces of Change Assessment the MAPP's Mobilizing and Organizing Partners to Achieve Health Equity supplement tool was utilized. The recommended System Contributions to Assuring Health Equity survey questions (Exhibit 4) assessed the LPH's ability to identify how well they acknowledge and address additional health inequities related to the 10 Essential Public Health Services. The LPH department assessed and identified themes of strengths and opportunity for improvements within each essential public health service area. Each performance measure was ranked and prioritized from optimal activity, significant, moderate, minimal, to no activity.

Results

Forces of Change Strengths

Strengths identified for LPH in Muscatine County related to forces that affect health equity include assuring competent and personal health care workforce. The LPH hires and retains employees that demonstrate a commitment to recognizing, improving, and advocating for health inequities experienced by the people and communities they serve. The workforce are involved in training opportunities that address health equity and are encouraged to identify ways to improve process within the health department that will positively impact constituents in our county. Another strength identified was the LPH's historical commitment to a community collaborative approach that influences a collective impact for health equity.

Forces of Change Needs

When determining what policies, procedures, rules, and/or practices to improve that govern community health efforts, the LPH of Muscatine County is encouraged to gather input from community members, especially from populations who experience health inequity. Also, the LPH can continue to support the identification of public health issues that have a disproportionate impact on historically marginalized communities that are not adequately addressed through existing laws, regulations, and ordinances. It is important that the Muscatine County's LPH department and all community partners continue to seek understanding through the people with lived experiences and include them in root cause analysis and solutions to address health inequities often experienced in their respective communities.

Acknowledgements

The Muscatine County area would like to acknowledge the input of the following community participants who supported the delivery of assessing the county's strengths and areas of improvement opportunities.

- ▶ Adolescent Prevention Programs Coalition
- ▶ Blue Zones Steering Committee
- ▶ Muscatine Center for Social Action
- ▶ Muscatine Community College
- ▶ Muscatine County Board of Health
- ▶ Muscatine County Community Services
- ▶ Muscatine County residents completing phone surveys conducted by PRC
- ▶ Muscatine County residents participating in Focus Group questionnaires
- ▶ Quad Cities Community Health Assessment Collaborative Partners
 - Community Health Care, Inc.
 - Genesis Health System
 - Quad City Health Initiative
 - Rock Island County Health Department
 - Scott County Health Department
 - UnityPoint Health – Trinity Quad Cities
- ▶ Senior Resources, Inc.
- ▶ UnityPoint Health-Trinity Muscatine New Horizons
- ▶ UnityPoint Health-Trinity Muscatine Public Health
- ▶ UnityPoint Health-Trinity Muscatine's Community Effectiveness Committee/Stakeholder Committee

Exhibits

Exhibit 1: CTSA Focus Group Questions

Community Themes and Strengths Assessment

Focus Group Questions

1. What is your favorite aspect about living in our community and county?
2. What do you see is the biggest health concern in our community and/or county, from your perspective?
3. What do you think could address this health concern?
4. What barriers might keep this from happening?
5. What could address those barriers?
6. What are some assets in our community and/or county that support improved health?
7. What would you like to see in our community/county in 5-10 years?
8. Is there anything else you like to say about what could make our community/county healthier?

Exhibit 2: Local Public Health Services Assessment Questionnaire

Essential Service #1—Monitor health status to identify health problems		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P1.1	Population-Based Community Health Assessment (CHA)	Select # 1 to 10
P1.2	Current Technology to Manage and Communicate Population Health Data	Select # 1 to 10
P1.3	Maintaining Population Health Registries	Select # 1 to 10

Essential Service #2—Diagnose and Investigate health problems and health hazards		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P2.1	Identifying and Monitoring Health Threats	Select # 1 to 10
P2.2	Investigating and Responding to Public Health Threats and Emergencies	Select # 1 to 10
P2.3	Laboratory Support for Investigating Health Threats	Select # 1 to 10

Essential Service #3—Inform, educate, and empower people about health issues		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P3.1	Health Education and Promotion	Select # 1 to 10
P3.2	Health Communication	Select # 1 to 10
P3.3	Risk Communication	Select # 1 to 10

Essential Service #4—Mobilize partnerships to identify and solve health problems		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P4.1	Constituency Development	Select # 1 to 10
P4.2	Community Partnerships	Select # 1 to 10

Essential Service #5—Develop policies and plans that support individual and statewide health efforts		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P5.1	Governmental Presence at the Local Level	Select # 1 to 10
P5.2	Public Health Policy Development	Select # 1 to 10
P5.3	Community Health Improvement Process and Strategic Planning	Select # 1 to 10
P5.4	Planning for Public Health Emergencies	Select # 1 to 10

Essential Service #6—Enforce laws and regulations that protect health and ensure safety		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P6.1	Reviewing and Evaluating Laws, Regulations, and Ordinances	Select # 1 to 10
P6.2	Involvement in Improving Laws, Regulations, and Ordinances	Select # 1 to 10
P6.3	Enforcing Laws, Regulations, and Ordinances	Select # 1 to 10

Essential Service #7—Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P7.1	Identifying Personal Health Service Needs of Populations	Select # 1 to 10
P7.2	Ensuring People are Linked to Personal Health Services	Select # 1 to 10

Essential Service #8—Assure a competent public health and personal healthcare workforce		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P8.1	Workforce Assessment, Planning, and Development	Select # 1 to 10
P8.2	Public Health Workforce Standards	Select # 1 to 10
P8.3	Life-Long Learning through Continuing Education, Training, and Mentoring	Select # 1 to 10
P8.4	Public Health Leadership Development	Select # 1 to 10

Essential Service #9—Evaluate effectiveness, accessibility, and quality of personal and population-based health services		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P9.1	Evaluating Population-Based Health Services	Select # 1 to 10
P9.2	Evaluating Personal Health Services	Select # 1 to 10
P9.3	Evaluating the LPHS	Select # 1 to 10

Essential Service #10—Research for new insights and innovative solutions to health problems		Response
On a scale of 1 to 10, what is the priority of each Model Standard to our LPHS?		
P10.1	Fostering Innovation	Select # 1 to 10
P10.2	Linking with Institutions of Higher Learning and/or Research	Select # 1 to 10
P10.3	Capacity to Initiate or Participate in Research	Select # 1 to 10

Exhibit 3: NPHPS Current Level of Performance

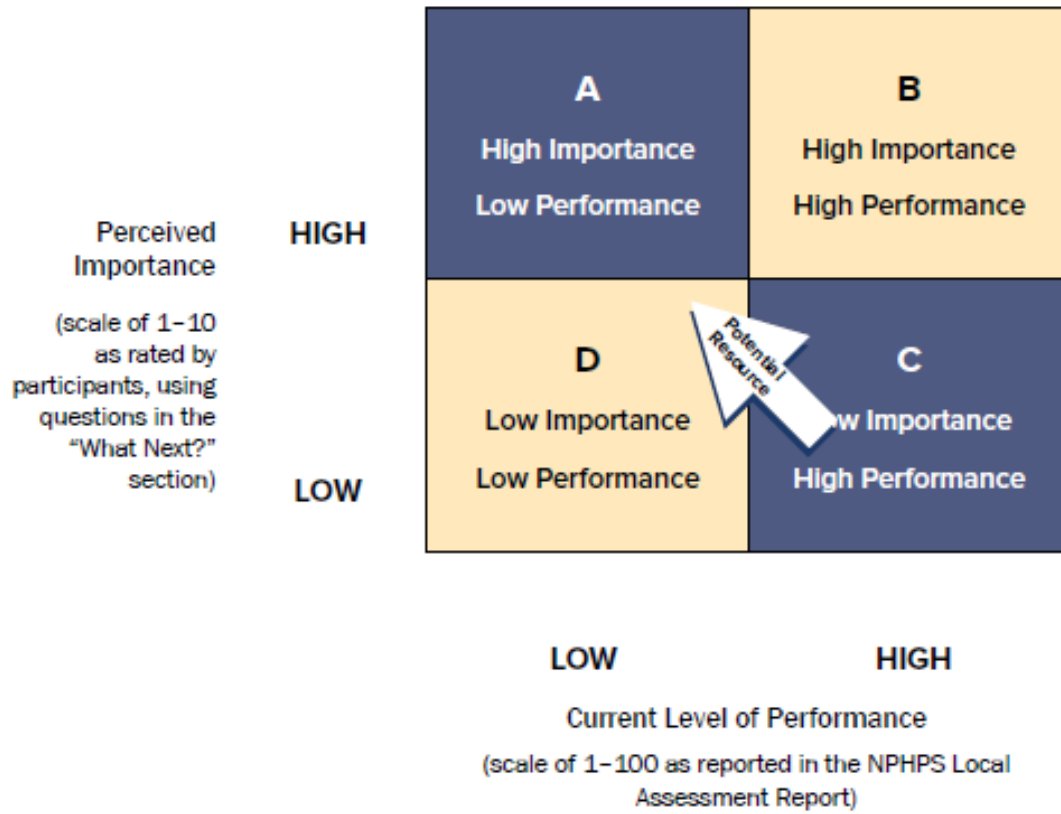


Exhibit 4: Essential Services Questions

Essential Public Health Service 1: Monitoring Health Status

At what level does the LPHS...

- Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identify, education, gender, and neighborhood?
- Monitor social and economic conditions that affect health in the community, as well as institutional practices and policies that generate those conditions?
- Facilitate substantive community participation in the development and implementation of research about the relationships between structural social injustices and health status?

Essential Public Health Service 2: Diagnosing and Investigating Health Problems

At what level does the LPHS...

- Operate or participate in surveillance systems designed to monitor health inequities and identify the social determinants of health inequities specific to the jurisdiction and across several of its communities?
- Collect reportable disease information from community health professionals about health inequities?
- Have the necessary resources to collect information about specific health inequities and investigate the social determinants of health inequities?

Essential Public Health Service 3: Inform, Educate, and Empower People about Health Issues

At what level does the LPHS...

- Provide the general public, policymakers, and public and private stakeholders with information about health inequities and the impact of government and private sector decision-making on historically marginalized communities?
- Provide information about community health status (e.g., heart disease rates, cancer rates, and environmental risks) and community health needs in the context of health equity and social justice?
- Plan and conduct health promotion and education campaigns that are appropriate to culture, age, language, gender, socioeconomic status, race/ethnicity, and sexual orientation?
- Plan campaigns that identify the structural determinants of health inequities and the social determinants of health inequities (rather than focusing solely on individuals' health behaviors and decision-making)?

Essential Public Health Service 4: Mobilizing Community Partnerships to Identify and Solve Health Problems

At what level does the LPHS...

- Have a process for identifying and engaging key constituents and participants that recognizes and supports differences among groups?
- Provide institutional means for community-based organizations and individual community members to participate fully in decision-making?
- Provide community members with access to community health data?

Essential Public Health Service 5: Developing Policies and Plans that Support Individual Community Health Efforts

At what level does the LPHS...

- Ensure that community-based organizations and individual community members have a substantive role in deciding what policies, procedures, rules, and practices govern community health efforts?

Essential Public Health Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

At what level does the LPHS...

- Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances)?

Essential Public Health Service 7: Link People to Needed Personal Health Services

At what level does the LPHS...

- Identify any populations that may experience barriers to personal health services based on factors such as on age, education level, income, language barriers, race or ethnicity, disability, mental illness, access to insurance, sexual orientation and gender identity, and additional identities outlined in Model Standard 7.1?
- Identify the means through which historical social injustices specific to the jurisdiction (e.g., the inequitable distribution health services and transportation resources) may influence access to personal health services?
- Work to influence laws, policies, and practices that maintain inequitable distributions of resources that may influence access to personal health services?

Essential Public Health Service 8: Assure a Competent and Personal Health Care Workforce

At what level does the LPHS...

- Conduct assessments related to developing staff capacity and improving organizational functioning to support health equity initiatives
- Identify staff perspectives on the facilitators and barriers to addressing health equity initiatives?

- Include staff members that are often excluded from planning and organizational decision-making processes in workforce assessments?
- Recruit and train staff members from multidisciplinary backgrounds that are committed to achieving health equity?
- Recruit and train staff members that reflect the communities they serve?

Essential Public Health Service 9: Evaluate the Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

At what level does the LPHS...

- Identify community organizations or entities that contribute to the delivery of the Essential Public Health Services to historically marginalized communities?
- Monitor the delivery of the Essential Public Health Services to ensure that they are equitably distributed?

Essential Public Health Service 10: Research for New Insights and Innovative Solutions to Health Problems

At what level does the LPHS...

- Encourage staff, research organizations, and community members to explore the root causes of health inequity, including solutions based on research identifying the health impact of structural racism, gender and class inequity, social exclusion, and power differentials?
- Share information and strategize with other organizations invested in eliminating health inequity?
- Use Health Equity Impact Assessments to analyze the potential impact of local policies, practices, and policy changes on historically marginalized communities?
- Facilitate substantive community participation in the development and implementation of research about the relationships between structural social injustices and health status?

**Appendix C:
Community
Resource List**

Local Resources

Title	Author (Organization)	Study Sponsor	Date of Publication	Link
FY 17 AOK Community Assessment	AOK (All Our Kids) Network		Oct 2017	aoknetworks.org/illinois/wp-content/uploads/2018/06/Local-Problem-Framework_RI-County.pdf
Comprehensive Economic Development Strategy	Bi-State Regional Commission	Bi-State Regional Commission	April 2017	bistateonline.org/index.php/2013-05-03-14-11-33/ceds-comprehensive-economic-development-strategy
Quad Cities Metro LRTP (Long Range Transportation Plan)	Bi-State Regional Commission	Bi-State Regional Commission	March 2016	bistateonline.org/transportation/quad-cities-metro-planning/2012-11-13-20-19-45/quad-cities-metro-lrtp-long-range-transportation-plan
Housing Market Demand Study for Muscatine, Iowa	City of Muscatine		September 2016	muscatineiowa.gov/DocumentCenter/View/15278/Muscatine-Housing-Demand-Study-High-Res
Muscatine Laborshed Analysis 2016	City of Muscatine	City of Muscatine; Clinton, Muscatine, and Scott Community Colleges; Alliant Energy	2016	iowaworkforcedevelopment.gov/sites/search.iowaworkforcedevelopment.gov/files/documents/muscatine_execsummary2016_0.pdf
Early Childhood Muscatine County – Community Plan Update	Early Childhood Iowa Muscatine County	Early Childhood Iowa Muscatine County Board of Directors	July 2018	ecimc.org/communityplan
Quad Cities Area Behavioral Health and IDD Project	MTM Services, LLC	United Way of the Quad Cities Area, Genesis Health System, UnityPoint Health-Trinity, and Hubbell Waterman Foundation	April 2017	unitedwayqc.org/sites/unitedwayqc.org/files/Mental-Health-Assessment-Report.pdf
Q2030 Big Table Report	Q2030	Q2030	July 2018	q2030.org/quad-cities-big-table-results/
Q2030 Reports	Q2030			q2030.org/documents/
Maternal Health Needs Assessment	Scott County Health Department	Scott County Health Department	November 2017	scottcountyiowa.com/sites/default/files/attachments/pages/Scott_County_Maternal_Health_Needs_Assessment_FFY2017.pdf
Scott County Health Department Health Equity Assessment	Scott County Health Department	Scott County Health Department	January 2018	scottcountyiowa.com/sites/default/files/attachments/pages/2018%20Health%20Equity%20Assessment%20Report.pdf
2016 West Liberty Community Survey: Summary Report	The University of Iowa– College of Public Health		2016	public-health.uiowa.edu/wp-content/uploads/2018/06/WL-Summary-Report.pdf

Other Resources

Title	Author (Organization)	Study Sponsor	Date of Publication	Link
2017 Kids Count Data Book	Annie E. Casey Foundation		2017	aecf.org/m/resourcedoc/aecf-2017kidscountdatabook.pdf
2017 Health of the Force	Army Public Health Center		Apr-18	phc.amedd.army.mil/topics/campaigns/hof/Pages/default.aspx
2017 Health of the ARNG Force	Army Public Health Center		Apr-18	phc.amedd.army.mil/Periodical%20Library/2017HealthoftheARNGForceweb.pdf
Youth Risk Behavior Surveillance System	Centers for Disease Control and Prevention		Jun-18	cdc.gov/healthyyouth/data/yrbs/index.htm
Illinois Youth Survey Report	CPRD, Institute of Government and Public Affairs, University of Illinois	Illinois Department of Human Services	2015	iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/state-reports/2014/2014_IYS_State_Report_Exec_Summary_FINALJuly2015.pdf
				iys.cprd.illinois.edu/results/state
Food Insecurity in the United States	Feeding America			map.feedingamerica.org/
Iowa Youth Survey Trend Report	Iowa Consortium for Substance Abuse Research and Evaluation	Iowa Department of Public Health and Iowa Department of Human Rights	2015	iowayouthsurvey.iowa.gov/images/trend_reports/IYS_State_Trend_Report_2014.pdf
				iowayouthsurvey.iowa.gov/trend_reports/index.html
The Opioid Crisis in Illinois	Illinois Department of Human Services		2017	dhs.state.il.us/OneNetLibrary/27896/documents/OpioidCrisisInIllinois_051617.pdf
Illinois Lead Program 2016 Annual Surveillance Report	State of Illinois Department of Public Health		Oct-17	dph.illinois.gov/sites/default/files/publications/lead-surveillance-report-2016.pdf
Scorecard on State Health System Performance - Illinois 2018	The Commonwealth Fund			commonwealthfund.org/interactives/2018/may/state-scorecard/state/illinois/
				commonwealthfund.org/interactives/2018/may/state-scorecard/files/Illinois.pdf
Scorecard on State Health System Performance - Iowa 2018	The Commonwealth Fund			commonwealthfund.org/interactives/2018/may/state-scorecard/state/iowa/
				commonwealthfund.org/interactives/2018/may/state-scorecard/files/iowa.pdf

Monitoring the Future: National Survey Results on Drug Use	The University of Michigan Institute for Social Research	National Institute on Drug Abuse	Jan-18	monitoringthefuture.org//pubs/monographs/mtf-overview2017.pdf
American Community Survey	United States Census Bureau			census.gov/programs-surveys/acs/data.html
ALICE Project - Iowa	United Way of Northern New Jersey		2018	unitedwayalice.org/iowa
Neighborhood Atlas	University of Wisconsin School of Medicine and Public Health		2017	neighborhoodatlas.medicine.wisc.edu/
County Health Rankings	University of Wisconsin Population Health Institute	Robert Wood Johnson Foundation		countyhealthrankings.org/

This Resource List was compiled by the Community Health Assessment Steering Committee to assist readers in search of more information on selected health topics. It represents only a starting point for additional data.