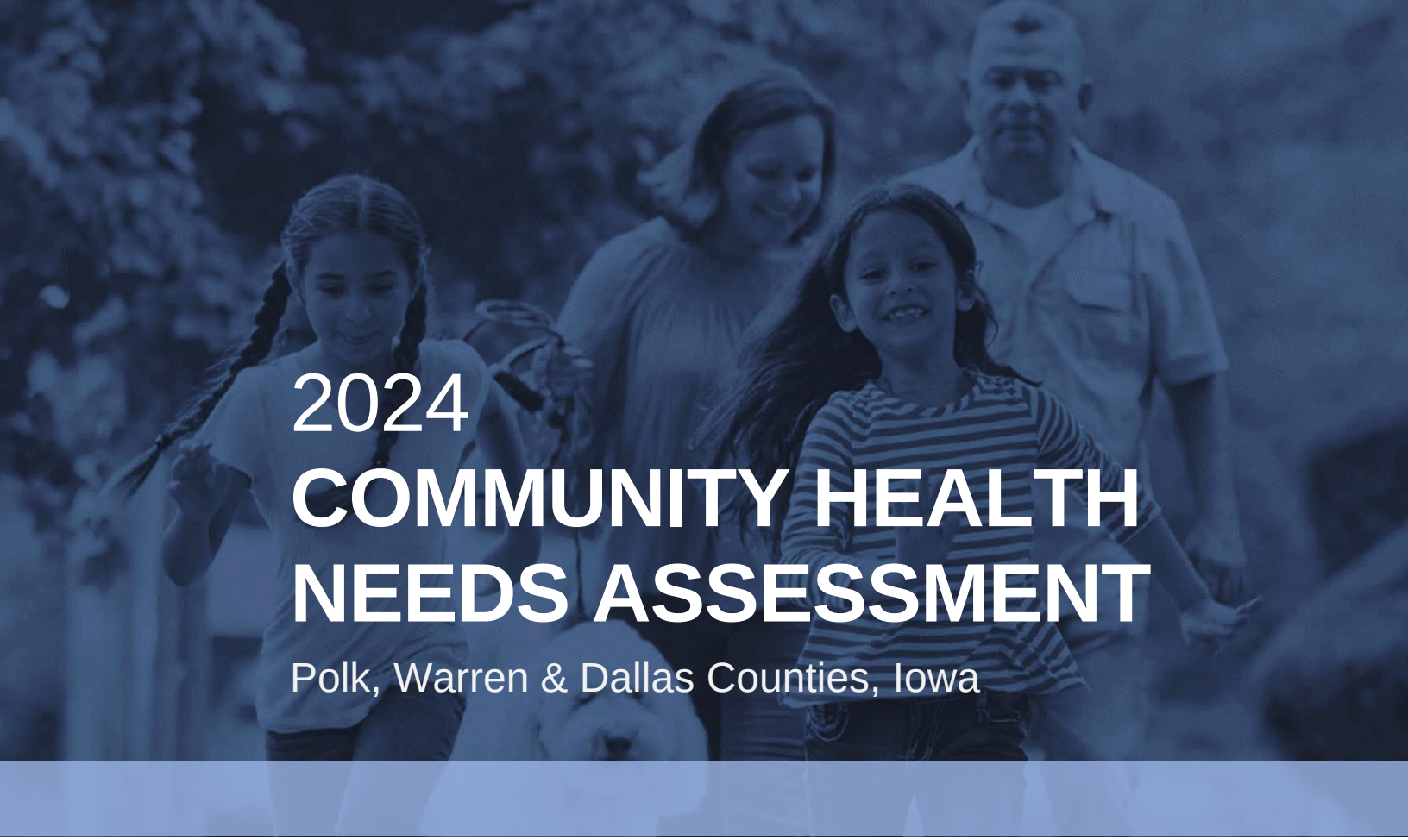


2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Polk, Warren & Dallas Counties, Iowa

Sponsored by

MercyOne Des Moines Medical Center
MercyOne Clive Rehabilitation Hospital
Clive Behavioral Health

In collaboration with:

UnityPoint Health – Des Moines
Broadlawns Medical Center
Dallas County Hospital
Polk County Health Department
Dallas County Health Department
EveryStep
Greater Des Moines Partnership
Mid Iowa Health Foundation
Primary Health Care, Inc.
United Way of Central Iowa
Warren County Health Services

Adopted by MercyOne Des Moines Medical Center Hospital Board — October 2024 for FY2025-FY2027
Adopted by MercyOne Clive Rehabilitation Hospital Board — August 2024 for FY2025-FY2027
Adopted by Clive Behavioral Health Board — September 2024 for FY2025-FY2027

2023-0432-02

Prepared by
www.PRCExcellence.com

TABLE OF CONTENTS

INTRODUCTION 6

ABOUT US 7

Our Mission 7
Our Vision 7
Our Core Values 7
MercyOne Des Moines Medical Center 7
MercyOne Clive Rehabilitation Hospital 8
Clive Behavioral Health 8
Summary of Previous Needs Assessment 8

PROJECT OVERVIEW 11

Project Goals 11
Methodology 11

IRS FORM 990, SCHEDULE H COMPLIANCE 19

SUMMARY OF FINDINGS 20

Significant Health Needs of the Community 20
Summary Tables: Comparisons With Benchmark Data 22

COMMUNITY DESCRIPTION 38

POPULATION CHARACTERISTICS 39

Total Population 39
Urban/Rural Population 41
Age 41
Race & Ethnicity 43
Linguistic Isolation 45

SOCIAL DETERMINANTS OF HEALTH 46

Poverty 46
Education 48
Employment 49
Financial Resilience 51
Housing 52
Food Access 54
Health Literacy 56
Social Isolation 57
Diversity & Inclusion 58
Key Informant Input: Social Determinants of Health 61

HEALTH STATUS 66

OVERALL HEALTH STATUS 67

MENTAL HEALTH 69

Mental Health Status 69
Depression 70
Stress 72
Suicide 73
Mental Health Treatment 74
Key Informant Input: Mental Health 77

DEATH, DISEASE & CHRONIC CONDITIONS 81
LEADING CAUSES OF DEATH 82
Distribution of Deaths by Cause 82
Age-Adjusted Death Rates for Selected Causes 82
CARDIOVASCULAR DISEASE 84
Age-Adjusted Heart Disease & Stroke Deaths 84
Prevalence of Heart Disease & Stroke 86
Cardiovascular Risk Factors 87
Key Informant Input: Heart Disease & Stroke 89
CANCER 91
Age-Adjusted Cancer Deaths 91
Cancer Incidence 93
Prevalence of Cancer 94
Cancer Screenings 95
Key Informant Input: Cancer 97
RESPIRATORY DISEASE 99
Age-Adjusted Respiratory Disease Deaths 99
Prevalence of Respiratory Disease 102
Key Informant Input: Respiratory Disease 104
INJURY & VIOLENCE 106
Unintentional Injury 106
Intentional Injury (Violence) 108
Key Informant Input: Injury & Violence 111
DIABETES 113
Age-Adjusted Diabetes Deaths 113
Prevalence of Diabetes 114
Age-Adjusted Kidney Disease Deaths 115
Key Informant Input: Diabetes 116
DISABLING CONDITIONS 119
Multiple Chronic Conditions 119
Activity Limitations 120
Chronic Pain 122
Alzheimer's Disease 123
Caregiving 124
Key Informant Input: Disabling Conditions 125
BIRTHS 127
PRENATAL CARE 128
BIRTH OUTCOMES & RISKS 130
Low-Weight Births 130
Infant Mortality 130
FAMILY PLANNING 132
Births to Adolescent Mothers 132
Key Informant Input: Infant Health & Family Planning 133
MODIFIABLE HEALTH RISKS 136
NUTRITION 137
Difficulty Accessing Fresh Produce 137
Daily Recommendation of Fruits/Vegetables 139

PHYSICAL ACTIVITY 140
Activity Levels 140
Screen Time 142
Access to Physical Activity Facilities 142
WEIGHT STATUS 144
Adult Weight Status 144
Children's Weight Status 147
Key Informant Input: Nutrition, Physical Activity & Weight 149
SUBSTANCE USE 152
Alcohol Use 152
Drug Use 155
Alcohol & Drug Treatment 158
Personal Impact From Substance Use 158
Key Informant Input: Substance Use 160
TOBACCO USE 163
Cigarette Smoking 163
Use of Vaping Products 165
Key Informant Input: Tobacco Use 166
SEXUAL HEALTH 168
HIV 168
Sexually Transmitted Infections (STIs) 169
Key Informant Input: Sexual Health 170
ACCESS TO HEALTH CARE 171
HEALTH INSURANCE COVERAGE 172
Type of Health Care Coverage 172
Lack of Health Insurance Coverage 173
DIFFICULTIES ACCESSING HEALTH CARE 174
Difficulties Accessing Services 174
Barriers to Health Care Access 175
Accessing Health Care for Children 176
Bias in Receiving Care 176
Key Informant Input: Access to Health Care Services 178
PRIMARY CARE SERVICES 181
Access to Primary Care 181
Specific Source of Ongoing Care 182
Utilization of Primary Care Services 183
EMERGENCY ROOM UTILIZATION 185
ORAL HEALTH 186
Dental Insurance 186
Dental Care 187
Key Informant Input: Oral Health 188
LOCAL RESOURCES 190
PERCEPTIONS OF LOCAL HEALTH CARE SERVICES 191
HEALTH CARE RESOURCES & FACILITIES 193
Federally Qualified Health Centers (FQHCs) 193
Awareness of Local Resources 194
Resources Available to Address Significant Health Needs 195

APPENDICES 201
COUNTY HEALTH RANKINGS 202
COMMUNITY CONVERSATIONS 203
EVALUATION OF PAST ACTIVITIES: MERCYONE 234
NEXT STEPS 243

INTRODUCTION

ABOUT US

Our Mission

We, MercyOne, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be your most trusted health partner for life.

Our Core Values

- **Reverence:** We honor the sacredness and dignity of every person.
- **Commitment to Those Experiencing Poverty:** We stand with and serve those who are experiencing poverty, especially those most vulnerable.
- **Safety**: We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- **Justice:** We foster right relationships to promote the common good, including sustainability of Earth.
- **Stewardship:** We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- **Integrity:** We are faithful to who we say we are.

MercyOne Des Moines Medical Center

MercyOne is a connected system of health care facilities and services dedicated to helping people and communities live their best lives. The system's more than 220 clinics, medical centers, hospitals and care locations are located throughout the state of Iowa and beyond. MercyOne employs more than 22,000 colleagues. MercyOne is a member of Trinity Health based in Livonia, Michigan.

MercyOne Des Moines Medical Center, founded by the Sisters of Mercy in 1893, is the longest continually operating hospital in Des Moines and Iowa's largest medical center, with 802 beds available. The hospital is one of the Midwest's largest referral centers.

With more than 7,000 colleagues and a medical staff of almost 1,500 physicians and allied health professionals, MercyOne Central Iowa is one of Iowa's largest employers. MercyOne Des Moines Medical Center hosts several ACGME-accredited residency and fellowship programs.

MercyOne Medical Group is one of Iowa's largest multispecialty clinic systems, made up of more than 50 primary care, pediatric, internal medicine and specialty clinics located throughout Dallas, Jasper, Polk, Wapello, Warren and Webster counties.

MercyOne has several additional ministries including Mercy College of Health Sciences, MercyOne Des Moines Foundation, MercyOne Population Health Service Organization, and MercyOne House of Mercy.

MercyOne Des Moines Medical Center participates in a clinically integrated network (CIN) where providers work together to improve health, increase patient satisfaction, and lower healthcare costs for members and the communities served.

In addition, 12 of Iowa's community hospitals have chosen to affiliate with MercyOne Central Iowa. Affiliate hospitals include: Monroe County Hospital, Davis County Hospital, Adair County Memorial Hospital, Van Buren County Hospital, Knoxville Hospital and Clinics, Decatur County Hospital, Manning Regional Healthcare Center, Ringgold County Hospital, Dallas County Hospital, Van Diest Medical Center, and Madison County Healthcare System.

Through contracted relationships, MercyOne provides management and support services to these community hospitals, who work together to share best practices and process improvements, improve quality and service, and lower the cost of care.

MercyOne Clive Rehabilitation Hospital

MercyOne Clive Rehabilitation Hospital is a state-of-the-art, 50-bed inpatient acute rehabilitation hospital dedicated to the treatment and recovery of individuals who have experienced a loss of function due to an injury or illness. MercyOne Clive Rehabilitation Hospital offers intensive, patient-focused, specialized rehabilitation services.

The rehabilitation programs provide ongoing care to patients in their recovery journey. We offer customized, intensive rehabilitation tailored to the individual needs of those recovering from stroke, brain injury, neurological conditions, trauma, spinal cord injury, amputation, and orthopedic injury.

Clive Behavioral Health

Clive Behavioral Health offers a broad range of treatment for individuals who struggle with a behavioral health disorder or co-occurring disorders. Our vision is to provide family-centered care that helps patients achieve a brighter future.

The 100-bed facility spans more than 83,000 square-feet, with a one-story area for clinical and support services and a three-story unit for inpatient and outpatient services.

Summary of Previous Needs Assessment

The MercyOne Des Moines Medical Center Board, MercyOne Clive Rehabilitation Hospital Board, and Clive Behavioral Health Board approved the previous Community Health Needs Assessment (CHNA) in June 2022. The significant health needs identified in the FY22 CHNA, in order of priority, include:

1. Mental health
2. Respiratory disease (COVID-19)
3. Nutrition, physical activity, and weight
4. Substance abuse
5. Heart disease and stroke
6. Access to health care services
7. Infant health and family planning
8. Injury and violence
9. Disability and chronic pain

10. Sexual health
11. Cancer

A wide range of priority health and social issues emerged from the CHNA process. MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital, and Clive Behavioral Health determined that it could effectively focus on only those needs which were most pressing, under- addressed and within its ability to influence. MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital, and Clive Behavioral Health, in collaboration with community partners, chose to focus on initiatives addressing the following needs:

1. Mental health
2. Access to health care services
3. Substance abuse
4. Infant health and family planning
5. Heart disease and stroke

The below section highlights actions taken over the succeeding three years to address selected needs as well as the impact of those actions:

Mental Health

Clive Behavioral Health continued to increase capacity for their inpatient and outpatient programs. Clive Behavioral Health launched an adult partial hospitalization program and added a second counselor to the adolescent intensive outpatient program, increasing capacity. Clive Behavioral Health converted their adolescent intensive outpatient program to a partial hospitalization program in fall 2023.

Clive Behavioral Health and MercyOne Clive Rehabilitation Hospital partnered to triage rehab patients with behavioral health concerns to the appropriate level of care. Clive Behavioral Health provided education to Clive Rehabilitation Hospital staff on available behavioral health services.

Access to Health Care Services

MercyOne Des Moines Medical Center has a community health worker embedded in the Emergency Department and expanded the program to the West Lakes campus to assist patients in navigating community resources and public assistance programs.

MercyOne provided enrollment assistance in governmental insurance plans and the hospital's financial assistance program allowing for free or discounted care. The hospital provided cab vouchers to patients who could not afford transportation at discharge, as well as prescription assistance to patients unable to pay for needed medication at discharge.

MercyOne piloted remote patient monitoring for patients with diabetes, hypertension, CKD, and COPD in FY23. In early FY25, MercyOne will be launching a proof-of-concept of remote patient monitoring services for patients discharging from MercyOne Des Moines Medical Center to Home Care after being diagnosed with Sepsis.

Substance Abuse

Clive Behavioral Health opened the First Step Recovery Center, which provides treatment for adults with chemical dependency and emotional issues or recurring disorders.

MercyOne Des Moines Medical Center collaborated with MercyOne House of Mercy to expand substance use disorder treatment services and train additional staff in evidence-based counseling and therapeutic techniques. Two MercyOne House of Mercy counselors were dedicated to providing Screening Brief Intervention and Referral to Treatment at MercyOne Des Moines working directly with

nurses, doctors, and social workers. This connection increased collaboration with MercyOne House of Mercy's substance use disorder services and allowed for a more seamless approach for individuals to enter treatment.

Infant Health & Family Planning

MercyOne Des Moines Medical Center expanded Community Health Worker coverage to the obstetric emergency department in FY23 to assist patients in navigating community resources, applying for public assistance programs, and identifying a medical home that meets their pre-natal care needs and preferences.

In FY24, MercyOne was the first in the nation to receive Respectful Maternity Care training from AWHONN. The training provides evidence-based approaches that help reduce disparities in maternal morbidity and mortality outcomes and support birthing women and their families as they safely prepare for birth, postpartum recovery, and begin breastfeeding and parenting.

MercyOne contributed to and partnered with Healthy Birth Day, whose mission is to improve birth outcomes through programming, advocacy, and support. MercyOne and Healthy Birth Day collaborated together at several community events to educate the community and provide resources.

MercyOne served on United Way's Early Childhood Success Cabinet, which is focused on investing funds toward strategies to address infant mortality, developmental screenings, quality childcare, and kindergarten readiness.

Heart Disease & Stroke

MercyOne Clive Rehabilitation Hospital completed a gap analysis in FY23 to identify populations who may benefit from physical medicine and rehabilitation programs but are not currently able to be cared for at the hospital. From this analysis, the hospital focused on visually impaired patients in FY24. Work included partnering with the Iowa Department of the Blind and On With Life to better understand the available services and gain strategies for working with this population. The hospital also now has the ability to label equipment for visually impaired patients.

MercyOne Clive Rehabilitation Hospital achieved 3-year accreditation for stroke and general rehabilitation from CARF survey in FY24.

MercyOne Des Moines Medical Center contributed to the American Heart Association to further research and community outreach and education on heart disease and stroke.

MercyOne, in partnership with the MercyOne Iowa Heart Center, continued to treat a variety of cardiac and related conditions using the latest medical treatments and procedures, as well as educate people about cardiovascular health and preventive medicine.

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2021, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Central Iowa. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors 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 on behalf of MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital, and Clive Behavioral Health, in collaboration with UnityPoint Health–Des Moines, Broadlawns Medical Center, Dallas County Hospital, Polk County Health Department, Dallas County Health Department, Warren County Health Services, EveryStep, Greater Des Moines Partnership, Mid Iowa Health Foundation, Primary Health Care, Inc., and United Way of Central Iowa. The assessment was conducted by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Survey Instrument

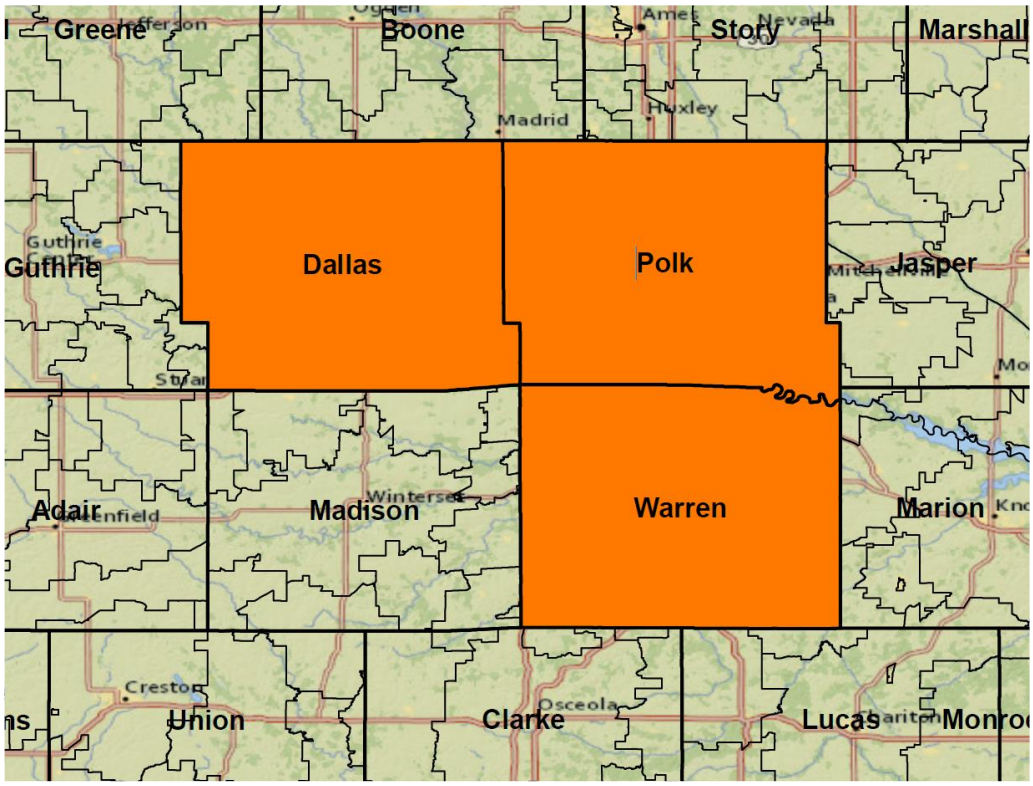
The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion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

developed by the study sponsors and PRC and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as “Total Service Area” or “TSA” in this report) includes Polk, Warren, and Dallas counties in Iowa. This community definition, determined based on the ZIP Codes of residence of recent patients of the partnering hospitals and the service area of other partnering organizations, is illustrated in the following map.

80% of the patients at MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital, and Clive Behavioral Health reside within Polk, Dallas, and Warren counties in Iowa. This service area does not exclude low-income or underserved populations.



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 targeted surveys conducted by PRC via telephone (landline and cell phone) or through online questionnaires, as well as a community outreach component promoted by the study sponsors through social media posting and other communications.

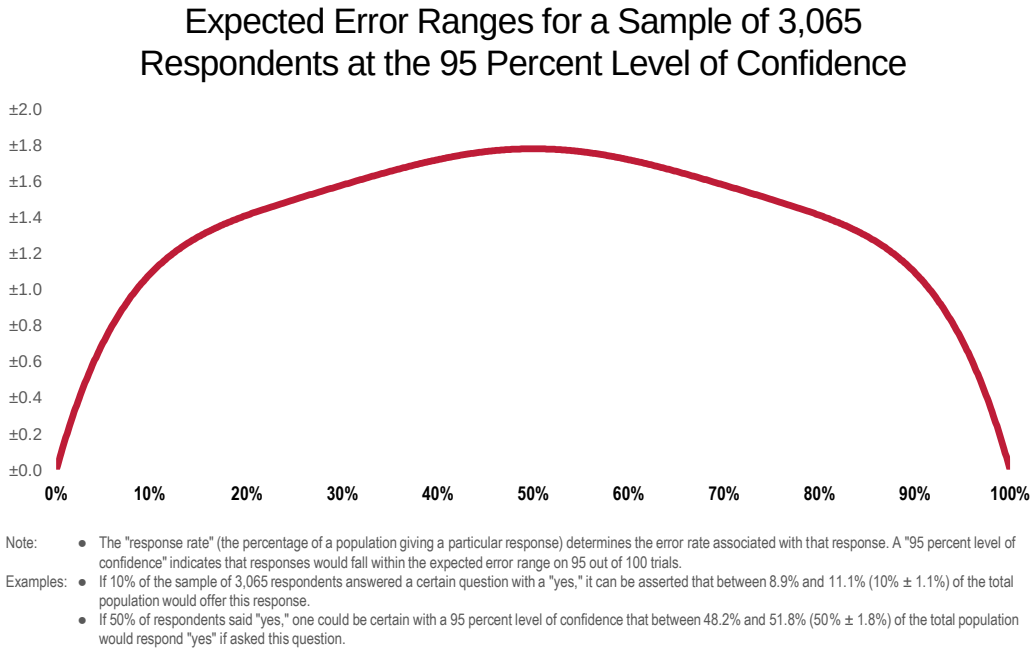
RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 401 surveys throughout the service area.

COMMUNITY OUTREACH SURVEYS (Sponsors) ► PRC also created a link to an online version of the survey, and the study sponsors promoted this link locally in order to drive additional participation and bolster overall samples. This yielded an additional 2,664 surveys to the overall sample.

In all, 3,065 surveys were completed through these mechanisms, including 2,447 in Polk County, 281 in Warren County, and 337 in Dallas County. Data collection took place March-May 2024. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to

appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, for questions asked of all respondents, the maximum rate of error associated with a sample size of 3,065 respondents is ±1.8% at the 95 percent confidence level.



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.

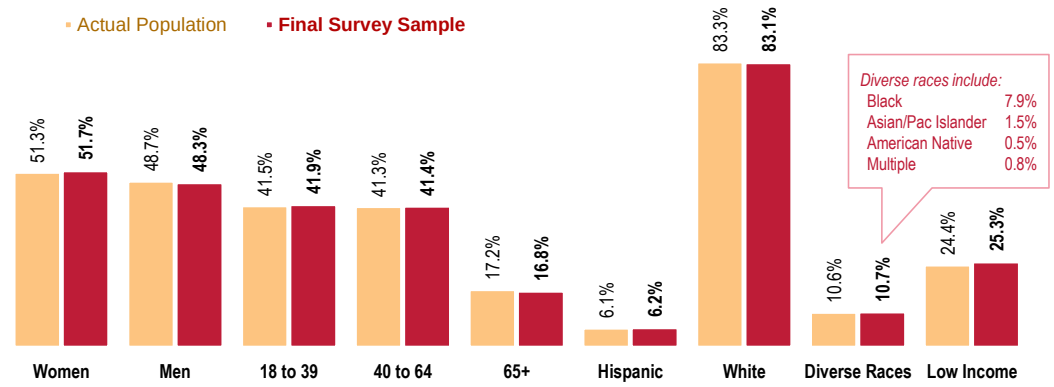
Examples:
- If 10% of the sample of 3,065 respondents answered a certain question with a "yes," it can be asserted that between 8.9% and 11.1% (10% ± 1.1%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.2% and 51.8% (50% ± 1.8%) 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 might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might contribute the same weight as 0.9 respondents.

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

Population & Survey Sample Characteristics
(Total Service Area, 2024)



Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2024 PRC Community Health Survey, PRC, Inc.

Notes:
- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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.

Acknowledgments

The Planning Committee for the 2024 Regional Community Health Needs Assessment (CHNA) identified these organizations as key community partners to assist in outreach and engagement efforts regarding the CHNA survey. We are grateful for their support to increase community engagement in the Community Health Needs Assessment process for greater understanding of our community health needs!

- Black Women 4 Healthy Living
- Catholic Charities
- Corinthian Baptist Church
- Dallas County Health Dept
- Des Moines Area Religious Council
- Evelyn K. Davis Center
- Grace Fitness
- IMPACT Community Action Partnership
- Iowa Congolese Organization and Center for Healing (ICOACH)
- Knock and Drop Iowa
- Link Associates
- NISAA African Family Services
- Oakridge Neighborhood
- One Iowa
- Our Lady of the Americas
- Planned Parenthood
- Primary Health Care, Inc.
- Urban Dreams
- Waukee Christian Services
- Warren County Health Dept
- WeLift in Warren County

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 111 community representatives took part in the Online Key Informant Survey during April and May of 2024, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	4
Public Health Representatives	4
Other Health Providers	25
Social Services Providers	16
Other Community Leaders	62

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Adel Partners Chamber of Commerce
- ADM Adel Elementary
- Aging Resources
- American Lung Association
- Amerigroup
- Arbor Springs of West Des Moines
- Black Women 4 Healthy Living
- Blank Children's Hospital
- Blank Children's Pediatrics
- Broadlawns Medical Center
- Catholic Charities
- Children and Families of Iowa
- Chrysalis Foundation
- City of Adel
- Clive Chamber of Commerce
- Community Youth Concepts
- Continuum of Care
- Corinthian Baptist Church
- Dallas County Board of Health
- Dallas County Board of Supervisors
- Dallas County Emergency Management
- Dallas County EMS
- Dallas County Health Department
- Dallas County Hospital
- Dallas County Sheriff
- Dallas County Veterans Affairs
- DCAT & Community Partnerships for Protecting Children
- DCG Dallas Center Elementary
- Des Moines Area Regional Transit Authority
- Des Moines Chapter of the Links
- Des Moines President Des Moines NAACP
- Des Moines Public Schools
- DMARC Food Pantries
- Drake University College of Pharmacy and Health Sciences
- Evelyn K Davis Center for Working Families
- EveryStep
- Food Bank of Iowa
- Good Samaritan Perry Food Pantry
- Grace Estates
- Greater DSM Community Foundation
- Grubb YMCA
- Healthy Birthday

- Heart of Iowa Community Services
- Help Des Moines
- Impact
- International Rescue Committee
- Iowa & Minnesota Campus Compact
- Iowa Department of Public Health
- Iowa Healthiest State Initiative
- Iowa Legal Aid
- Iowa Migrant Movement for Justice
- Iowa Total Care
- Iowa State University Extension and Outreach in Dallas County
- Iowa State University Extension and Outreach in Polk County
- Iowa State University Promise
- Jai Olive Wellness
- Karen Association of Iowa
- Knock & Drop Iowa
- Lutheran Services of Iowa
- MercyOne Clive Rehabilitation Hospital
- Mid-Iowa Health Foundation
- Move Forward Consulting
- Neighborhood Good Park
- Neighborhood River Bend
- New Opportunities
- Oasis Health
- Office of Latino Affairs
- One Iowa
- Orchard Place
- Polk County Behavioral Health and Disability Services
- Polk County Board of Supervisor
- Polk County Health Department
- Polk County: Global Neighbors
- Powerback Rehab
- Prevent Child Abuse Iowa
- Primary Health Care, Inc.
- Proteus
- Raccoon Valley Trail Association
- SafeNet Rx
- Self Sufficiency Advocates for Individual Life Skills–DC
- SEW School District/Lacona EMS
- Simpson College
- Southeast Polk
- State of Iowa Commissions on the Status of African Americans, Latinos, Persons with Disabilities, and Asian and Pacific Islanders
- State Senate
- Tyson Inc.
- US Committee for Refugees and Immigrants
- UnityPoint Clinics
- UnityPoint Health Des Moines
- University of Northern Iowa
- Urban Dreams
- Van Meter Community School
- Warren County Cares Coalition
- Warren County Public Health
- Waukee Community School District
- West Central Valley Dexter Elementary

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

Public Health, Vital Statistics & Other Data

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

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

Benchmark Comparisons

Trending

A similar survey was administered in the Total Service Area in 2021 by PRC. Trending data, 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 Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

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

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

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, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample 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.

Written Comments

MercyOne Des Moines Medical Center did not receive any written comments regarding the FY22 Community Health Needs Assessment or Implementation Strategy. The documents continue to be available on the MercyOne website at https://www.mercyone.org/about-us/community-health-and-well-being/ and printed copies are available upon request at MercyOne Des Moines Medical Center.

MercyOne Clive Rehabilitation Hospital did not receive any written comments regarding the FY22 Community Health Needs Assessment or Implementation Strategy. The documents continue to be available on the MercyOne Clive Rehabilitation Hospital website at https://www.mercyrehabdesmoines.com/patient-experience/community-health-needs-assessment and printed copies are available upon request at MercyOne Clive Rehabilitation Hospital.

Clive Behavioral Health did not receive any written comments regarding the FY22 Community Health Needs Assessment or Implementation Strategy. The documents continue to be available on the Clive Behavioral Health website at https://clivebehavioral.com/about-us/ and printed copies are available upon request at Clive Behavioral Health.

IRS FORM 990, SCHEDULE H COMPLIANCE

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

IRS FORM 990, SCHEDULE H (2022)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	12
Part V Section B Line 3b Demographics of the community	39
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	194
Part V Section B Line 3d How data was obtained	11
Part V Section B Line 3e The significant health needs of the community	20
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	21
Part V Section B Line 3h The process for consulting with persons representing the community's interests	14
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	234

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the 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 also take into account those issues of greatest concern to the key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access – Inconvenient Office Hours – Cost of Physician Visits – Appointment Availability – Difficulty Finding a Physician
CANCER	▪ Leading Cause of Death ▪ Cancer Prevalence
DIABETES	▪ Prevalence of Borderline/Pre-Diabetes ▪ Key Informants: *Diabetes* ranked as a top concern.
DISABLING CONDITIONS	▪ Activity Limitations ▪ Caregiving
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ High Blood Cholesterol Prevalence
HOUSING	▪ Housing Insecurity ▪ Lack of Financial Resilience ▪ Key Informants: *Social Determinants of Health (especially Housing)* ranked as a top concern.
INJURY & VIOLENCE	▪ Unintentional Injury Deaths – Including Fall-Related Deaths ▪ Homicide Deaths ▪ Violent Crime Experience
MENTAL HEALTH	▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Suicide Deaths ▪ Mental Health Provider Ratio ▪ Receiving Treatment for Mental Health ▪ Key Informants: *Mental Health* ranked as a top concern.

—continued on the following page—

AREAS OF OPPORTUNITY (continued)	
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Food Insecurity ▪ Difficulty Accessing Fresh Produce ▪ Overweight & Obesity ▪ Key Informants: *Nutrition, Physical Activity & Weight* ranked as a top concern.
SEXUAL HEALTH	▪ Chlamydia Incidence ▪ Gonorrhea Incidence
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Unintentional Drug-Induced Deaths ▪ Illicit Drug Use ▪ Personally Impacted by Substance Use ▪ Key Informants: *Substance Use* ranked as a top concern

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

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

1. Mental Health
2. Social Determinants of Health (especially Housing)
3. Nutrition, Physical Activity & Weight
4. Substance Use
5. Diabetes
6. Heart Disease
7. Access to Health Care Services
8. Cancer
9. Disabling Conditions
10. Injury & Violence
11. Sexual Health

Hospital Implementation Strategies

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

Note: Evaluations of the hospitals' past activities to address the needs identified in prior CHNAs can be found as an appendices to this report.

Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

In the following tables, Total Service Area results are shown in the larger, gray column.

The columns to the left of the Total Service Area column provide comparisons among the three counties, identifying differences for each as "better than" (☼), "worse than" (☁), or "similar to" (⛅) the combined opposing areas.

The columns to the right of the Total Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the Total Service Area compares favorably (☼), unfavorably (☁), or comparably (⛅) to these external data.

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2021. Note that survey data reflect the ZIP Code-defined Total Service Area.

OTHER (SECONDARY) DATA INDICATORS:
Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Local secondary data reflect county-level data.

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

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

SOCIAL DETERMINANTS	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	3.5	1.0	1.9	3.0	1.9	3.9		
Population in Poverty (Percent)	10.3	6.2	5.7	9.3	11.1	12.5	8.0	
Children in Poverty (Percent)	13.7	6.6	5.7	11.8	13.0	16.7	8.0	
No High School Diploma (Age 25+, Percent)	7.3	3.6	3.7	6.5	7.0	10.9		
Unemployment Rate (Age 16+, Percent)	2.2	1.9	1.9	2.1	2.2	3.5		
% "Fair/Poor" Local Employment Opportunities	20.1	19.3	12.2	18.9				
% Unable to Pay Cash for a $400 Emergency Expense	39.8	25.7	17.0	35.5		34.0		25.0
% Worry/Stress Over Rent/Mortgage in Past Year	44.7	34.7	30.8	42.0		45.8		31.2
% Unhealthy/Unsafe Housing Conditions	18.0	10.0	12.6	16.6		16.4		15.2
Population With Low Food Access (Percent)	19.4	28.2	22.1	20.5	20.0	22.2		
% Food Insecure	40.9	24.3	23.1	37.1		43.3		27.4

SOCIAL DETERMINANTS (continued)	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
% Disagree That Community is Welcoming to All Races/Ethnicities	15.8	12.9	9.7	14.8				14.0
% Disagree That Community is Welcoming to All Sexual Orientations	16.1	23.3	15.0	21.6				17.6

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

better similar worse

OVERALL HEALTH	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	15.6	7.6	8.1	13.9	16.2	15.7		12.1

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

better similar worse

ACCESS TO HEALTH CARE	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	6.0	3.7	1.9	5.3	6.7	8.1	7.6	4.8
% Difficulty Accessing Health Care in Past Year (Composite)	48.4	42.4	45.7	47.5		52.5		44.8
% Cost Prevented Physician Visit in Past Year	18.3	10.7	9.7	16.5	7.2	21.6		13.1
% Cost Prevented Getting Prescription in Past Year	18.4	10.4	13.1	17.0		20.2		17.5
% Difficulty Getting Appointment in Past Year	30.1	27.7	29.1	29.8		33.4		21.0
% Inconvenient Hrs Prevented Dr Visit in Past Year	20.2	21.2	25.3	21.0		22.9		16.7
% Difficulty Finding Physician in Past Year	15.9	8.6	12.0	14.8		22.0		10.5
% Transportation Hindered Dr Visit in Past Year	11.4	5.4	4.8	10.0		18.3		12.6
% Language/Culture Prevented Care in Past Year	1.5	0.7	2.0	1.5		5.0		2.5
% Stretched Prescription to Save Cost in Past Year	19.3	13.1	11.5	17.7		19.4		17.6
% Difficulty Getting Child's Health Care in Past Year	9.1	12.0	10.6	9.7		11.1		10.4

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
% Recent Health Care Experiences Were "Worse" Based on Race	5.4	0.9	1.5	**4.5**				5.7
Primary Care Doctors per 100,000	155.8	66.8	84.3	**137.5**	108.8	112.4		
% Have a Specific Source of Ongoing Care	81.6	88.8	87.7	**83.0**		69.9	84.0	77.1
% Routine Checkup in Past Year	67.6	76.9	72.2	**69.0**	78.3	65.3		69.7
% [Child 0-17] Routine Checkup in Past Year	92.0	86.7	90.6	**91.2**		77.5		85.0
% Two or More ER Visits in Past Year	10.2	10.7	6.8	**9.8**		15.6		11.7
% Aware of Local Resources for Health and Well-being	76.9	78.3	80.6	**77.5**				
% Written Health Care Information is "Seldom/Never" Easy to Understand	7.0	4.9	4.1	**6.4**		10.0		
% Spoken Health Care Information is "Seldom/Never" Easy to Understand	4.2	3.8	3.0	**4.0**		7.5		
% Rate Local Health Care "Fair/Poor"	10.6	5.8	6.2	**9.7**		11.5		7.9

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

better | similar | worse

CANCER	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000 (Age-Adjusted)	155.5	132.4	121.5	**148.6**	151.3	146.5	122.7	175.3
Lung Cancer Deaths per 100,000 (Age-Adjusted)				**36.3**	36.3	33.4	25.1	
Female Breast Cancer Deaths per 100,000 (Age-Adjusted)				**18.4**	17.9	19.4	15.3	
Prostate Cancer Deaths per 100,000 (Age-Adjusted)				**20.4**	20.2	18.5	16.9	
Colorectal Cancer Deaths per 100,000 (Age-Adjusted)				**13.5**	13.9	13.1	8.9	
Cancer Incidence per 100,000 (Age-Adjusted)	476.4	450.8	445.9	**469.9**	486.8	442.3		
Lung Cancer Incidence per 100,000 (Age-Adjusted)	63.0	52.5	52.7	**60.7**	60.7	54.0		
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)	138.2	154.7	138.3	**139.7**	134.7	127.0		
Prostate Cancer Incidence per 100,000 (Age-Adjusted)	105.5	103.4	119.5	**107.1**	120.4	110.5		
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)	39.3	28.8	32.9	**37.5**	40.7	36.5		
% Cancer	9.8	11.2	8.2	**9.7**	12.3	7.4		9.0

CANCER (continued)	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
% [Women 50-74] Breast Cancer Screening	82.4	87.4	77.2	82.1	79.6	64.0	80.5	84.4
% [Women 21-65] Cervical Cancer Screening	84.3	89.7	85.8	84.9		75.4	84.3	84.9
% [Age 50-75] Colorectal Cancer Screening	75.5	84.8	82.5	77.2	72.0	71.5	74.4	72.9

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

better similar worse

DIABETES	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000 (Age-Adjusted)	19.9	17.9	19.0	19.6	22.3	22.6		18.3
% Diabetes/High Blood Sugar	11.5	10.9	10.5	11.3	11.6	12.8		11.1
% Borderline/Pre-Diabetes	10.8	13.0	10.1	10.9		15.0		6.8
Kidney Disease Deaths per 100,000 (Age-Adjusted)				7.1	9.7	12.8		6.5

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

better similar worse

DISABLING CONDITIONS	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	40.7	41.8	28.0	39.1		38.0		36.9
% Activity Limitations	33.8	29.6	22.9	32.0		27.5		28.6
% High-Impact Chronic Pain	19.8	17.9	11.4	18.6		19.6	6.4	19.4
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	34.3	43.2	41.2	36.1	30.9	30.9		44.5
% Caregiver to a Friend/Family Member	26.7	28.5	27.4	26.9		22.8		22.8

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

better similar worse

HEART DISEASE & STROKE	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000 (Age-Adjusted)	164.4	173.3	132.5	160.8	170.3	164.4	127.4	149.4
% Heart Disease	7.3	10.1	5.9	7.3	6.7	10.3		6.2
Stroke Deaths per 100,000 (Age-Adjusted)	31.9	45.1	31.8	33.2	32.3	37.6	33.4	33.3

HEART DISEASE & STROKE (continued)	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
% Stroke	2.1	1.0	2.5	2.1	3.1	5.4		2.4
% High Blood Pressure	39.6	41.2	33.7	39.0	31.4	40.4	42.6	35.0
% High Cholesterol	36.5	39.8	38.1	37.0		32.4		34.9

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

better similar worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
No Prenatal Care in First 6 Months (Percent of Births)				3.5	4.3	6.1		4.1
Teen Births per 1,000 Females 15-19	17.2	7.1	7.4	14.9	14.4	16.6		
Low Birthweight (Percent of Births)	7.0	7.0	6.0	7.1	6.8	8.3		
Infant Deaths per 1,000 Births				5.0	4.8	5.5	5.0	5.2

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

better similar worse

INJURY & VIOLENCE	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	50.8	51.9	26.6	**47.3**	42.9	51.6	43.2	38.4
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)				**7.6**	10.5	11.4	10.1	
[65+] Fall-Related Deaths per 100,000 (Age-Adjusted)	124.8	134.7	70.6	**118.4**	87.4	67.1	63.4	
Homicide Deaths per 100,000 (Age-Adjusted)				**3.7**	3.0	6.1	5.5	2.2
Violent Crimes per 100,000	368.6	351.4	193.9	**352.5**	283.0	416.0		
% Victim of Violent Crime in the Past 5 Years	6.3	5.4	4.8	**6.0**		7.0		3.0
% Victim of Intimate Partner Violence	20.4	19.4	16.4	**19.8**		20.3		16.5

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

better	similar	worse

MENTAL HEALTH	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	29.2	25.5	18.3	**27.4**		24.4		24.5
% Diagnosed Depression	40.1	35.3	31.2	**38.5**	18.5	30.8		35.6
% Symptoms of Chronic Depression	50.9	40.5	36.8	**48.1**		46.7		41.8
% "Often" Feel Isolated from Others	18.0	15.4	13.7	**17.2**		16.7		
% Typical Day Is "Extremely/Very" Stressful	22.0	16.3	18.6	**21.1**		21.1		20.6
Suicide Deaths per 100,000 (Age-Adjusted)	15.2	17.7	10.6	**14.7**	16.7	13.9	12.8	12.1
Mental Health Providers per 100,000	181.8	13.3	55.2	**148.5**	134.3	178.7		
% Receiving Mental Health Treatment	33.5	28.9	26.5	**32.1**		21.9		27.2
% Unable to Get Mental Health Services in the Past Year	13.7	9.1	9.7	**12.8**		13.2		10.7
% [Age 5-17] Child Needed Mental Health Services in the Past Year	26.3	25.9	24.9	**26.0**				21.4

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

better | similar | worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	38.6	29.7	24.1	**35.9**		30.0		19.0
% 5+ Servings of Fruits/Vegetables per Day	28.9	22.3	34.5	**29.1**		29.1		30.9
% Adequate Physical Activity	50.5	49.2	52.9	**50.7**				
% Moderate Physical Activity	27.8	30.0	28.1	**28.0**				
% Vigorous Physical Activity	41.2	39.2	45.8	**41.7**				
% 3+ Hours of Screen Time	64.8	55.7	60.7	**63.5**				
% [Child 2-17] Physically Active 1+ Hours per Day	34.1	39.1	26.8	**33.5**		27.4		40.1
% "Fair/Poor" Access to Parks, Playgrounds & Rec Facilities	8.2	4.5	5.9	**7.6**				
Recreation/Fitness Facilities per 100,000	16.0	9.5	20.1	**16.1**	12.1	14.8		
% Overweight (BMI 25+)	76.0	81.2	70.2	**75.6**	71.2	63.3		66.6
% Obese (BMI 30+)	47.1	45.5	33.3	**45.1**	37.4	33.9	36.0	34.2

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
% [Child 5-17] Overweight (85th Percentile)	36.8	38.3	28.9	35.7		31.8		29.1
% [Child 5-17] Obese (95th Percentile)	21.7	15.5	13.0	19.5		19.5	15.5	23.1

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

better similar worse

ORAL HEALTH	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
% Have Dental Insurance	85.9	84.9	86.4	85.9		72.7	75.0	80.1
% Dental Visit in the Past Year	66.2	69.8	76.3	67.9	68.3	56.5	45.0	61.2
% [Child 2-17] Dental Visit in the Past Year	86.4	93.9	88.1	87.5		77.8	45.0	88.4

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

better similar worse

RESPIRATORY DISEASE	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000 (Age-Adjusted)	43.6	45.6	34.6	42.8	42.3	38.1		56.3
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)	11.6	11.9	8.3	11.2	13.8	13.4		18.3
% [Age 65+] Flu Vaccine in the Past Year	82.7	89.8	79.4	82.9	72.0	70.9		83.4
COVID-19 Deaths per 100,000 (Age-Adjusted)	84.6	73.1	64.8	80.7	99.0	85.0		
% Received COVID Vaccine or Booster in the Past 12 Months	46.4	31.0	43.6	44.8				
% Asthma	12.8	4.8	10.3	11.8	9.7	17.9		12.9
% [Child 0-17] Asthma	12.3	9.2	8.7	11.4		16.7		7.4
% COPD (Lung Disease)	5.9	6.5	4.4	5.8	6.6	11.0		7.1

Note: In the section above, each county is compared against all other counties 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.

SEXUAL HEALTH	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000	216.6	56.4	81.1	182.4	114.2	382.2		
Chlamydia Incidence per 100,000	668.8	286.5	328.5	583.6	489.2	495.5		
Gonorrhea Incidence per 100,000	381.4	112.4	135.8	320.5	200.5	214.0		

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

better similar worse

SUBSTANCE USE	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)	17.2	12.2		15.3	9.9	11.9		8.2
Cirrhosis/Liver Disease Deaths per 100,000 (Age-Adjusted)				10.1	9.7	12.5	10.9	
% Excessive Drinking	26.3	16.7	27.7	25.7	22.6	34.3		30.3
Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted)	17.0	15.5		14.8	9.4	21.0		8.5
% Used an Illicit Drug in the Past Month	8.2	3.3	7.0	7.6		8.4		4.7

SUBSTANCE USE (continued)	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
% Used a Prescription Opioid in the Past Year	11.6	9.8	12.0	11.5		15.1		13.5
% Ever Sought Help for Alcohol or Drug Problem	8.3	4.6	5.2	7.6		6.8		7.1
% Personally Impacted by Substance Use	53.2	46.8	42.4	51.2		45.4		43.7

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

better similar worse

TOBACCO USE	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	15.7	11.5	9.2	14.5	14.7	23.9	6.1	17.3
% Use Vaping Products	11.0	5.1	9.9	10.4	6.7	18.5		7.9
% [Smokers] Have Quit Smoking 1+ Days in the Past Year				53.1	52.4	53.1	65.7	40.8

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

better similar worse

COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

The Total Service Area, the focus of this Community Health Needs Assessment, includes Polk, Warren, and Dallas counties, which together encompass 1,730.33 square miles and house a total population of 644,482 residents, according to latest census estimates.

Total Population
(2020)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Polk County	492,401	572.20	861
Warren County	52,403	569.83	92
Dallas County	99,678	588.30	169
Total Service Area	**644,482**	**1,730.33**	**372**
Iowa	3,190,369	55,853.11	57
United States	331,449,281	3,533,018.38	94

Sources:
- US Census Bureau American Community Survey, 2020 Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

Population Change 2010-2020

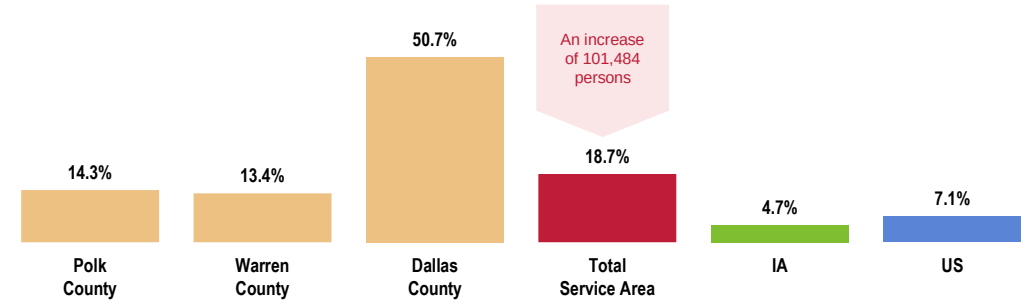
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of the Total Service Area increased by 101,484 persons, or 18.7%.

BENCHMARK ► The percentage increase is much higher than state and national increases.

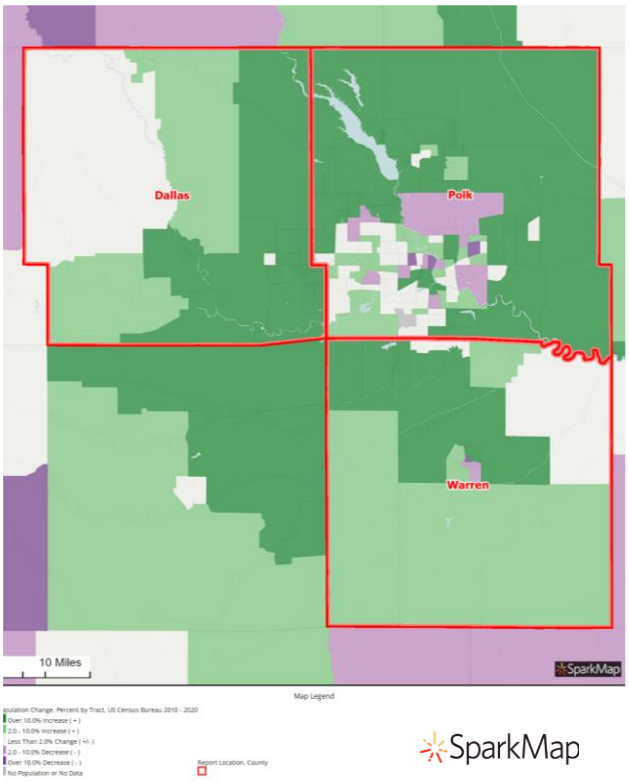
DISPARITY ► Note the considerable population increase in Dallas County.

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



Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.



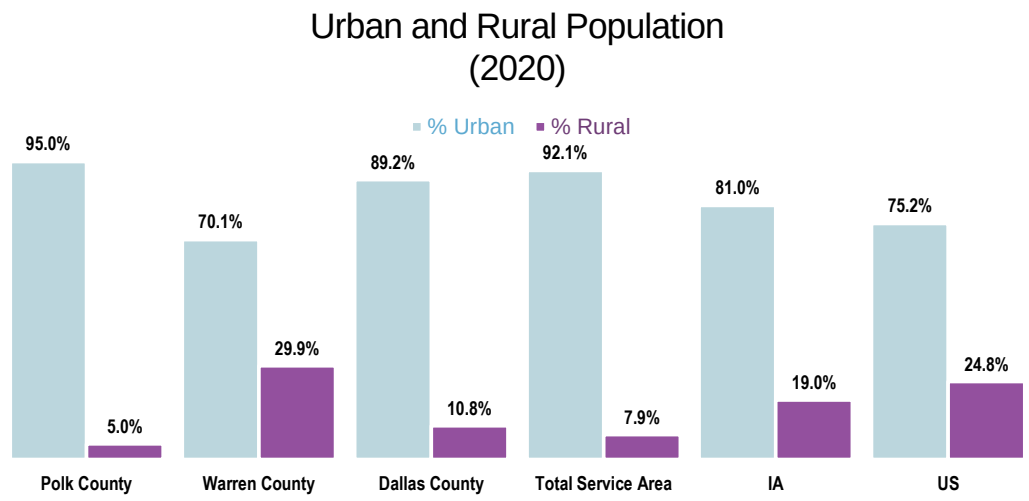
Urban/Rural Population

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

The Total Service Area is predominantly urban, with 92.1% of the population living in areas designated as urban.

BENCHMARK ► The Total Service Area is more urban than the state and US.

DISPARITY ► Note the higher percentage of rural residents in Warren County.



Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.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.

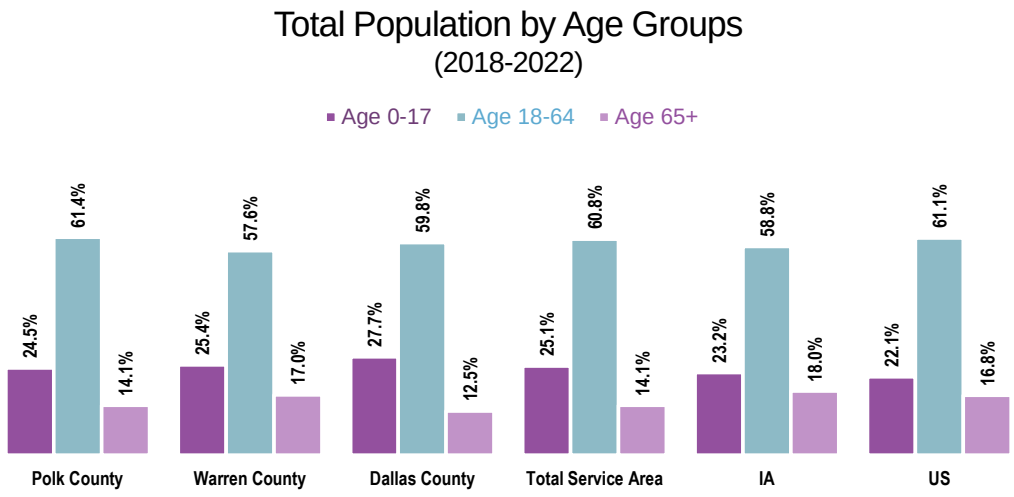
Age

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

In the Total Service Area, 25.1% of the population are children age 0-17; another 60.8% are age 18 to 64, while 14.1% are age 65 and older.

BENCHMARK ► Overall, the combined area houses a younger population when compared with Iowa and US percentages.

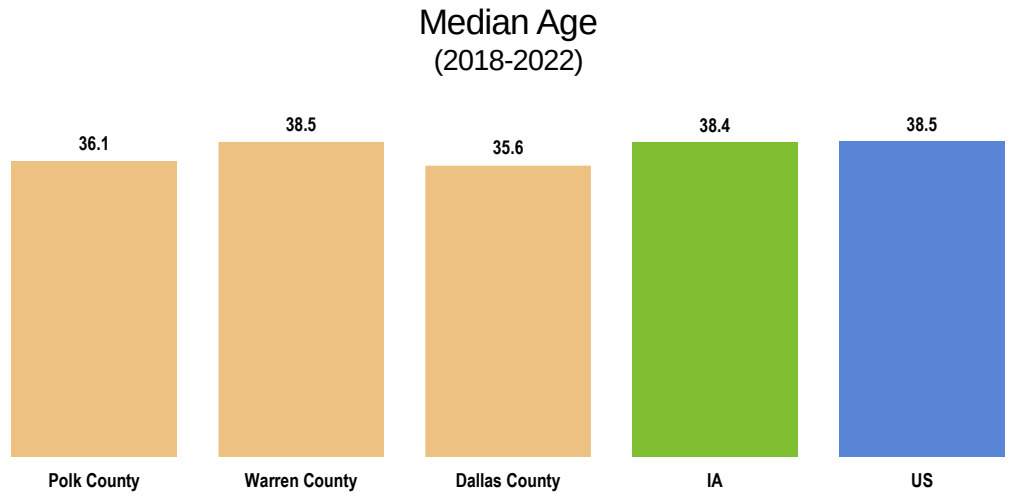
DISPARITY ► Viewed by county, Warren County has the largest 65+ population percentage.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

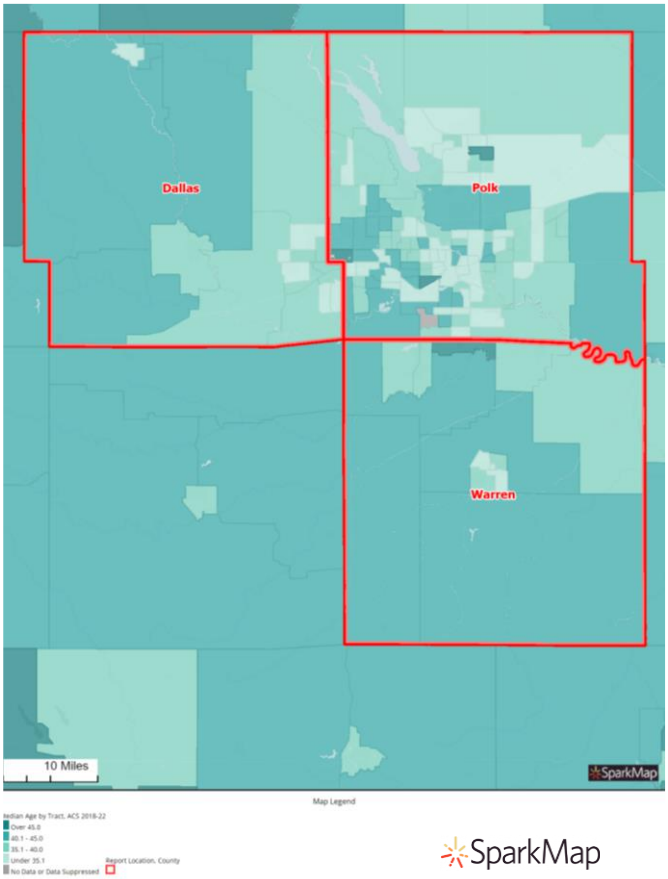
Median Age

Polk and Dallas counties are "younger" than the state and the nation in that their median ages are lower. (A composite median is not available for the Total Service Area as a whole.)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

The following map provides an illustration of the median age by census tract throughout the Total Service Area.



Race & Ethnicity

Race

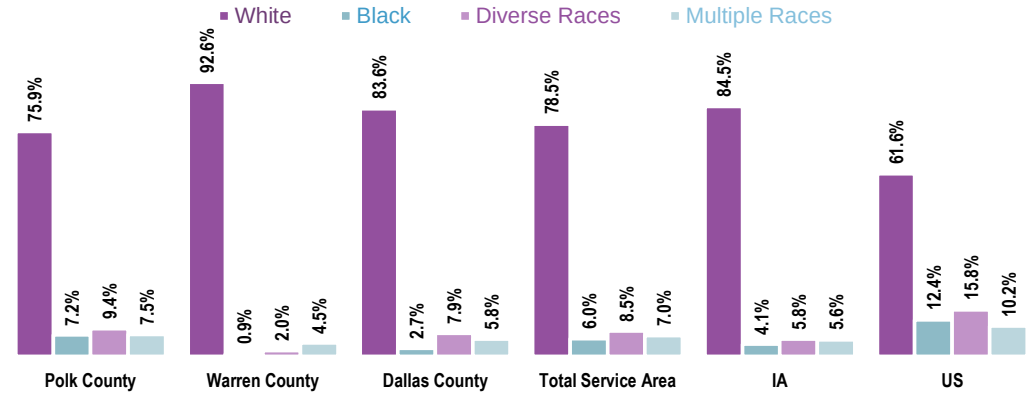
Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

In looking at race independent of ethnicity (Hispanic or Latino origin), 78.5% of residents of the Total Service Area are White and 6.0% are Black.

BENCHMARK ► A more-diverse population than Iowa but less diverse than the US overall.

DISPARITY ► Of the three counties, Polk County houses the most diverse population.

Total Population by Race Alone
(2018-2022)



Sources: ● US Census Bureau American Community Survey, 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).
Notes: ● "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

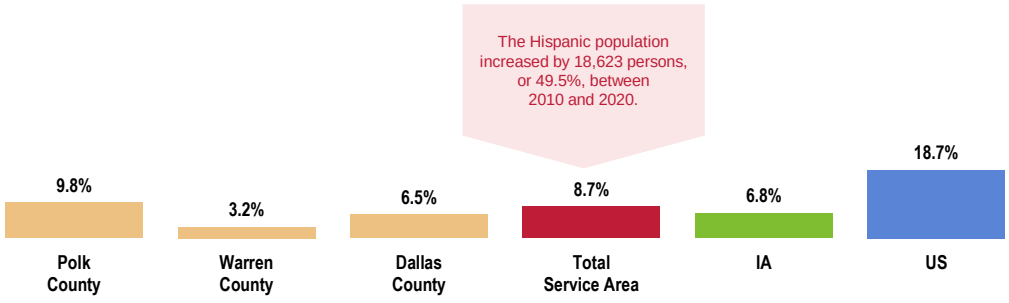
Ethnicity

A total of 8.7% of Total Service Area residents are Hispanic or Latino.

BENCHMARK ► A higher percentage than statewide but less than half the US percentage.

DISPARITY ► Polk County houses the largest percentage of Hispanic residents.

Hispanic Population
(2018-2022)



Sources: ● US Census Bureau American Community Survey, 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).
Notes: ● People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 3.0% of the area's population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

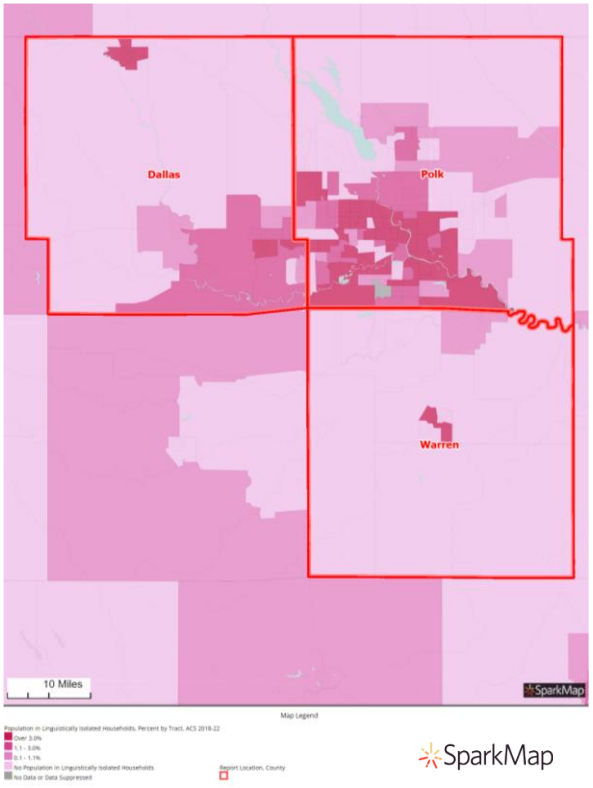
BENCHMARK ► Higher than the Iowa prevalence but lower than the US.

DISPARITY ► Highest in Polk County.

Linguistically Isolated Population
(2018-2022)

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

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



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

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

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

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

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

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

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

Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

The latest census estimate shows 9.3% of the Total Service Area total population living below the federal poverty level.

BENCHMARK ► Lower than the state and national percentages.

DISPARITY ► Highest in Polk County.

Among just children (ages 0 to 17), this percentage in the Total Service Area is 11.8% (representing an estimated 18,683 children).

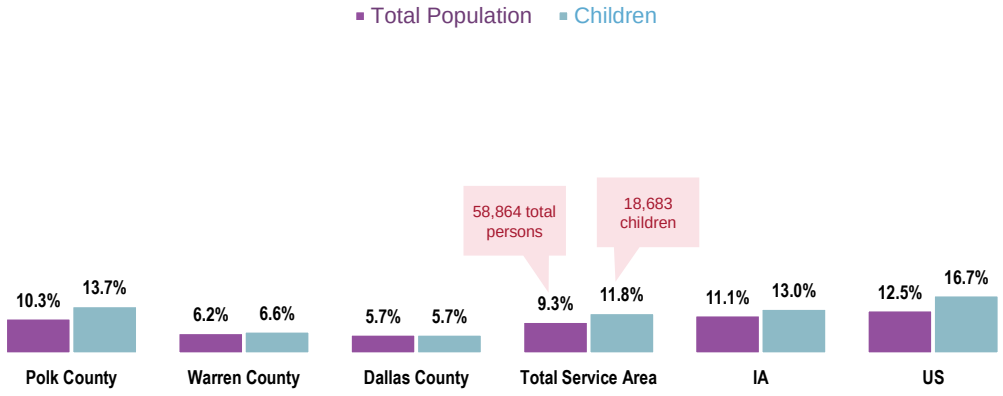
BENCHMARK ► Well below the national proportion but failing to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest in Polk County.

Percent of Population in Poverty

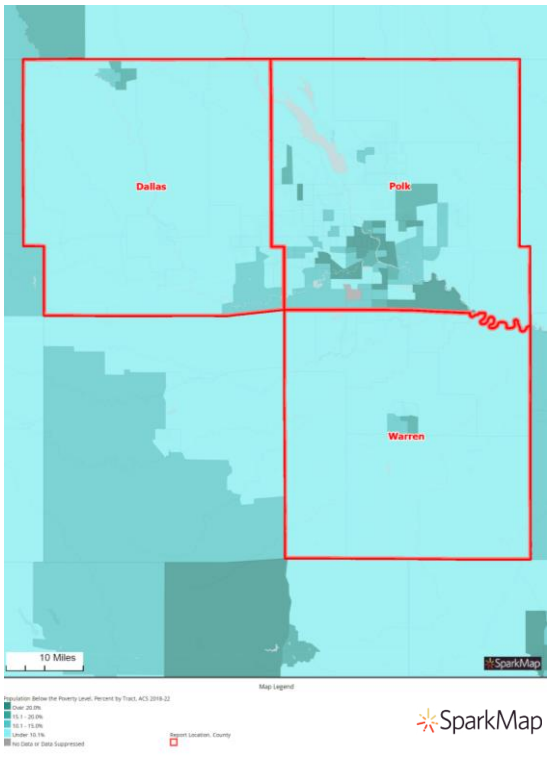
(2018-2022)

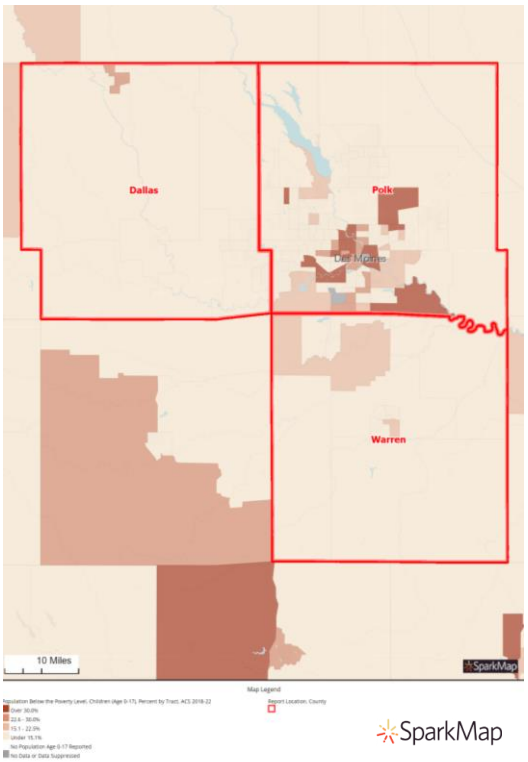
Healthy People 2030 = 8.0% or Lower



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

The following maps highlight concentrations of persons living below the federal poverty level.





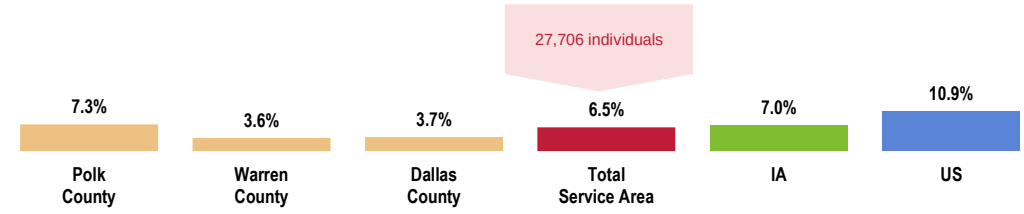
Education

Among the Total Service Area population age 25 and older, an estimated 6.5% (over 27,000 people) do not have a high school education.

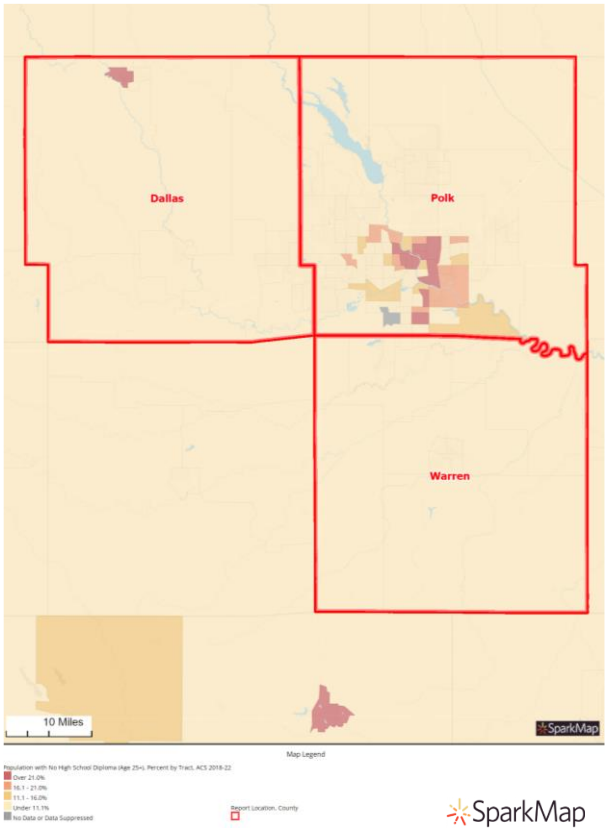
BENCHMARK ► Lower than the national prevalence.

DISPARITY ► Twice as high in Polk County as in Warren and Dallas counties.

Population With No High School Diploma
(Adults Age 25 and Older; 2018-2022)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

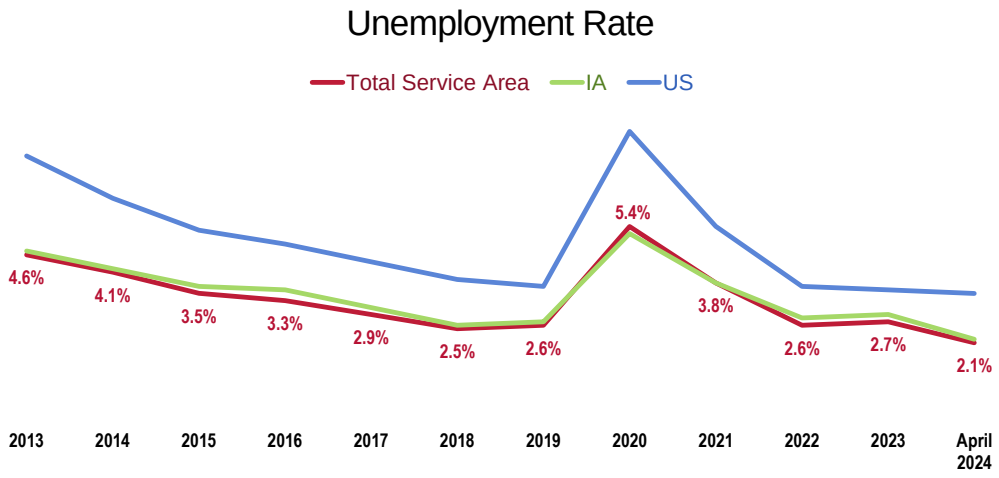


Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Service Area as of April 2024 was 2.1%.

BENCHMARK ► Lower than the national rate.

TREND ► Following significant increases in 2020 (the onset of the COVID-19 pandemic), unemployment has dropped below pre-pandemic levels, and much lower than found a decade ago.



Sources: ● US Department of Labor, Bureau of Labor Statistics.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).
Notes: ● Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

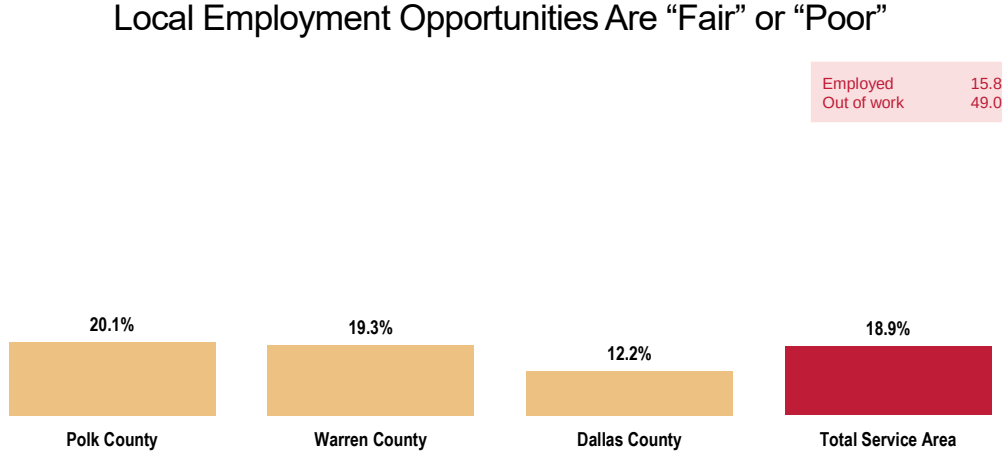
Local Opportunities

According to survey data, 18.9% of Total Service Area residents consider local employment opportunities to be "fair" or "poor."

DISPARITY ► Highest in Polk County. Also less favorable among young adults, lower-income households, Hispanic adults, those who identify as LGBTQ+, and especially those currently out of work.

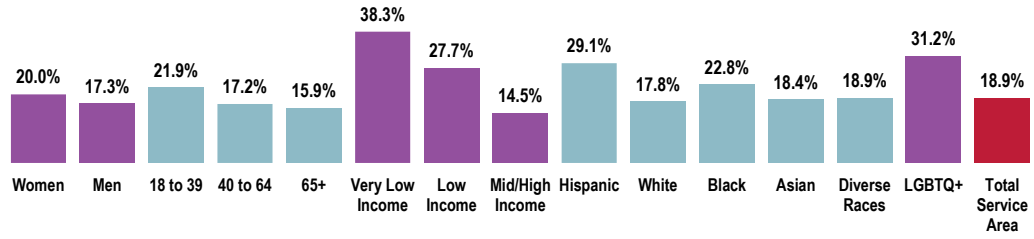
"Would you rate the employment opportunities that exist in the area as excellent, very good, good, fair, or poor?"

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: ● Asked of all respondents.

Local Employment Opportunities Are “Fair” or “Poor”
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: • Asked of all respondents.

INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data 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 2022 guidelines place the poverty threshold for a family of four at $27,750 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.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also detailed for individuals identifying with a race category, without Hispanic origin. “White” reflects those who identify as White alone, without Hispanic origin. “Black” reflects those who identify as Black or African American alone, without Hispanic origin. “Asian” reflects those who identify as Asian alone, without Hispanic origin. “Diverse Races” includes those who identify as American Indian or Alaska Native, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

Financial Resilience

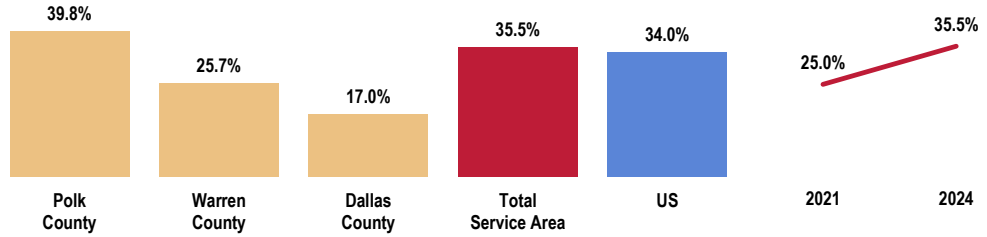
Respondents were asked: "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

A total of 35.5% of Total Service Area residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

TREND ► Marks a statistically significant increase since 2021.

DISPARITY ► Highest among Polk County respondents. Reported more often among women, young adults, those in the lower income breakouts, Hispanic adults, Black adults, and people of Diverse Races.

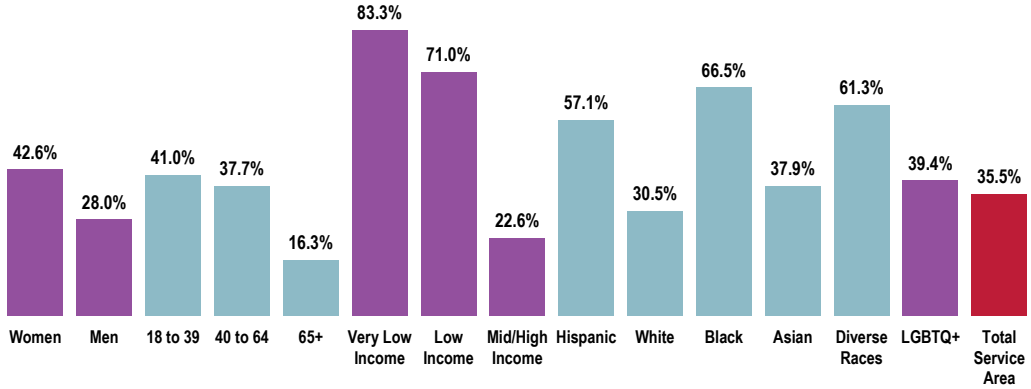
Do Not Have Cash on Hand to Cover a $400 Emergency Expense



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 53]

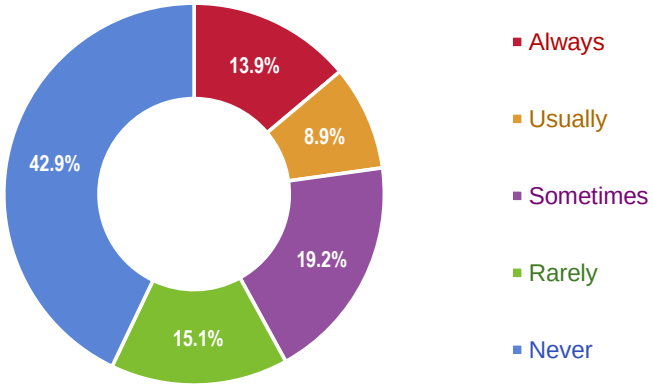
Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Housing

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

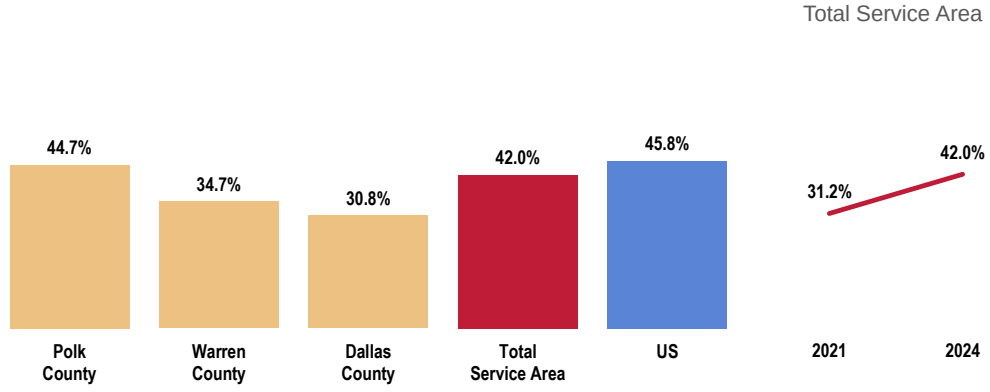
However, a considerable share (42.0%) reports that they were "sometimes," "usually," or "always" worried or stressed about paying their rent or mortgage in the past year.

BENCHMARK ► Lower than the national percentage.

TREND ► Denotes a statistically significant increase since 2021.

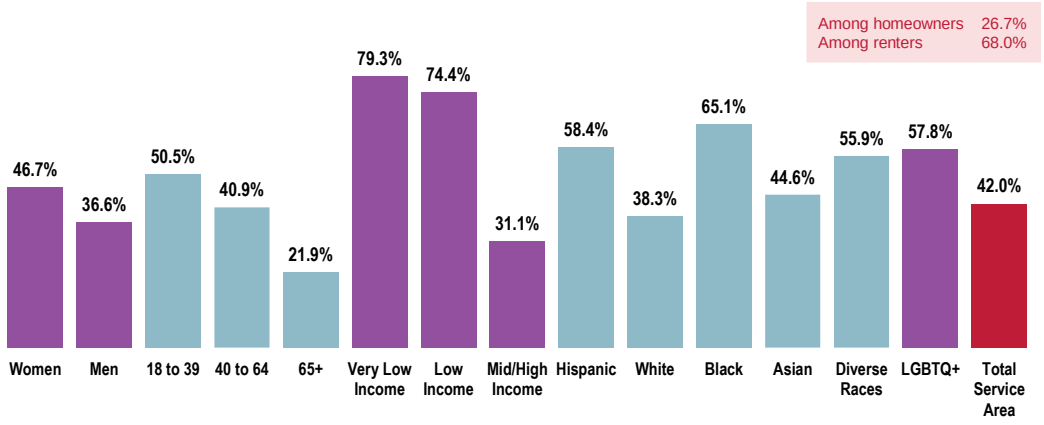
DISPARITY ► Highest among Polk County residents. Strong correlations with age and household income level. Reported more often among women, Hispanic adults, Black adults, and LGBTQ+ respondents.

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



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: • Asked of all respondents.

Unhealthy or Unsafe Housing

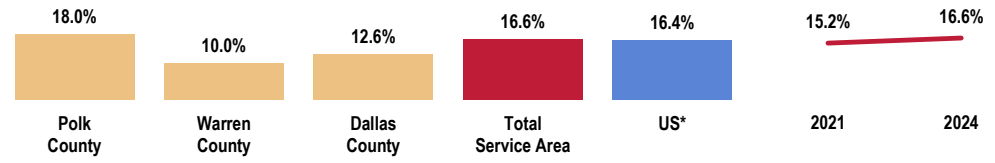
A total of 16.6% of Total Service Area residents report living in unhealthy or unsafe housing conditions during the past year.

DISPARITY ► Highest in Polk County. Reported more often among women, young adults, those living on lower household incomes, Hispanic adults, Black adults, and LGBTQ+ residents.

Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, environmental air quality, indoor tobacco smoke, or other housing conditions that might make living there unhealthy or unsafe?"

Unhealthy or Unsafe Housing Conditions in the Past Year

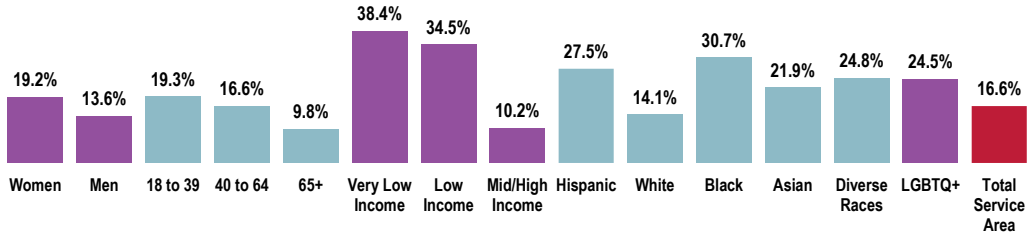
Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 310]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, environmental air quality, indoor tobacco smoke, or other housing conditions that might make living there unhealthy or unsafe.
• *The US indicator does not include reference to environmental air quality or indoor tobacco smoke.

Unhealthy or Unsafe Housing Conditions in the Past Year
(Total Service Area, 2024)

Among homeowners 11.2%
Among renters 26.2%



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 310]

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Food Access

Low Food Access

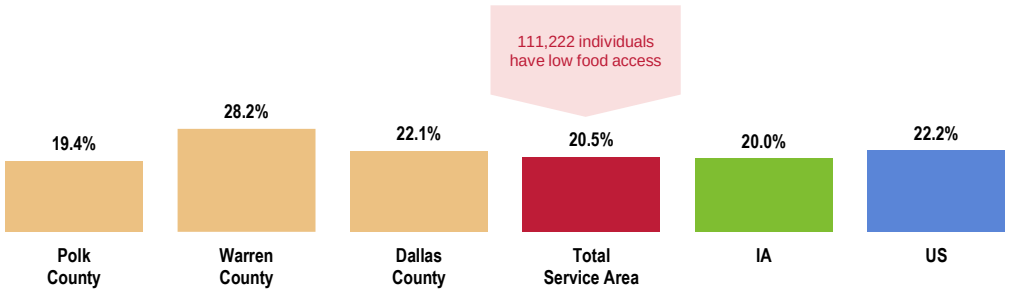
Low food access is defined as living more than 1 mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
See also Difficulty Accessing Fresh Produce in the *Nutrition, Physical Activity & Weight* section of this report.

US Department of Agriculture data show that 20.5% of the Total Service Area population (representing over 111,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

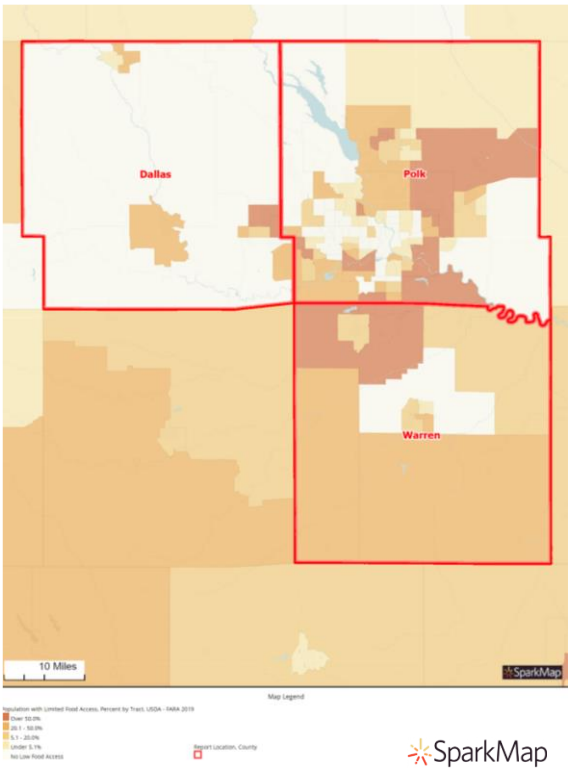
DISPARITY ► Highest in Warren County.

Population With Low Food Access
(2019)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

Notes:
- Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.



Food Insecurity

Overall, 37.1% 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.

BENCHMARK ► Better than the national percentage.

TREND ► Worsening significantly since 2021.

DISPARITY ► Much higher in Polk County than the other counties. Reported more often among women, young adults, lower-income residents, Hispanic adults, Black adults, Asian adults, and LGBTQ+ adults.

Surveyed adults were asked: "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "often true," "sometimes true," or "never true" for you in the past 12 months:

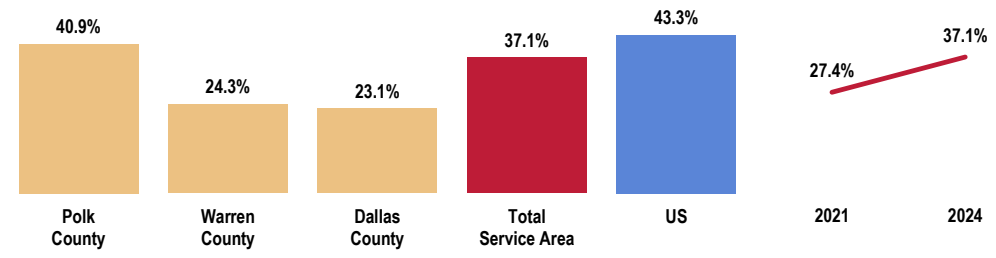
I worried about whether our food would run out before we got money to buy more.

The food that we bought just did not last, and we did not have money to get more."

Those answering "often" or "sometimes" true for either statement are considered to be food insecure.

Food Insecurity

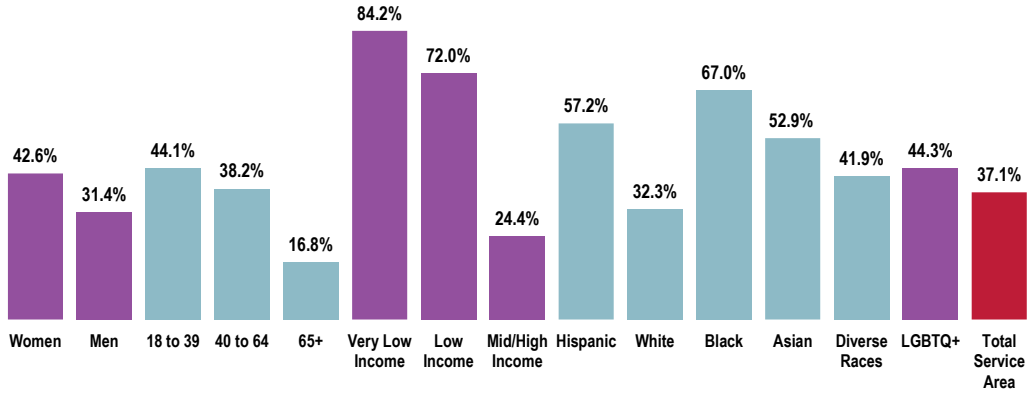
Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
- 2023 PRC National Health Survey, PRC, 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.

Food Insecurity
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
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.

Health Literacy

While most survey respondents have no difficulty understanding written or spoken health care information, 6.4% "seldom" or "never" understand written health care information, and 4.0% "seldom" or "never" understand spoken health care information.

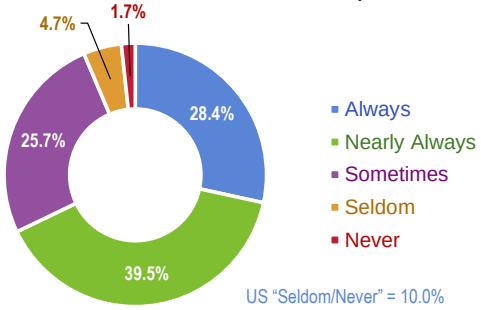
BENCHMARK ► Both percentages are lower than their national counterparts.

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.

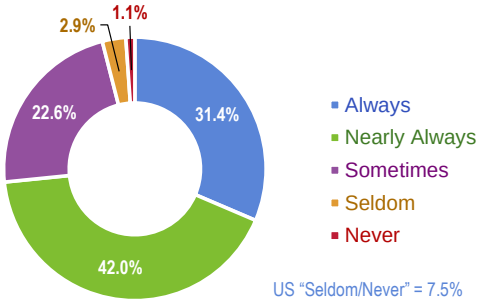
"How often is health information **written** in a way that is easy for you to understand? Would you say always, nearly always, sometimes, seldom, or never?"

"How often is health information **spoken** in a way that is easy for you to understand? Would you say always, nearly always, sometimes, seldom, or never?"

Health Literacy
(Total Service Area, 2024)



Frequency of Written Health Information Being Easy to Understand



Frequency of Spoken Health Information Being Easy to Understand

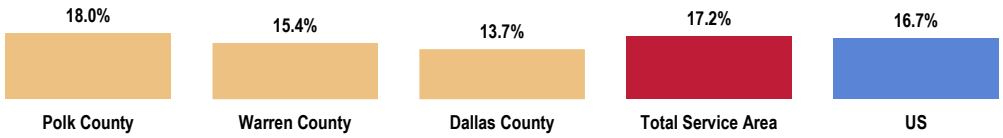
Sources: • 2024 PRC Communi4y Health Survey, PRC, Inc. [Items 311-312]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Social Isolation

Among survey respondents, 17.2% report "often" feeling isolated from others.

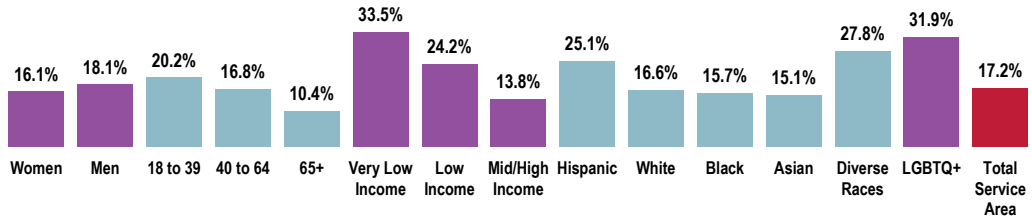
DISPARITY ► Higher among Polk County respondents. The prevalence correlates with age and household income level and is reported more often among Hispanic adults, those of Diverse Races, and those who identify as LGBTQ+.

"Often" Feel Isolated from Others



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 321]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

"Often" Feel Isolated from Others
(Total Service Area, 2024)



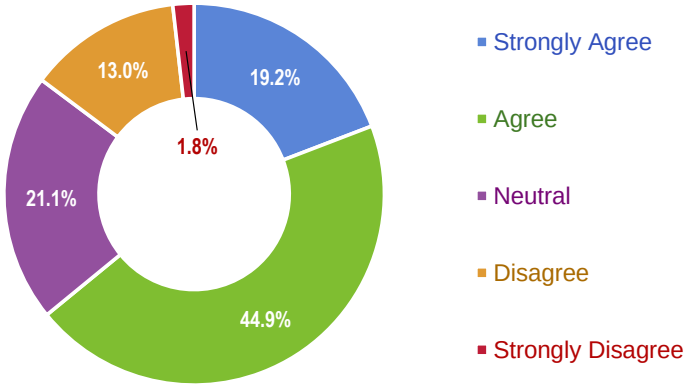
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: ● Asked of all respondents.

Diversity & Inclusion

Race & Ethnicity

Most surveyed adults in the Total Service Area agree with the statement *"I feel that my community is a welcoming place for people of all races and ethnicities."*

"I feel that my community is a welcoming place for people of all races and ethnicities."
(Total Service Area, 2024)

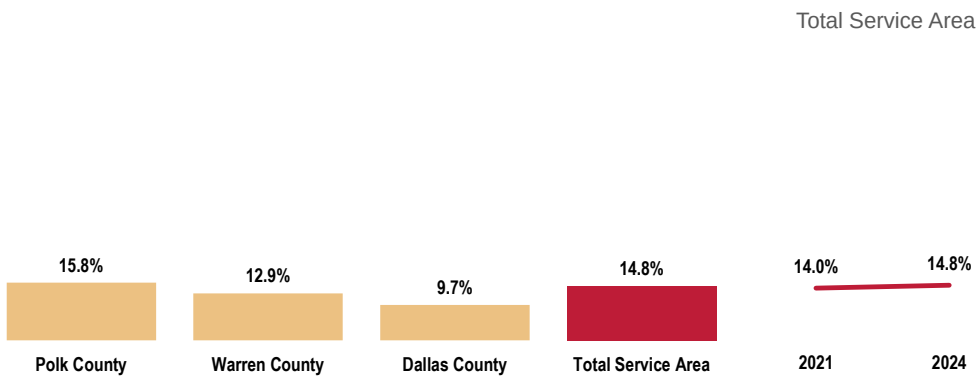


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: • Asked of all respondents.

However, 14.8% said they "disagree" or "strongly disagree" with the statement.

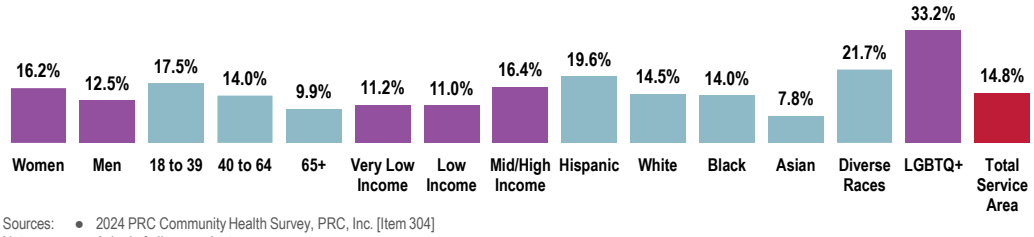
DISPARITY ► Highest in Polk County. Disagreement is reported more often among women, young adults, those in mid- to high-income households, Hispanic respondents, those of Diverse Races, and LGBTQ+ residents.

Disagree That the Community is Welcoming to People of All Races and Ethnicities



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: • Asked of all respondents.
• Includes "disagree" and "strongly disagree" responses.

Disagree That the Community is
Welcoming to People of All Races and Ethnicities
(Total Service Area, 2024)

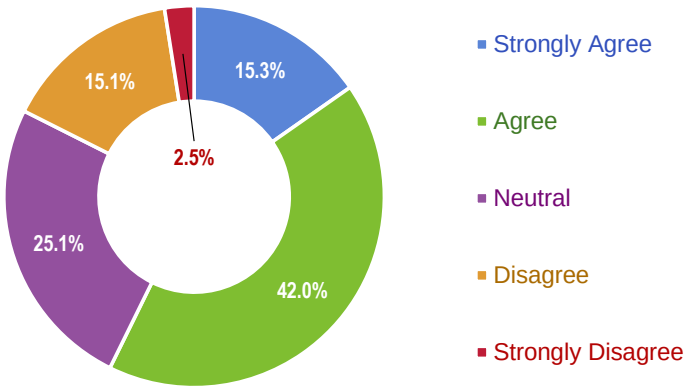


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: • Asked of all respondents.
• Includes "disagree" and "strongly disagree" responses.

Sexual Orientation

Over half of Total Service Area adults agree with the statement *"I feel that my community is a welcoming place for people of all sexual orientations."*

"I feel that my community is a
welcoming place for people of all sexual orientations."
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.

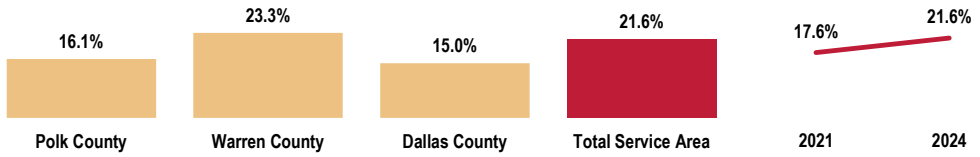
However, 21.6% said they "disagree" or "strongly disagree" with the statement.

TREND ► Increasing significantly since 2021.

DISPARITY ► Highest among Warren County respondents. Reported more often among women, upper-income residents, White adults, and those who identify as LGBTQ+.

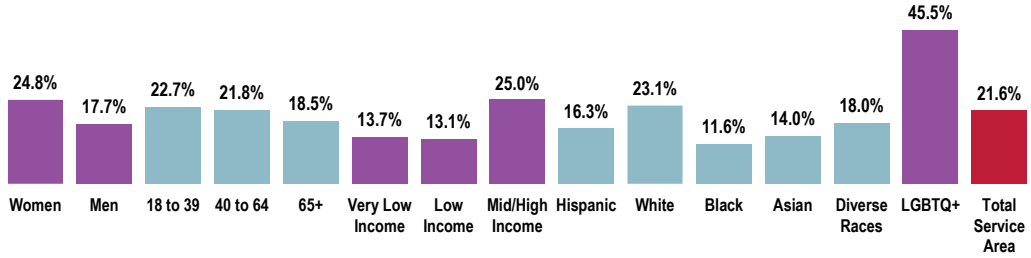
Disagree That the Community is Welcoming to People of All Sexual Orientations

Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.
• Includes "disagree" and "strongly disagree" responses.

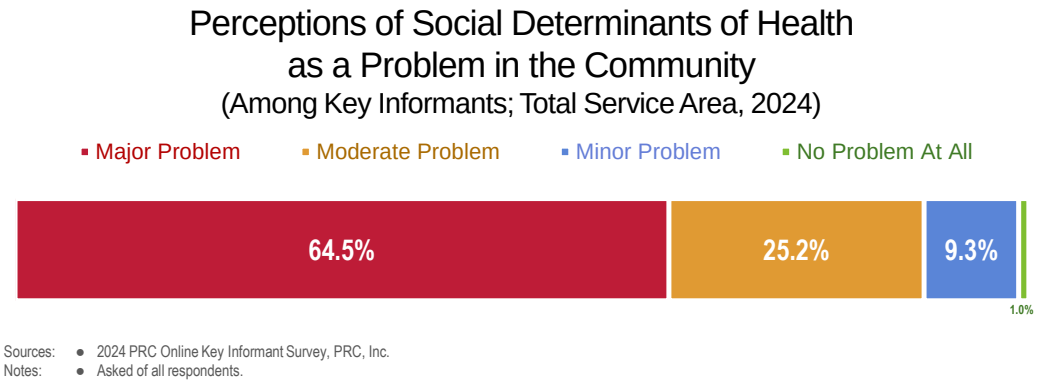
Disagree That the Community is Welcoming to People of All Sexual Orientations
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.
• Includes "disagree" and "strongly disagree" responses.

Key Informant Input: Social Determinants of Health

The greatest share of key informants taking part in an online survey characterized *Social Determinants of Health* as a "major problem" in the community.



Sources: 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

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

Housing

> Affordable and safe housing continues to be a significant challenge. We simply do not have enough, and the family homeless population is troubling. – Community Leader
>
> Health begins and is dependent on the SDOH. We can never achieve our full potential as a community unless we begin to address the root causes: safe, affordable housing, access to food, education, transportation, etc. – Public Health Representative
>
> The are several social determinants of health that we do not successfully provide in our community. A huge gap exists in housing. Ex. 27% of Iowa renters are extremely low-income individuals. 101,442 households – when looking at the average Iowa household, that equates to almost 245,000 people. 1/3 of ELI folks are seniors, 1/3 folks are in the workforce, 21% have a disability, 4% are in school, 1% are single care takers of 7and under children or a person with a disability. In Polk County, we have a gap of almost 11,500 units for people with extremely low income. In the homeless system in Polk County and Iowa, there is extreme over representation of people of color. Compared to 12% of our population, people of color represent over 44% of the people utilizing the homeless system. People of color also have a much higher unemployment rate than white people. Women are paid less than men for like positions. Women of color are paid even less than white women. – Community Leader
>
> Our community has very limited options for low-income housing and very limited available housing, in general. This means we can serve the people who live here, but cannot serve anyone else who want to move here unless their are relatively wealthy. This, in turn, means we have limited support from doctors, grocery stores, dentists, etc. who depend on more people to serve the town. – Community Leader
>
> We have a woefully inadequate amount of affordable housing across the community. The number of people experiencing homelessness is becoming more and more visible and more spread out across the entire greater Des Moines region. Incomes, particularly for those with lower incomes, have not kept up with the pace of the increasing costs of living. Education continues to be underfunded when compared with the rate of inflation with increased costs. – Community Leader
>
> Inflation and lack of affordable housing, no change in minimum wage, cliff effect. – Other Health Provider
>
> Negative social determinants of health contribute to, and exacerbate, health disparities. Lack of affordable or safe housing, income gaps, low educational attainment, discrimination in health care, etc. all greatly impact whether or not individuals and families can thrive versus simply survive. Systemic changes are needed to improve the quality of life (livable wages, affordable and safe housing, employability skills, quality health care services, etc.) so community members are healthier and can feel connected to where they live. – Community Leader

Housing rates are unaffordable and driving cost of living increases. Families with one income earner, or minimum wage can't afford to live. Regions of our city are not eligible for housing improvements like Invest DSM and NFC, which seems like modern redlining. For all basic needs services, language interpretation is not used by the English speakers who are assisting the multi-lingual callers (training issue). Families are forced to work 2nd and 3rd shift jobs to balance childcare cost (alternating shifts) but then they can't support the school needs or activities/transportation. Busing is a huge issue with school – kids required to walk so far since the bus is not available, parents can't bring or pick up because of work shifts, and if the kids use DART, they sometimes get off the bus at locations which are not school. Discrimination is an issue; people are affected without knowing how to request help and support. If they make a complaint, then they don't get served the same way. – Community Leader

Lack of safe affordable housing is a major problem for thousands of families we serve. Also, food insecurity, lack of access to affordable child care, and lack of transportation are significant barriers to wellbeing. – Social Services Provider

Lack of affordable housing especially 3 or more-bedroom housing. Well-paying jobs for those in the community they live in to limit commuting. – Public Health Representative

Not enough housing. Increase in elderly homelessness. – Community Leader

Housing has become a growing challenge as the cost of housing has drastically increased. I would also note that income levels vary significantly. Water quality continues to be a major concern for the current and future health of the communities in Central Iowa. Transportation will continue to be a challenge throughout the region if public transportation options are reduced and if there are limitations on car ownership for those living in rural communities. – Community Leader

Affordable housing, income disparities, lack of educational opportunities, and lack of mobility (for people in poverty) all lead to lesser quality of life including health. – Community Leader

Housing is a major need. With rent prices continually increasing it is very hard for families when most of the income is going straight to rent with little left over for other bills. – Social Services Provider

Lack of affordable housing has a significant impact on the individuals/families in the community because if that basic need is not met then getting an education and taking care of one's health are not going to be a priority. – Other Health Provider

The cost and availability of housing poses a great challenge for many folks in the area. Additionally, policies and political discourse about diversity and immigration cause a great deal of stress for minorities in our community. – Community Leader

We live in a very inequitable society. The housing market boomed, and people lost affordability to buy a house. Renters are oftentimes forced to accept substandard housing. And too many people don't have the basic resources they need to survive. – Community Leader

Income/Poverty

Inflation, level wages = increased poverty. Financial constraints on community infrastructure investments. – Community Leader

The social determinants of health are directly impacted by poverty. Our community has a large percentage of households that can't always meet their most basic needs. – Public Health Representative

Dallas County is very "well to do" — unfortunately that means that people who live here and do not have many resources are often overlooked. There are many people here that have English as a second language – which can cause barriers. We are also a very automobile centric county, especially the rural areas that do not have services – many people do not own a car and public transit is very lacking. – Community Leader

I know of many families who live in poverty – families in which the adults ARE working – but may have multiple part time jobs, none of which will provide health insurance, many which don't always pay a living wage (especially with the higher costs of just about everything). There is a huge lack of affordable and low-income housing available. – Social Services Provider

This may be skewed due to personal experience and how expensive it is to be poor. I say that knowing I am very privileged but have also lost everything and needed to start over with 3 young children. It is incredibly hard to keep up with socio economics even with public schools. It is extremely difficult (impossible) to get the "add on" resources to help kids thrive when you don't have insurance through work, and you are a single income family. When those resources are not in place for prevention and thriving, it can get costly very quickly OR you just don't get the services due to lack of resources and "small" problems snowball. Kids miss more school because they don't have access to medicine that can get them well sooner. Dental is way more challenging. Keeping on top of car payments and having a reliable car takes more time and you can easily fall into a bad place with emergency needs around car repairs or purchases. You name it and there are simply so many areas that add up. – Social Services Provider

We have pockets of people who are disproportionately impacted by poverty, particularly populations of color. – Physician

10% of Polk County residents are considered low income, high number of immigrants, individuals who don't speak English. – Physician

I think this is one of the top issues that makes all the other categories worse. We have a lot of homeless folks and people living in poor conditions due to limited income, limited to no education, mental health, and drug populated areas. Some people cannot afford to live in better neighborhoods and are at the mercy of slumlords. – Community Leader

Economic stability allows individuals and families greater access to obtaining what they need to thrive. Until we see greater efforts to improve the overall economic health and wellbeing of all members of our community, we will continue to have community members who struggle to meet their basic needs. – Community Leader

Dallas county has a huge discrepancy in wage gaps and economic status. This is well seen in the school system "hierarchy" and access to all of the stated social determinants listed. – Other Health Provider

I think that humans are more than what their job, income and house are. But it is hard for individuals to thrive and pursue their goals when factors outside of their control keep them out of good housing and jobs. When they economy is bad, or landlords raise rent, people who are barely making it but surviving at a certain level become decimated by these systems. And when one domino falls, the rest are surely right behind. One medical emergency away could mean one month rent is behind, could mean one eviction on the record, could mean unstable housing for the kids, could mean a DHS report, etc. People are walking a fine line – almost no one would ask for any one of these issues, but they usually come all together and there needs to be more support to keep the chain reaction from occurring. – Social Services Provider

These conditions are social and economic issues of oneself and behavior. – Social Services Provider

It's evidence based. Year after years surveys, studies, and analyses support the notion that economic and social determinants influence group differences in health status. – Social Services Provider

Socioeconomic status directly affects access to and quality of treatment and nutrition. – Community Leader

Awareness/Education

Lack of understanding of SDOH, their impact and interconnectedness, lack of outcomes presented in an understanding and digestible way for the community. – Social Services Provider

Per recent census results, neighbors in this community fall into all risk areas where social determinants of health are concerned. Minimal education, limited access to affordable housing, low quality rentals, low income, difficulty accessing healthcare, and discrimination even just based on the neighborhood. – Community Leader

We have not paid much attention to this issue. – Community Leader

Low education and income. Lack of job opportunities. Segregated neighborhoods. Lack of equitable distribution of resources to schools. – Community Leader

Lack of education and resources. – Community Leader

Access to Care/Services

Low-income people lack proper health care, job stability, safe housing, etc. These are all SDOH that affects one's quality of life and ability to strive in society. – Community Leader

Any concern or lack of access relating to social determinants of health, food insecurities, housing, transportation and trust. – Other Health Provider

Increased/higher needs with less access and funding available increases the disparities especially in the BIPOC community. – Other Health Provider

If people are busy trying to survive every day of their lives, they will have health complications and won't be able to access services. – Community Leader

Government/Policy

This is the responsibility of government, but the burden falls on healthcare, and we are neither funded nor skilled enough to manage SDHs. We do our best to put our finger in the dike, but until something happens, we will remain with third world outcomes. – Physician

For the past 3 years, the Iowa state government has systematically targeted the rights and the wellbeing of children, teens, and young adults who are in the LGBTQIA group. Even discussions of gender differences in schools is now banned, leaving young children with no outlet to discuss their curiosity or concerns with their teachers. The banning of books containing references to LGBTQIA characters is another unconstitutional assault on this group of individuals. – Physician

More diverse representation is needed in state and local government that can be more informed as to the needs of low-income community members and more accurately respond with sustainable solutions to address these needs. – Community Leader

SOD throughout the country has become EPIC and is not taken seriously. We have policy makers who do not see it nor understand it and think it does not exist as an issue. Funding public health and mental health will help. – Other Health Provider

Our elected officials do not represent the people they serve so there Is no investment in financial resources to address or support the issues. – Community Leader

> More diverse representation is needed in state and local government that can be more informed as to the needs of low-income community members and more accurately respond with sustainable solutions to address these needs. – Community Leader

Vulnerable Populations

> Medical providers, assume refugees and immigrants have knowledge of medical history and documentation when some clients never had to provide this type of information before. Some clients were facing famine, war, and or the pursuit of freedom to keep documentation for medical issues. Medical providers/clinics can have the assumption that refugees and immigrants know the difference between medical providers/specialist. Clients can become overwhelmed with different types of medical providers in which medical provider prescribes medication. As well as some clients have never been seen by a medical provider and don't understand why they need to be seen regularly by a medical provider. Medical providers describe medical conditions with medical terminology. Some interpreters have not heard of such words before, or these words do not exist in their language. Some medical providers do not give examples or use different wording to describe medical conditions. – Community Leader
>
> Large refugee population where finding employment is challenging due to skill set and language barrier. lack of work history in host country due to conflict and displacement. rising rent costs – no housing available due to lack of employment history. Cannot get a job until they have housing. etc. – Community Leader

Environmental Contributors

> Environmental pollutions. Our state allows corporate farms to pollute the land, water and air. Our river is polluted. The housing in our neighborhood is older and landlords don't maintain it, so lead and asbestos poisoning are risks. There are plastics everywhere and most companies don't seem to care that our neighborhood is filled with their plastic bags which will eventually pollute everything around us. The people in this community do not have many options of where and how to live. They cannot avoid environmental pollutants. – Community Leader
>
> There are a number of environmental stressors that impact health outcomes, especially for marginalized communities. I am a firm believer in 'knowledge is power'. If more information is given on the cause and effect of health outcomes, people will have better leverage to do something about them. – Social Services Provider

Vulnerable Populations

> Health affects all aspects of life, and there is no consideration for the health of people in diverse communities. – Community Leader
>
> For the past 3 years, the Iowa state government has systematically targeted the rights and the wellbeing of children, teens, and young adults who are in the LGBTQIA group. Even discussions of gender differences in schools is now banned, leaving young children with no outlet to discuss their curiosity or concerns with their teachers. The banning of books containing references to LGBTQIA characters is another unconstitutional assault on this group of individuals. – Physician

Impact on Quality of Life

> It has a major impact on people's health, well-being, and quality of life including safe housing, transportation, Racism, discrimination, and violence. – Social Services Provider
>
> Social determinants of health impact. – Community Leader

Incidence/Prevalence

> All are high indicators of ill-being and exist at significant levels in our community. – Community Leader
>
> They are a problem in every community. – Community Leader

Access to Affordable Healthy Food

> Social determinants of health play a major factor in the role of health. Not all communities have access to quality food, health care, good paying jobs, transportation, oral and mental health and services that are in their native language. – Community Leader

Disease Management

> Social determinants of health impact one's ability to be compliant with their Health and Well-being. We have many people hanging by a thread trying to live. – Community Leader

Homelessness

> We have people who are homeless, lower income which attributes to homeless , lack of access to food, mental health challenges which affects their education and ultimately affects the community. – Other Health Provider

Nutrition

> It is difficult for residents to focus on health when they are experiencing food insecurity and/or housing needs. – Community Leader

Prevention/Screenings

> Again, lack of preventative care and trustworthy providers for the LGBTQ+ community. Add in underpaying LGBTQ+ folks in the workplace and this makes it hard to live and thrive on limited income. Layered with other intersections that people have, and it is a struggle. – Community Leader

Racial Disparities

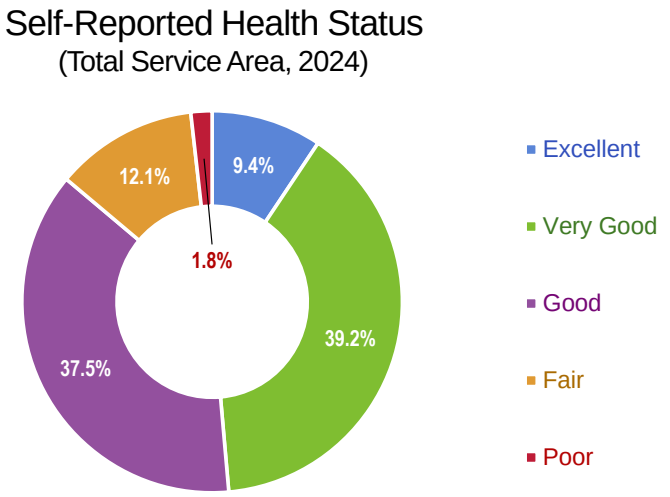
> Medical racism continues in some systems, and parts of our state --- not believing when patients of Color have concerns, sending them home without proper treatment or diagnosis. It is 100% leading to poor health outcomes. Better and more consistent training on implicit bias for health care workers would go a long way to improving outcomes. We also still have a divide in highest vs lowest income levels and this affects health outcomes. – Community Leader

HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is excellent, very good, good, fair, or poor?"

Most Total Service Area residents rate their overall health favorably (responding "excellent," "very good," or "good").

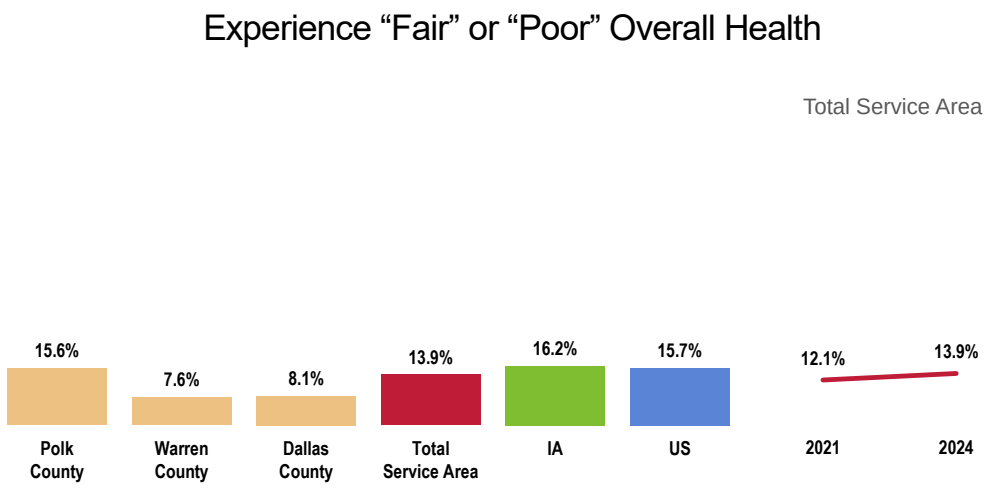


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

However, 13.9% of Total Service Area adults believe that their overall health is "fair" or "poor."

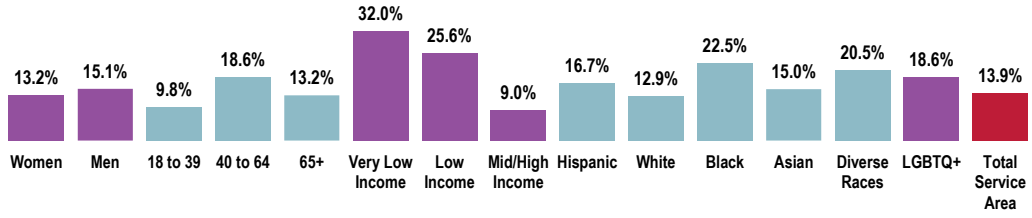
BENCHMARK ► Lower than the Iowa prevalence.

DISPARITY ► The prevalence is much higher among Polk County residents. Reported more often among adults age 40 to 64, residents in low-income households, and Black respondents.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

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

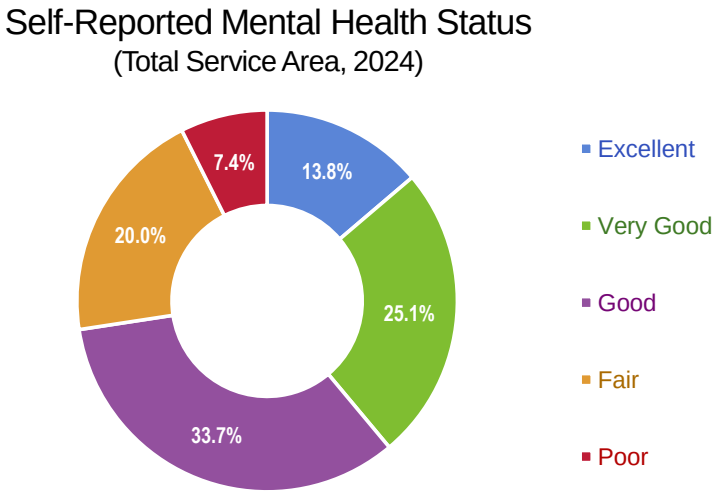
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening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

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

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?"

Most Total Service Area adults rate their overall mental health favorably ("excellent," "very good," or "good").



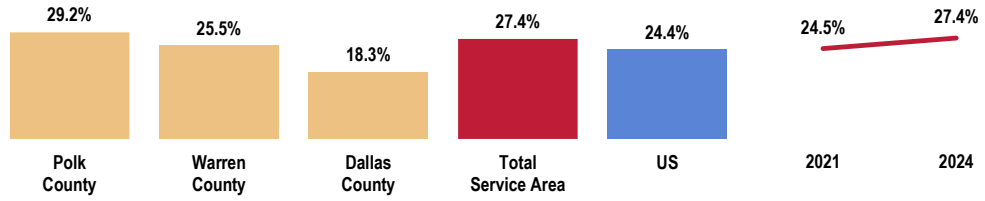
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.

However, 27.4% believe that their overall mental health is "fair" or "poor."

DISPARITY ► Highest among Polk County residents.

Experience "Fair" or "Poor" Mental Health

Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Depression

Diagnosed Depression

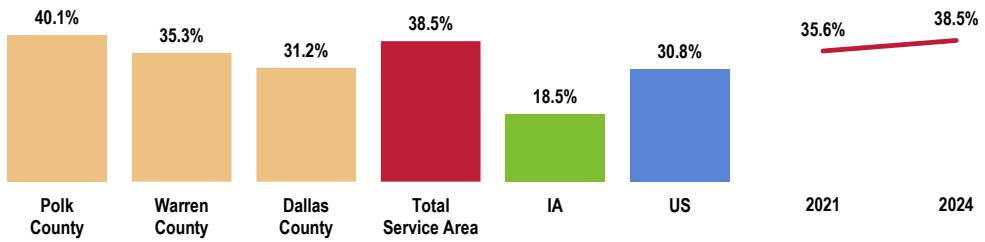
A total of 38.5% of Total Service Area adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Above the US and (especially) Iowa percentage.

DISPARITY ► Highest in Polk County.

Have Been Diagnosed With a Depressive Disorder

Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

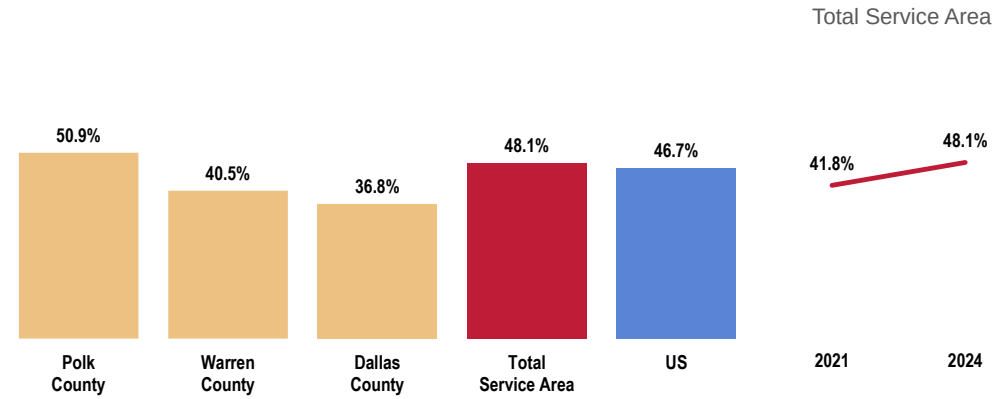
Symptoms of Chronic Depression

A total of 48.1% of Total Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

TREND ► Marks a statistically significant increase since 2021.

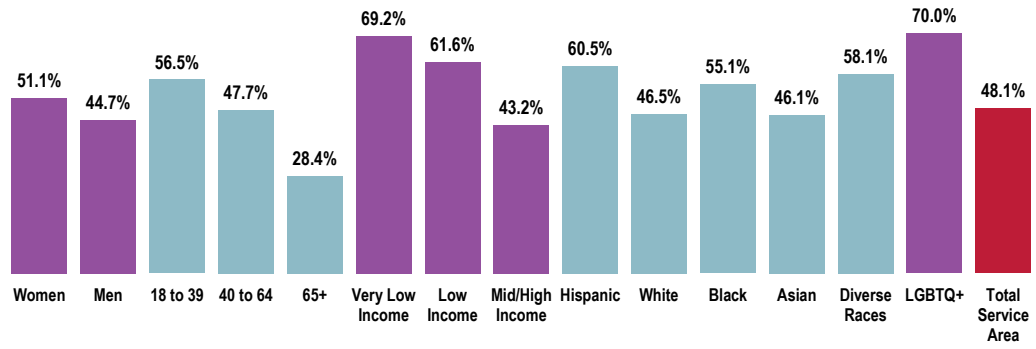
DISPARITY ► Reported among half of Polk County respondents. The prevalence decreases with age and household income level and is higher among women, Hispanic adults, Black adults, and those who identify as LGBTQ+.

Have Experienced Symptoms of Chronic Depression



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
● 2023 PRC National Health Survey, PRC, 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.

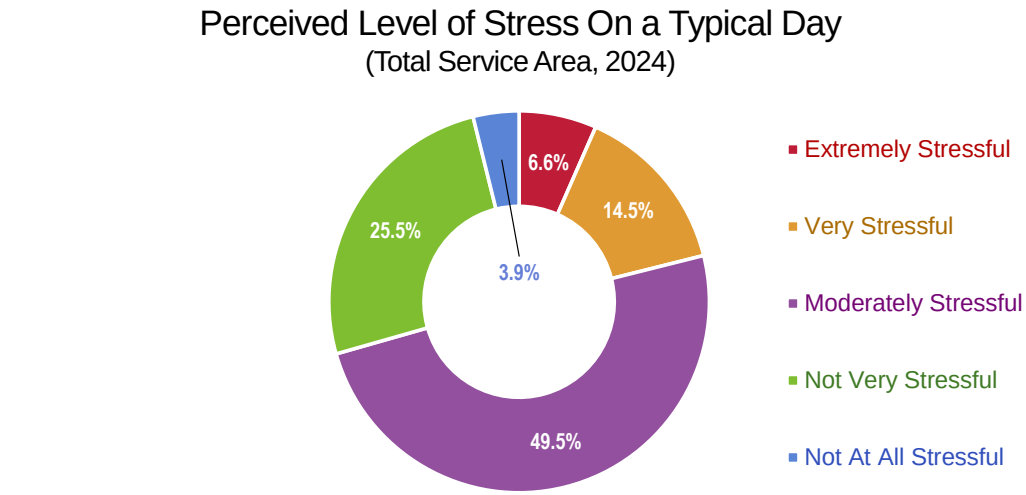
Have Experienced Symptoms of Chronic Depression
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
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.

Stress

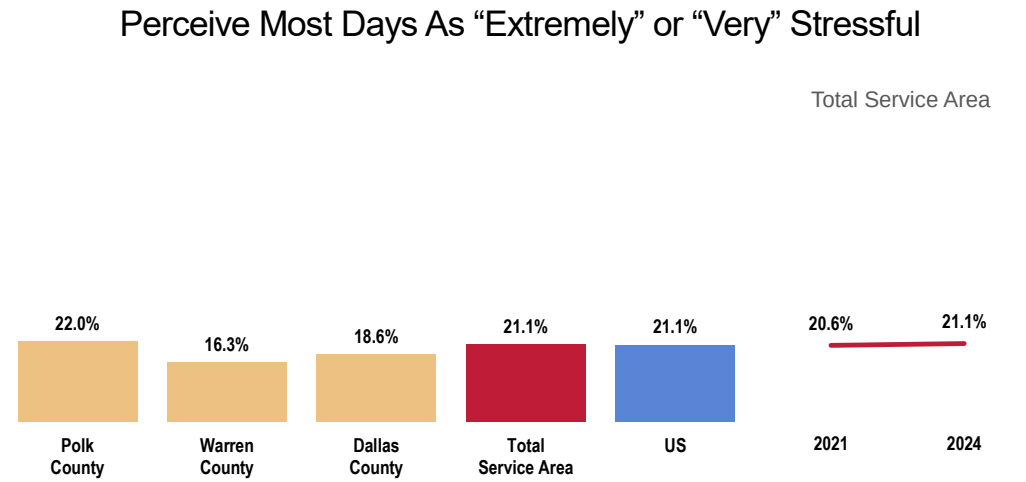
A majority of surveyed adults characterize most days as no more than "moderately" stressful.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

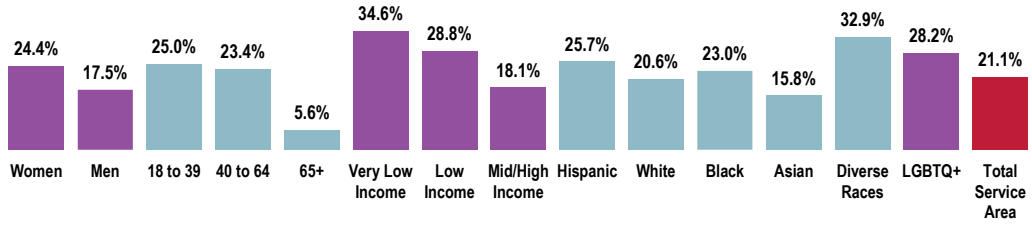
In contrast, 21.1% of Total Service Area adults feel that most days for them are "very" or "extremely" stressful.

DISPARITY ► Highest in Polk County. Reported more often among women, adults under 65, those in low-income households, residents of Diverse Races, and LGBTQ+ adults.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Most Days as “Extremely” or “Very” Stressful
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

Suicide

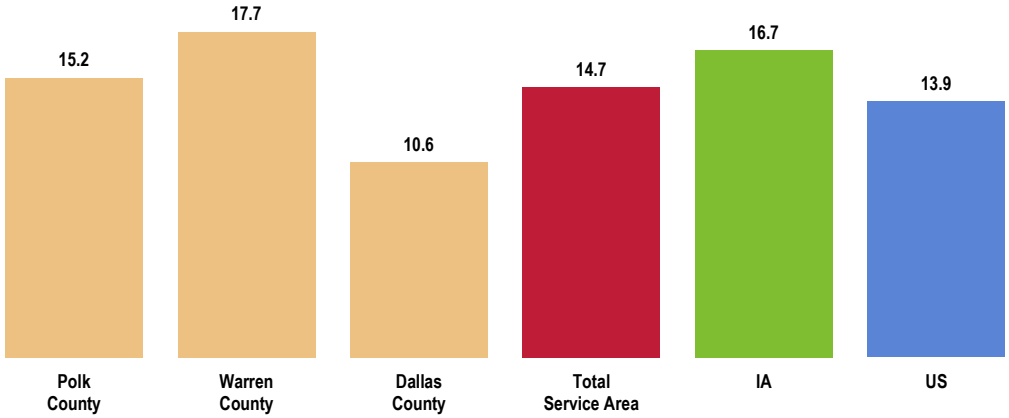
Refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates.

In the Total Service Area, there were 14.7 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

TREND ► Increasing over the past decade.

DISPARITY ► Lower in Dallas County.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 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 June 2024.
• US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
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.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TSA	12.1	12.2	13.7	14.6	15.0	13.9	14.7	14.7
IA	13.7	13.3	13.7	13.8	14.5	15.0	15.7	16.7
US	12.5	12.8	13.1	13.4	13.6	13.9	14.0	13.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Mental Health Treatment

Mental Health Providers

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

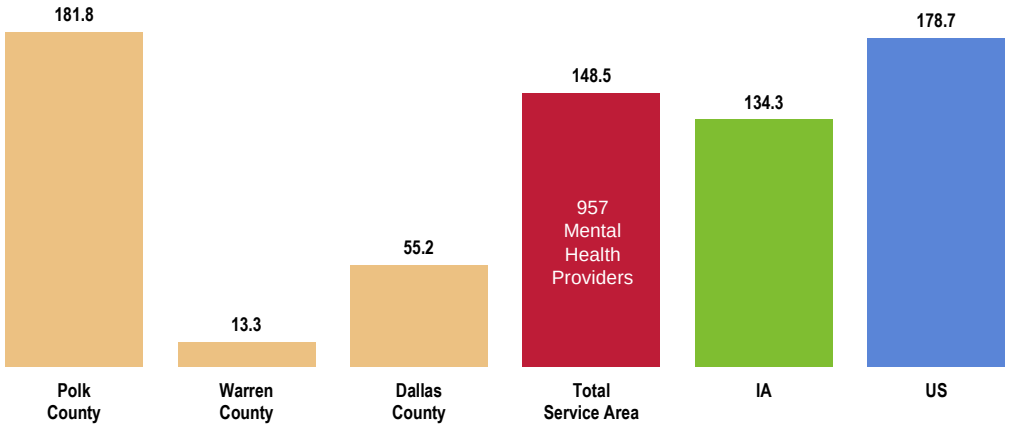
In the Total Service Area in 2024, there were 148.5 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) for every 100,000 population.

BENCHMARK ► A lower ratio than reported nationally.

DISPARITY ► Considerably lower in Warren and Dallas counties.

Number of Mental Health Providers per 100,000 Population

(2024)



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

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

Currently Receiving Treatment

A total of 32.1% of residents are currently taking medication or otherwise receiving treatment from a health professional for some type of mental health condition or emotional problem.

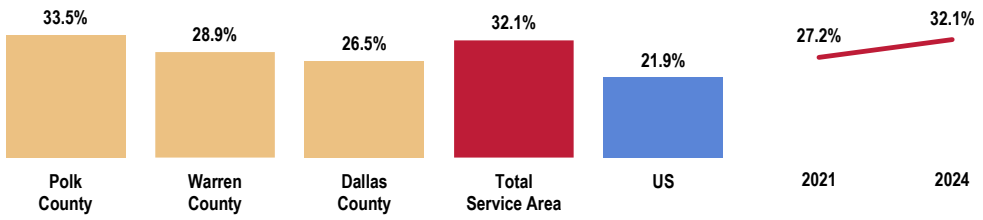
BENCHMARK ► Well above the US figure.

TREND ► Increasing significantly since 2021.

DISPARITY ► Highest among Polk County respondents.

Currently Receiving Mental Health Treatment

Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

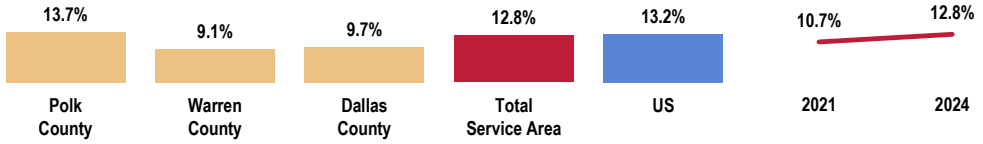
Difficulty Accessing Mental Health Services

A total of 12.8% of Total Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

DISPARITY ► Highest in Polk County. Reported more often among women, young adults, those in low-income households, Black residents, and LGBTQ+ respondents.

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

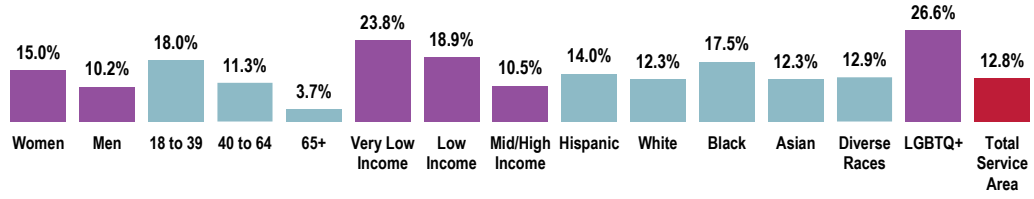
Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year
(Total Service Area, 2024)



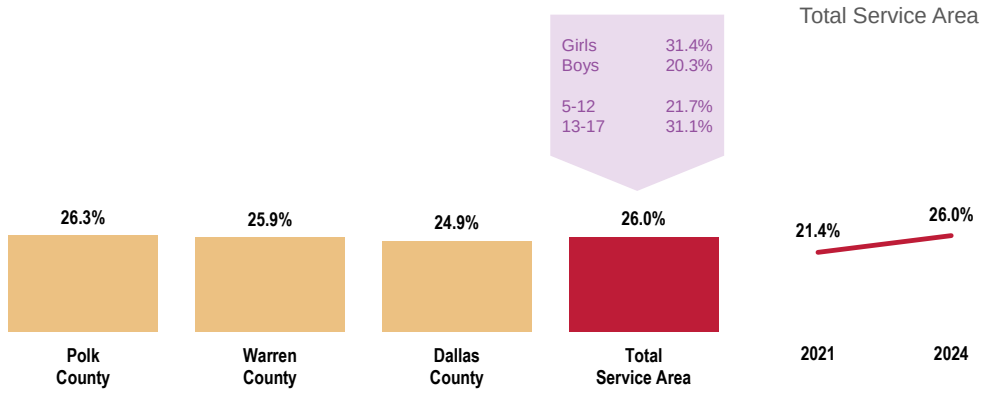
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
Notes: • Asked of all respondents.

Child's Mental Health Services

Among parents of children age 5 to 17, 26.0% report that their child needed mental health services at some point in the past year.

DISPARITY ► Higher among girls and teens.

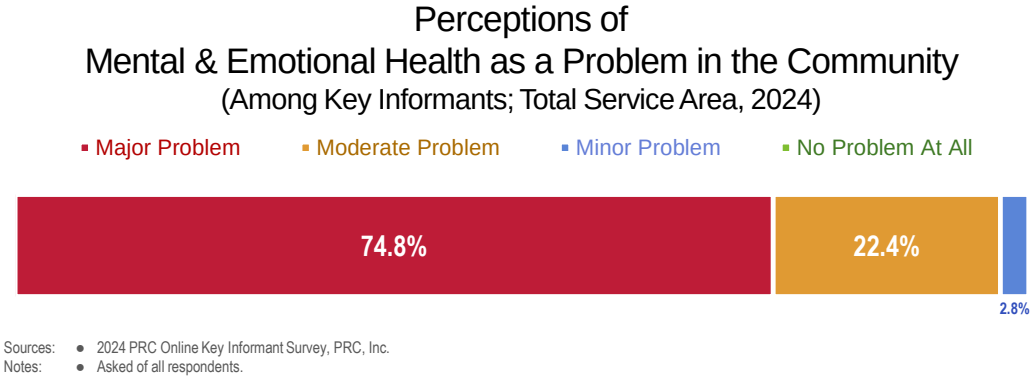
Child Needed Mental Health Services in the Past Year
(Parents of a Child Age 5-17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: • Asked of all respondents about a child age 5-17 at home.

Key Informant Input: Mental Health

Three in four key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.



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

Access to Care/Services

Lack of system of care, lack of crisis response for youth, poor access to therapy due to workforce shortages, stigma, and knowledge. – Social Services Provider

There is almost no access to treatment for mental health issues. It primarily falls on law enforcement and shelters. There are almost no inpatient options. This is a major crisis in Iowa. – Community Leader

Lack of mental health support due to limited resources and funding. – Social Services Provider

There is limited access to mental health services for youth, contributing to juvenile justice issues. – Community Leader

Accessing care. – Physician

Access to appropriate care in a timely fashion. – Community Leader

Lack of resources. – Community Leader

Access to therapy and counseling without "good" insurance. The only people I hear talk about therapy are people who have decent employment benefits – which usually means they are in a job that required a college degree. I do believe that Medicaid recipients have some okay options for their children – specifically AmeriGroup and Iowa Total Care and also school options, but they have limited choices for adults. Also, some people do not qualify for Medicaid, but desperately need those resources. Parents who are in difficult circumstances need to be given grace as they are doing the best with their kids, and having access to a therapist or counselor to help and be a support is just as essential for adults as kids. – Social Services Provider

Access to in-person service in a timely manner. Cost of treatment becomes a barrier. – Community Leader

Services. – Community Leader

Access to services. – Community Leader

Access to care. Insurance for services and a lack of availability of services. There are many socioeconomic stressors that are affecting mental health, and it impacts all areas of our community, personal, work, schools, and community. – Social Services Provider

Iowa is at the bottom of the list in the US for accessible, affordable mental health services. To put it plainly, we are below par when it comes to getting people excellent mental health services. On top of that, the availability of trauma informed providers is another barrier, which puts people on waitlists for months. – Social Services Provider

Timely access to professional assistance, particularly providers and acute care services. – Community Leader

Getting residents to counselors and other mental health care services without a long waiting period. Changing the thought that it's a weakness to access mental health services i.e. counseling, medication if needed etc. Having enough inpatient beds without having to go out of town or out of county for them. – Other Health Provider

Limited access to mental health providers, long wait lists, and providers usually take private insurance not Medicaid or Medicare. Plus, many people in the community do not have health insurance because they cannot afford it. – Other Health Provider

Access to providers/care in a timely fashion. Lack of up front/preventative care before people find themselves in mental health crises. – Community Leader

Access to services, therapy, and psychiatric consultation/care. Access to affordable medications. – Physician

There is a significant lack of services both inpatient and outpatient and what is available is expensive. – Community Leader

The largest challenge is the lack of available services on all levels. OP/IP/urgent, etc. There aren't enough providers, particularly for children. Additionally, there really aren't services for dual diagnosis for mental health and substance use. There isn't enough staffing to be able to fill all the currently available beds. I had heard that Clive had less than 40 of their 100+ beds open. Services don't meet people where they are. Ex. people with mental health are removed from programs when they don't show up for appointments. More resources are needed around the metro, not just concentrated in a few areas. – Community Leader

Access to appropriate levels of mental health care is the biggest problem: Not enough inpatient beds (especially for children/teens), lack of an efficient "step down" level of care for those recently discharged, lack of high quality, accessible mental health therapists (esp. for children), lack of language and culturally sensitive and BIPOC therapists, lack of integrated school mental health specialists, lack of access to mental health telehealth for children. – Physician

Lack of children's mental health services that meet the unique age-appropriate needs of children and their families. Services to support LGBTQ+ youth. – Community Leader

Access to services, long wait times and knowing what services are available. – Public Health Representative

Access and providers. – Community Leader

Wait times to see a provider. Limited support. Limited openings in facilities. – Community Leader

Provider access and transportation. – Other Health Provider

Accessing providers in a timely manner, especially for pediatric patients. The current wait times are up to six months. Inpatient beds are not readily available, and we see patients discharged early due to this. Shortage of ADHD medications. – Other Health Provider

Timely access to resources for children and families in crisis. Having an advocate for these families that may be in crisis and unsure of where to start or who to ask for help. Financial barriers, resources to social workers and mental health support within our schools to assist students and families. – Other Health Provider

Access, affordability, and providers. – Community Leader

Essentially no access to help in the community to mental health services, and very limited access in surrounding communities. – Community Leader

Beds in facilities is a huge issue. We can identify mental health issues in public, we can commit them, we can persuade them to go on their own, but we cannot find long term or in house placement places. We need more space for these people to heal and receive treatment. Outpatient care doesn't seem to be working, we need more in-patient, which means more personnel and beds. – Community Leader

Mental health facilities are very limited in the Des Moines area. – Community Leader

Access to care is a very big problem, especially for the homeless community. – Community Leader

Access to resources and counseling. – Social Services Provider

Lack of Providers

The lack of psychiatric physicians. The difficulty getting into a therapist. Coverage for mental health care. The lack of long-term care facilities for chronic/severe mental health and gaps in services. – Public Health Representative

A lack of service providers. Embarrassment about seeking out needed services. Transportation to a provider or to a pharmacy. – Community Leader

There are not many reliable providers in the county. – Other Health Provider

We have an extreme lack of mental health care providers in the state of Iowa and are consistently near the bottom of rankings when it comes to access to mental health care in the United States. Those seeking mental health care are often put on long waiting lists which can exacerbate the problem. It can also be confusing to find/access services that can be covered through insurance. Sometimes folks have to pay out of pocket for services which can be an inequitable barrier. – Community Leader

Lack of providers to assist with the level of care our community needs. We have students that need a higher level of care than what our school-based resources/providers can provide. They don't usually meet inpatient criteria, so they are sent home and affect entire family dynamics. They are back to school without any intervention. If they are lucky and have an insurance that mental health providers will accept, they will have an appointment in 3-4 months with a psych provider. Schools and families are left to "do their best" with the resources we have. As I mentioned, these are usually issues that are beyond what a school-based therapist or counselor can provide. There is a lack of support for families and schools dealing with the high needs of mental health in our community. – Other Health Provider

Lack of providers, especially providers of color. – Other Health Provider

No psychiatrists, no inpatient beds, limited therapists, and low Medicaid reimbursement for therapy. No Medicaid reimbursement for social determinant services. – Other Health Provider

Lack of providers, expense, and long waits. – Community Leader

> Lack of providers specifically, providers who are from underserved communities or who speak other languages. – Community Leader
>
> Lack of prescribers and time it takes to get in to see them, complex health issues and high prevalence. – Other Health Provider
>
> Lack of doctors. – Social Services Provider

Denial/Stigma

> Stigma still exists and access to care, ongoing, can be a challenge. We have made great strides in these areas, but progress needs to continue, specifically around children's mental health and crisis services. – Community Leader
>
> Mental health stigma. – Community Leader
>
> While conversations about mental health are elevating, there remains a debilitating stigma around mental health disorders. Individuals living with mental health issues have limited options for care, especially if one does not have private health insurance. Long wait times for evaluations or therapy appointments are well-known. For those in crisis, the Mobile Crisis Unit is beneficial but that is designed to help in situations when law enforcement is called or needed. Having police involvement immediately escalates the situation and can negatively affect the individual in need of assistance. The Unit should be available without police intervention. – Community Leader
>
> Stigma, lack of availability of providers and services and lack of recognition of mental illness particularly in youth. – Community Leader
>
> Stigma and the current waiting list. – Community Leader
>
> Mental health is a taboo in the Latino community, however, there does seem to be a change in views among the younger generations. – Community Leader

Awareness/Education

> It is difficult for even those of us (EMS) who are a part of the system to know who to call for what. It is not clear what services are available, who qualifies for those services or best practice for connecting our patients with said services. – Other Health Provider
>
> Lack of awareness and education of health care providers and community members and limited facilities. – Community Leader
>
> Recognition that there is a problem. Information about how to access resources. Available medical staff available to treat the condition and follow up care. – Community Leader
>
> Understanding of mental health and its impacts. Housing and other supports. – Social Services Provider

Affordable Care/Services

> Businesses, neighborhoods, and other entities should find ways to connect with people who have mental health issues or provide them with a variety of free or simple resources, or at least acknowledge how mental health can be different for everyone. – Community Leader
>
> Access to affordable, culturally, and linguistically appropriate services. – Community Leader

Funding

> Mental health issues for all ages. Defunding AEA and lack of education for providers outside the mental health providers. – Other Health Provider
>
> Lack of access due to funding and labor shortage of mental health professionals. – Community Leader

Insurance Issues

> Lack of insurance and not enough providers. – Community Leader
>
> There are not enough culturally competent providers who accept insurance and understand the complexities of various communities' opinions surrounding assistance with mental health. The concept is foreign amongst refugee populations, who live with significant trauma which affects their health outcomes. there is also the barrier of finding a provider who not only: 1. understands your culture but 2. speaks the language 3. is the same gender as the person requesting services. – Community Leader

Isolation/Loneliness

> Social Isolation. This is tied to mental health – but I do think social isolation is becoming a big issue impacting people of all ages. Increase technology usage, decrease in "third spaces" or public spaces, decreased emphasis on social emotional learning are just a few of the factors leading to social isolation which increases rates of loneliness, poor mental health, and negative impacts on overall health. – Community Leader
>
> People don't interact with each other enough. We all need to feel more connected, and our neighbors should know each other better. We should be outside talking to each other. Also, mental healthcare is expensive, and most people just can't afford professional support. – Community Leader

Transportation

> Transportation and lack of available providers including those who take pediatrics. – Public Health Representative
>
> Supports that do not require travel because transportation continues to be an issue in Dallas County. – Community Leader

Comorbidities

> Anxiety, depression, substance use, and experiencing trauma. – Social Services Provider

Diagnosis/Treatment

> One of the largest challenges with mental health is identifying individuals that need help and influencing them to help prior to their mental health challenge becoming a crisis with negative implications on emergency services, their personal lives, or lives of others. Dallas County has significantly increased available resources for mental health, but often mental health resources on the back end of emergency services, IE within hospitals are insufficient for long term care and generally deal with acute illness. On top of those issues, there is a lack of counselors with availability across the region. – Community Leader

COVID-19

> Since COVID anxiety is up. – Community Leader

Vulnerable Populations

> From the immigration perspective, we have clients from all over the world who are survivors of extreme trauma and violence. They likely have never received help in addressing their trauma, and certainly not in their first language. Even if there is a provider available in their language who might be able to serve them, there is usually a very long waiting list, or the cost is so prohibitive the person cannot afford to see the provider. – Social Services Provider

Government/Policy

> The state government continues to legislate to eliminate the LGBTQ+ community from Iowa and this has a significant impact on mental health. From taking away healthcare, introducing over 40 anti-LGBTQ+ bills, and passing a bill that is a license to discriminate. Safety is at an all-time low and people are scared for their lives. There are not enough affirming providers to keep up. – Community Leader

Gun Violence

> Many persons with mental health issues have access to firearms when they are not supposed to have access. – Other Health Provider

Incidence/Prevalence

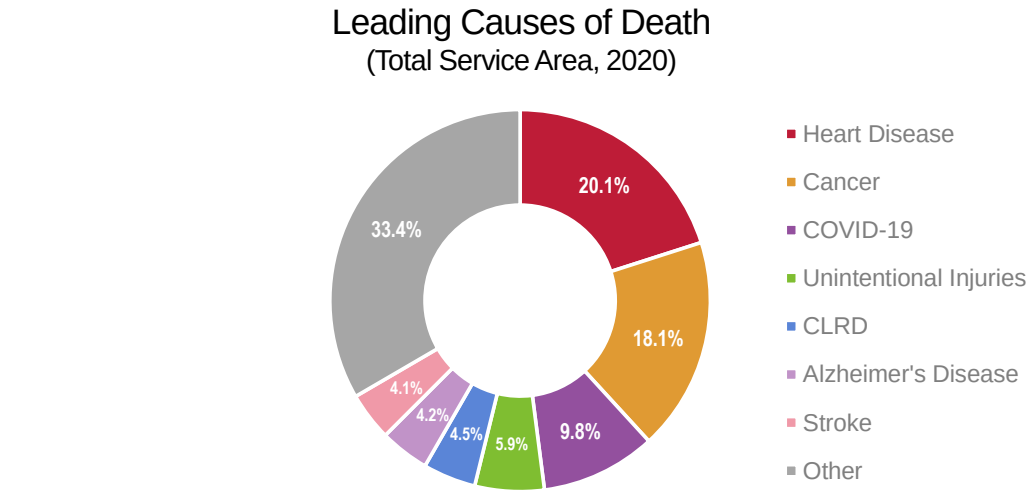
> Mental health. – Community Leader

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Heart disease accounted for one in five (20.1%) Total Service Area deaths in 2020, followed closely by cancer (18.1% of deaths) and more distantly by COVID-19 (9.8% of deaths).



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.
Notes: ● Lung disease includes deaths classified as chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

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

The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Service Area.

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

Leading causes of death are discussed in greater detail in subsequent sections of this report.

Age-Adjusted Death Rates for Selected Causes
(2018-2020 Deaths per 100,000 Population)

	Total Service Area	IA	US	Healthy People 2030
Heart Disease	160.8	170.3	164.4	127.4*
Cancers (Malignant Neoplasms)	148.6	151.3	146.5	122.7
Falls [Age 65+]	118.4	87.4	67.1	63.4
COVID-19 (Coronavirus Disease) [2020]	80.7	99.0	85.0	—
Unintentional Injuries	47.3	42.9	51.6	43.2
Lung Disease (Chronic Lower Respiratory Disease)	42.8	42.3	38.1	—
Alzheimer's Disease	36.1	30.9	30.9	—
Stroke (Cerebrovascular Disease)	33.2	32.3	37.6	33.4
Diabetes	19.6	22.3	22.6	—
Alcohol-Induced Deaths	15.3	9.9	11.9	—
Unintentional Drug-Induced Deaths	14.8	9.4	21.0	—
Suicide	14.7	16.7	13.9	12.8
Pneumonia/Influenza	11.2	13.8	13.4	—
Septicemia	10.6	8.4	9.8	—
Cirrhosis/Liver Disease	10.1	9.7	12.5	10.9
Motor Vehicle Deaths	7.6	10.5	11.4	10.1
Kidney Disease	7.1	9.7	12.8	—
Homicide	3.7	3.0	6.1	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 June 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

Note:
- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- 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.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

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

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

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

Age-Adjusted Heart Disease & Stroke Deaths

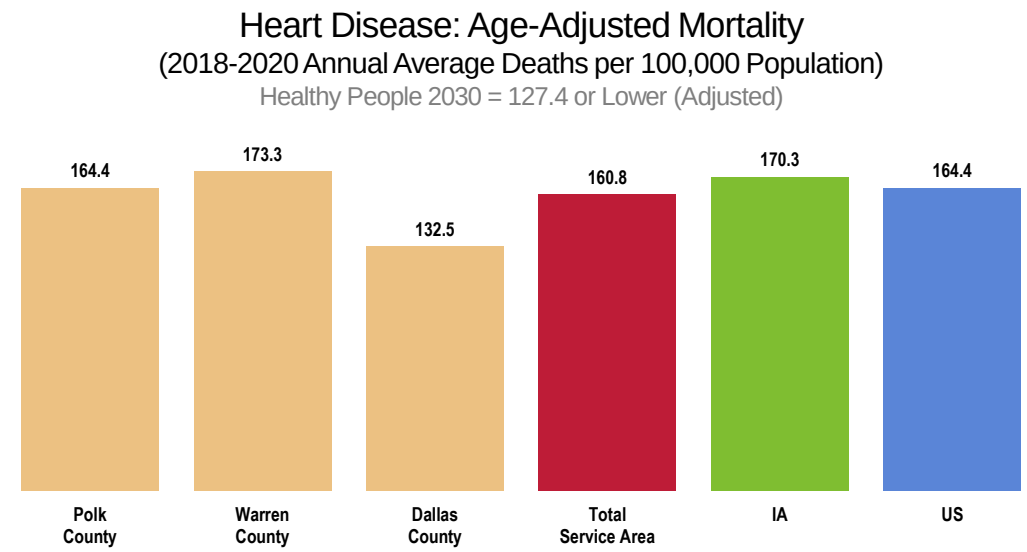
Heart Disease Deaths

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

Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 160.8 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lowest in Dallas County.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- 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.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TSA	149.4	151.7	148.5	148.7	154.1	159.2	160.3	160.8
IA	168.4	165.5	162.3	160.3	163.7	165.1	168.5	170.3
US	171.3	169.6	168.9	167.5	166.3	164.7	163.4	164.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke Deaths

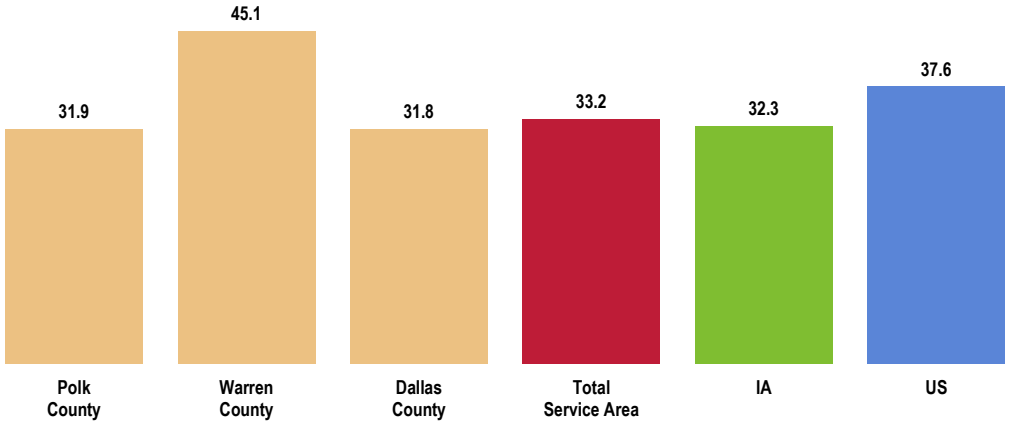
Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 33.2 deaths per 100,000 population in the Total Service Area.

DISPARITY ► Much higher in Warren County.

Stroke: Age-Adjusted Mortality

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 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 June 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TSA	33.3	31.2	31.6	32.1	32.0	30.7	32.6	33.2
IA	34.3	34.0	33.7	33.2	32.8	32.7	32.6	32.3
US	37.0	36.9	37.1	37.5	37.5	37.3	37.2	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

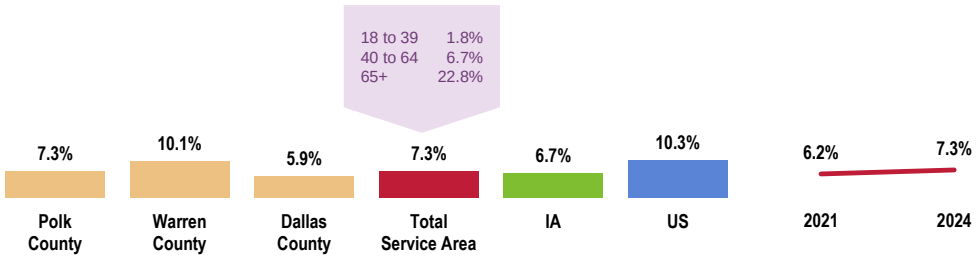
A total of 7.3% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ► Lower than the national prevalence.

DISPARITY ► Strong correlation with age.

Prevalence of Heart Disease

Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

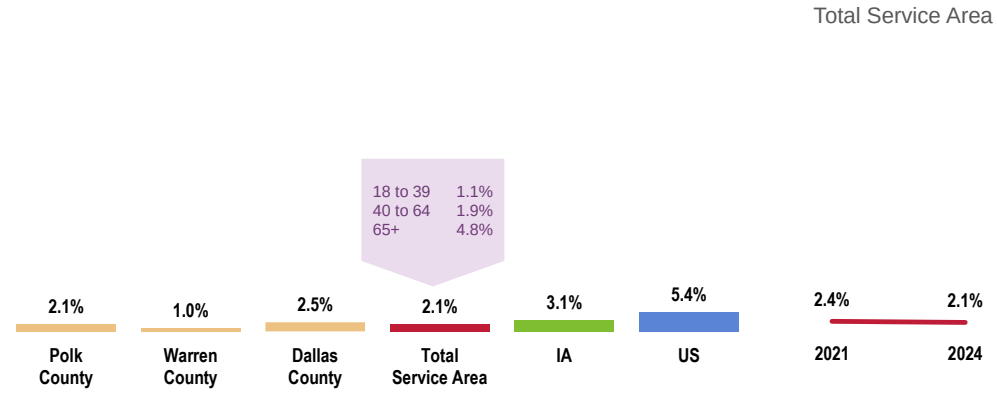
Prevalence of Stroke

A total of 2.1% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

BENCHMARK ► Lower than the state and US percentages.

DISPARITY ► The prevalence increases with age in the Total Service Area.

Prevalence of Stroke



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 39.0% of Total Service Area adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Well above the Iowa figure.

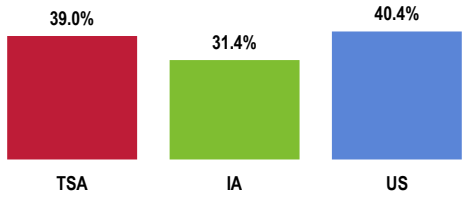
DISPARITY ► Lowest in Dallas County (not shown).

A total of 37.0% of adults have been told by a health professional that their cholesterol level was high.

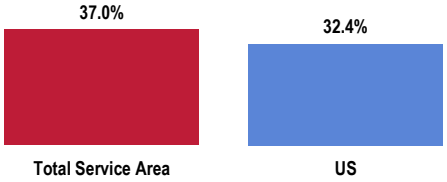
BENCHMARK ► Higher than the national prevalence.

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol

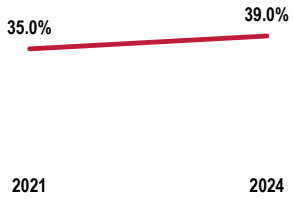


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure (Total Service Area)

Healthy People 2030 = 42.6% or Lower



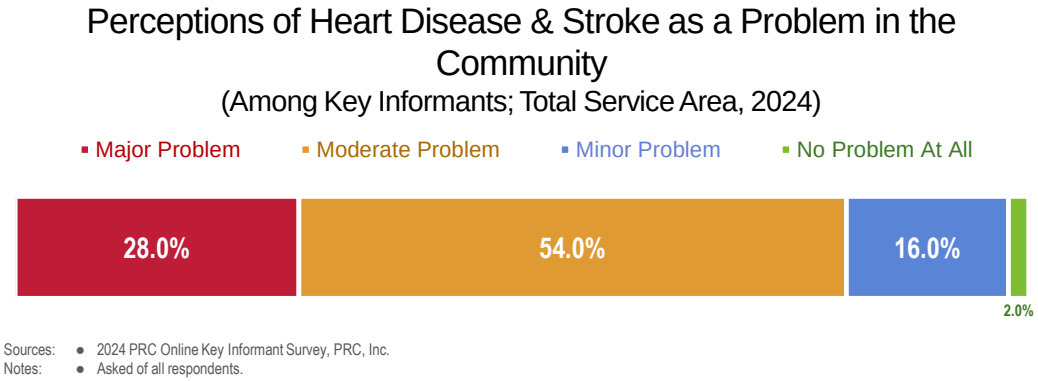
Prevalence of High Blood Cholesterol (Total Service Area)

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.



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

Leading Cause of Death

> Major causes of death and disability. – Community Leader
>
> Heart disease is the number-one cause of death. – Physician
>
> It is one of the leading causes of death in the state. – Community Leader
>
> Heart disease is the number-one killer; high blood pressure and hyperlipidemia seems to be a normal trend at this point. – Other Health Provider

Incidence/Prevalence

> The prevalence with which I hear these talked about and just how I have witnessed it in my own circles, it felt like they rose above something moderate. Heart disease has always been one of our biggest/leading causes of death. – Community Leader
>
> Rates of preeclampsia and eclampsia. – Community Leader
>
> It seems like a lot of people in my community have family histories of heart disease and they are on high blood pressure medication and cholesterol medications. – Community Leader

Vulnerable Populations

> Heart disease and stroke are relevant disparities in the Black community because of the lack of preventive care and screenings. People cannot recognize a stroke or what to do when it occurs. – Community Leader
>
> Again, lack of preventative care and trustworthy providers for the LGBTQ+ community. – Community Leader
>
> Heart disease can be linked to other chronic illnesses such as diabetes and high blood pressure and high cholesterol, which are all predominant in the Latino community. If these illnesses aren't treated, stroke and heart problems are likely to follow. – Community Leader
>
> Being a part of the Black community, I am privy to incidence of heart issues and stroke. – Social Services Provider

Awareness/Education

> Lack of awareness, lack of access to heart-healthy foods and education. There is also no hospital in Warren County in the event of heart attack and stroke. If you are in a rural community, most emergency medical services/ambulance services are volunteer basis or small capacity with large service area. – Public Health Representative
>
> Lack of information about the dangers of both heart disease and strokes specific to prevention. – Social Services Provider

Access to Care/Services

> More specialty diseases requiring special care. – Social Services Provider

> Because people don't have access to healthcare. – Community Leader

Lifestyle

> They are linked to lifestyle, diabetes, obesity, and hypertension. – Public Health Representative
>
> Unhealthy lifestyles, and poor diet. – Community Leader

Obesity

> Self-explanatory. Americans are overweight. In cities and urban areas where there are limited options for healthy and fresh food, it is even worse. Add in lack of medical access (unless you want to go into medical debt) and it becomes extreme. Diabetes, cardiac events, strokes, and other high-level health emergencies typically take a lot of time and lack of self-care to develop. People need more opportunities to learn about being healthy starting at a young age, and then choices and options that are affordable to sustain a healthy lifestyle. Food is one piece, but also lack of youth sports opportunities. DMPS lacks funding to get really robust programs going, but they do the best they can with what they have, like everything else. – Social Services Provider

Income/Poverty

> Underserved communities and people living in the low-income demographic areas are not being treated fairly by doctors and are not informed totally of what they need to do to avoid these health issues. Poor diet, lack of education, and lack of exercise are not being told to patients until it's too late. Doctors are giving out prescribed medication to benefit themselves instead of feeding knowledge to the people so they can be in better control of their bodies. – Social Services Provider

Aging Population

> Aging population, high prevalence, and debilitating disease. – Other Health Provider

Diagnosis/Treatment

> Often unrecognized or undiagnosed, particularly high cholesterol and high BP. Many people are overweight and/or not active. – Community Leader

Nutrition

> Improper diet and lack of exercise and often uncontrolled hypertension. – Other Health Provider

Racial Disparities

> Racial disparities impact preventative care for heart disease and stroke. Lack of knowledge about family health history and limited access to health care providers. Lack of access and affordability to wellness programs such as nutritionists and exercise groups or classes. – Community Leader

CANCER

ABOUT CANCER

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

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

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

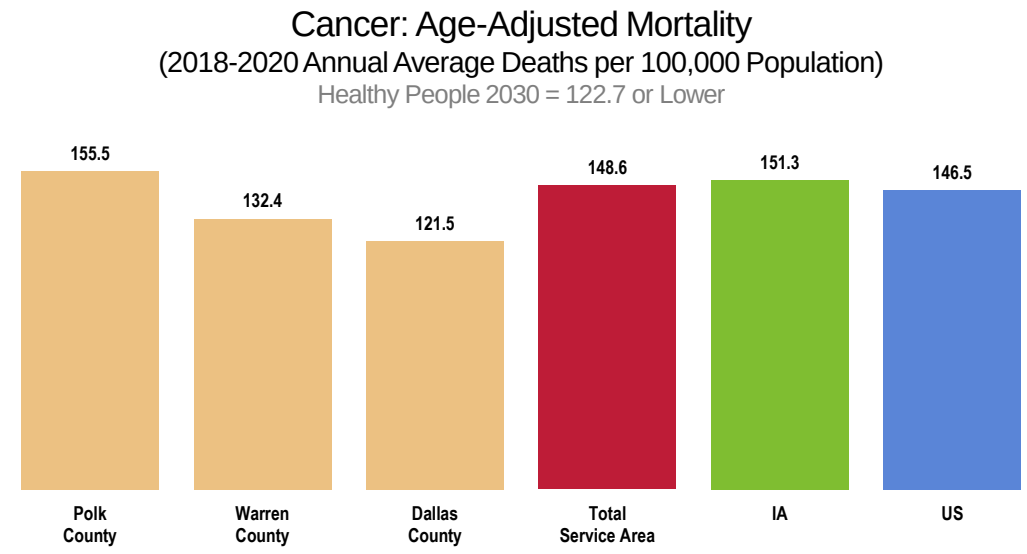
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 148.6 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Decreasing over the past decade, echoing state and national trends.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TSA	175.3	171.6	169.1	160.1	160.6	155.0	154.4	148.6
IA	170.0	167.7	166.2	163.3	160.6	157.7	154.7	151.3
US	166.2	162.7	160.1	157.6	155.6	152.5	149.3	146.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Cancer Deaths by Site

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

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

BENCHMARK ► Each of the local rates fails to satisfy the related Healthy People 2030 objective.

Age-Adjusted Cancer Death Rates by Site
(2018-2020 Annual Average Deaths per 100,000 Population)

	Total Service Area	IA	US	Healthy People 2030
ALL CANCERS	**148.6**	**151.3**	**146.5**	**122.7**
Lung Cancer	**36.3**	**36.3**	**33.4**	**25.1**
Prostate Cancer	**20.4**	**20.2**	**18.5**	**16.9**
Female Breast Cancer	**18.4**	**17.9**	**19.4**	**15.3**
Colorectal Cancer	**13.5**	**13.9**	**13.1**	**8.9**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Cancer Incidence

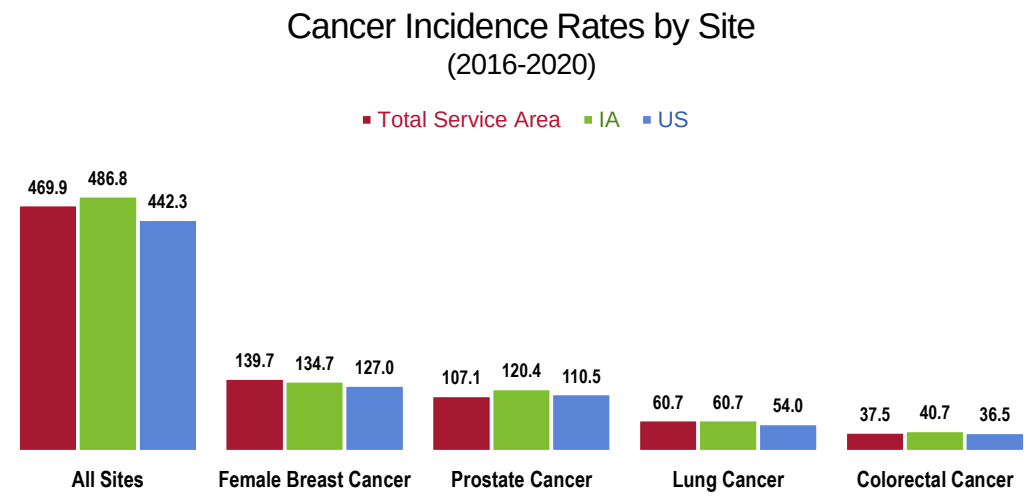
"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMARK

Lung Cancer ► Highest in Polk County (not shown).

Colorectal Cancer ► Highest in Polk County (not shown).



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population.

Prevalence of Cancer

A total of 9.7% of surveyed Total Service Area adults report having ever been diagnosed with cancer.

BENCHMARK ► Lower than the Iowa percentage but higher than the US.

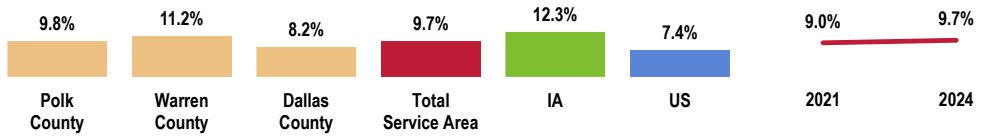
DISPARITY ► Reported more often among area men, adults age 65+, and White respondents.

Prevalence of Cancer

Total Service Area

The most common types of cancers cited locally include:

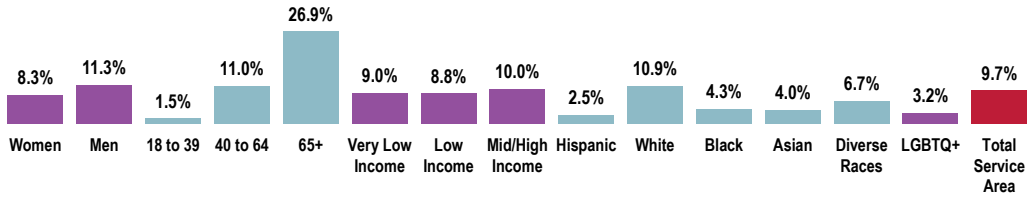
1) Skin/melanoma 29.9%
2) Breast 15.9%
3) Prostate 12.5%



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Cancer
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.

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 the following cancer sites:

FEMALE BREAST CANCER

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

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

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

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

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

Among women age 50 to 74, 82.1% have had a mammogram within the past 2 years.

BENCHMARK ► Well above the national prevalence.

Among Total Service Area women age 21 to 65, 84.9% have had appropriate cervical cancer screening.

BENCHMARK ► Well above the US figure.

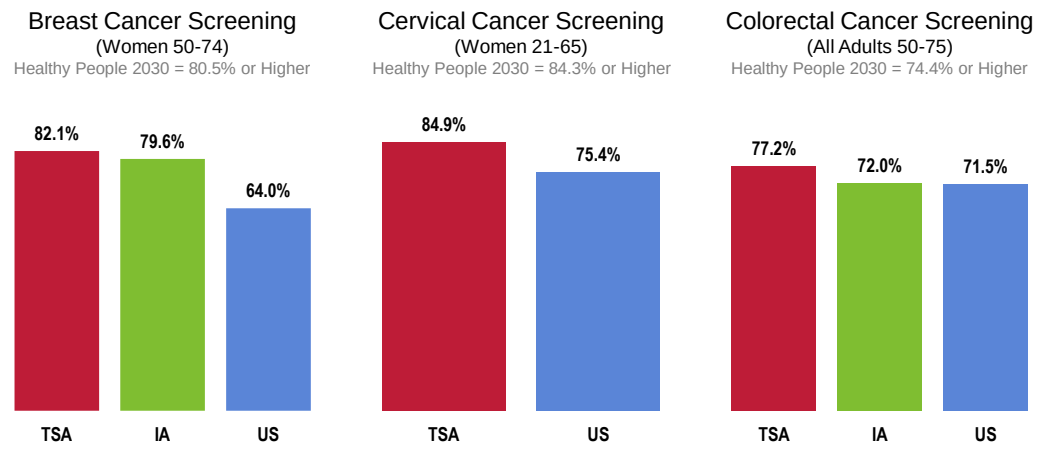
DISPARITY ► Highest in Warren County (not shown).

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

Among all adults age 50 to 75, 77.2% have had appropriate colorectal cancer screening.

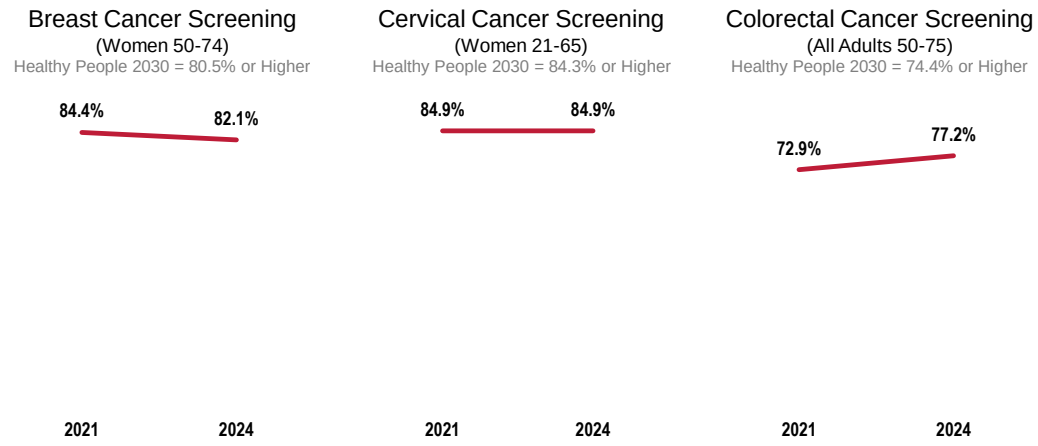
BENCHMARK ► Higher than the state and US figures. Satisfies the Healthy People 2030 objective.

DISPARITY ► Lowest in Polk County (not shown).



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.

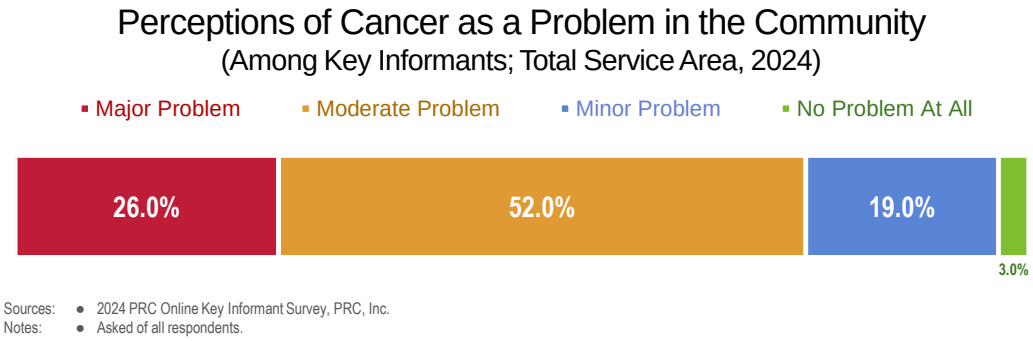


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

Over half of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.



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

Incidence/Prevalence

I know several people personally who have either died from or are currently facing a cancer diagnosis. It seems every few months you hear someone else has been diagnosed. It also seems like the success rates feel low after diagnosis. – Other Health Provider

I'm concerned about the rising level of cancer incidence in Iowa. – Community Leader

All organizations we partner with are experiencing workers with cancer or have close family members with cancer. – Community Leader

Iowa is currently the only state where cancer is on the rise. This is extremely important and concerning. – Community Leader

Iowa has many cases of new cancer, more than other states. – Social Services Provider

Over the past year, I have lost two dear friends to cancer. Within my employment, we have five individuals who have been diagnosed with some form of cancer. – Community Leader

Cancer is on the rise. More young people are being diagnosed with cancer. Our aging population is also a factor. – Physician

I am hearing about more people getting cancer and one just died from cancer. – Community Leader

The rates of cancer have been increasing. It is also no coincidence that although the rates of smoking have gone down, the rates of vaping have increased. In addition, there are chemical run off from the various farms that are in the rural part of our counties. – Community Leader

Cancer is the second leading cause of death worldwide. A loss of economic resources and financial loss will affect the quality of life for an individual as well as environmental factors. – Social Services Provider

We have higher rates than many other communities. Long term cure rates are low. – Other Health Provider

Environmental Contributors

I am very worried about our water quality and what we do or do not know. We recently had a report that Iowa's cancer rates are a concern and I worry that we'll find out in a generation or two that our water is a major source of the cancer epidemic. – Community Leader

Cancer is a major problem due to unhealthy factors like pollution, unhealthy lifestyles, limited access to healthcare, and higher stress levels present with families in said communities. – Community Leader

We are being exposed to so many chemicals and we don't know of all the harmful effects. – Other Health Provider

Vulnerable Populations

Lack of access to healthcare and preventative care puts LGBTQ+ folks at risk for increased cancer rates. Nicotine use is also higher. – Community Leader

Black Women are dying from breast and cervical cancers in higher rates. Black men are dying from prostate and colon cancer in high rates. Both are preventable deaths with preventive care and screenings. – Community Leader

Prevention/Screenings

> Screening and preventive services are not universally available, treatment services are being cut, MercyOne. Not enough prevention taking place. Example HPV vaccines and lack of awareness of the dangers of vaping. – Community Leader

> People are unable to be screened for cancer early, or they do not understand the importance of being scanned early. The time and cost to be checked out regularly and the understanding of simple changes to protect against cancer. While cancer may only directly affect one person, it indirectly affects family, friends, coworkers, and the community in different ways. – Community Leader

Affordable Care/Services

> Because only those who can afford treatment are provided said treatments and services. There is no language access. – Community Leader

Access to Care/Services

> I feel you go to a major hospital to deal with cancer, not your county hospitals to get the treatment you need. – Social Services Provider

Awareness/Education

> I think the main reason for cancer diagnoses in the Latinx community is a lack of education and lifestyle choices. Many Latinos who immigrate from other countries have a basic education or little to no background education at all. They don't see health as a priority if they have to work every day to provide for their families. They often times don't qualify for health insurance and go months to years without getting regular health checks. Although my community works a lot, we don't have the beat diet. We love our coca cola, rice, and fried foods. Sometimes we are also too tired to do exercise for fun. Being that our community has high incidences of diabetes, high cholesterol, and high pressure, that leaves us susceptible to other chronic illnesses and cancers in the future. – Community Leader

Diagnosis/Treatment

> Because there's no cure and all families are psychologically, emotionally, physically, and motivationally discouraged. In addition to that, the community loses hope and also the patients feel there is no hope. – Community Leader

Follow Up/Support

> As a cancer survivor I know the importance of access to aftercare. Often access to follow up treatment for those in a marginalized community is transportation barriers, prescription costs, and ease to schedule appointments. – Social Services Provider

Lifestyle

> Processed foods and some dietary. Also seeing cyclical generational health issues. Cancer running in the family. Some people groups get diagnoses late. – Social Services Provider

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

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

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

Note that this section also includes data relative to COVID-19 (coronavirus disease).

Age-Adjusted Respiratory Disease Deaths

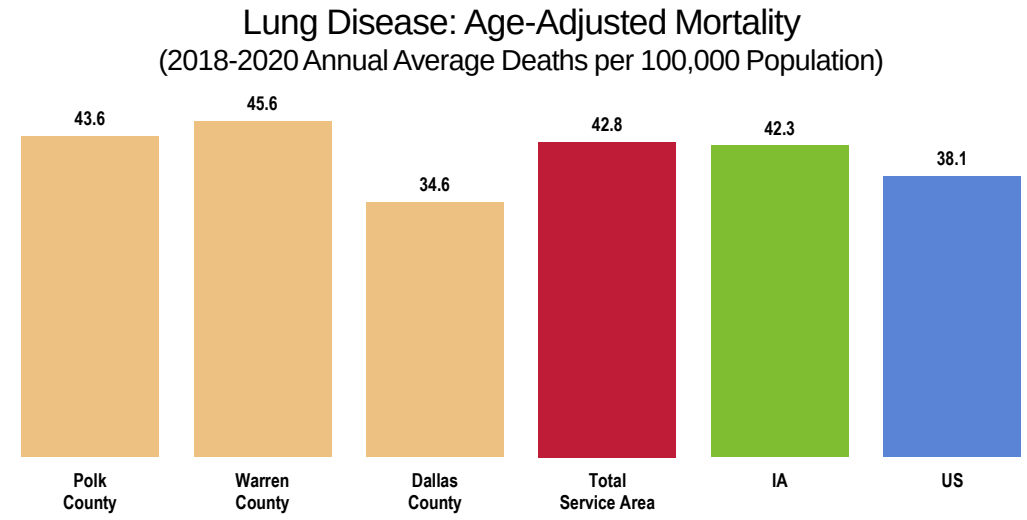
Lung Disease Deaths

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

Between 2018 and 2020, the Total Service Area reported an annual average age-adjusted lung disease mortality rate of 42.8 deaths per 100,000 population.

TREND ► Decreasing over the past decade.

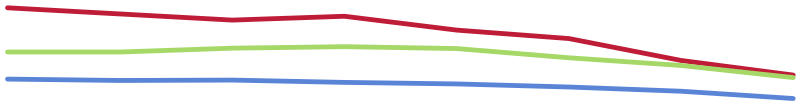
DISPARITY ► Much lower in Dallas County.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.

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

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TSA	56.3	55.1	53.8	54.6	51.8	50.1	45.7	42.8
IA	47.4	47.4	48.2	48.5	48.1	46.3	44.7	42.3
US	42.0	41.7	41.8	41.3	41.0	40.4	39.6	38.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.

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

Pneumonia/Influenza Deaths

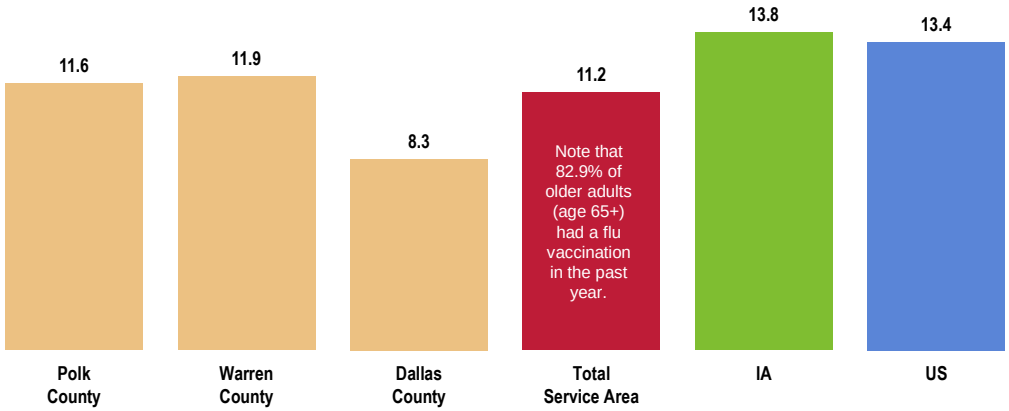
Between 2018 and 2020, the Total Service Area reported an annual average age-adjusted pneumonia/influenza mortality rate of 11.2 deaths per 100,000 population.

BENCHMARK ► Lower than the Iowa and US mortality rates.

TREND ► Decreasing over the past decade.

DISPARITY ► Lower among Dallas County residents.

Pneumonia/Influenza: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 108]
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.

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.

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

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TSA	18.3	18.1	16.9	14.3	13.1	12.1	11.7	11.2
IA	16.4	15.7	15.2	13.2	13.0	13.5	14.0	13.8
US	15.3	15.2	15.4	14.6	14.3	14.2	13.8	13.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.

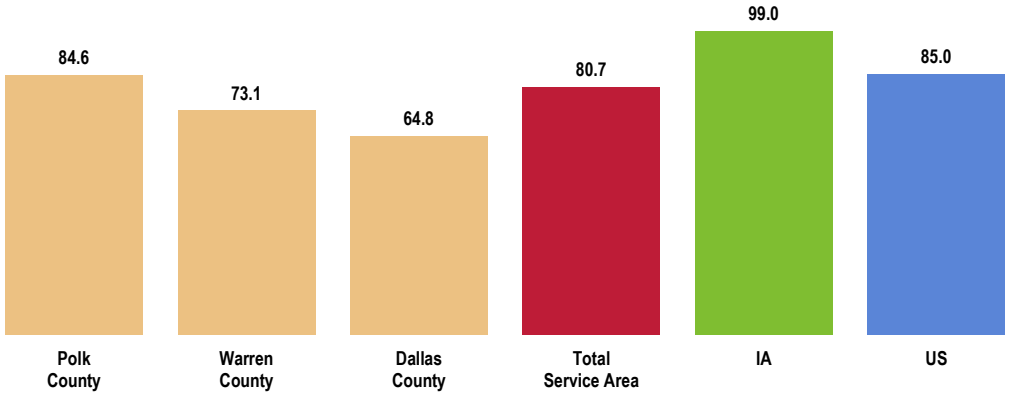
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

COVID-19 (Coronavirus Disease) Deaths

The 2020 age-adjusted COVID-19 mortality rate was 80.7 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Lower than the Iowa mortality rate.

COVID-19: Age-Adjusted Mortality
(2020 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 June 2024.

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.

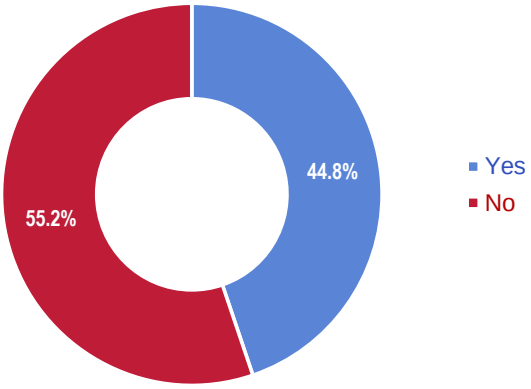
COVID-19 (Coronavirus Disease) Vaccines & Boosters

A total of 44.8% of area adults received a COVID-19 vaccine or booster in the past 12 months.

DISPARITY ► The prevalence is lowest in Warren County (not shown).

Received a COVID-19 Vaccine or Booster in the Past 12 Months
(Total Service Area, 2024)

Among respondents who did not receive a COVID-19 vaccine or booster in the past 12 months, the main reasons given included:
- Safety (39.9%)
- No need (26.0%)
- Already had COVID (12.9%)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 322–323]
Notes: ● Asked of all respondents.

Prevalence of Respiratory Disease

Asthma

Adults

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

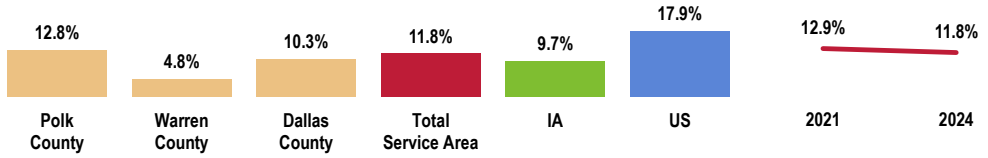
A total of 11.8% of Total Service Area adults have asthma.

BENCHMARK ► Higher than the Iowa percentage but lower than the US percentage.

DISPARITY ► Reported more often in Polk County and among women, adults living on the lowest incomes, and Black adults.

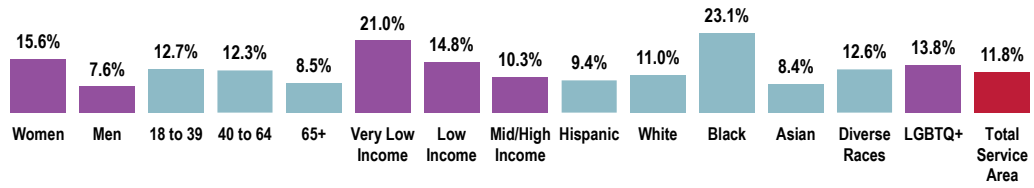
Prevalence of Asthma

Total Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Prevalence of Asthma
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
Notes: ● Asked of all respondents.

Children

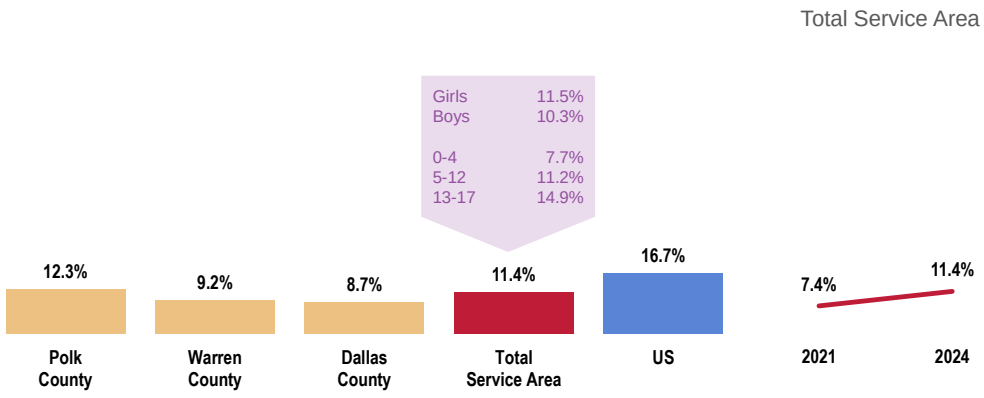
Among Total Service Area children under age 18, 11.4% have been diagnosed with asthma.

BENCHMARK ► Well below the US prevalence.

TREND ► Increasing since 2021.

DISPARITY ► Strong correlation with child's age.

Prevalence of Asthma in Children
(Children 0-17)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 92]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

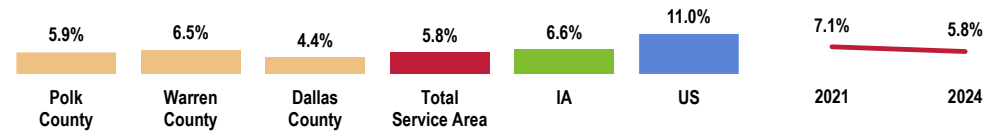
Chronic Obstructive Pulmonary Disease (COPD)

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 5.8% of Total Service Area adults suffer from chronic obstructive pulmonary disease (COPD).

BENCHMARK ▶ Well below the US figure.

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)



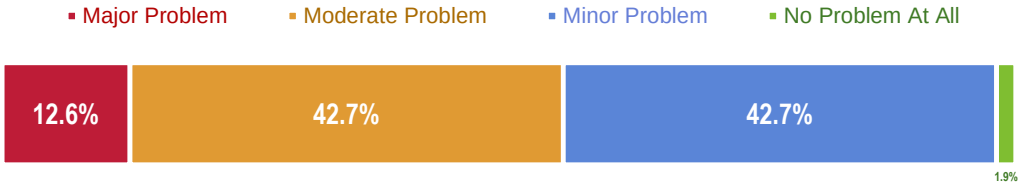
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

Equal shares of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" and a "minor problem" in the community.

Perceptions of Respiratory Disease as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Environmental Contributors

> Some days it smells really bad outside, and I can only assume it comes from packaging plants and pesticides from farms. These decrease the quality of air available to us and can lead to respiratory problems. – Community Leader

> Smoking, air quality/pollution and environmental issues in living spaces. – Community Leader
>
> Air quality. – Community Leader

Lack of Trust in Healthcare

> Indifference to the virus and it's impact. – Community Leader
>
> People are afraid to trust the system when it comes down to taking the proper vaccinations to stay healthy. Education is the key. – Social Services Provider

COVID-19

> COVID-19 took a lot of people out and/or revealed other conditions. – Community Leader
>
> I believe there are a number of respiratory diseases now associated with the aftereffects of COVID-19. There is no COVID information available or shared anymore regarding the illness. – Community Leader

Prevention/Screenings

> Again, lack of preventative care and trustworthy providers for the LGBTQ+ community. – Community Leader

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

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

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

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

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

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

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 47.3 deaths per 100,000 population in the Total Service Area.

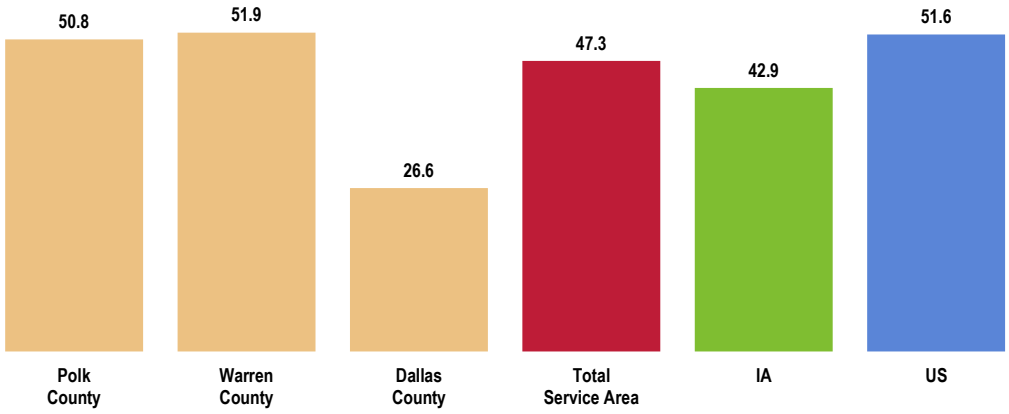
TREND ► Increasing over the past decade, echoing state and national trends.

DISPARITY ► Lowest in Dallas County.

Unintentional Injuries: Age-Adjusted Mortality

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 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 June 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TSA	38.4	38.6	41.4	41.9	42.9	43.8	44.9	47.3
IA	39.8	40.6	41.4	43.3	43.5	43.1	41.9	42.9
US	39.2	40.6	41.9	44.6	46.7	48.3	48.9	51.6

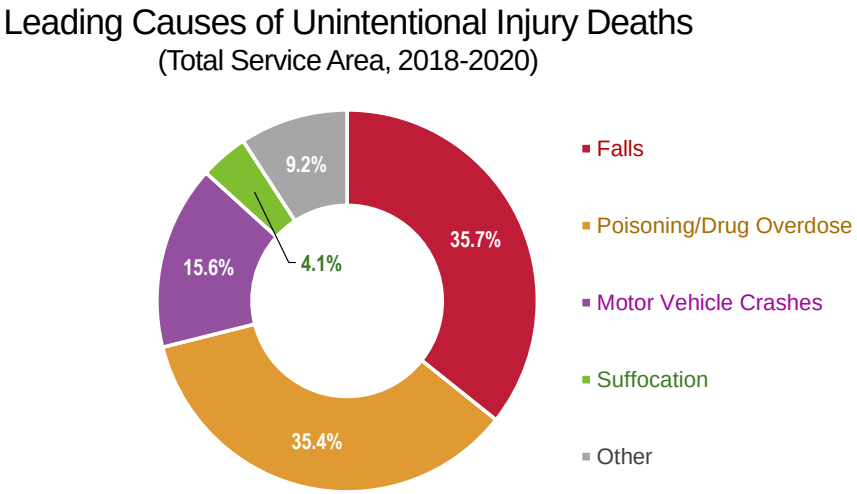
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Leading Causes of Unintentional Injury Deaths

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.

Falls and poisoning (including unintentional drug overdose) accounted for most unintentional injury deaths in the Total Service Area between 2018 and 2020.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.

Intentional Injury (Violence)

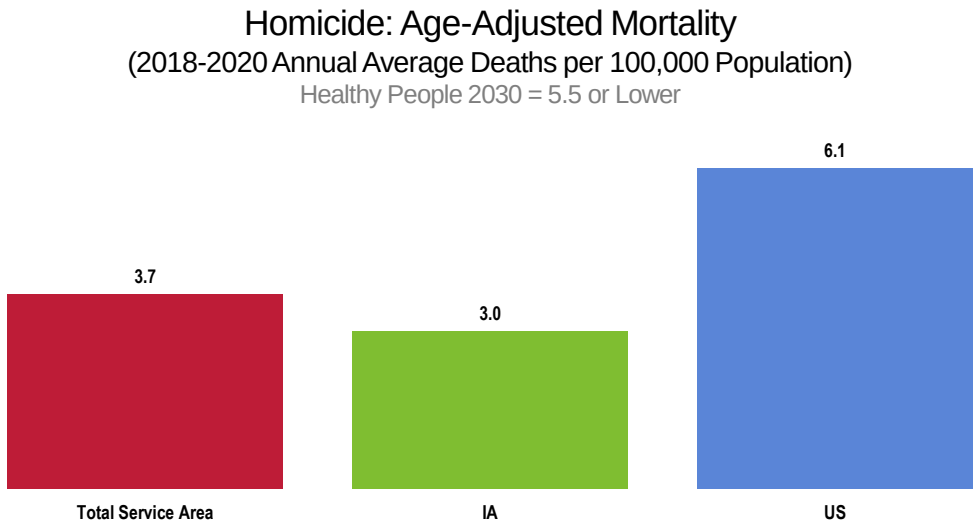
Age-Adjusted Homicide Deaths

RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

The service area reported 3.7 homicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Higher than the Iowa rate but well below the US rate.

TREND ► Despite recent declines, the mortality rate in the Total Service Area has overall increased over the past decade.



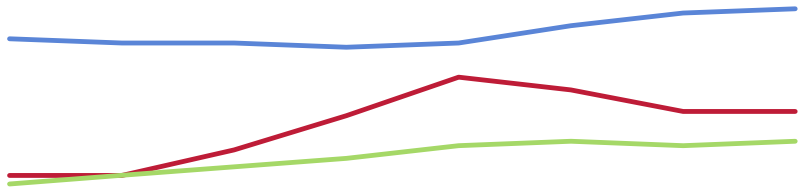
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 5.5 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TSA	2.2	2.2	2.8	3.6	4.5	4.2	3.7	3.7
IA	2.0	2.2	2.4	2.6	2.9	3.0	2.9	3.0
US	5.4	5.3	5.3	5.2	5.3	5.7	6.0	6.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Violent Crime

Violent Crime Rates

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

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

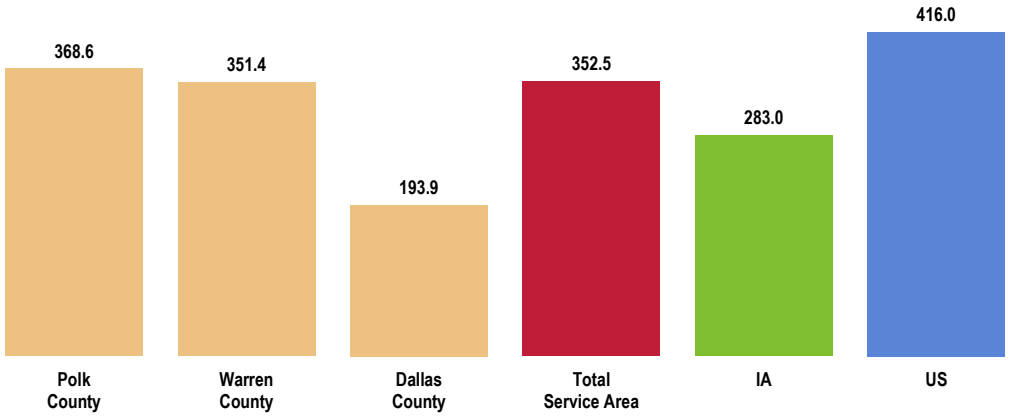
Between 2015 and 2017, the Total Service Area reported 352.5 violent crimes per 100,000 population.

BENCHMARK ► Higher than the Iowa violent crime rate but lower than the US violent crime rate.

DISPARITY ► Much lower in Dallas County.

Violent Crime Rate

(Reported Offenses per 100,000 Population, 2015-2017)



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

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

Community Violence

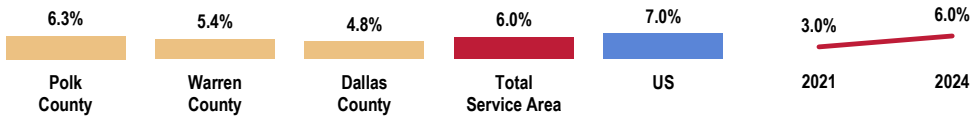
A total of 6.0% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

TREND ► Marks a statistically significant increase over time.

DISPARITY ► Decreases with age and household income level. Reported more often among Hispanic adults, Black adults, those of Diverse Races, and those who identify as LGBTQ+.

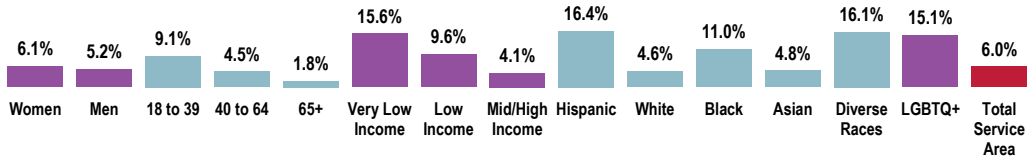
Victim of a Violent Crime in the Past Five Years

Total Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
Notes: ● Asked of all respondents.

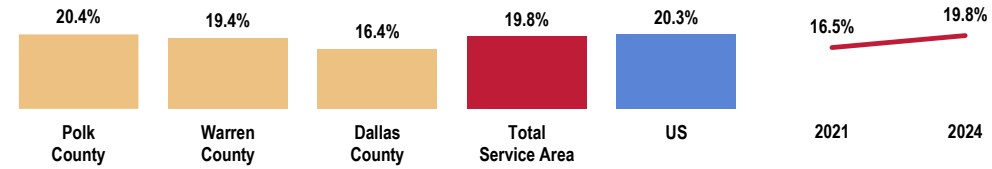
Intimate Partner Violence

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."

A total of 19.8% of Total Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

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

Total Service Area

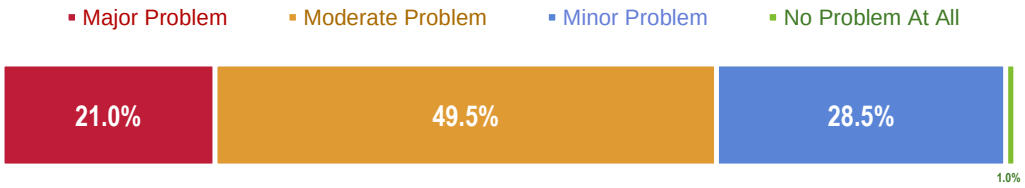


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 33]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

Half of of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury & Violence as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)



Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Gun Violence

> Acceptance of violence as a method to resolve differences. Prevalence of gun-related violence due to lack of controls, law enforcement not equipped or able to address domestic and sexual violence as health crises. – Community Leader
>
> In 2022, gun violence became the #2 cause of serious injury or death in children 1-19 years old, and the 2nd cause in Iowa. It is the #1 cause in Iowa, and the majority of injuries are self-inflicted wounds in adolescents. The school shootings in Des Moines and Perry have highlighted the lack of effort on the part of our government to act to protect children. A new law allows school districts to get grants to arm teachers. Studies show that bringing guns into the homes or schools of children *increases* risk of harm. – Physician
>
> I am very worried about gun violence and access to guns in the community. – Community Leader

> Access to guns. One of the leading causes of death and suicide among youth. – Community Leader
>
> Gun violence: our children are dying from lack of Gun safety – Community Leader
>
> We have a significant problem with youth gun violence as well as a problem with adult violence as well. – Community Leader
>
> Our state has made it easier for people to have and carry guns, so gun violence has become an increasingly severe issue. Our city is forced to take an exponentially larger role in finding ways to care for disenfranchised and marginalized and houseless citizens and they end up in our community, on drugs and sometimes violent. We have some social services in the neighborhood that serve people during some hours but then leave them to their own devices and for the neighbors to worry about during the other hours. There are vacant properties that end up as good places for squatters and drug dealers. A few bad actors cause an increase in police interactions and police interactions can be very dangerous. People who rent out properties for temporary use (i.e. Air BNB) rent those properties to people who think violent shootouts in the streets are fun. – Community Leader
>
> Rates of gun violence, and death or injury related to car accidents. – Community Leader
>
> Guns are the leading cause of death for youth in Polk County, from both gun violence and suicide. Accidental gun injuries are also an issue. – Public Health Representative

Incidence/Prevalence

> Our Emergency Rooms and patients coming in to receive health care. – Community Leader
>
> In the past three months there have been three deaths due to domestic violence. – Community Leader
>
> There is a lot of unreported partner violence and child abuse. – Community Leader
>
> We hear on the news about violence and injuries specifical to children in our community. These have widespread impacts beyond just the impact on individuals involved in the immediate case. – Social Services Provider
>
> The rate of violence in the counties is up. We don't have laws that require helmets. Often there isn't enough awareness of the dangers of farming. – Community Leader

Income/Poverty

> We continue to see socioeconomic factors that put pressure on young families and create unsafe home environments. – Other Health Provider

Affordable Care/Services

> Families unable to afford injury prevention equipment and decreased screening for violence from services. – Other Health Provider

Bullying

> Bullying within our school districts, leading into youth injuring themselves. Substance misuse and domestic violence. – Public Health Representative
>
> Bullying and cybercrimes involving exploitation of youth cause a number of mental health and danger of sexual abuse challenges. The lack of support to women's reproductive health is a major national problem potentially causing maternal and infant mortality. – Community Leader

Co-Occurrences

> I believe mental health issues, trauma race or sexual orientation have caused individuals to result to physical harm promotional harm, and life-threatening. – Social Services Provider

Vulnerable Populations

> I believe this to be true anecdotally, based on the information available to us online, the news, etc. We serve immigrants from all over the world, and many of them end up as victims of violence and often suffer injuries once they are here, too. It could be domestic, but also, often, is random crime. – Social Services Provider

Stress

> So many different things it is hard to put them in words. Stress because of low wages, then there's some that are making the right amount but stress because of life changes. Not dealing with stressors, not dealing with life in the proper way. Not socializing or interacting. – Community Leader

DIABETES

ABOUT DIABETES

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

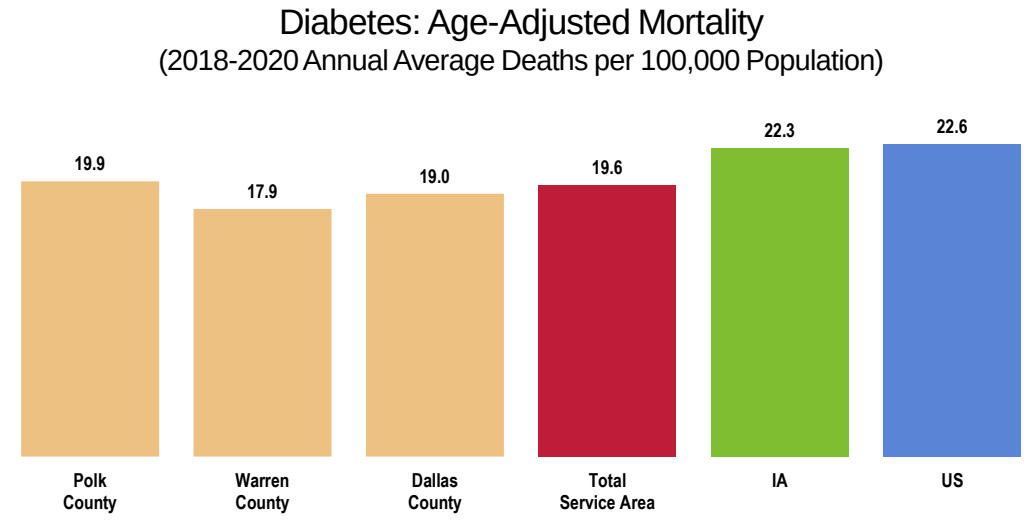
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity,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

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

Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 19.6 deaths per 100,000 population in the Total Service Area.

BENCHMARK ▶ Lower than the national mortality rate.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.

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.

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

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TSA	18.3	20.8	23.2	22.2	20.6	20.2	19.2	19.6
IA	18.8	20.7	23.8	24.4	23.5	21.9	21.6	22.3
US	21.3	21.2	21.3	21.2	21.3	21.3	21.5	22.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.

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

Prevalence of Diabetes

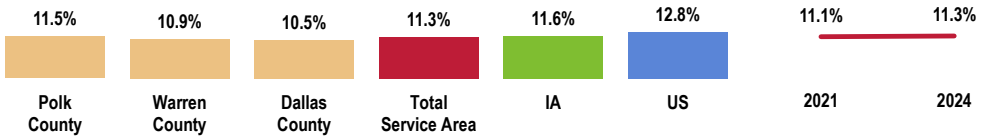
A total of 11.3% of Total Service Area adults report having been diagnosed with diabetes.

DISPARITY ► Reported more often among men, adults age 65+, those in low-income households, Hispanic respondents, and Black respondents.

Prevalence of Diabetes

Another 10.9% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

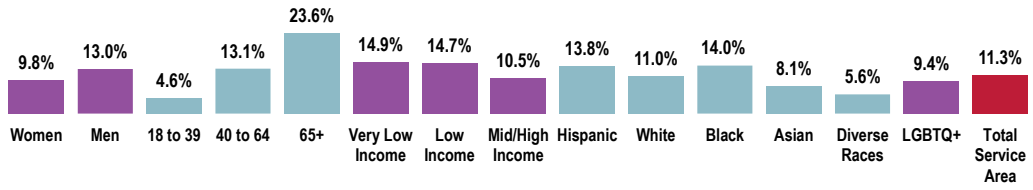
Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
Notes: ● Asked of all respondents.

Age-Adjusted Kidney Disease Deaths

ABOUT KIDNEY DISEASE & DIABETES

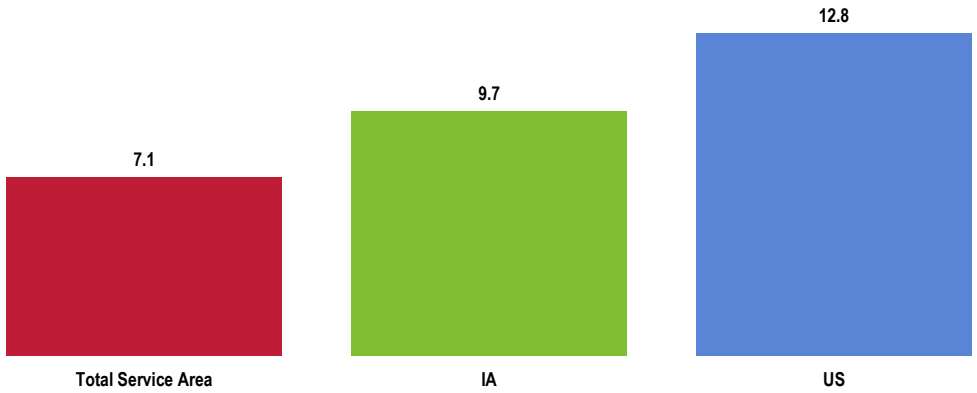
Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

– Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html

Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 7.1 deaths per 100,000 population in the Total Service Area.

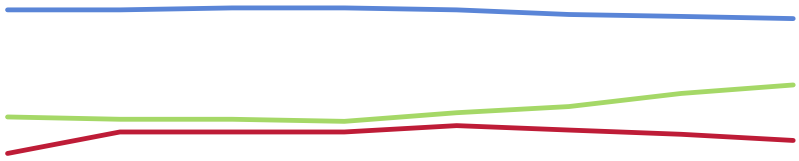
BENCHMARK ► Lower than the state and national rates.

Kidney Disease: Age-Adjusted Mortality
(2018-2020 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 June 2024.
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.

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



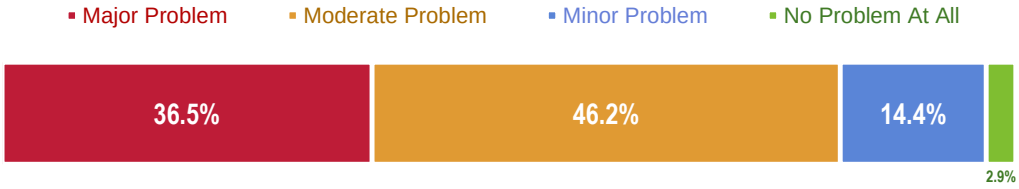
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TSA	6.5	7.5	7.5	7.5	7.8	7.6	7.4	7.1
IA	8.2	8.1	8.1	8.0	8.4	8.7	9.3	9.7
US	13.2	13.2	13.3	13.3	13.2	13.0	12.9	12.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a "moderate problem" in the community.

Perceptions of Diabetes as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)



Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Access to Affordable Healthy Food

> Access to appropriate foods and affordable medications. – Public Health Representative
>
> Access to resources to help prevent Type 2 diabetes such as healthy and nutritious food and safe places to exercise and move. Also, education about diabetes prevention. – Public Health Representative
>
> Affordable food to maintain a balanced diet. – Community Leader
>
> Access to healthy foods and necessary medications due to lack of resources. – Physician
>
> Lack of healthy and affordable food, lack of identification and testing services, lack of prevention services and affordability of insulin. – Community Leader
>
> Access to affordable nutritious food is an issue in this community. Also, knowledge of healthy eating and cooking practices is limited. We have very few grocery stores and nutrient-dense food is costly. – Community Leader
>
> Food deserts leave many people living in socioeconomically stressed areas with few options for access to healthy food. The abundance and availability of highly processed, high-sugar foods that lead people to overeat these foods is a challenge in all areas. – Social Services Provider
>
> Unhealthy diet, lack of healthy food supply, and affordable healthy food. – Community Leader

> Unhealthy and high-glucose food is affordable. Most people are not able to afford to eat healthy. – Community Leader
>
> Food deserts—a reliable grocery store with affordable, healthy options may not be immediately accessible to many neighborhoods. A lack of awareness and information about what diabetes is, symptoms, and a family's health history are major challenges in supporting individuals who become diagnosed. For those living with diabetes, sustainable care, services, and abilities provide challenges to monitoring, attending regular doctor's appointments, and access/buying appropriate food. – Community Leader
>
> Lack of access to affordable foods which are more conducive in sustaining a healthier lifestyle. In addition, accessibility to nutrition planning and resources is subpar. – Community Leader

Affordable Medications/Supplies

> We have seen our clients and sometimes our staff struggle to pay for appropriate medications. – Social Services Provider
>
> Affording their medication and having access to healthy foods and support for living with diabetes. – Community Leader
>
> The biggest challenge is obtaining their medications and glucometer test strips. They also face barriers in understanding the importance of medication and diet compliance. – Community Leader
>
> Access to affordable medications and necessary equipment to manage their disease. – Other Health Provider
>
> Access to affordable medicine and access to education on lifestyle changes supporting the management of diabetes. – Other Health Provider

Nutrition

> Nutritional counseling and weight management. – Other Health Provider
>
> Lack of nutritious food. – Community Leader
>
> Compliance with diet, exercise, and regular medical checkups as a means to avert stroke, vascular disease, etc. – Community Leader

Awareness/Education

> Lack of education and affording healthy foods. – Other Health Provider
>
> There is a need for more marketing regarding healthy and affordable eating. In addition to sharing more health information to community members. Also, many residents cannot afford the new diabetes monitoring devices. – Community Leader
>
> Lack of knowledge and education on how to understand what foods are affecting the body and knowing and learning how to read your food labels will help an individual significantly. – Social Services Provider

Obesity

> People are often obese and lack resources to access healthy food. Some don't realize the seriousness of the disease. Uncontrolled blood sugar because of drinking lots of sweet drinks and not reading labels properly. – Other Health Provider
>
> Obesity leads to an increase in diabetes and poor health outcomes, especially childhood obesity. High cost of insulin and diabetic supplies often not covered by insurance. – Community Leader
>
> There is increasing obesity and diagnosis in young people. – Physician

Access to Care

> Challenges are accessing healthcare without insurance, transportation to medical appointments, education, and the cost of and access to appropriate medication. – Community Leader
>
> The biggest challenges are access to medical care, information, and transportation. – Social Services Provider

Vulnerable Populations

> I think a big challenge is diet. Latinos are used to eating big portions and don’t always implement the healthiest options in our everyday lifestyle. The problem is that it’s hard to change your diet when your other family members don’t also try to eat healthier. The built environment around people who live in low-income districts is also unsafe. Sidewalks are cracked and not safe for biking/walking and there aren’t always parks that are easily accessible. Low-income residents may not have the luxury of paying for a gym membership, sports for kids, etc. – Community Leader
>
> Again, lack of preventative care and trustworthy providers for the LGBTQ+ community. – Community Leader

Lack of Providers

> Many health providers specializing in diabetes are leaving the state. People who need specialized support can't find it locally and they are limited with transportation barriers. Diabetes supplies are not always covered by insurance – for example the insulin is covered but not the syringes. The communication between doctors and pharmacies is extremely poor and sometimes can extend for days without fulfilling prescriptions. These are lifesaving medications; delays can sometimes risk permanent damage. Additionally, it's rare to be offered/receive nutrition counseling ongoing. For cultural diversity, nutrition counseling doesn't exist. One program through Broadlawns is starting to explore food as medicine, but many people can't afford the food that would improve their health. – Community Leader

Built Environment

> Supports for healthy lifestyle including areas for walking and active possibilities in a safe and welcoming environment. – Social Services Provider

Diagnosis/Treatment

> Diagnosis and efficacy in management. Access to nutritious foods and culturally congruent weight management and nutrition support. Access to movement spaces in urban neighborhoods and promotion of well-being in high stress workspaces. – Community Leader

Gestational Diabetes

> Diabetes in pregnancy can lead to very poor outcomes. This is also on the rise. – Community Leader

Incidence/Prevalence

> Growing number of diagnoses. Not curable. Numerous complications. – Other Health Provider

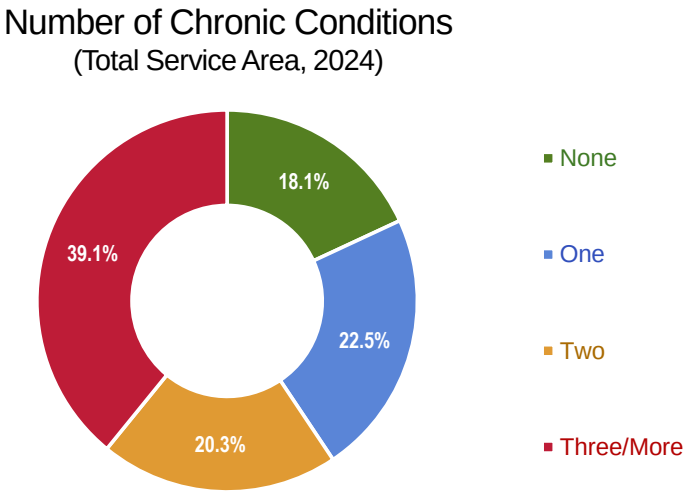
DISABLING CONDITIONS

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Among Total Service Area survey respondents, most report having at least one chronic health condition.

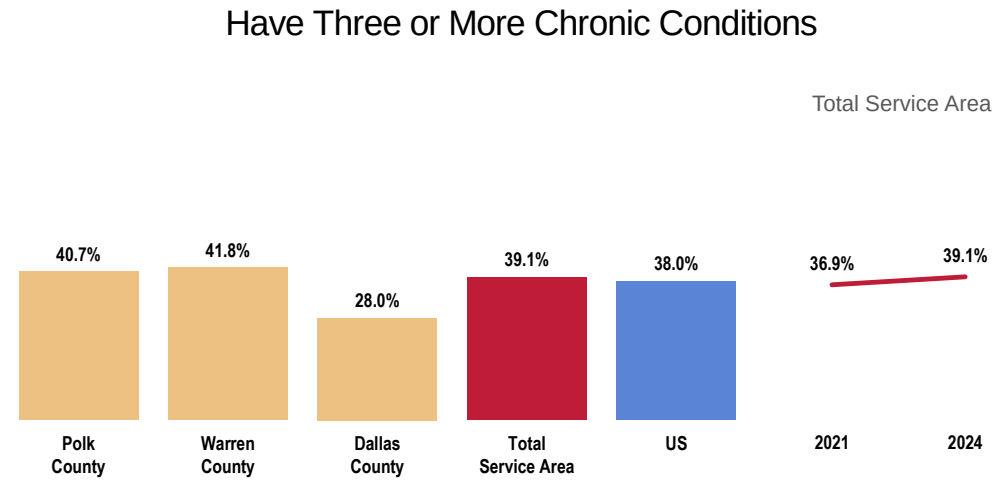


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 107]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

In fact, 39.1% of Total Service Area adults report having three or more chronic conditions.

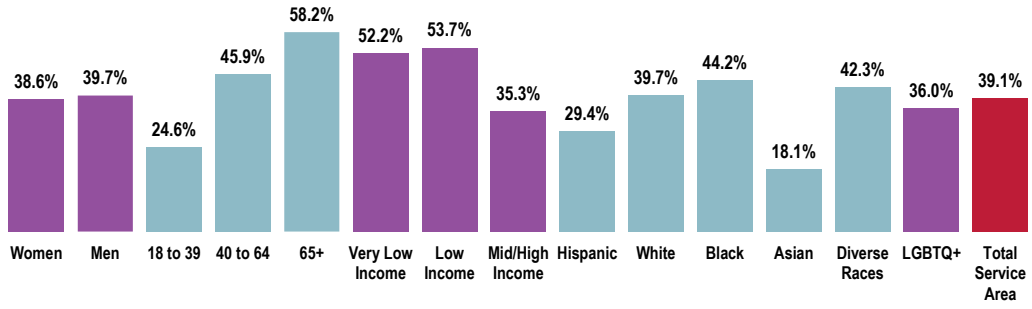
DISPARITY ► Much lower in Dallas County. Reported more often among seniors (age 65+), those in low-income households, White adults, Black adults, and those of Diverse Races.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Have Three or More Chronic Conditions
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents.
• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

ABOUT DISABILITY & HEALTH

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

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

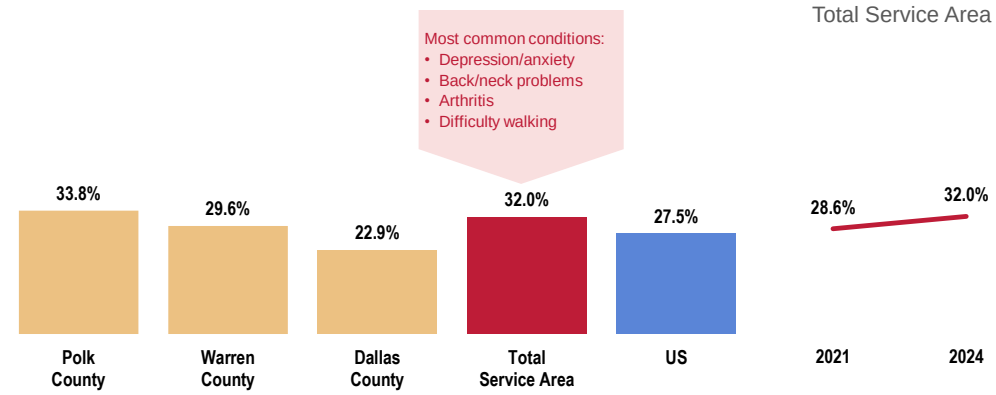
– Healthy People 2030 (https://health.gov/healthypeople)

A total of 32.0% of Total Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

BENCHMARK ► Higher than the national percentage.

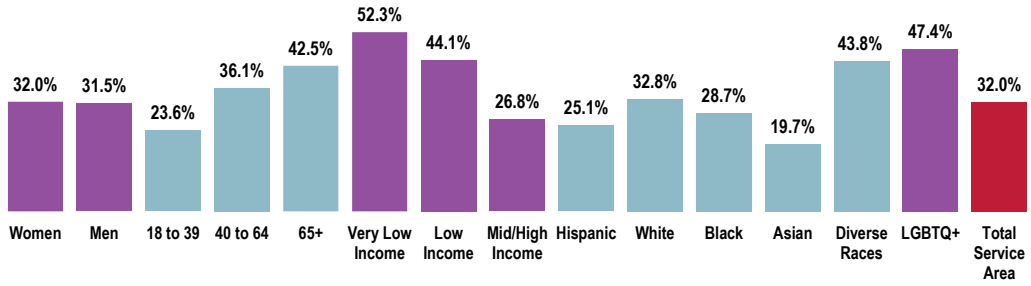
DISPARITY ► Highest in Polk County. The prevalence increases with age and decreases with household income level. Reported more often among White adults, those of Diverse Races, and those who identify as LGBTQ+.

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



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 83-84]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: ● Asked of all respondents.

Chronic Pain

A total of 18.6% of Total Service Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

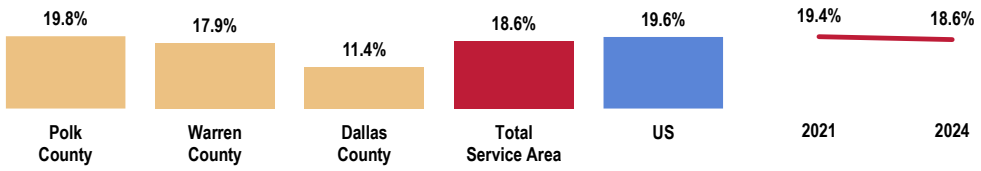
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest in Polk County. Reported more often among adults age 40+, those in low-income households, Black respondents, and those of Diverse Races.

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower

Total Service Area



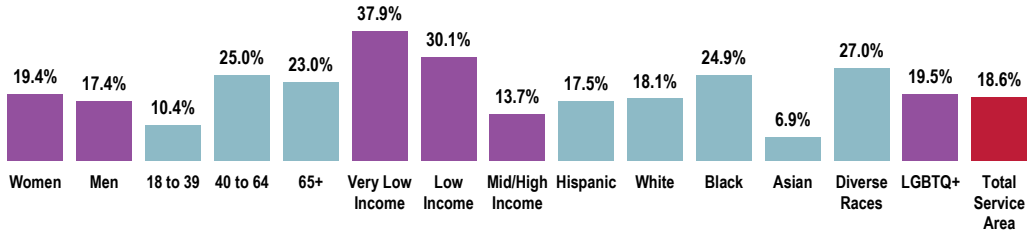
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Experience High-Impact Chronic Pain

(Total Service Area, 2024)

Healthy People 2030 = 6.4% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

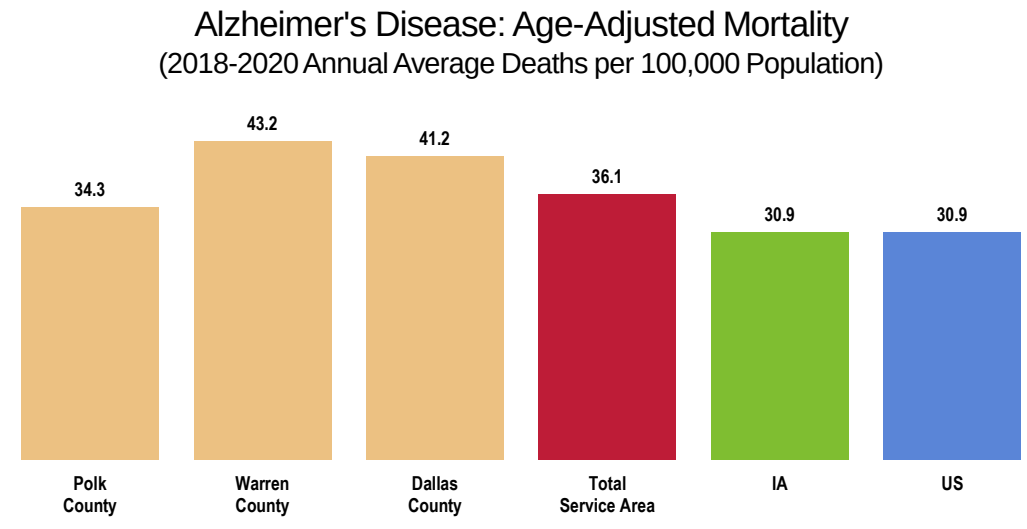
– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer's Disease Deaths

Between 2018 and 202 there was an annual average age-adjusted Alzheimer's disease mortality rate of 36.1 deaths per 100,000 population in the Total Service Area.

TREND ► Decreasing over the past decade.

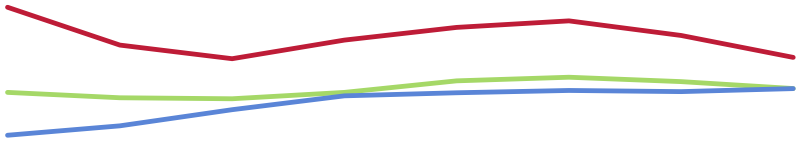
DISPARITY ► Lower among residents of Polk County.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.

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.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TSA	44.5	38.2	35.9	39.0	41.1	42.2	39.8	36.1
IA	30.3	29.4	29.2	30.3	32.2	32.8	32.1	30.9
US	23.1	24.7	27.4	29.7	30.2	30.6	30.4	30.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.

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.

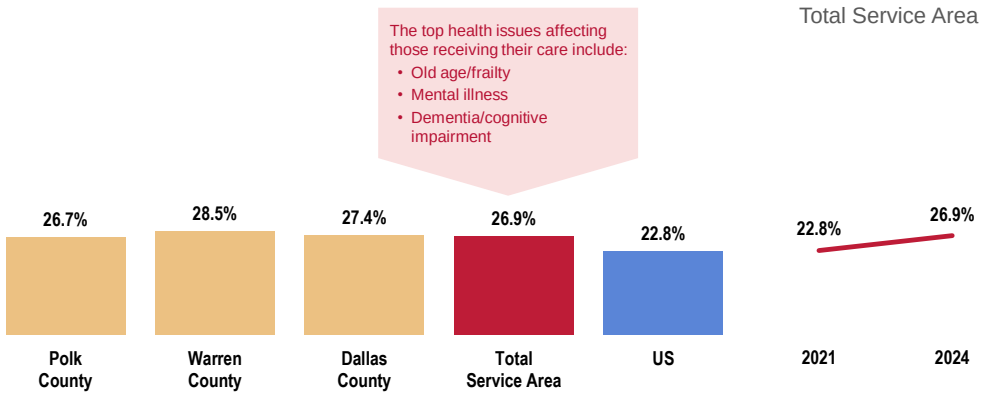
Caregiving

A total of 26.9% of Total Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ► Higher than the US prevalence.

TREND ► Increasing significantly since 2021.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

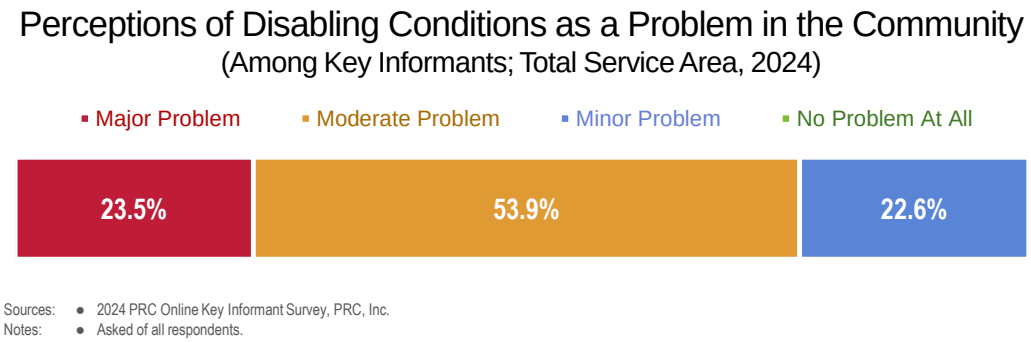


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 85-86]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Disabling Conditions

Key informants taking part in an online survey most often characterized *Disabling Conditions* as a "moderate problem" in the community.



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

Access to Care/Services

> Lack of holistic care options for persons with disabilities. Lack of spaces that support and effectively engage folks with disabilities. Lack of supportive workspaces and health coverage for support. Stigma related to diagnosis. – Community Leader
>
> Individuals with disabilities (no specific disability). Iowa Voc Rehab remains the long-standing service; however, there continue to be shortfalls with their capacity. Community members with disabilities are often relegated to second-class citizens who are perceived as not contributing to communities. – Community Leader
>
> More of a major illness to contend with needing a larger hospital. – Social Services Provider
>
> At our nonprofit, we see many people who have disabling conditions and have not been successful in getting assistance with their limitations. There are massive roadblocks to people receiving SSI/SSDI. – Public Health Representative

Aging Population

> We have an aging population in Iowa. In Polk County we have started tracking the increase of seniors that are becoming homeless. Additionally, seniors are entering into homelessness for the first time. We have had people in their 90s enter the homeless system. There are currently resources for someone that cannot perform their average daily living skills. The community that used to surround people as they age is diminishing. Family members may no longer be living nearby to support other family members. The number of nursing homes has decreased. The cost of home care is high and staff shortages are a problem. – Community Leader
>
> We have an elderly population. Dementia is prevalent. – Physician
>
> We have an aging population in our community, and I know community members who struggle with accessing healthcare and basics like hearing aids. Some people have difficulty finding transportation to appointments. Many people feel that medical interventions will be costly, so they don't seek help. – Community Leader

Incidence/Prevalence

> There are people living in our community that have limited mobility and are living with chronic pain. They are on lots of medications. – Community Leader
>
> Progressive illness diagnoses like Parkinson's disease, MS, etc. – Other Health Provider
>
> Increase in dementia. – Community Leader
>
> We hear from a high percentage of families who are dealing with these issues in caregivers of children and also older generation living in the home. Lack of information about resources. – Social Services Provider

Affordable Care/Services

> The number of clients that are uninsured or can't afford treatment and prescriptions. – Social Services Provider
>
> Many residents are unable to afford some of the healthy lifestyle alternatives. – Community Leader

Follow Up/Support

> I believe folks with disabilities are left behind entirely when simple accommodations can be made. I believe people that live with disabilities can perform a very wide range of skills and are mostly self-sufficient with proper accommodations, but they are all blanketed as being essentially helpless, when in fact, able-bodied employers, landlords, policymakers, and administrators are simply too lazy to make minor accommodations for these folks. It adds barriers to employment and housing, and when a disabled person applies for something, if the accommodation has not already been made somehow (example – an employer who provides technology that already includes screen readers for someone who is deaf, etc.) then they will view it as too difficult to accommodate, even though it is required by law. So, they simply find another reason to not hire a person, or take them on as a tenant, etc. This is a major problem. People with disabilities should be able to work if they so choose. – Social Services Provider

Diagnosis/Treatment

> I feel like many people suffer with chronic pain silently and it is also a cause of substance misuse. – Public Health Representative

Funding

> Businesses should be open to understanding disabling needs and requests and trying to accommodate them, including accessing local, state, or federal grants or tax credits to implement these costs to help everyone. – Community Leader

Impact on Quality of Life

> I observe many citizens with chronic pain issues, which impact their ability to work and manage their mental health well. – Social Services Provider

Income/Poverty

> The disabled do not have the financial or physical support to help them navigate life's challenges in accessing health care or other basic needs – Community Leader

Isolation/Loneliness

> Many elderly people are often isolated and feel they are stuck at home because of their health and age, especially in rural areas. – Other Health Provider

Vulnerable Populations

> Again, lack of preventative care and trustworthy providers for the LGBTQ+ community. – Community Leader

Stress

> High levels of stress, sedentary jobs, and lack of community education in these areas of health. – Community Leader

BIRTHS

PRENATAL CARE

ABOUT INFANT HEALTH

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

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

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

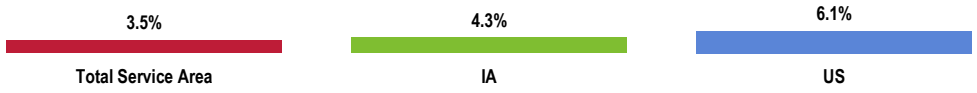
Early and continuous prenatal care is the best assurance of infant health.

In 2019, 3.5% of all Total Service Area births did <u>not</u> receive prenatal care in the first six months of pregnancy.

BENCHMARK ► Lower than the percentage across Iowa and the US.

TREND ► The percentage has decreased over time, in contrast to the national trend.

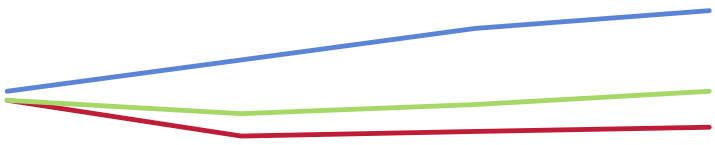
Lack of Prenatal Care in the First Six Months of Pregnancy
(Percentage of Live Births, 2019)



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of women who do not obtain prenatal care before their seventh month of pregnancy (if at all).

Lack of Prenatal Care in the First Six Months of Pregnancy
(Percent of Live Births)



	2008-2010	2011-2013	2014-2016	2017-2019
TSA	4.1%	3.3%	3.4%	3.5%
IA	4.1%	3.8%	4.0%	4.3%
US	4.3%	5.0%	5.7%	6.1%

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of women who do not obtain prenatal care before their seventh month of pregnancy (if at all).

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.

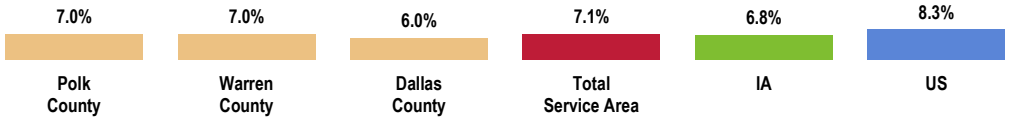
Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 7.1% of 2016-2022 Total Service Area births were low-weight.

BENCHMARK ► Lower than the US prevalence.

DISPARITY ► Lowest in Dallas County.

Low-Weight Births
(Percent of Live Births, 2016-2022)



Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

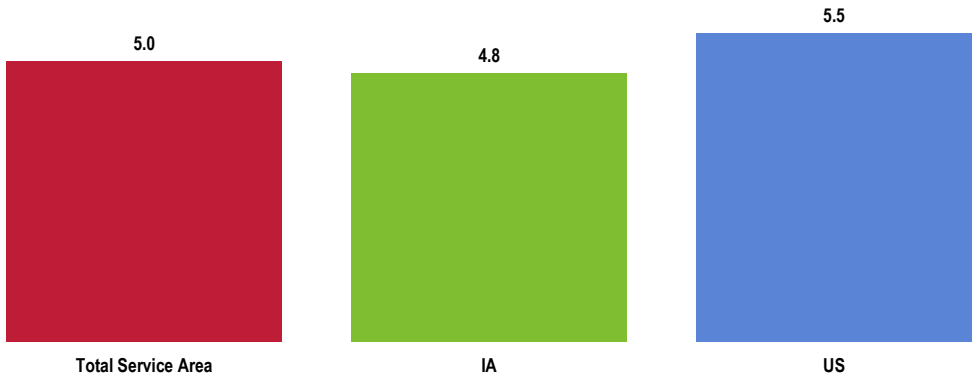
Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g).

Infant Mortality

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

Between 2018 and 2020, there was an annual average of 5.0 infant deaths per 1,000 live births.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower



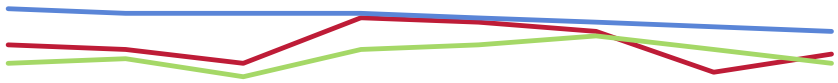
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.

Infant Mortality Trends

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

Healthy People 2030 = 5.0 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TSA	5.2	5.1	4.8	5.8	5.7	5.5	4.6	5.0
IA	4.8	4.9	4.5	5.1	5.2	5.4	5.1	4.8
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2024.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

FAMILY PLANNING

ABOUT FAMILY PLANNING

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

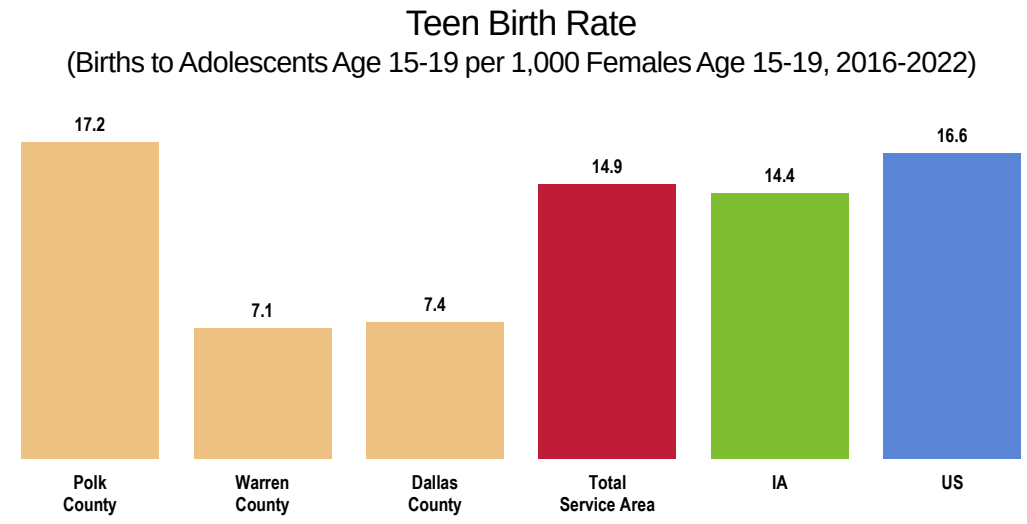
Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy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

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

Births to Adolescent Mothers

Between 2016 and 2022, there were 14.9 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Total Service Area.

DISPARITY ► Highest in Polk County.

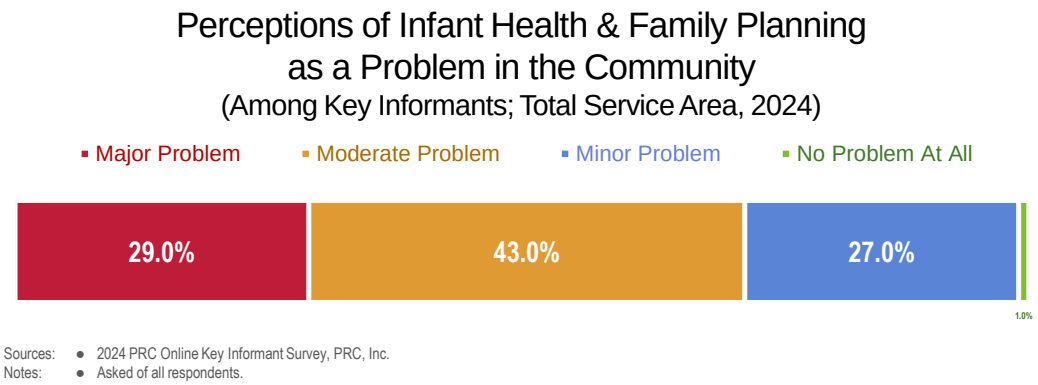


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a "moderate problem" in the community.



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Access to Care/Services

> Businesses, schools, daycares, and other entities should accommodate a variety of needs and situations for infants and their families, and they all should be understanding and flexible when conditions change. – Community Leader
>
> Family planning is not a priority and not easy for everyone to access or afford. Not enough resources for underserved communities, minority populations, and legislation continues to make choices for individuals that make access difficult. – Community Leader
>
> My concern is connected to the lack of resources and inequity that many kids are born into. We have programs to support new and expecting mothers, but I worry about access, especially for new arrivals. – Community Leader
>
> OB/GYN care is located 30-60 minutes away. There is only one OB/GYN clinic that offers care at a limited capacity. No delivering hospitals here. Only one pediatrician in the county that serves all surrounding rural counties. Title V contract is held by a Polk County agency and unlikely to step into Warren to provide services. – Public Health Representative

Affordable Care/Services

> Decreased access to affordable family planning services, majority of services are available in only Polk County, health systems busy and overwhelmed therefore parents often rely on the Emergency Room. – Other Health Provider
>
> Iowa laws limit access to affordable and confidential reproductive health services for women, and abortion laws are hanging in the balance. The harmful laws being passed are discouraging health care providers from coming to our state and are even affecting attendance at Iowa colleges. Another recent law reduced the FPL percentage for postpartum women's access to Medicaid (although the law did extend it to 12 months). Still, hundreds of women will lose access to care due to this new law. Likewise, over 400 infants will lose Medicaid due to the new law (many will start on CHIP, which doesn't necessarily offer the same preventive strategies recommended by Bright Futures). The end of the COVID-emergency-Medicaid-coverage left hundreds of infants and young children without access to Medicaid in Iowa. – Physician

Government/Policy

> The governor's anti-choice stand has eroded the ability to meet women where they are and allow them to make informed choices. – Other Health Provider
>
> When women have access to health care that meets their needs—without predominantly male politicians crafting legislation that negatively impacts women and the organizations that support women—then communities and families can thrive. Infant health is largely problematic for communities of color and refugee and immigrant families due to negative experiences with health care systems. For years, medically accurate, age-appropriate sex ed was welcome in schools across Iowa. Over time, programming diminished due to funding constraints and politicians incorrectly believing that talking about reproductive health increases teen pregnancy. – Community Leader

> Reproductive rights are essential to our community in the area of family planning. Those rights are under fairly constant pressure. The economic issues facing many families in our area create barriers to infant health. – Public Health Representative

Vulnerable Populations

> African Americans have become the largest population not receiving the proper treatment at the time of pregnancy. Again, lack of insurance or uninsured, the doctors are looking at them as it is not in their best interest to provide the best care for the women as other races who have the financial means to carry a baby full term and not being high risk. They show no empathy! – Social Services Provider
>
> Infant and maternal mortality are an issue in the state of Iowa and our community, particularly affecting individuals of color. It is due to inherent bias in the healthcare systems as well as access to prenatal care. – Public Health Representative
>
> I hear health outcomes for Black women are not good. – Community Leader

Infant Mortality

> Infant mortality is increasing. Limited resources for family planning and Medicaid payment of family planning services. – Other Health Provider
>
> 30% increase in infant mortality in Iowa last year due to rise in SIDS and fetal anomalies. Decreased access to family planning resources with state funding limitations for Planned Parenthood. – Community Leader
>
> Stillbirth. – Community Leader

Income/Poverty

> Lack of services for low- and medium-income families. – Community Leader
>
> Many people, especially lower income often choose to seek healthcare later during their pregnancy. – Other Health Provider

Lack of Providers

> Specialty doctor needed. – Social Services Provider
>
> We have limited providers, and our state has reduced access. – Community Leader

Awareness/Education

> Congenital syphilis is at a 70-year high, which can lead to major birth defects and stillbirth for babies. We need more information for expectant parents about early testing and treatment, which can save lives. With birthing hospital closures in Iowa at an alarming rate, this means less access to delivering a baby safely in Iowa. Iowa ranks dead last 52 out of 52 – for access to OBs, according to ACOG. We are worse than Puerto Rico and American Samoa when it comes to access to OBs. Iowa has done a lot to save lives and improve birth outcomes through important programs and campaigns, including Count the Kicks, and we have incredible leaders in maternal health doing hard work, but I am very afraid with the outlined issues above that we are going to go backwards if we don't add more resources to address the maternal health crisis. – Community Leader

Diagnosis/Treatment

> I see a lot of women who have minimized their miscarriages, healthcare mistreatment, and lack of support during their pregnancy and birthing experiences. Due to this, their likelihood of experiencing depressive and post traumatic symptoms is higher. – Social Services Provider

Impact on Quality of Life

> Early childhood can begin a lifetime of either good or poor health. Women need to have the ability to determine when and if to have children. Recent closing of Planned Parenthood clinics and reduction in services. – Community Leader

Mortality

> The mortality rates for women and newborns. – Community Leader

Language Barrier

> Because of cultural and language barriers, many families do not know what family services are available to them. We have a large minority population and statistics tell us that women in minority populations do not receive the same quality of care as white women. Also, we live in a state that is becoming increasingly intent on taking rights away from neighbors who can be impregnated. – Community Leader

Prevention/Screenings

> Again, lack of preventative care and trustworthy providers for the LGBTQ+ community. This area has a specific impact due to limited options for reproductive health and planning to have a family. Limited OBs that are affirming care providers. – Community Leader

Childcare

> Childcare is expensive and it's hard for most families to afford for both parents to work. – Community Leader

Single Parent Families

> More than 1/3 of the births in Iowa are to single women. Median wages in Iowa fall way below living wages and this leaves single parents struggling to make ends meet. – Community Leader

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

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

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

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

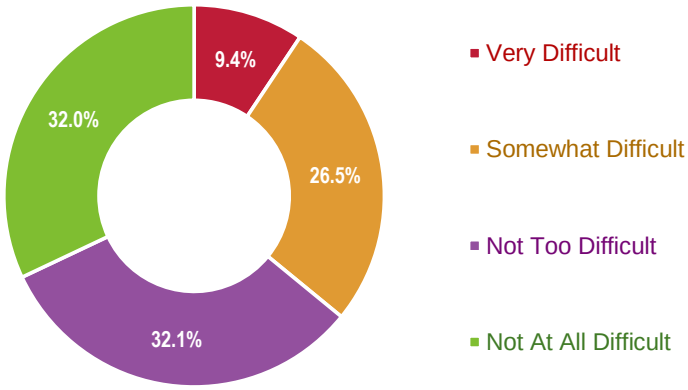
Difficulty Accessing Fresh Produce

Most Total Service Area adults report little or no difficulty buying fresh produce at a price they can afford.

Respondents were asked, "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say very difficult, somewhat difficult, not too difficult, or not at all difficult?"

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.

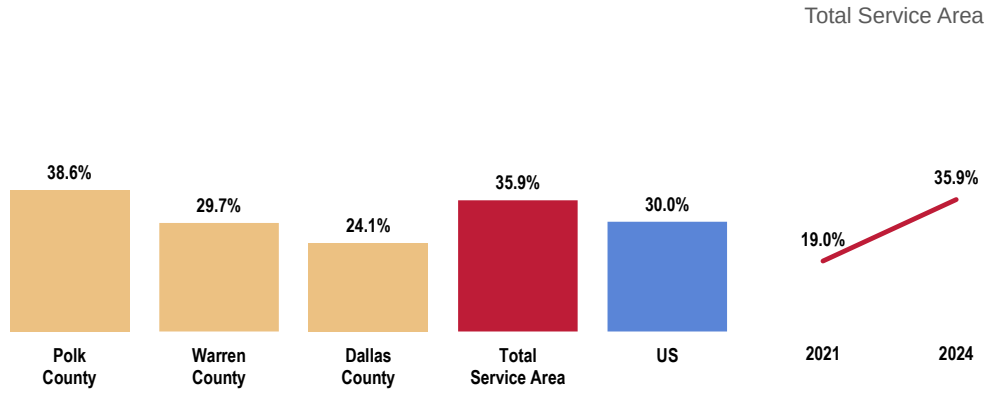
However, 35.9% of Total Service Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Higher than the national percentage.

TREND ► Increasing considerably since 2021.

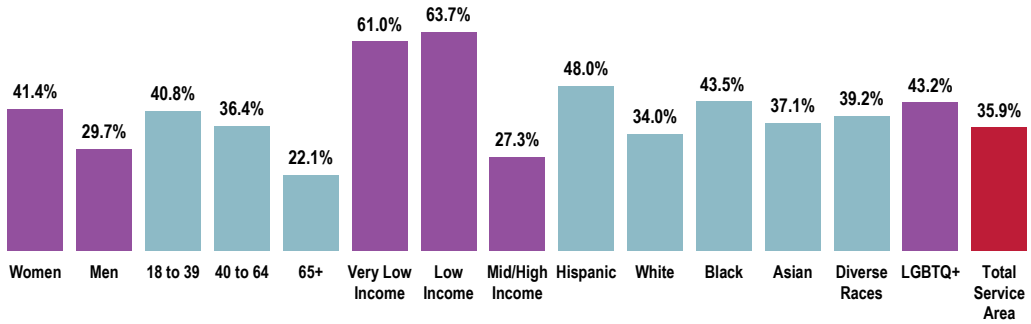
DISPARITY ► Highest in Polk County. Reported more often among women, adults under 65, those in low-income households, Hispanic residents, Black residents, and those who identify as LGBTQ+.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

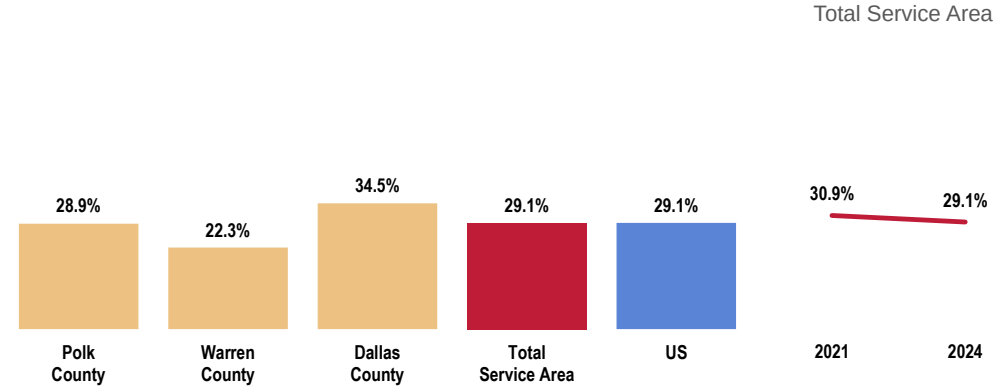
Daily Recommendation of Fruits/Vegetables

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

A total of 29.1% of Total Service Area adults report eating five or more servings of fruits and/or vegetables per day.

DISPARITY ► Lowest among respondents in Warren County. Reported less often among adults in low-income households, Black residents, and those of Diverse Races.

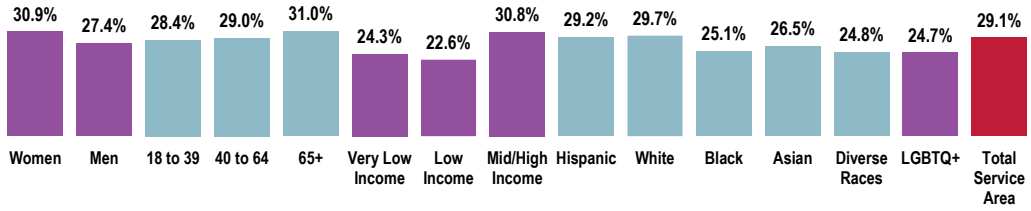
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 109]
- 2023 PRC National Health Survey, PRC, Inc.

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

Consume Five or More Servings of Fruits/Vegetables Per Day
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 109]

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

PHYSICAL ACTIVITY

Activity Levels

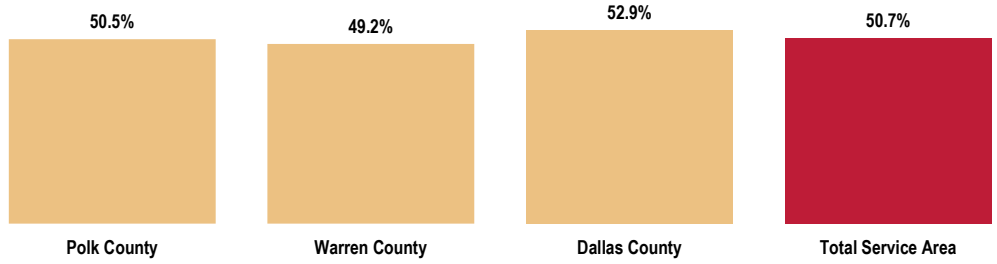
Adults

Defined as the number of adults who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 60 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity).

Half (50.7%) of Total Service Area adults regularly participate in adequate levels of either moderate or vigorous physical activities.

DISPARITY ▶ Reported less often among women, older adults, those in low-income households, Black residents, and LGBTQ+ residents.

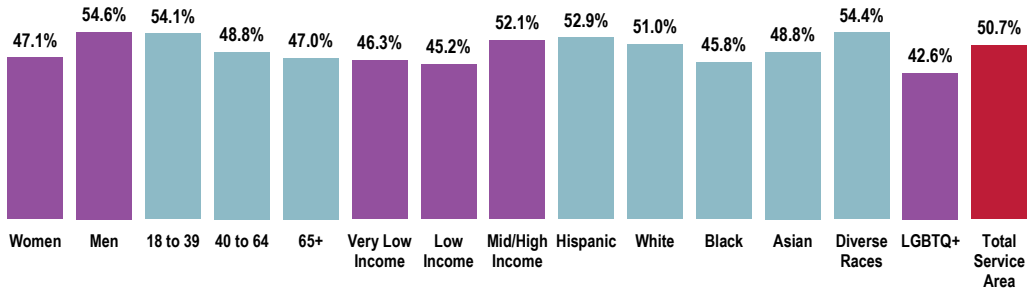
Adequate Physical Activity Levels



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 325]

Notes:
- Asked of all respondents.
- 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 60 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity).

Adequate Physical Activity Levels
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 325]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- 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 60 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity).

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

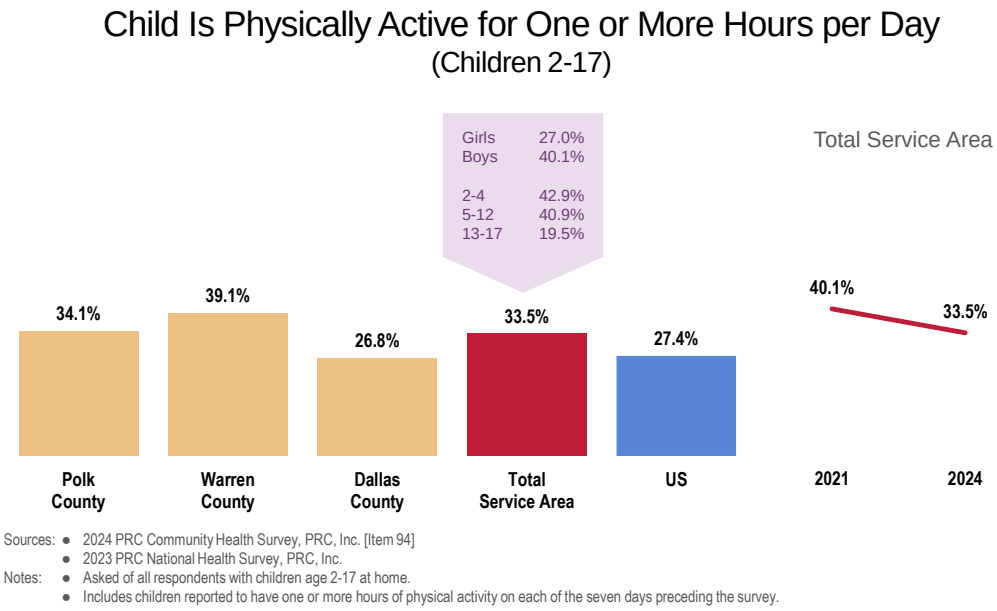
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Total Service Area children age 2 to 17, one in three (33.5%) is reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Higher than the national percentage.

DISPARITY ► Reported less often by parents of girls and teens in the Total Service Area.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 PRC National Health Survey, PRC, 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.

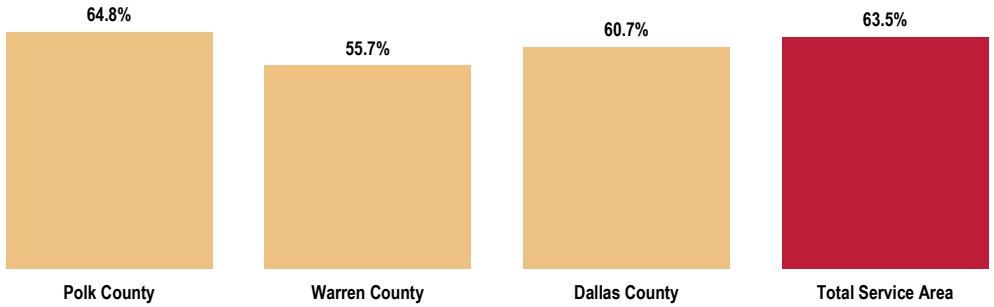
Screen Time

"Including television, video games, computers, phones, tablets, and the internet, on an average day, about how many hours or minutes of screen time do you use for entertainment?"

Among Total Service Area respondents, 63.5% report using screen time for entertainment at least three hours per day.

DISPARITY ► Highest in Polk County.

3+ Hours of Average Daily Screen Time



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 328]
Notes: ● Asked of all respondents.
● Includes use of television, video games, computers, phones, tablets, and the internet for entertainment.

Access to Physical Activity Facilities

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

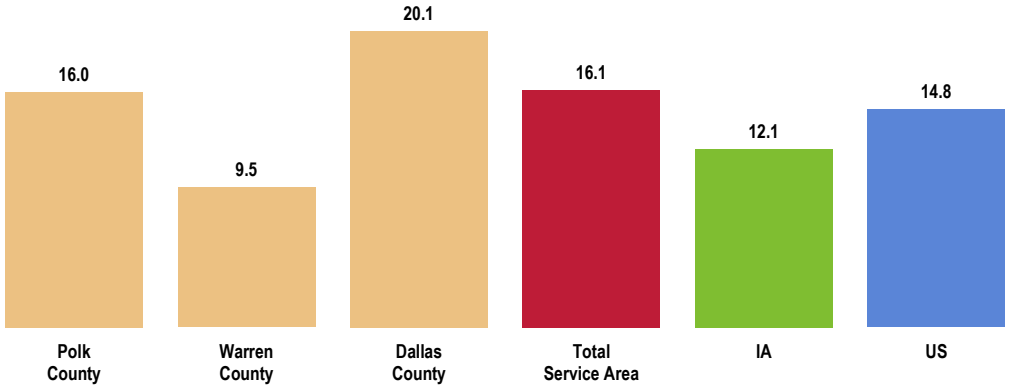
Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

In 2021, there were 16.1 recreation/fitness facilities for every 100,000 population in the Total Service Area.

BENCHMARK ► Higher than the Iowa ratio.

DISPARITY ► Lowest in Warren County.

Number of Recreation & Fitness Facilities per 100,000 Population (2021)



Sources: ● US Census Bureau, County Business Patterns. Additional data analysis by CARES.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).
Notes: ● Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.*

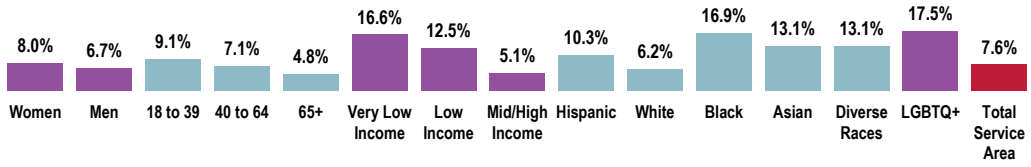
Among survey respondents, 7.6% report having "fair" or "poor" access to local parks, playgrounds, or other recreational facilities.

DISPARITY ► Less favorable in Polk County as well as among young adults, those living on the lowest incomes, Black adults, and LGBTQ+ adults.

Access to Local Parks, Playgrounds, and Recreational Facilities Is "Fair" or "Poor"

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: ● Asked of all respondents.

Access to Local Parks, Playgrounds, and Recreational Facilities Is "Fair" or "Poor"
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: ● Asked of all respondents.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

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

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

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

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

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

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

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	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

Here, "overweight" includes those respondents with a BMI value ≥25.

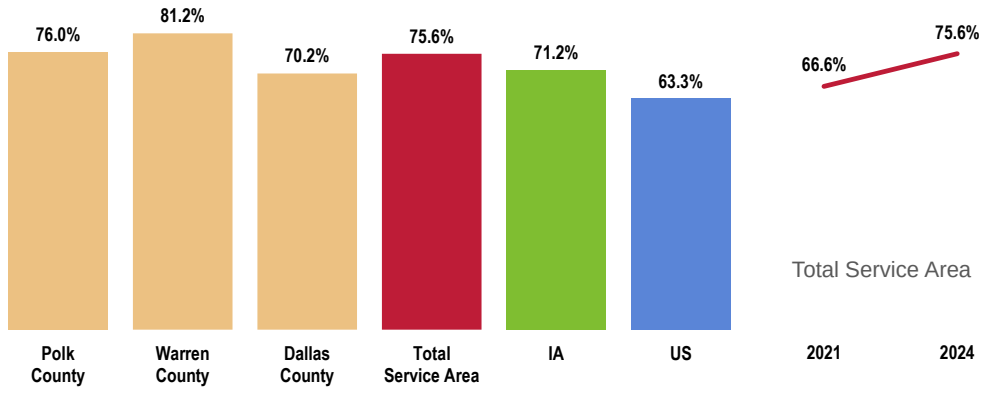
Three in four (75.6%) Total Service Area adults are overweight.

BENCHMARK ► Higher than state and national figures.

TREND ► Marks a statistically significant increase since 2021.

DISPARITY ► Highest among Warren County residents.

Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, 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,. The definition for obesity is a BMI greater than or equal to 30.0.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

The overweight prevalence above includes 45.1% of Total Service Area adults who are obese.

BENCHMARK ► Well above Iowa and US percentages and fails to satisfy the Healthy People 2030 objective.

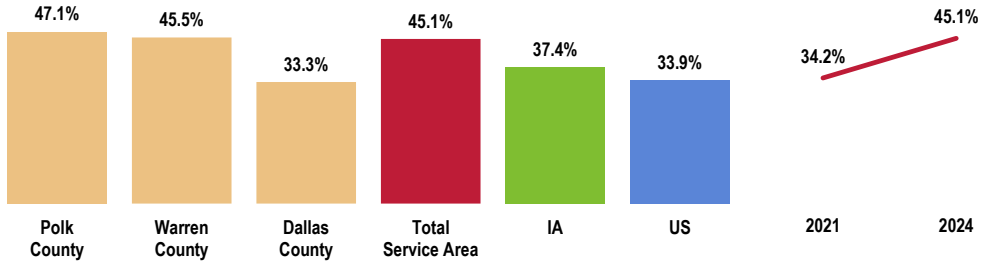
TREND ► Increasing significantly since 2021.

DISPARITY ► Highest in Polk County and among women, adults age 40 to 64, and those in low-income households; especially low among Asian adults.

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

Total Service Area



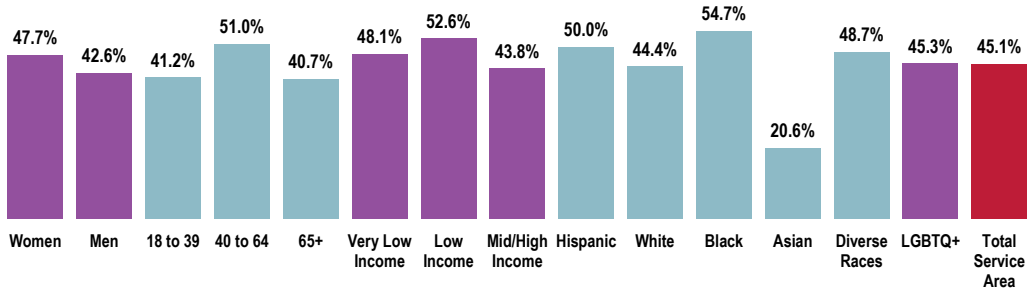
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Prevalence of Obesity

(Total Service Area, 2024)

Healthy People 2030 = 36.0% or Lower



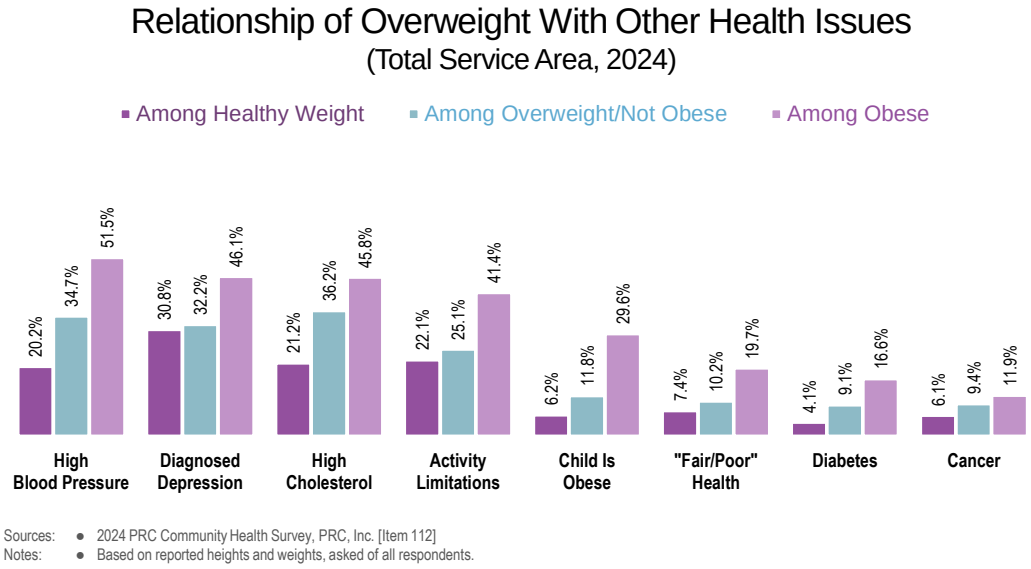
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
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.

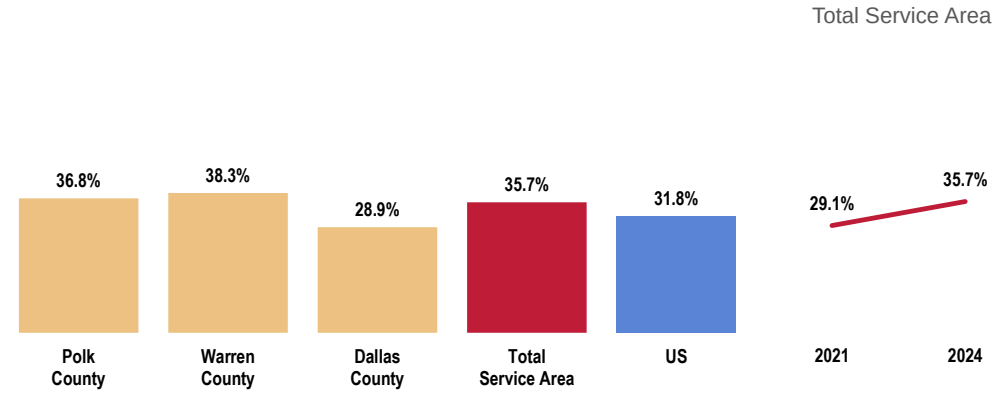
BMI-for-age weight status categories and the corresponding percentiles are shown below:

- 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, 35.7% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

Prevalence of Overweight in Children
(Children 5-17)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

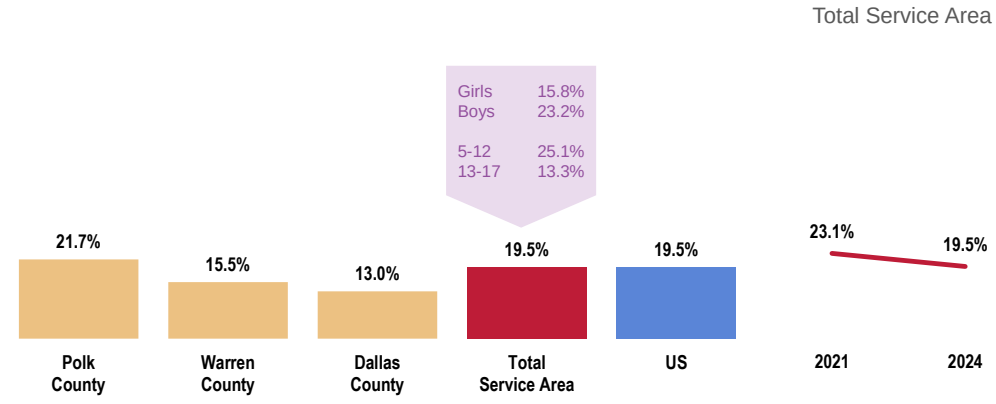
The childhood overweight prevalence above includes 19.5% of school-age children who are obese (≥95th percentile).

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest in Polk County, among boys, and among children age 5 to 12.

Prevalence of Obesity in Children
(Children 5-17)

Healthy People 2030 = 15.5% or Lower

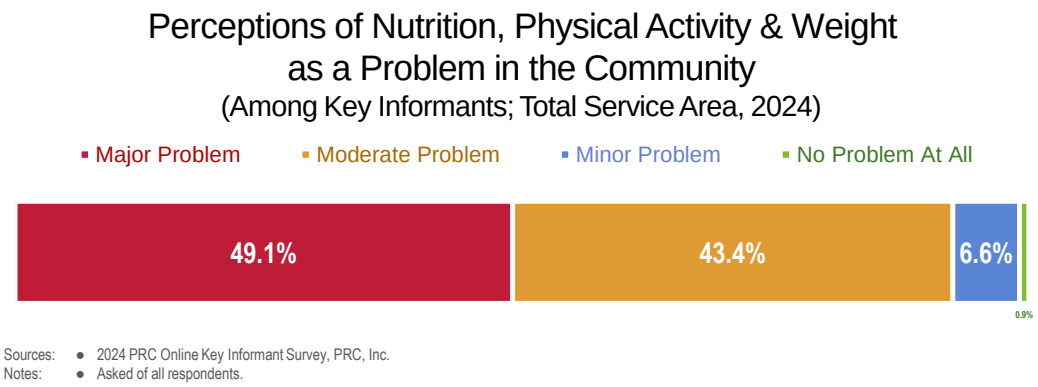


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Key Informant Input:
Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.



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

Nutrition

> Summer meals for youth, Kids having recess taken away as punishment or to fulfill academic requirements. Not enough PEs. Sedentary jobs, life being busy. Nutritional foods are not being offered in community pantries and in groceries stores and at a reasonable cost. – Public Health Representative
>
> Identifying foods that are culturally appropriate and accessible for individuals who are low income. Stress management I think plays a big role in nutrition and physical activity status. Identifying ways to promote physical activity that the individual can enjoy. The cost of programs that provide assistance with these services are priced out of range. Transportation to and from location. English language barrier with professionals who can assist. – Community Leader
>
> Cardiac and stroke issues happen after a lifetime of poor nutrition and physical activity opportunities. – Social Services Provider
>
> Food insecurity is the driver of this challenge. Many of our pantries do this their best with food assortment, offering fresh meats and produce. However, processed foods amp up weight management issues. I also believe that electronic devices assist with lack of motivation for intentional body movement (and instant gratification for media interest/entertainment). – Social Services Provider
>
> Food insecurity and access to healthy foods is an issue. Food pantry usage is skyrocketing. Also access to safe places to be outside is an issue, particularly in areas of our community. – Public Health Representative
>
> Nutrition, the standard American diet, and lack of activity. – Other Health Provider
>
> Some food deserts, price of healthy food is a barrier. – Physician
>
> School dietary options, carb-/sugar-heavy, more physical activity during the school day would be helpful. The amount of technology access has taken away from the physical activity/mental wellbeing of children and families. – Other Health Provider
>
> Food insecurity plays a lot into the area of nutrition, physical activity, and weight. Healthy food is expensive. Since folks don't always grow up with fruit and veg, they may not like the taste or know how to cook/fix food. Portion size and food deserts also affect folks. too much screen time is a problem for physical activity. – Community Leader

Access to Affordable Healthy Food

> Access to fresh, healthy foods at an affordable price. – Other Health Provider
>
> Food options that are healthy are not affordable. People are not aware of how to work out and don't make time for it. – Community Leader
>
> Access to healthy food for people struggling financially, all health depends on a quality diet, there are very few resources in Dallas County. – Community Leader

> We live in Iowa. This seems to be a problem for many Iowans. The cost of food is expensive and junk food becomes the cheaper alternative. We are not a state known for outdoor recreation opportunities that help to keep people active. – Social Services Provider
>
> Increasing cost of affordable food and limited resources for affordable healthy food. Lack of safe neighborhoods/worksites. Not enough programs/services to serve lower-income families who are vulnerable. Lack of interest/empathy from policy holders/legislators/officials who really do not understand the real issue. – Other Health Provider
>
> Food security. – Community Leader
>
> The biggest challenge is financial ability to procure healthy food and access to good information. – Public Health Representative
>
> Affordability and availability of fresh foods, fear of allowing children to play outside caused by fear of predators and too much screen time for all ages. – Community Leader
>
> Finding affordable food and nutritious food in rural Dallas County. – Community Leader
>
> Access to healthy, affordable food and free events which support physical activity. – Community Leader
>
> Lack of availability for healthy foods at affordable prices. – Social Services Provider

Awareness/Education

> Lack of awareness and education, limited exposure to appropriate and safe activities, expensive memberships to area gyms and YMCAs, limited support of friends or family, shame. – Community Leader
>
> Lack of awareness, time to shop and prepare meals, and access to affordable healthy eating options. – Community Leader
>
> Lack of understanding about this issue and poverty. – Community Leader
>
> Lack of education. Lack of access to affordable physical activity, whether paid activity like leagues, or gyms or free activity like trails and parks. – Community Leader
>
> Lack of knowledge. Food insecurity, lack of exercise, motivation, and self-esteem. – Social Services Provider

Built Environment

> We lack safe access to physical activity in some neighborhoods/communities; programming has been cut to encourage use of potential trails or other ways to stay active; access to nutritious foods is very challenging in many communities. It is much easier to drive through a fast-food restaurant than to purchase nutritious foods that often cost more, take time to prepare (which in our society we thrive off being super busy but also have cut back on teaching people how to cook etc.). Obesity rates in our state continue to climb as we see less focus on nutritious foods and movement. – Community Leader
>
> We have no grocery stores. We have Dollar General for its (largely high sugar and salt) processed food and The Baker's Pantry with very limited offering of vegetables and fruit and an excellent offering of foods (cheese, meat, whole milk, eggs). Our restaurants offer very limited menu options that are not laden with fat and salt. The schools will not open for indoor physical activity. We do have a small exercise equipment retail outlet. We have good parks for children and youth, but adults are largely confined to walking or riding bikes for exercise. We have tried to start a community garden to address all of these needs, but the community has not been interested. – Community Leader
>
> Lack of walkable cities. No nutritional food sold in convenience food stores, food insecurity. – Community Leader
>
> We are a very automobile focused county & state – walking is not the first choice for getting from one place to another. Walking is not considered the first option for getting from one place to another; people do not eat enough fruits & vegetables; we are very focused on easy food as opposed to healthy, easy food. – Community Leader

Obesity

> We have an abundance of opportunities for physical activity across our community – and are doing more to increase those, but not enough people are able to/are taking advantage of these based on our obesity rates comparatively with other states. Regarding nutrition, food insecurity is at a crisis level in our community and for those who have plenty of access to food, they aren't eating enough of the right ones. It is easy, more convenient, and cheaper to eat foods that are not as good for you. – Community Leader
>
> Iowa has an obesity problem, but I believe a lot of it has to do with processed food, sugary drinks, and the foods we eat. When you go to the Hy-Vee on MLK, the food options are much different than the food options at the Hy-Vee in Urbandale. – Other Health Provider
>
> We have a lot of overweight residents including children in our community. – Community Leader
>
> Childhood obesity and more chronic health conditions due to being overweight. – Community Leader

Access to Care/Services

> Access, primary care doctors don't always have time to address, not particularly good at it. Patients can't afford the services. Patients don't always have safe places for physical activity. Lack of affordable healthy food. – Physician
>
> We are a very rural community. The closest grocery store could be 20 miles from where they live. Certain grocery stores are closed on Sunday's making this a longer commute. Going back to transportation – a lot of times people rely on family or friends to bring them food or take them shopping. There is a lack of access to fresh meat, fruits, and vegetables. Our community relies on shelf stable foods that are not always the healthiest – contributing to other health concerns, obesity, diabetes, heart issues, etc. Lack of education/resources in the rural community discourages sedentary lifestyles. – Other Health Provider
>
> Access to resources which incorporate culture and language needs. – Community Leader

Income/Poverty

> Financial strain causes many families to make poorer food choices and have less extracurricular activities for their children which is leading to more and more kids becoming less active and more overweight at a younger age. – Other Health Provider
>
> People who are in survival mode due to their financial instability don't have access to these or knowledge. – Community Leader
>
> People with a lower socioeconomic status may not be able to afford fresh produce. People also who work all the time may see fast food as more convenient for their families, which isn't always the healthy option. – Community Leader

Lifestyle

> Many know what they need to do to be healthier but don't want to make behavioral changes. This leads to so many other health issues, physical and mental. – Other Health Provider
>
> Motivation. – Community Leader

Government/Policy

> The governor refused federal funds for summer school lunches for children in poverty due to "the obesity epidemic." Those children are now at *increased* risk of poor nutrition due to lack of access to healthy food. The Standard American Diet (SAD) is hard to fight against. Most children are eating too much, eating the wrong foods, and drinking sugary calories. Child obesity is on the rise, and it will likely continue. Almost 1/3 of children in Iowa are overweight or obese. – Physician

Alcohol/Drug Use

> We are the #1 state for binge drinking, which leads to a host of additional issues related to nutrition, activity, and weight. – Community Leader

Prevention/Screenings

> Again, lack of preventative care and trustworthy providers for the LGBTQ+ community. – Community Leader

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

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

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

Alcohol Use

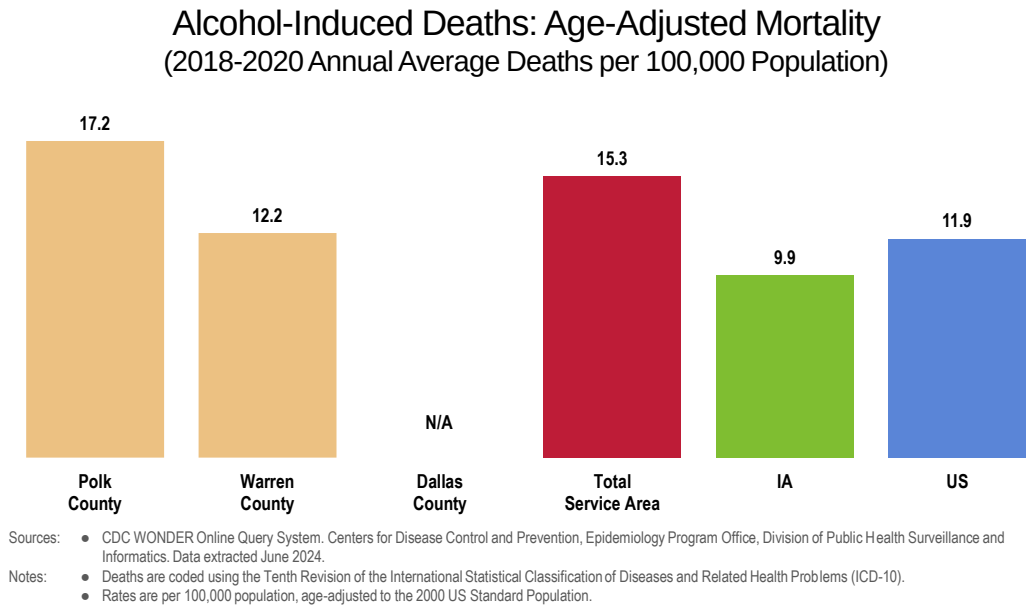
Age-Adjusted Alcohol-Induced Deaths

Between 2018 and 2020, the Total Service Area reported an annual average age-adjusted mortality rate of 15.3 alcohol-induced deaths per 100,000 population.

BENCHMARK ► Well above the state and national figures.

TREND ► Increasing considerably over the past decade.

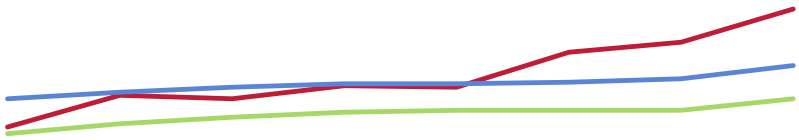
DISPARITY ► Highest in Polk County.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.

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.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TSA	8.2	10.1	9.9	10.7	10.6	12.7	13.3	15.3
IA	7.8	8.4	8.8	9.1	9.2	9.2	9.2	9.9
US	9.9	10.3	10.6	10.8	10.8	10.9	11.1	11.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.

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.

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

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

A total of 25.7% of area adults engage in excessive drinking (heavy and/or binge drinking).

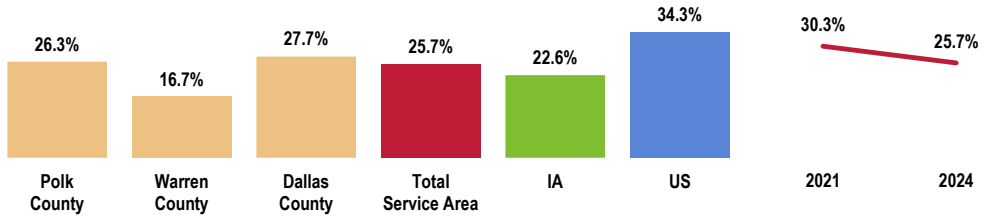
BENCHMARK ► Higher than the Iowa percentage but lower than the US.

TREND ► Decreasing significantly since 2021.

DISPARITY ► Lowest in Warren County. Reported more often among men, adults under 65, residents in higher-income households, Hispanic adults, White adults, Black adults, and those who identify as LGBTQ+.

Engage in Excessive Drinking

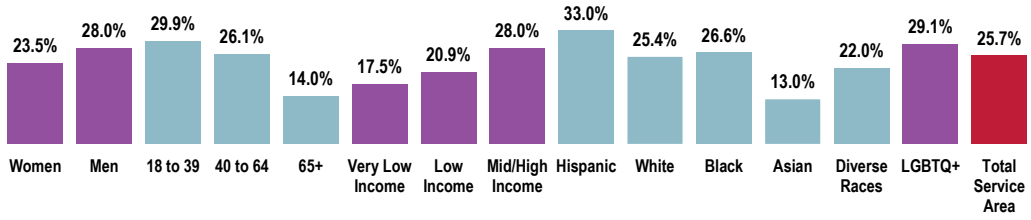
Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 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.

Engage in Excessive Drinking
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 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.

Drug Use

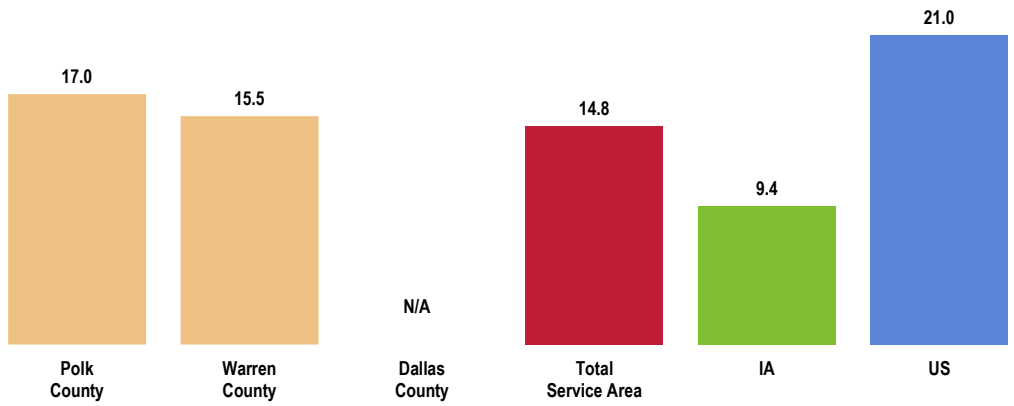
Age-Adjusted Unintentional Drug-Induced Deaths

Between 2018 and 2020, there was an annual average age-adjusted mortality rate of 14.8 unintentional drug-induced deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Higher than the Iowa rate but lower than the US rate.

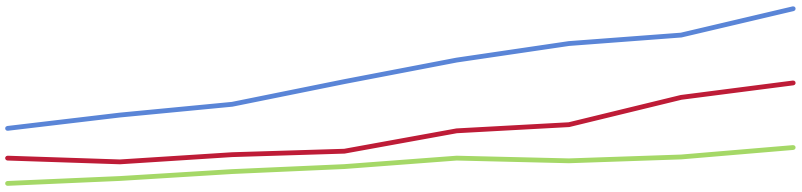
TREND ► Increasing over the past decade, echoing state and national trends.

Unintentional Drug-Induced Deaths: Age-Adjusted Mortality
(2018-2020 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 June 2024.
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.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
TSA	8.5	8.2	8.8	9.1	10.8	11.3	13.6	14.8
IA	6.4	6.8	7.4	7.8	8.5	8.3	8.6	9.4
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2024.
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.

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.

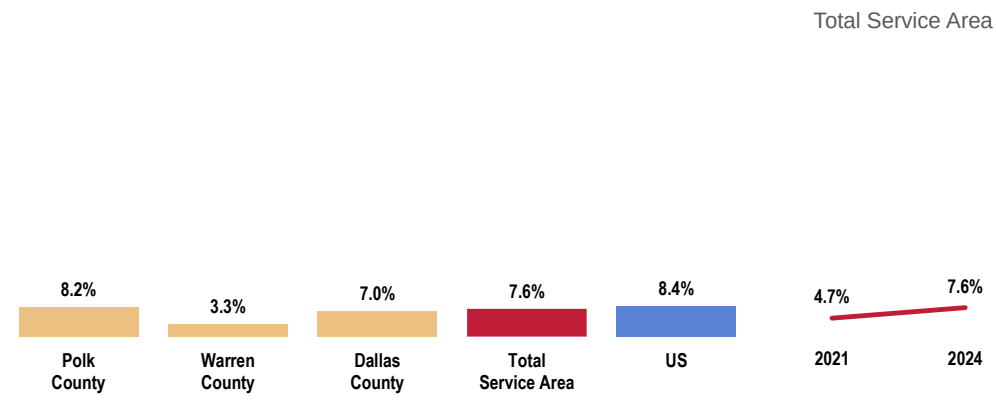
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 7.6% of Total Service Area adults acknowledge using an illicit drug in the past month.

TREND ► Increasing significantly since 2021.

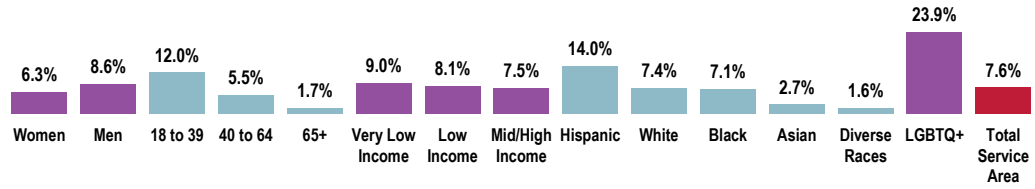
DISPARITY ► Higher among Polk County respondents. Reported more often among young adults, Hispanic adults, and especially those who identify as LGBTQ+.

Illicit Drug Use in the Past Month



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Illicit Drug Use in the Past Month
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: ● Asked of all respondents.

Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

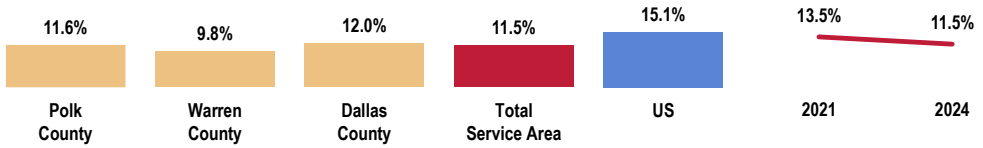
A total of 11.5% of Total Service Area adults report using a prescription opioid drug in the past year.

BENCHMARK ► Lower than the national percentage.

DISPARITY ► Reported more often among adults age 40+, those in low-income households, and LGBTQ+ adults (notably low among Asian respondents).

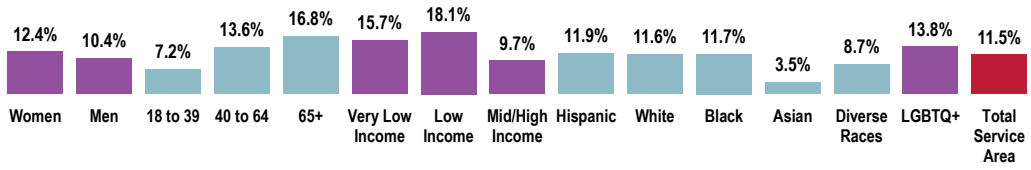
Used a Prescription Opioid in the Past Year

Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Used a Prescription Opioid in the Past Year
(Total Service Area, 2024)



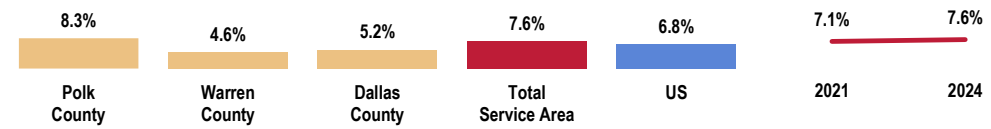
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
Notes: • Asked of all respondents.

Alcohol & Drug Treatment

A total of 7.6% of Total Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

DISPARITY ► Highest in Polk County.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



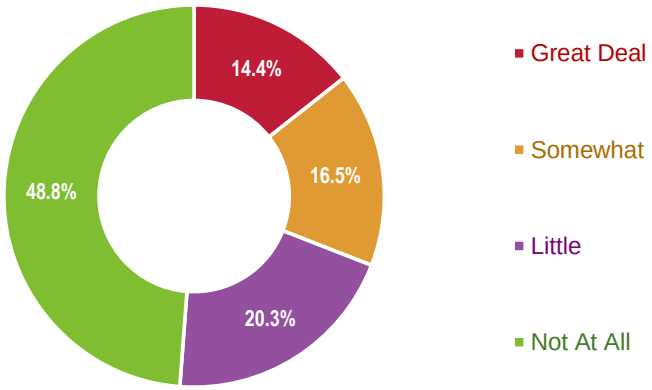
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 42]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Personal Impact From Substance Use

Surveyed adults were also asked to what degree their lives have been impacted by substance use (whether their own use or that of another).

Nearly one-half of Total Service Area residents' lives have <u>not</u> been negatively affected by substance use (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Use (Self or Other's)
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: ● Asked of all respondents.

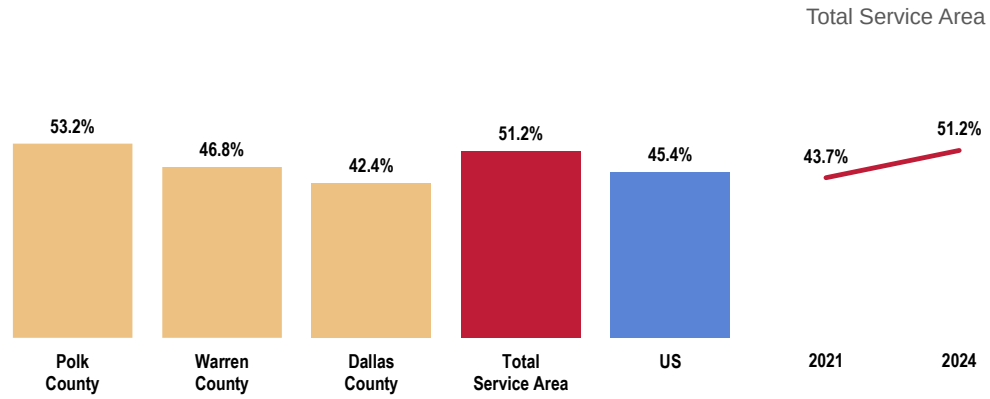
However, over half (51.2%) have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

BENCHMARK ► Well above the national figure.

TREND ► Increasing significantly since 2021.

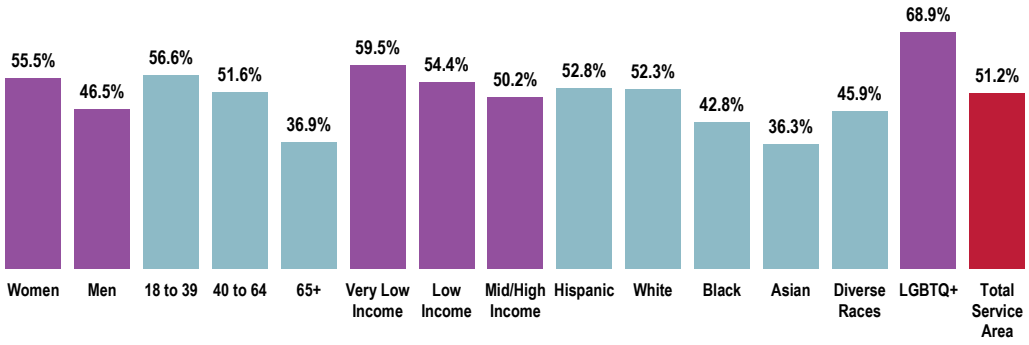
DISPARITY ► Highest in Polk County. Reported more often among women, young adults, those in low-income households, Hispanic adults, White adults, and those who identify as LGBTQ+.

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes those responding "a great deal," "somewhat," or "a little."

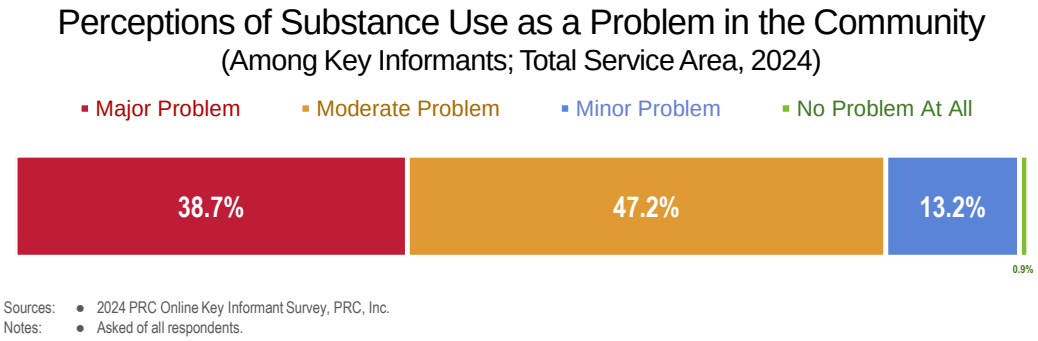
Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: ● Asked of all respondents.
● Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

The greatest share of key informants taking part in an online survey characterized *Substance Use* as a "moderate problem" in the community.



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

Access to Care/Services

> Available beds, and people are sent to jail or prison with substance abuse issues. – Community Leader
>
> Lack of services. – Community Leader
>
> There are very few output places for youth to get help, need more education, lack of residential SUS treatment close by for youth, for intensive output services that fall under Medicaid funding there is a lack of understanding by the MCOs on the length of intensive output services these youth need. – Social Services Provider
>
> Mental health and substance abuse counseling. Access and alternative activities available. – Public Health Representative
>
> Substance abuse issues have plagued our communities. The lack of open beds and counseling openings are the main barriers. I would also venue to say the quality of services keeps people from seeking them, which is based on service delivery issues. – Social Services Provider
>
> Availability and affordability of different treatment options. – Public Health Representative
>
> Similar to metal health, it is hard to access, and the wait is much longer than needed. When someone is ready to start treatment, the systems can't just tell them we may have a bed in three months. – Other Health Provider
>
> Available treatment facilities, follow up care, access to affordable services, information about services, education about the correlation between substance use and mental health. – Community Leader
>
> Not enough resources and availability, increase of drugs on the street. – Community Leader
>
> Available support when it is needed most. Also, lack of insurance coverage or resources to cover the cost of the program. – Community Leader
>
> Not enough options. My professional friends who looked for resources, AA meetings, and treatment groups have felt uncomfortable because the feel like they don't fit in with the others in attendance. – Other Health Provider
>
> Limited programs and support. Long wait times. Few inpatient units. – Community Leader

Denial/Stigma

> Stigma surrounding treatment. Also knowing where treatment is available. Insurance coverage for treatment is also an issue. – Public Health Representative
>
> Stigma. – Physician
>
> Stigma, criminalization of possible solutions, i.e. needle exchange, fentanyl test strips, etc. Lack of access to treatment due to wait lists, insurance restrictions, etc. – Other Health Provider
>
> All of the above, plus stigmatizing the patient. – Physician

Lack of Providers

> The lack of providers and no MAT. – Other Health Provider
>
> Lack of providers and shame/stigma in asking for help. – Community Leader
>
> No mental health or substance abuse providers. – Other Health Provider

Awareness/Education

> Knowledge. – Social Services Provider
>
> Education, supportive services, resources, and funding are the greatest barriers. – Social Services Provider
>
> I would assume a lack of information on where to seek help could be a big barrier. – Community Leader

Government/Policy

> State law and stigma. – Social Services Provider
>
> The attack on the LGBTQ+ community continues from our State Government, increased bullying, lack of support/acceptance of the LGBTQ+ leads to more substance use. – Community Leader

Access to Care for Uninsured/Underinsured

> Lack of access to providers for patients who are uninsured. Lack of inpatient services in the community. High incidence of patients who experience, low number of providers who are capable and desire to provide service. Reimbursement for SA is challenging. – Physician

Co-Occurrences

> Mental health, homelessness, isolation of single parent families, and not enough mental health providers/ organizations – Other Health Provider

Diagnosis/Treatment

> Need a drug court option to assist people with treating the problem instead of just arresting people. I am not aware of any inpatient substance abuse facilities in Dallas County. – Community Leader

Follow Up/Support

> This is a difficult question to respond to. Supportive services for substance users and transportation to needed treatment. – Community Leader

Funding

> Funding for treatment and lack of professional treatment personnel. – Community Leader

Insurance Issues

> Health insurance. – Social Services Provider

Language Barrier

> Linguistic access. Creation of AA and NA in other languages (they really don't exist right now). Case management for people trying to recover/fight substance use. Recovery housing options for people who might have legal problems from the past, needing support, and wanting to make a better future. Many people aren't accepted because the past legal problems, even when they're trying to make new choices in the future. Substance use is easier to access than a doctor appointment and mental health medications. Insurance and treatment are so hard to navigate, people give up. Transportation barrier. – Community Leader

Transportation

> Public transportation. Our biggest issue is driving while intoxicated, if we had better public transportation that went between Polk and Dallas counties, some of that would be alleviated. – Community Leader

Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **alcohol** as causing the most problems in the community, followed distantly by **heroin/other opioids** and **methamphetamine/other amphetamines**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)	
ALCOHOL	74.3%
HEROIN OR OTHER OPIOIDS	8.6%
METHAMPHETAMINE OR OTHER AMPHETAMINES	8.6%
PRESCRIPTION MEDICATIONS	2.9%
OVER-THE-COUNTER MEDICATIONS	2.9%
COCAINE OR CRACK	2.9%

TOBACCO USE

ABOUT TOBACCO USE

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

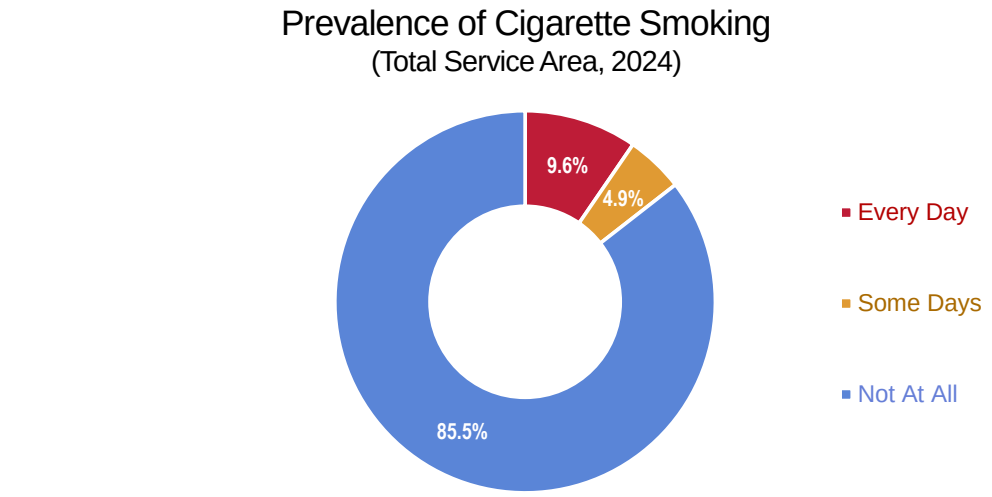
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

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

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 14.5% of Total Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in the Total Service Area.

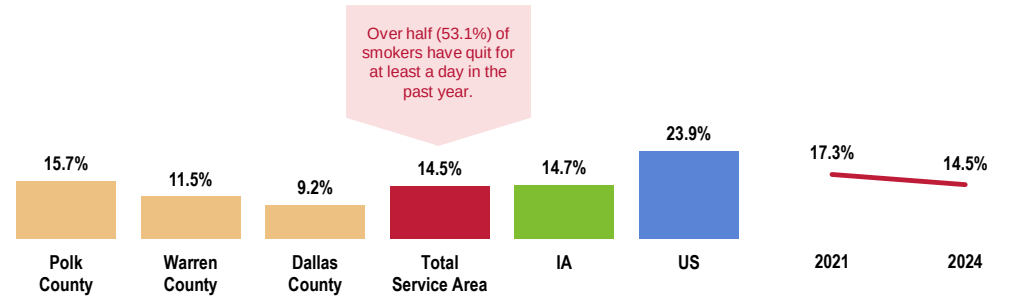
BENCHMARK ► Well below the US figure but far from satisfying the Healthy People 2030 objective.

DISPARITY ► Highest in Polk County. Reported more often among respondents age 40 to 64, those in low-income households, Black adults, adults of Diverse Races, and those who identify as LGBTQ+.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

Total Service Area



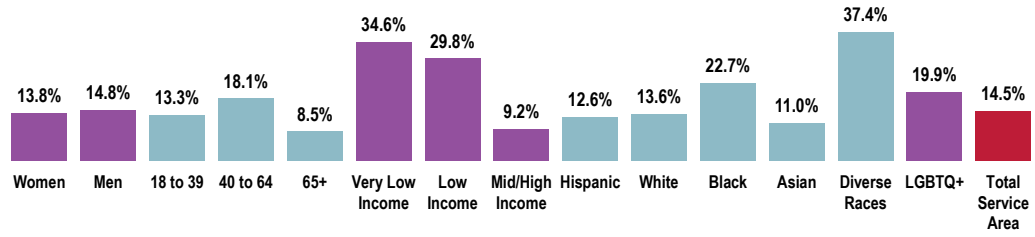
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 34, 302]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Currently Smoke Cigarettes

(Total Service Area, 2024)

Healthy People 2030 = 6.1% or Lower

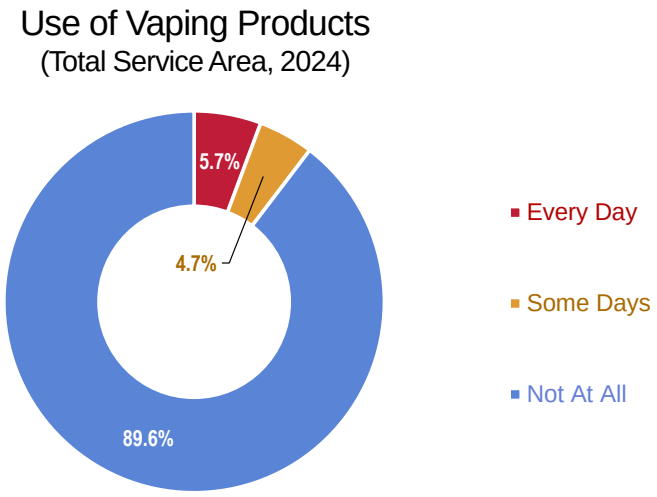


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Use of Vaping Products

Most Total Service Area adults do not use electronic vaping products.

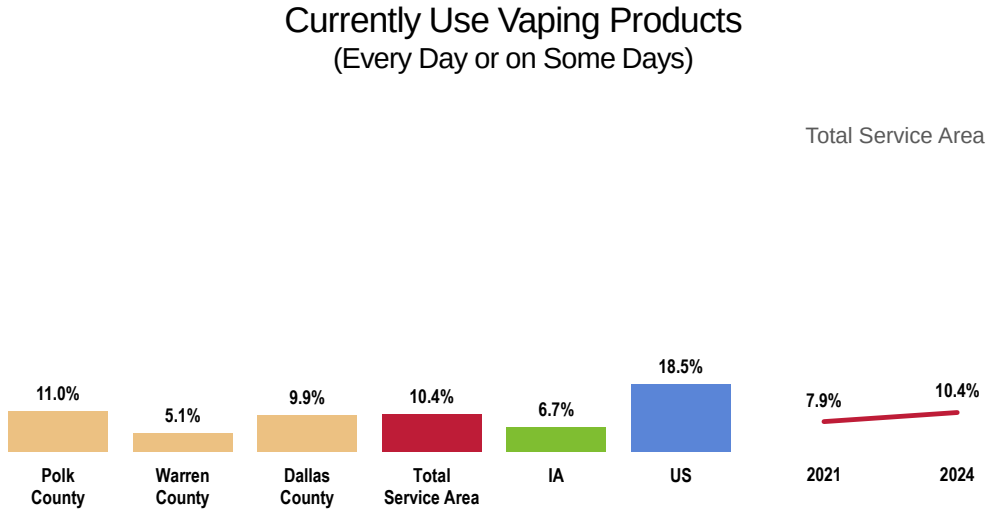


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
Notes: ● Asked of all respondents.

However, 10.4% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

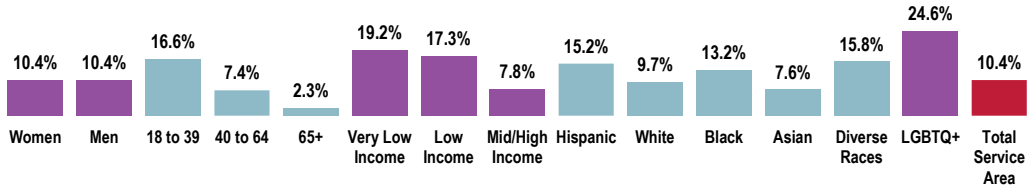
BENCHMARK ► Higher than the Iowa percentage but well below the US figure.

DISPARITY ► Highest in Polk County. Reported more often among young adults, those in low-income households, Hispanic respondents, Black respondents, and those who identify as LGBTQ+.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
● 2023 PRC National Health Survey, PRC, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
Notes: ● Asked of all respondents.
● Includes those who use vaping products every day or on some days.

Currently Use Vaping Products
(Total Service Area, 2024)

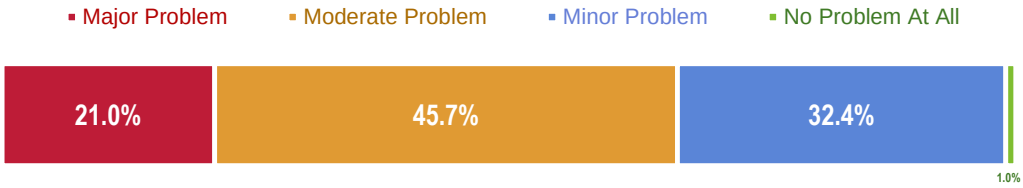


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
Notes: • Asked of all respondents.
• Includes those who use vaping products every day or on some days.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.

Perceptions of Tobacco Use as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

E-Cigarettes

> Vaping has made it easy to conceal and easier for kids to access. – Community Leader
>
> I am basing this off of knowing that youth are getting access and using e-cigarettes. – Social Services Provider
>
> Smoking is rapidly increasing among young people, especially with the advent of vaping. The health consequences are well-known. – Community Leader
>
> A lot of vaping. – Community Leader
>
> The use of vapes has exasperated the problem of tobacco use. It is causing young people to access it earlier and the use of it to be more appealing and discreet. – Social Services Provider

Incidence/Prevalence

> Because I see lots of people smoking and also a lot of teens are using chew. – Community Leader
>
> Statistics show above average use. – Social Services Provider
>
> Higher among young adults, 57%. – Community Leader
>
> Many people still smoke. – Physician

Easy Access

> Easy access. – Other Health Provider
>
> Easy access. – Social Services Provider

Lifestyle

> Still a mindset of “I've smoked for xyz amount of years and there is no point quitting now.” – Public Health Representative

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

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

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

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

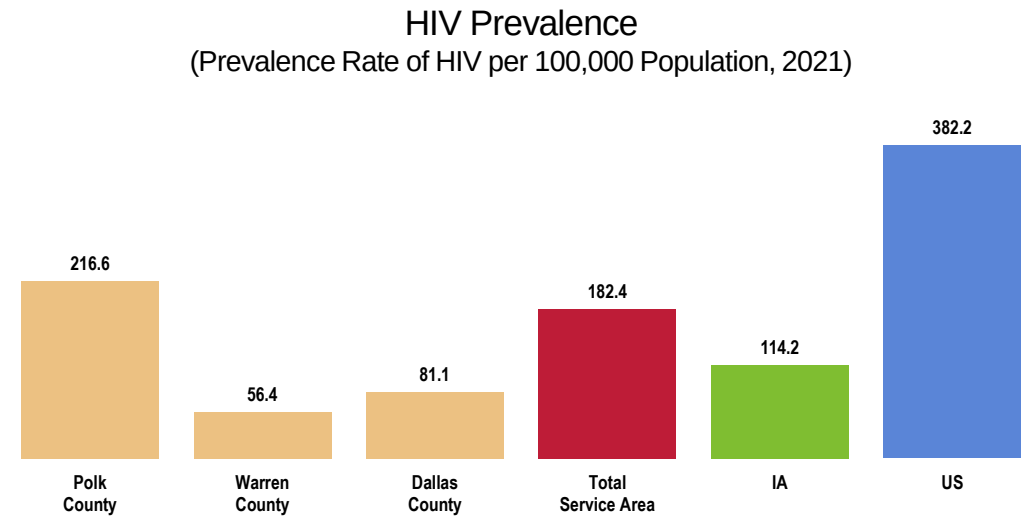
– Healthy People 2030 (https://health.gov/healthypeople)

HIV

In 2021, the Total Service Area reported a prevalence of 182.4 HIV cases per 100,000 population.

BENCHMARK ► Well above the Iowa prevalence but much lower than the US.

DISPARITY ► Highest in Polk County.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2021, the chlamydia incidence rate in the Total Service Area was 583.6 cases per 100,000 population.

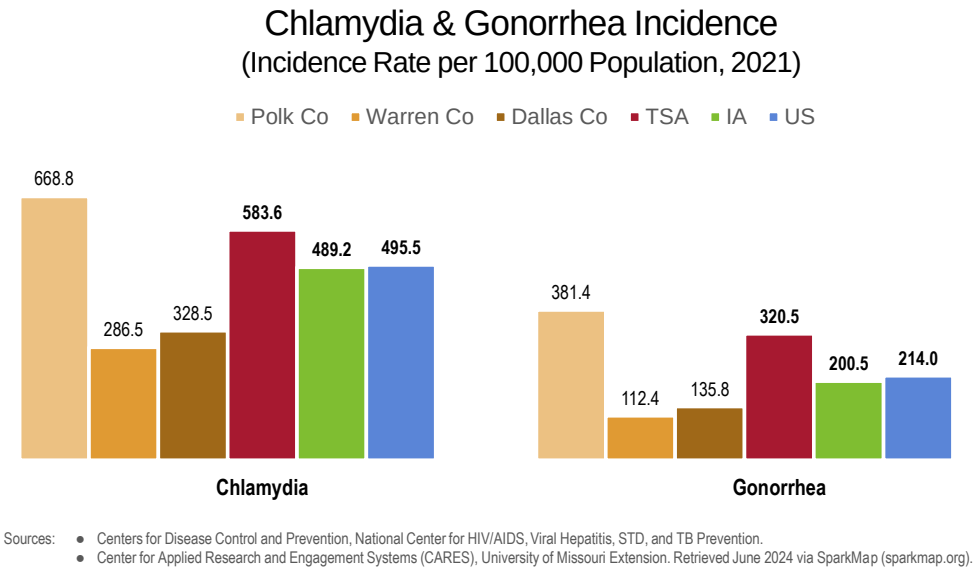
BENCHMARK ► Higher than the state and national incidence rates.

DISPARITY ► Much higher in Polk County.

The Total Service Area gonorrhea incidence rate in 2021 was 320.5 cases per 100,000 population.

BENCHMARK ► Well above the Iowa and US rates.

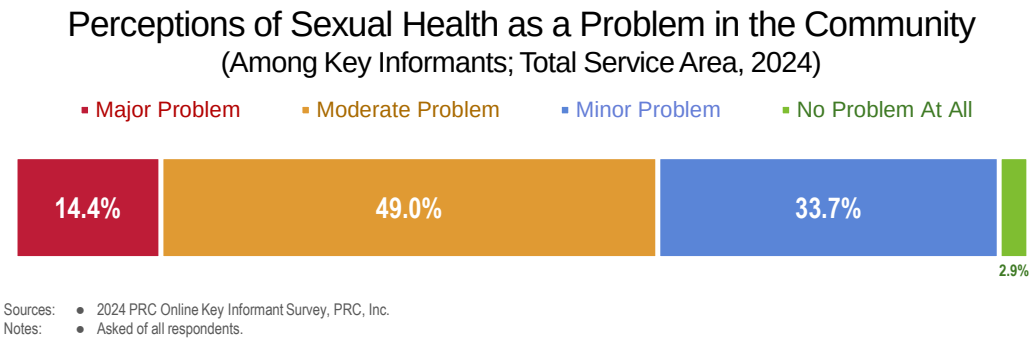
DISPARITY ► Much higher in Polk County.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a "moderate problem" in the community.



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

Awareness/Education

> Lack of education and guidance. – Social Services Provider
>
> Youth do not have access to sexual health education and are much more likely to contract STDs, fewer resources such as Planned Parenthood available for education and testing. – Community Leader
>
> Congenital syphilis is at a 70-year high. We need to have more communication about prevention and testing. – Community Leader
>
> The rate STIs continue to rise alarmingly, particularly syphilis. Our young people under the age of 24 account for over 50% of the STIs, yet access to scientifically based sexual health education is non-existent in our schools and is getting worse. You cannot protect yourself if we cannot talk honestly about sexual health for ALL individuals, including the LGBTQ+ population. Also, ensuring that all providers are taking a comprehensive sexual history with patients and testing all sites, including extragenital locations, for STIs is an issue. – Public Health Representative

Incidence/Prevalence

> The rates of STIs in Polk County are outrageous. We don't provide quality comprehensive sexuality education in Iowa. There is stigma around accessing services. – Community Leader
>
> The number of sexual health diseases on the rise and the cost of family planning services. – Other Health Provider
>
> High incidence of STDs in our community. – Physician
>
> Polk County Health Department reports increases for numerous STDs. – Public Health Representative

Government/Policy

> STDs rates continue to rise in Polk County and our state legislator continues to create barriers to having comprehensive sexual health education being provided in public schools. – Community Leader
>
> Governor limiting access. – Other Health Provider

Unprotected Sex

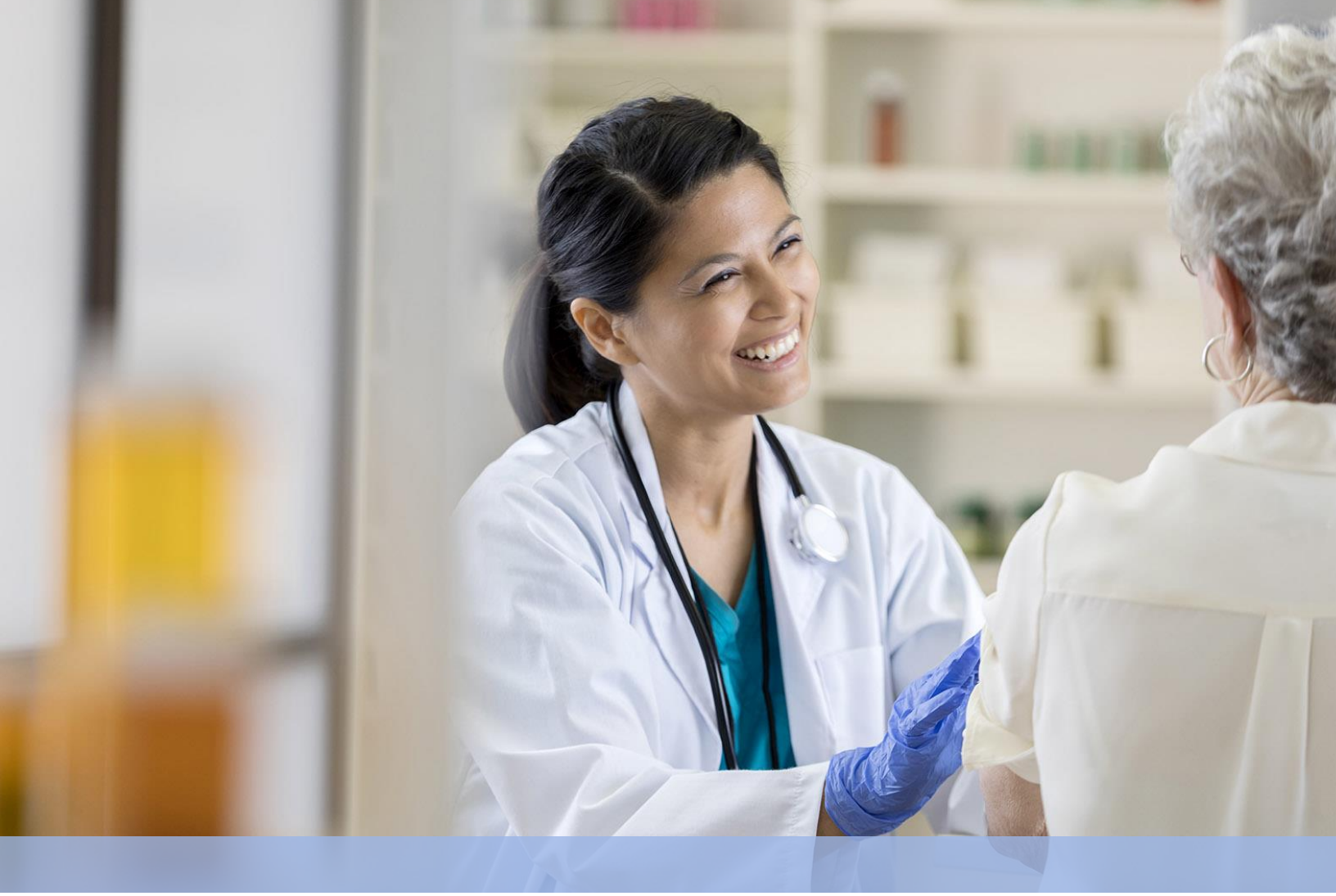
> There are a lot of people who are sexually active and having unprotected sex. There are STDs that are being passed along and there are a lot of unplanned pregnancies amongst our youth which is a vulnerable group. – Community Leader

Access to Care/Services

> Lack of resources and information on multiple languages. – Community Leader

Prevention/Screenings

> Again, lack of preventative care and trustworthy providers for the LGBTQ+ community. – Community Leader



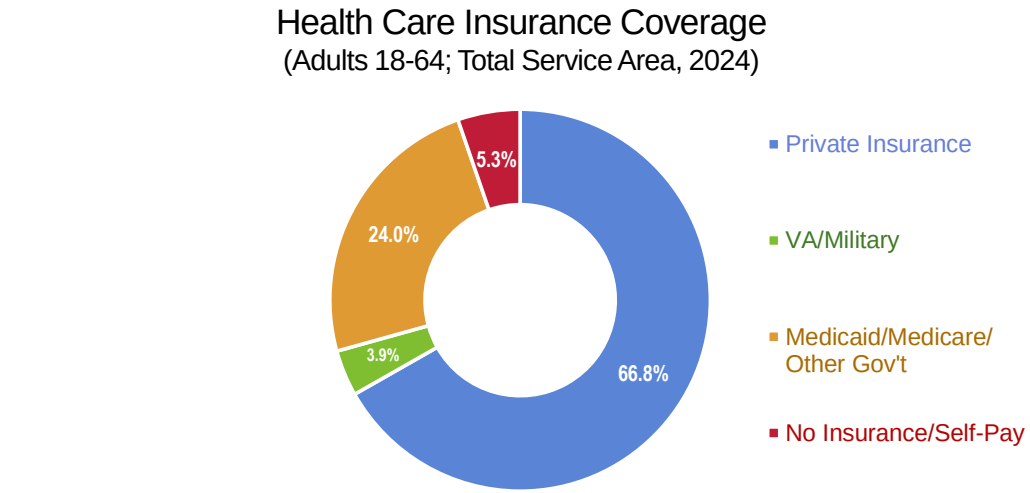
ACCESS TO HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

Two in three Total Service Area adults age 18 to 64 (66.8%) report having health care coverage through private insurance. Another 27.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

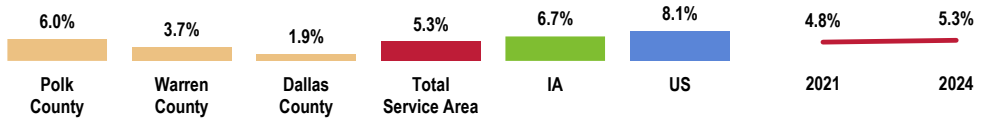
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 5.3% report having no insurance coverage for health care expenses.

BENCHMARK ▶ Lower than the state and national figures.

DISPARITY ▶ Highest in Polk County. Reported more often among area men, adults in low-income households, Hispanic adults (especially), and Black adults.

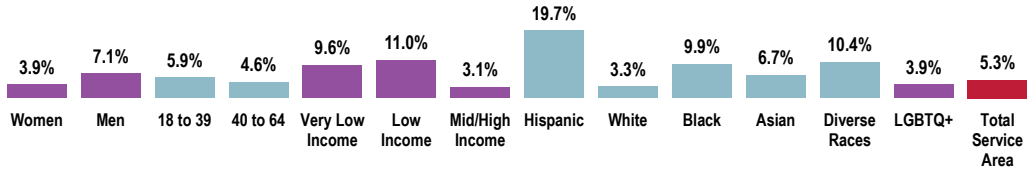
Lack of Health Care Insurance Coverage
(Adults 18-64)
Healthy People 2030 = 7.6% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage
(Adults 18-64; Total Service Area, 2024)
Healthy People 2030 = 7.6% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

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

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

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

Difficulties Accessing Services

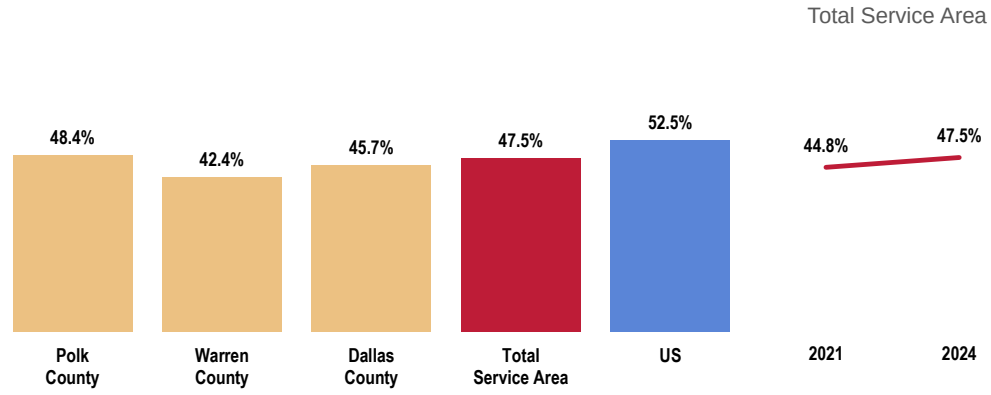
This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of 47.5% of Total Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Lower than the US prevalence.

DISPARITY ► Reported more often among women and young adults, and especially among Hispanic residents or those who identify as LGBTQ+.

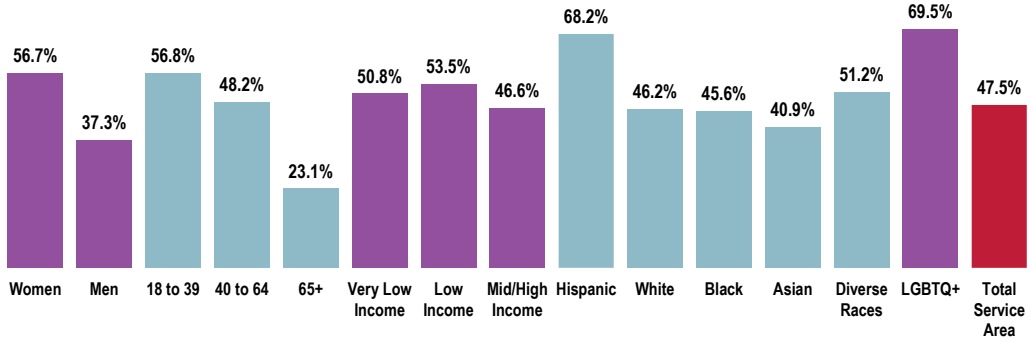
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
Notes: • Asked of all respondents.
• Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of Total Service Area adults.

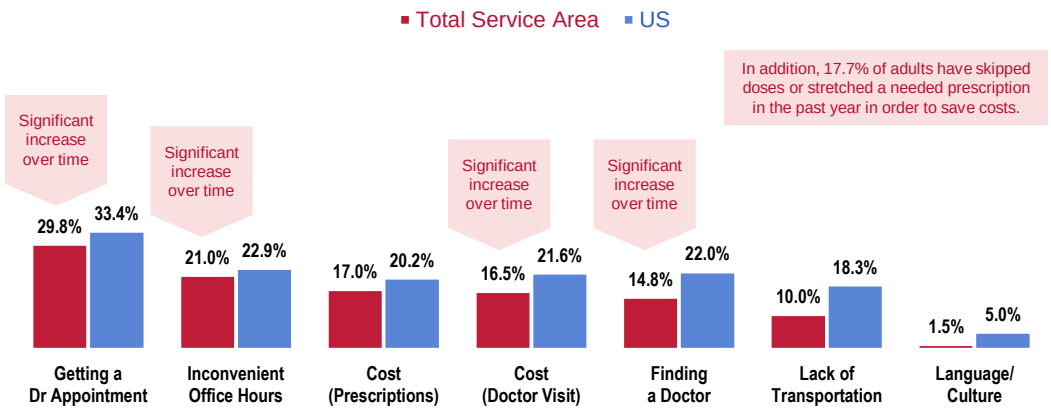
To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

BENCHMARK ► With the exception of office hours, each barrier illustrated below compares favorably against related US percentages.

TREND ► However, the following barriers have increased significantly in prevalence since 2021: cost of doctor visits, appointment availability, inconvenient office hours, and finding a physician.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 6-13]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

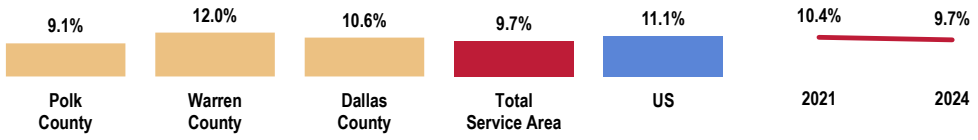
Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 9.7% 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.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)

Total Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

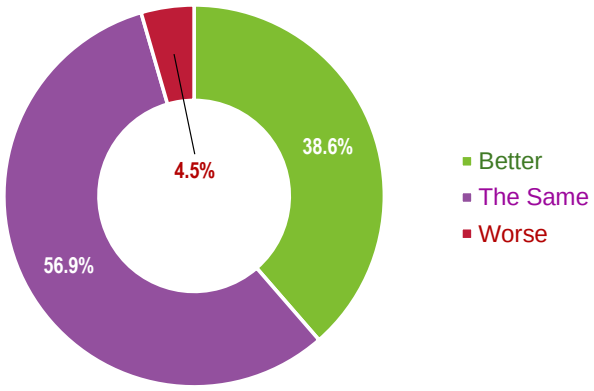
Bias in Receiving Care

"And now thinking about ALL of your health care experiences in the past 12 months, in general, do you feel your experiences were better, the same, or worse than those of people of other races or ethnicities?"

While over half of survey respondents consider their recent health care experiences to be the same as that of people of other race/ethnicity, 4.5% believe that their experiences were "worse."

DISPARITY ► Much higher in Polk County. Reported more often among adults under age 65, those in low-income households, and especially among Hispanic adults, Black adults, and those of Diverse Races.

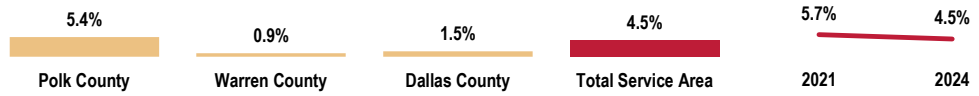
Rating of Recent Healthcare Experiences Based on Race or Ethnicity
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: ● Asked of all respondents.

Recent Healthcare Experience Was “Worse” Because of Race/Ethnicity

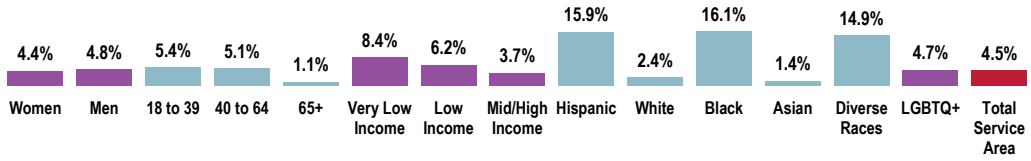
Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: • Asked of all respondents.

Recent Healthcare Experience Was “Worse” Because of Race/Ethnicity

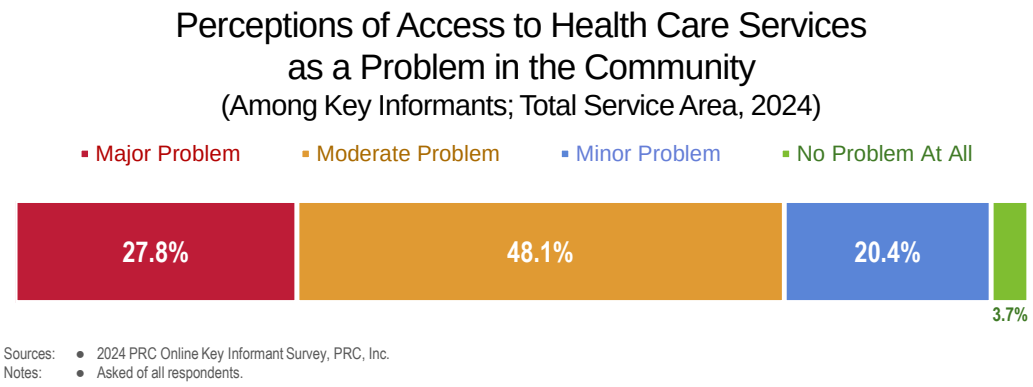
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: • Asked of all respondents.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a "moderate problem" in the community.



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

Access to Care/Services

> Access to dental needs for children. Access to more in-depth health needs. Access to drug abuse. Mental health care counselors. – Community Leader
>
> With our proximity to the metro, we do not have locally sourced services. This results in more lost time at work or school and transportation barriers. A very specific need in our area is mental health providers, almost all services for mental health are a 20–30-minute drive away. – Community Leader
>
> Barriers to enroll into programs/services whether is it transportation, silos in the community to allow single entry into services or traveling to 5 different places for 5 different services when it can be done with one entry. Allow funding to go to where it is needed; food pantries, programs for maternal health & infant health and removing restrictions for SNAP/Medicaid to those who need the services. – Other Health Provider
>
> For folks without transportation, there is a limit to accessing resources particularly on the east and south side of Des Moines. There are simply not enough mental health service providers to serve adults and particularly children. I know multiple people who have had to go into the hospital and have had to wait in the emergency room or in hallways for days before being admitted. There is a shortage of caretakers for people who need home services. The pay for CNAs, med techs, and other staff doing the hard physically demanding work isn't sufficient to keep folks in the role and to meet the current need. There is a significant shortage of substance treatment programs. Also, many programs and state funding require abstinence based treatment. There needs to be a continuum of harm reduction, respite, and abstinence programs. – Community Leader
>
> There are currently only two medical clinics that provide Initial Refugee Health Screenings. With approximately 1,500 new refugees arriving into the Des Moines metro area during the fiscal year causes major delays in services. – Community Leader

Transportation

> Transportation, language/translation issues, personal unawareness of resources and no knowledge of how to access. – Community Leader
>
> Transportation, language barriers and income/lack of insurance. – Physician
>
> Transportation is always a major issue. As communities become more diverse, knowledge and access to where services are located becomes more difficult. Language also creates difficulties with a growing number of dialects in our region. – Social Services Provider
>
> Many in our community have issues with transportation to appointments, interpretation, and cultural sensitivity by providers. Understanding the US health system is a challenge for our refugee and immigrant population. Documentation status also affects their access to care. – Public Health Representative
>
> Transportation, lack of information especially regarding available services, lack of time and equitable access. – Community Leader

Lack of Providers

> Not enough providers. Not enough availability on nights or weekends. Not enough understanding of available options. Costs. Not fast enough appointment time openings. – Community Leader
>
> Lack of providers and transportation. – Other Health Provider
>
> There is a general lack of physicians and services, a deficiency in health insurance coverage and barriers to access such as transportation and open hours. Existing health care focuses on illness instead of wellness. – Community Leader
>
> Decreased providers, health systems overwhelmed, limited transportation and limited interpretation used. – Other Health Provider

Awareness/Education

> The biggest barriers in accessing Health care services are the knowledge of how and where along with cost. The next barrier is trust and lack of cultural appropriate care. This is followed by the lack of knowing when to seek care and screenings. – Community Leader
>
> Both education and access to preventative health care practices such as annual physicals, dentist visits, and vision exams, and also vaccination maintenance or updates. Investing in increasing awareness about preventative health practices and encouraging individuals to have a medical home could reduce emergency room visits and the practice of utilizing urgent care facilities as primary care. Education, access, and awareness are also required for healthcare services involving mental health. Evaluation services and appointments to psychiatrists or therapists often mean waiting at least a month to get seen. – Community Leader
>
> Knowledge and efficacy of health and well-being, cultural congruent care and representation, challenges in referral to resources and specialties, trust with providers, closures to nearby clinical care, less focus and access to preventative care. – Community Leader

Insurance

> People not qualifying for Medicaid and not having enough money to private pay. – Social Services Provider
>
> I don't think this is only a problem in central Iowa but rather a nationwide issue related to our insurance system being extremely complicated. Folks often put off routine or regular care because they are uninsured, underinsured, or afraid of surprise bills that come after the appointment. In a separate issue, I have been hearing from many people about difficulty getting in for appointments, long wait times, or needing to receive care from surrounding cities or states due to unavailability of services to either (1) effectively treat their condition or (2) accept their insurance. – Community Leader
>
> Having inadequate health insurance coverage is one barrier in underserved communities and unequal distribution due to poverty, rising costs, and the uninsured are also a discrepancy in urban and rural communities. Mental health increases the demand for personalized care. Also, the shortage of doctors increases the rising costs of healthcare. – Social Services Provider
>
> There is a large number of Iowans who are uninsured or underinsured and there is only a very small amount of health care providers who can help them. – Community Leader
>
> Patients without insurance. Some clinics and specialists do not see Medicaid patients or limit the number. – Community Leader

Vulnerable Populations

> Lack of services that are LGBTQI+ or immigrant friendly. We don't have services for individuals that are not white. – Community Leader
>
> Increase access to healthcare services for refugee and difficult-to-reach populations. – Community Leader
>
> I work in non-profit immigration legal services. I cannot speak to most of the health-related needs of the community at large, but I can talk about things related to new immigrants in our community. Some immigrants, such as refugees, need to obtain certain vaccines and have paperwork filled out by a civil surgeon prior to applying for their green cards. More people than ever are being designated as refugees and entering the U.S. as refugees. Just as they go all over the US, they also come to Iowa. We are now seeing refugees from Central America. Aside from refugees, many immigrants have to obtain a full physical done by a civil surgeon. We simply do not have enough resources for refugees and other immigrants to get their medical exams done and/or get paperwork filled out by a civil surgeon. There are very few civil surgeons in Central Iowa, and most of them charge hundreds of dollars. Polk County Health helps fill in the gap for refugees, but more civil surgeon services are needed. – Social Services Provider

Mental Health Care

> There is no child and adolescent system of mental health care. We are experiencing a mental health provider shortage due to historically low reimbursement rates and especially in the area of child mental health. Therapy is the "front door for most children in mental health and the first place that youth and their families learn about things like diagnoses, that these conditions are treatable and that they are not to blame for their child's mental, emotional and/or behavioral problems. The mental health crisis response in Polk County is not adequately equipped to work with families. In the aftermath of COVID we have seen a significant increase in the acuity of symptoms displayed by youth and increase in the amount and diversity of the substance's youth are using/ abusing. – Social Services Provider
>
> Access to mental health. Affordability of health insurance. – Community Leader

Access for Medicare/Medicaid Patients

> Disparities in care received by those on Medicaid vs. those with private insurance. We see folks who get caught in the Medicaid churn of waiting for preventative services to be approved and seeing something become a bigger issue in the meantime that requires more care and more expensive care. This happens with private insurance as well, but I feel like I see it more with people on Medicaid coverage. – Community Leader
>
> Lack of providers accepting Medicaid, accessible locations for service and language barriers. Lack of mental health service providers, policy/societal impact on reproductive health for women. – Community Leader

Government/Policy

> The statewide ban on trans health care for youth. Limited access to affirming providers for the LGBTQ+ community. – Community Leader
>
> More diverse representation is needed in state and local government that can be more informed as to the needs of low-income community members and more accurately respond with sustainable solutions to address these needs. – Community Leader

Affordable Care/Services

> Access to affordable healthcare. Health providers reaching out to the marginalized communities. – Social Services Provider

Prevention/Screenings

> I believe many residents in the community do not take advantage of preventative health care. There needs to be more outreach to the community to make sure individuals know what is available to them. – Community Leader

Availability of Financial Counseling

> Availability of financial counseling. Financial mismanagement leads to inability to pay rent, utilities, or medications. I would like to see more resources for financial counseling that would prevent downstream issues. – Community Leader

Language Barriers

> Language access, people who need the interpretation have to use English to request for the interpretation. So many phone numbers/calls are required to access services, but when calling the phone prompts are a brick wall if someone can't understand them. – Community Leader

Urgent Care

> There is no fully operational Urgent Care. MercyOne Urgent Care has limited capacity and resources, so residents end up going to DM. Lack of medical specialists. Warren County is a reproductive health desert. People seeking STI testing need to go to DM. – Other Health Provider

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

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

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

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

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

Access to Primary Care

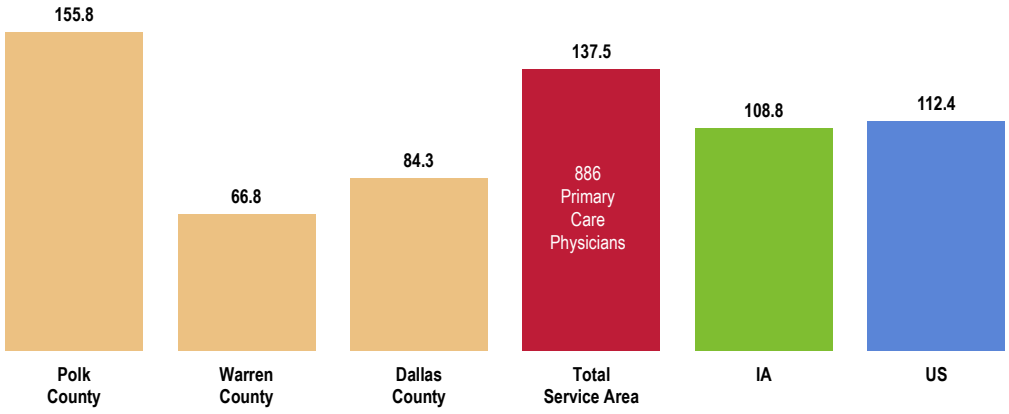
Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

As of 2024, there are 886 primary care physicians in the Total Service Area, translating to a rate of 137.5 primary care physicians per 100,000 population.

BENCHMARK ► Higher than the Iowa and US ratios.

DISPARITY ► Polk County houses the largest share of physicians per 100,000 population.

Number of Primary Care Physicians per 100,000 Population
(2024)



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2024 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, 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).

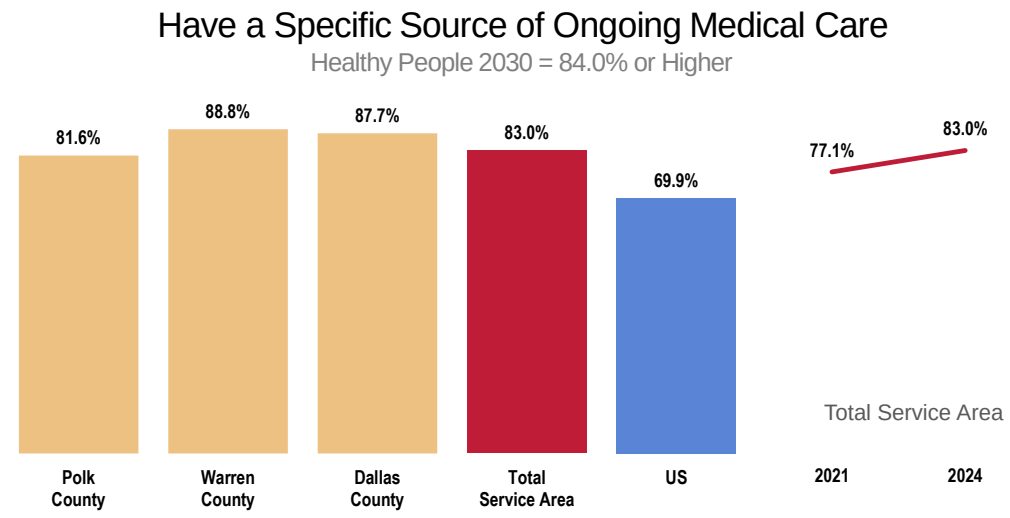
A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 83.0% of Total Service Area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Higher than the US percentage.

TREND ► Denotes a statistically significant improvement since 2021.

DISPARITY ► Lowest in Polk County.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 118]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Utilization of Primary Care Services

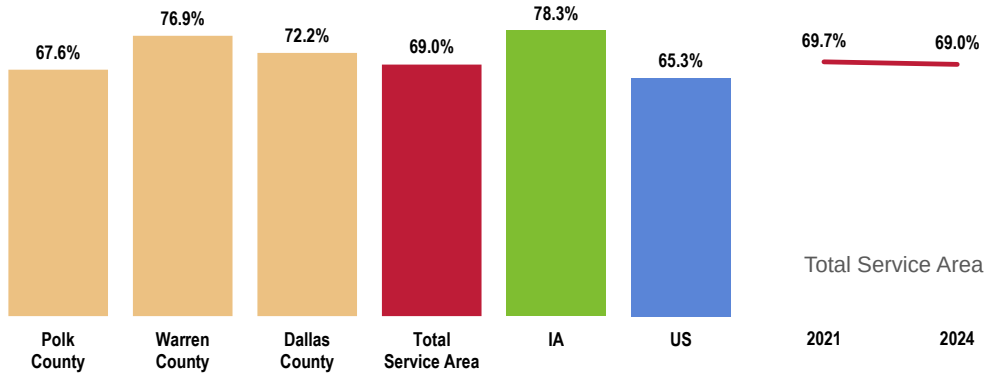
Adults

More than two in three adults (69.0%) visited a physician for a routine checkup in the past year.

BENCHMARK ▶ Lower than the Iowa percentage but higher than the US.

DISPARITY ▶ Lowest in Polk County. Reported less often among men, young adults, those in low-income households, Hispanic respondents, Black respondents, and those of Diverse Races.

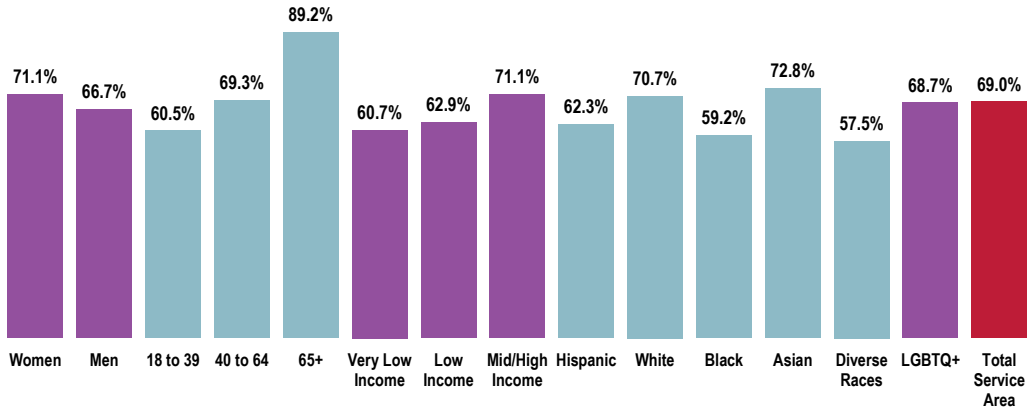
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]

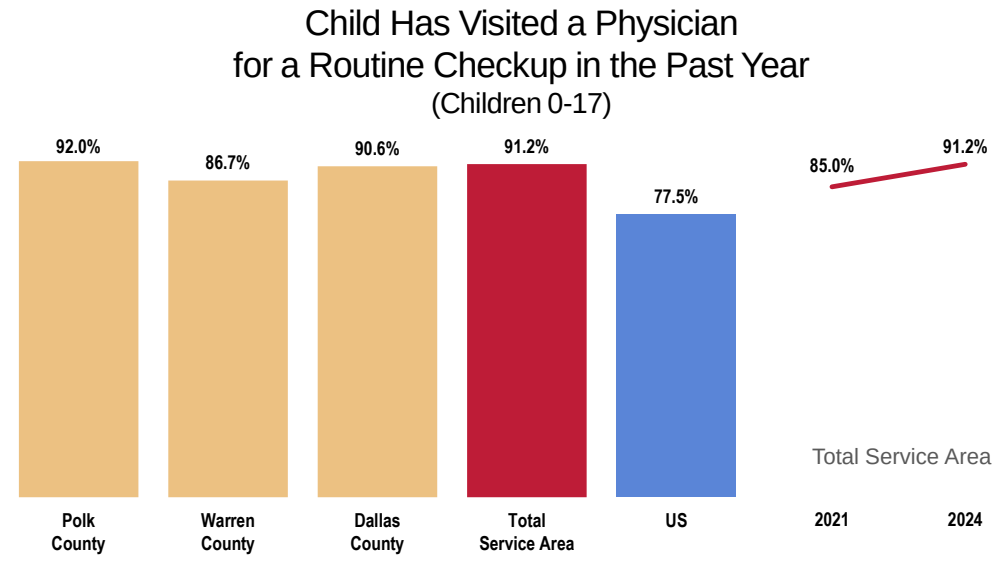
Notes:
- Asked of all respondents.

Children

Among surveyed parents, 91.2% report that their child has had a routine checkup in the past year.

BENCHMARK ► Well above the US percentage.

TREND ► Increasing significantly since 2021.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2023 PRC National Health Survey, PRC, Inc.

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

EMERGENCY ROOM UTILIZATION

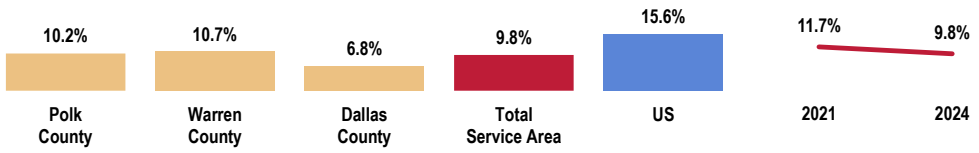
A total of 9.8% of Total Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

BENCHMARK ► Lower than the US prevalence.

DISPARITY ► The prevalence decreases with age and household income and is reported more often among Black respondents, those of Diverse Races, and those who identify as LGBTQ+.

Have Used a Hospital Emergency Room More Than Once in the Past Year

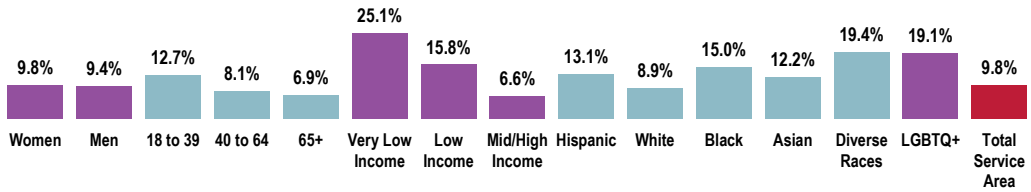
Total Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
Notes: ● Asked of all respondents.

ORAL HEALTH

ABOUT ORAL HEALTH

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

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

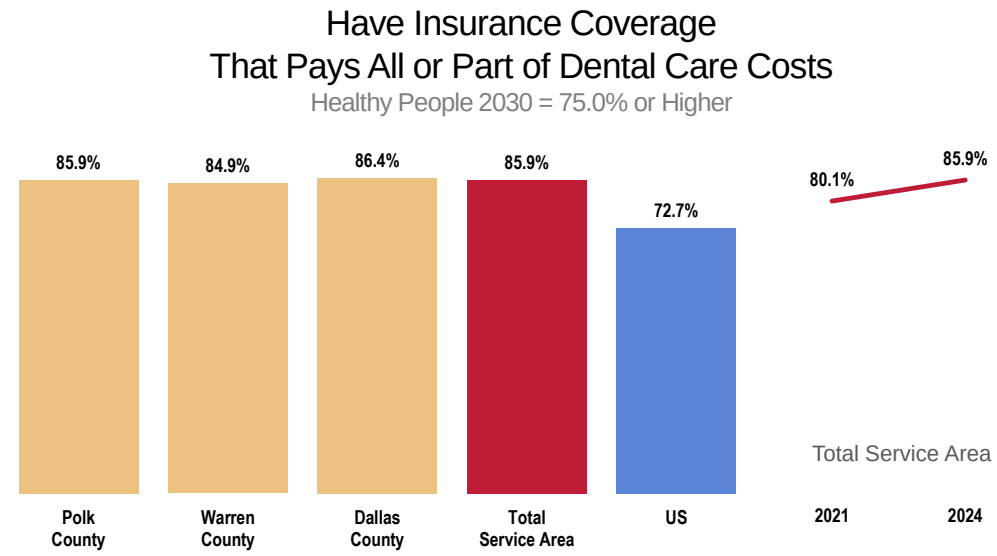
– Healthy People 2030 (https://health.gov/healthypeople)

Dental Insurance

Most (85.9%) Total Service Area adults have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Well above the national figure. Easily satisfies the Healthy People 2030 objective.

TREND ► Increasing significantly since 2021.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 18]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Dental Care

Adults

A total of 67.9% of Total Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

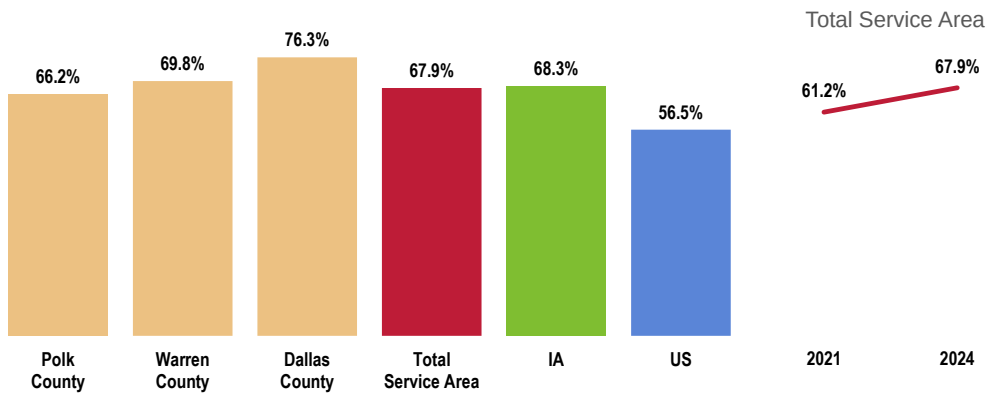
BENCHMARK ► Well above the US prevalence and easily satisfies the Healthy People 2030 objective.

TREND ► Marks a statistically significant increase since 2021.

DISPARITY ► Lowest in Polk County. Reported less often among men, adults under 65, those in low-income households, People of Color, and LGBTQ+ respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



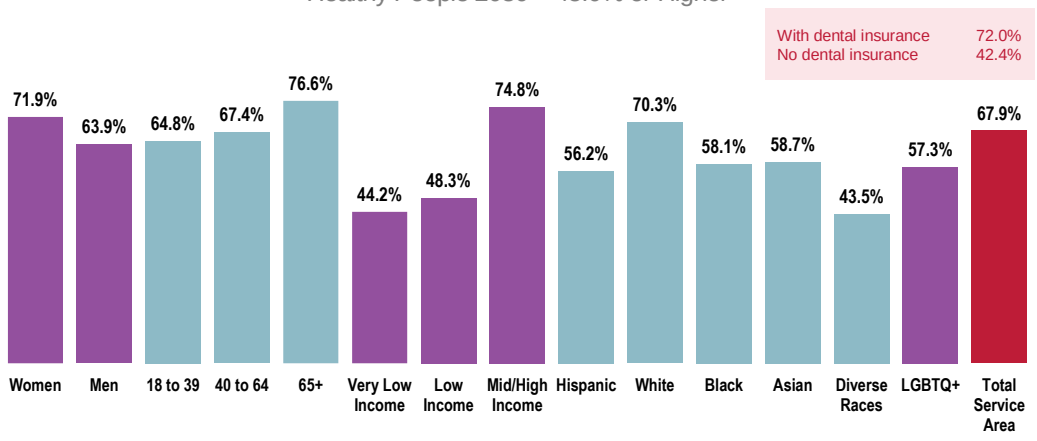
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Total Service Area, 2024)

Healthy People 2030 = 45.0% or Higher



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

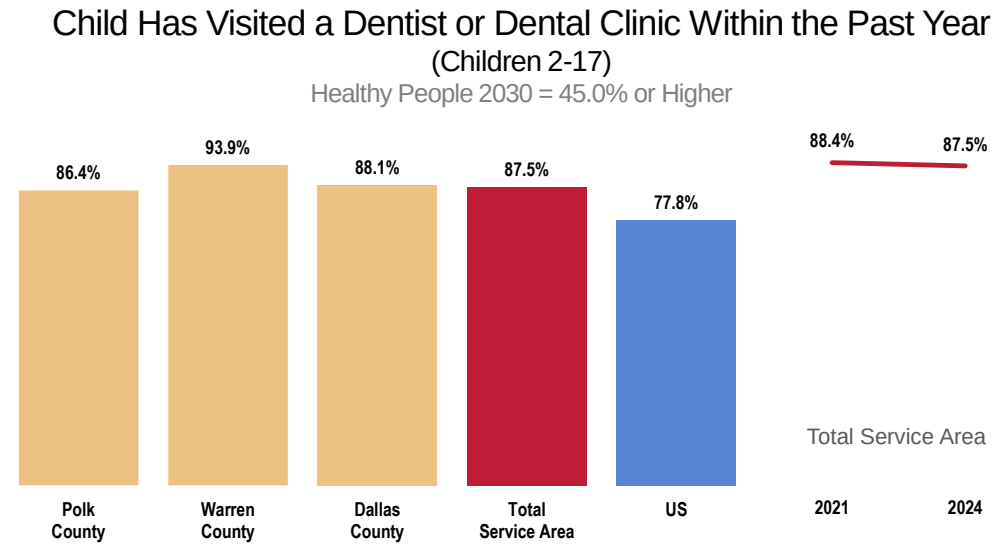
Notes:
- Asked of all respondents.

Children

A total of 87.5% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ► Higher than the national percentage and nearly twice the Healthy People 2030 objective.

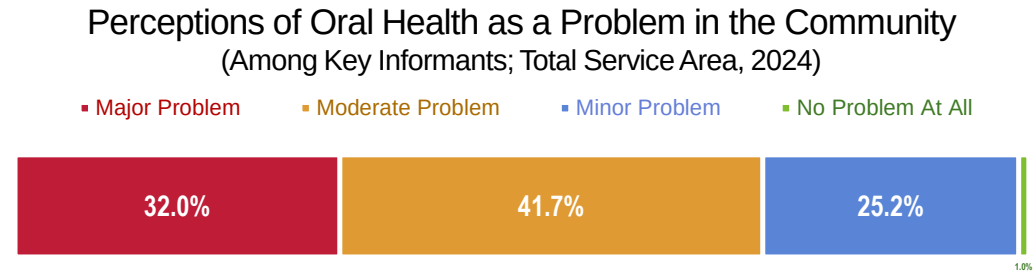
DISPARITY ► Highest in Warren County.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 93]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

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



Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Access for Medicare/Medicaid Patients

> Lack of dentists that will accept Medicaid, low Medicaid reimbursement. – Other Health Provider
>
> Access to dental care for individuals on Medicaid is hard. Many dentists do not accept Medicaid patients due to reimbursement rates. – Public Health Representative

> Reimbursement rates for Medicaid need to be higher. Lack of dental providers wanting to accept Medicaid patients. Transportation to appointments especially for large families in rural communities. – Public Health Representative
>
> Most individuals on Medicaid have a very difficult time finding dentists that take their insurance and if they do find someone it is not nearby, and they don't always have the ability to travel to get to appointments. – Other Health Provider
>
> Lack of providers that take Medicaid, long waits, and expense. – Community Leader
>
> Not enough dental providers that take Medicaid insurance, clinics short dental hygienists. Specialized oral care that takes Medicaid only available in Iowa City (periodontics, endodontics) long wait lists, inability for clients to communicate with their mouth open even with an interpreter, previous country of residency did not prioritize oral health. – Community Leader
>
> Dentist who do not take Medicaid and cost of oral care/insurance. – Other Health Provider
>
> Lack of access to care, not enough dentists accept Medicaid, oral health is not considered part of overall health, you do not get oral healthcare if you do not have money. – Community Leader
>
> We do not have enough dental clinics that accept Medicaid. – Community Leader
>
> Too few dentists accept Medicaid. The lack of dental health insurance coverage. – Public Health Representative
>
> Lack of providers that accept Medicaid. – Community Leader
>
> Very limited providers accept Medicaid. – Other Health Provider
>
> Lack of providers who accept title IX or fee scale. – Community Leader
>
> There are not enough dental offices accepting Medicaid in the community. – Other Health Provider
>
> For patients without insurance and those with Medicaid, there are few providers to care for this population. Wait lists for these patients are extensive. – Physician
>
> Lack of availability for children on state insurance have an incredibly difficult time accessing dental care. – Social Services Provider
>
> There is a limited and continuously decreasing number of oral health providers that accept Medicaid leaving low-income community members without access to dental homes. – Community Leader
>
> Dental health has been an issue because of lack of dental providers and dental providers who accept Medicaid. – Community Leader

Insurance Issues

> Lack of proper insurance, and lack of knowledge. – Social Services Provider
>
> Not very many dentists take insurance. – Social Services Provider
>
> Dental care remains low on the priority list for many households. Lack of, or very limited coverage, for dental health prohibits families from adding this to preventative care so needs are met only in emergency situations. – Community Leader
>
> There are a lot of people without dental insurance and don't see the dentist regularly and when they have to go it’s for major stuff because it's more reactive care than preventative. – Community Leader
>
> With recent changes to Iowa's Medicaid HMOs, low Medicaid reimbursement for dentists have led to increased gaps in dental homes for Iowa children covered by Medicaid. These children commonly progress to needing total oral rehabilitation. The average cost of oral rehabilitation in children (with anesthesia) is $7300. Applying fluoride varnish only costs ~$25. There is a shortage of pediatric dentists, especially in rural areas. Most Family dentists won't see a child until age 3, where the ADA and AAP recommend a visit starting at 12 months. – Physician

Vulnerable Populations

> This problem has become major within the Afghan community of Central Iowa. The lack of providers accepting Medicaid has made it difficult to access care while at the same time taxing providers that do accept Medicaid. – Community Leader
>
> I know immigrants and refugee populations may have a harder time seeking care due to cost and availability. – Community Leader

Children

> Oral health care for children worries me because there are gaps in access that are largely attributable to family resources. – Community Leader

Awareness/Education

> Many are unaware of the issues oral health has to do with other health challenges, i.e. heart problems. It also attributes to youth missing school and ability to take in the necessary nutrients they need due to pain. – Social Services Provider

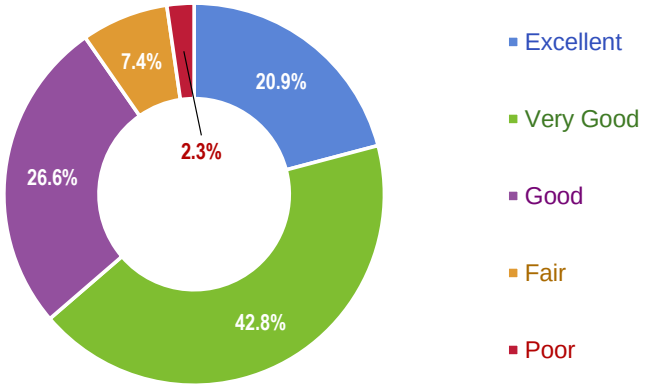
LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most Total Service Area adults rate the overall health care services available in their community as "excellent" or "very good."

Rating of Overall Health Care Services Available in the Community

(Total Service Area, 2024)



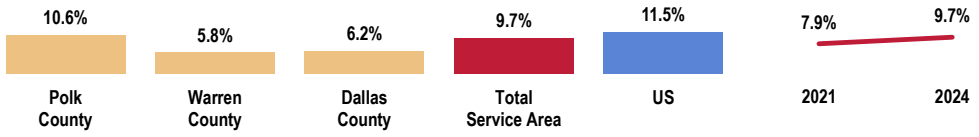
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 9.7% of residents characterize local health care services as "fair" or "poor."

DISPARITY ► Highest in Polk County. Also less favorable among women, adults under age 65, those in low-income households, Hispanic adults, Black adults, and LGBTQ+ respondents.

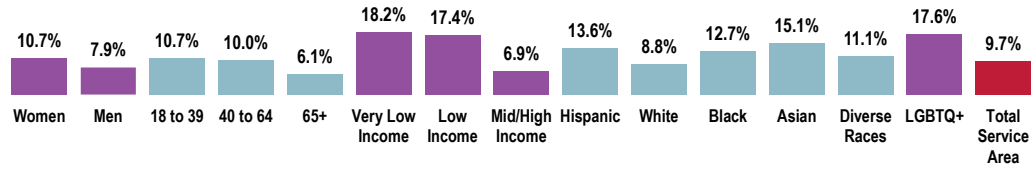
Perceive Local Health Care Services as "Fair/Poor"

Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor”
(Total Service Area, 2024)

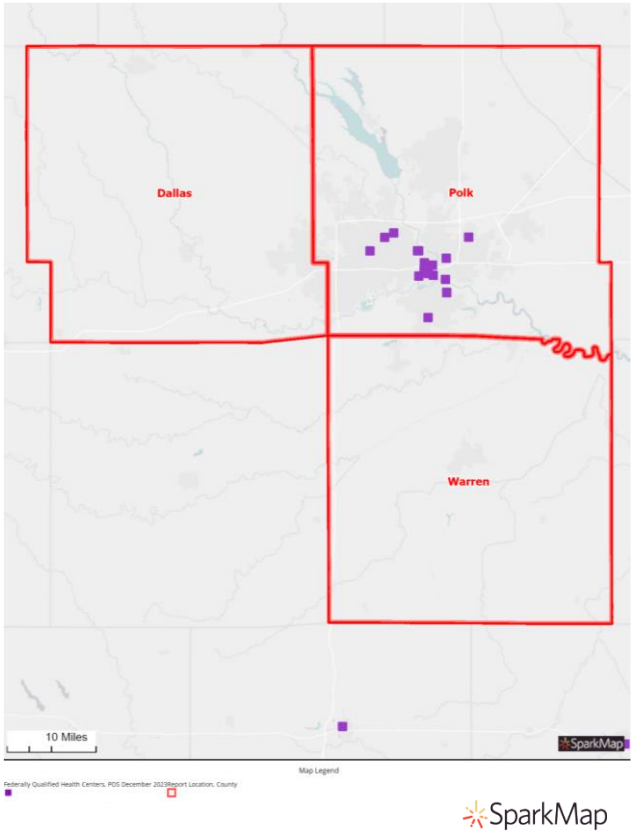


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Total Service Area as of December 2023.

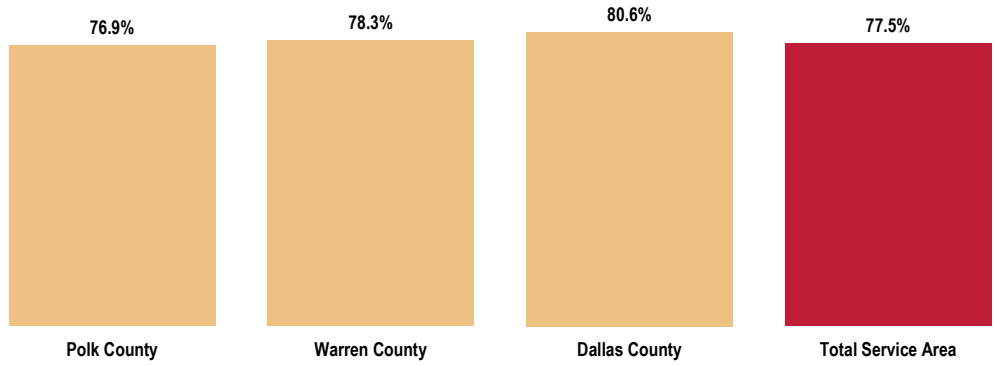


Awareness of Local Resources

A total of 77.5% of survey respondents report that they are aware of local resources that support health and well-being.

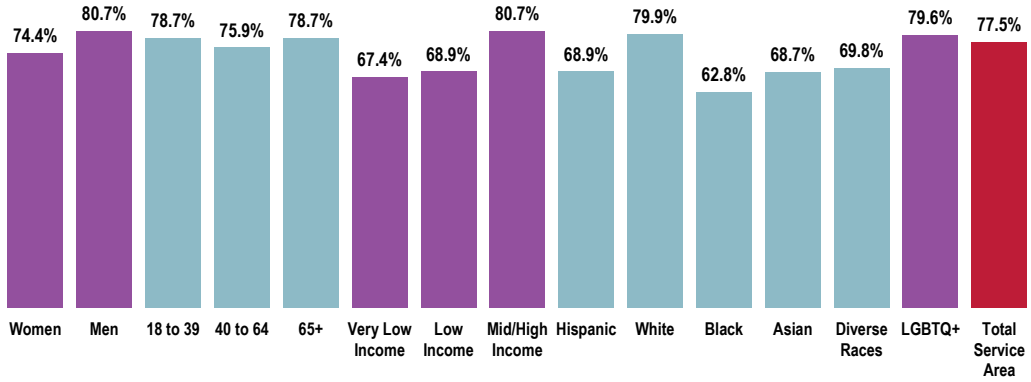
DISPARITY ► Awareness is lower among women, respondents in low-income households, and People of Color.

Aware of Local Resources for Health and Well-being



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: ● Asked of all respondents.

Aware of Local Resources for Health and Well-being
(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: ● Asked of all respondents.

Resources Available to Address Significant Health Needs

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

Access to Health Care Services

- Aging Resources
- Black Women 4 Healthy Living
- Broadlawns
- Catholic Charities
- Corinthian Baptist Church Health Clinic
- Count the Kicks
- Creative Visions
- Dallas County Health Department
- Dallas County Hospital
- Dallas County Public Health
- Dental Connections
- Des Moines Area Regional Transit Authority
- Des Moines Area Religious Council Food Pantry Network
- Des Moines Children's Dentistry
- Des Moines Public Schools
- Des Moines University
- Emergency Food
- EveryStep
- Eyerly Ball
- FOCUSS
- Free Clinics of Iowa
- Friends/Family
- Grace Estates Adult Day Center
- Health and Human Services
- iMOM Clinic
- Inner Visions
- Inside Out Mental Health Center
- Knock and Drop
- Lutheran Services in Iowa
- Medicare/Medicaid
- MercyOne
- National Alliance on Mental Illness
- One Iowa
- Planned Parenthood
- Polk County Decategorization Neighborhood Alliances
- Polk County Global Neighbors Refugee/Immigrant Center
- Polk County Health Department
- Primary Health Care
- Public Health
- Quitline Iowa
- School System
- Surrogate Shoppers
- UCS Healthcare
- United Way
- UnityPoint Health
- UnityPoint Health LGBTQ Clinic
- Urban Dreams
- Veterans Services
- Waukee Area Christian Services
- Waukee UnityPoint Clinic

Cancer

- American Cancer Association
- American Cancer Society
- American Heart Association
- American Lung Association
- Black Women 4 Healthy Living
- Breast Cancer Screens
- Broadlawns
- Christ Life
- Creative Visions
- Dallas County Hospital
- Des Moines University
- Doctor's Offices
- Eyes Open Iowa
- FOCUSS
- Hospitals
- Iowa Cancer Consortium
- Iowa Clinic
- John Stoddard Cancer Center
- Katzman Breast Center
- Knock and Drop
- MercyOne
- Mission Blood
- Polk County Health Department
- Powell Chemical Dependency Center
- Public Health
- Richard Deming Cancer Center
- United Way
- UnityPoint Health
- Urban Dreams

Diabetes

- American Diabetes Association
- Black Women 4 Healthy Living
- Blank Children's Hospital
- Broadlawns
- Corinthian Baptist Church Health Clinic
- Creative Visions
- Dallas County Public Health
- Des Moines Area Religious Council Food Pantry Network
- Des Moines University
- Doctor's Offices
- Double Up Food Bucks
- EveryStep
- Farmer's Market
- Fitness Centers/Gyms
- Food Bank of Iowa
- Food Bank/Pantries
- Food Coops
- Free Clinics of Iowa
- Free Resources for Drinking Water
- Fresh Thyme
- Gateway Foods
- Grace Fitness
- Holistic Health Centers
- Hospitals
- HyVee
- Insurance Companies
- Iowa Clinic
- Iowa Diabetes Education Center
- Iowa State University Extension
- MercyOne
- Nutrition Services
- Parks and Recreation
- Polk County Health Department
- Primary Health Care
- Public Health
- Religious Charities
- School System
- Supplemental Nutrition Assistance Program
- The Campus
- United Way
- UnityPoint Health
- Urban Dreams
- Urgent Care Clinics
- YMCA

Disabling Conditions

- Aging Resources
- Alzheimer's Association
- Area Agency on Aging
- Black Women 4 Healthy Living
- Broadlawns
- Chiropractic Care
- Creative Visions
- Des Moines Area Regional Transit Authority
- Disability Rights of Iowa
- Doctor's Offices
- Evelyn K. Davis Center
- Future Ready Iowa
- Iowa Brain Injury Alliance
- Iowa Caregivers
- Iowa Compass
- Iowa Legal Aid
- Iowa Voc Rehab
- Medicare/Medicaid
- Mental Health Providers
- Mercy Hospital
- Polk County Health Department
- Social Security Administration
- United Way
- UnityPoint Health
- Urban Dreams
- Workforce.iowa.gov/jobs/worker-programs

Heart Disease & Stroke

- AARP
- American Diabetes Association
- American Heart Association
- Black Women 4 Healthy Living
- Broadlawns
- Dallas County Hospital
- Doctor's Offices
- Eat Greater Des Moines
- Fitness Centers/Gyms
- Grace Fitness
- Health and Human Services
- Health Systems
- Hospitals
- Iowa Clinic
- Iowa Clinic Cardiology
- Iowa Heart Center
- Iowa Total Care
- MercyOne
- Molina
- On With Life
- Parks and Recreation
- Primary Health Care

- Restaurants
- Title IV Doulas and Case Managers
- UnityPoint Health
- University of Iowa
- Veterans Services
- YMCA

Infant Health & Family Planning

- Acceptance of Midwives/Doulas as Healthcare Providers
- Blank Children's Hospital
- Broadlawns
- Child Care Resources & Referral
- Children and Families Urban Movement
- Count the Kicks
- Dallas County Health Navigators
- Dallas County Hospital
- Dallas County Public Health
- Doctor's Offices
- Ethnic Minorities of Burma Advocacy and Resource Center
- EveryStep
- Family Planning Council of Iowa
- First Five Iowa
- Health and Human Services
- Healthy Birth Day
- Iowa Black Doula Collective
- Iowa Black Doulas
- Iowa Clinic
- Iowa State University Extension
- Jai Olive Wellness
- Maternal, Infant, and Early Childhood Home Visiting
- MercyOne
- Nonprofits
- Orchard Place
- Parents as Teachers
- Planned Parenthood
- Polk County Health Department
- Polk County Health Services
- Polk County Public Health
- Primary Health Care
- Rural Black Doula
- Short Years Partnership
- Stork's Nest
- The Doula Collective
- UIHC Healthcare - Jordan Creek
- UnityPoint Health
- Waukee Area Christian Services
- West Des Moines OBGYN
- Women, Infants and Children
- Young Women's Resource Center

Injury & Violence

- American Academy of Pediatrics Iowa Chapter
- Be SMART Safe Gun Storage Campaign
- Blank Safety Store
- Brain Injury Alliance of Iowa
- Broadlawns
- Children and Families of Iowa
- Courageous Five
- Creative Visions
- Crisis Prevention and Advocacy Services
- Easter Seals
- EveryStep
- Government
- Health and Human Services
- Hospitals
- Inside Out Mental Health Center
- Insurance Companies
- Iowa AAP
- Iowa Coalition Against Domestic Violence
- Iowa Legal Aid
- Iowa State University Extension
- Iowa Victim Service Call Center
- Mediation Services
- Mobile Crisis
- Moms Against Gun Violence
- Moms Demand Action
- Nonprofits
- Police Department
- Polk County Health Department
- Public Health
- Starts Right Here
- United Way
- Young Women's Resource Center
- Zion

Mental Health

- 6th Avenue Corridor Project
- 988
- AA/NA
- ALL Iowa
- Avenue Scholars
- Behavioral Health and Disability Services
- Better Help Online
- Blank Children's Hospital
- Broadlawns
- Catholic Charities
- Central Iowa Shelter and Services
- Children and Families of Iowa
- Choices Therapy Services

Clive Behavioral Health
Colleges
Corinthian Baptist Church Health Clinic
Dallas Center-Grimes
Dallas County Health Department
Dallas County Health Navigators
Dallas County Hospital
Dallas County Public Health
Des Moines Pastoral Care
Des Moines University
Doctor's Offices
Easter Seals
Ellie Mental Health
Employee and Family Resources
Ethnic Based Community Organizations
Eyerly Ball
ForWard Counseling
God Speed Equine
Grapevine Clinical
Hamilton's Academy for Grief and Loss
Health Navigation
Heart of Iowa
Hospitals
House of Mercy
Independent Therapy Services
Inpatient Services
Inside Out Mental Health Center
Iowa Clinic
Iowa Concern
Iowa Healthiest State Initiative Make It Ok
Iowa Legislature
Iowa Lutheran Inpatient Psychiatry
Iowa Safe Schools
Iowa Total Care
Lutheran Services
Mental Health Providers
Menzana
MercyOne
Mid-Iowa Family Therapy
Mind and Spirit Counseling Center
Mobile Crisis
Molina
Mosaic Family Inc.
National Alliance on Mental Illness
New Opportunities Community Action Agency
New Opportunities in Stuart, Iowa
Nonprofits
One Iowa
Optimae
Orchard Place
Police Department
Polk County Behavioral Health and Disability Services
Polk County Health Department
Primary Health Care
Private Counselors
Problem Management
SAILDC
School System
Sobering Center
State of Iowa
Student Assistance Program
The Healthy Project
Thriving Families Counseling
UCS Healthcare
United Way
UnityPoint Health
UnityPoint Health - Iowa Lutheran Hospital
UnityPoint Health LGBTQ Clinic
Urgent Care Clinics
Waukee Area Christian Services
YMCA
Your Life Iowa
Zion
Zion Behavioral Health
Zion Recovery Services

Nutrition, Physical Activity & Weight

Black Women 4 Healthy Living
Blaise Settles - Personal Trainer
Blank Children's Hospital
Broadlawns
Dallas Center Food Pantry
Dallas Center Roller Rink
Dallas County Conservation Parks
Dallas County Hospital
Dallas County Public Health
Des Moines Area Religious Council Food Pantry Network
Des Moines Parks and Recreation Department
Doctor's Offices
Dollar General
Double Up Food Bucks
Eat Greater Des Moines
Exercise Equipment Retail
Fareway
Farmer's Market
Fitness Centers/Gyms
Food Bank of Iowa
Food Bank/Pantries
General Assistance
Global Greens
Grace Fitness
Greater Outdoors Foundation
Healthiest State Initiative

HyVee
Iowa Healthiest State Initiative Make It Ok
Iowa State University Extension
Libraries
Lifetime Fitness
MercyOne
New Opportunities Community Action Agency
Non-Surgical/Non-Medication Weight Loss
Parks and Recreation
PolkUnited
Primary Health Care
Restaurants
School System
State of Iowa
Supplemental Nutrition Assistance Program
United Way
UnityPoint Health
Waukee Triumph Park
YMCA

Oral Health

Broadlawns
Delta Dental
Dental Connections
Dentist's Offices
Des Moines Children's Dentistry
Des Moines Public Schools
EveryStep
Free Dental Clinics
Health Navigation
iMOM Clinic
Iowa City
Iowa Head Start Dental Program
Iowa Water Fluoridation
I-Smile
Ocean Dental
Primary Health Care
Public Health
School System
University of Iowa
Women, Infants and Children

Respiratory Diseases

AA/NA
American Lung Association
Broadlawns
Doctor's Offices
ECBOs
Health and Human Services
MercyOne
Polk County Health Department
Primary Health Care
Refugee Resettlement Agency
University of Iowa

Sexual Health

Broadlawns
Doctor's Offices
EveryStep
Eyes Open Iowa
Family Planning Council of Iowa
Health Department
Planned Parenthood
Polk County Health Department
Polk County Public Health
Prevent Child Abuse Iowa
Primary Health Care
UCS Healthcare
UnityPoint Health
Young Women's Resource Center

Social Determinants of Health

AA/NA
Adel Ministerial Association
Anawim Housing
Black Women 4 Healthy Living
Broadlawns
Case Management Services
Central Iowa Basic Income Pilot
Central Iowa Shelter and Services
Champ Program
Children and Families of Iowa
Community Action Network
Community Health Care Worker
Corinthian Baptist Church Health Clinic
Count the Kicks
Cross Outreach Ministries
Dallas County General Assistance
Dallas County Health Department
Dallas County Hospital
Dallas County Public Health
Department of Health and Human Services

- Des Moines Area Regional Transit Authority
- Des Moines Public Library
- Des Moines Public Schools
- Des Moines Area Community College
- Des Moines Area Religious Council Food Pantry Network
- DSM
- Employee and Family Resources
- Ethnic Minorities of Burma Advocacy and Resource Center
- Evelyn K. Davis Center
- EveryStep
- Families Forward
- Findhelp.org
- Food Bank/Pantries
- Friends/Family
- Future Ready Iowa
- Government
- Habitat for Humanity
- Health and Human Services
- Healthy Homes
- Heart of Iowa
- Heartland Church of Christ
- Home of Oakridge
- HOME, Inc.
- Homeward
- Housing Trust Funds
- Humana
- Impact
- Iowa Family Services Network
- Iowa Health Collaborative
- Iowa Legal Aid
- Iowa Total Care
- Knock and Drop
- Lutheran Services
- Medicare/Medicaid
- MercyOne
- Mid-Iowa Health
- Mid-Iowa Health Foundation
- Molina
- Monsoon
- Neighborhood Association
- Neighborhood Finance Corporation
- New Opportunities Community Action Agency
- Nurse Navigators
- Oakridge
- Oakridge Neighborhood
- Perry Emergency Food Council
- Perry Ministerial Association Good Samaritan Fund
- Polk County Agencies
- Polk County Government
- Polk County Health Department
- Polk County Housing Trust Fund
- Primary Health Care
- Public Health
- Refugee Resettlement Agency
- School System
- Social Services
- St. Vincent DePaul
- Telligen
- The Healthy Project
- The Salvation Army
- United Way
- United Way of Central Iowa
- UnityPoint Health
- UpLift
- Urban Dreams
- WeLIFT
- West DSM Community Services
- Women, Infants and Children

Substance Use

- AA/NA
- Behavioral Health and Disability Services
- Bridges of Iowa
- Broadlawns
- CFR
- Children and Families of Iowa
- Circle of Recovery
- Clive Behavioral Health
- Colleges
- Dallas County Health Department
- Des Moines Public Library
- Employee and Family Resources
- Eyerly Ball
- Full Circle Recovery
- Harm Reduction Boxes
- Health and Human Services
- Heart of Iowa Regional Transit Agency
- House of Mercy

APPENDICES

COUNTY HEALTH RANKINGS

2024 Data: County Health Rankings & Roadmaps

Health Outcomes				
Length of Life	**Iowa**	**Polk, IA**	**Dallas, IA**	**Warren, IA**
Premature Death	6,900	7,500	4,100	6,000
Quality of Life	**Iowa**	**Polk, IA**	**Dallas, IA**	**Warren, IA**
Poor or Fair Health	13%	12%	10%	11%
Poor Physical Health Days	2.9	3	2.7	2.7
Poor Mental Health Days	4.5	4.8	4.1	4.4
Low Birthweight	7%	7%	6%	7%
Health Factors				
Health Behaviors	**Iowa**	**Polk, IA**	**Dallas, IA**	**Warren, IA**
Adult Smoking	16%	15%	11%	14%
Adult Obesity	37%	36%	35%	38%
Food Environment Index	8.8	8.8	9.6	9.3
Physical Inactivity	24%	24%	19%	21%
Access to Exercise Opportunities	79%	90%	68%	76%
Excessive Drinking	23%	21%	24%	22%
Alcohol-Impaired Driving Deaths	26%	27%	30%	32%
Sexually Transmitted Infections	489.2	668.8	328.5	286.5
Teen Births	14	17	7	7
Clinical Care	**Iowa**	**Polk, IA**	**Dallas, IA**	**Warren, IA**
Uninsured	6%	5%	4%	4%
Primary Care Physicians	1,390:1	1,070:1	2,360:1	1,620:1
Dentists	1,410:1	1,260:1	3,480:1	2,720:1
Mental Health Providers	500:1	310:1	2,570:1	3,400:1
Preventable Hospital Stays	2,330	2,038	2,062	1,886
Mammography Screening	53%	54%	52%	54%
Flu Vaccinations	54%	62%	59%	62%
Social & Economic Factors	**Iowa**	**Polk, IA**	**Dallas, IA**	**Warren, IA**
High School Completion	93%	93%	96%	96%
Some College	70%	72%	85%	75%
Unemployment	2.70%	2.70%	2.00%	2.40%
Children in Poverty	12%	12%	5%	6%
Income Inequality	4.2	4	4	3.7
Children in Single-Parent Households	20%	23%	12%	15%
Social Associations	14.5	12.1	9.2	10.5
Injury Deaths	71	74	38	67
Physical Environment	**Iowa**	**Polk, IA**	**Dallas, IA**	**Warren, IA**
Air Pollution - Particulate Matter	7.4	7.6	7.5	7.5
Drinking Water Violations		No	No	No
Severe Housing Problems	11%	13%	8%	10%
Driving Alone to Work	78%	76%	74%	78%
Long Commute - Driving Alone	21%	18%	23%	41%

https://www.countyhealthrankings.org/

Shaded areas are identified as "areas to explore."

COMMUNITY CONVERSATIONS

Community Conversations in Polk County

Between April and June of 2024, a qualitative targeted assessment was conducted in Polk County. This process included a series of community conversations with members of four selected communities: Hispanic, Black/African American, LGBTQ+, and refugees from Congolese, Afghan and Burmese communities.

These community conversations were conducted using a focus group format, with a predefined set of questions asked to members of each targeted group. A total of 91 individuals participated in this process.

The goal of this process was to gather in-depth insights into the unique needs, challenges, and experiences of each community to better inform resource allocation and guide future community health initiatives.

This qualitative assessment was focused on eight areas and included 20 questions asked to participants at each community conversation:

1. Access to healthy resources and environments
    a. *Please share one thing in your community that helps you and your neighbors be healthy?*
    b. *Sometimes the opportunity for healthy choices isn't there. In your community, what is missing or making it difficult to make healthy options?*

2. Social and emotional support systems
    a. *We know that loneliness is a growing concern and can harm our health. Who do you turn to for support during difficult times?*
    b. *Where do you gather to spend time with others?*

3. Impact of loneliness on health
    a. *When you notice you feel lonely, what do you do to help feel less lonely?*
    b. *How do feelings of loneliness impact our ability to feel well?*

4. Mental health perception and care
    a. *When we ask people about their top health concerns, mental health is always towards the top of the list. What does mental health mean to you?*
    b. *What do you do to take care of your mental health, or the mental health of your family?*
    c. *What makes it difficult for people to take care of their mental health?*

5. Community belonging and inclusion
    a. *A sense of belonging, or feeling welcome in our community, is a big part of feeling well and whole. What parts of your community help you feel like you belong?*
    b. *What organizations or groups help you feel like you belong in your community?*
    c. *Use your senses. What can you see in your community that makes you feel like you belong there? What can you feel? What can you smell? What can you taste? What can you hear?*

6. Healthcare experience
    a. *Accessing healthcare is important to supporting our overall well-being. How does your health care team make you feel respected?*

b. *What do you wish your doctor knew about your culture?*
c. *What do you need in order to complete a successful visit to the clinic? (Interpretation? Transportation? Mobility aids?)*
d. *How do your doctors and nurses make you feel like an important part of your own health team?*

7. Transportation/access issues
    a. *A visit to the doctor is only helpful if we can get there. What makes it difficult to get to a health appointment?*
    b. *What options are available for those who don't have cars?*
    c. *When someone says they lack transportation, what does that mean?*

8. Community awareness and resource accessibility.
    a. *What else is important for us to know about opportunities for health in your community?*

Each community conversation was conducted by one or more designated meeting facilitators and note takers. Facilitators were individuals who were familiar to each community group.

The following organizations supported this process to engage each community: Our Lady of Americas, Corinthian Baptist Church, Primary Health Care, Inc., and the Polk County Health Department

Analysis and Interpretation of Focus Group Results

Following each community conversation, staff from the Polk County Health Department met with the meeting facilitators and note takers to discuss their findings. Using this information, a data analysis was conducted to identify responses provided to each of the 20 questions proposed to participants at community conversations conducted in Polk County.

The following findings highlight themes that were identified through the community conversations.

Community Voices

Access to Healthy Resources and Environments

Responses to ***"Please share one thing in your community that helps you and your neighbors be healthy?"*** included:

- Access to Affordable Healthy Food
    - Access to healthy foods and food resources (food markets, pantries)
- Community Support
    - Communicating with others (community workshops, support groups, church, etc)
    - Spending time with family
- Built Environment
    - Exercising and having access to walking and biking trails and to parks to play soccer
- Mental Health
    - Sharing feelings with others
    - Practicing hobbies and/or meditation
    - Getting enough sleep
- Access to Care/Services
    - Easy access to health care

Specific comments by participating groups:

- The **LGBTQ**+ community specifically mentioned access to health testing provided by Primary Health Care.

- The **Black/African American** community mentioned a heavy reliance on food pantry resources and the Farmer's Market.
- For the **Congolese** community, communication about each other's needs was crucial, although they faced challenges with cultural norms and language barriers.
- The **Afghan** community valued hygiene practices along with access to walking trails/parks, which demonstrates a holistic approach that integrates physical activity and cultural values.
- Similarly, the **Burmese** community emphasized regular exercise, having hobbies, and practicing meditation, reflecting their predominantly Buddhist beliefs and the importance of mental health practices.

Responses to ***"Sometimes the opportunity for healthy choices isn't there. In your community, what is missing or making it difficult to make healthy options?"*** included:

- Access to Affordable Healthy Food
  - Lack of healthy food options/community gardens
  - Lack of community support for food pantries
- Built Environment
  - Lack of accessible sidewalks (especially in winter) and decent public restrooms
  - Presence of potholes
  - Insufficient bus stops

- Access to Care for Uninsured/Underinsured
  - Missing financial support for individuals who don't qualify for Medicaid but can't afford the health insurance marketplace
- Awareness/Education
  - Lack of education and resources
- Language/Cultural Barriers
  - Language barriers and different cultural norms can make it harder to communicate needs or ask for resources
  - Different dialects of some languages makes translation services unreliable
  - Lack of information about how the healthcare system functions
- Access to Care/Services
  - Lack of information about the transportation system makes it difficult to find rides to services and resources
- Impact on Quality of Life
  - Refugee communities indicated very busy work schedules limit ability to exercise, socialize, practice educational activities, access healthcare services, and make healthy choices
  - LGBTQ+ community pointed out the lack of support groups (noting only one available in the community)
- Income/Poverty
  - Cost of childcare is not affordable to large families
  - Income restrictions make it difficult to afford healthy choices
- Lack of Diverse Healthcare Professionals
  - LGBTQ+ group indicated the lack of gender-affirming providers

Specific comments by participating groups:

- Both **LGBTQ+ and Black/African American** communities noted a lack of access to fresh, healthy food, with LGBTQ+ individuals specifically highlighting the scarcity of gluten-free options and subpar quality at local grocery stores.

- The **Black/African American** community emphasized the prevalence of unhealthy, inexpensive fast-food options and the need for more community gardens.
- Built environment issues were a shared concern. The **LGBTQ+** community mentioned inadequate sidewalks, while **Black/African American** participants mentioned the need for better public restrooms and more accessible walking/biking trails.
- The **Congolese** group faced unique challenges due to language barriers and lack of information about available resources, which compounded difficulties in accessing healthcare services.
- Meanwhile, the **Afghan** community struggled with the impact of demanding work schedules, limited family time, and their ability to engage in healthy practices.
- **Burmese** participants similarly reported being overwhelmed by the pressures of meeting basic needs, leaving little time for health-related activities.

Social and Emotional Support Systems

Responses to ***"We know that loneliness is a growing concern and can harm our health. Who do you turn to for support during difficult times?"*** highlight a range of personal and community-based sources of solace:

- Community Support
  - Friends and family
  - Support groups
  - Church and religious practices
  - Attending community events
- Work-related
  - Try to stay busy (e.g., working multiple jobs) helps to keep mind off of challenges
- Language/Cultural Barriers
  - Some community services may be limited by language or cultural barriers
  - The Congolese group indicated that there are a lot of services in Arabic, but not for the Congolese community and the different dialects of Swahili. Additionally, there are no known counseling services available in Swahili
  - Burmese participants noted that members of their community stick to their ethnic communities and don't ask for help from different ethnic groups
- Access to Care/Services
  - See a doctor to look for medication/counseling

Specific comments by participating groups:

- **LGBTQ+** community frequently turns to friends, partners, and the Imperial Court of Iowa.
- Similarly, **Black/African American and Hispanic** respondents rely heavily on family, church, friends, and neighbors, emphasizing the role of faith and community connections.
- The **Congolese** community faces challenges in seeking support due to past experiences with unresponsive systems and a lack of culturally and linguistically appropriate services, including those available in Swahili. This gap in accessible support services contributes to their hesitancy to reach out for help.
- The **Afghan** community turns to family, community discussions, and seeking medical support for anxiety and depression. This blend of family support and personal resilience highlights their approach to managing stress and maintaining mental wellness.
- **Burmese** respondents also rely on their close-knit ethnic community for support and reflect on the challenges of seeking help outside their immediate cultural circle.

Responses to **"*Where do you gather to spend time with others?"*** included:

- Locations

- Bars, restaurant, coffee shops, church or monastery
- Social and sporting events (open mic, roller derby, volunteering, community workshops)
- Religious activities (mass, bible group, praying, etc.)
- Grocery stores or malls for people-watching or talking to others
- Support groups or organizations
- Homes of family and friends, or at family events.

Specific comments by participating groups:

- For the **LGBTQ+** community, popular gathering spots include bars, roller derby events, and open mic nights, indicating a preference for social scenes and community activities that blend entertainment with social connection.
- **Black/African American** respondents frequently gather at churches, family and friends' homes, and community engagement events, emphasizing the importance of faith, family, and local events in their social lives. Locations such as grocery stores, parks, and restaurants also serve as casual meeting points.
- **Hispanic** individuals find a strong sense of community at church and through workshops, which are described as secure and welcoming environments that provide a sense of belonging.
- The **Congolese** community relies on ICOACH and church gatherings. Due to demanding work schedules, particularly with night shifts, family time is primarily spent on Sundays at church, although the need for more consistent family interaction is evident.
- The **Afghan** community primarily gathers at friends' and family members' houses.
- For the **Burmese** community, gatherings are centered around religious practices, with Christian individuals meeting at church and Buddhist individuals at monasteries or friends' houses. Large family events and celebrations also play a significant role, underscoring the importance of both religious and familial bonds.

Impact of Loneliness on Health

Responses to **"*When you notice you feel lonely, what do you do to help feel less lonely?*"** included:

- Activities
  - Use of social media
  - Talking with family/friends
  - Spending time with pets
  - Walking
  - Attending workshops or community events
  - Spending some "me time"
  - Listening to music or cleaning the house
  - Finding a quiet environment
  - Therapy with a religious leader

Specific comments by participating groups:

- Both the **LGBTQ+** and **Afghan** groups find solace through personal interactions, with **LGBTQ+** individuals engaging with friends, family, and pets, and **Afghan** individuals focusing on family and friends.
- **Burmese** and **African American** respondents reach out to friends and family, with additional comfort derived from church services and activities like listening to music or volunteering.

- **Hispanic** individuals seek relief through a mix of personal reflection and community engagement, such as attending workshops at church or having conversations with others.
- The **Congolese** community also relies on friends and family but places a significant emphasis on community meetings organized by ICOACH to discuss and address loneliness.

Responses to **"*How do feelings of loneliness impact our ability to feel well?"*** included:

- Mental Health
  - Isolation may make individuals feel alone and like they cannot access resources
  - Feeling tired or depressed
  - Experiencing stress and worries
- Impact on Quality of Life
  - Practicing negative behaviors like non-healthy eating and drinking
  - Difficulty in setting up priorities in life
  - Negative use of social media
  - Overworking doesn't allow time to socialize which generates feelings of isolation and loneliness
- Lack of Diverse Healthcare Professionals
  - Lack of health providers from the same community generates a sense of loneliness and difficulty in addressing health issues.

Specific comments by participating groups:

- For **LGBTQ+** individuals, loneliness often leads to isolation and a reluctance to seek out resources, exacerbating stress and negatively affecting mental and physical health. The experience of feeling isolated can be compounded by a lack of community support.
- **Black/African American** respondents report that loneliness contributes to fatigue and depressive symptoms, fostering unhealthy behaviors such as overeating, excessive drinking, and smoking. The need for culturally competent healthcare practitioners is important, as such support could better address the unique challenges faced by this group. Loneliness in this community is also associated with an increase in negative coping mechanisms and an overall decline in health.
- **Hispanic** respondents note that loneliness can impair their ability to prioritize and manage their lives effectively, showing a broader impact on their overall well-being. Parents express concern about the influence of social media on their mental health and that of their children.
- The **Congolese** community acknowledges that while loneliness may initially seem like a minor issue, it can gradually erode overall health. This community also reports difficulties in connecting with healthcare providers who understand their cultural context, which can exacerbate feelings of isolation. Loneliness is sometimes viewed as a form of illness, highlighting a need for better support systems.
- For **Afghan** individuals, the stress of long working hours leads to feelings of loneliness and anxiety, particularly as they struggle to balance work demands with personal well-being.
- In the **Burmese** community, loneliness significantly impacts mental health, though there is often a reluctance to discuss these feelings due to cultural perceptions of mental health as a weakness. This can lead to feelings of isolation and an inability to seek external support. The lack of time parents have to spend with their children due to demanding work schedules also contributes to this issue.

Mental Health Perception and Care

Responses to ***"When we ask people about their top health concerns, mental health is always towards the top of the list. What does mental health mean to you?"*** included:

- Access to Care/Services
  - Timely accessibility to mental health care and medication therapy
  - On-demand mental health services to reduce transportation barriers
- Denial/Stigma
  - Need to reduce stigma around mental health issues
- Contributing Factors
  - Being able to acknowledge when something is not right
  - Inability to act due to lack of awareness about mental condition
  - Stress generated by work (inability to take time off to be with family or socialize) and/or financial stress (not being able to provide for family without worrying about budget)

Specific comments by participating groups:

- For **LGBTQ+** individuals, mental health encompasses the accessibility and affordability of treatment, including medication and therapy. There's a strong emphasis on the importance of reaching out for support without feeling shame, recognizing that it's okay to seek help even when life appears good on the surface. This community often faces challenges in feeling heard by healthcare providers, who may dismiss mental health concerns or prioritize referrals over comprehensive care.
- In the **Black/African American** community, mental health is understood through the lens of both personal and systemic challenges. It involves managing mental wellbeing and accessing quality mental health care, with an emphasis on overcoming barriers such as long wait times and the need for more flexible and culturally competent providers. There's also a focus on self-care and avoiding negative influences, highlighting the need for increased awareness and accessibility to mental health resources.
- For the **Hispanic** community, mental health is closely tied to maintaining a routine, practicing self-care, and acknowledging when something is wrong. It demonstrates a proactive approach to managing one's well-being, with an emphasis on self-awareness.
- The **Congolese** perspective on mental health involves the ability to function effectively and manage daily stressors without overwhelming worry. It includes having the means to care for oneself and one's family, and finding ways to de-stress and maintain mental clarity despite financial and situational constraints.
- In the **Afghan** community, mental health is emerging as a more openly discussed topic, transitioning from a previously stigmatized issue to one where individuals are more willing to acknowledge and address mental health struggles. The experience is described as a persistent brain fog or overwhelming sadness, and the community is now shifting toward recognizing and addressing these feelings.
- Similarly for the **Burmese** community, mental health has traditionally been stigmatized as "craziness," but there is a growing understanding that it includes a spectrum of conditions such as anxiety, depression, and severe mental illness. This evolving perspective reflects a broader acceptance of mental health issues.

Responses to ***"What do you do to take care of your mental health, or the mental health of your family?"*** included:

- Activities
  - Practicing activities such as art, exercise, prayer, dance, and reading
  - Listening to music

- Alone time and practicing mindfulness
- Talking to or spending time with family and friends
- Building a reliable support system
- Staying away from negative situations/people/social media
- Seeking a therapist
- Finding ways to release frustrations
- Taking medications
- Maintaining a healthy diet

Specific comments by participating groups:

- For the **LGBTQ+** community, mental health care involves a combination of individual practices and systemic support. Engaging in art and exercise are common personal strategies, alongside accessing gender-affirming healthcare services. There is an emphasis on having patience and alone time, while also turning to support systems when needed.
- In the **Black/African American** community, mental health care often involves spiritual and practical approaches. Praying and strengthening one's faith are central, along with staying away from negative influences and practicing mindfulness. Physical exercise, maintaining a healthy diet, and talking to trusted family and friends are also crucial. Avoiding negative social media and media content helps manage stress and support mental well-being. Overall, there is a strong focus on faith, personal well-being, and maintaining supportive relationships.
- For the **Hispanic** community, mental health care includes prayer, talking with family members, and seeking help when needed. Positive thinking and self-esteem books are valued, along with using online resources to find support. These practices reflect a holistic approach that integrates spirituality, familial support, and self-education.
- The **Congolese** community emphasizes culturally rooted practices, such as listening to music, dancing, and spending quality time with loved ones. Activities like reading Swahili books and watching movies are important for mental well-being. This highlights the significance of cultural traditions and family connections in managing mental health.
- In the **Afghan** community, reaching out to friends and family is a primary strategy for mental health care, though language barriers can limit this. The community recognizes the importance of staying connected but acknowledges there may be limited culturally appropriate resources available.
- For the **Burmese** community, spending time with family is a central strategy for supporting mental health.

Responses to **"*What makes it difficult for people to take care of their mental health?*"** included:

- Income/Poverty
  - Not being able to afford health services
  - Multiple jobs limit time to address mental health issues
- Language/Cultural Barriers
  - Language and cultural barriers or differences
- Access to Care/Services
  - Timely access to services
- Contributing Factors
  - Alcohol consumption at social gatherings may make it more difficult to take care of health
  - Having other priorities in life
  - Lacking awareness of resources

- Mistrust of providers
- Shame, anxiety, fear or denial

Specific comments by participating groups:

- In the **LGBTQ+** community, some challenges include support groups in bar settings and alcohol consumption, which exacerbates mental health issues. There is also a lot of concern about financial constraints and inadequate insurance coverage, alongside a mistrust of the medical profession and the lack of safe spaces for seeking help. The political climate's marginalization of LGBTQ+ individuals further complicates mental health care by creating an environment of insecurity and exclusion.
- For the **Black/African American** community, obstacles to mental health care include a shortage of culturally knowledgeable doctors and inadequate funding for mental health services. Many individuals face difficulties with awareness of available resources, denial, and procrastination, as well as transportation issues and financial burdens like copays. Fear, anxiety, and not feeling heard by health professionals contribute to barriers in seeking care. There is also a strong sense of shame and reluctance to ask for help, compounded by the stress of caring for others and balancing various responsibilities.
- In the **Hispanic** community, managing mental health is hindered by the pressures of multiple jobs, prioritization of other responsibilities, and limited access to mental health professionals such as counselors and psychiatrists. These factors create barriers to obtaining timely support.
- The **Congolese** community faces significant challenges due to the stress of supporting large families (often 6-7 children) with limited resources. Long working hours in factory jobs and a lack of education and resources for families exacerbate these difficulties. The weight of familial responsibilities and lack of time for self-care contribute to the struggle to address mental health needs.
- For the **Afghan** community, cultural differences and language barriers are major hurdles. The inability to read or write in either their native language or English complicates access to mental health resources and effective communication with healthcare providers.
- In the **Burmese** community, family issues and cultural parenting differences impact mental health care. Misunderstandings with social services have highlighted the struggle to balance traditional parenting styles with American expectations.

Community Belonging and Inclusion

Responses to ***"A sense of belonging, or feeling welcome in our community, is a big part of feeling well and whole. What parts of your community help you feel like you belong?"*** included:

- Activities
  - Participating in church and support groups
  - Interacting with neighbors, friends, family
  - Going to local stores, beauty salons and barber shops
  - Organizations that show their support to all communities (e.g., Pride flags in stores, flyers advertising community resources)
  - Attending community events
  - Participating in social organizations (fraternities, sororities, advocacy groups, etc.)

Responses to ***"What organizations or groups help you feel like you belong in your community?"*** included:

- Organizations
  - Allied community social and support organizations (e.g., youth resource center, ICOACH)

- Allied healthcare organizations (e.g., Primary Health Care, UnityPoint Health LGBTQ+ clinic)
- Food pantries and community gardens
- Neighbors
- Sports, church and senior center groups
- People who are from the same community
- School programs and community classes
- Resettlement agencies

Responses to ***"Use your senses. What can you see in your community that makes you feel like you belong there? What can you feel? What can you smell? What can you taste? What can you hear?"*** included:

- Identified
  - Symbols (flags, unicorns, rainbow colors)
  - Artwork that represents the community
  - Culturally specific food and music
  - Sounds or voices
  - Smell of popular venues for social gatherings
  - Community events that foster social relationships and a sense of belonging

Healthcare Experience

Responses to ***"Accessing healthcare is important to supporting our overall well-being. How does your healthcare team make you feel respected?"*** included:

- Contributing Factors
  - Showing respect and addressing the patient by name
  - Being open to understand and respect culture
  - Building a relationship and not ignoring or shaming patients
  - Showing patience and providing enough time to address any questions related to their health (not being rushed)
  - Helping in navigating the health system
  - Flexibility with timing where a patient can still be seen even if they are late to their appointment

Specific comments by participating groups:

- For the **LGBTQ+** community, feeling respected by healthcare providers involves a deep sense of personal validation and specialized care. Many individuals emphasize the importance of being treated with dignity, having their names acknowledged, and being treated with kindness. Although a lengthy process, some participants have found value in cultivating their own team of providers who share their identity to be trusted sources.
- The **Black/African American** community similarly values being acknowledged and respected by their healthcare providers. There is a significant need for more practitioners of color who can provide care that is sensitive to cultural differences. Financial barriers and a lack of accessible, culturally competent providers complicate the ability to receive consistent and respectful care.
- In the **Hispanic** community, access to timely medical appointments is a central concern. Those without health insurance often struggle to find and maintain access to care, leading to feelings of abandonment and frustration. On the other hand, those with insurance have better access to care, frequently utilizing facilities like Primary Health Care and Broadlawns. The disparity in care between insured and uninsured individuals highlights a critical need for more accessible and equitable healthcare services.

- The **Afghan** community faces challenges with cultural respect and understanding within healthcare settings. Specific needs, such as requests for female providers or interpreters, are often unmet, leading to feelings of disrespect and frustration. The lack of culturally competent care and inadequate support for transportation and childcare further exacerbate these issues.
- The **Burmese** community generally reports feeling respected and treated equally by their healthcare teams. However, there is some confusion about the services they receive, which can lead to unexpected procedures and financial strain. While they feel generally well-treated, issues with insurance and service clarity remain concerns.

Responses to **"*What do you wish your doctor knew about your culture?*"** included:

- Access to Care/Services
  - Acknowledge limitations of affordability of medicines or treatments among patients including providing alternative options if patient is uninsured
- Contributing Factors
  - Not all patients are technology savvy so using technology to look for health information could be a challenge
- Diagnosis/Treatment
  - Understand holistic approach preferred by some cultures – herbal remedies and rest is preferable to medications
  - Respect cultural norms and gender preferences
  - Patients' desire to be served by a provider and interpreter (if applicable) of same gender
  - Provide information about medicines and side effects

Specific comments by participating groups:

- For the **LGBTQ+** community, the focus is on respecting their identity and understanding their unique healthcare needs. It's crucial for healthcare providers to acknowledge that LGBTQ+ individuals are not diseases and should be treated with the same respect as anyone else. There is a need for education among providers about LGBTQ+ culture, including the nuances of gender identity and the importance of privacy. Specific issues mentioned such as the requirement for pregnancy tests for individuals who do not identify as female or the insensitivity towards non-binary individuals highlight a need for more inclusive practices and better training.
- In the **Black/African American** community, there is a demand for greater understanding regarding cultural differences and the impact of historical experiences on current health perceptions. Negative experiences with healthcare professionals, lack of knowledge about medication costs and side effects, and insufficient understanding of diverse cultural needs contribute to a general mistrust and fear of the medical system. There is a call for more culturally competent practitioners, better communication about treatment options, and greater transparency regarding costs and side effects.
- The **Hispanic** community values clear communication with healthcare providers and often requires financial assistance to access care. Ensuring that providers understand and accommodate their needs, including financial barriers, is essential for improving healthcare experiences.
- For the **Congolese** community, there is a cultural preference for holistic and herbal remedies over conventional medicine. There is a general reluctance to use pills and a lack of access to herbal remedies in their new environment, which impacts their approach to health. Education and integration of their traditional practices into the healthcare system could improve their comfort with medical treatments.

- The **Afghan** community has specific cultural needs, including preferences for female healthcare providers and interpreters. Miscommunication due to language barriers further complicates their healthcare experience. Ensuring that cultural and linguistic needs are met is essential for providing respectful and effective care.
- The **Burmese** community reports feeling well-respected and satisfied with the cultural sensitivity of their healthcare providers. However, issues with understanding the services they receive and dealing with financial constraints remain challenges.

Responses to **"*What do you need in order to complete a successful visit to the clinic? (Interpretation? Transportation? Mobility aids?)*"** included:

- Access to Care/Services
  - Establish a trusted patient-provider relationship
  - Better access to specialized clinics, some of them are located in areas with limited public transportation
  - Offer extended hours (evenings and weekends)
  - No long wait times for appointment
  - Have clear information for the appointment (location, time, what needs to be brought)
- Language/Cultural Barriers
  - Information should be provided in preferred language
  - Provide interpretation services
- Personal Responsibility
  - Patients should have a list of any questions toward their health/medicines and providers should be proactive in addressing them
  - Feel empowered to be your own health advocate
- Access for Medicare/Medicaid Patients
  - Better transportation service provided by Medicaid
- Diagnosis/Treatment
  - Have treatment options
  - Provide clear information about treatment, co-pays, bills and financial assistance services available

Specific comments by participating groups:

- For the **LGBTQ+** community, the relocation of healthcare providers to West Des Moines—a location not serviced by DART—highlights a significant access issue. The need for extended hours, including evenings and weekends, is crucial for those unable to take time off work. Timeliness in appointments is also critical, as long wait times can be frustrating and burdensome.
- For the **Black/African American** community, effective healthcare is often hindered by issues such as long wait times and high co-pays. Self-advocacy is important, with a need for patients to keep track of their medications and treatment options proactively. Ensuring that healthcare providers address concerns thoroughly and with patience is essential for building trust.
- **Hispanic** individuals emphasize the importance of establishing trusted relationships with healthcare providers. The need for services in Spanish, including interpretation, is critical to ensuring effective communication. Access to necessary services and financial assistance are also significant concerns, as well as the availability of specialists such as mental health care providers.
- The **Congolese** community faces challenges related to communication and transportation. Clear information about appointments, provided in the appropriate language, and access to translators or individuals who speak relevant tribal languages, are crucial. Transportation issues further complicate access to care. Open

communication between patients and providers, with clear explanations of procedures and requirements, can significantly improve healthcare experiences for this group.

- Similarly for the **Afghan** community, language barriers and transportation issues pose significant challenges. There is a strong preference for in-home care and culturally sensitive practices, including female providers for female patients. Accurate documentation and understanding of cultural practices are important for effective care.
- The **Burmese** community also experiences variability in transportation and interpreter services. Some participants mention having issues with the Medicaid-provided transportation. Ensuring clear explanations of services and costs is crucial to avoid confusion and financial strain.

Responses to ***"How do your doctors and nurses make you feel like an important part of your own healthcare team?"*** included:

- Contributing Factors
  - Establishing clear communication – clearly explain everything regarding treatment, follow-up, and cost of services
  - Providers should ask about specific needs of the patient and provide options to patients
  - By not rushing interactions with patient
  - No judgment, be respectful to patient
  - Following up with patient after treatment
  - Listening to patients and addressing their concerns
  - Addressing and helping in reducing patients' barriers to care like language difference, no access to transportation, or lack of understanding of the health system
  - Making the patient feel as though the provider cares about their well-being outside of the doctor's office

Specific comments by participating groups:

- The **LGBTQ+** community emphasizes the need for mutual honesty and active participation in the healthcare process. They value providers who offer multiple options, take the time to build a respectful relationship, and maintain a non-judgmental stance. There is a strong preference for providers who are willing to discuss sensitive topics openly and acknowledge that patients have the right to switch doctors if needed.
- The **Black/African American and Hispanic** communities similarly values transparency and trust. Clear explanations, the presentation of treatment options, and the ability to seek second opinions are crucial. They emphasize the need for doctors to be thorough in their explanations and to offer honest feedback on treatment plans.
- The **Congolese** community often feels disconnected from their providers due to a lack of ongoing engagement. They express a desire for more frequent check-ups and follow-up communication to build a more personal and trusting relationship. The healthcare system sometimes feels impersonal, with patients struggling to maintain consistent contact with their doctors outside of scheduled appointments. Additionally, logistical challenges, such as transportation and language barriers, further complicate their healthcare experience.
- The **Afghan** community also faces challenges with provider communication and follow-up care. A specific example of an unfulfilled promise – a home visit for a sick child that never occurred – was mentioned. They express difficulty navigating a fragmented healthcare system, with long wait times and financial constraints exacerbating their challenges.
- The **Burmese** community, while generally satisfied with provider respect and cultural sensitivity, struggles with finding dental services. Out-of-pocket costs add to their difficulties.

Transportation/Access Issues

Responses to ***"A visit to the doctor is only helpful if we can get there. What makes it difficult to get to a health appointment?"*** included:

- Contributing factors
  - Work schedule and limited time-off
  - No access to transportation (private or public) or lack of knowledge of how to use public transportation
  - Dependability of others in getting transportation to appointments
- Mental Health
  - Mental state (depression, anxiety, etc.) may prevent someone from taking action
- Lack of Providers
  - Lack of specialized providers and long waitlists to get access to services
  - Need more on-demand services
  - Lack of availability of appointment times
- Insurance Issues
  - Lack of health insurance or understanding of the health system
  - No awareness of financial options for treatments
- Language/Cultural Barriers
  - Language barriers

Responses to ***"What options are available for those who don't have cars?"*** included:

- Options
  - Need to rely on family or friends
  - Walk to appointments
  - Cabs or other transportation services (even they are only available in English and Spanish)
  - DART services
  - Transportation services provided by health insurance

Responses to ***"When someone says they lack transportation, what does that mean?"*** included:

- Contributing Factors
  - Don't have a car
  - Have a disability
  - Person lives far from bus stop
  - Don't have friends
  - Don't know of any local resources
  - Don't know how to use DART services or request cabs

Community Awareness and Resource Accessibility

Responses to ***"What else is important for us to know about opportunities for health in your community?"*** included:

- Awareness/Education
  - Importance of raising awareness about available health resources by using modern communication methods like social media and the need for centralized, or other reliable information resources
- Access to Care/Services
  - Reduce distance between services and/or resources
  - Need for opportunities to access health services and establish a medical home
  - Individuals with busy work schedules have limitations in accessing medical appointments and other social services during regular business hours

    - Offer alternative options that could help parents with limited time-off to access health services for their family such as scheduling appointments on one day instead of multiple appointments on different dates
- Insurance Issues
    - Provide clear information about health insurance, enrollment and financial aid
- Lack of Providers
    - Increase dental care and other specialized services in the community

Specific comments by participating groups:

- Access to information and resources is crucial for all communities, though each group faces unique challenges and preferences.
- The **LGBTQ+** community values a culture of honesty and non-assumption from healthcare providers, emphasizing the importance of asking for pronouns and avoiding gendered language. They prefer information to be available through various channels, including social media and central resources like 211, and are skeptical of QR codes. There is also a call for the inclusion of LGBTQ+ providers in a registry.
- For the **Black/African American** community, the focus is on improving awareness of available resources and closing the physical distance between resources. They advocate for clear communication through posters, flyers, social media, and community events. Ensuring that community members know where to access services, such as free clinics or housing support, is essential for better utilization of resources.
- The **Hispanic** community seeks improved navigation of the healthcare system, including better understanding of insurance options and access to preventive services. They emphasize the importance of having access to legal and financial assistance.
- The **Congolese** community faces barriers related to work schedules and access to educational opportunities, impacting their ability to manage family responsibilities and navigate the system effectively. They highlight the need for more support programs for single parents and better understanding of the healthcare system functions.
- For the **Afghan** community, challenges include language barriers, illiteracy, and difficulty accessing culturally appropriate resources. They express a need for more comprehensive and accessible services for families, including halal food options and dental care.
- The **Burmese** community struggles with navigating resources and managing the high cost of living and prescription medication. They need support in balancing work and family life while dealing with financial stress and medical expenses.

Between April and June of 2024, a qualitative targeted assessment was conducted in Polk County. This process included a series of community conversations with members of four selected communities: Hispanic, Black/African American, LGBTQ+, and refugees from Congolese, Afghan and Burmese communities.

These community conversations were conducted using a focus group format, with a predefined set of questions asked to members of each targeted group. A total of 91 individuals participated in this process.

The goal of this process was to gather in-depth insights into the unique needs, challenges, and experiences of each community to better inform resource allocation and guide future community health initiatives.

This qualitative assessment was focused on eight areas and included 20 questions asked to participants at each community conversation:

9. Access to healthy resources and environments

a. *Please share one thing in your community that helps you and your neighbors be healthy?*
b. *Sometimes the opportunity for healthy choices isn't there. In your community, what is missing or making it difficult to make healthy options?*

10. Social and emotional support systems
    a. *We know that loneliness is a growing concern and can harm our health. Who do you turn to for support during difficult times?*
    b. *Where do you gather to spend time with others?*

11. Impact of loneliness on health
    a. *When you notice you feel lonely, what do you do to help feel less lonely?*
    b. *How do feelings of loneliness impact our ability to feel well?*

12. Mental health perception and care
    a. *When we ask people about their top health concerns, mental health is always towards the top of the list. What does mental health mean to you?*
    b. *What do you do to take care of your mental health, or the mental health of your family?*
    c. *What makes it difficult for people to take care of their mental health?*

13. Community belonging and inclusion
    a. *A sense of belonging, or feeling welcome in our community, is a big part of feeling well and whole. What parts of your community help you feel like you belong?*
    b. *What organizations or groups help you feel like you belong in your community?*
    c. *Use your senses. What can you see in your community that makes you feel like you belong there? What can you feel? What can you smell? What can you taste? What can you hear?*

14. Healthcare experience
    a. *Accessing healthcare is important to supporting our overall well-being. How does your health care team make you feel respected?*
    b. *What do you wish your doctor knew about your culture?*
    c. *What do you need in order to complete a successful visit to the clinic? (Interpretation? Transportation? Mobility aids?)*
    d. *How do your doctors and nurses make you feel like an important part of your own health team?*

15. Transportation/access issues
    a. *A visit to the doctor is only helpful if we can get there. What makes it difficult to get to a health appointment?*
    b. *What options are available for those who don't have cars?*
    c. *When someone says they lack transportation, what does that mean?*

16. Community awareness and resource accessibility.
    a. *What else is important for us to know about opportunities for health in your community?*

Each community conversation was conducted by one or more designated meeting facilitators and note takers. Facilitators were individuals who were familiar to each community group.

The following organizations supported this process to engage each community: Our Lady of Americas, Corinthian Baptist Church, Primary Health Care, Inc., and the Polk County Health Department

Community Conversations in Dallas County

In May 2024, a series of Community Conversations were held in Dallas County to develop a deeper understanding of previously identified needs within the community. These Community Conversations were conducted as focus groups with a consistent set of questions used across the groups.

A total of 4 groups including 36 total individuals participated in this project representing Waukee, Perry, and student populations. Two conversations were held in Perry to accommodate language needs; one in English and one in Spanish.

Each Community Conversation was conducted by a designated facilitator and note takers. Thank you to staff at Waukee Area Christian Services, ISU Extension & Outreach in Dallas County, Dallas County Hospital, Dallas County Health Department, and to our APEX student leader at Waukee Community School District for facilitating these groups.

Facilitators were provided a script that outlined the process, established group rules, and guided the discussion with 7 key questions to be asked of all groups and 13 follow up questions that could be used to further discussion on topics as time allowed.

For the purpose of analysis, the 20 total discussion questions focused on 8 key topics:

1. Access to healthy resources and environments
    a. *Please share one thing in your community that helps you and your neighbors be healthy?"*
    b. *Sometimes the opportunity for healthy choices isn't there. In your community, what is missing or making it difficult to make healthy options?*
2. Social and emotional support systems
    a. *We know that loneliness is a growing concern and can harm our health. Who do you turn to for support during difficult times?*
    b. *Where do you gather to spend time with others?*
3. Impact of loneliness on health
    a. *When you notice you feel lonely, what do you do to help feel less lonely?*
    b. *How do feelings of loneliness impact our ability to feel well?*
4. Mental health perception and care
    a. *When we ask people about their top health concerns, mental health is always towards the top of the list. What does mental health mean to you?*
    b. *What do you do to take care of your mental health, or the mental health of your family?*
    c. *What makes it difficult for people to take care of their mental health?*
5. Community belonging and inclusion
    a. *A sense of belonging, or feeling welcome in our community, is a big part of feeling well and whole. What parts of your community help you feel like you belong?*
    b. *What organizations or groups help you feel like you belong in your community?*
    c. *Use your senses. What can you see in your community that makes you feel like you belong there? What can you feel? What can you smell? What can you taste? What can you hear?*
6. Healthcare experience
    a. *Accessing healthcare is important to supporting our overall well-being. How does your health care team make you feel respected?*
    b. *What do you wish your doctor knew about your culture?*
    c. *What do you need in order to complete a successful visit to the clinic? (Interpretation? transportation? mobility aids?)*

    d. *How do your doctors and nurses make you feel like an important part of your own health team?*
7. Transportation/access issues
    a. *A visit to the doctor is only helpful if we can get there. What makes it difficult to get to a health appointment?*
    b. *What options are available for those who don't have cars?*
    c. *When someone says they lack transportation, what does that mean?*
8. Community awareness and resource accessibility.
    a. *What else is important for us to know about opportunities for health in your community?*

Analysis and Interpretation of Focus Group Results

Following each community conversation, Dallas County Health Department staff collected notes from the facilitators and note takers. Data was analyzed to understand common themes among the groups as well as differences between the groups. The following findings outline the identified themes. Underlined themes were shared across all groups. Asterisked themes were shared among at least two groups. Due to time constraints, some follow-up questions were not asked to all groups. This will be noted in the specific comments section under that question.

Findings

Access to Healthy Resources & Environments

Community Conversations began with two questions aimed to have participants think about their community and the positive or negative influences to their health. Common responses centered around the build environment and the ability to be active in our communities. A sense of belonging and support from the community was also noted as a key asset to a healthy community. Financial instability and lack of connection within the community were noted as harms to community health.
Responses to "**Please share one thing in your community that helps you and your neighbors be healthy?"** included:

- <u>Built Environment</u>
    - Access to spaces to exercise (parks, rec center, bike trail)
    - Access to gardens & greenspace
- Environmental Health
    - Good air quality
- Community Support*
    - Sense of belonging & community
    - Opportunities to gather as a community
- Sense of Service*
    - Desire to help neighbors or other persons in need
    - Sense of purpose as a member of the community
- Access to Affordable Healthy Foods
    - Access to healthy foods (community gardens, farmers markets)
- Access to Care
    - Free clinics
    - Access to mental health care
- Social & Community Services

    - Access to assistance programs (utility assistance, food pantry, clothing closet, school supply drive, free clinics)
- Awareness & Education
    - Understanding what resources are available
- Mental Health
    - Access to mental health services
    - Opportunities for self-care
- Access to the Arts
    - Use of music as a de-stress option

Specific comments by participating groups:

- The **Waukee** community specifically mentioned food security, highlighting access to the pantry and farmer's markets and the availability of healthy options. They also talked more about the availability of social support needed to keep members of the community thriving.
- The **Perry** community focused primarily on the feeling of belonging and being of service to each other was key to keeping the community healthy.
- The **Student** community focused largely on availability of recreation opportunities to exercise.

Responses to **"Sometimes the opportunity for healthy choices isn't there. In your community, what is missing or making if difficult to make healthy options?"** included:

- Financial Security
    - Affordability of food
    - Affordability of recreation spaces
    - Cost of gas needed to access services
- Sense of Community
    - Lack of spaces to gather
    - Racism & discrimination
- Awareness/Education *
    - Lack of understanding of existing resources
    - Availability of community information
- Access to Care *
    - Knowledge of local healthcare options
    - Transportation to get to healthcare services
- Transportation
    - Cost of gas needed to access services
    - Availability of public transportation
- Social & Community Services
    - Assistance programs to assist with financial insecurity (transportation costs, utility assistance, insurance)
    - Feeling as if you can't ask for help due to perceived discrimination
- Access to affordable healthy food
    - Cost of healthy options compared to less healthy options
- Built Environment
    - Cleanliness of parks & greenspaces
    - Lack of sidewalks
    - Distance to trail systems (have to drive to use them)
    - Lack of spaces for entertainment

    - Cost of recreation spaces
    - Desire for accessible outdoor recreation spaces
- Access to the Arts
    - Lack of places for entertainment

Specific comments by participating groups:

- The **Waukee** community discussed the cost of healthy options and the lacking awareness of supportive services available to the community.
- The **Perry** community brought up the idea of safety and discrimination as well as cleanliness of public spaces preventing community members from using them.
- The **Student** group shared about how a lack of sidewalks or the distance to the trail prevented them from walking or biking in their neighborhoods.

Social & Emotional Support Systems

Two questions were asked around social and emotional support systems to better understand strengths and resiliency within the community. Participants emphasized a reliance on family, friends, neighbors, and churches during difficult times and highlighted the importance of public parks as spaces to gather and build community.
Responses to **"We know that loneliness is a growing concern and can harm our health. Who do you turn to for support during difficult times?"** included:

- Community Support
    - Friends
    - Neighbors
    - Church
- Work Related Support *
    - Manager/supervisor
    - Coworkers
- Access to Care
    - Access to providers that will address mental health needs
- Self-Care Activities
    - Access to the Arts
    - Seek motivational videos
    - Physical activity (running or walking)
    - Spending time in greenspaces
- Social & Community Services
    - Staff at local service organizations
    - Support groups
- Awareness & Education
    - Some community members don't know where to go and feel very heavy and alone
- Housing Related
    - Apartment manager
    - Other tenants in multi-family housing/neighbors
- Sense of Service
    - Volunteer in the community (redirect focus to help others)

Specific comments by participating groups:

- The **Perry** community talked about how they could receive comfort from both immediate and chosen families, highlighting friends, coworkers and neighbors as go-to supports.

- In addition to family & neighbors, the **Waukee** community felt that social service providers they had relationships with were great to turn to in times of need.
- The **Student** group primarily seeks support from their immediate family.

Responses to **"Where do you gather to spend time with others?"** included:

- Community Support *
  - Homes, or friend's homes
  - Churches
- Social & Community Services
  - Farmer's Markets
  - Recreation Centers
- Built Environment *
  - Parks
- Sense of Service
  - Reaching out to neighbors to assure they can participate in gatherings
  - Providing rides to church and other social events for neighbors

Specific comments by participating groups:

- The **Waukee** community emphasized the need to help others get to social gatherings due to transportation barriers.
- The **Perry** community highlighted the local events, parks, and community spaces as places they liked to gather with friends/family.
- This question was not asked to the **Student** group.

Impact of Loneliness on Health

Loneliness can be detrimental to health. Two questions were asked to understand public perception on the impact of loneliness on health and coping strategies to prevent loneliness. As these questions were originally follow up questions under the previous loneliness questions, not all groups participated. Among those that did, most emphasized the connection to poor mental health and the importance of support from family and friends.
Responses to **"When you notice you feel lonely, what do you do to help feel less lonely?"** included:

- Sense of Community *
  - Calling family or friends
  - Spending time with children
  - Talking to befriended co-workers
- Self-Care Activities
  - Volunteerism
  - Physical Activity

Specific comments by participating groups:

- The **Waukee** community shared about self-care activities they like to do in addition to spending time with family. They highlighted that spending time with children specifically brightened the mood.
- The **Perry** community discussed how because so much time is often spent at work, your co-workers become your confidants and go-to supports.
- This question was not asked to the **Student** group.

Responses to **"How do feelings of loneliness impact our ability to feel well?"** included:

- Mental health
    - Feelings of depression or anxiety
    - Lack of energy to do activities
    - Lack of self-esteem
    - Feelings of hopelessness or negative thoughts
    - Feeling overburdened
- Sense of Community
    - Feeling alone or anti-social
- Access to Care
    - Lack of mental health providers, especially for children
    - Accessibility to healthcare providers that accept Medicaid

Specific comments by participating groups:

- This question was not asked to the **Waukee** or **Student** community. All listed responses are from the **Perry** community.

Mental Health Perception & Care

Three questions were asked about mental health. Most participants focused on clinical definitions; some noted the impact poor mental health has on our physical and social health. Access to mental health care and stigma were notable themes throughout the discussion. Responses to **"When we ask people about their top health concerns, mental health is always towards the top of the list. What does mental health mean to you?"** included:

- Access to Care
    - Access to mental health care services & medication management
    - Access to crisis services
    - Access to specialists
    - Difficulty accessing services due to lack of childcare
- Stigma/ Denial
    - Struggling silently because not comfortable discussing
    - Being level headed, standing tall despite struggle
- Awareness/Education
    - Knowing where/when to seek helpful resources
    - Not seeking help because don't know where to turn
- Focus on clinical symptoms
    - Sadness, depression, anxiety
    - Bad thoughts
    - Hurting yourself or others
    - Mind takes over physical well-being
- Community Support
    - Having someone to talk to
    - Being able to lean on someone when needed
    - Having support when you need it
    - Support from family/children
- Holistic Well-being
    - Healthy lifestyle, body, mood, happiness & worth
    - Peace, balance, financial stability

Specific comments by participating groups:

- The **Waukee** community emphasized the stigma or lack of health literacy that prevents some community members from seeking care when needed.

- The **Perry** community talked about how poor mental health impacts our ability to react to situations and how we interact with others.
- The **Student** group shared that many young adults are struggling with their mental health and that it is “pretty rough out there”

Responses to **“What do you do to take care of your mental health, or the mental health of your family?”** included:

- Awareness/Education
  - Understanding self and how to calm oneself
- Community Support *
  - Intentionally listening to others
  - Talk with others
  - Share feelings & thoughts with others
- Self-Care Activities*
  - Breathing exercises
  - Laugh
  - Spend time with children
  - Garden
  - Spend time outside
  - Spend time with pets
  - Listen to music
  - Eat comfort foods
  - Do a craft

Specific comments by participating groups:

- The **Waukee** community shared about making sure to listen to children and help them feel heard and understood.
- The **Perry** community discussed a variety of self-care activities, especially emphasizing spending time with family or friends.
- This question was not asked to the **Student** group. Rather, students were asked about where they could turn to for support if they were struggling with their mental health. They recognized the presence of hotlines but could not recite the numbers (988)

Responses to **“What makes it difficult for people to take care of their mental health?”** included:

- Stigma *
  - Comparison to others with serious mental illness
  - Some people don’t agree or understand mental health
  - Judgment or being labeled as someone seeking mental health help
  - Criticism for use of certain drugs
  - Stigma is getting better but still there
  - Superstition or self-fulfilling prophecy
  - Lack of empathy
- Transportation *
  - Inability to get Uber
  - Inaccessibility of public transport
  - Availability of transportation
- Access to Care *
  - Lack of mental health care options

    - Availability of peer supports
    - Accessibility of providers that accept Medicaid
- Financial Stability *
    - Influence of financial health on mental health
    - Increased costs for basic needs
    - Ability to pay for services
- Awareness/ Education
    - Understanding the law, decriminalizing mental health symptoms
    - Lack of understanding of mental health symptoms since they are less visible
    - Media has helped increase awareness and made mental health more accepting
- Self-Care Activities
    - Creating boundaries with others
    - Avoiding triggers/ worries

Specific comments from participating groups:

- The **Waukee** community talked a lot about the stigma that is still faced by many in the community.
- The **Perry** community shared how accessing the care needed is a struggle for many due to lack of providers, lack of providers accepting Medicaid, and the availability of transportation to take people to mental health providers that may be further away.
- This question was not asked to the **Student** group.

Community Belonging and Inclusion

A sense of belonging has been discussed by participants throughout the focus groups as a strength of health communities. Three questions were asked to define what community belonging means within their own neighborhoods.
Responses to **"A sense of belonging, or feeling welcome in our community, is a big part of feeling well and whole. What parts of your community help you feel like you belong?"** included:

- Community Support *
    - Neighbors
    - Church
    - People that wave at you
    - Community events
    - Family
    - Friends
- Social & Community Services *
    - Social service workers treating community members in a friendly/ welcoming way
    - Good customer service
- Work-Related *
    - Work
    - Co-workers
- Sense of Service *
    - The way people step up to help each other
    - Being a part of something bigger than self
    - Having someone to care for
    - Preference for events that benefit the community

Specific comments by participating groups:

- The **Waukee** community emphasized volunteerism and being of service helps them feel like they belong and can rely on others in the community.
- The **Perry** community shared many community events that bring them together as a community (Latino Festival, Daddy Daughter dance, 4th of July, garage sales)
- This question was not asked to the **Student** group.

Responses to **"What organizations or groups help you feel like you belong in your community?"** included:

- Organizations
  - Churches *
  - Schools
  - Rec Center
- Social & Community Services
  - Food pantry
  - Mobile Food pantry
  - Health Navigation

Specific comments by participating groups:

- Both **Waukee** and **Perry** communities emphasized the sense of belonging from a church community.
- Participants in the **Perry** community highlighted the social service organizations that support the community.
- This question was not asked to the **Student** group.

Responses to "**Use your senses. What can you see in your community that makes you feel like you belong there? What can you feel? What can you smell? What can you taste? What can you hear?"** included:

- Answers
  - A sense of calmness
  - Longtime neighbors, familiarity with those in town
  - Welcoming people (saying hello, expressing kindness)
  - Feels like family

Specific comments by participating groups:

- This question was skipped during conversations with the **Waukee** and **Student** groups. Answers reflect the **Perry** community.

Healthcare Experiences

Four questions were asked to participants about how they access the healthcare system specifically. Many shared about the importance of building a relationship with their providers and creating a sense of safety within healthcare spaces. Barriers to accessing the care they needed are also noted.

Responses to **"Accessing healthcare is important to supporting our overall well-being. How does your health care team make you feel respected?"** included:

- Relationship Building
  - Active listening
  - Taking an interest in you as a person
  - Expressing kindness and caring
- Sense of Safety *

    - Helping me feel comfortable
    - Non-judgmental
    - Talking calmly rather than harshly
    - Feeling like you can talk to them
- Patient Autonomy *
    - Give me the decision-making power
    - Not forcing you to do things
    - Sharing options

Specific comments by participating groups

- The **Waukee** community emphasized the desire for emotional safety and the healthcare team's role in assuring the patient feels comfortable and respected at the clinic.
- The **Perry** community shared that they appreciate health care teams that treat them well, ask questions, and are kind.
- The **Student** group expressed that they feel respected when questions are directed at them rather than their parents.

Responses to **"What do you wish your doctor knew about your culture?"** included:

- Awareness/Education *
    - Understanding of family dynamics & interacting with family members
    - Don't stereotype based on looks
    - Take time to understand the diversity of the Latino culture
    - Understanding hijab and what it means
- Mental health
    - Willingness to address both physical and mental health needs
- Relationship building *
    - Take effort to create a relationship in a short amount of time
    - Ask questions and take interest in patient as an individual
    - Remember personal notes and ask about them at follow up appointments
    - Read the charts to remember the patient
    - Having a consistent provider as you age
- Language
    - Understanding the breadth of diversity, there are many dialects
    - Speaking or using tools to talk to a patient in their own language
    - Preference for not using a third person to interpret

Specific comments by participating groups:

- The **Waukee** community shared about the importance of getting to know the individual, their specific culture and needs.
- The **Perry** community discussed language and how providers often don't understand the diversity within the Latino population in terms of both language and cultural backgrounds.
- The **Student** group stated they appreciate when providers remember facts about them and ask them questions as it makes it seem like they care.

Responses to **"What do you need in order to complete a successful visit to the clinic? (Interpretation? Transportation? Mobility aids?)"** included:

- Access to care
    - Doctors being on-time
    - Providers that accept Medicaid (dental)
    - Providers that care for children, especially in rural areas

    - Providers that accept Medicare
    - Difficulty getting an appointment
    - Long wait times
- Insurance
    - Difficulty accessing rewards programs
    - Finding local providers in-network, especially dental providers accepting Medicaid
    - Lack of insurance makes it costly
- Transportation
    - Having a car
    - Having to travel for care
- Fear/ Sense of Safety
    - Fear of diagnosis
    - Fear of doctors
    - Wanting to bring a companion
    - Afraid of bills

Specific comments by participating groups:

- The **Waukee** and **Student** group were not asked this secondary question. Responses are reflective of the **Perry** community

Responses to **"How do you doctors and nurses make you feel like an important part of your own healthcare team?** Included:

- Relationship Building *
    - Care about patient's health
    - Be on time
    - Listen
    - Give patient autonomy

Specific comments by participating groups:

- This question was not asked of the **Waukee** community
- The **Perry** community discussed being respected and that they appreciate text reminders of their appointments.
- The **Student** group expressed appreciation when they are given autonomy.

Transportation/Access Issues

While the following two questions were geared to learn more about the transportation barriers often cited as an issue to accessing care, participants expressed more difficulty within the healthcare system itself and a lack of personal transportation options.
Responses to **"A visit to the doctor is only helpful if we can get there. What makes it difficult to get to a health appointment?"** included:

- Access to Care
    - Limited access to appointments if on Medicaid
    - Shortage of appointment availability
    - Not having a health care home
    - Appointments being canceled without notice
    - Limited hours
    - Lack of urgent care/ same day appointments
- Financial Concerns
    - Cost of care
    - Expensive co-pays

    - Layered co-pays if you have to see a PCP and then several specialists
- Community Support *
    - Having family available to take you to an appointment
    - Not having a neighbor available to take you
- Transportation *
    - Lack of personal car
    - Lack of public transportation
    - Limited bus hours
    - Not being able to drive
    - Difficult having to coordinate transportation and medical appointment
    - Distance to specialty care is further
- Stigma
    - Feeling judged for having certain forms of insurance
    - Negative judgment for having multiple health issues
- Work Related
    - Loss of wages to take time off for appointments
    - Clinic schedule and work schedule aren't compatible

Specific comments by participating groups:

- The **Waukee** community emphasized access to care issues and the stigma felt by those using Medicaid.
- The **Perry** community shared about the difficulty leaving work for care and lack of access to healthcare service outside of work hours.
- The **Student** group talked about the costs of care when you need to see a specialist, how co-pays add up, and how many specialists are farther away.

Responses to **"What options are available for those who don't have cars?"** included:

- Community Support *
    - Family
    - Friends
    - Neighbors
    - Paying others to drive you
    - Carpool
- Emergency Services
    - Ambulance
- Public Transportation
    - Taking the bus
- Active Transportation
    - Walking
    - Biking

Specific comments by participating group:

- The **Waukee** community talked about calling an ambulance, especially in emergency situations.
- The **Perry** community shared a number of community supports they rely on and emphasized active transportation to local services in good weather.
- This question was not asked to the **Student** group.

Responses to **"When someone says they lack transportation, what does that mean?"** included:

- Contributing factors:
  - Lack of personal/family car
  - No buses available
  - Limited stops on bus route
  - No Lyft/Uber
  - Cost to fuel car
  - Lacking awareness of public options

Specific comments by participating group:

- The **Waukee** community defined a lack of transportation as a lack of public transportation as well as a lack of personal transportation.
- The **Perry** community focused on the lack of personal vehicles, cost of transportation, and the limited public awareness of public transportation options.
- This question was not asked to the **Student** group.

Community Awareness and Resource Accessibility

Finally, participants were asked to provide input on any other areas that were important to them as we think about the health of our communities.
Responses to **"What else is important for us to know about opportunities for health in your community?"** included:

- Access to Care
  - Help getting people connected to healthcare
  - Dental services
  - Free healthcare services
  - Diabetes healthcare services
  - Routine, preventative care
  - Improved communication about healthcare services, especially specialty clinics
  - Difficulty accessing certain medications (ADHD), causes withdrawals
  - Providers should work together better for smoother transitions (pharmacy & PCP)
- Access to Healthy Affordable Food *
  - Food security
  - Having to travel to other towns to affordable grocery options
- Community Support *
  - More places to gather
  - Community meetings
  - Community activities/workshops/skill building (FREE)
- Mental Health
  - Having enough self-care activities
  - Access to mental health care
- Social and Community Services
  - Needing advocates
  - Needing help filling out applications
  - Help with understanding benefits
  - Financial assistance programs
- Housing
  - Homelessness
  - Housing assistance

    - Rental assistance
- Transportation
    - Public bus route
- Environmental Health
    - Clean environments
    - Policies to keep community places clean
    - Sanitary parks
- Work Related
    - Companies taking an interest in employee health holistically
    - Jobs needed

Specific comments by participating groups:

- The **Waukee** community discussed the importance of social services and resource navigation.
- The **Perry** community shared concerns about loss of employment and the impact on well-being as well as concerns with park sanitation.
- The **Student** group focused largely on access to care issues, primarily the difficulty they have faced in getting the medications they need, how shortages cause withdrawals, and how with so many things on their plate, health often isn't a top priority.

EVALUATION OF PAST ACTIVITIES: MERCYONE

MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital & Clive Behavioral Health

Addressing Significant Health Needs

The MercyOne Des Moines Medical Center Board, MercyOne Clive Rehabilitation Hospital Board, & Clive Behavioral Health Board approved the previous Community Health Needs Assessment (CHNA) in June 2022. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that the hospitals would focus on developing and/or supporting strategies and initiatives to improve:

- Mental Health
- Access to Health Care Services
- Substance Abuse
- Infant Health and Family Planning
- Heart Disease and Stroke

Strategies for addressing these needs were outlined in MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital, & Clive Behavioral Health's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by in MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital, & Clive Behavioral Health to address these significant health needs in our community.

Evaluation of Impact

Priority Area: Mental Health	
Goal	Improve access to mental health services
Objective(s)	• Increase the number of inpatient behavioral health beds available • Increase availability of outpatient behavioral health programs

Strategy 1: Continue nurse, provider, and therapist recruitment initiatives to increase number of beds at Clive Behavioral Health that are staffed/open for patients from 45% capacity to 100% capacity by FY25.	
Strategy Was Implemented?	In progress
Organization(s)	Clive Behavioral Health
Results/Impact	• Recruitment initiatives include expanding outreach for recruiting nurses, continuation of retention bonuses, and offering competitive wages. • FY24 capacity: 65%

Strategy 2: Renovate MercyOne Des Moines Medical Center space to open an additional 34 mental health inpatient beds by FY25.	
Strategy Was Implemented?	No
Organization(s)	MercyOne Des Moines Medical Center Clive Behavioral Health
Results/Impact	• Current focus is on increasing capacity at Clive Behavioral Health.

Strategy 3: Clive Behavioral Health will develop and launch a partial hospitalization program (PHP) for patients experiencing severe behavioral health symptoms in FY24-25.	
Strategy Was Implemented?	Yes
Organization(s)	Clive Behavioral Health
Results/Impact	• Adult partial hospitalization program opened in May 2023.

Strategy 4: Clive Behavioral Health will identify additional space needed to accommodate outpatient program growth in FY24.	
Strategy Was Implemented?	No
Organization(s)	Clive Behavioral Health
Results/Impact	• Current outpatient space is at full capacity. • Additional space has not been identified.

Strategy 5: Clive Behavioral Health will build upon an existing adolescent intensive outpatient program by adding additional patient capacity from 16 to 32 patients in FY23.	
Strategy Was Implemented?	In progress
Organization(s)	Clive Behavioral Health
Results/Impact	• Adolescent intensive outpatient program added a second counselor in FY23, increasing patient capacity to 24. • Adolescent intensive outpatient program was converted to a partial hospitalization program in fall 2023; capacity remains at 24 patients.

Strategy 6: Clive Behavioral Health will develop and launch an adult intensive outpatient program in FY24.	
Strategy Was Implemented?	Yes
Organization(s)	Clive Behavioral Health
Results/Impact	• First Step Recovery Center, a substance use disorder intensive outpatient program, launched in FY23.

Priority Area: Access to Health Care Services	
Goal	Eliminate barriers to accessing care
Objective(s)	• Leverage technology to make care more accessible • Identify and remove transportation and medication cost barriers

Strategy 1: MercyOne will offer remote patient monitoring for people with multiple chronic health conditions in FY23.	
Strategy Was Implemented?	In progress
Organization(s)	MercyOne Des Moines Medical Center
Results/Impact	• Remote patient monitoring for people with multiple chronic health conditions was piloted in FY23. • In early FY25, MercyOne will be launching a proof-of-concept of remote patient monitoring services for patients discharging from MercyOne Des Moines Medical Center to Home Care after being diagnosed with Sepsis.

Strategy 2: MercyOne will implement an application that assists patients with medication adherence and reconciliation at discharge from the hospital within FY23-24.	
Strategy Was Implemented?	No
Organization(s)	MercyOne Des Moines Medical Center
Results/Impact	• Various applications were explored in FY23-FY24 to assist patients with medication adherence and reconciliation. No new technology has been implemented due to changing operational considerations. • This strategy will be re-evaluated in FY25. • Currently, medication adherence tracking processes utilize pharmacy technicians, and medications are reviewed via the ambulatory EMR at discharge and at outpatient appointments.

Strategy 3: MercyOne will launch an on-demand telehealth platform for 24/7 urgent care consults in FY24-25.	
Strategy Was Implemented?	In progress
Organization(s)	MercyOne Des Moines Medical Center
Results/Impact	• MercyOne will be launching a quick access virtual health hub for urgent and primary care patients in FY25.

Strategy 4: Expand screening for medication affordability and transportation needs to cover all primary care, pediatric, and emergency department locations in FY23.	
Strategy Was Implemented?	Yes
Organization(s)	MercyOne Des Moines Medical Center
Results/Impact	• Screening for medication affordability and transportation needs expanded to all primary care, pediatric, and emergency department locations in FY23. • Community Health Workers take direct referrals when screening is unavailable.

Strategy 5: Embed Community Health Workers at both MercyOne Des Moines Medical Center and MercyOne West Des Moines Medical Center in FY23 to assist patients in navigating community resources and public assistance programs.	
Strategy Was Implemented?	Yes
Organization(s)	MercyOne Des Moines Medical Center
Results/Impact	• Community Health Workers became embedded in both emergency departments in FY23.

Priority Area: Substance Abuse	
Goal	Make treatment more accessible
Objective(s)	• Develop new access points and expand existing services for substance use disorder treatment • Recruit and retain a high quality diverse substance use disorder treatment workforce • Increase the number of counselors trained and certified to provide a variety of evidence-based counseling and therapeutic techniques

Strategy 1: MercyOne House of Mercy (HOM) will develop a peer support program and admit 58 clients in FY23.	
Strategy Was Implemented?	Yes
Organization(s)	MercyOne House of Mercy
Results/Impact	• Peer support program developed and admitted 62 clients in FY23. • A Peer Support Specialist started in January of 2024 to serve Jasper County. This position helps to provide outreach to the community so they know how to access treatment services and has provided peer support services.

Strategy 2: HOM will embed two counselors into school settings in FY24 to support prevention and early intervention.	
Strategy Was Implemented?	Yes
Organization(s)	MercyOne House of Mercy
Results/Impact	• Two counselors were embedded in two different school districts in FY23. • In FY24, one counselor remains embedded; the second school district has not needed the additional support onsite and calls HOM when consultation is needed.

Strategy 3: HOM will partner with probation/parole on initiatives to support offender re-entry in FY24.	
Strategy Was Implemented?	Yes
Organization(s)	MercyOne House of Mercy
Results/Impact	• House of Mercy has partnered with the Department of Corrections to have a counselor at Fort Des Moines halfway house and Fresh Start Women's halfway house.

Strategy 4: Clive Behavioral Health will launch an adult SUD program in FY23.	
Strategy Was Implemented?	Yes
Organization(s)	Clive Behavioral Health
Results/Impact	• First Step Recovery Center, a substance use disorder intensive outpatient program, launched in FY23.

Strategy 5: HOM will develop recruiting connections with five organizations dedicated to serving racial and ethnic minority populations or economically vulnerable populations in FY23-FY24.	
Strategy Was Implemented?	In progress
Organization(s)	MercyOne House of Mercy
Results/Impact	• In FY23, HOM connected with three organizations to develop recruiting connections: Al Exito, Hope & Elm, & Refugee Alliance of Central Iowa. • In FY24, the HOM Executive Director joined the Latino Service Providers Coalition to build cultural competency and make connections with Spanish speaking populations. Additionally, meetings were held with the Winnebago Tribe of Nebraska and Meskwaki Nation to build relationships within the Native American community and explore ways to expand cultural competency.

Strategy 6: HOM will train eight counselors on dialectical behavioral therapy in FY23.	
Strategy Was Implemented?	Yes
Organization(s)	MercyOne House of Mercy
Results/Impact	• Eight counselors were trained on dialectical behavioral therapy in FY23. Moving forward, new clinicians will be trained in this when they start. • A training plan has been developed to add dialectical behavior therapy for children (DBT-C) as a treatment service. DBT-C aims to relieve presenting problems as well as reduce the risk of future psychopathology by targeting both the relationship with environment as well as relationship with self. Three clinicians will be trained in FY25.

Strategy 7: HOM will train three counselors on Mindfulness-Based Stress Reduction (MBSR) in FY24-25.	
Strategy Was Implemented?	In progress
Organization(s)	MercyOne House of Mercy
Results/Impact	• Two therapists continue to work towards becoming trainers for MBSR in FY24. • MBSR will be offered in the Summer/Fall of 2024 for 11 counselors and colleagues to learn mindfulness techniques to reduce burnout.

Priority Area: Infant Health and Family Planning	
Goal	Improve health outcomes for women of color in central Iowa
Objective(s)	• Reduce stillbirth rates among women of color • Recruit and retain a high quality diverse maternal health workforce

Strategy 1: MercyOne will train colleagues in leadership positions on implicit bias in FY23 and spread training to all colleagues in FY24.	
Strategy Was Implemented?	In progress
Organization(s)	MercyOne Des Moines Medical Center
Results/Impact	• Training plan delayed due to integration considerations; plan has been updated to align with System level education. • Leader training will occur in FY24.

Strategy 2: MercyOne's perinatal nurse will design and implement at least one quality improvement project aimed at reducing racial and ethnic disparities in birth outcomes in FY23.	
Strategy Was Implemented?	Yes
Organization(s)	MercyOne Des Moines Medical Center
Results/Impact	• In FY24, MercyOne Des Moines Medical Center was the first in the nation to receive Respectful Maternity Care training from AWHONN. The training provides evidence-based approaches that help reduce disparities in maternal morbidity and mortality outcomes and support birthing women and their families as they safely prepare for birth, postpartum recovery, and begin breastfeeding and parenting. • Respectful Maternity Care training is provided in a train-the-trainer format, allowing for additional staff to be trained. As of FY24, 252 staff have been trained.

Strategy 3: MercyOne will expand Community Health Worker coverage to the obstetric emergency department in FY23 to assist patients in navigating community resources, applying for public assistance programs, and identifying a medical home that meets their pre-natal care needs and preferences.	
Strategy Was Implemented?	Yes
Organization(s)	MercyOne Des Moines Medical Center
Results/Impact	• Community Health Worker coverage was expanded to the obstetric emergency department in FY23. • This position is grant funded through FY24. Funding options to continue to provide this service in FY25 and beyond are currently being evaluated.

Strategy 4: MercyOne will sponsor at least one additional health care education event each fiscal year focused on engaging African American and Latino youth in health care careers.	
Strategy Was Implemented?	Yes
Organization(s)	MercyOne Des Moines Medical Center
Results/Impact	• FY23: Hosted Healthcare Boot Camp for Avenue Scholars students to provide an opportunity for in-depth healthcare career exploration • FY24: Hosted Careers in Healthcare Exploration event at Mercy College for Avenue Scholars students; Participated in Starts Right Here speaker session to discuss healthcare careers

Priority Area: Heart Disease and Stroke	
Goal	Maximize quality of life post-stroke
Objective(s)	• Provide high-quality physical medicine and rehabilitation programs to persons who have sustained a stroke

Strategy 1: MercyOne Clive Rehabilitation Hospital will complete a gap analysis in FY23 to identify populations who may benefit from physical medicine and rehabilitation programs but are not currently able to be cared for at the hospital. For example, the hospital recently added the ability to care for patients with a left ventricular assist device through an employee education program through a similar analysis.	
Strategy Was Implemented?	Yes
Organization(s)	MercyOne Clive Rehabilitation Hospital

Results/Impact	• Gap analysis completed in FY23.
	• FY24 areas of focus based on results:
	  ○ Behavioral Health: MercyOne Clive Rehabilitation Hospital is partnering with Clive Behavioral Health to triage rehab patients with behavioral health needs to the right level of care; Clive Behavioral Health has also held educational sessions for MercyOne Clive Rehabilitation Hospital staff to learn more about behavioral health services.
	  ○ Visually Impaired: MercyOne Clive Rehabilitation Hospital partnered with the Iowa Department of the Blind to hold an in-service for staff and providers to better understand the services they could assist with; Iowa Department of the Blind materials are now available to connect patients to resources; the hospital has also collaborated with On With Life to gain strategies for working with this population; the hospital now has the ability to label equipment for visually impaired patients
	• FY25 area of focus: Hearing Impaired

Strategy 2: MercyOne Clive Rehabilitation Hospital will achieve a stroke certification through the Commission on Accreditation of Rehabilitation Facilities (CARF) by FY25.	
Strategy Was Implemented?	Yes
Organization(s)	MercyOne Clive Rehabilitation Hospital
Results/Impact	• Achieved 3-year accreditation for stroke and general rehabilitation from CARF survey in FY24.

NEXT STEPS

MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital, and Clive Behavioral Health will develop a multi-year strategy in the Spring and Summer of 2025 to address identified community health and social needs. The implementation strategy will be publicly available as a separate document.

For MercyOne Des Moines Medical Center, printed copies of this report are available upon request at 1111 6th Avenue, Des Moines, IA 50314. This report is also available electronically at https://www.mercyone.org/about-us/community-health-and-well-being/.

For MercyOne Clive Rehabilitation Hospital, printed copies of this report are available upon request at 1401 Campus Drive, Clive, IA 50325. This report is also available electronically at https://www.mercyrehabdesmoines.com/patient-experience/community-health-needs-assessment.

For Clive Behavioral Health, printed copies of this report are available upon request at 1450 NW 114th Street, Clive, IA 50325. This report is also available electronically at https://clivebehavioral.com/about-us/.

Please email questions, comments, and feedback to communityhealth@mercyhealth.com.

The next community needs assessment for MercyOne Des Moines Medical Center, MercyOne Clive Rehabilitation Hospital, and Clive Behavioral Health will be completed in fiscal year 2028.