



Community Health Needs Assessment

An assessment of Chickasaw County conducted by MercyOne New Hampton Medical Center.

***Mission:** MercyOne serves with fidelity to the Gospel as a compassionate, healing ministry of Jesus Christ to transform the health of our communities.*

***Vision:** MercyOne will set the standard for a personalized and radically convenient system of health services.*

April 25, 2022

Introduction

Summary of Previous CHNA

MercyOne's previous community health needs assessment was adopted by the Board of Directors on April 22, 2019. MercyOne New Hampton performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The CHNA conducted during fiscal year 2019 identified significant health needs within the MercyOne New Hampton community. Those needs were then prioritized based on the several mechanisms MercyOne used to gather community input on services: surveys, patient feedback, and service utilization data. Data sources included County Health Rankings, Community Commons, Northeast Iowa Community Action Corporation Client Needs Assessment Survey. In addition, focus groups, interviews and individual stories provide a valuable tool to gather qualitative data for strategic planning. There is great value in having community representatives participate in a guided discussion about the health status of the community, the organization's strengths, and opportunities for improvement. Information from all of the sources mentioned were presented to the Planning Team, and with the assistance of a MercyOne North Iowa facilitator, was distilled into a list of opportunities estimated to have the greatest positive impact on the identified community health needs.

MercyOne New Hampton's resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

MercyOne focused on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs. Below each health need listed is a summary of the progress that has been made over the past three years.

Nutrition

- MercyOne New Hampton convened a work group to analyze access to food pantries and summer lunch programs. The group consisted of local food pantry organizers, school officials and a representative from Northeast Iowa Community Action. It was determined access to the Chickasaw County Food Pantry could be an issue for some families since food is only distributed on Friday mornings. Due to food and volunteer availability, it wasn't an option to expand the hours. Additional community-led efforts resulted in a small pantry being added to the Northeast Iowa Community Action office in Chickasaw County which also houses Veterans Affairs. In 2019, summer food service programs for school aged youth were limited, only running from June 8 – July 29. A benefit to COVID-19 was the additional funding for school meals. In the summers of 2020 and 2021, all area school districts were able to offer a summer food service program that included lunch and breakfast items. During the 2020-21 school year, all students were able to receive free breakfast and lunch due to COVID-19 funding. New Hampton Community Schools also offers a backpack program each Friday during the school year, so the students have food for over the weekend. MercyOne New Hampton colleagues held two food drives that benefitted the backpack program. In FY2022, MercyOne representatives are working with the New Hampton High School's Interact Club to implement a student pantry program with the goal to have it operational by March 2022. MercyOne New Hampton's strategic initiative tracked the following measures for Chickasaw County:

CHNA Impact Measures	CHNA Baseline	Target	2019 Data	2020 Projection
Food Insecurity Rate (Community Commons & Feeding America)	11.68%	10%	7.5%	9.3%

Food Insecure Children (Community Commons & Feeding America)	19.34%	17%	10.2%	13.4%
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Mental Health

- MercyOne New Hampton colleagues lead the area mental health coalition. Meetings are held every other month and attendance includes the county sheriff, county attorney, county public health administrator, Fredericksburg school counselor, county social services mental health region staff, Iowa State University Extension director, local blogger and New Hampton High School students. A smaller committee has also formed specifically to focus on suicide prevention. Both groups were involved in getting suicide prevention yard signs made and delivered throughout the county and planned awareness campaigns for Mental Health Awareness Month (May) and Suicide Prevention Awareness Month (September). The Mental Health Coalition developed “Reach Out Reference Cards” that list all the area resources for mental health crisis care, emergency shelter, domestic abuse, sexual abuse, crisis assistance and suicide prevention. These cards are distributed by law enforcement, MercyOne emergency room, area mental health counselors and public health.
- The Mental Health Coalition continues to work on identifying gaps in youth services and due to recent state legislation requiring all regions/counties to provide crisis services to youth, this is in development.
- Crisis mobilization services became available in Chickasaw County in 2021 through Elevate Certified Community Based Behavioral Health Clinic (CCBHC). They offer onsite and in-person interventions to individuals experiencing a mental health crisis. MercyOne New Hampton promotes this service to the area through social media and staff newsletters.
- MercyOne New Hampton evaluated the need for additional psychiatric provider coverage and added Mike Gerber, DNP, via telehealth 2 times/month.

Recreation/Wellness Opportunities

- In 2019, MercyOne featured recreational opportunities each month on social media and in the local paper. Focus was on activities that people might not know about, or new opportunities within the area like pickleball and kick golf. From March 2020 – April 2021, due to COVID-19, we were unable to safely promote large group activities. With this we feel we have been unable to accurately evaluate the activity level of individuals wellness activities.
- In April 2021, MercyOne and the City of New Hampton partnered with Wellmark to initiate becoming a “Healthy Hometown”. Healthy Hometown SM Powered by Wellmark is a way to make our hometown an even better place to live. Focused on making the healthy choice the easy choice, Healthy Hometown uses over 100 proven tools and techniques to make simple changes in your community that have a long-lasting impact on your health and well-being and they fall into three areas: eat well, move more and feel better. Experts from Wellmark help with facilitation of a community assessment and plan to guide and organize the community’s work. The projects for 2022 include a pocket park on Main Street with a water bottle filling station and developing community garden space. Safe routes to school will be established to encourage students to walk or ride their bikes to and from school. Three MercyOne New Hampton colleagues currently volunteer for the Walking School bus to walk elementary aged students to school.

Executive Summary

During 2021-22, a Community Health Needs Assessment (CHNA) was conducted by MercyOne New Hampton Medical Center (MercyOne) for the 11,933 residents of Chickasaw County, IA. Chickasaw County includes its county seat, New Hampton, a town of 3,406 residents located amid the rolling farmland of northeast Iowa. MercyOne, an 18-bed Critical Access Hospital, serves New Hampton and essentially all the surrounding rural areas in Chickasaw County.

MercyOne initiated the assessment process. A planning team was formed consisting of representatives from hospital governance, leadership and medical staff, area employers, school districts and area health professionals. Names, affiliations, and roles can be found in Attachment A.

The following report will demonstrate how our CHNA resulted in the following significant health needs being identified: access to health care, aging population, emergency medical services, and knowledge of health care resources/services available locally.

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The CHNA was adopted by the MercyOne Board on April 25, 2022.

Communities Served by MercyOne New Hampton & Population Identification



Chickasaw County is predominately rural (73.5% of the population lives in a rural area) and heavily dependent on agriculture. The county's estimated population dropped 1.9% between 2017 and 2019; by comparison, Iowa's population grew 3.6% over the same time period. As an indicator, population trends are relevant because a shrinking population base affects healthcare providers and the utilization of community resources.

In general, rural populations tend to have populations that are older, poorer, and less educated than their urban counterparts, with higher prevalence of chronic diseases. Chickasaw County is no exception.

The county's population is predominately white (95.3 %) with a median household income of \$60,034 which is only slightly below the Iowa state average. Of the population

for whom poverty status is determined in Chickasaw County, IA, 7.43% (885 out of 11,933 people) live below the poverty line, a number that is lower than the national average of 13.1%. The largest demographic living in poverty are females 18 - 24, followed by females 75+ and then males 55 – 64.

MercyOne serves patients in bordering counties as well. Due to over 80%* of Mercy's market share coming from patients in Chickasaw County and for accuracy in data collection, Chickasaw County was the focus of this assessment. (*Iowa Hospital Association Dimensions Databank Patient Origin of Chickasaw County for MercyOne New Hampton: inpatient 80.5%, ER 81.3%, lab/radiology 80.9%, therapy 89%, ambulatory surgery 79.5%.)

Patient Home Address	Zipcode	County	% Patient Origin
New Hampton	50659	Chickasaw	60.2
Lawler	52154	Chickasaw	6
Fredericksburg	50630	Chickasaw	5.1
Ionia	50645	Chickasaw	5
Elma	50628	Howard	4.6
Alta Vista	50603	Chickasaw	4.3
Charles City	50616	Floyd	3.3
Waucoma	52171	Fayette	2.9
Nashua	50658	Chickasaw	1.8
Cresco	52136	Howard	1.2
Sumner	50674	Bremer	<1
Fredericka	50631	Bremer	<1
Hawkeye	52147	Fayette	<1
Riceville	50466	Mitchell	<1
Ft. Atkinson	52144	Winneshiek	<1



Chickasaw County, Iowa Demographics

People QuickFacts

Population estimates, July 1, 2019, (V2019)

11,933

Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-4.1%
Population, Census, April 1, 2010	12,439
Persons under 5 years, percent	6.1%
Persons under 18 years, percent	23.4%
Persons 65 years and over, percent	21.2%
Female persons, percent	49.7%
White alone, percent	97.8%
Black or African American alone, percent	0.8%
American Indian and Alaska Native alone, percent	0.1%
Asian alone, percent	0.4%
Native Hawaiian and Other Pacific Islander alone, percent	0.0%
Two or More Races, percent	0.9%
Hispanic or Latino, percent	2.9%
White alone, not Hispanic or Latino, percent	95.3%
Veterans, 2013-2017	830
Foreign born persons, percent, 2013-2017	1.7%
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	5.8%
High school graduate or higher, percent of persons age 25 years+, 2013-2017	92.8%
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	17.2%
With a disability, under age 65 years, percent, 2013-2017	8.9%
Persons without health insurance, under age 65 years, percent	6.7%
Median household income (in 2017 dollars), 2013-2017	\$60,034
Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$31,095
Persons in poverty, percent	8.5%

Source U.S. Census Bureau: QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits. Data pulled: July 1, 2021.

Services Provided

MercyOne New Hampton Medical Center is a faith-based, not-for-profit community health care system that offers comprehensive health care services including:

Diabetes Management	Rehabilitation Services	Specialty Clinics
Diagnostic Imaging	- Cardiac Rehabilitation	- Cardiology
- 3D Mammography	- Physical Therapy	- Endocrinology
- Mobile MRI Services	- Occupational Therapy	- ENT
- Nuclear Medicine	- Speech Therapy	- General Surgery
- Ultrasound	Pain Clinic	- OB Shared Care
- Bone Density/DEXA	Senior Life Solutions	- Ophthalmology
- CT	Skilled Nursing / Swing Bed	- Orthopedics
Emergency Services	Sleep Studies	- Pain Management
Family Medicine Clinic	Surgical Services	- Plastic Surgery
Health Coaching	- Cataract	- Podiatry

Health Information Management	- ENT	- Urology
Laboratory	- General Surgery	- Vascular Medicine
Wellness Programing	- Orthopedic	- Wound Care

MercyOne is licensed for 18 beds and has 20,000 outpatient visits each year. Located in New Hampton, Iowa, MercyOne serves 17,000 residents in and around Chickasaw County.

No other facilities are owned or operated by MercyOne New Hampton.

Process & Methods Used

Methods Used to Collect and Analyze the Data

Strategic planning to meet the needs of a community requires the analysis of both quantitative and qualitative data. MercyOne has several mechanisms to gather community input on services, which are detailed in the data table of quantitative data found in Attachment B on page 12.

In addition, focus groups and the individual stories shared during the focus groups and CHNA planning meetings provide a valuable tool to gather qualitative data for strategic planning. A summary of the input received from the focus groups can be found in the appendix, Attachment C. There is great value in having community representatives participate in a guided discussion about the health status of the community, the organization’s strengths, and opportunities for improvement. Six separate focus groups were held in October 2021 to gather input from communities throughout Chickasaw County: Lawler, Fredericksburg, Alta Vista, and three in New Hampton. MercyOne New Hampton identified groups representing varying sectors in the community including medically underserved, low income and minority populations.

Information from all of the sources mentioned were presented to the Planning Team, and with the assistance of a MercyOne North Iowa facilitator, was distilled into a list of opportunities estimated to have the greatest positive impact on the identified community health needs.

Written comments were solicited in the last CHNA report, which was posted to mercyone.org/newhampton. No comments were received.

Collaborative Partners

MercyOne New Hampton hired a trained focus group moderator to lead the focus group discussions, analyze the data and write a report of findings. Through the assessment process, several strong community resources were identified, including the hospital and its many community benefit programs and collaborative partners.

Collaborative Partner	Type/Assistance/Organization Name	Contact Person
School Districts	Education	Jay Jurens
Friends of MercyOne	Volunteers	Dee Larkin
Salvation Army	Poverty / Needs	Kris Markham
Northeast Iowa Community Action	Poverty / Needs	Tina Lehs
Volunteer Organizations	Lions Club	Randy Gorres

Service Organizations	Rotary	Matt Kuehn
Pastoral Committee	Community Input	Father Brian Dellart
Hispanic Community	Minority Health Needs	Pastor Gustavo Jimenez
Chamber of Commerce	Community Information	Jason Speltz
Public Health	Needs Data/Wellness	Lisa Welter
Mental Health & Targeted Services	Mental Health Needs/Poverty	Kristina Boos
Housing & Urban Development	Economic Development	Tammy Robinson
Community College (NICC)	Community Education/Training	Holly O'Brien & Wendy Mihm-Herold
Parks & Recreation	Community Wellness	Tara Hackman
Elevate Certified Community Based Behavioral Health Clinic	Mental Health	Trista Stangel & Reed Palo

Community Input

Input Received	Community Partner	Method & Time Period	Summary of Input	Importance of Input
Public Health Department	Lisa Welter	CHNA planning team member, September 2021 – January 2022	Disaster readiness is a concern, and more planning and county facility upgrades are needed in the event of another pandemic. Aging population and chronic conditions are at the top of their priority list.	Public health has a good understanding of what they are seeing on home visits and in their offices. Many of their clients are elderly or low income.
County Board of Supervisors & City Council	Matt Kuhn & Bobby Schwickerath	Email communication, October – December 2021	Transportation of both emergent and non-emergent patients is an issue in our county. This includes ambulance transfers, mental health transfers and local transportation to appointments.	Emergency Medical Services are extremely important to the overall health and wellbeing of our service area.
Members or representatives of medically underserved, low-income, and minority populations and who they represent. NEICAC collected 686 surveys from clients and service recipients from June 2019 through February 2020 and 327 stakeholder surveys from November 2017.	Tina Lehs, Northeast Iowa Community Action	On-line survey, June 2019 – February 2020 CHNA planning team member, September 2021 – January 2022	This survey provided data related to health, transportation, basic needs, education, childcare, food/nutrition and employment. The planning team members were most interested in the food/nutrition data, specifically the	The data on this survey was looked at closely by our planning team because it does focus on medically underserved, low income and minority populations. All NEICAC clients are at or below 200% of the Federal Poverty Level. 1.62% were African American and 4.71%

			number of people who are food insecure or want education on nutritious eating on a budget.	were Hispanic which is representative of the population for our service area. Having a representative from NEICAC on the CHNA planning team allowed for more information to be highlighted since the survey was completed.
Broad Community	Jennifer Monteith, MercyOne	In-person focus groups, October 2021	Many great ideas and opportunities were collected from the six focus groups. Ultimately, the common themes that arose from these discussions were aging, healthy behaviors and being accountable for health status.	The participants of the focus group included patients, community leaders, school representatives, business representatives and elected officials. The input there were able to provide from their prospective and as a representative of their employees, customers and constituents helped guide our decision of what areas to focus on.
Broad Community	Chickasaw County Public Health	Paper and on-line survey (563 responses)	Top health problem identified was aging, cancer, obesity, and heart disease. The riskiest behavior was texting or using a cell phone while driving.	Due to the high number of responses and them all being residents of Chickasaw County, this data was very relevant to our discussion.
Written Comments received on most recently conducted CHNA & Implementation	Aaron Flugum, MercyOne CEO		While requested, there were no written comments received from community members regarding the last CHNA or implementation.	

Significant Community Health Needs

Through a series of facilitated meetings, Planning Team members' rankings of opportunities were shared and discussed. Team members were then given the opportunity to revise and/or amend their rankings. The prioritization process had the team members sort needs by the level of impact that could be made on our community by selecting that topic as a focus. There were 9 health needs sorted out at all being high impact. From there, all team members were then given 5 dot stickers to vote on their top priority issues. They were given the option to spread their dots out on 5 different issues or if they felt very strongly about 1 or 2 issues, they could use more dots for that issue. With this process, the team identified four priority issues for the community:

1. Access to Health Care
2. Aging Population

3. Emergency Medical Services
4. Knowledge of health care resources/services available locally.

Potential Resources to Address Significant Health Needs

During the CHNA process, MercyOne has strengthened partnerships with the Northeast Iowa Community Action Corporation, area ministerial associations and Chickasaw County Public Health. MercyOne will continue to involve these partners through our strategy implementation.

MercyOne New Hampton's Community Health Needs Assessment (CHNA) is available at: MercyOne Public Relations Department, 308 North Maple Ave., New Hampton, IA 50659. The report can also be accessed online at <http://www.mercyone.org/newhampton>.

Mercy would appreciate written comments regarding our CHNA. Please submit written comments by email, monteilt@mercyhealth.com or mail to: MercyOne Public Relations Department, 308 North Maple Ave., New Hampton, IA 50659.

ATTACHMENT A: CHNA Planning Team

Name	Affiliation/Title	Sector/Population Representative
Doreen Cook	Fredericksburg City Council Member	Government
Father Brian Dellart	Priest at Holy Family Parish, community volunteer	Faith based organizations, minorities, low-income & underserved
Aaron Flugum	CEO, MercyOne New Hampton	Health provider, Community based organizations, education
Brenda Joens	MercyOne Clinic Manager	Health provider, community education, chronic conditions
Irene Frantzen	Farmer, community volunteer	Community based organizations
Tara Hackman	New Hampton Parks & Recreation Program Manager	Community based organizations
Jay Jurrens	Superintendent, New Hampton Community & Turkey Valley Schools	Community based organizations, education
Dr. Jack Kline	MercyOne New Hampton Hospitalist	Health providers, chronic conditions
Matt Kuehn	Chickasaw County Board of Supervisors, Emergency Services volunteer	Government
Tina Lehs	Northeast Iowa Community Action Coalition	Community-based organizations, minorities, low-income & underserved
Jason Monarch	Planning Team facilitator, Executive Director, Strategy for MercyOne North Iowa	Health providers
Jennifer Monteith	Manager of Public Relations & Development, MercyOne New Hampton	Health provider, Community based organizations, education
Maggie Peterson	Athletic Trainer & Wellness Coordinator for MercyOne New Hampton	Health provider, community education
Tammy Robinson	Economic Development Director	Government & business
Janet Schmitt	MercyOne Clinic Nurse, rural community resident	Health provider, community education, chronic conditions
Karli Schmelzer	Northeast Iowa Community Action Coalition	Community-based organizations, minorities, low-income & underserved, transportation
Bobby Schwickerath	New Hampton City Mayor	Government
Lisa Welter	Chickasaw County Public Health	Public health department, health provider, minorities, low-income & underserved
Nick Winter	Banker, community volunteer and MercyOne New Hampton board member	Business

ATTACHMENT B

Data Table of Quantitative Data Used

Report	Institution/Organization	Demographic Focus	Source	Date Prepared	Appendix/Page
Vital Signs Report	Trinity Health Data Hub	Chickasaw County	trinityhealthdatahub.org	July 2021	Attachment D / Page 25
Community Health Needs Assessment Report	Northeast Iowa Community Action Corporation	Allamakee, Bremer, Chickasaw, Clayton, Howard, and Winneshiek Counties	Trisha Wilkins, Executive Director	March 2021	Attachment E / Page 153
Community Health Needs Assessment Community Survey	Chickasaw County Public Health	Chickasaw County	Lisa Welter, Director	October 2021	Attachment F / Page 182
Patient Origin	Iowa Hospital Association Dimensions	State of Iowa	Dimensions.ihaonline.org	December 2021	Pages 3,4
County Health Rankings & Roadmaps	University of Wisconsin Population Health Institute	Chickasaw County	Countyhealthrankings.org	August 2021	Attachment G / Page 197
US Census	U.S. Census Bureau	Chickasaw County	Census.gov	July 2021	Pages 3,4,5

Community Health Needs Assessment Data Collection Focus Group Discussion Report



October 2021

MercyOne New Hampton Medical Center
 Community Health Needs Assessment Data Collection
 Focus Group Discussion Report
 October 2021

Focus: Health of the Community

As MercyOne New Hampton prepares for their Community Health Needs Assessment, it is important to learn resident perceptions and views about the health of the community. Focus groups are a tool to collect this information. These qualitative data provide insight as MercyOne New Hampton works to better address the health of the communities it serves.

Six separate focus groups were held in October 2021 to gather input from communities throughout Chickasaw County: Lawler, Fredericksburg, Alta Vista, and three in New Hampton. MercyOne New Hampton identified groups representing varying sectors in the community including medically underserved, low-income and minority populations. Individual invitations were extended to a random sample of MercyOne New Hampton patients who had been seen at least 3 times in the past 18 months, community leaders, and social services partners. In addition, public invitations were posted on social media.

FOCUS GROUP PARTICIPANTS

	< 50 F	<50 M	50-65 F	50-65 M	65+ F	65+M	Group Totals
Lawler			2		3	1	6
Fredericksburg		1	3		3	2	9
NH 1	1	1		1	1	1	5
Alta Vista	3	1	3		2		9
NH 2	2	1	4				7
NH 3	2		2		3		7
Age/Gender Totals	8	4	14	1	12	4	43

A total of forty-three community members participated in the six focus group meetings. A large portion (79%) of the participants were women. This reflects multiple sources that report women make 80% of health care decisions for their family. Thirty-seven percent (37%) were 65 years of age or older.

The six meetings began with an overview of MercyOne New Hampton community needs assessments and the role of focus groups in that process. As a point of reference, priorities from the last strategic plan were reviewed: food insecurity, mental health, and physical activity. A review of strategies and progress for each was shared.

The purpose of focus group discussions is to identify common themes and thoughts that can be shared with the Community Health Needs Assessment strategy team. All participants were assured about the confidentiality of the discussion. All comments were anonymous and no names were recorded; all were asked to honor privacy of comments made in the room.

DISCUSSION OUTLINE

The Community Health Needs Assessment (CHNA) survey used by Chickasaw County Public Health served as a basis for focus group discussions. Using the survey as a starting point, community members were asked to answer the first four questions of the survey (Attachment A):

- Q1 - Overall, on a scale of 1 to 5, how would you rate the health of the community with 5 being “very healthy” and 1 being “very unhealthy”?
- Q2 - What are the three (3) most important factors for a "Healthy Community" (those factors which most improve the quality of life in a community)?
- Q3 - Of this list of health care issues, what do you think are the 3 top health problems?
- Q4 - What do you think are the three (3) most "risky behaviors" in your community?

These questions and their diverse answer categories acknowledge the many factors that contribute to a healthy community. Group results were displayed and tallied as each participant reported their answers using dots on a large display of the survey questions.

As the groups reviewed each question, participants were asked:

- How do you think your community does in providing/addressing these factors/issues?
- What do you do best?
- Where is there opportunity for action?
- How do resources/organizations work in your community to address these factors?

MOST IMPORTANT FACTORS FOR A “HEALTHY COMMUNITY”

As identified from the survey results (see Attachment B), important factors discussion focused on access to health care, healthy behaviors and lifestyles, and community.

Access to Health Care

In general, Chickasaw County residents value the services available through MercyOne New Hampton. Local access to specialists was repeatedly mentioned as a strength in receiving services. A few dissenters said it was hard to get in and easier to just go to the specialist in their home office (e.g. travel to Mason City to see a specialist as opposed to trying to get in at New Hampton). In addition, residents value telehealth options.

Primary care discussions reflected on the pros and cons of ARNPs vs. physician. Most agree ARNPs do a good job, but many feel the need for more physicians. Many express the concern about getting bounced around between providers and having to “start their story all over again” – especially those with chronic conditions. Elements of communication included the importance of discharge summaries, value of remote access (especially for a family member to participate in a visit via phone), and the need to make sure all patients have an advocate (a person who can get access to information to clarify patient status/instructions).

The groups discussed a wide range of services needed in considering access to care: dental, therapy, pharmacy, spiritual, mental health, public health/home health, and long-term care. In general, all were seen as adequately available. Alzheimer's/dementia care is seen as lacking.

The need for Urgent Care was mentioned often. Participants talked of traveling for urgent care access to avoid ER visits. Expanded clinic hours were noted, but it was unclear whether those hours could be accessed for urgent care – are they just for appointments? There were also questions about how/if the ER could somehow incorporate urgent care services.

Repeatedly, it was noted that community residents don't know the array of services that are available. Ongoing promotion of what is available needs to be presented to the community.

Finally, people consistently commented on the lack of OB services. They note how it impacts bringing younger people to town.

Healthy Behaviors and Lifestyles

Healthy behaviors and lifestyles – specifically, diet/nutrition and physical activity - were strong parts of every conversation. Participants noted the many opportunities and resources for physical activity (trails, Chickasaw Wellness Center, playgrounds, private fitness opportunities, parks & rec). Conversation around food choices was varied; some say there are good options, others suggested they don't see healthy eating options largely available. Talk of busy families, fast food, access to whole food, and lack of leadership/resources in this arena were the themes. The idea of “food as medicine” was introduced, as were concerns about food insecurity. Resources include farmers markets (or lack of), school and hospital gardens, 4-H, Meals on Wheels, and the food pantry. The impact of COVID was often mentioned here. Conversation noted that COVID impacted programming (e.g. gathering for exercise class), but also recognized that some resources were falling away before COVID.

Community

People recognize the importance/value of community when considering health status. The role of schools, churches, service clubs, socialization, and family life were discussed. These resources exist in varying forms throughout Chickasaw County; the importance of maximizing community impact was clear. Participants noted the importance of being supportive, compassionate and considerate with others, the value of volunteering, the need to set good examples, and to be welcoming – it is hard to walk into any new situation! Basic concepts of compassion, consideration, listening, and being supportive were recognized.

TOP HEALTH PROBLEMS IN YOUR COMMUNITY

The group results identified aging, cancer, obesity/diabetes/poor nutrition as top health problems in the community (see Attachment C).

Aging

A major portion of discussion about health problems focused on aging. They acknowledge they are an aging/older population, and that's when many health problems surface - not that aging is a problem. They recognize that “people in the community are getting older and need more care.”

These discussions began more about supporting healthy aging in the community. Healthy behaviors are discussed here, along with chronic disease. Communities have resources to support healthy aging; the general sense was they could be better utilized to support physical activity, nutrition, and socialization. One group felt strongly the Chickasaw Event Center had great potential for program development. The Chickasaw Chassis and Cozy Van are seen as important resources.

Again, here there was concern about residents who don't have family or anyone to advocate for them at the hospital or in long term care. Mechanisms to facilitate communications with a family member or advocate should be standardized and implemented for all. Planning tools to have in place include wills and advanced directives.

Cancer, Obesity/Diabetes/Poor Nutrition

As these issues are all interrelated, mentions of cancer and other chronic diseases were woven in the healthy behaviors/lifestyles and aging discussions. The importance of cancer prevention and screening was noted. Efforts to have public screenings (e.g. free skin cancer screening) were applauded.

MOST RISKY BEHAVIORS IN YOUR COMMUNITY

Physical inactivity, alcohol abuse, texting/cell phone while driving were top priorities regarding risk (see Attachment D).

Alcohol/Substance Abuse

With physical activity addressed in healthy behaviors discussion, risk behavior discussion focused on alcohol/substance abuse and cell phone use while driving. The community easily acknowledges alcohol use as a part of its culture – not to say that it's right, but it just is. A specific reference was made to previous efforts to address the issue, and how challenging that was. Some resources do exist – participants were not sure what was being done in the schools (some education/DARE?). They discussed how most community activities include alcohol, the acceptance by many families, how adults are as bad or worse than kids, noting “several functioning alcoholics in the community that have good jobs as well as white collar drug dealers.” They believe meth houses are around and wonder what the police do about them. The conclusion seems to be “there is no desire in the community to change alcohol and drug use” and “alcohol is around and will always be around.”

Texting/Cell Phone Use

The issue of texting or using a cell phone while driving received attention. Participants agreed that all ages do it – it's not just the kids. They recognize that it's hard to enforce/easy to hide cell phone use while driving. There was more clarity about Minnesota cell phone laws than there was knowledge about Iowa law. It was suggested that the police “could do a couple of warning stops to get the kids talking.” Clearly, the risk is recognized and seen as addressable. As one participant noted, “we fixed seatbelts and drunk driving – we could make a difference with being on the phone.”

SUMMARY

Overall, participants viewed the health of their community as “somewhat healthy” (57%) to “healthy” (35%) (see Attachment E). This compares with 552 Chickasaw County survey respondents who labeled the health of the community as “somewhat healthy” at 28.1% and “healthy” at 58.5%.” The combined totals are similar in seeing the community as somewhat healthy/healthy: 92% of focus group participants and 87% of survey respondents. Of note, males were better represented in survey respondents (44% vs 21% of focus group participants). Sixty-nine percent (69%) of survey respondents were 60+ years of age, compared to 37% of focus group participants 65+ years of age. In Chickasaw County, 21% of resident are over the age of 65 (2019 US Census Quick Facts), acknowledging that focus groups were skewed towards older participants.

When participants were asked “what needs to happen to move the health of the community to the next level” they circled back to priority topics, primarily aging and healthy behaviors. They reflected that they all need to be accountable for health status; they recognize their ownership in this effort. A strong theme throughout all discussions was the belief that many resources exist and that there is a need to work to promote and expand local resources.

The presence of MercyOne New Hampton is clearly valued in the community. Residents feel fortunate to have the services they do. They appreciate the providers they have, but think there is a need for another physician. A need for urgent care services was brought up frequently. Obstetric services are missed; especially in attracting young people to the community. They think there are many quality services and that most don’t know about them; they could be better promoted.

Participants know the demographics of Chickasaw County and are aware that a large portion of their residents are aging. They see the importance of supporting healthy aging and recognize the issues around socialization, transportation, and technology challenges. They articulate the role of all community resources here – churches, clubs, all businesses that provide services, care, and support. There is strong support for continued development of services for the aging population, along with the need to promote what is available. When discussing communication of services, participants expressed concern about older residents accessing information electronically. In New Hampton, the paper is seen as a well-used resource; The Shopper is well read and considered an important way to share information. Community websites, church bulletins, bank and chamber newsletters were also identified as good communication tools. Libraries are valued community resources for all ages.

Healthy behaviors – primarily physical activity and nutritious eating – are recognized as being key to good health. Resources exist to support these behaviors, more so for physical activity than nutrition. Participants acknowledge that change begins with each individual, that all need encouragement, and the importance the community plays in the role to develop those behaviors. Opportunities are noted in each community, along with the realization that developing those resources are in their hands.

Communication, partnering, and collaboration are key to community health status. It seems there is a need for leadership in convening partners, identifying resources, and developing action items. With a broad focus of community health driving the conversation, discussion included everything from specifics (e.g. more physicians, urgent care) to broad/inclusive work involving service clubs, churches, law enforcement and neighbors.

Personal responsibility, along with noting those who have greater needs were noted. There is awareness of those who don't have many resources and who need more help. Concern for those in poverty or living on a fixed income was expressed.

The importance of parenting was acknowledged. Participants recognize busy family lives and note the fine line between keeping kids busy/the importance of involvement and activity, and having down time. They know the importance for young people to engage in meaningful activities and socialize.

COVID was mentioned in passing, usually in response to how things used to be – what activities were happening before COVID. All realize the impact it has made on health and socialization, whether it be group exercise, gathering for meals, or playing bingo. There were questions about how different services were operating with COVID (e.g. Senior Life Solutions). Much has been put on hold during the pandemic – they are ready for a resurgence.

The ambulance service was brought up in a few groups. The importance of the service is clear to all. First responder training and the possibility of training young people with a medical interest was suggested. All recognize that the decision belongs to the Board of Supervisors. There were several questions that couldn't be answered, reflections on how things were done in the past, and general concern about having a reliable, skilled service. In short, people are aware that it is an important issue yet to be resolved.

Although the number of participants was small, the repeated messages and common themes suggest they are representative of the community. The results were perhaps skewed by the large number of 65+ participants, but groups were asked to consider perspectives of youth, young families and seniors. Input from the six groups was amazingly consistent.

An overall sense existed that the community was in a good place and could do better – there is a strong base to build from, to improve. They recognize that behavior change is hard; people need support and encouragement. Discussions truly reflected the inclusive work of community health. Many resources are in place – the general sense was that communication and focused leadership could make the community healthier. As one participant said, “People are ready to make this happen.”

Attachment A

1. How would you rate the overall health of your community?

- Very healthy
- Healthy
- Somewhat healthy
- Unhealthy
- Very unhealthy



2. What are the three (3) most important factors for a "Healthy Community" (those factors which most improve the quality of life in a community)?

- | | |
|--|--|
| <input type="checkbox"/> Access to health care (example: family doctor, hospital, other health services) | <input type="checkbox"/> Healthy behaviors and lifestyles |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Low adult death and disease rates |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Low crime/ safe neighborhoods |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Low infant deaths |
| <input type="checkbox"/> Excellent race relations | <input type="checkbox"/> Low level of child abuse |
| <input type="checkbox"/> Good jobs and healthy economy | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Strong family life |
| | <input type="checkbox"/> Other |

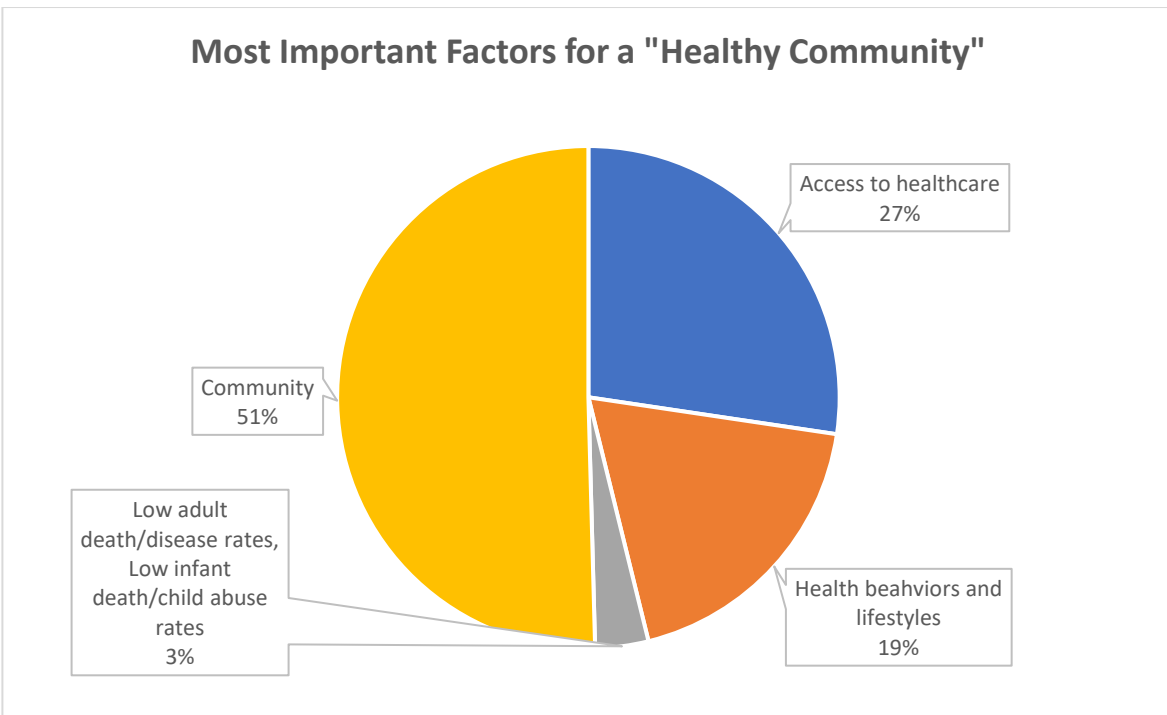
3. What do you think are the top three (3) health problems in your community?

- | | |
|---|---|
| <input type="checkbox"/> Aging (arthritis, hearing/vision loss, dementia, etc.) | <input type="checkbox"/> Limited or no access to a doctor |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Limited or no access to dental care |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Limited or no access to mental health services |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Heart disease/stroke | <input type="checkbox"/> Poor nutrition |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Sexually transmitted disease |
| <input type="checkbox"/> Infectious disease | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Injuries (falls, car accidents, drowning) | <input type="checkbox"/> Other |

4. What do you think are the three (3) most "risky behaviors" in your community

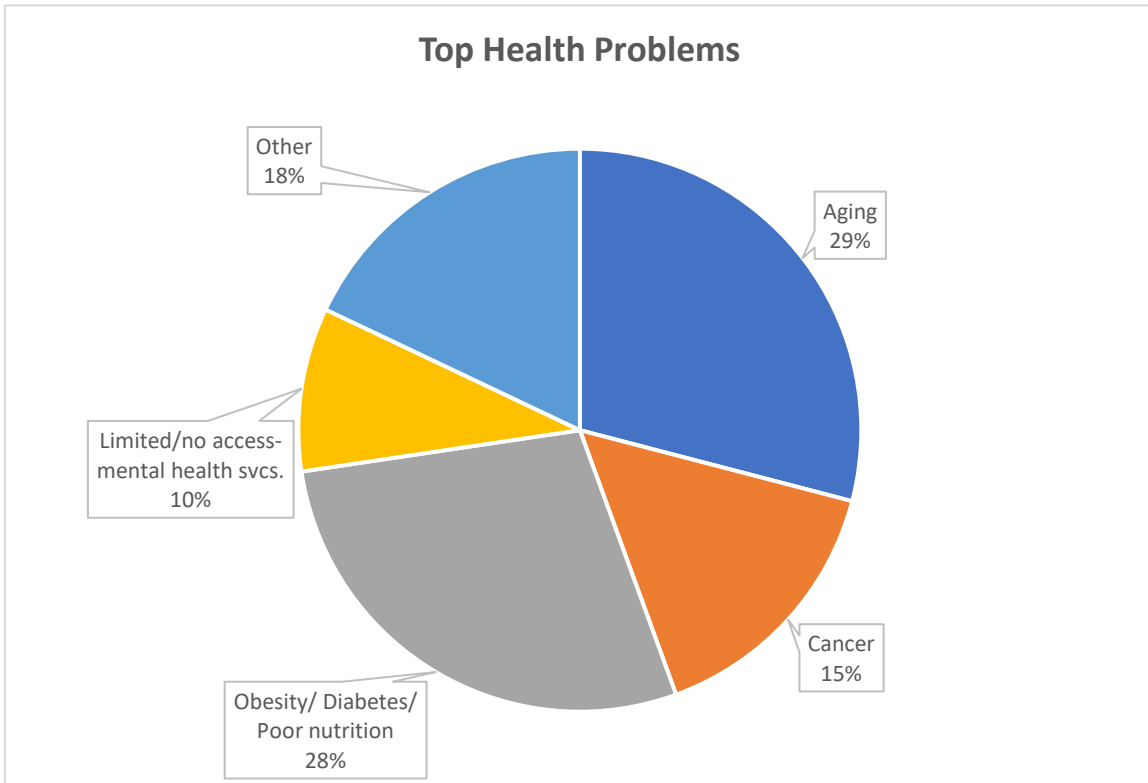
- | | |
|---|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Not wearing seatbelt/using child safety seats |
| <input type="checkbox"/> Driving while drunk or high | <input type="checkbox"/> Physical inactivity |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Prescription drug abuse |
| <input type="checkbox"/> Illegal drug use | <input type="checkbox"/> Texting or using a cell phone while driving |
| <input type="checkbox"/> Not getting shots to prevent disease | <input type="checkbox"/> Unhealthy eating |
| <input type="checkbox"/> Not wearing a helmet on a bike or motorcycle | <input type="checkbox"/> Unsafe sex |
| | <input type="checkbox"/> Using tobacco |
| | <input type="checkbox"/> Vaping/e-cigarettes |

Attachment B



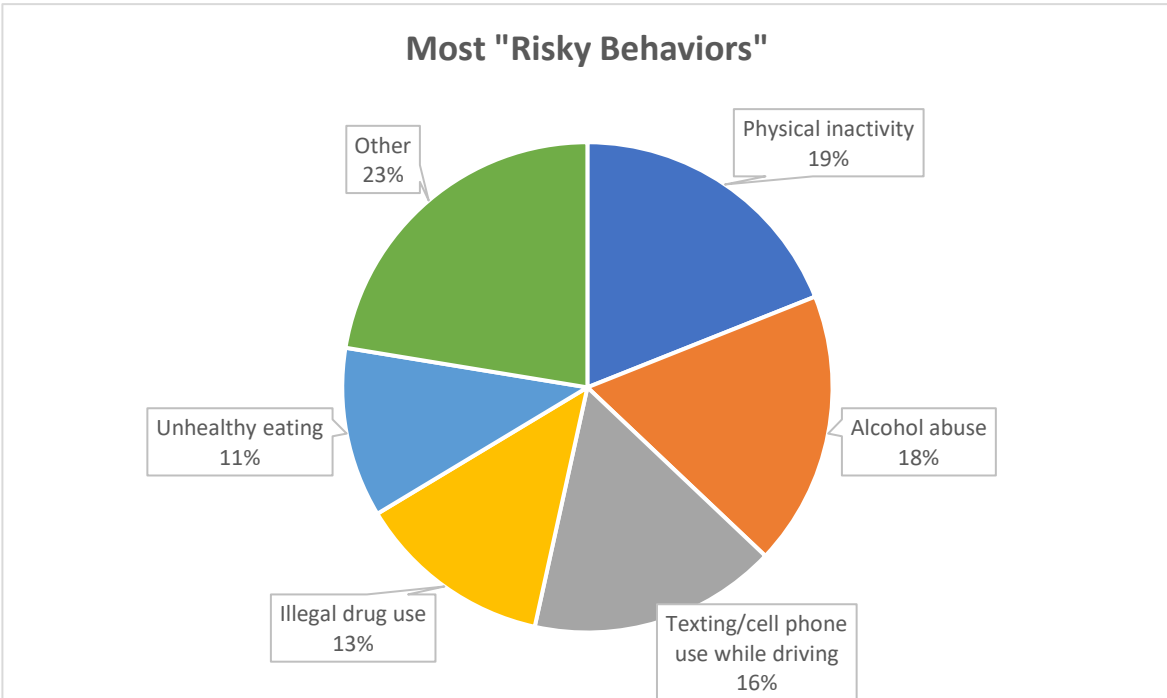
Most Important Factors for a "Healthy Community"	Total (n=117)
Access to healthcare	32
Health behaviors and lifestyles	22
Low adult death/disease rates, Low infant death/child abuse rates	4
Community	59
<i>Good Jobs/Healthy Economy (14)</i>	
<i>Strong family life (11)</i>	
<i>Good place to raise children (8)</i>	
<i>Affordable Housing (5)</i>	
<i>Clean Environment (5)</i>	
<i>Parks and Recreation (5)</i>	
<i>Good Schools (4)</i>	
<i>Low crime/safe neighborhoods (3)</i>	
<i>Religious or spiritual values (3)</i>	
<i>Excellent race relations (1)</i>	

Attachment C



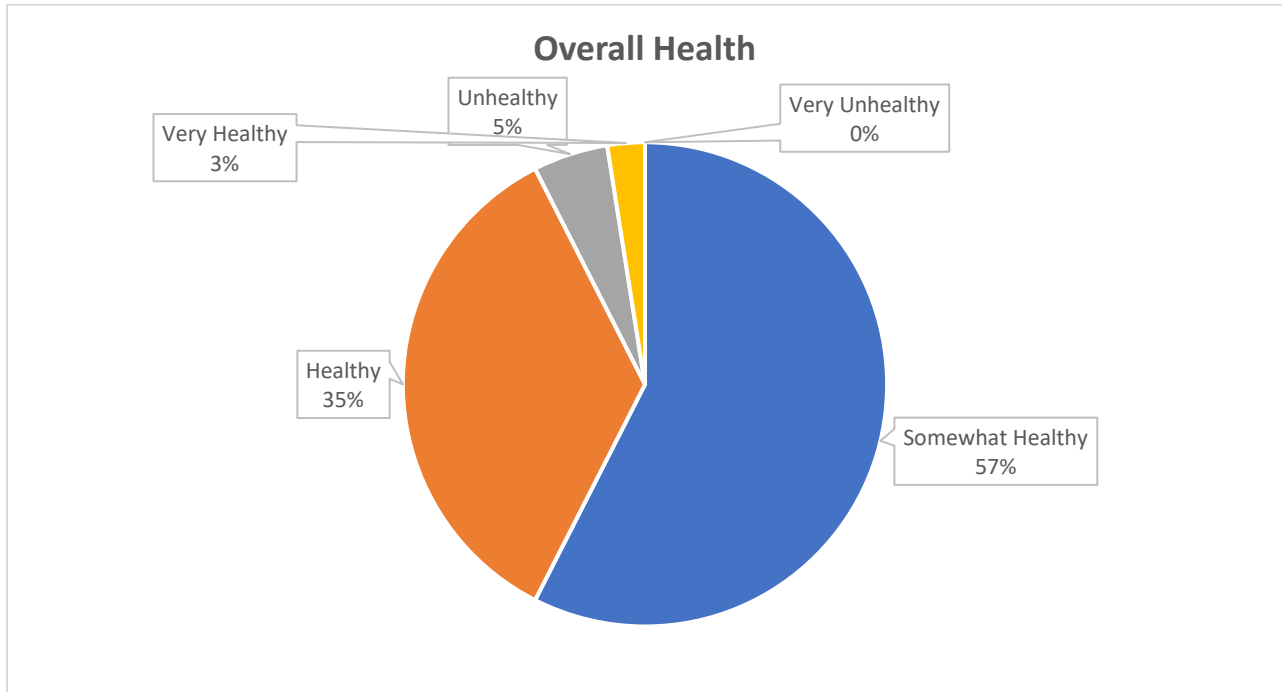
Top Health Problems	Total (n=117)
Aging	34
Cancer	18
Obesity/ Diabetes/ Poor nutrition	33
Limited/no access-mental health svcs.	11
Other	21
<i>Limited or no access to doctor (7)</i>	
<i>Heart Disease (6)</i>	
<i>High Blood Pressure (4)</i>	
<i>Infectious Disease (1)</i>	
<i>Injuries (1)</i>	
<i>Limited or no access to dental (1)</i>	
<i>Teenage Pregnancy (1)</i>	
<i>Asthma (0)</i>	
<i>Limited or no access to food (0)</i>	
<i>Sexually transmitted disease (0)</i>	

Attachment D



Most "Risky Behaviors"	Total (n=116)
Physical inactivity	22
Alcohol abuse	21
Texting/cell phone use while driving	19
Illegal drug use	15
Unhealthy eating	13
Other	26
<i>Using Tobacco (7)</i>	
<i>Driving while drunk or high (5)</i>	
<i>Not getting shots to prevent disease (4)</i>	
<i>Prescription Drug Abuse (4)</i>	
<i>Not wearing a helmet on a bike or motorcycle (3)</i>	
<i>Not wearing a seatbelt/ using child safety seats (2)</i>	
<i>Dropping out of school (1)</i>	
<i>Unsafe sex (0)</i>	

Attachment E



Overall Health	Total (n=40)
Somewhat Healthy	23
Healthy	14
Unhealthy	2
Very Healthy	1
Very Unhealthy	0

ATTACHMENT D

Trinity Health System – Full Assessment Report
Chickasaw County, Iowa
Quantitative Data



Report generated on December 3, 2021

Trinity Health System - Full Assessment Report

Location

Chickasaw County, IA

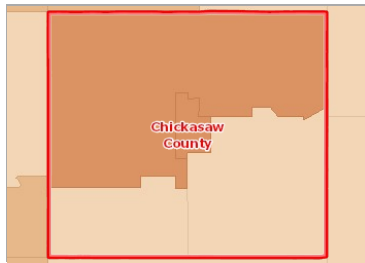
Demographics

Citizenship Status

The table below shows the numbers and percent of population by citizenship status for the report area. According to the latest American Community Survey (ACS), the report area has a total of 152 non-Citizens, or 1.26% of the total population of 12,026 persons, in contrast to the state average of 3.18% of the population and the national average of 6.83% non-Citizens living in the United States.

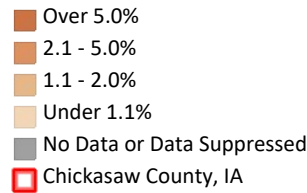
Report Area	Native	Born in a US Territory	Born Abroad to US Citizens	Naturalized	Non-Citizen	Non-Citizen, Percent
Chickasaw County, IA	11,807	5	5	57	152	1.26%
Iowa	2,953,215	2,731	17,123	66,613	99,826	3.18%
United States	275,537,270	2,019,168	3,129,487	21,847,890	22,163,980	6.83%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: County



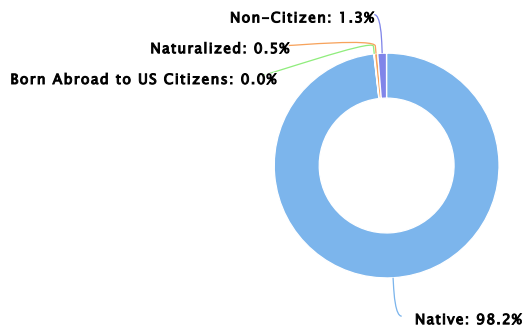
[View larger map](#)

Foreign-Born Population (Non-Citizen or Naturalized), Percent by Tract, ACS 2015-19



Citizenship Status

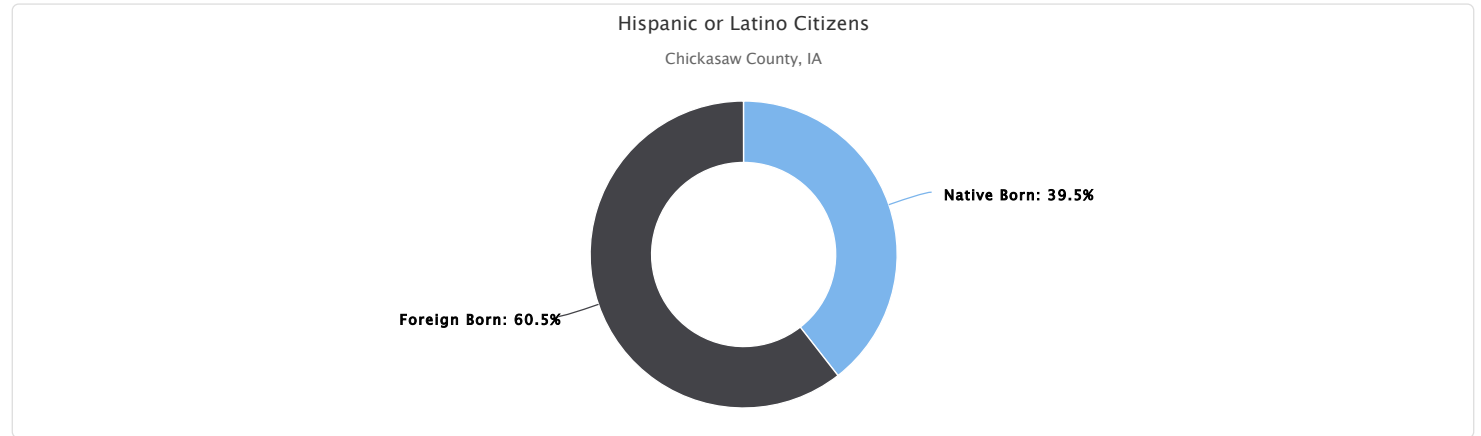
Chickasaw County, IA



Hispanic or Latino Citizens

This indicator reports the citizenship status of the Hispanic or Latino population within the report area.

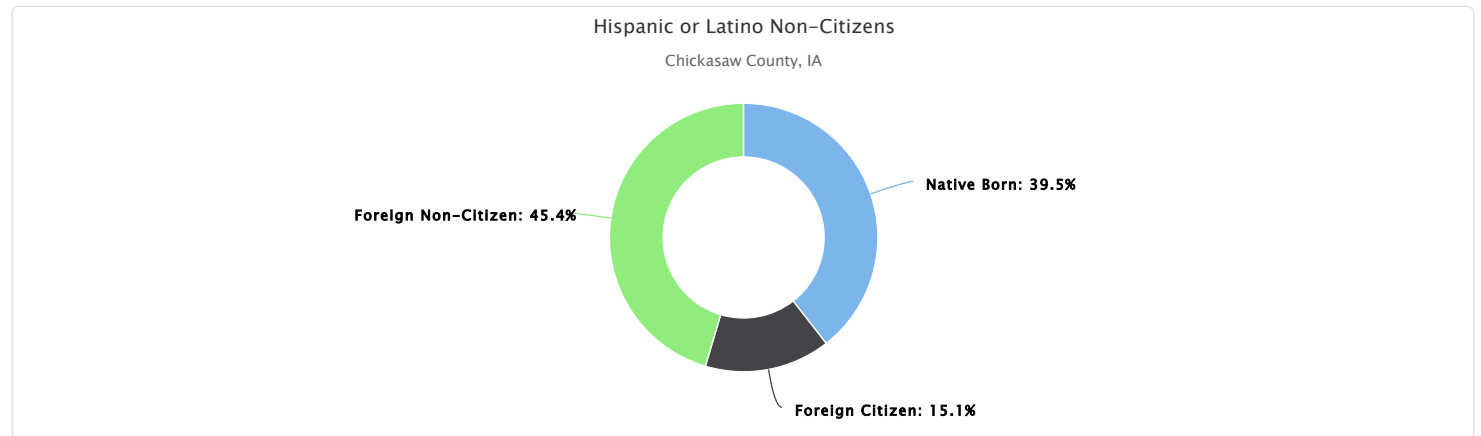
Report Area	Native Born	Native Born	Foreign Born	Foreign Born
Chickasaw County, IA	120	39.47%	184	60.53%
Iowa	130,028	69.05%	58,283	30.95%
United States	38,893,023	66.51%	19,586,347	33.49%



Hispanic or Latino Non-Citizens

This indicator reports the citizenship status of the Non-Hispanic or Latino population within the report area.

Report Area	Native Born	Native Born	Foreign Citizen	Foreign Citizen	Foreign Non-Citizen	Foreign Non-Citizen
Chickasaw County, IA	120	39.47%	46	15.13%	138	45.39%
Iowa	130,028	69.05%	18,634	9.90%	39,649	21.06%
United States	38,893,023	66.51%	7,307,849	12.50%	12,278,498	21.00%

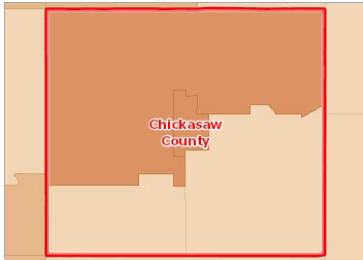


Foreign-Born Population

This indicator reports the percentage of the population that is foreign-born. The foreign-born population includes anyone who was not a U.S. citizen or a U.S. national at birth. This includes any non-citizens, as well as persons born outside of the U.S. who have become naturalized citizens. The native U.S. population includes any person born in the United States, Puerto Rico, a U.S. Island Area (such as Guam), or abroad of American (U.S. citizen) parent or parents. The latest figures from the U.S. Census Bureau show that 209 persons in the report area are of foreign birth, which represents 1.74% of the report area population. This percentage is less than the national average of 13.55%.

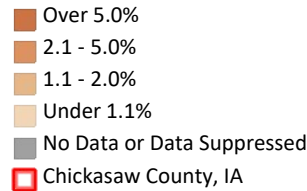
Report Area	Total Population	Naturalized U.S. Citizens	Population Without U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, Percent of Total Population
Chickasaw County, IA	12,026	57	152	209	1.74%
Iowa	3,139,508	66,613	99,826	166,439	5.30%
United States	324,697,795	21,847,890	22,163,980	44,011,870	13.55%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

Foreign-Born Population (Non-Citizen or Naturalized), Percent by Tract, ACS 2015-19

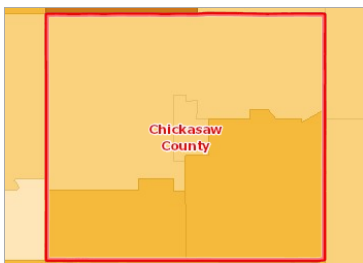


Population Age 0-4

Of the estimated 12,026 total population in the report area, an estimated 723 are children under the age of 5, representing 6.01% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of children under age 5 is relevant because this population has unique needs which should be considered separately from other age groups.

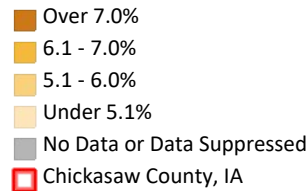
Report Area	Total Population	Population Age 0-4	Percent Population Age 0-4
Chickasaw County, IA	12,026	723	6.01%
Iowa	3,139,508	196,427	6.26%
United States	324,697,795	19,767,670	6.09%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

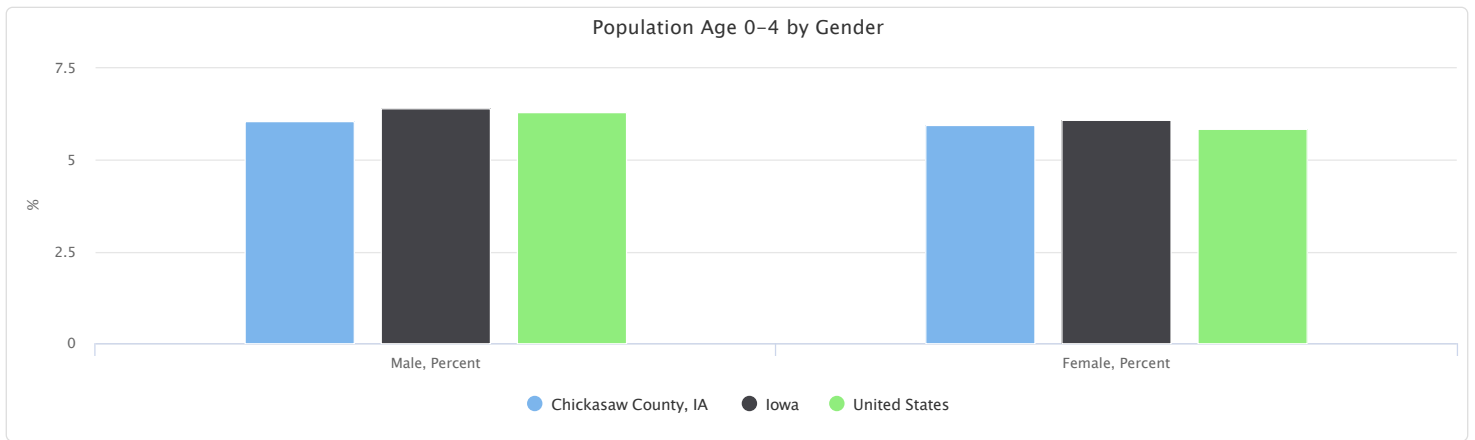
Population Age 0-4, Percent by Tract, ACS 2015-19



Population Age 0-4 by Gender

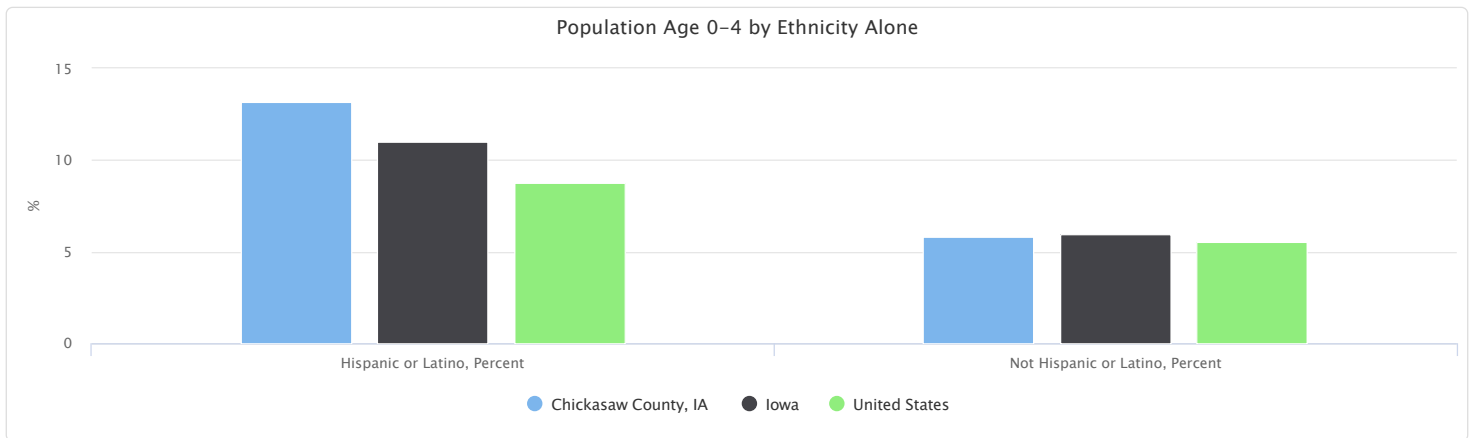
The table below reports the percentage of the population that is under age 5 by gender. Among the male population in the report area, 6.06% are aged 0-4 years. Among the female population, 5.96% are aged 0-4 years.

Report Area	Male	Female	Male, Percent	Female, Percent
Chickasaw County, IA	369	354	6.06%	5.96%
Iowa	99,916	96,511	6.41%	6.10%
United States	10,112,614	9,655,056	6.32%	5.86%



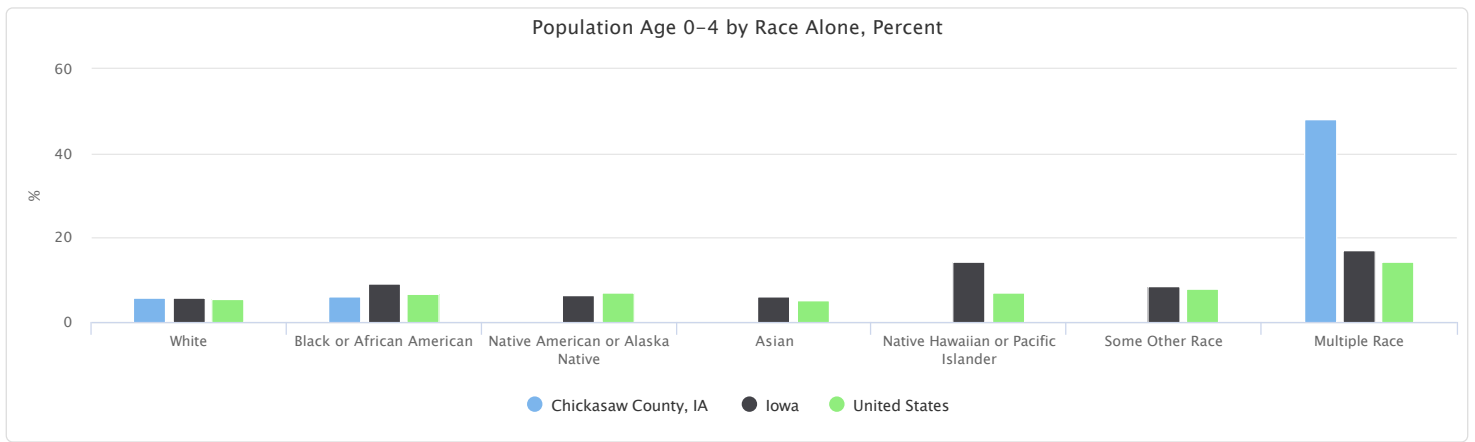
Population Age 0-4 by Ethnicity Alone

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Chickasaw County, IA	40	683	13.16%	5.83%
Iowa	20,662	175,765	10.97%	5.96%
United States	5,106,555	14,661,115	8.73%	5.51%



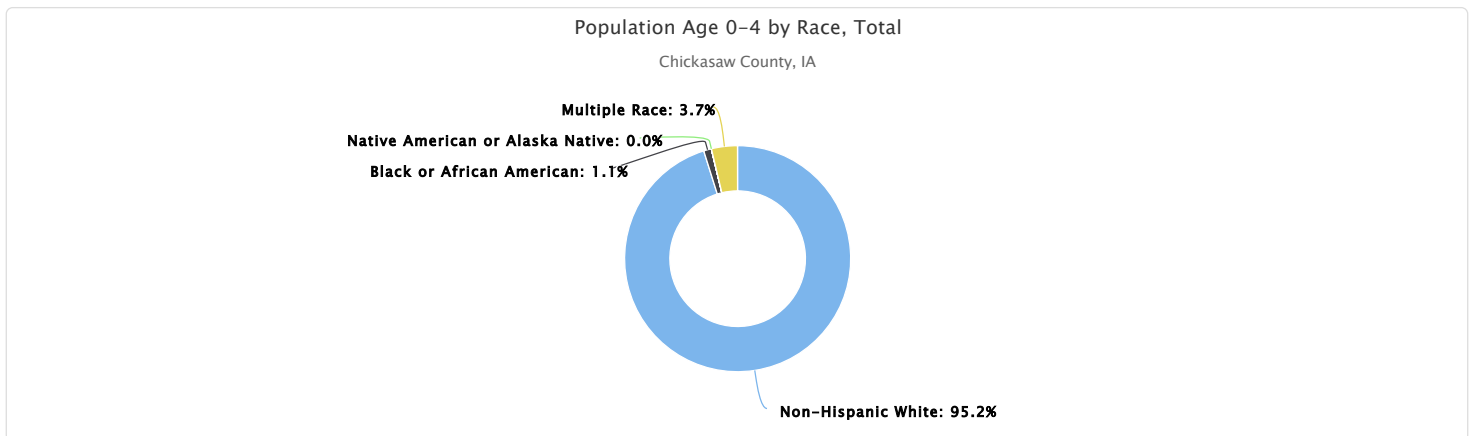
Population Age 0-4 by Race Alone, Percent

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	5.85%	6.20%	0.00%	0.00%	0.00%	0.00%	48.21%
Iowa	5.84%	9.16%	6.44%	6.03%	14.32%	8.63%	17.17%
United States	5.55%	6.65%	6.93%	5.12%	7.01%	7.85%	14.34%



Population Age 0-4 by Race, Total

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	688	8	0	0	0	0	27
Iowa	165,099	10,656	771	4,567	534	3,368	11,432
United States	13,073,664	2,740,124	190,599	917,482	42,056	1,260,268	1,543,477

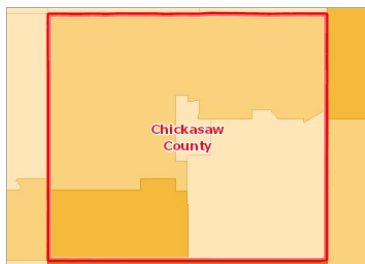


Population Age 18-64

Of the estimated 12,026 total population in the report area, an estimated 6,854 persons are between the ages of 18 and 64, representing 56.99% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 18-64	Population Age 18-64, Percent
Chickasaw County, IA	12,026	6,854	56.99%
Iowa	3,139,508	1,885,249	60.05%
United States	324,697,795	200,484,607	61.74%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



Population Age 18-64, Percent by Tract, ACS 2015-19

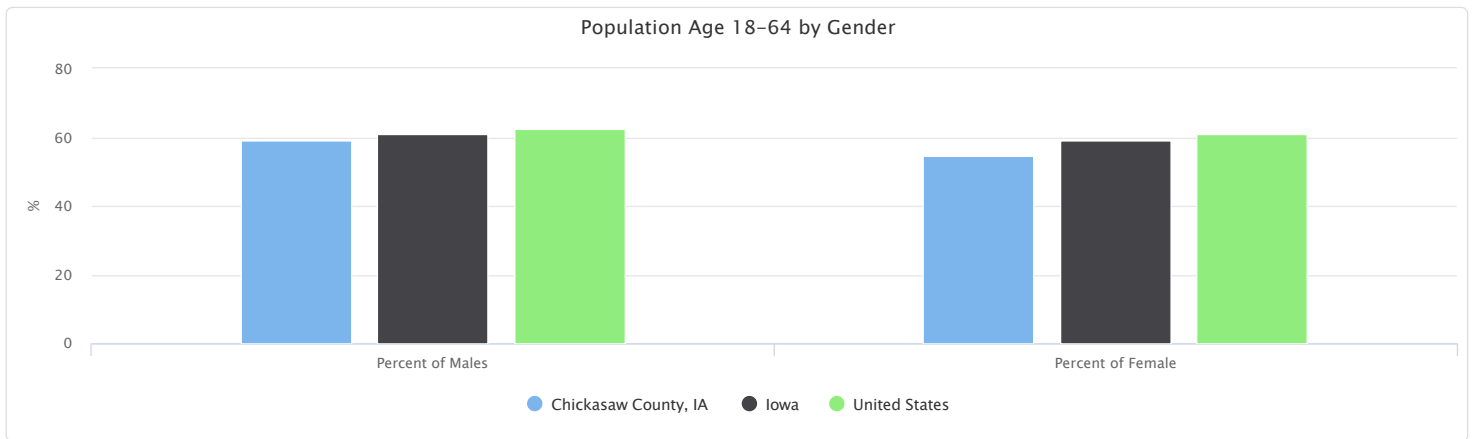
- Over 63.0%
- 60.1 - 63.0%
- 57.1 - 60.0%
- Under 57.1%
- No Data or Data Suppressed
- Chickasaw County, IA

[View larger map](#)

Population Age 18-64 by Gender

The table below reports the percentage of the population that is age 18 to 64 by gender. Among the male population in the report area, 59.20% are aged 18-64 years. Among the female population, 54.73% are aged 18-64 years.

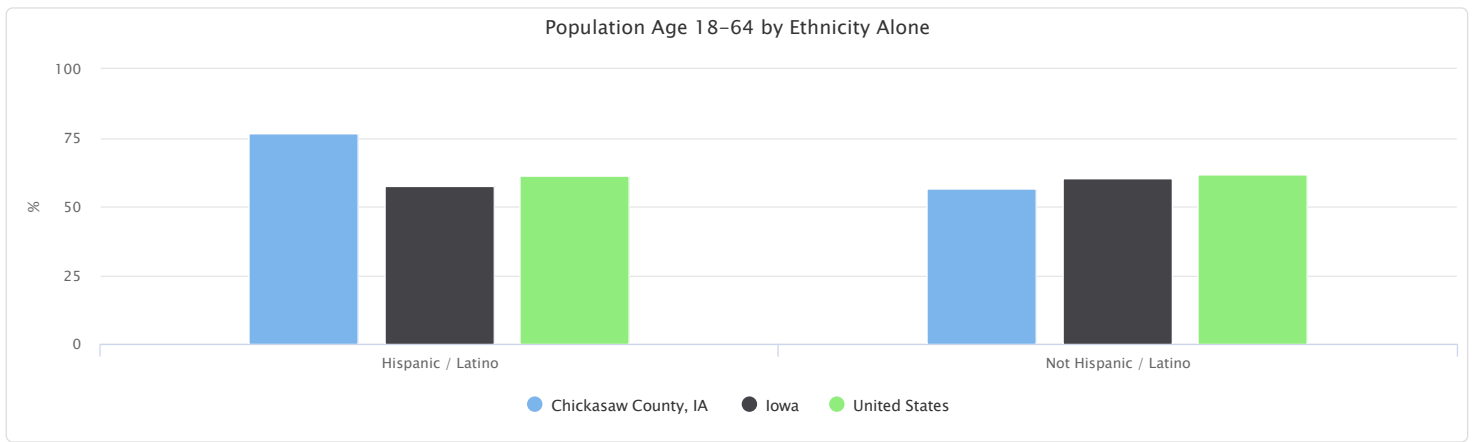
Report Area	Male Age 18-64	Female Age 18-64	Male Age 18-64, Percent	Female Age 18-64, Percent
Chickasaw County, IA	3,605	3,249	59.20%	54.73%
Iowa	952,315	932,934	61.10%	59.01%
United States	99,841,782	100,642,825	62.45%	61.07%



Population Age 18-64 by Ethnicity Alone

This indicator reports the percentage of population that are at age 18 to 64 by ethnicity alone. In the report area, 76.64% of Hispanic / Latino population are at age 18-64, and 56.48% of non Hispanic / Latino population are at age 18-64.

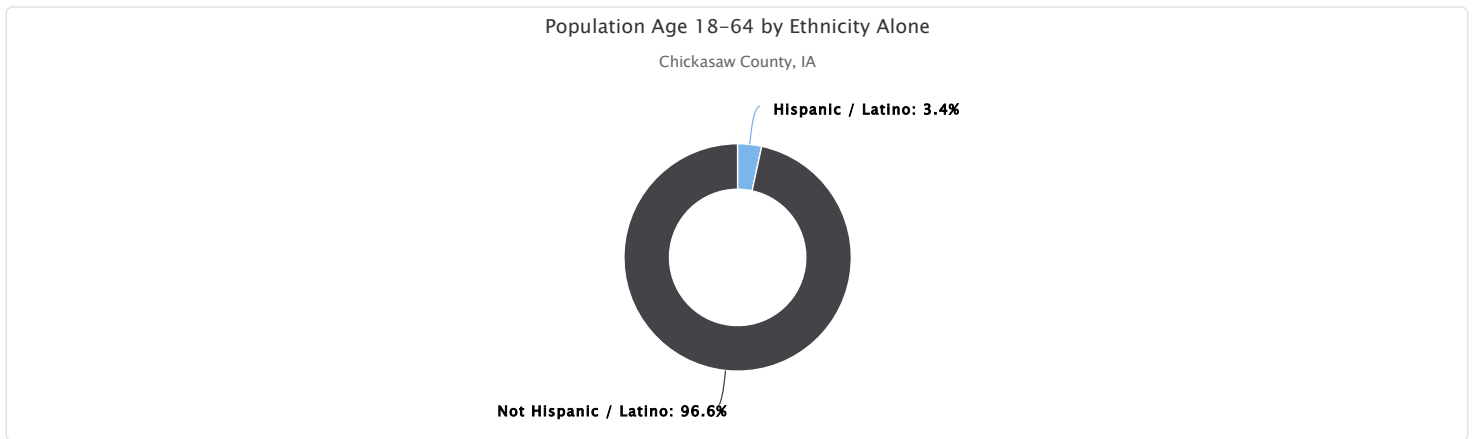
Report Area	Hispanic or Latino Age 18-64	Not Hispanic or Latino Age 18-64	Hispanic or Latino Age 18-64, Percent	Not Hispanic or Latino Age 18-64, Percent
Chickasaw County, IA	233	6,621	76.64%	56.48%
Iowa	108,270	1,776,979	57.50%	60.21%
United States	35,856,899	164,627,708	61.32%	61.84%



Population Age 18-64 by Ethnicity Alone

This indicator reports the percentage of population that are between the ages of 18 – 64 by ethnicity alone. In the report area, 3.40% of Hispanic / Latino population and 96.60% of non Hispanic / Latino population are between the ages of 18 – 64.

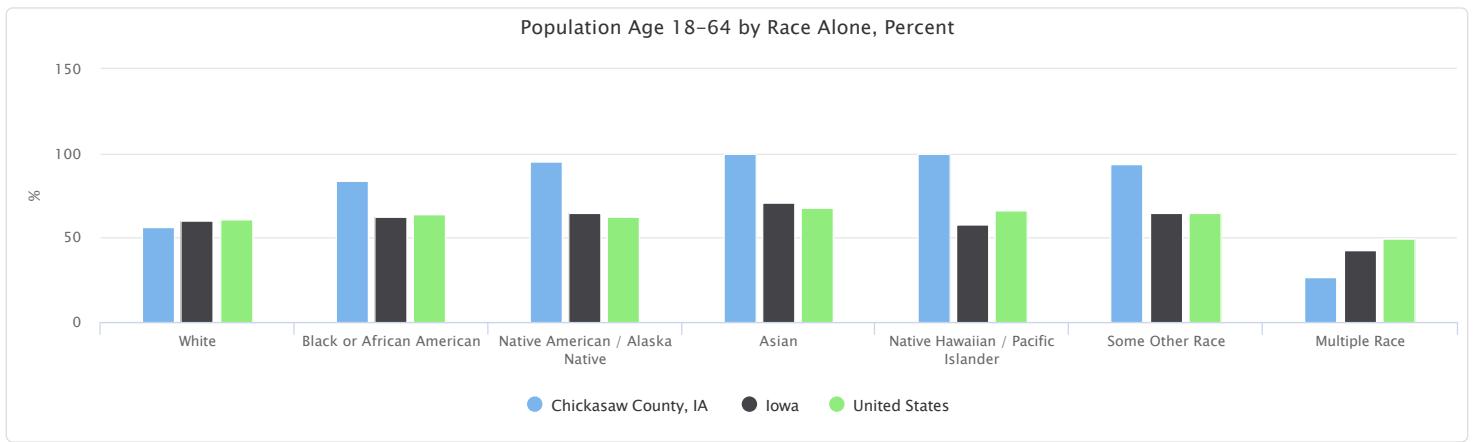
Report Area	Hispanic or Latino Age 18+	Not Hispanic or Latino Age 18+	Hispanic or Latino Age 18+, Percent	Not Hispanic or Latino Age 18+, Percent
Chickasaw County, IA	233	6,621	3.40%	96.60%
Iowa	108,270	1,776,979	5.74%	94.26%
United States	35,856,899	164,627,708	17.89%	82.11%



Population Age 18-64 by Race Alone, Percent

This indicator reports the percentage of population that are at age 18 to 64 by race alone.

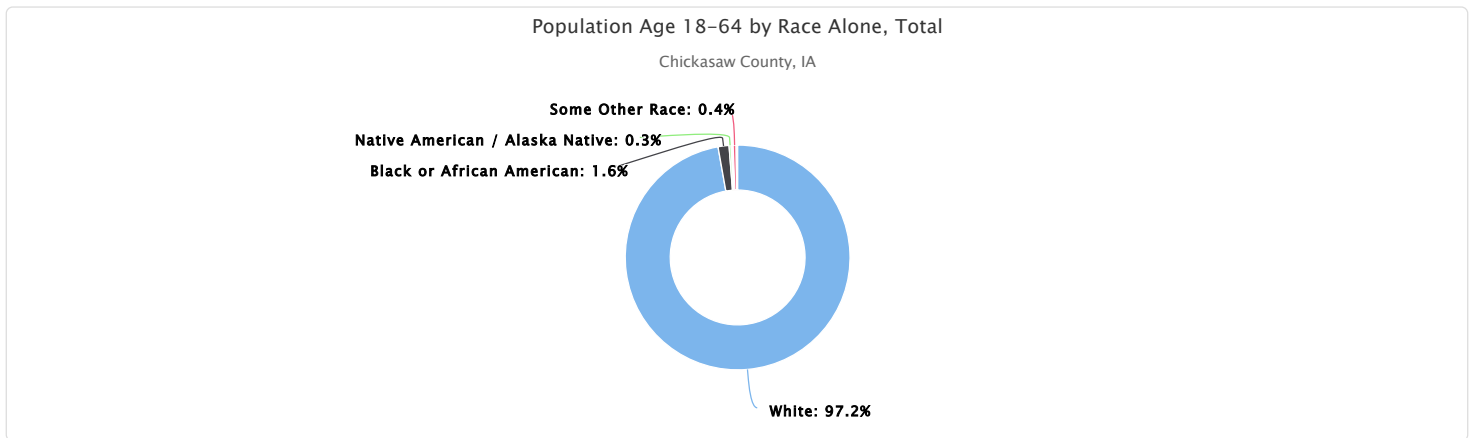
Report Area	White Age 18-64	Black or African American Age 18-64	Native American or Alaska Native Age 18-64	Asian Age 18-64	Native Hawaiian or Pacific Islander Age 18-64	Some Other Race Age 18-64	Multiple Race Age 18-64
Chickasaw County, IA	56.61%	83.72%	95.00%	100.00%	100.00%	93.55%	26.79%
Iowa	60.00%	62.07%	64.47%	70.83%	58.09%	64.94%	42.58%
United States	61.26%	63.78%	62.80%	67.93%	65.92%	64.72%	49.30%



Population Age 18-64 by Race Alone, Total

This indicator reports the proportion of each race (alone) making up the population aged 18 to 64.

Report Area	White Age 18-64	Black or African American Age 18-64	Native American or Alaska Native Age 18-64	Asian Age 18-64	Native Hawaiian or Pacific Islander Age 18-64	Some Other Race Age 18-64	Multiple Race Age 18-64
Chickasaw County, IA	6,663	108	19	15	5	29	15
Iowa	1,695,780	72,224	7,721	53,651	2,166	25,356	28,351
United States	144,193,825	26,300,100	1,726,976	12,176,086	395,444	10,385,749	5,306,427

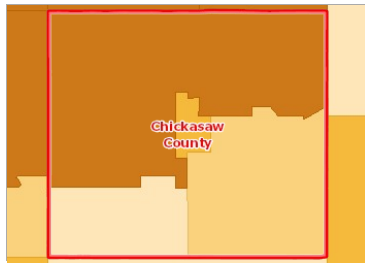


Population Age 5-17

Of the estimated 12,026 total population in the report area, an estimated 2,029 persons are youth between the ages of 5 and 17, representing 16.87% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of young persons in the report area is relevant because this population has needs which should be considered separately from other age groups.

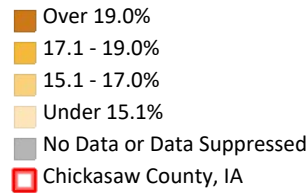
Report Area	Total Population	Population Age 5-17	Population Age 5-17, Percent
Chickasaw County, IA	12,026	2,029	16.87%
Iowa	3,139,508	532,310	16.96%
United States	324,697,795	53,661,722	16.53%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

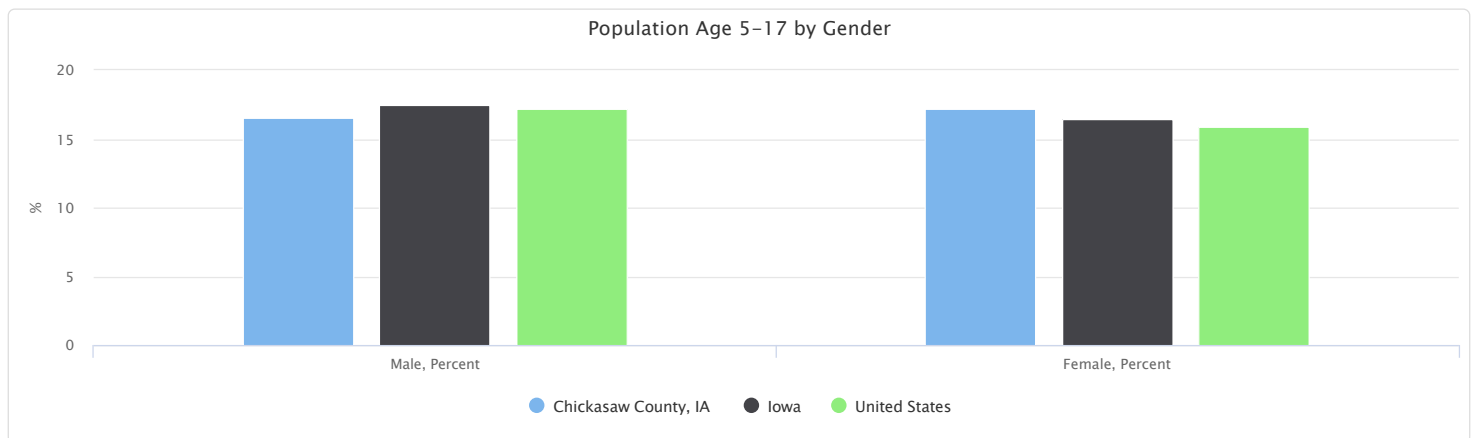
Population Age 5-17, Percent by Tract, ACS 2015-19



Population Age 5-17 by Gender

The table below reports the percentage of the population that is age 5 to 17 by gender. Among the male population in the report area, 16.58% are aged 5-17 years. Among the female population, 17.17% are aged 5-17 years.

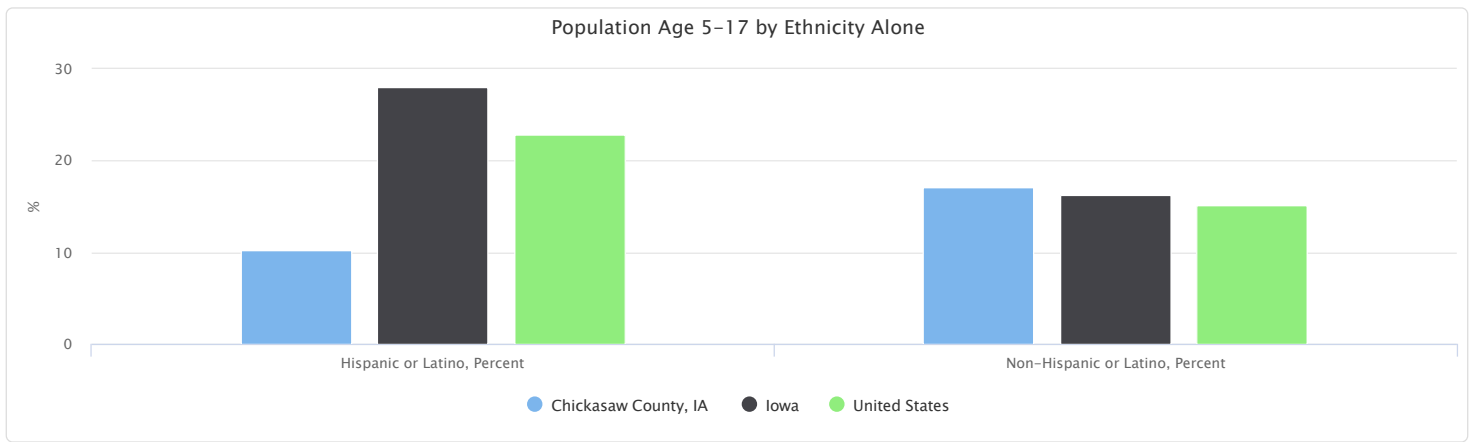
Report Area	Male	Female	Male, Percent	Female, Percent
Chickasaw County, IA	1,010	1,019	16.58%	17.17%
Iowa	272,280	260,030	17.47%	16.45%
United States	27,413,920	26,247,802	17.15%	15.93%



Population Age 5-17 by Ethnicity Alone

This indicator reports the percentage of population that are at age 5-17 by ethnicity alone. In the report area, 10.20% of the Hispanic or Latino population and 17.04% of the Non-Hispanic or Latino population are between the ages of 5-17.

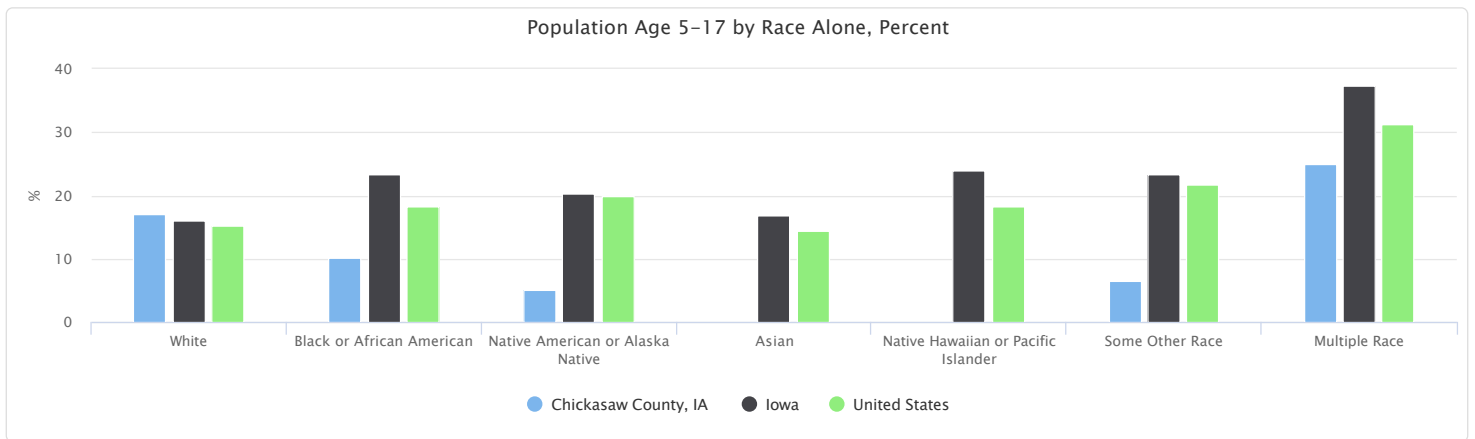
Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Non-Hispanic or Latino, Percent
Chickasaw County, IA	31	1,998	10.20%	17.04%
Iowa	52,918	479,392	28.10%	16.24%
United States	13,350,096	40,311,626	22.83%	15.14%



Population Age 5-17 by Race Alone, Percent

This indicator reports the percentage of each race (alone) making up the population aged 5 - 17.

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	16.98%	10.08%	5.00%	0.00%	0.00%	6.45%	25.00%
Iowa	16.10%	23.32%	20.37%	16.88%	23.95%	23.38%	37.42%
United States	15.31%	18.30%	19.98%	14.50%	18.19%	21.63%	31.20%



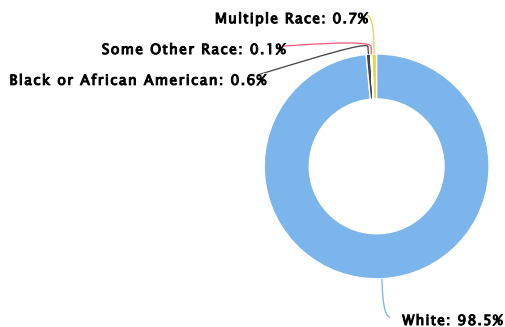
Population Age 5-17 by Race Alone, Total

This indicator reports the proportion of each race (alone) making up the population aged 5 - 17.

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	1,999	13	1	0	0	2	14
Iowa	455,008	27,139	2,439	12,786	893	9,131	24,914
United States	36,030,961	7,545,013	549,465	2,598,605	109,087	3,470,522	3,358,069

Population Age 5-17 by Race Alone, Total

Chickasaw County, IA



Population Age 65+

Of the estimated 12,026 total population in the report area, an estimated 2,420 persons are adults aged 65 and older, representing 20.12% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of older adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

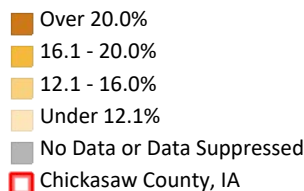
Report Area	Total Population	Population Age 65+	Population Age 65+, Percent
Chickasaw County, IA	12,026	2,420	20.12%
Iowa	3,139,508	525,522	16.74%
United States	324,697,795	50,783,796	15.64%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

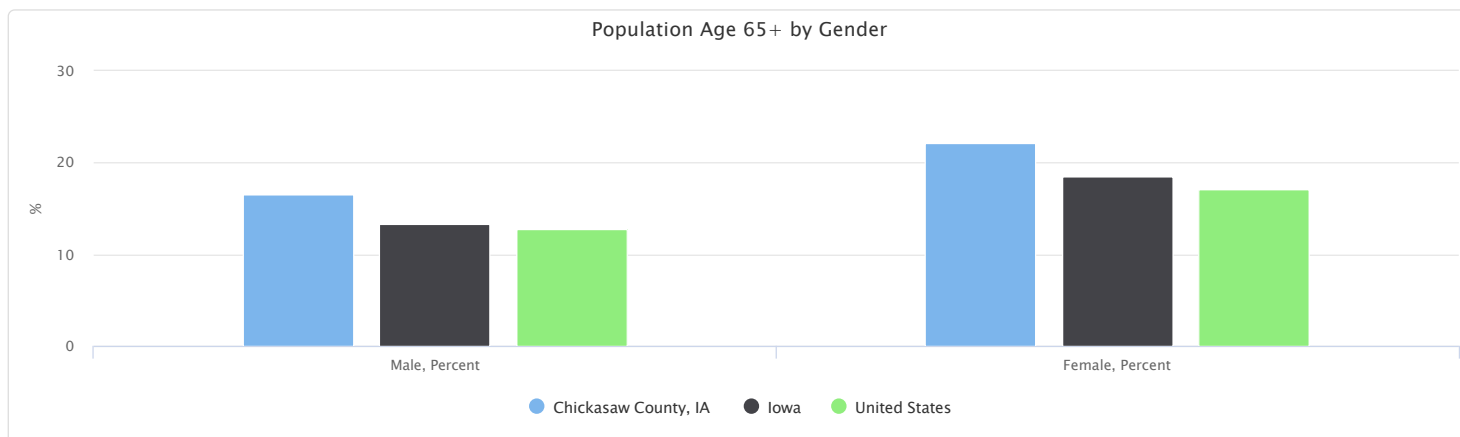
Population Age 65+, Percent by Tract, ACS 2015-19



Population Age 65+ by Gender

The table below reports the percentage of the population that is age 65 or older by gender. Among the male population in the report area, 16.52% are aged 65 years or older. Among the female population, 22.14% are aged 65 years or older.

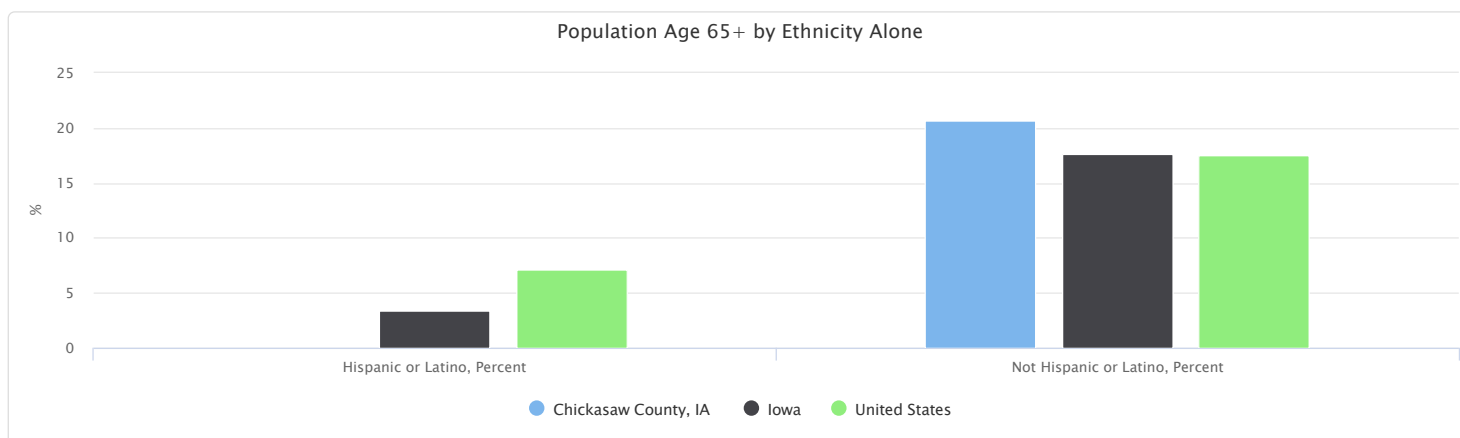
Report Area	Male	Female	Male, Percent	Female, Percent
Chickasaw County, IA	1,006	1,314	16.52%	22.14%
Iowa	207,959	291,497	13.34%	18.44%
United States	20,320,351	28,265,193	12.71%	17.15%



Population Age 65+ by Ethnicity Alone

This indicator reports the percentage of population that are at age 65+ by ethnicity alone. In the report area, 0.00% of Hispanic / Latino population are at age 65+, and 20.64% of non Hispanic / Latino population are at age 65+.

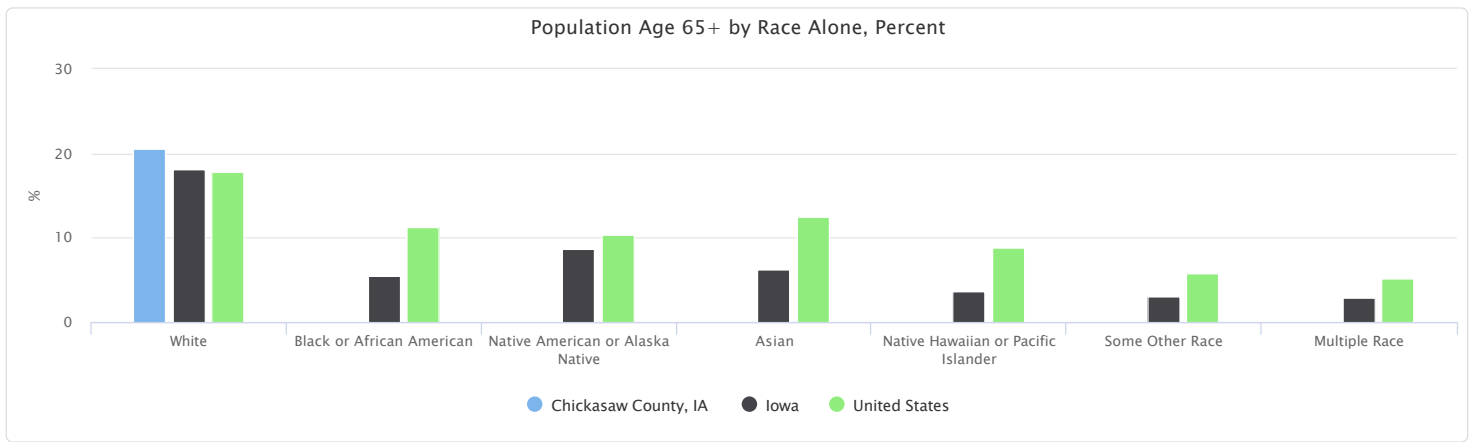
Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Chickasaw County, IA	0	2,420	0.00%	20.64%
Iowa	6,461	519,061	3.43%	17.59%
United States	4,165,820	46,617,976	7.12%	17.51%



Population Age 65+ by Race Alone, Percent

This indicator reports the percentage of each race (alone) making up the population aged 65 or older.

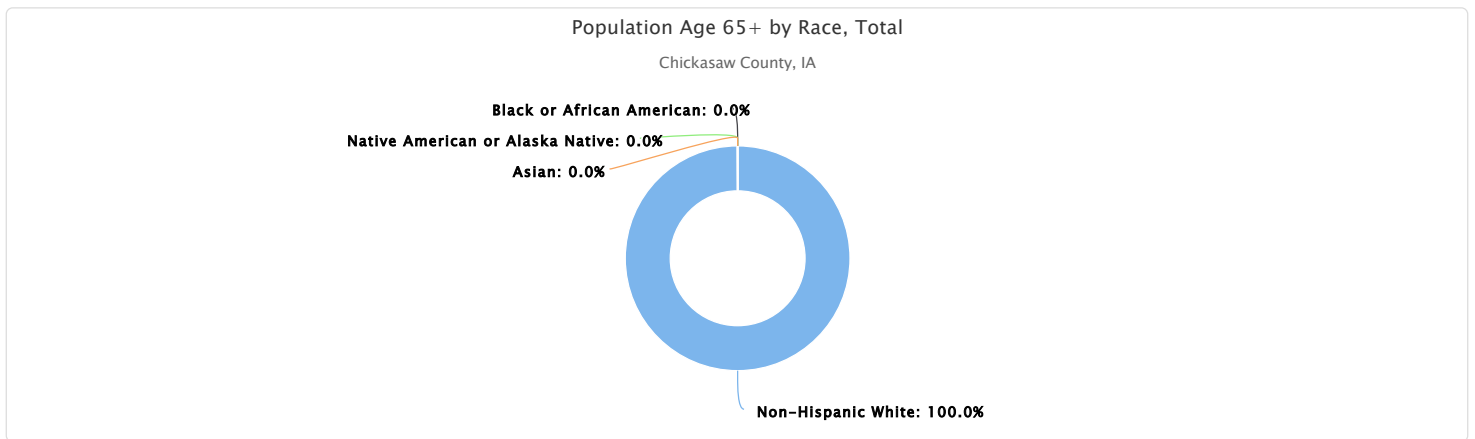
Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	20.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Iowa	18.05%	5.45%	8.73%	6.25%	3.65%	3.06%	2.84%
United States	17.88%	11.28%	10.29%	12.45%	8.88%	5.80%	5.16%



Population Age 65+ by Race, Total

This indicator reports the proportion of each race (alone) making up the population aged 65 or older.

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	2,420	0	0	0	0	0	0
Iowa	510,183	6,340	1,045	4,737	136	1,193	1,888
United States	42,079,212	4,649,405	283,103	2,232,036	53,281	930,830	555,929

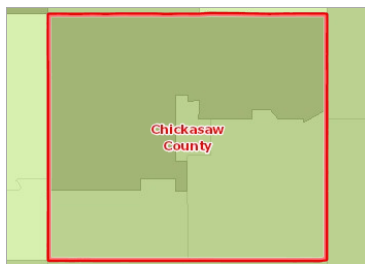


Population Geographic Mobility

This indicator reports information about population in-migration by assessing changes in residence within a one year period. Of the 11,869 persons residing in the report area, an estimated 4.87% relocated to the area, according to the latest American Community Survey 5-year estimates. Persons who moved to a new household from outside of their current county of residence, from outside their state of residence, or from abroad are considered part of the in-migrated population. Persons who moved to a new household from a different household within their current county of residence are not included.

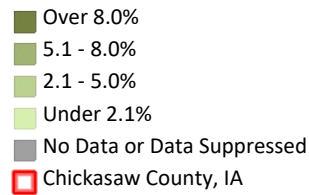
Report Area	Total Population	Population In-Migration	Percent Population In-Migration
Chickasaw County, IA	11,869	578	4.87%
Iowa	3,101,716	202,494	6.53%
United States	320,984,519	19,919,535	6.21%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



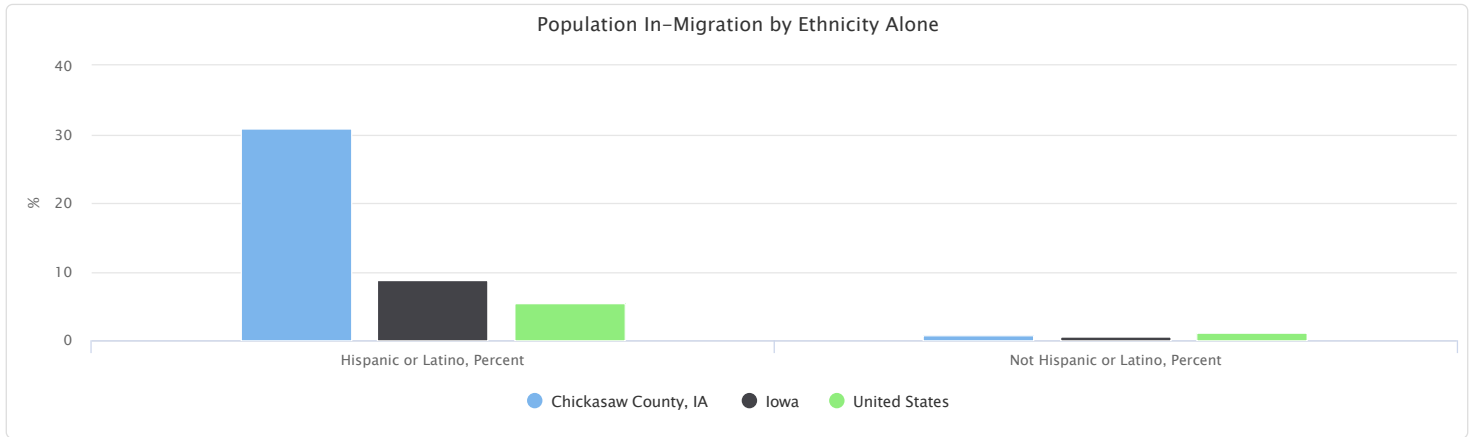
[View larger map](#)

Population Migrated from Outside of the County, State, or Country, Percent of Total Population by Tract, ACS 2015-19



Population In-Migration by Ethnicity Alone

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Chickasaw County, IA	94	484	30.92%	0.81%
Iowa	16,180	186,314	8.79%	0.55%
United States	3,069,805	16,849,730	5.33%	1.17%

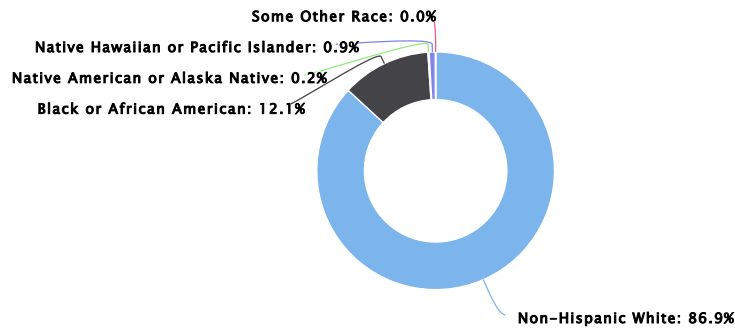


Population In-Migration by Race, Total

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	502	70	1	0	5	0	0
Iowa	165,867	15,765	1,264	7,969	347	4,645	6,637
United States	13,911,886	2,601,140	177,744	1,541,403	43,014	803,911	840,437

Population In-Migration by Race, Total

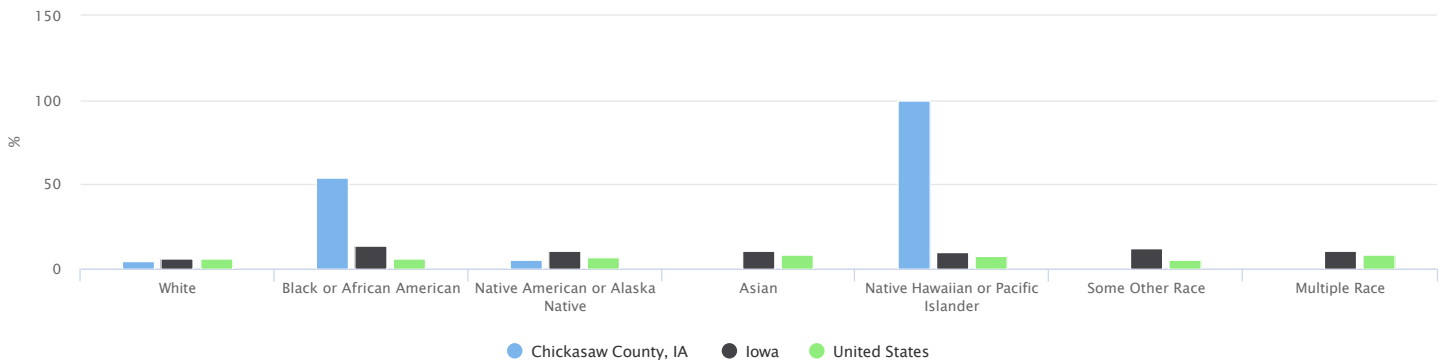
Chickasaw County, IA



Population In-Migration by Race Alone, Percent

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	4.32%	54.26%	5.00%	0.00%	100.00%	0.00%	0.00%
Iowa	5.94%	13.76%	10.61%	10.64%	9.72%	12.18%	10.29%
United States	5.97%	6.39%	6.54%	8.68%	7.26%	5.08%	8.04%

Population In-Migration by Race Alone, Percent

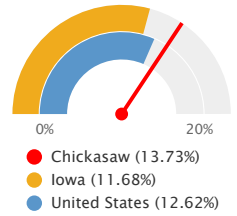


Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. The report area has a total population of 11,889 for whom disability status has been determined, of which 1,632 or 13.73% have any disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status Is Determined)	Population with a Disability	Population with a Disability, Percent
Chickasaw County, IA	11,889	1,632	13.73%
Iowa	3,096,125	361,691	11.68%
United States	319,706,872	40,335,099	12.62%

Population with a Disability, Percent

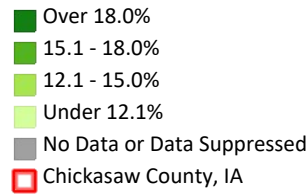


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

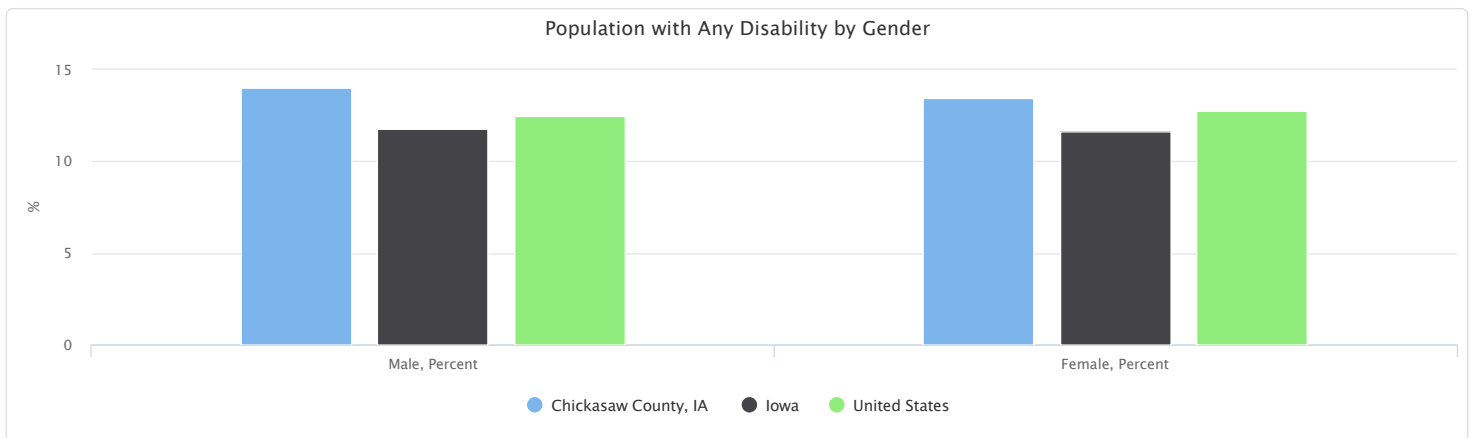
Disabled Population, Percent by Tract, ACS 2015-19



Population with Any Disability by Gender

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by gender.

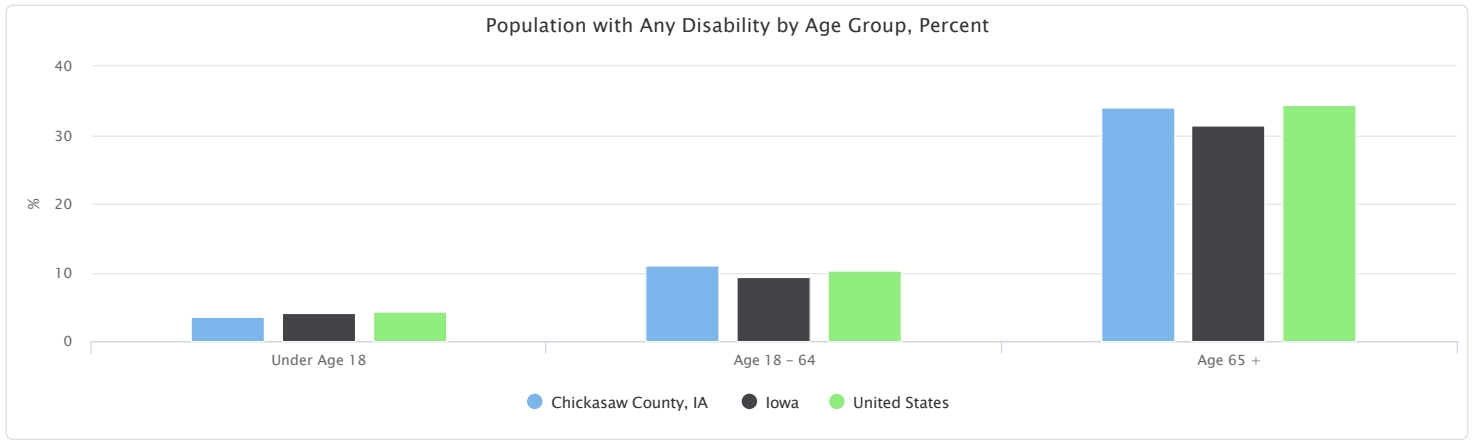
Report Area	Male	Female	Male, Percent	Female, Percent
Chickasaw County, IA	844	788	14.01%	13.44%
Iowa	180,201	181,490	11.75%	11.62%
United States	19,519,273	20,815,826	12.49%	12.74%



Population with Any Disability by Age Group, Percent

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by age group.

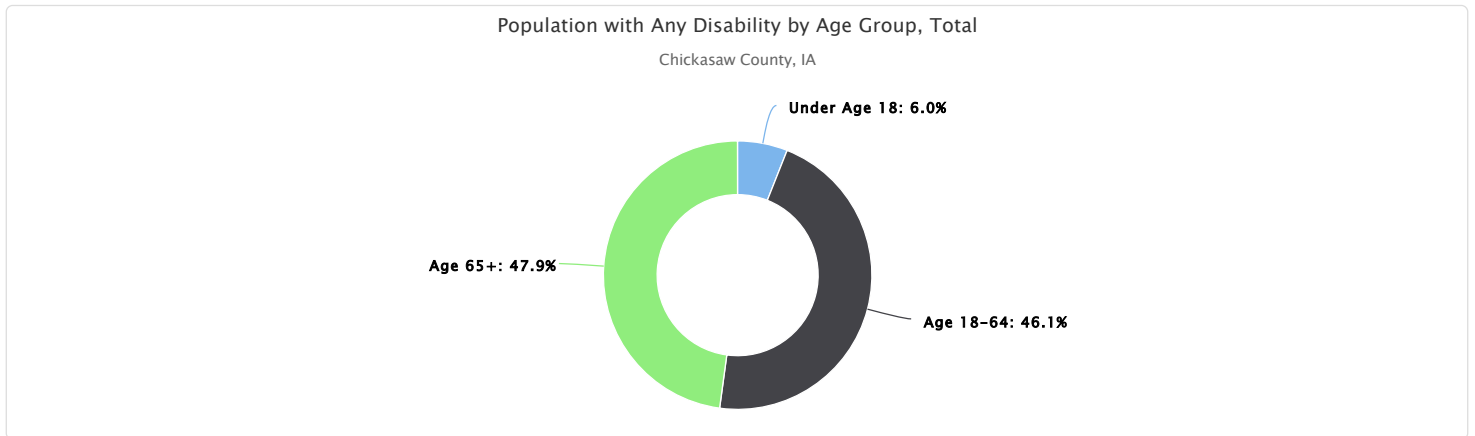
Report Area	Under Age 18	Age 18 - 64	Age 65 +
Chickasaw County, IA	3.56%	11.01%	34.03%
Iowa	4.15%	9.31%	31.38%
United States	4.21%	10.25%	34.48%



Population with Any Disability by Age Group, Total

This indicator reports the proportion of the total civilian non-institutionalized population with a disability by age group.

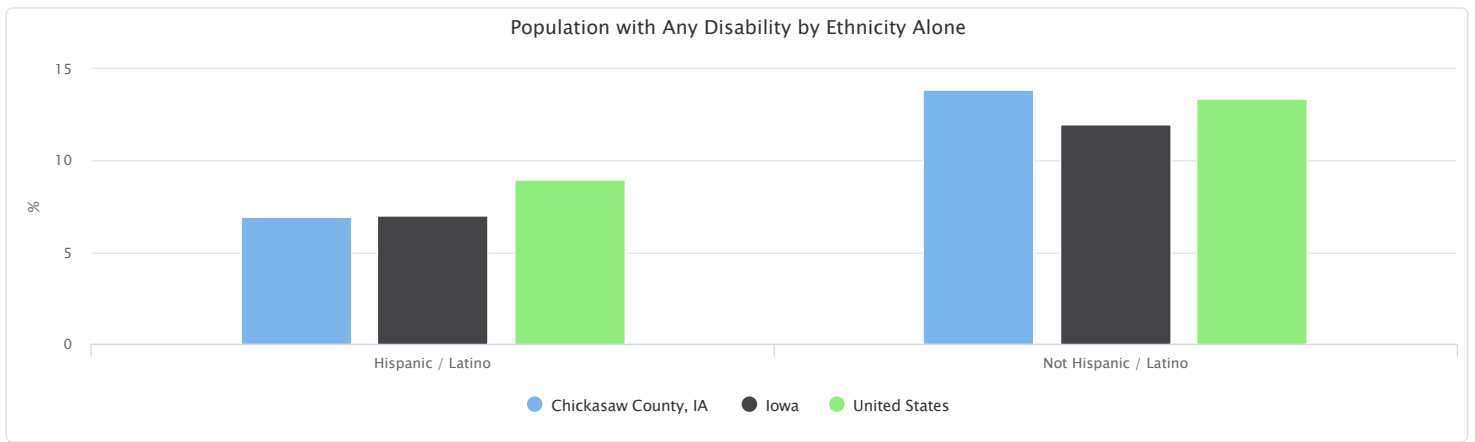
Report Area	Under Age 18	Age 18-64	Age 65+
Chickasaw County, IA	98	753	781
Iowa	30,127	173,800	157,764
United States	3,084,450	20,187,604	17,063,045



Population with Any Disability by Ethnicity Alone

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by ethnicity alone.

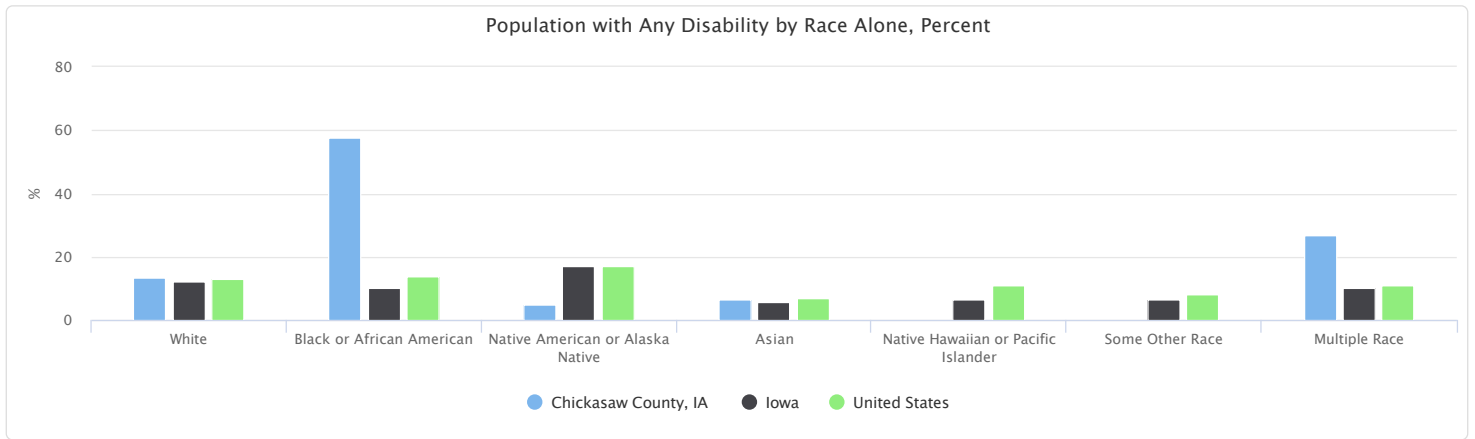
Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Chickasaw County, IA	21	1,611	6.91%	13.91%
Iowa	13,119	348,572	7.03%	11.98%
United States	5,180,805	35,154,294	8.97%	13.42%



Population with Any Disability by Race Alone, Percent

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by race alone.

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	13.26%	57.60%	5.00%	6.67%	0.00%	0.00%	26.79%
Iowa	12.01%	10.05%	17.10%	5.67%	6.54%	6.40%	10.01%
United States	13.14%	13.95%	16.94%	7.06%	10.78%	8.27%	10.93%



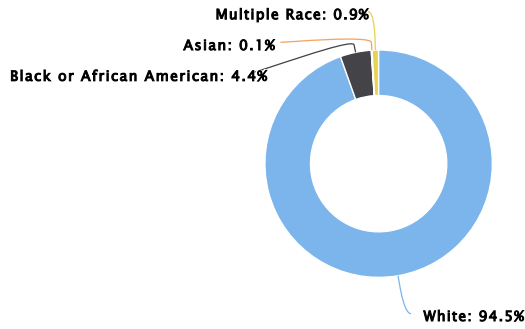
Population with Any Disability by Race Alone, Total

This indicator reports the proportion of the total civilian non-institutionalized population with a disability by race alone.

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	1,543	72	1	1	0	0	15
Iowa	334,854	11,272	1,976	4,278	243	2,488	6,580
United States	30,510,078	5,579,158	454,471	1,259,426	63,132	1,310,335	1,158,499

Population with Any Disability by Race Alone, Total

Chickasaw County, IA

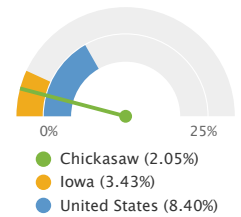


Population with Limited English Proficiency

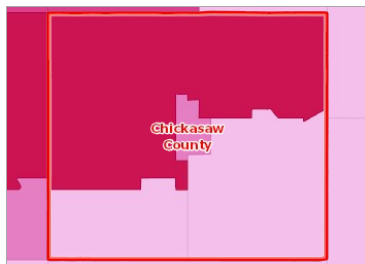
This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well". This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education. Of the 11,303 total population aged 5 and older in the report area, 232 or 2.05% have limited English proficiency.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent
Chickasaw County, IA	11,303	232	2.05%
Iowa	2,943,081	101,026	3.43%
United States	304,930,125	25,615,365	8.40%

Population Age 5+ with Limited English Proficiency, Percent

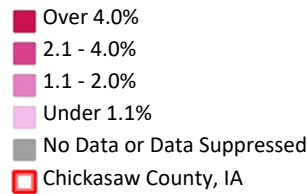


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

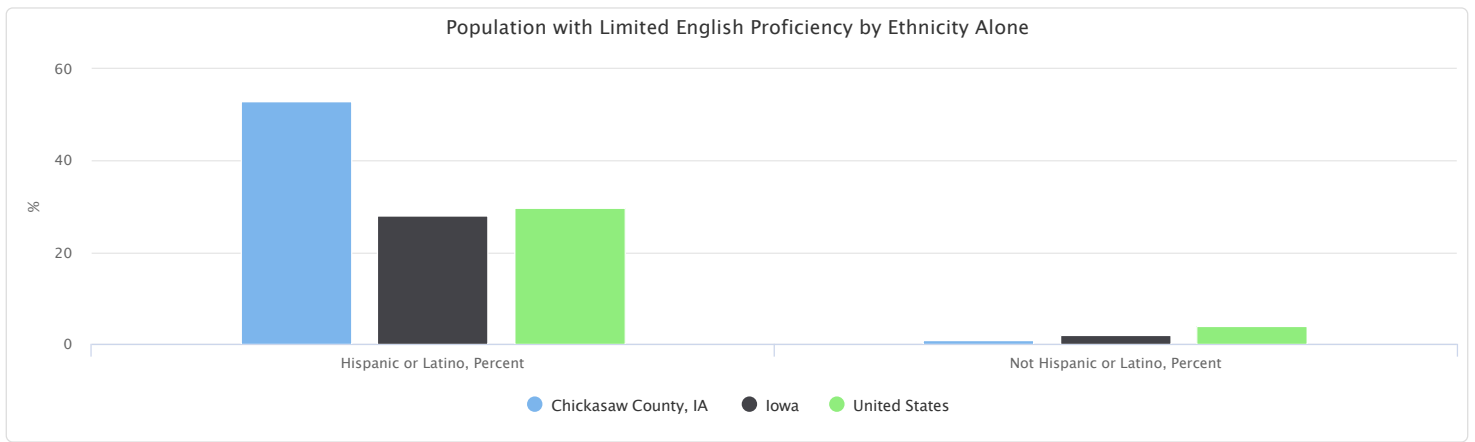
Population with Limited English Proficiency, Percent by Tract, ACS 2015-19



Population with Limited English Proficiency by Ethnicity Alone

This indicator reports the total population aged 5 and older who speak a language other than English at home and speak English less than "very well" by ethnicity alone in the report area.

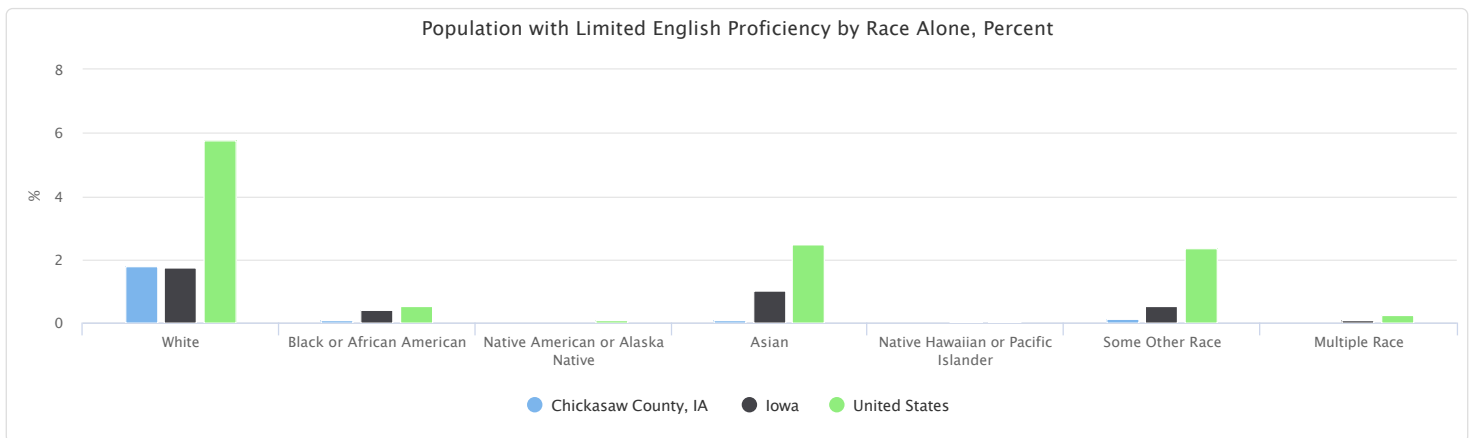
Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Chickasaw County, IA	140	92	53.03%	0.83%
Iowa	46,840	54,186	27.94%	1.95%
United States	15,847,641	9,767,724	29.69%	3.88%



Population with Limited English Proficiency by Race Alone, Percent

This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well" by race alone in the report area.

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	1.80%	0.08%	0.00%	0.07%	0.00%	0.14%	0.00%
Iowa	1.73%	0.40%	0.01%	1.03%	0.03%	0.53%	0.07%
United States	5.75%	0.54%	0.09%	2.49%	0.03%	2.36%	0.26%



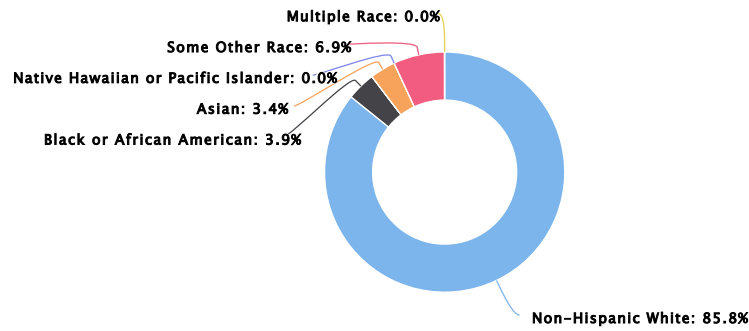
Population with Limited English Proficiency by Race, Total

This indicator reports the total population aged 5 and older who speak a language other than English at home and speak English less than "very well" by race alone in the report area.

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	199	9	0	8	0	16	0
Iowa	46,113	10,548	294	27,465	688	14,158	1,760
United States	12,785,991	1,205,315	193,205	5,538,575	69,831	5,254,025	568,423

Population with Limited English Proficiency by Race, Total

Chickasaw County, IA



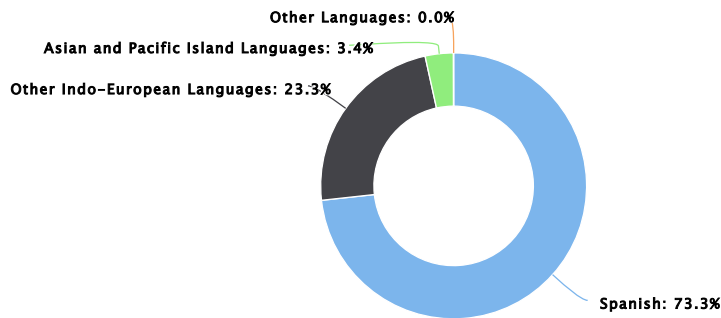
Population with Limited English Proficiency by Language Spoken at Home

This indicator reports the total population aged 5 and older who speak a language other than English at home and speak English less than "very well" by language spoken at home in the report area.

Report Area	Spanish	Other Indo-European Languages	Asian and Pacific Island Languages	Other Languages
Chickasaw County, IA	170	54	8	0
Iowa	49,815	16,611	25,453	9,147
United States	16,258,571	3,418,899	4,910,799	1,027,096

Population with Limited English Proficiency by Language Spoken at Home

Chickasaw County, IA

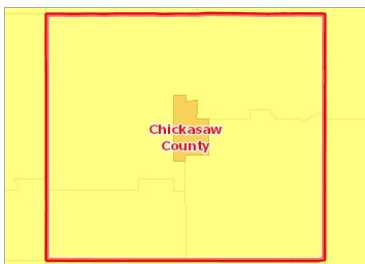


Total Population

A total of 12,026 people live in the 504.33 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2015-19 5-year estimates. The population density for this area, estimated at 23.85 persons per square mile, is less than the national average population density of 91.93 persons per square mile.

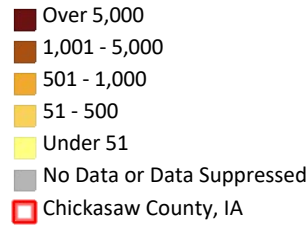
Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Chickasaw County, IA	12,026	504.33	23.85
Iowa	3,139,508	55,856.49	56.21
United States	324,697,795	3,532,068.58	91.93

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

Population, Density (Persons per Sq Mile) by Tract, ACS 2015-19



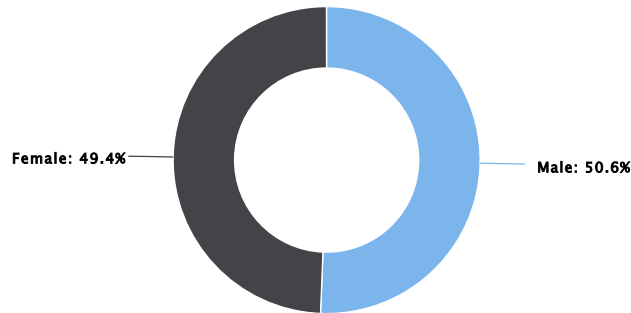
Total Population by Gender

This indicator reports the total population of the report area by gender.

Report Area	Male	Female	Male, Percent	Female, Percent
Chickasaw County, IA	6,090	5,936	50.64%	49.36%
Iowa	1,558,536	1,580,972	49.64%	50.36%
United States	159,886,919	164,810,876	49.24%	50.76%

Total Population by Gender

Chickasaw County, IA



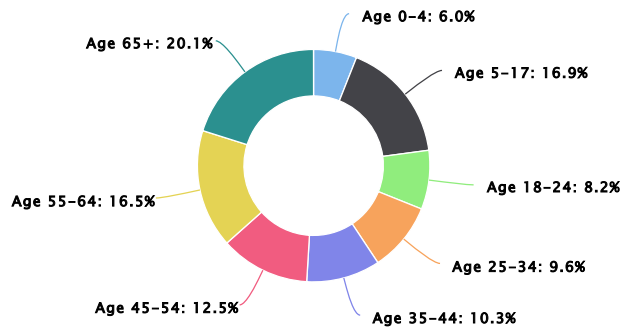
Total Population by Age Groups, Total

This indicator reports the total population of the report area by age groups

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Chickasaw County, IA	723	2,029	985	1,156	1,236	1,498	1,979	2,420
Iowa	196,427	532,310	317,986	395,064	375,627	380,420	416,152	525,522
United States	19,767,670	53,661,722	30,646,327	45,030,415	40,978,831	42,072,620	41,756,414	50,783,796

Total Population by Age Groups, Total

Chickasaw County, IA

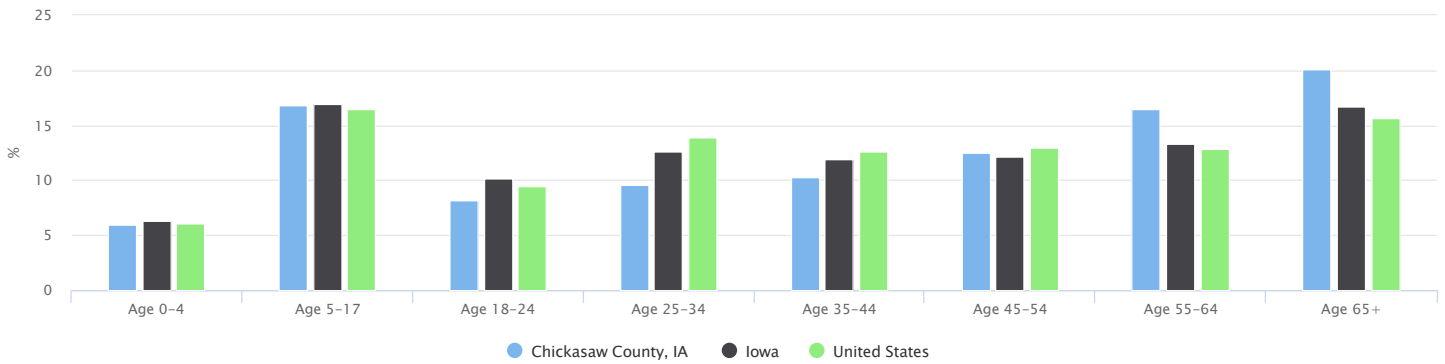


Total Population by Age Groups, Percent

This indicator reports the percentage of age groups in the population of the report area.

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Chickasaw County, IA	6.01%	16.87%	8.19%	9.61%	10.28%	12.46%	16.46%	20.12%
Iowa	6.26%	16.96%	10.13%	12.58%	11.96%	12.12%	13.26%	16.74%
United States	6.09%	16.53%	9.44%	13.87%	12.62%	12.96%	12.86%	15.64%

Total Population by Age Groups, Percent



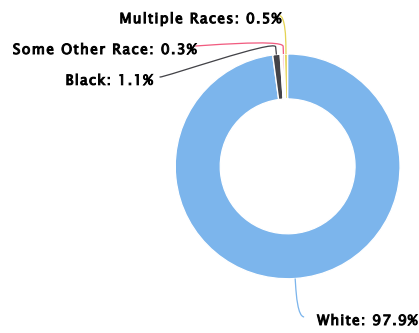
Total Population by Race Alone, Total

This indicator reports the total population of the report area by race alone.

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Chickasaw County, IA	11,770	129	15	20	5	31	56
Iowa	2,826,070	116,359	75,741	11,976	3,729	39,048	66,585
United States	235,377,662	41,234,642	17,924,209	2,750,143	599,868	16,047,369	10,763,902

Total Population by Race Alone, Total

Chickasaw County, IA



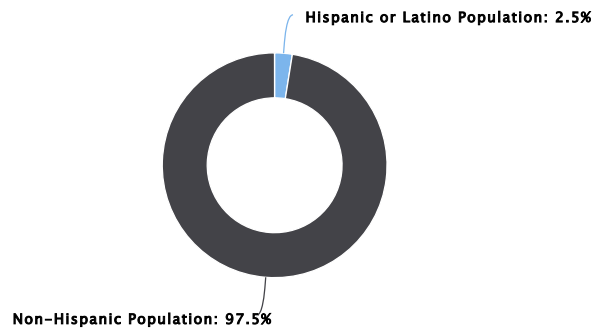
Total Population by Ethnicity Alone

This indicator reports the total population of the report area by ethnicity alone.

Report Area	Total Population	Hispanic or Latino Population	Hispanic or Latino Population, Percent	Non-Hispanic Population	Non-Hispanic Population, Percent
Chickasaw County, IA	12,026	304	2.53%	11,722	97.47%
Iowa	3,139,508	188,311	6.00%	2,951,197	94.00%
United States	324,697,795	58,479,370	18.01%	266,218,425	81.99%

Total Population by Ethnicity Alone

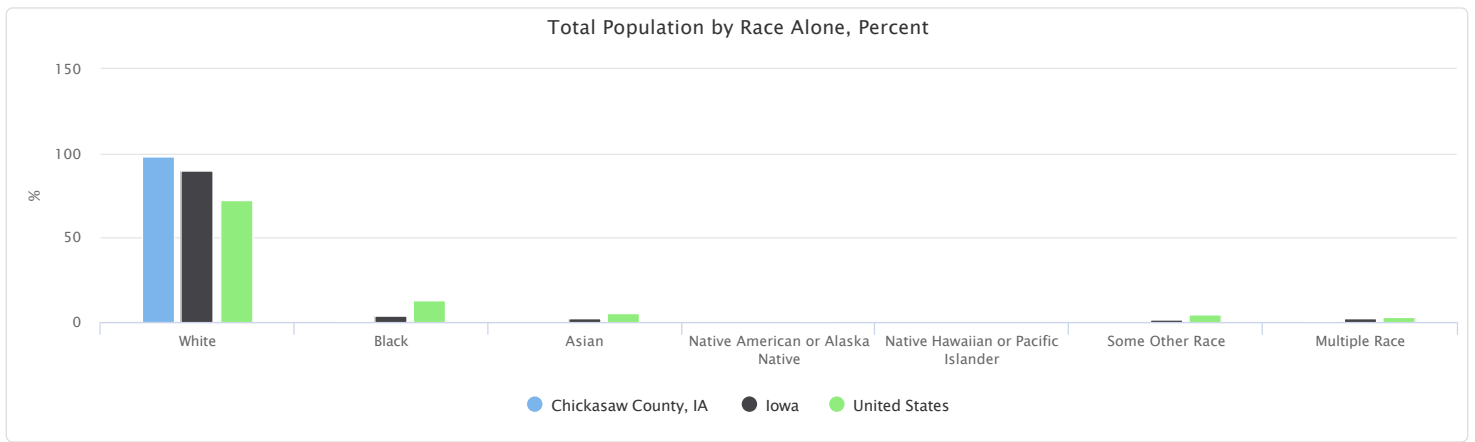
Chickasaw County, IA



Total Population by Race Alone, Percent

This indicator reports the percentage of population by race alone in the report area.

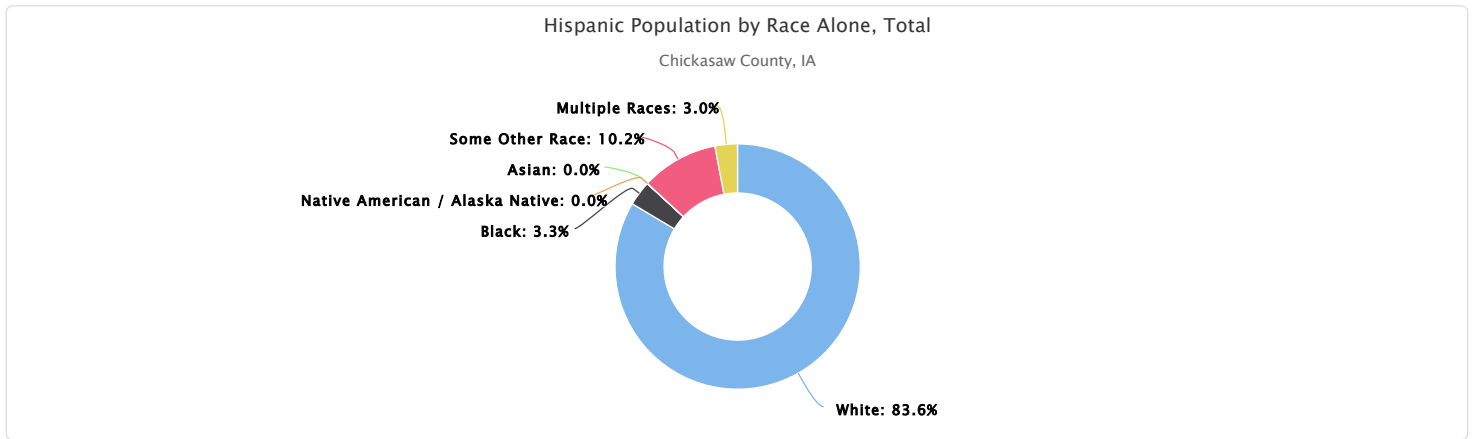
Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	97.87%	1.07%	0.12%	0.17%	0.04%	0.26%	0.47%
Iowa	90.02%	3.71%	2.41%	0.38%	0.12%	1.24%	2.12%
United States	72.49%	12.70%	5.52%	0.85%	0.18%	4.94%	3.32%



Hispanic Population by Race Alone, Total

This indicator reports the total of Hispanic or Latino population in the report area by race alone.

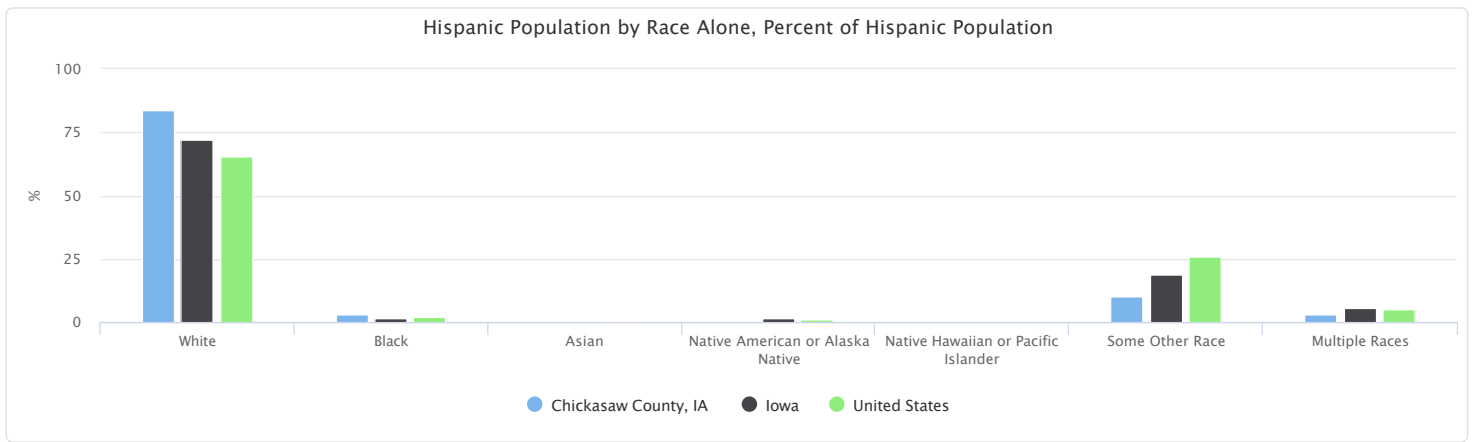
Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Chickasaw County, IA	254	10	0	0	0	31	9
Iowa	136,018	2,799	415	2,725	370	35,832	10,152
United States	38,277,289	1,257,088	215,255	589,765	59,357	15,258,322	2,822,294



Hispanic Population by Race Alone, Percent of Hispanic Population

This indicator reports the percentage of Hispanic or Latino population in the report area by race alone.

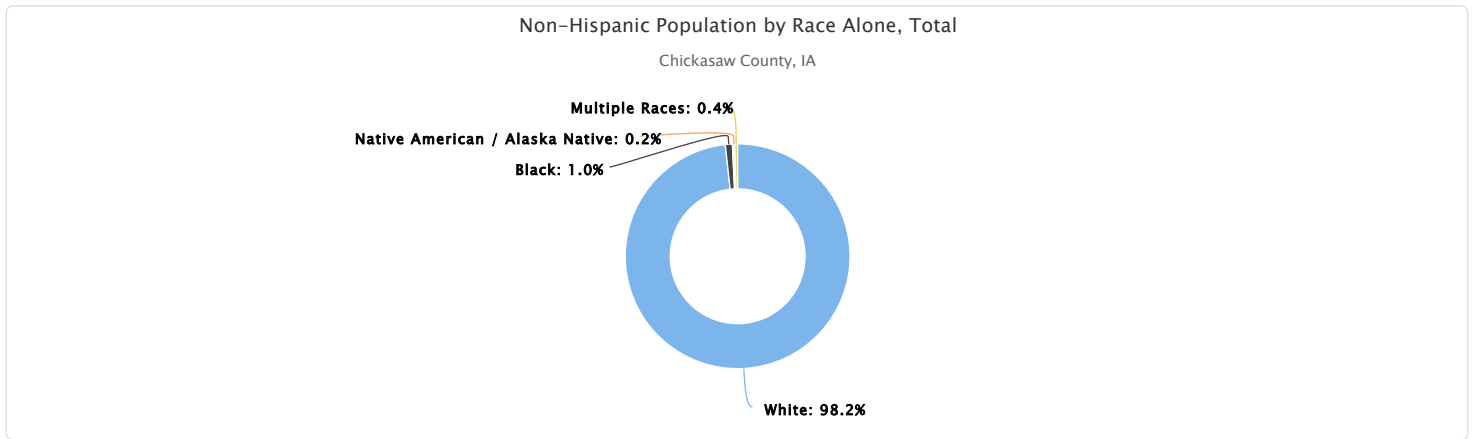
Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Chickasaw County, IA	83.55%	3.29%	0.00%	0.00%	0.00%	10.20%	2.96%
Iowa	72.23%	1.49%	0.22%	1.45%	0.20%	19.03%	5.39%
United States	65.45%	2.15%	0.37%	1.01%	0.10%	26.09%	4.83%



Non-Hispanic Population by Race Alone, Total

This indicator reports the total of non-hispanic population in the report area by race alone.

Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Chickasaw County, IA	11,516	119	15	20	5	0	47
Iowa	2,690,052	113,560	75,326	9,251	3,359	3,216	56,433
United States	197,100,373	39,977,554	17,708,954	2,160,378	540,511	789,047	7,941,608

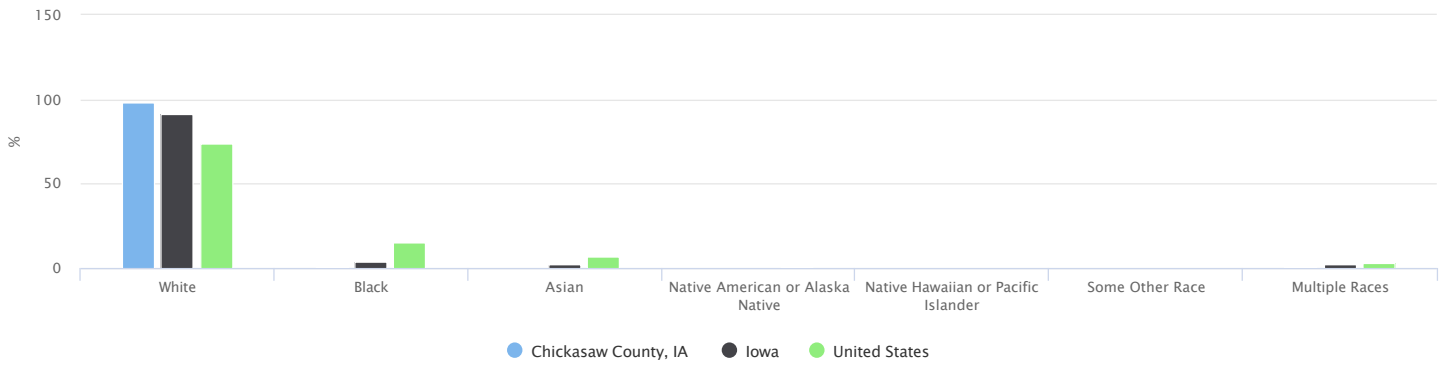


Non-Hispanic Population by Race Alone, Percent of Non-Hispanic Population

This indicator reports the percentage of non-Hispanic population in the report area by race alone.

Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Chickasaw County, IA	98.24%	1.02%	0.13%	0.17%	0.04%	0.00%	0.40%
Iowa	91.15%	3.85%	2.55%	0.31%	0.11%	0.11%	1.91%
United States	74.04%	15.02%	6.65%	0.81%	0.20%	0.30%	2.98%

Non-Hispanic Population by Race Alone, Percent of Non-Hispanic Population



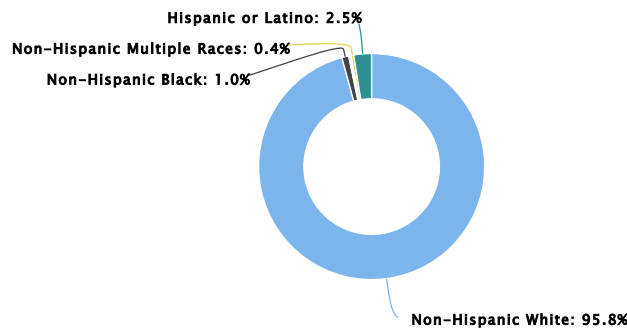
Population by Combined Race and Ethnicity

This indicator reports the percentage of the total population in the report area by combined race and ethnicity.

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic Native American or Alaska Native	Non-Hispanic Native Hawaiian or Pacific Islander	Non-Hispanic Some Other Race	Non-Hispanic Multiple Races	Hispanic or Latino
Chickasaw County, IA	95.76%	0.99%	0.12%	0.17%	0.04%	0.00%	0.39%	2.53%
Iowa	85.68%	3.62%	2.40%	0.29%	0.11%	0.10%	1.80%	6.00%
United States	60.70%	12.31%	5.45%	0.67%	0.17%	0.24%	2.45%	18.01%

Population by Combined Race and Ethnicity

Chickasaw County, IA



Urban and Rural Population

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. Of the report areas 12,439 population, 3,292 or 26.47% of the population is classified urban while 9,147 or 73.53% is rural.

Report Area	Total Population	Urban Population	Rural Population	Urban Population, Percent	Rural Population, Percent
Chickasaw County, IA	12,439	3,292	9,147	26.47%	73.53%
Iowa	3,046,355	1,950,256	1,096,099	64.02%	35.98%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

Data Source: US Census Bureau, Decennial Census, 2010. Source geography: Tract



[View larger map](#)

Urban Population, Percent by Tract, US Census 2010

- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed
- Chickasaw County, IA

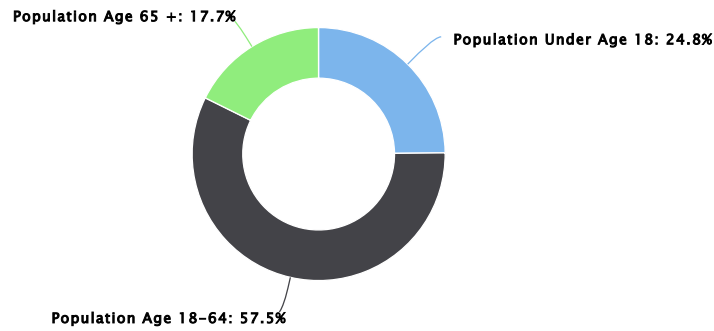
Rural Population, Total by Age Group

This indicator reports the total rural population of the report area by age group.

Report Area	Population Under Age 18	Population Age 18-64	Population Age 65 +
Chickasaw County, IA	2,273	5,257	1,617
Iowa	266,008	644,110	185,981
United States	13,907,394	36,734,957	9,082,449

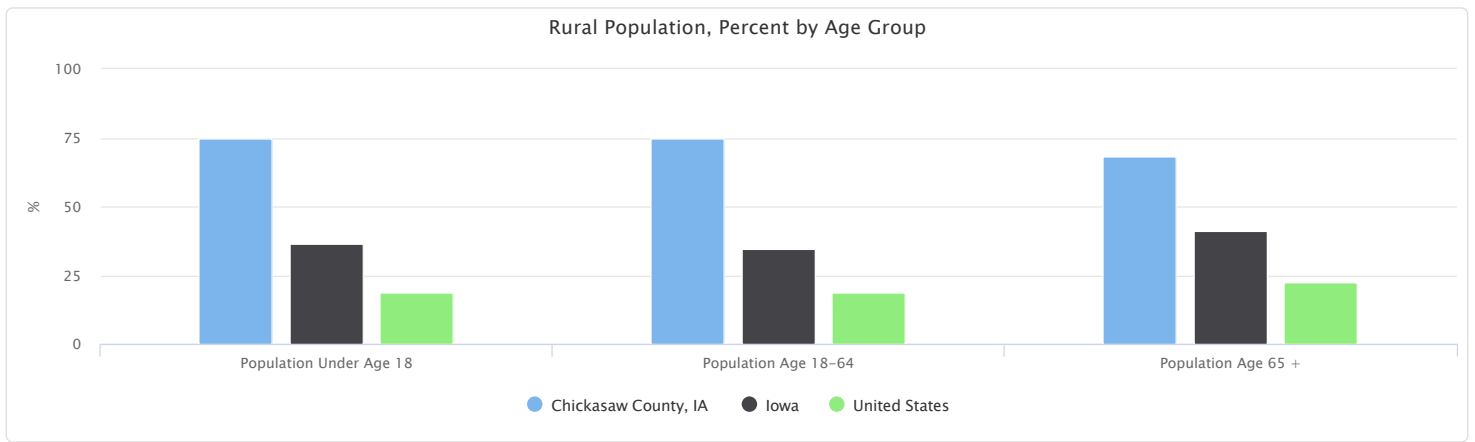
Rural Population, Total by Age Group

Chickasaw County, IA



Rural Population, Percent by Age Group

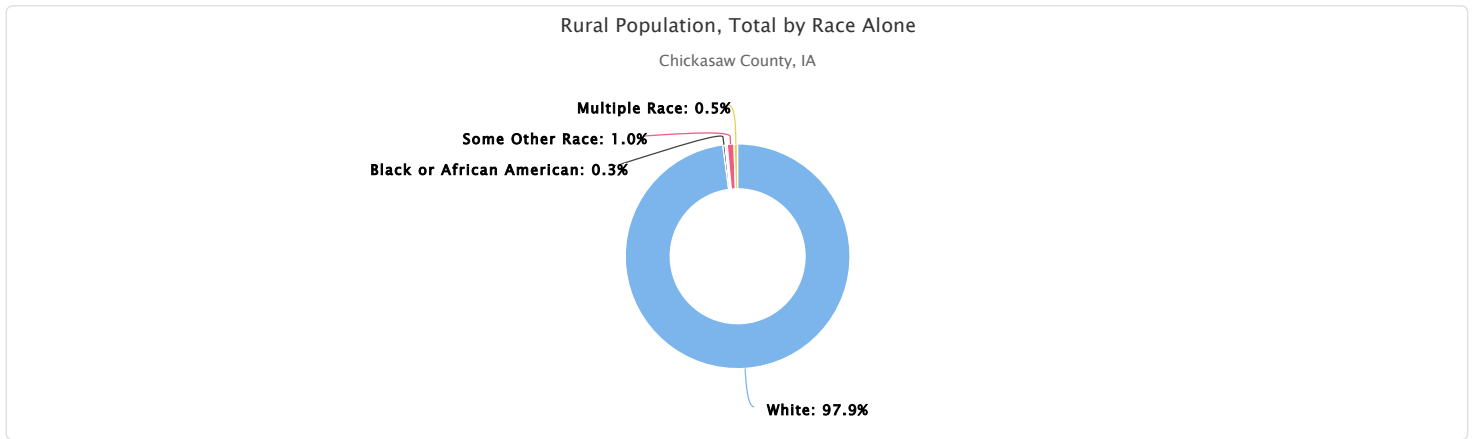
Report Area	Population Under Age 18	Population Age 18-64	Population Age 65 +
Chickasaw County, IA	74.89%	74.80%	68.06%
Iowa	36.54%	34.53%	41.07%
United States	18.52%	18.69%	22.26%



Rural Population, Total by Race Alone

This indicator reports the total rural population of the report area by race alone.

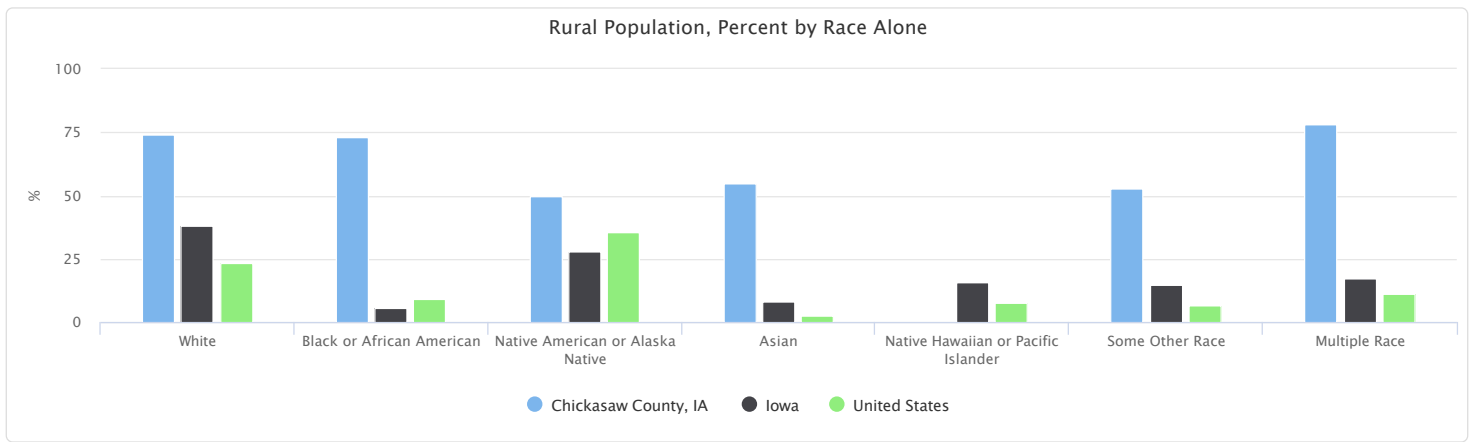
Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	8,954	30	5	22	0	89	47
Iowa	1,065,697	5,115	3,089	4,331	312	8,224	9,331
United States	52,457,879	3,533,008	1,043,048	399,200	40,683	1,242,870	1,008,112



Rural Population, Percent by Race Alone

This indicator reports the percentage of rural population in the report area by race alone.

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	73.88%	73.17%	50.00%	55.00%	No data	52.66%	78.33%
Iowa	38.31%	5.74%	27.87%	8.16%	15.58%	14.65%	17.50%
United States	23.17%	8.97%	35.33%	2.72%	7.53%	6.41%	11.04%

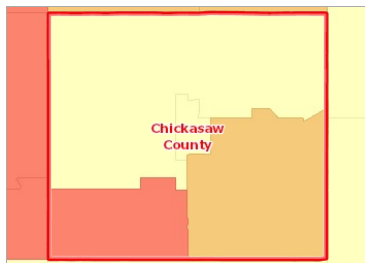


Veteran Population

This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. Of the 9,274 population of the report area, 830 or 8.95% are veterans.

Report Area	Total Population Age 18+	Total Veterans	Veterans, Percent of Total Population
Chickasaw County, IA	9,274	830	8.95%
Iowa	2,409,111	185,671	7.71%
United States	250,195,726	18,230,322	7.29%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

Veterans, Percent of Total Population by Tract, ACS 2015-19

- Over 13%
- 11.1 - 13.0%
- 9.1 - 11.0%
- Under 9.1%
- No Data or Data Suppressed
- Chickasaw County, IA

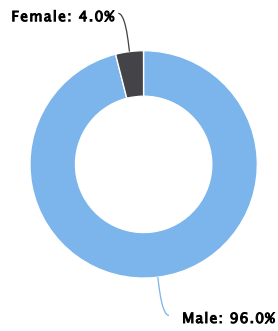
Veteran Population by Gender

This indicator reports the veteran population in the report area by gender.

Report Area	Male	Female	Male, Percent	Female, Percent
Chickasaw County, IA	797	33	16.92%	0.72%
Iowa	172,645	13,026	14.57%	1.06%
United States	16,611,283	1,619,039	13.68%	1.26%

Veteran Population by Gender

Chickasaw County, IA



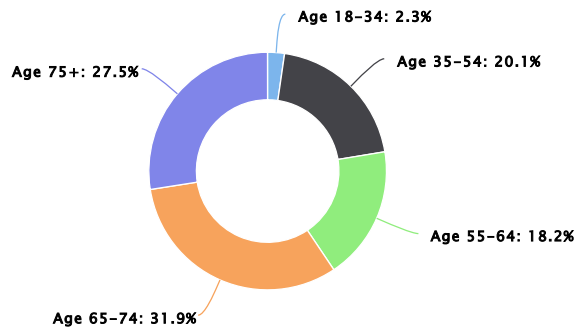
Veteran Population by Age Group, Total

This indicator reports the total veteran population in the report area by age group.

Report Area	Age 18-34	Age 35-54	Age 55-64	Age 65-74	Age 75+
Chickasaw County, IA	19	167	151	265	228
Iowa	13,551	40,138	29,712	53,221	49,049
United States	1,609,388	4,281,826	3,251,828	4,811,798	4,275,482

Veteran Population by Age Group, Total

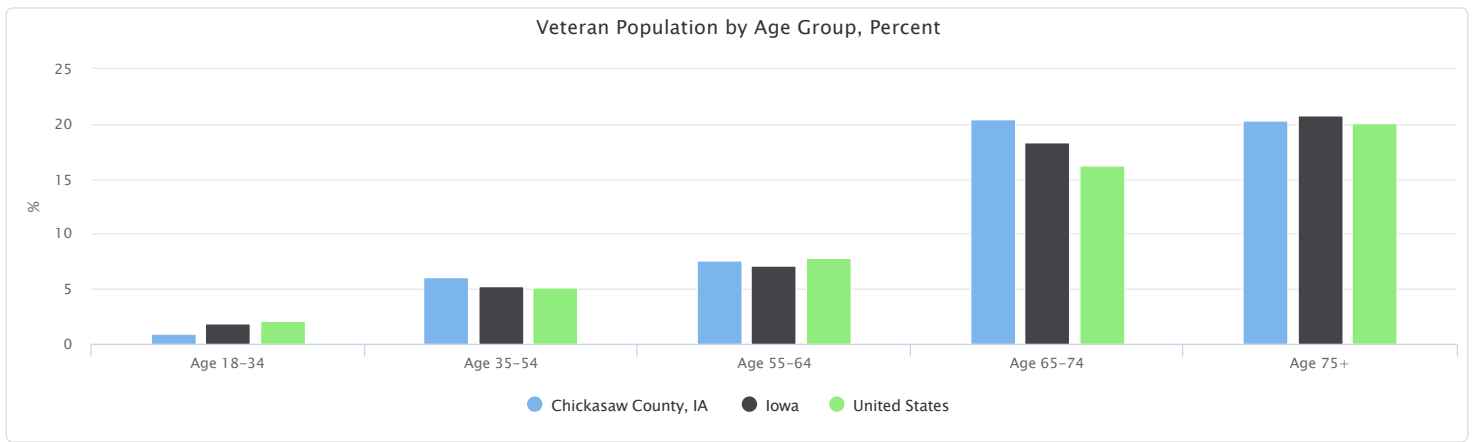
Chickasaw County, IA



Veteran Population by Age Group, Percent

This indicator reports the percentage of veterans in the report area by age group.

Report Area	Age 18-34	Age 35-54	Age 55-64	Age 65-74	Age 75+
Chickasaw County, IA	0.89%	6.11%	7.63%	20.40%	20.34%
Iowa	1.90%	5.31%	7.14%	18.34%	20.84%
United States	2.15%	5.17%	7.79%	16.29%	20.13%



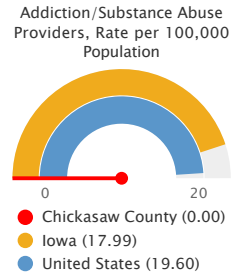
Healthcare Access

Access to Care - Addiction/Substance Abuse Providers

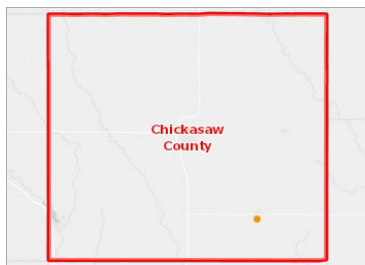
This indicator reports the number of providers who specialize in addiction or substance abuse treatment, rehabilitation, addiction medicine, or providing methadone. The providers include Doctors of Medicine (MDs), Doctor of Osteopathic Medicine (DOs), and other credentialed professionals with a Center for Medicare and Medicaid Services (CMS) and a valid National Provider Identifier (NPI). The number of facilities that specialize in addiction and substance abuse treatment are also listed (but are not included in the calculated rate). Data are from latest Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) Downloadable File.

Within the report area there are 0 providers who specialize in addiction or substance abuse. This represents 0.00 providers per 100,000 total population.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Chickasaw County, IA	12,012	2	0	0.00
Iowa	3,190,369	84	574	17.99
United States	334,735,155	14,659	65,595	19.60



Note: This indicator is compared to the state average.
 Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), May, 2021. Source geography: Address



[View larger map](#)

Addiction/Substance Abuse Providers, CMS NPPES May, 2021

- Addiction/Substance Abuse Providers, CMS NPPES May, 2021
- Chickasaw County, IA

Addiction/Substance Abuse Facilities

The table below lists providers in the report area that specialize in addiction/substance use treatment. Please note that the number of records returned is limited to 25. To view all records, please enter the map.

Organization	Address	City	State	ZIP Code	Phone Number	Provider Type (Primary)	Provider Type (Secondary)
PATHWAYS BEHAVIORAL SERVICES INC	951 N LINN AVE	NEW HAMPTON	IA	50659-1212	(641)3943172	No data	None Listed
PATHWAYS BEHAVIORAL SERVICES INC	602 S WASHINGTON AVE	FREDERICKSBURG	IA	50630-1003	(319)2356571	Substance Abuse Rehabilitation Facility	Substance Abuse Treatment, Children

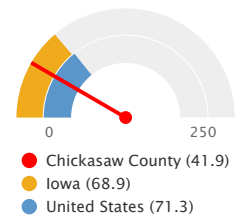
Access to Care - Dentists

This indicator reports the number of dentists in the report area as a rate per 100,000 total population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license. Data from the 2019 Area Health Resources File (AHRF) are used in the 2021 County Health Rankings.

Within the report area there are 5 dentists. This represents 41.9 providers per 100,000 total population.

Report Area	Estimated Population	Number of Dentists	Ratio of Dental Providers to Population (1 Provider per x Persons)	Dentists, Rate (Per 100,000 Population)
Chickasaw County, IA	11,933	5	2,386.6	41.9
Iowa	6,305,246	4,346	1,450.8	68.9
United States	655,519,517	467,398	1,402.5	71.3

Dentists, Rate (Per 100,000 Population)



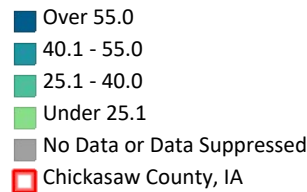
Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. Accessed via County Health Rankings. 2019.
Source geography: County



[View larger map](#)

Access to Dentists, Rate Per 100,000 Pop. by County, HRSA Area Health Resource File 2019



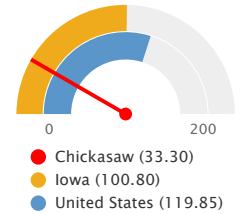
Access to Care - Mental Health Providers

This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in mental health. Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counselling, or child, adolescent, or adult mental health. The number of facilities that specialize in mental health are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Within the report area there are 4 mental health providers with a CMS National Provider Identifier (NPI). This represents 33.30 providers per 100,000 total population.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Chickasaw County, IA	12,012	1	4	33.30
Iowa	3,190,369	424	3,216	100.80
United States	334,735,155	50,390	401,192	119.85

Mental Health Care Providers, Rate per 100,000 Population



Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), May, 2021. Source geography: Address



[View larger map](#)

Mental Health Providers, All, CMS NPPES May, 2021

- Mental Health Providers, All, CMS NPPES May, 2021
- Chickasaw County, IA

Mental Health Care Providers

The table below lists providers in the report area that specialize in mental health care.

Please note that the number of records returned is limited to 25. To view all records, please enter the map.

Provider	Address	City	State	ZIP Code	Phone Number	Provider Type (Primary)	Provider Type (Secondary)
LAURIE THEIN, LMHC	123 E MAIN ST	FREDERICKSBURG	IA	50630-7701	(563)2375157	Mental Health	None Listed
LACEY SCHMITT, LMSW	602 S WASHINGTON AVE	FREDERICKSBURG	IA	50630-1003	(563)2375300	Mental Health	None Listed
KYLE CONRAD, LMHC	951 N LINN AVE	NEW HAMPTON	IA	50659-1212	(641)3942505	Mental Health	None Listed
SALEENA NEUHAUS, L.M.S.W.	26 N CHESTNUT AVE	NEW HAMPTON	IA	50659-1349	(641)3300901	Social Worker	None Listed

Mental Health Care Facilities

The table below lists facilities in the report area that specialize in mental health care.

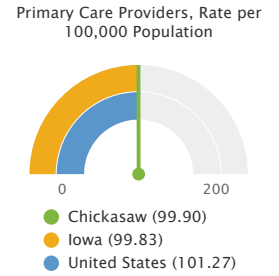
Please note that the number of records returned is limited to 25. To view all records, please enter the map.

Organization	Address	City	State	ZIP Code	Phone Number	Provider Type (Primary)	Provider Type (Secondary)
PATHWAYS BEHAVIORAL SERVICES INC	951 N LINN AVE	NEW HAMPTON	IA	50659-1212	(641)3943172	No data	None Listed

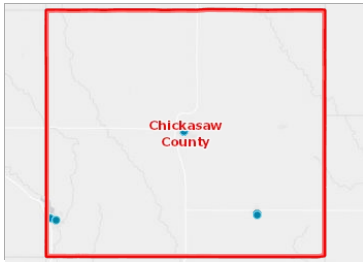
Access to Care - Primary Care

This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in primary care. Primary health providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics. The number of facilities that specialize in primary health care are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Chickasaw County, IA	12,012	3	12	99.90
Iowa	3,190,369	714	3,185	99.83
United States	334,735,155	114,395	338,978	101.27



Note: This indicator is compared to the state average.
 Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May, 2021. Source geography: Address



[View larger map](#)

Primary Care Physicians, All, CMS NPPES May, 2021

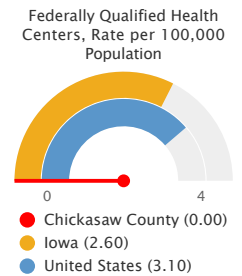
- Primary Care Physicians, All, CMS NPPES May, 2021
- Chickasaw County, IA

Federally Qualified Health Centers

This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

Within the report area, there are 0 Federally Qualified Health Centers. This means there is a rate of 0.00 Federally Qualified Health Centers per 100,000 total population.

Report Area	Total Population (2020)	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers per 100,000 Population
Chickasaw County, IA	12,012	0	0.00
Iowa	3,190,369	83	2.60
United States	334,735,155	10,371	3.10



Note: This indicator is compared to the state average.
 Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. September 2020. Source geography: Address



[View larger map](#)

Federally Qualified Health Centers, POS September 2020

- Federally Qualified Health Centers, POS September 2020
- Chickasaw County, IA

Health Professional Shortage Areas

This indicator reports the number and location of health care facilities designated as "Health Professional Shortage Areas" (HPSAs), defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Within the report area, there is a total of 0 Health Professional Shortage Areas (HPSAs).

Report Area	Primary Care Facilities	Mental Health Care Facilities	Dental Health Care Facilities	Total HPSA Facility Designations
Chickasaw County, IA	0	0	0	0
Iowa	69	57	59	185
United States	3,979	3,617	3,432	11,028

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database. May 2021. Source geography: Address



[View larger map](#)

Facilities Designated as HPSAs, HRSA HPSA Database May 2021

- Primary Care
- Mental Health
- Dental Health
- Chickasaw County, IA

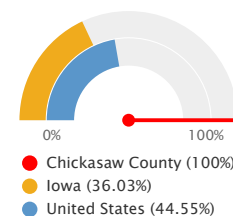
Health Professional Shortage Areas - Dental Care

This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of dental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Within the report area, there are 12,439 people living in a Health Professional Shortage Area of dental health professionals. This means 100% of people don't have access to a dentist.

Report Area	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Chickasaw County, IA	12,439	12,439	100%
Iowa	3,046,355	1,097,514	36.03%
United States	308,745,538	137,561,125	44.55%

Percentage of Population Living in a HPSA



Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database. May 2021. Source geography: HPSA



[View larger map](#)

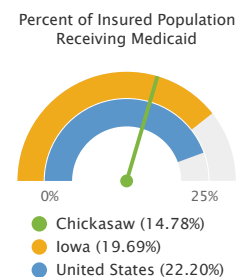
Dental Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database May 2021

- Population Group; Over 20.0 FTE Needed
- Population Group; 1.1 - 20.0 FTE Needed
- Population Group; Under 1.1 FTE Needed
- Geographic Area; Over 20.0 FTE Needed
- Geographic Area; 1.1 - 20.0 FTE Needed
- Geographic Area; Under 1.1 FTE Needed
- Chickasaw County, IA

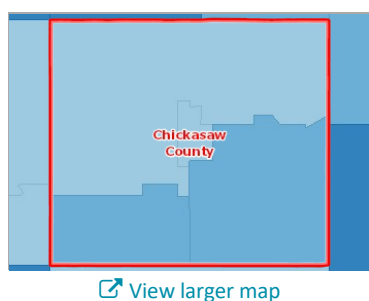
Insurance - Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Chickasaw County, IA	11,889	11,174	1,652	14.78%
Iowa	3,096,125	2,951,518	581,124	19.69%
United States	319,706,872	291,458,259	64,716,091	22.20%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract

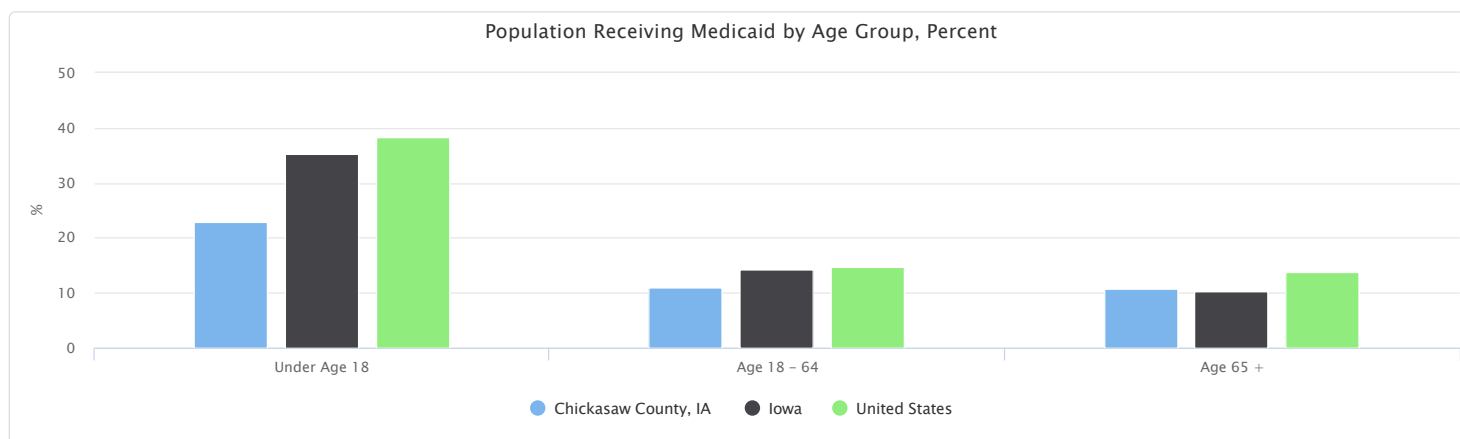


Insured, Medicaid / Means-Tested Coverage, Percent by Tract, ACS 2015-19

- Over 25.0%
- 20.1 - 25.0%
- 15.1 - 20.0%
- Under 15.1%
- No Data or Data Suppressed
- Chickasaw County, IA

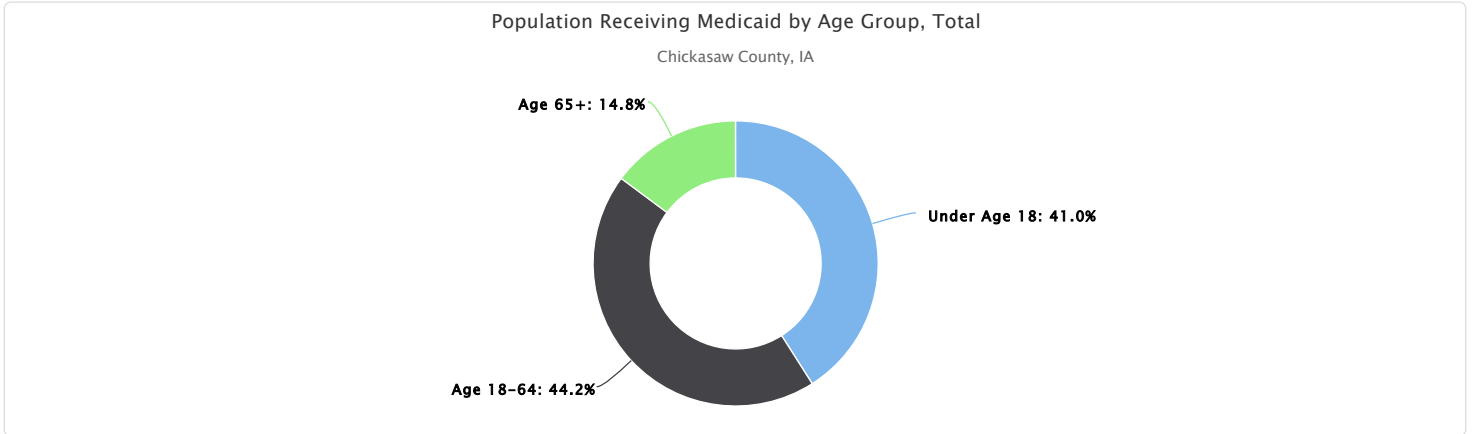
Population Receiving Medicaid by Age Group, Percent

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Chickasaw County, IA	23.00%	10.98%	10.68%
Iowa	35.18%	14.16%	10.27%
United States	38.23%	14.65%	13.76%



Population Receiving Medicaid by Age Group, Total

Report Area	Under Age 18	Age 18-64	Age 65+
Chickasaw County, IA	677	730	245
Iowa	271,422	258,054	51,648
United States	29,709,979	28,196,552	6,809,560



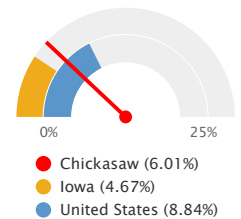
Insurance - Uninsured Population

The lack of health insurance is considered a *key driver* of health status.

In the report area 6.01% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 4.67%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

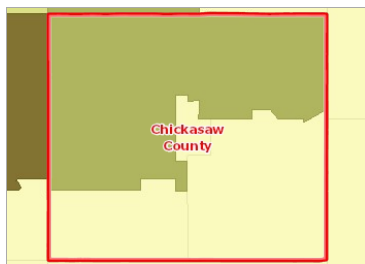
Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Chickasaw County, IA	11,889	715	6.01%
Iowa	3,096,125	144,607	4.67%
United States	319,706,872	28,248,613	8.84%

Uninsured Population, Percent



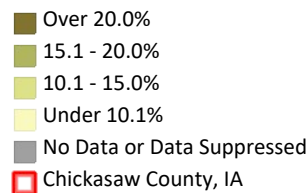
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

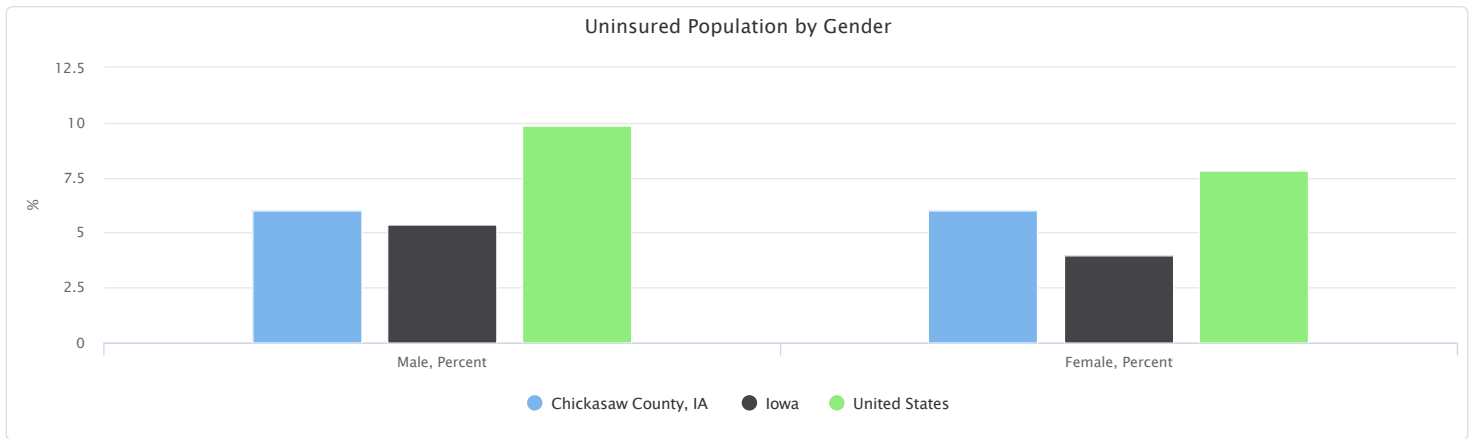
Uninsured Population, Percent by Tract, ACS 2015-19



Uninsured Population by Gender

This indicator reports the uninsured population by gender.

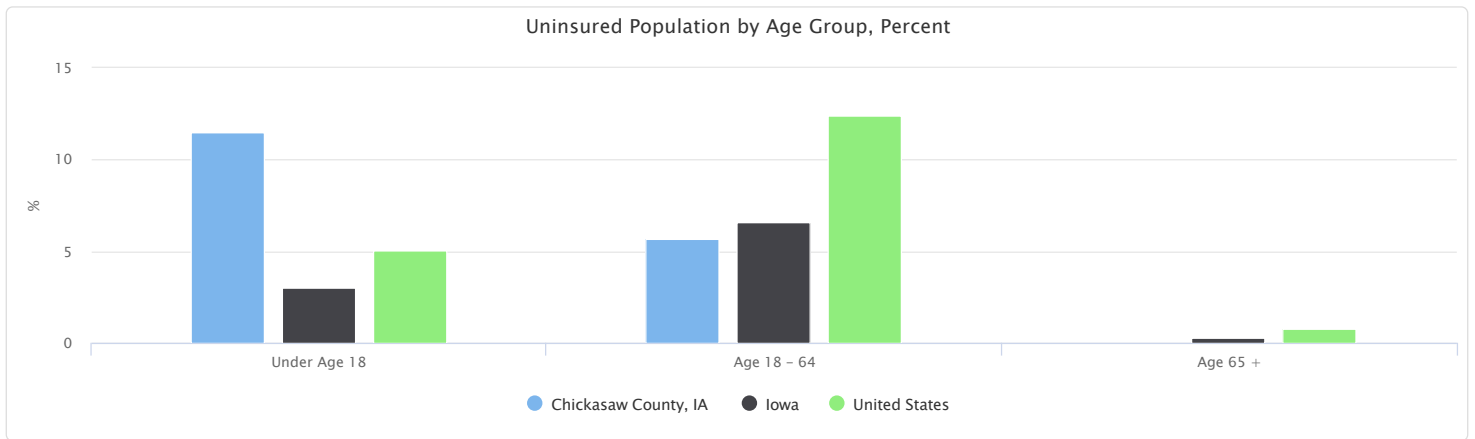
Report Area	Male	Female	Male, Percent	Female, Percent
Chickasaw County, IA	363	352	6.02%	6.00%
Iowa	82,509	62,098	5.38%	3.98%
United States	15,420,135	12,828,478	9.87%	7.85%



Uninsured Population by Age Group, Percent

This indicator reports the percentage of uninsured population by age group.

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Chickasaw County, IA	11.48%	5.67%	0.00%
Iowa	2.98%	6.60%	0.28%
United States	5.08%	12.42%	0.79%

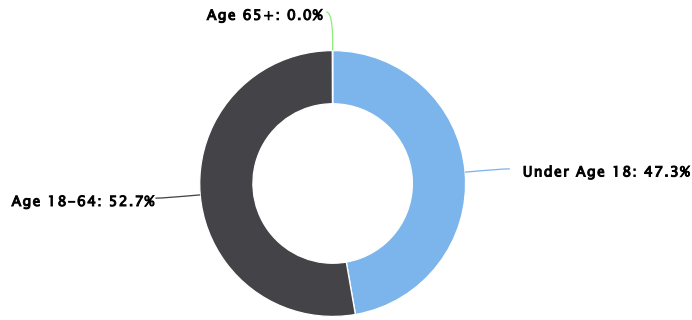


Uninsured Population by Age Group, Total

This indicator reports the total uninsured population by age group.

Report Area	Under Age 18	Age 18-64	Age 65+
Chickasaw County, IA	338	377	0
Iowa	22,962	120,230	1,415
United States	3,945,906	23,910,236	392,471

Uninsured Population by Age Group, Total
Chickasaw County, IA

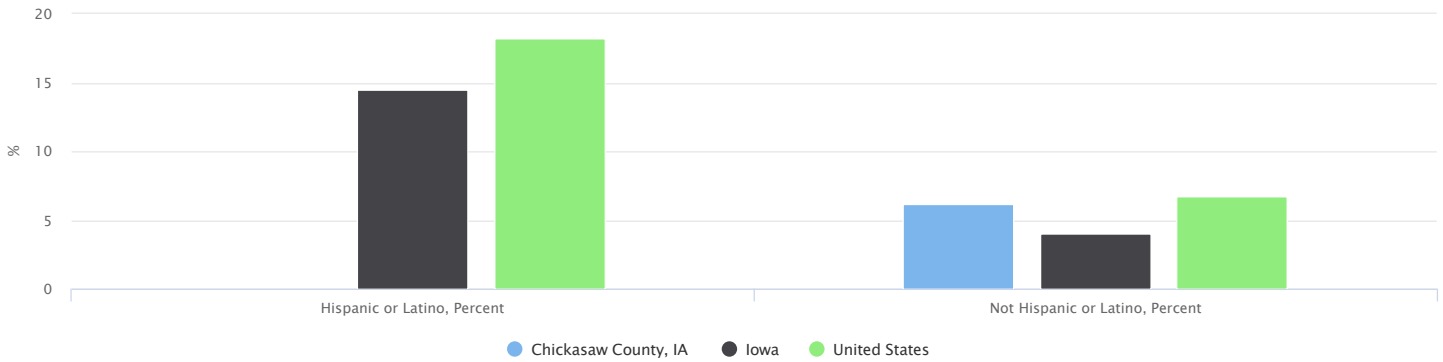


Uninsured Population by Ethnicity Alone

This indicator reports the uninsured population by ethnicity alone.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Chickasaw County, IA	0	715	0.00%	6.17%
Iowa	26,964	117,643	14.44%	4.04%
United States	10,515,589	17,733,024	18.22%	6.77%

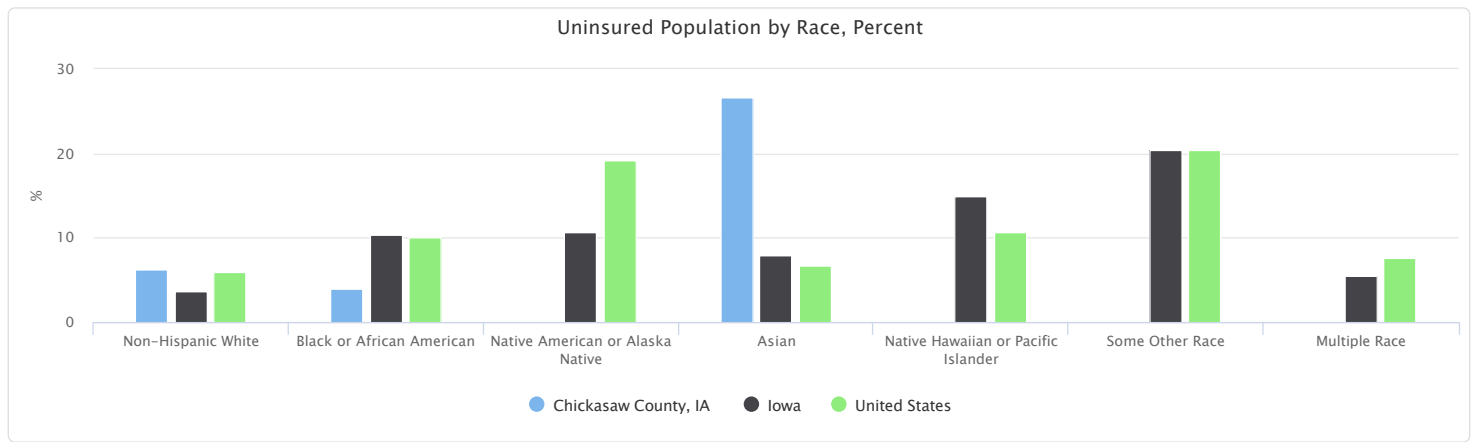
Uninsured Population by Ethnicity Alone



Uninsured Population by Race, Percent

This indicator reports the percentage of uninsured population by race alone.

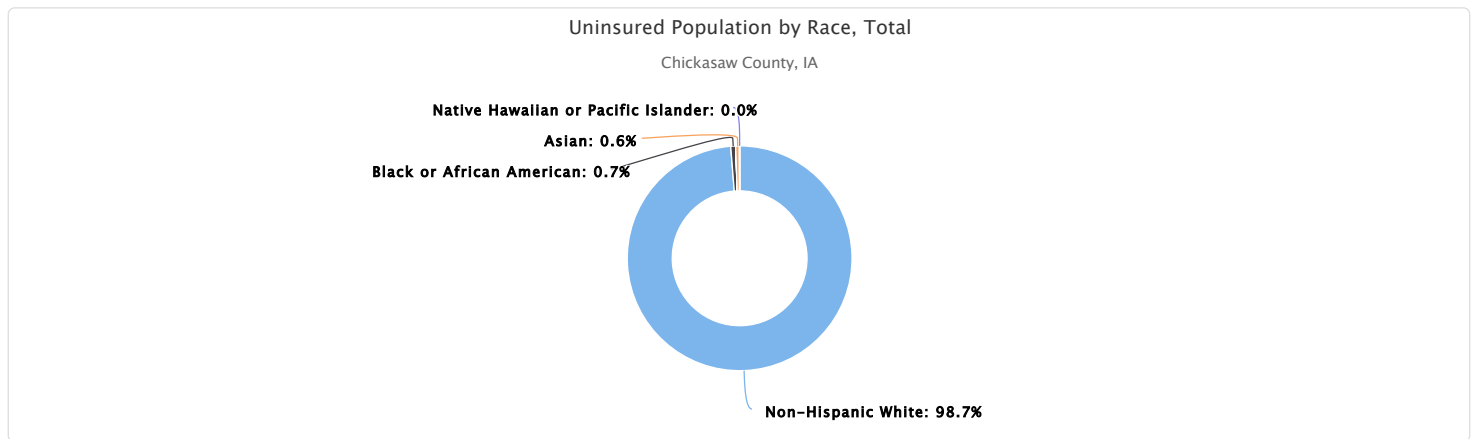
Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	6.20%	4.00%	0.00%	26.67%	0.00%	0.00%	0.00%
Iowa	3.61%	10.34%	10.64%	7.89%	14.86%	20.38%	5.47%
United States	5.94%	10.07%	19.23%	6.73%	10.63%	20.38%	7.67%



Uninsured Population by Race, Total

This indicator reports the total uninsured population by race alone.

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	706	5	0	4	0	0	0
Iowa	95,673	11,598	1,230	5,956	552	7,925	3,596
United States	11,541,949	4,024,678	515,950	1,200,568	62,249	3,230,689	813,166

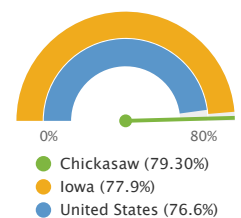


Recent Primary Care Visit

This indicator reports the percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year.

Report Area	Total Population (2019)	Percentage of Adults with Routine Checkup in Past 1 Year
Chickasaw County, IA	11,933	79.30%
Iowa	3,155,070	77.9%
United States	164,119,761	76.6%

Percentage of Adults with Routine Checkup in Past 1 Year



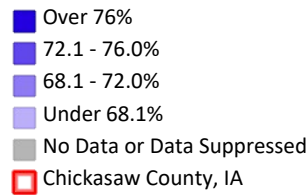
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2019. Source geography: Tract



[View larger map](#)

Primary Care Physician Visit, Percentage of Adults Seen in Past 1 Year by Tract, CDC BRFSS PLACES Project 2019



Economic Stability

Area Deprivation Index

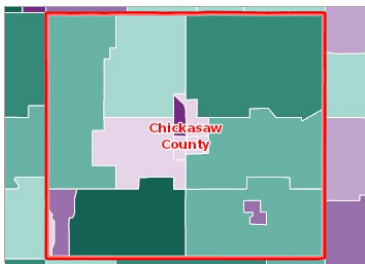
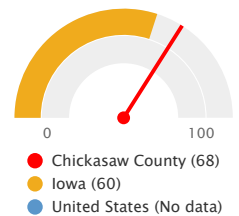
This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The Area Deprivation Index ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (Education; Income & Employment; Housing; and Household Characteristics). The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

Report Area	Total Population	State Percentile	National Percentile
Chickasaw County, IA	12,026	56	68
Iowa	3,062,755	No data	60
United States	320,934,417	No data	No data

Note: This indicator is compared to the state average.

Data Source: University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas, 2021. Source geography: Block Group

Area Deprivation Index Score (Average)



[View larger map](#)

Area Deprivation Index (2019), State Decile by Block Group, Neighborhood Atlas 2021



Employment - Jobs and Earnings by Sector

The number of jobs and total wage and salary earnings from employment in the report area are broken down by economic sector in this indicator output. These figures include both private and government employment. The sectors listed represent private employment except for the last table which includes all the earnings from jobs with local, state and federal government. A negative number means that overall business in that sector lost money for the year in the report area.

Notes:

(D) - Not shown to avoid disclosure of confidential information, but the estimates for this item are included in the totals

(L) - Less than \$50,000, but the estimates for this item are included in the totals

(no data) - Data not available for this year.

Farm; Nonfarm; Private Nonfarm

Report Area	Farm Jobs	Farm Earnings (\$1,000)	Farm Average	Nonfarm Jobs	Nonfarm Earnings (\$1,000)	Nonfarm Average	Private Nonfarm Jobs	Private Nonfarm Earnings (\$1,000)	Private Nonfarm Average
Chickasaw County, IA	989	\$58,748	\$59,401	6,813	\$427,389	\$62,731	6,111	\$386,857	\$63,305
Iowa	88,874	\$6,159,553	\$69,307	2,004,761	\$108,571,096	\$54,157	1,732,803	\$90,090,517	\$51,991
United States	2,601,000	\$86,741,000	\$33,349	201,208,500	\$12,993,824,000	\$64,579	176,472,500	\$10,936,342,000	\$61,972

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2019. Source geography: County

Forestry, Fishing, and Related Activities; Mining; Utilities

Report Area	Forestry, Fishing, and Related Activities Jobs	Forestry, Fishing, and Related Activities Earnings (\$1,000)	Forestry, Fishing, and Related Activities Average	Mining Jobs	Mining Earnings (\$1,000)	Mining Average	Utilities Jobs	Utilities Earnings (\$1,000)	Utilities Average
Chickasaw County, IA	No data	No data	No data	No data	No data	No data	No data	No data	No data
Iowa	17,327	\$689,566	\$39,797	3,609	\$218,856	\$60,642	6,468	\$875,823	\$135,409
United States	984,100	\$37,807,000	\$38,418	1,127,100	\$172,288,000	\$152,860	577,800	\$112,048,000	\$193,922

Data Source: US Department of Commerce, US Bureau of Economic Analysis.

Construction; Manufacturing

Report Area	Construction Jobs	Construction Earnings (\$1,000)	Construction Average	Manufacturing Jobs	Manufacturing Earnings (\$1,000)	Manufacturing Average
Chickasaw County, IA	424	\$25,591	\$60,356	1,472	\$173,546	\$117,898
Iowa	118,314	\$7,906,620	\$66,827	233,167	\$18,464,900	\$79,192
United States	11,282,500	\$803,607,000	\$71,226	13,570,100	\$1,186,740,000	\$87,452

Data Source: US Department of Commerce, US Bureau of Economic Analysis.

Wholesale Trade; Retail Trade; Transportation and Warehousing

Report Area	Wholesale Trade Jobs	Wholesale Trade Earnings (\$1,000)	Wholesale Trade Average	Retail Trade Jobs	Retail Trade Earnings (\$1,000)	Retail Trade Average	Transportation and Warehousing Jobs	Transportation and Warehousing Earnings (\$1,000)	Transportation and Warehousing Average
Chickasaw County, IA	374	\$25,925	\$69,318	811	\$27,438	\$33,832	No data	No data	No data
Iowa	71,438	\$5,693,620	\$79,700	216,557	\$6,471,920	\$29,886	85,344	\$4,955,930	\$58,070
United States	6,516,600	\$603,372,000	\$92,590	19,084,500	\$732,937,000	\$38,405	9,178,600	\$529,370,000	\$57,674

Data Source: US Department of Commerce, US Bureau of Economic Analysis.

Information; Finance and Insurance; Real Estate and Rental and Leasing

Report Area	Information Jobs	Information Earnings (\$1,000)	Information Average	Finance and Insurance Jobs	Finance and Insurance Earnings (\$1,000)	Finance and Insurance Average	Real Estate and Rental and Leasing Jobs	Real Estate and Rental and Leasing Earnings (\$1,000)	Real Estate and Rental and Leasing Average
Chickasaw County, IA	No data	No data	No data	330	\$8,848	\$26,812	266	\$6,480	\$24,361
Iowa	26,031	\$1,769,590	\$67,980	140,024	\$9,844,230	\$70,304	76,884	\$1,343,570	\$17,475
United States	3,470,600	\$474,531,000	\$136,729	10,959,600	\$899,452,000	\$82,070	9,818,000	\$333,378,000	\$33,956

Data Source: US Department of Commerce, US Bureau of Economic Analysis.

Professional, Scientific, and Technical Services; Management of Companies and Enterprises

Report Area	Professional, Scientific, and Technical Services Jobs	Professional, Scientific, and Technical Services Earnings (\$1,000)	Professional, Scientific, and Technical Services Average	Management of Companies and Enterprises Jobs	Management of Companies and Enterprises Earnings (\$1,000)	Management of Companies and Enterprises Average
Chickasaw County, IA	150	\$6,428	\$42,853	No data	No data	No data
Iowa	83,767	\$5,594,870	\$66,791	22,787	\$2,200,270	\$96,558
United States	14,731,300	\$1,383,840,000	\$93,939	2,786,000	\$357,552,000	\$128,339

Data Source: US Department of Commerce, US Bureau of Economic Analysis.

Administrative and Waste Management Services; Educational Services

Report Area	Administrative and Waste Management Services Jobs	Administrative and Waste Management Services Earnings (\$1,000)	Administrative and Waste Management Services Average	Educational Services Jobs	Educational Services Earnings (\$1,000)	Educational Services Average
Chickasaw County, IA	No data	No data	No data	No data	No data	No data
Iowa	87,471	\$3,213,590	\$36,739	44,976	\$1,517,300	\$33,736
United States	12,589,500	\$554,717,000	\$44,062	4,804,200	\$220,272,000	\$45,850

Data Source: US Department of Commerce, US Bureau of Economic Analysis.

Health Care and Social Assistance; Arts, Entertainment, and Recreation

Report Area	Health Care and Social Assistance <i>Jobs</i>	Health Care and Social Assistance <i>Earnings (\$1,000)</i>	Health Care and Social Assistance <i>Average</i>	Arts, Entertainment, and Recreation <i>Jobs</i>	Arts, Entertainment, and Recreation <i>Earnings (\$1,000)</i>	Arts, Entertainment, and Recreation <i>Average</i>
Chickasaw County, IA	No data	No data	No data	96	\$847	\$8,823
Iowa	218,674	\$11,656,600	\$53,306	38,900	\$649,778	\$16,704
United States	23,091,800	\$1,439,650,000	\$62,345	4,864,400	\$169,699,000	\$34,886

Data Source: US Department of Commerce, US Bureau of Economic Analysis.

Accommodation and Food Services; Other Services, Except Public Administration

Report Area	Accommodation and Food Services <i>Jobs</i>	Accommodation and Food Services <i>Earnings (\$1,000)</i>	Accommodation and Food Services <i>Average</i>	Other Services, Except Public Administration <i>Jobs</i>	Other Services, Except Public Administration <i>Earnings (\$1,000)</i>	Other Services, Except Public Administration <i>Average</i>
Chickasaw County, IA	274	\$3,711	\$13,544	No data	No data	No data
Iowa	132,808	\$2,957,780	\$22,271	108,257	\$4,065,680	\$37,556
United States	15,286,900	\$455,918,000	\$29,824	11,748,900	\$469,162,000	\$39,932

Data Source: US Department of Commerce, US Bureau of Economic Analysis.

Government and Government Enterprises

Report Area	Government and Government Enterprises <i>Jobs</i>	Government and Government Enterprises <i>Earnings (\$1,000)</i>	Government and Government Enterprises <i>Average</i>
Chickasaw County, IA	702	\$40,532	\$57,738
Iowa	271,958	\$18,480,600	\$67,954
United States	24,736,000	\$2,057,480,000	\$83,178

Data Source: US Department of Commerce, US Bureau of Economic Analysis.

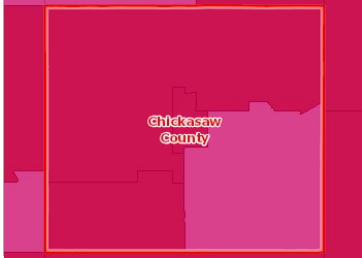
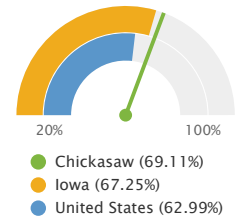
Employment - Labor Force Participation Rate

The table below displays the labor force participation rate for the report area. According to the 2015 – 2019 American Community Survey, of the 9,594 working age population, 6,630 are included in the labor force. The labor force participation rate is 69.11%.

Report Area	Total Population Age 16+	Labor Force	Labor Force Participation Rate
Chickasaw County, IA	9,594	6,630	69.11%
Iowa	2,492,793	1,676,475	67.25%
United States	259,662,880	163,555,585	62.99%

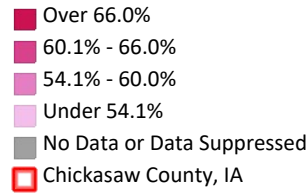
Note: This indicator is compared to the state average.
 Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: County

Labor Force Participation Rate



[View larger map](#)

Labor Force, Participation Rate by Tract, ACS 2015-19



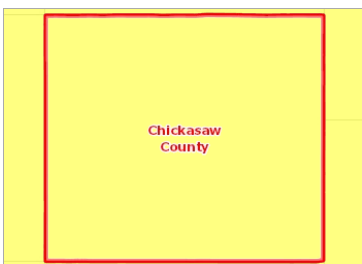
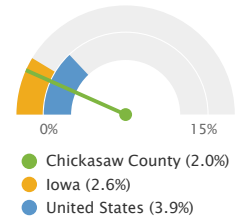
Employment - Unemployment Rate

Total unemployment in the report area for the current month equals 129, or 2.0% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Chickasaw County, IA	6,329	6,200	129	2.0%
Iowa	1,664,824	1,621,201	43,623	2.6%
United States	163,209,299	156,826,889	6,382,411	3.9%

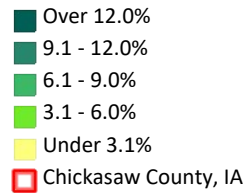
Note: This indicator is compared to the state average.
 Data Source: US Department of Labor, Bureau of Labor Statistics, 2021 - November. Source geography: County

Unemployment Rate



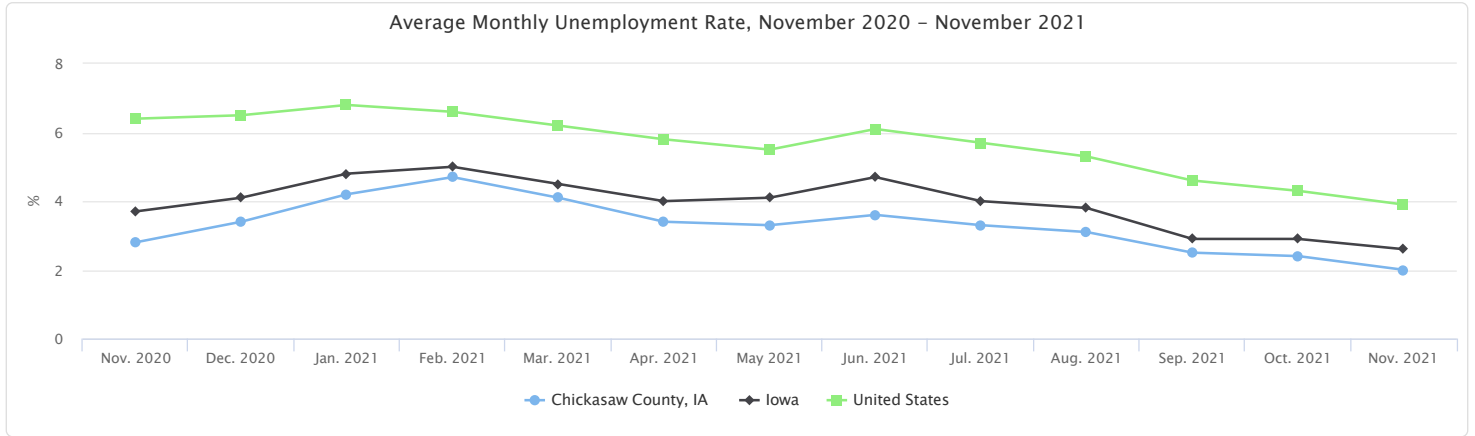
[View larger map](#)

Unemployment, Rate by County, BLS 2021 - November



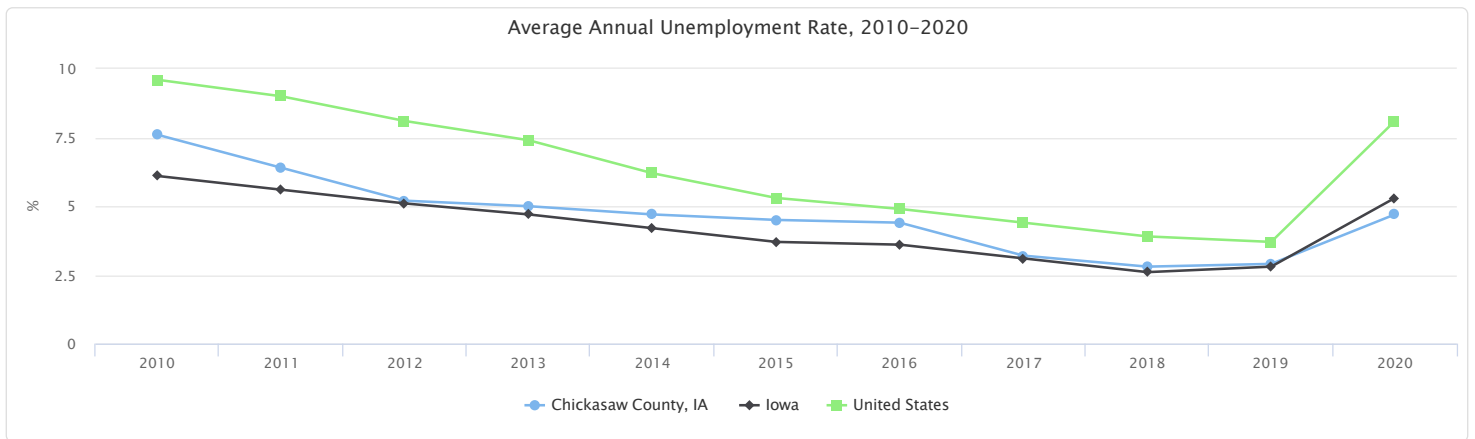
Average Monthly Unemployment Rate, November 2020 - November 2021

Report Area	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021	Mar. 2021	Apr. 2021	May 2021	Jun. 2021	Jul. 2021	Aug. 2021	Sep. 2021	Oct. 2021	Nov. 2021
Chickasaw County, IA	2.8%	3.4%	4.2%	4.7%	4.1%	3.4%	3.3%	3.6%	3.3%	3.1%	2.5%	2.4%	2.0%
Iowa	3.7%	4.1%	4.8%	5.0%	4.5%	4.0%	4.1%	4.7%	4.0%	3.8%	2.9%	2.9%	2.6%
United States	6.4%	6.5%	6.8%	6.6%	6.2%	5.8%	5.5%	6.1%	5.7%	5.3%	4.6%	4.3%	3.9%



Average Annual Unemployment Rate, 2010-2020

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Chickasaw County, IA	7.6%	6.4%	5.2%	5.0%	4.7%	4.5%	4.4%	3.2%	2.8%	2.9%	4.7%
Iowa	6.1%	5.6%	5.1%	4.7%	4.2%	3.7%	3.6%	3.1%	2.6%	2.8%	5.3%
United States	9.6%	9.0%	8.1%	7.4%	6.2%	5.3%	4.9%	4.4%	3.9%	3.7%	8.1%



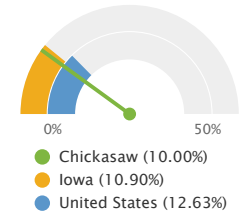
Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Chickasaw County, IA	12,100	1,210	10.00%
Iowa	3,136,606	341,890	10.90%
United States	325,717,422	41,133,950	12.63%

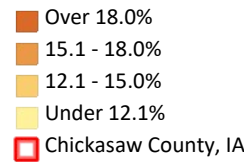
Note: This indicator is compared to the state average.
Data Source: Feeding America, 2017. Source geography: County

Percentage of Total Population with Food Insecurity



[View larger map](#)

Food Insecure Population, Percent by County, Feeding America 2017



Food Insecurity - Food Insecure Children

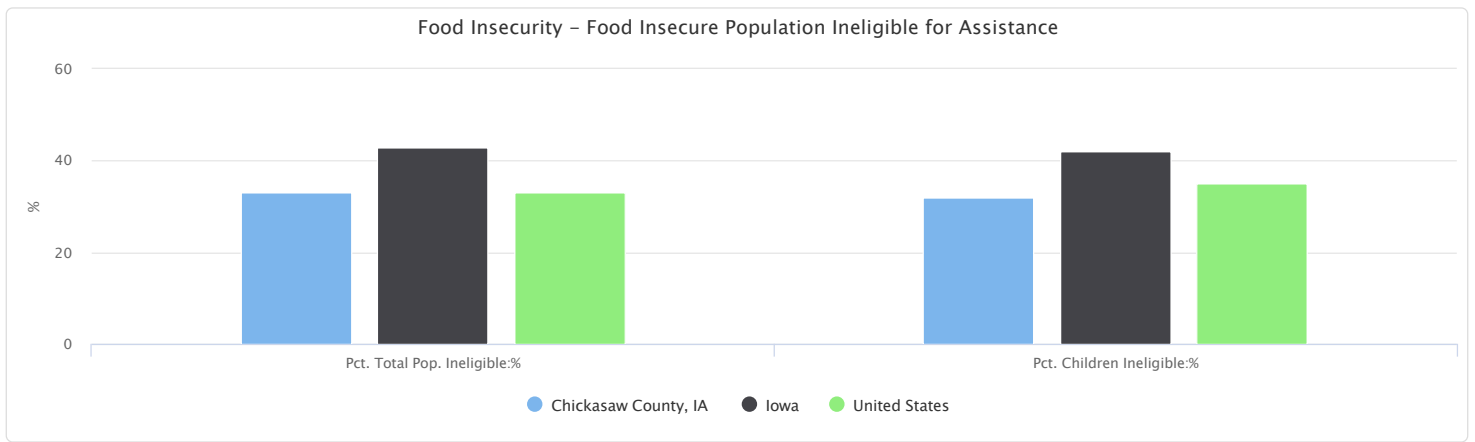
This indicator reports the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Population Under Age 18	Food Insecure Children, Total	Child Food Insecurity Rate
Chickasaw County, IA	2,848	430	15.10%
No data	No data	No data	
United States	73,641,039	13,411,620	18.21%

Food Insecurity - Food Insecure Population Ineligible for Assistance

This indicator reports the estimated percentage of the total population and the population under age 18 that experienced food insecurity at some point during the report year, but are ineligible for State or Federal nutrition assistance. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for assistance programs (SNAP, WIC, school meals, CSFP and TEFAP).

Report Area	Food Insecure Population	Food Insecure Population Ineligible for Assistance, Percent	Food Insecure Children	Food Insecure Children Ineligible for Assistance, Percent
Chickasaw County, IA	1,210	33.00%	430	32.00%
Iowa	341,890	43.00%	111,520	42.00%
United States	41,133,950	33.00%	13,411,620	35.00%



Homeless Children and Youth

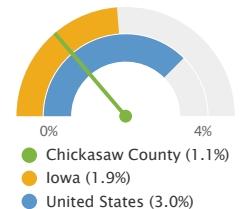
This indicator reports the number of homeless children and youth enrolled in the public school system during the school year 2018-2019. According to the data source definitions, homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. Those who are homeless may be sharing the housing of other persons, living in motels, hotels, or camping grounds, in emergency transitional shelters, or may be unsheltered. Data are aggregated to the report-area level based on school-district summaries where three or more homeless children are counted.

In the report area, of all the 1,509 students enrolled during the school year 2018-2019, there were 16 or 1.1% homeless students, which is lower than the statewide rate of 1.9%.

Note: Data are available for 80.0% of school districts in the report area, representing 88.2% of the public school student population.

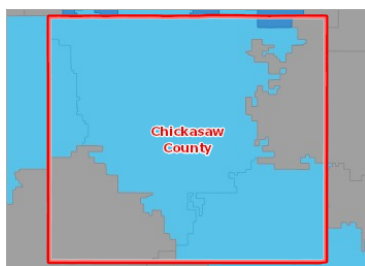
Report Area	Total Students	Districts Reporting	Students in Reported Districts	Homeless Students	Homeless Students, Percent
Chickasaw County, IA	1,509	80.0%	88.2%	16	1.1%
Iowa	395,336	41.7%	90.6%	7,361	1.9%
United States	47,424,948	69.8%	97.6%	1,430,341	3.0%

Rate of Homelessness Among Public School Students (in Reported Districts)



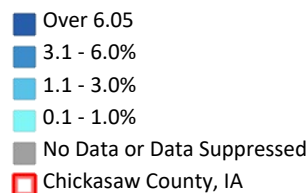
Note: This indicator is compared to the state average.

Data Source: US Department of Education, EDData. Additional data analysis by CARES, 2018-19. Source geography: School District



[View larger map](#)

Homeless Students, Percent by School District (Elementary), EDData 2018-19



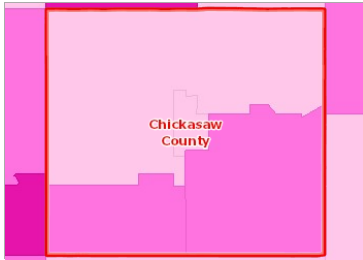
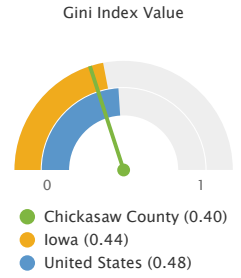
Income - Income Inequality (GINI Index)

This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one house-hold has any income. A value of zero indicates perfect equality, where all households have equal income.

Index values are acquired from the 2015-19 American Community Survey and are not available for custom report areas or multi-county areas.

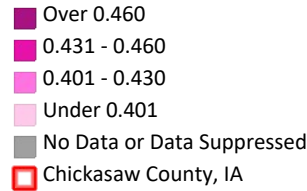
Report Area	Total Households	Gini Index Value
Chickasaw County, IA	5,173	0.40
Iowa	1,265,473	0.44
United States	120,756,048	0.48

Note: This indicator is compared to the state average.
 Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

Income Inequality (GINI), Index Value by Tract, ACS 2015-19

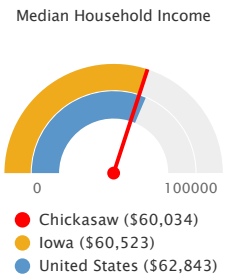


Income - Median Household Income

This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. There are 5,173 households in the report area, with an average income of \$72,307 and median income of \$60,034.

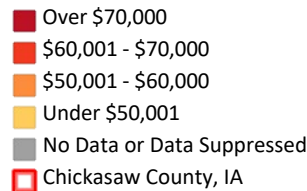
Report Area	Total Households	Average Household Income	Median Household Income
Chickasaw County, IA	5,173	\$72,307	\$60,034
Iowa	1,265,473	\$78,411	\$60,523
United States	120,756,048	\$88,607	\$62,843

Note: This indicator is compared to the state average.
 Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

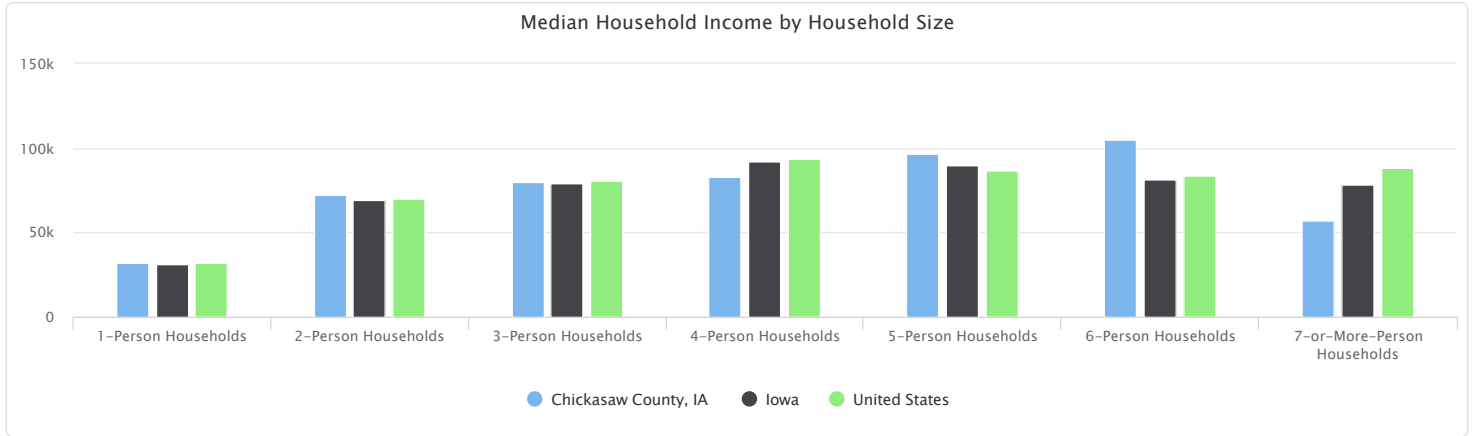
Median Household Income by Tract, ACS 2015-19



Median Household Income by Household Size

This indicator reports the median household income of the report area by household size.

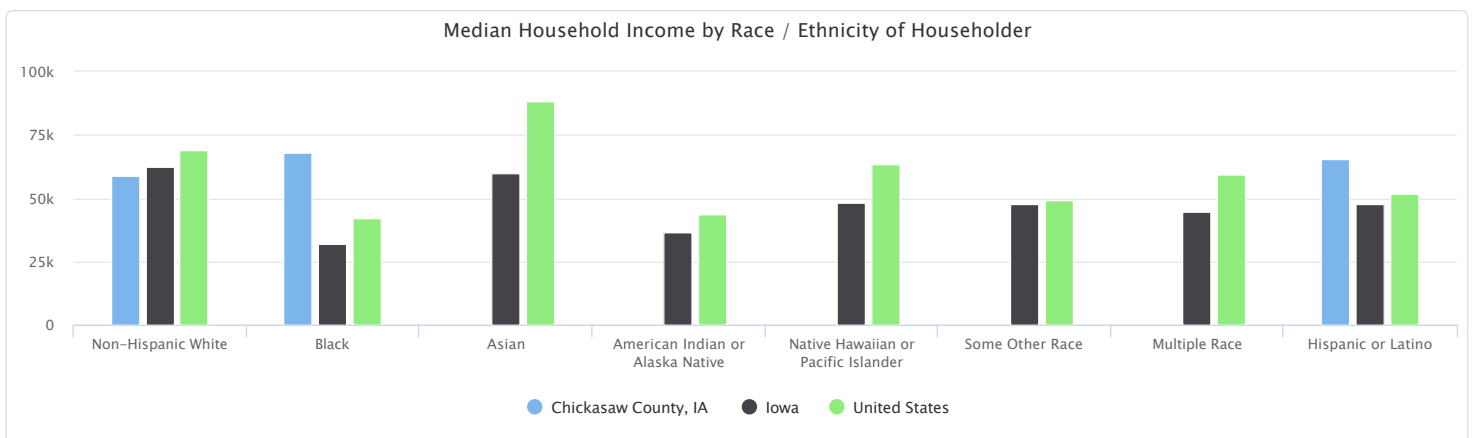
Report Area	1-Person Households	2-Person Households	3-Person Households	4-Person Households	5-Person Households	6-Person Households	7-or-More-Person Households
Chickasaw County, IA	\$32,122	\$72,473	\$80,250	\$83,371	\$96,389	\$105,000	\$56,853
Iowa	\$30,853	\$69,127	\$79,425	\$92,225	\$89,829	\$81,681	\$78,341
United States	\$32,008	\$70,231	\$81,087	\$93,831	\$86,817	\$83,852	\$88,580



Median Household Income by Race / Ethnicity of Householder

This indicator reports the median household income of the report area by race / ethnicity of householder.

Report Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race	Hispanic or Latino
Chickasaw County, IA	\$59,074	\$68,147	No data	No data	No data	No data	No data	\$65,352
Iowa	\$62,628	\$32,139	\$59,890	\$36,794	\$48,173	\$47,938	\$44,727	\$47,502
United States	\$68,785	\$41,935	\$88,204	\$43,825	\$63,613	\$49,221	\$59,184	\$51,811

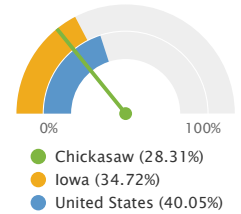


Poverty - Children Below 200% FPL

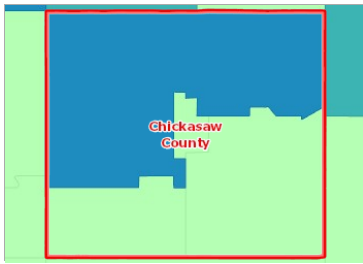
In the report area 28.31% or 767 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population Under Age 18	Population Under Age 18 at or Below 200% FPL	Percent Population Under Age 18 at or Below 200% FPL
Chickasaw County, IA	2,709	767	28.31%
Iowa	715,270	248,322	34.72%
United States	72,235,700	28,929,639	40.05%

Percent Population Under Age 18 at or Below 200% FPL



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2015-19

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

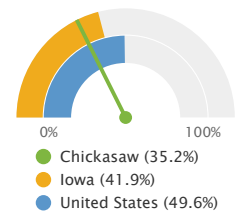
Poverty - Children Eligible for Free/Reduced Price Lunch

Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).

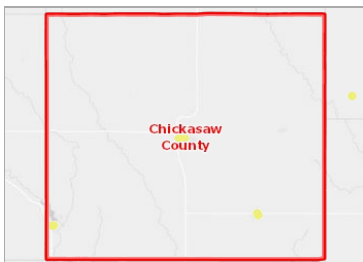
Out of 1,998 total public school students in the report area, 704 were eligible for the free or reduced price lunch program in the latest report year. This represents 35.2% of public school students, which is lower than the state average of 41.9%.

Report Area	Total Students	Students Eligible for Free or Reduced Price Lunch	Students Eligible for Free or Reduced Price Lunch, Percent
Chickasaw County, IA	1,998	704	35.2%
Iowa	509,007	213,375	41.9%
United States	50,829,148	25,226,683	49.6%

Percentage of Students Eligible for Free or Reduced Price School Lunch



Note: This indicator is compared to the state average.
Data Source: National Center for Education Statistics, NCES - Common Core of Data, 2019-20. Source geography: Address



[View larger map](#)

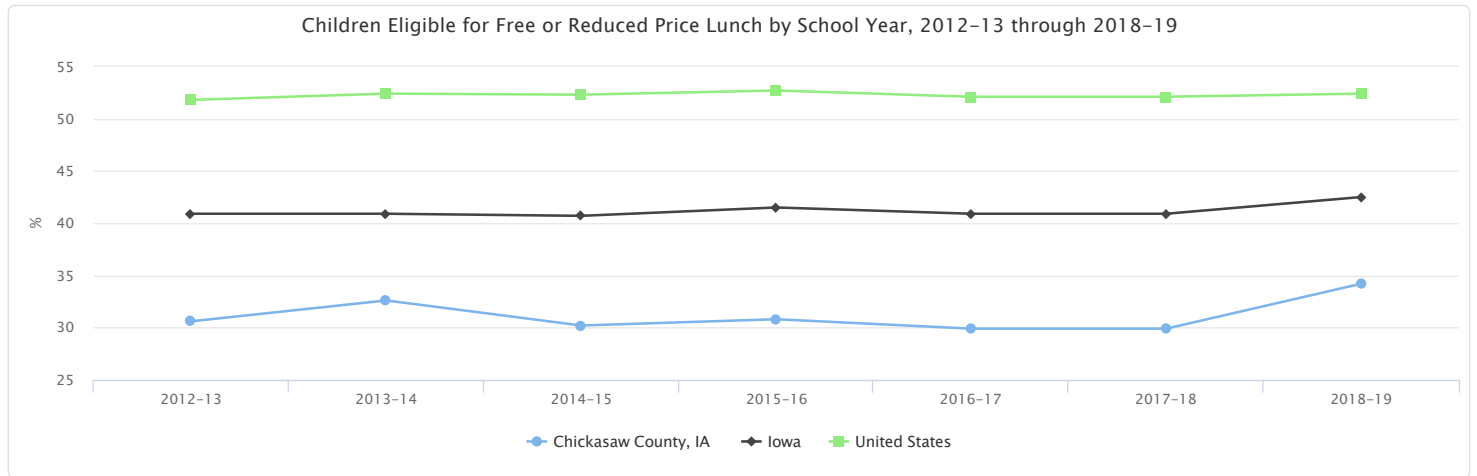
Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2019-20

- Over 90.0%
- 75.1% - 90.0%
- 50.1% - 75.0%
- 20.1% - 50.0%
- Under 20.1%
- Not Reported
- Chickasaw County, IA

Children Eligible for Free or Reduced Price Lunch by School Year, 2012-13 through 2018-19

The table below shows local, state, and national trends in student free and reduced lunch eligibility by percent.

Report Area	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Chickasaw County, IA	30.6%	32.6%	30.2%	30.8%	29.9%	29.9%	34.2%
Iowa	40.9%	40.9%	40.7%	41.5%	40.9%	40.9%	42.5%
United States	51.8%	52.4%	52.3%	52.7%	52.1%	52.1%	52.4%

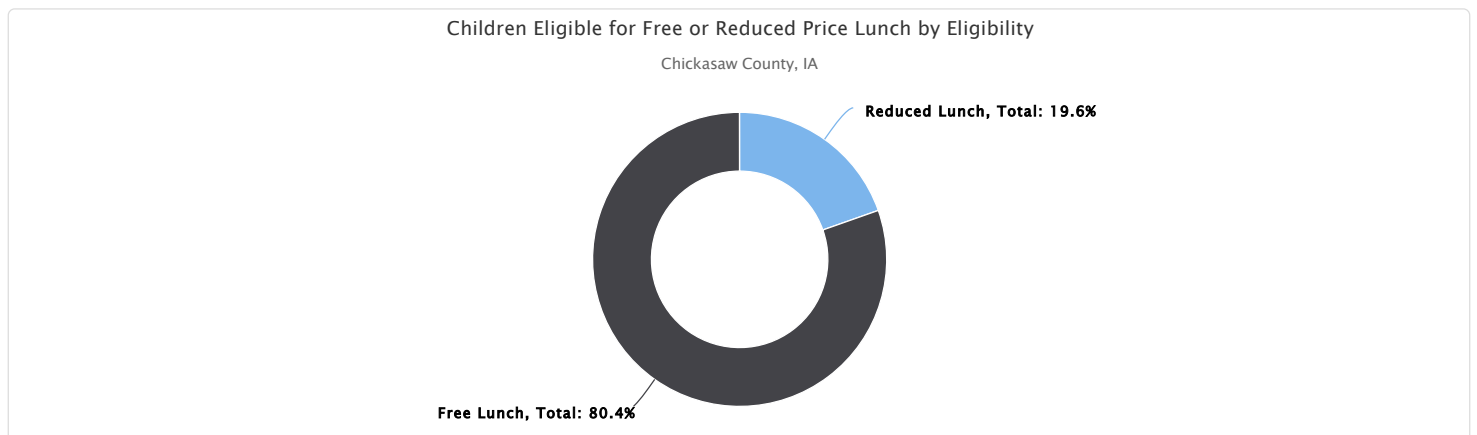


Children Eligible for Free or Reduced Price Lunch by Eligibility

The table below displays the number and percentage of students eligible for free or reduced price lunch by income eligibility category. Percentages in the table below are out of the total student population.

Report Area	Free Lunch, Total	Free Lunch, Percent	Reduced Lunch, Total	Reduced Lunch, Percent
Chickasaw County, IA	566	28.3%	138	6.9%
Iowa	179,187	35.2%	34,161	6.7%
United States	21,723,889	43.0%	2,626,076	5.2%

The chart below displays the percentage of the students in each eligibility category out of the total number of students eligible for free or reduced price lunch.



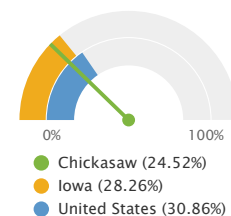
Poverty - Population Below 200% FPL

In the report area 24.52% or 2,905 individuals are living in households with income below 200% of the Federal Poverty Level

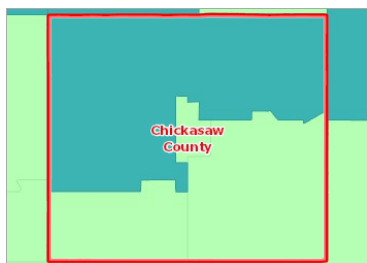
(FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Chickasaw County, IA	11,846	2,905	24.52%
Iowa	3,040,184	859,137	28.26%
United States	316,715,051	97,747,992	30.86%

Percent Population with Income at or Below 200% FPL

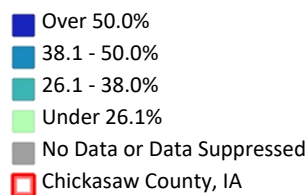


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

Population Below 200% Poverty Level, Percent by Tract, ACS 2015-19

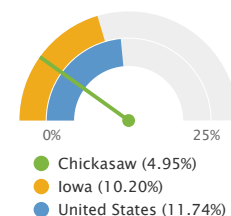


SNAP Benefits - Households Receiving SNAP

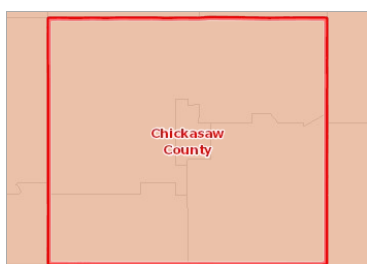
In the report area, an estimate 256 or 4.95% households receive Supplemental Nutrition Assistance Program (SNAP) benefits. The value for the report area is less than the national average of 11.74%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Chickasaw County, IA	5,173	256	4.95%
Iowa	1,265,473	129,135	10.20%
United States	120,756,048	14,171,567	11.74%

Percent Households Receiving SNAP Benefits

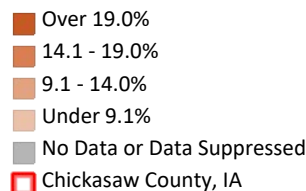


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



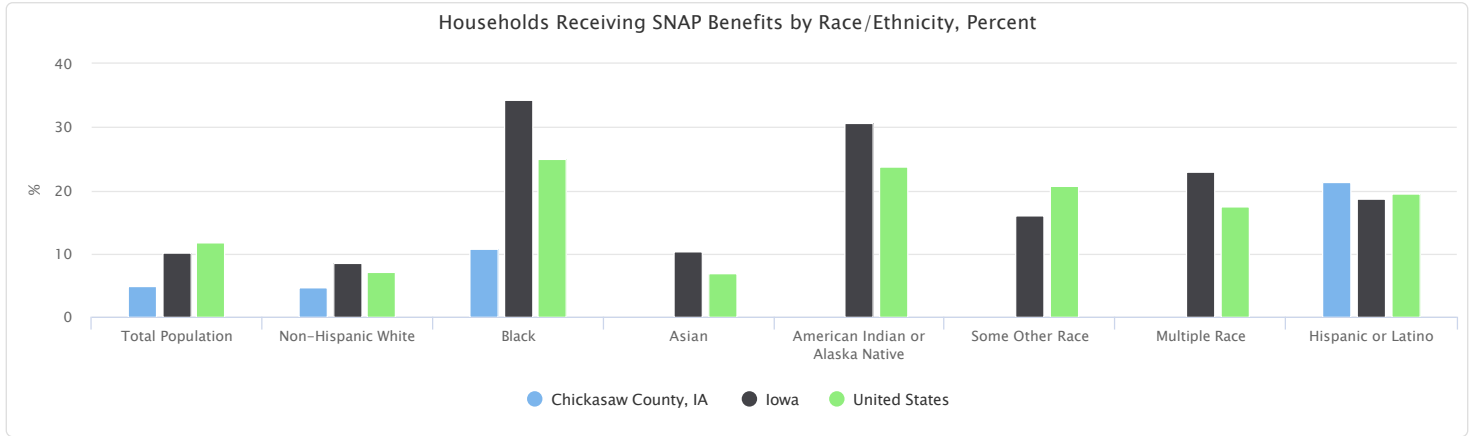
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Households Receiving SNAP Benefits, Percent by Tract, ACS 2015-19



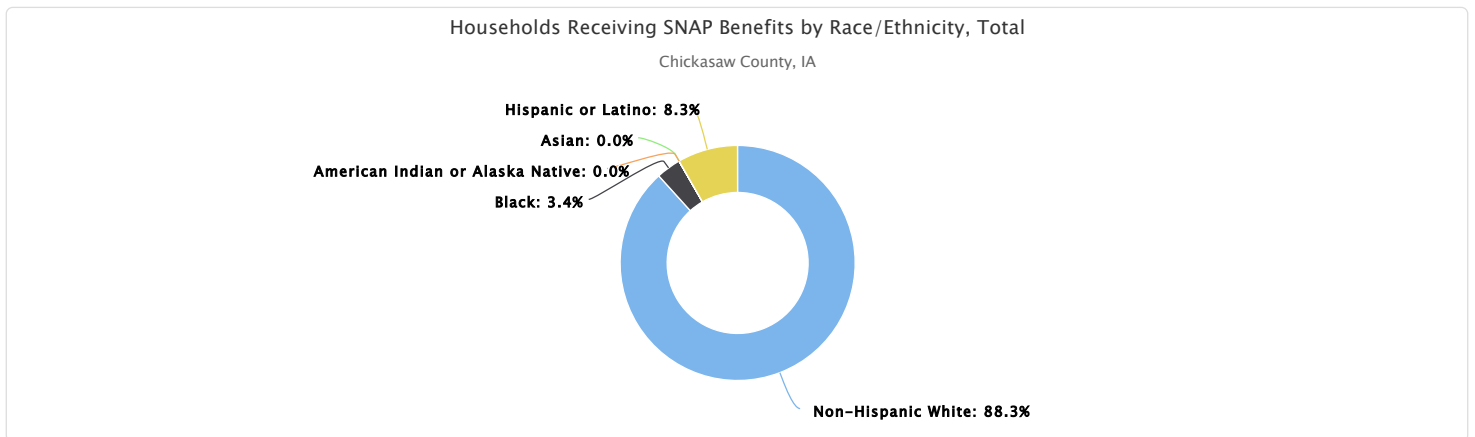
Households Receiving SNAP Benefits by Race/Ethnicity, Percent

Report Area	Total Population	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Some Other Race	Multiple Race	Hispanic or Latino
Chickasaw County, IA	4.95%	4.62%	10.84%	0.00%	No data	0.00%	0.00%	21.36%
Iowa	10.20%	8.52%	34.31%	10.33%	30.75%	16.12%	22.97%	18.67%
United States	11.74%	7.03%	25.07%	6.97%	23.85%	20.78%	17.39%	19.57%



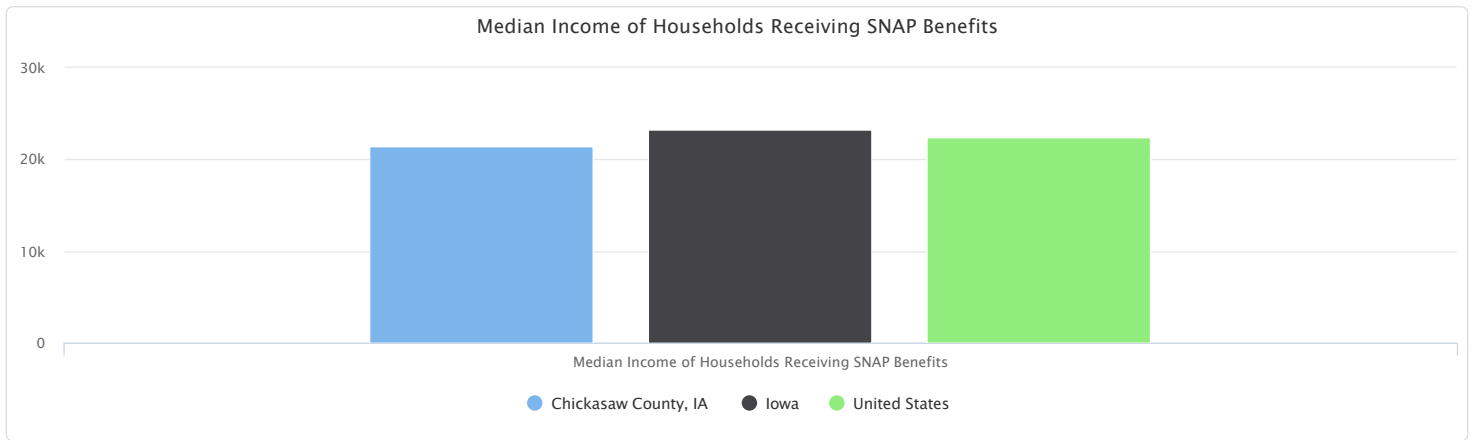
Households Receiving SNAP Benefits by Race/Ethnicity, Total

Report Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Some Other Race	Multiple Race	Hispanic or Latino
Chickasaw County, IA	234	9	0	0	0	0	22
Iowa	99,913	13,329	2,502	1,210	1,761	3,102	9,408
United States	6,485,542	3,730,622	399,045	211,688	894,577	436,121	3,110,107



Median Income of Households Receiving SNAP Benefits

Report Area	Median Income of Households Receiving SNAP Benefits
Chickasaw County, IA	\$21,389
Iowa	\$23,268
United States	\$22,447



Education

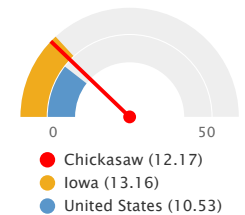
Access - Head Start

Head Start is a program designed to help children from birth to age five who come from families at or below poverty level. The program’s goal is to help children become ready for kindergarten while also providing the needed requirements to thrive, including health care and food support.

This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. Head Start facility data is acquired from the US Department of Health and Human Services (HHS) 2020 Head Start locator. Population data is from the 2010 US Decennial Census. The report area has a total 1 Head Start programs with a rate of 12.17 per 10,000 children under 5 years old.

Report Area	Children Under Age 5	Total Head Start Programs	Head Start Programs, Rate (Per 10,000 Children)
Chickasaw County, IA	822	1	12.17
Iowa	202,123	266	13.16
United States	20,426,118	21,511	10.53

Head Start Programs Rate (Per 10,000 Children Under Age 5)



Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, HRSA - Administration for Children and Families. 2019. Source geography: Address



[View larger map](#)

Head Start Facilities, All Facilities, ACF 2019

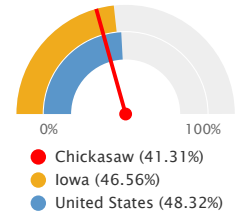
- Head Start Facilities, All Facilities, ACF 2019
- Chickasaw County, IA

Access - Preschool Enrollment (Children Age 3-4)

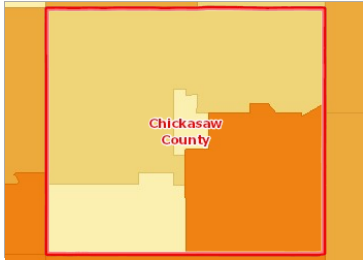
This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where pre-school opportunities are either abundant or lacking in the educational system.

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percent
Chickasaw County, IA	259	107	41.31%
Iowa	79,553	37,038	46.56%
United States	8,151,928	3,938,693	48.32%

Percentage of Population Age 3-4 Enrolled in School

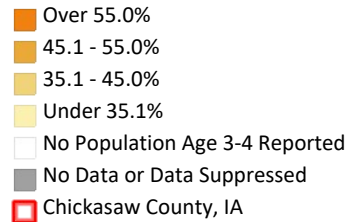


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

Enrollment in School, Children (Age 3-4), Percent by Tract, ACS 2015-19

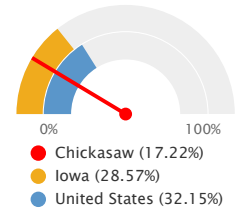


Attainment - Bachelor's Degree or Higher

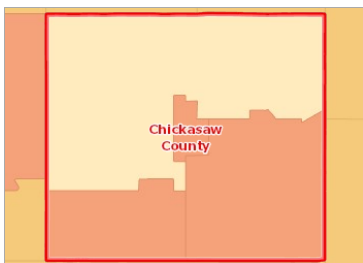
17.22% of the population aged 25 and older, or 1,427 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher, Percent
Chickasaw County, IA	8,289	1,427	17.22%
Iowa	2,092,785	597,831	28.57%
United States	220,622,076	70,920,162	32.15%

Population Age 25+ with Bachelor's Degree or Higher, Percent

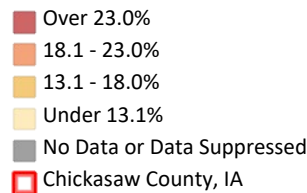


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

Population with a Bachelor's Degree or Higher, Percent by Tract, ACS 2015-19

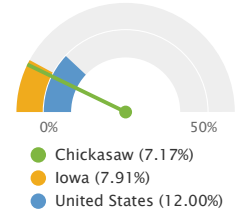


Attainment - No High School Diploma

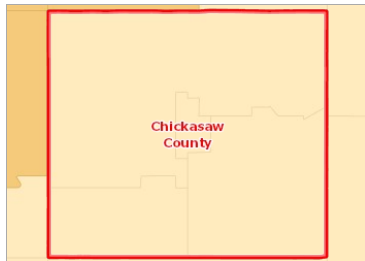
Within the report area there are 594 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 7.17% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg & Ruglis, 2007).

Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Population Age 25+ with No High School Diploma, Percent
Chickasaw County, IA	8,289	594	7.17%
Iowa	2,092,785	165,514	7.91%
United States	220,622,076	26,472,261	12.00%

Population Age 25+ with No High School Diploma, Percent

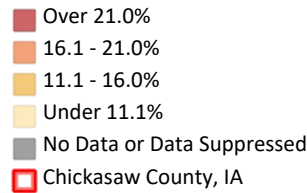


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



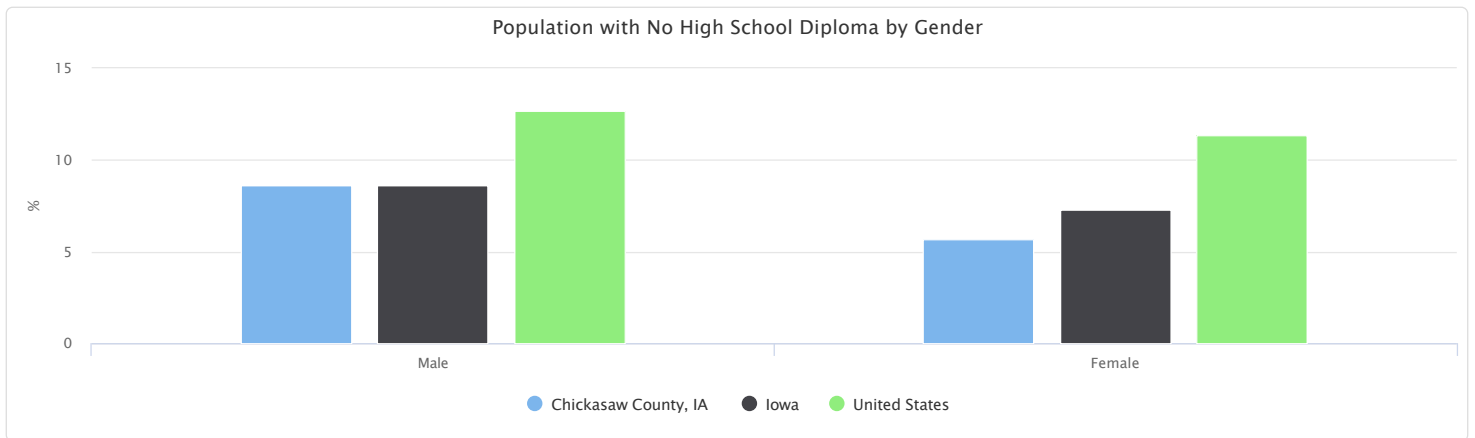
[View larger map](#)

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



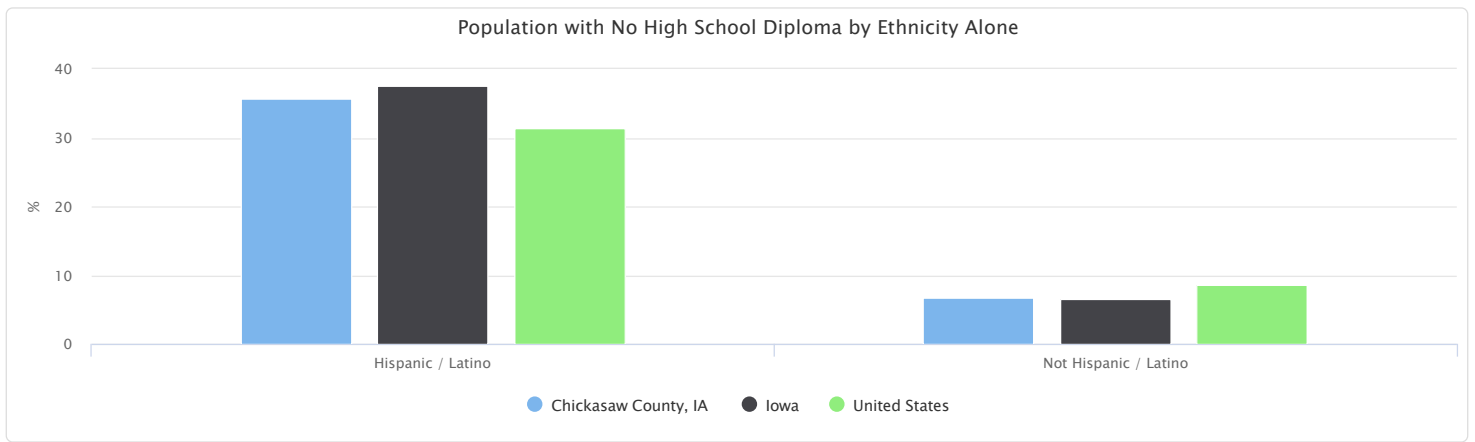
Population with No High School Diploma by Gender

Report Area	Male	Female	Male, Percent	Female, Percent
Chickasaw County, IA	361	233	8.64%	5.67%
Iowa	87,806	77,708	8.59%	7.26%
United States	13,534,549	12,937,712	12.69%	11.35%



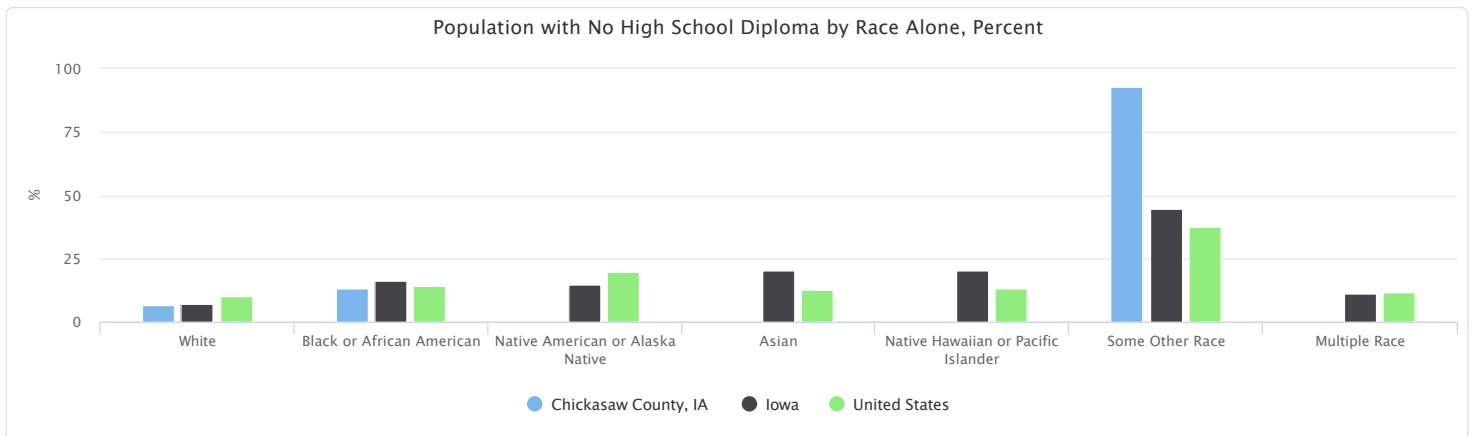
Population with No High School Diploma by Ethnicity Alone

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Chickasaw County, IA	35	559	35.71%	6.82%
Iowa	33,871	131,643	37.61%	6.57%
United States	10,420,909	16,051,352	31.33%	8.57%



Population with No High School Diploma by Race Alone, Percent

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Chickasaw County, IA	6.82%	12.96%	0.00%	0.00%	No data	92.86%	No data
Iowa	6.88%	16.02%	14.92%	20.25%	20.36%	44.90%	11.09%
United States	10.10%	14.03%	19.69%	12.88%	13.01%	37.31%	11.53%

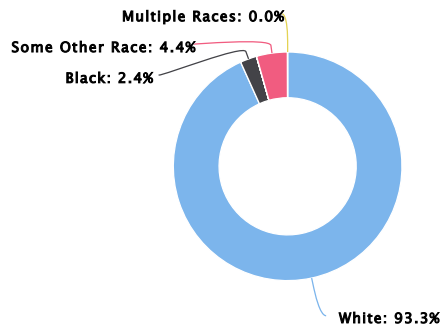


Population with No High School Diploma by Race Alone, Total

Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Chickasaw County, IA	554	14	0	0	0	26	0
Iowa	133,046	10,017	9,274	1,074	416	9,395	2,292
United States	16,711,016	3,704,565	1,636,415	336,227	49,291	3,510,814	523,933

Population with No High School Diploma by Race Alone, Total

Chickasaw County, IA

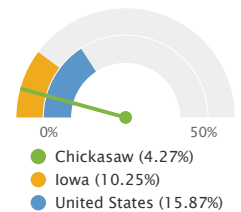


Chronic Absenteeism

In the report area 4.27% or 81 children were chronically absent (missing 15 or more school days) during the 2017-18 school year. This indicator is important because chronic absence can jeopardizes students' academic proficiency, social engagement, and opportunities for long-term success (NEA, 2018).

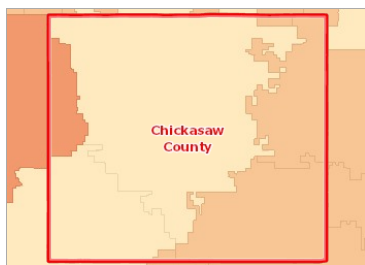
Report Area	Student Cohort	Number Chronically Absent	Chronic Absence Rate
Chickasaw County, IA	1,895	81	4.27%
Iowa	499,125	51,173	10.25%
United States	48,381,525	7,677,828	15.87%

Chronic Absence Rate (Percentage of Students Absent 15 or More School Days per Year).



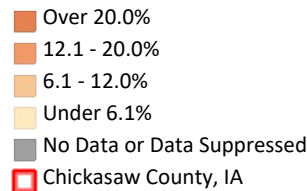
Note: This indicator is compared to the state average.

Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2017-18. Source geography: School District



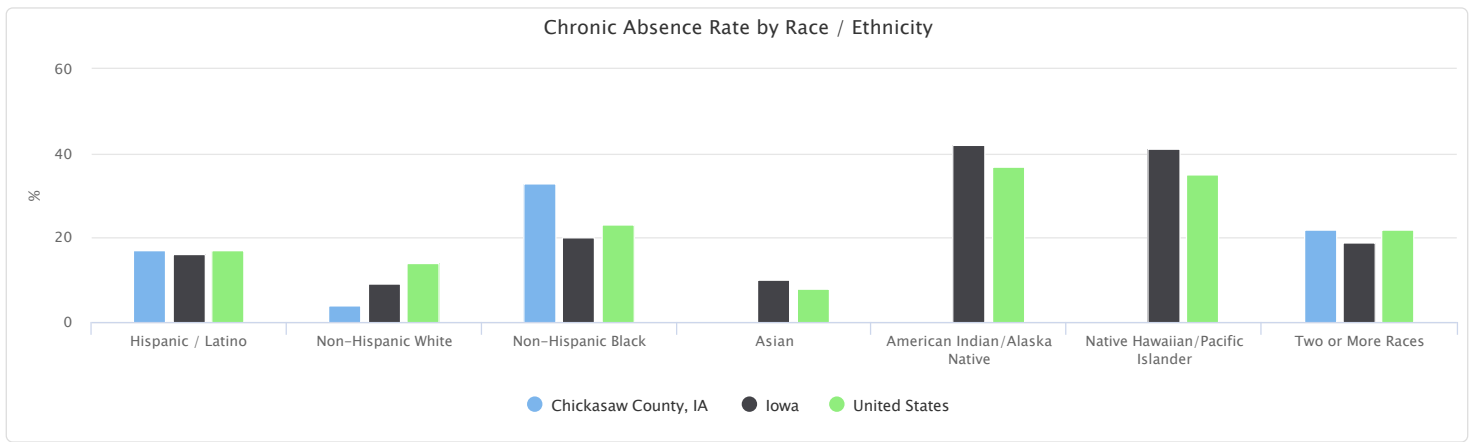
[View larger map](#)

Chronic Absenteeism, Children Enrolled in Public Schools, Rate by School District, CRDC 2017-18



Chronic Absence Rate by Race / Ethnicity

Report Area	Hispanic / Latino	Non-Hispanic White	Non-Hispanic Black	Asian	American Indian/Alaska Native	Native Hawaiian/Pacific Islander	Two or More Races
Chickasaw County, IA	17%	4%	33%	No data	No data	No data	22%
Iowa	16%	9%	20%	10%	42%	41%	19%
United States	17%	14%	23%	8%	37%	35%	22%

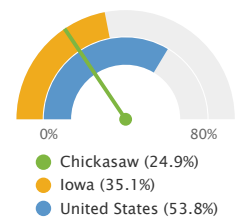


Proficiency - Student Reading Proficiency (4th Grade)

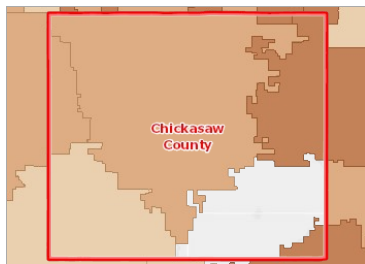
Information about student performance in the 4th grade English Language Arts portion of the state-specific standardized tests are displayed in the table below. Of 350 students tested, 75.1% of 4th graders performed at or above the "proficient" level, and 24.9% tested below the "proficient" level, according to the latest data. Students in the report area tested better than the statewide rate of 64.9%.

Report Area	Students with Valid Test Scores	Students Scoring 'Proficient' or Better, Percent	Students Scoring 'Not Proficient' or Worse, Percent
Chickasaw County, IA	350	75.1%	24.9%
Iowa	134,985	64.9%	35.1%
United States	13,445,671	46.2%	53.8%

Students Scoring 'Not Proficient' or Worse, Percent



Note: This indicator is compared to the state average.
Data Source: US Department of Education, [EDFacts](#). Additional data analysis by CARES. 2018-19. Source geography: School District



[View larger map](#)

Language Arts Test Scores, Grade 4, Percent Not Proficient by School District (Elementary), EDFacts 2017-18

- Over 50.0%
- 30.1 - 50.0%
- 20.1 - 30.0%
- Under 20.1%
- No Data or Data Suppressed
- Chickasaw County, IA

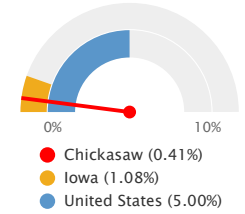
Social Support & Community Context

Commuter Travel Patterns - Public Transportation

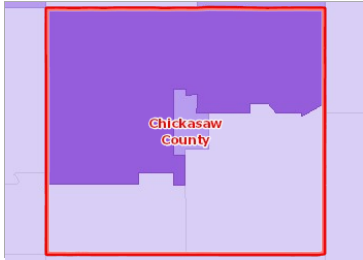
This indicator reports the percentage of population using public transportation as their primary means of commuting to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

Report Area	Total Population Employed Age 16+	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work
Chickasaw County, IA	6,415	26	0.41%
Iowa	1,587,322	17,109	1.08%
United States	152,735,781	7,641,160	5.00%

Percent Population Using Public Transit for Commute to Work



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

Workers Traveling to Work Using Public Transit, Percent by Tract, ACS 2015-19

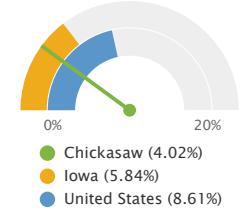
- Over 4.0%
- 1.1 - 4.0%
- 0.1 - 1.0%
- No Workers Using Public Transit
- No Data or Data Suppressed
- Chickasaw County, IA

Households with No Motor Vehicle

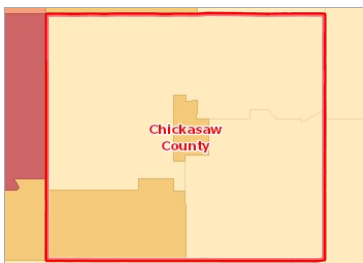
This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. Of the 5,173 total households in the report area, 208 or 4.02% are without a motor vehicle.

Report Area	Total Occupied Households	Households with No Motor Vehicle	Households with No Motor Vehicle, Percent
Chickasaw County, IA	5,173	208	4.02%
Iowa	1,265,473	73,874	5.84%
United States	120,756,048	10,395,713	8.61%

Percentage of Households with No Motor Vehicle



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



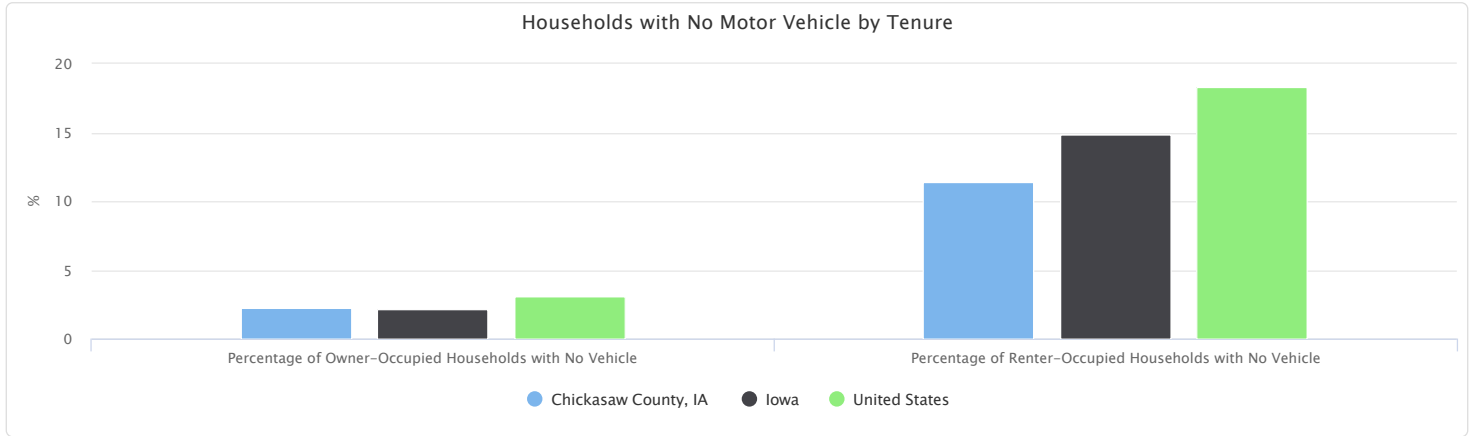
[View larger map](#)

Households with No Vehicle, Percent by Tract, ACS 2015-19

- Over 8.0%
- 6.1 - 8.0%
- 4.1 - 6.0%
- Under 4.1%
- No Data or Data Suppressed
- Chickasaw County, IA

Households with No Motor Vehicle by Tenure

Report Area	Owner-Occupied Households	Owner-Occupied Households, Percent	Renter-Occupied Households	Renter-Occupied Households, Percent
Chickasaw County, IA	94	2.25%	114	11.40%
Iowa	19,542	2.17%	54,332	14.83%
United States	2,414,113	3.12%	7,981,600	18.36%

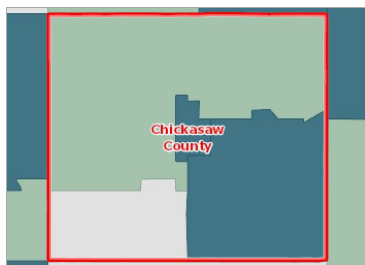
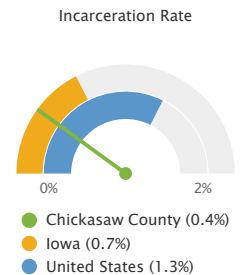


Incarceration Rate

The Opportunity Atlas estimates the percentage of individuals born in each census tract who were incarcerated at the time of the 2010 Census. According to the Atlas data, 0.4% of the report area population were incarcerated. The incarceration rate in the report area is lower than the state average of 0.7%.

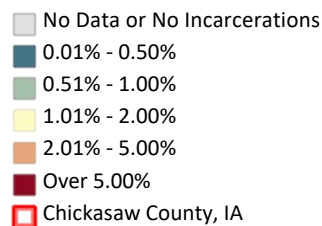
Report Area	Total Population (2010)	Incarceration Rate
Chickasaw County, IA	12,439	0.4%
Iowa	3,046,355	0.7%
United States	312,444,060	1.3%

Note: This indicator is compared to the state average.
Data Source: Opportunity Insights, 2018. Source geography: Tract



[View larger map](#)

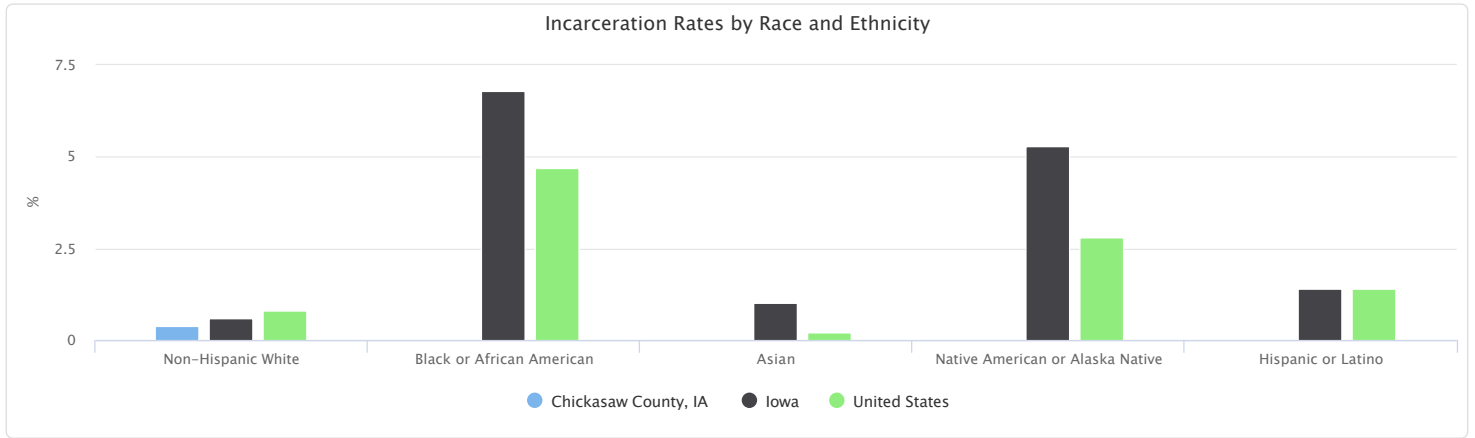
Incarceration Rate, Total by Tract, OPP_INS 2018



Incarceration Rates by Race and Ethnicity

The table and chart below display estimated incarceration rates (2010) by race and ethnicity from the 2018 Opportunity Insights Atlas.

Report Area	Non-Hispanic White	Black or African American	Asian	Native American or Alaska Native	Hispanic or Latino
Chickasaw County, IA	0.4%	No data	No data	No data	No data
Iowa	0.6%	6.8%	1.0%	5.3%	1.4%
United States	0.8%	4.7%	0.2%	2.8%	1.4%



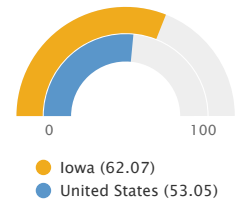
Opportunity Index

This indicator reports the Opportunity Index score for the report area. The Opportunity Index includes indicators within four dimensions of community well-being: Economy; Education; Health; and Community. The overall score combines sixteen underlying indicators for states, and fourteen for counties. The Opportunity Index score has a potential range of 0 (indicating no opportunity) to 100 (indicating maximum opportunity).

Report Area	Total Population	Opportunity Index Score
Chickasaw County, IA	12,063	No data
Iowa	3,131,785	62.07
United States	323,071,342	53.05

Note: This indicator is compared to the state average.
Data Source: Opportunity Nation. Source geography: County

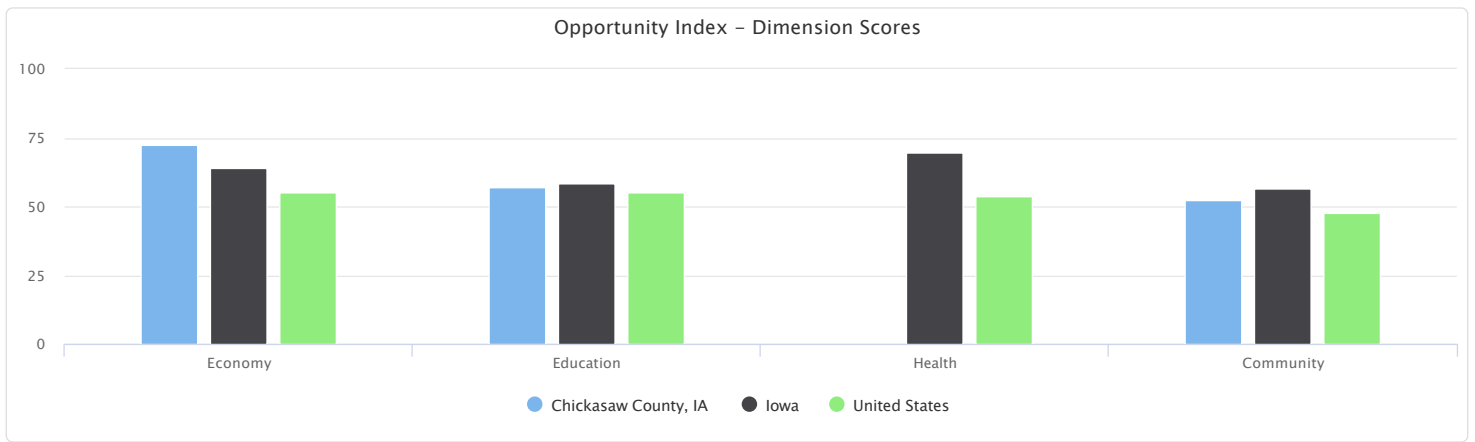
Opportunity Index Score



Opportunity Index - Dimension Scores

This indicator reports the index scores for each of the four dimensions that make up the Opportunity Index. Each dimension is in turn composed of three to seven indicators that measure opportunity. Index scores have a potential range of 0 (indicating no opportunity) to 100 (indicating maximum opportunity).

Report Area	Economy	Education	Health	Community
Chickasaw County, IA	72.30	56.92	No data	52.38
Iowa	63.87	58.41	69.49	56.51
United States	55.35	55.23	53.97	47.64

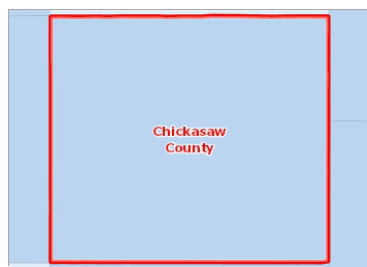


Racial Diversity (Theil Index)

This indicator measures the spatial distribution or evenness of population demographic groups in neighborhoods throughout the county. This indicator is presented as an index with values ranging between 0 and 1, with higher values indicating higher levels of segregation between neighborhoods.

Report Area	Non-Hispanic White Population	Non-Hispanic Black Population	Non-Hispanic Asian Population	Non-Hispanic AI / AN Population	Non-Hispanic NH / PI Population	Hispanic or Latino Population	Diversity Index
Chickasaw County, IA	94.98	0.64	0.24	0.06	0.00	4.09	0.06
Iowa	85.85	4.21	2.44	0.30	0.18	7.03	0.40
United States	60.01	12.50	6.14	0.70	20.42	0.19	0.36

Data Source: US Census Bureau, Decennial Census. University of Missouri, Center for Applied Research and Engagement Systems. 2020. Source geography: Block Group



[View larger map](#)

Racial Segregation (Theil Index) by County, US Census 2020

- 0.301 - 1.000 (High Segregation)
- 0.201 - 0.300
- 0.101 - 0.200
- 0.051 - 0.100
- 0.000 - 0.050 (Low Segregation)
- Chickasaw County, IA

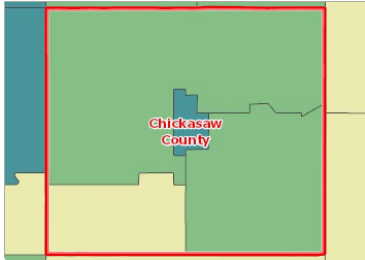
Social Vulnerability Index

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The report area has a social vulnerability index score of 0.06, which is less than the state average of 0.29.

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Chickasaw County, IA	12,099	0.07	0.24	0.36	0.05	0.06
Iowa	3,132,499	0.21	0.34	0.50	0.46	0.29
United States	322,903,030	0.30	0.32	0.76	0.62	0.40

Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2018. Source geography: Tract



[View larger map](#)

Social Vulnerability Index by Tract, CDC 2018

- 0.81 - 1.00 (Highest Vulnerability)
- 0.61 - 0.80
- 0.41 - 0.60
- 0.21 - 0.40
- 0.00 - 0.20 (Lowest Vulnerability)
- No Data or Data Suppressed
- Chickasaw County, IA

Teen Births

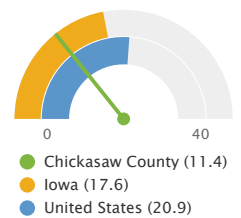
This indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2013-2019) and are used for the 2021 County Health Rankings.

In the report area, of the 2,464 total female population age 15-19, the teen birth rate is 11.4 per 1,000, which is less than the state's teen birth rate of 17.6.

Note: Data are suppressed for counties with fewer than 10 teen births in the time frame.

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Chickasaw County, IA	2,464	11.4
Iowa	1,458,730	17.6
United States	144,319,360	20.9

Teen birth rate per 1,000 female population, ages 15-19



Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via County Health Rankings, 2013-2019. Source geography: County



[View larger map](#)

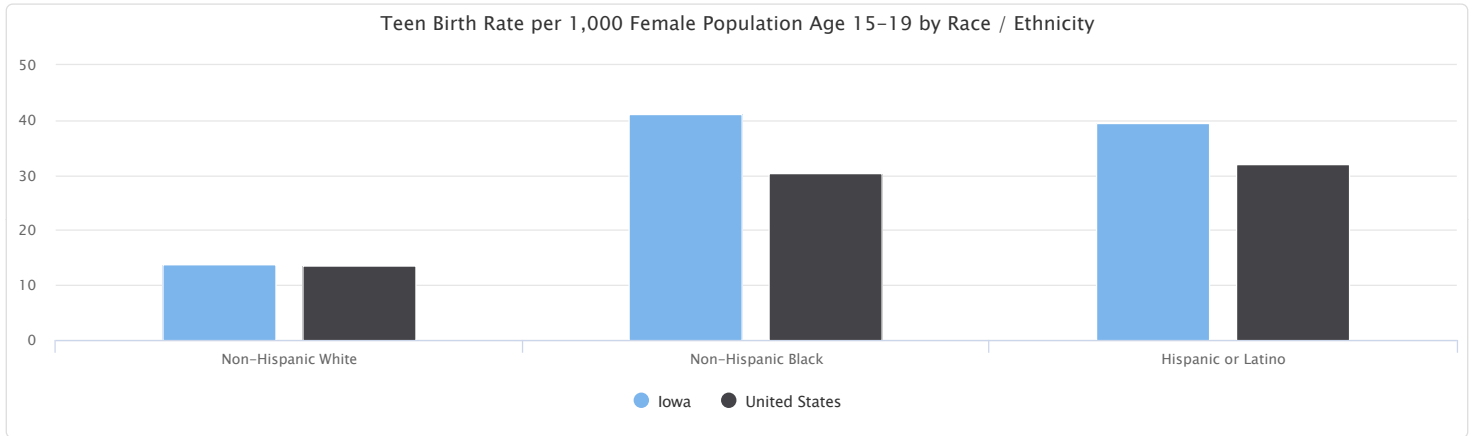
Teen Births, Rate Per 1,000 Live Births by County, CDC NVSS 2013-2019

- Over 54.0
- 40.1 - 54.0
- 26.1 - 40.0
- Under 26.1
- No Data or Data Suppressed
- Chickasaw County, IA

Teen Birth Rate per 1,000 Female Population Age 15-19 by Race / Ethnicity

This indicator reports the 2013-2019 seven-year average teen birth rate per 1,000 female population age 15-19 by race / ethnicity.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Chickasaw County, IA	No data	No data	No data
Iowa	13.9	41.2	39.5
United States	13.6	30.3	32.1



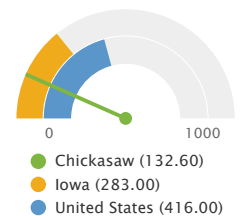
Violent Crime

Violent crime includes homicide, rape, robbery, and aggravated assault.

Within the report area, the 3 year total of reported violent crimes was 48, which equates to an annual rate of 132.60 crimes per 100,000 people, lower than the statewide rate of 283.00.

Report Area	Total Population	Violent Crimes, 3-year Total	Violent Crimes, Annual Rate (Per 100,000 Pop.)
Chickasaw County, IA	12,062	48	132.60
Iowa	3,162,071	26,851	283.00
United States	366,886,849	4,579,031	416.00

Violent Crimes, Annual Rate (Per 100,000 Pop.)



Note: This indicator is compared to the state average.

Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2014; 2016. Source geography: County



[View larger map](#)

Violent Crimes, All, Rate (Per 100,000 Pop.) by County, FBI UCR 2014; 2016

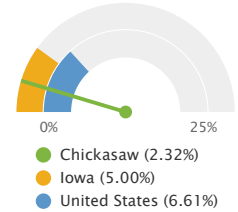
- Over 380.0
- 260.1 - 380.0
- 180.1 - 260.0
- 100.1 - 180.0
- Under 100.1
- No Data or Data Suppressed
- Chickasaw County, IA

Young People Not in School and Not Working

This indicator reports the percentage of youth age 16-19 who are not currently enrolled in school and who are not employed. The report area has a total population of 561 between the ages, of which 13 are not in school and not employed.

Report Area	Population Age 16-19	Population Age 16-19 Not in School and Not Employed	Population Age 16-19 Not in School and Not Employed, Percent
Chickasaw County, IA	561	13	2.32%
Iowa	172,926	8,642	5.00%
United States	17,025,696	1,124,551	6.61%

Population Age 16-19 Not in School and Not Employed, Percent



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2015-2019. Source geography: Tract

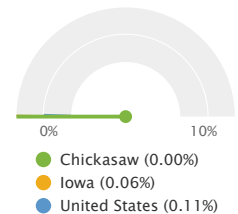
Neighborhood & Physical Environment

Air Quality - Particulate Matter 2.5

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

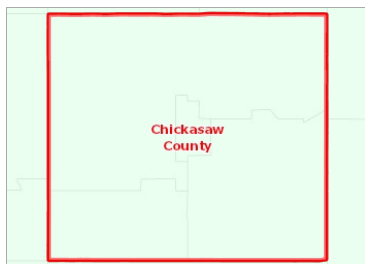
Report Area	Total Population (2010)	Average Daily Ambient Particulate Matter 2.5	Days Exceeding Emissions Standards	Days Exceeding Standards, Percent (Crude)	Days Exceeding Standards, Percent (Weighted)
Chickasaw County, IA	12,439	7.46	0	0.00	0.00%
Iowa	3,046,355	7.68	0	0.00	0.06%
United States	306,675,006	8.26	0	0	0.11%

Days Exceeding Standards, Percent (Weighted)



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network, 2016. Source geography: Tract



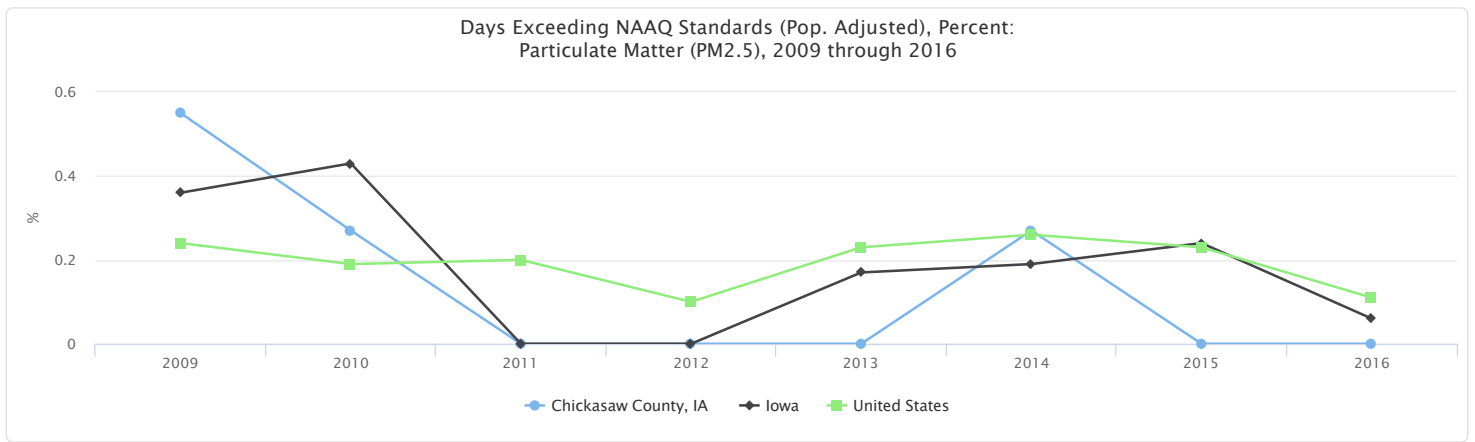
[View larger map](#)

Fine Particulate Matter Levels (PM 2.5), Percentage of Days Above NAAQ Standards by Tract, NEPHTN 2016

- Over 5.0%
- 1.1 - 5.0%
- 0.51 - 1.0%
- Under 0.51%
- No Days Above NAAQS Standards
- No Data or Data Suppressed
- Chickasaw County, IA

Days Exceeding NAAQ Standards (Pop. Adjusted), Percent: Particulate Matter (PM2.5), 2009 through 2016

Report Area	2009	2010	2011	2012	2013	2014	2015	2016
Chickasaw County, IA	0.55%	0.27%	0.00%	0.00%	0.00%	0.27%	0.00%	0.00%
Iowa	0.36%	0.43%	0.00%	0.00%	0.17%	0.19%	0.24%	0.06%
United States	0.24%	0.19%	0.20%	0.10%	0.23%	0.26%	0.23%	0.11%

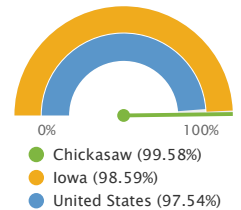


Built Environment - Broadband Access

This indicator reports the percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. This data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.

Report Area	Total Population (2020)	Access to DL Speeds > 25MBPS (2020)
Chickasaw County, IA	11,834	99.58%
Iowa	3,163,416	98.59%
United States	332,650,128	97.54%

Percentage of Population with Access to Broadband Internet (DL Speeds > 25MBPS)

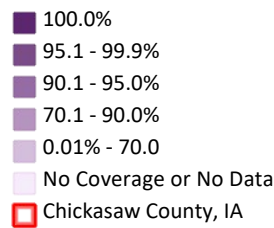


Note: This indicator is compared to the state average.
Data Source: National Broadband Map, Dec 2020. Source geography: Tract



[View larger map](#)

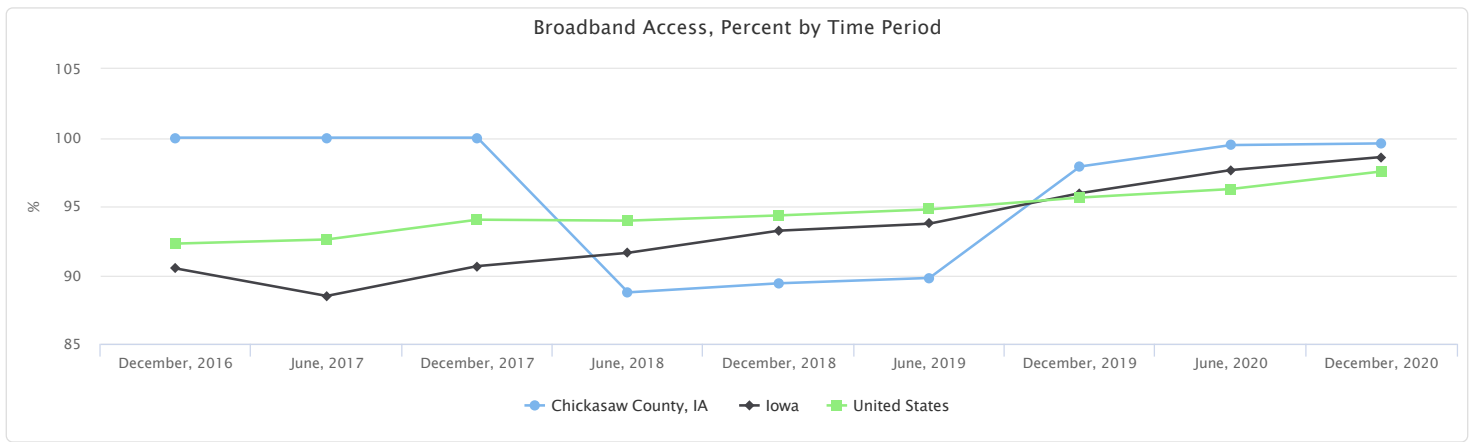
Broadband Access, Pct. Population in a High-Speed Internet Service Area by County, FCC Dec 2020



Broadband Access, Percent by Time Period

The table below displays temporal trends in high-speed internet availability as the percent of the population with access to broadband in the indicated area.

Report Area	December, 2016	June, 2017	December, 2017	June, 2018	December, 2018	June, 2019	December, 2019	June, 2020	December, 2020
Chickasaw County, IA	100.00%	100.00%	100.00%	88.74%	89.40%	89.79%	97.90%	99.46%	99.58%
Iowa	90.48%	88.48%	90.65%	91.62%	93.23%	93.74%	95.96%	97.64%	98.59%
United States	92.29%	92.59%	94.03%	93.96%	94.34%	94.78%	95.64%	96.26%	97.54%

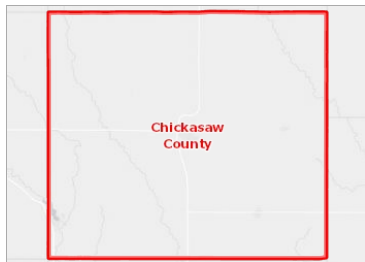
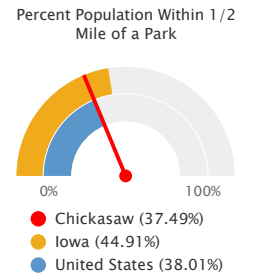


Built Environment - Park Access

This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.

Report Area	Total Population, 2010 Census	Population Within 1/2 Mile of a Park	Percent Within 1/2 Mile of a Park
Chickasaw County, IA	12,439	4,663.00	37.49%
Iowa	3,046,355	1,367,979.00	44.91%
United States	308,745,538	117,361,303.00	38.01%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Decennial Census. ESRI Map Gallery. 2013. Source geography: Tract



[View larger map](#)

Population With Park Access (Within 1/2 Mile), Percent by Tract, ESRI/OSM 2013

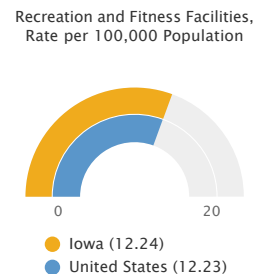
- Over 40.0%
- 20.1 - 40.0%
- 10.1 - 20.0%
- Under 10.1%
- No Parks or No Data
- Chickasaw County, IA

Built Environment - Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Report Area	Total Population (2010)	Number of Establishments	Establishments, Rate per 100,000 Population
Chickasaw County, IA	12,439	Suppressed	Suppressed
Iowa	3,046,355	373	12.24
United States	308,745,538	37,758	12.23

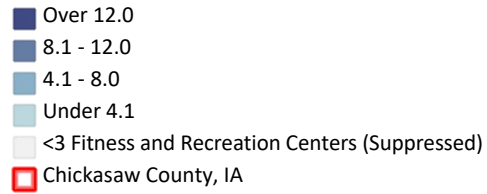
Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County





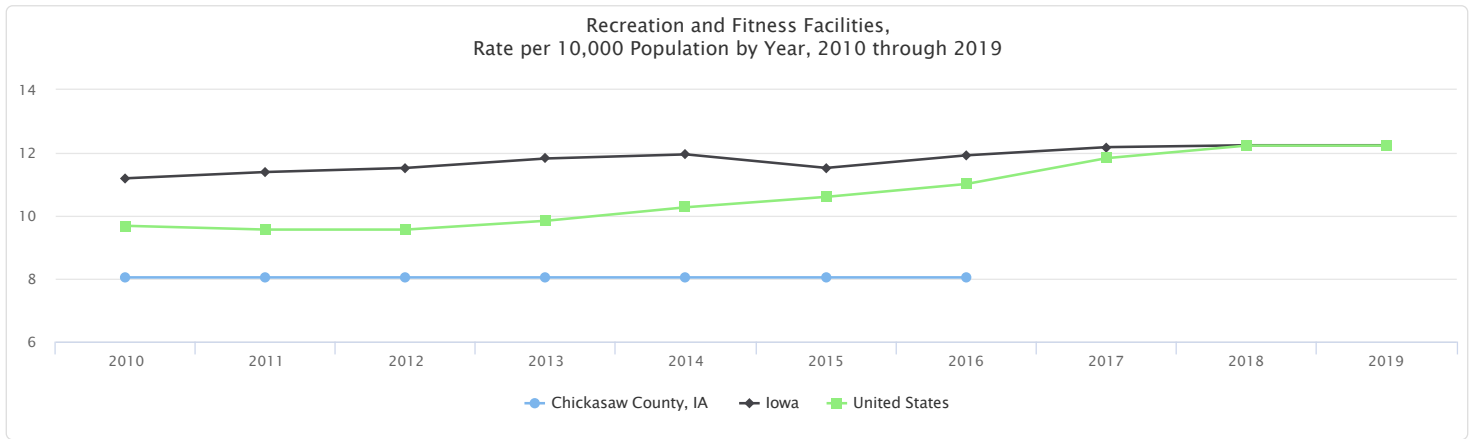
[View larger map](#)

Recreation and Fitness Facilities, Rate (Per 100,000 Pop.) by County, CBP 2019



Recreation and Fitness Facilities, Rate per 10,000 Population by Year, 2010 through 2019

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Chickasaw County, IA	8.04	8.04	8.04	8.04	8.04	8.04	8.04	No data	No data	No data
Iowa	11.19	11.39	11.52	11.82	11.95	11.52	11.92	12.18	12.24	12.24
United States	9.68	9.56	9.56	9.84	10.27	10.6	11.01	11.83	12.23	12.23

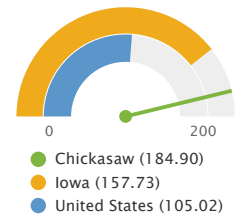


Built Environment - Social Associations

This indicator reports the number of social associations per 100,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations.

Report Area	Total Population (2010)	Number of Establishments	Establishment Rate per 100,000 Population
Chickasaw County, IA	12,439	23	184.90
Iowa	3,046,355	4,805	157.73
United States	308,745,538	324,243	105.02

Membership Associations, Rate per 100,000 Population

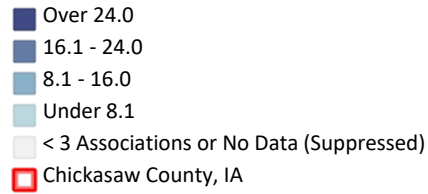


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County



[View larger map](#)

Social Associations, Rate (Per 100,000 Pop.) by County, CBP 2019



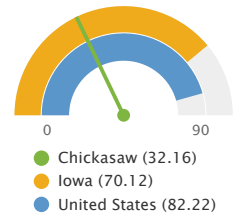
Drinking Water Safety

Food Environment - Fast Food Restaurants

This indicator reports the number of fast food restaurants per 100,000 population. The prevalence of fast food restaurants provides a measure of both access to healthy food and environmental influences on dietary behaviors. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

Report Area	Total Population (2010)	Number of Establishments	Establishments, Rate per 100,000 Population
Chickasaw County, IA	12,439	4	32.16
Iowa	3,046,355	2,136	70.12
United States	308,745,538	253,841	82.22

Fast Food Restaurants, Rate per 100,000 Population

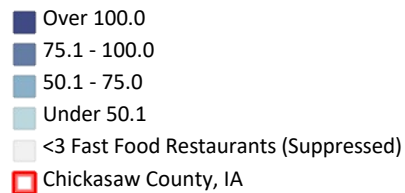


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County



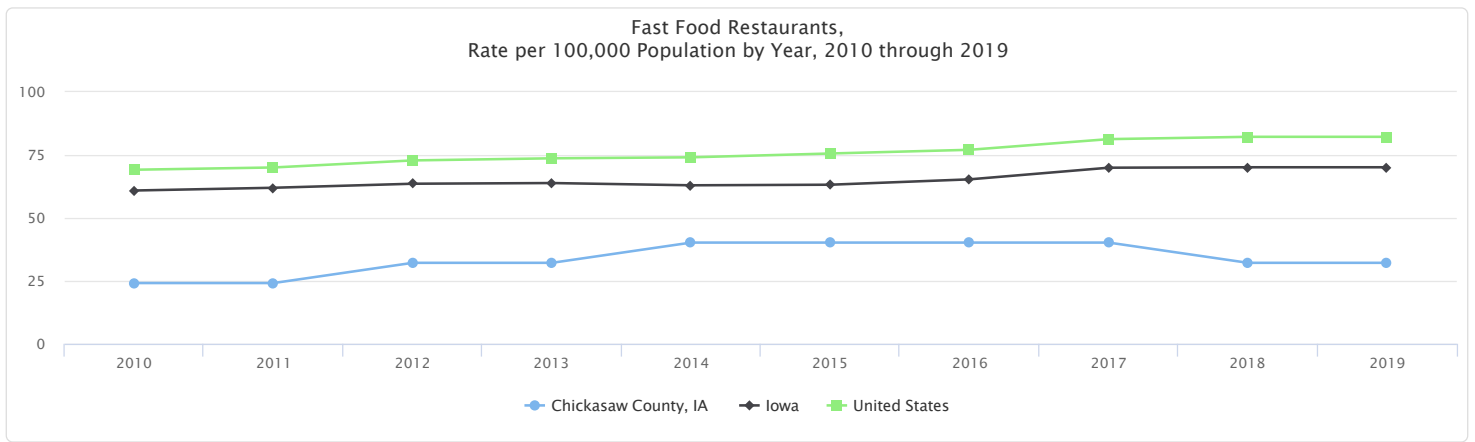
[View larger map](#)

Fast Food Restaurants, Rate (Per 100,000 Pop.) by County, CBP 2019



Fast Food Restaurants, Rate per 100,000 Population by Year, 2010 through 2019

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Chickasaw County, IA	24.12	24.12	32.16	32.16	40.2	40.2	40.2	40.2	32.16	32.16
Iowa	60.89	61.98	63.58	63.85	62.96	63.19	65.32	69.95	70.12	70.12
United States	69.14	70.04	72.84	73.68	74.07	75.59	77.06	81.3	82.22	82.22

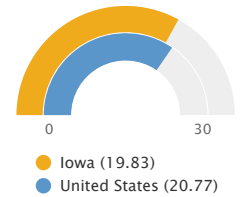


Food Environment - Grocery Stores and Supermarkets

Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator describes the number of grocery stores and the number of grocery stores per 100,000 in the report area

Report Area	Total Population (2010)	Number of Establishments	Establishments, Rate per 100,000 Population
Chickasaw County, IA	12,439	Suppressed	Suppressed
Iowa	3,046,355	604	19.83
United States	308,745,538	64,132	20.77

Grocery Stores, Rate per 100,000 Population



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, *County Business Patterns*. Additional data analysis by CARES. 2019. Source geography: County



[View larger map](#)

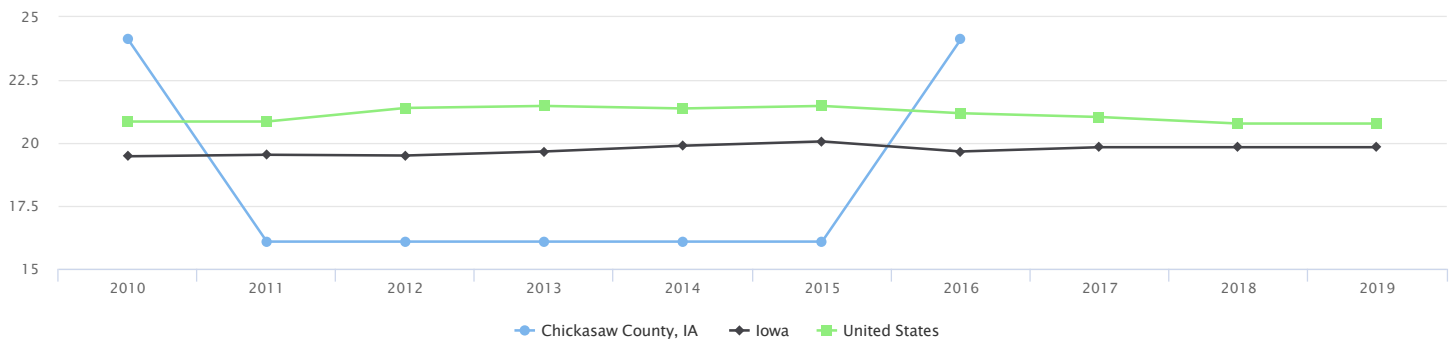
Grocery Stores and Supermarkets, Rate (Per 100,000 Pop.) by County, CBP 2019

- Over 35.0
- 25.1 - 35.0
- 15.1 - 25.0
- Under 15.1
- <3 Grocery Stores (Suppressed)
- Chickasaw County, IA

Grocery Stores and Supermarkets, Rate per 100,000 Population by Year, 2010 through 2019

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Chickasaw County, IA	24.12	16.08	16.08	16.08	16.08	16.08	24.12	No data	No data	No data
Iowa	19.47	19.53	19.5	19.66	19.89	20.06	19.66	19.83	19.83	19.83
United States	20.85	20.85	21.39	21.47	21.37	21.47	21.18	21.03	20.77	20.77

Grocery Stores and Supermarkets,
Rate per 100,000 Population by Year, 2010 through 2019



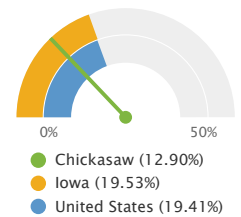
Food Environment - Low Income & Low Food Access

This indicator reports the percentage of the low income population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 [Food Access Research Atlas](#) dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.

12.90% of the low-income population in the report area have low food access. The total low-income population in the report area with low food access is 394.

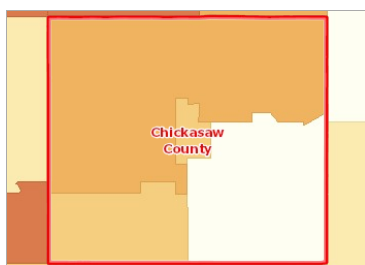
Report Area	Total Population	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Chickasaw County, IA	12,439	3,054	394	12.90%
Iowa	3,046,355	884,904	172,826	19.53%
United States	308,745,538	97,055,825	18,834,033	19.41%

Percent Low Income Population with Low Food Access



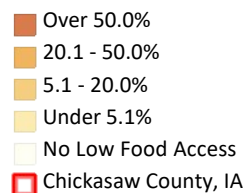
Note: This indicator is compared to the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#). 2019. Source geography: Tract



[View larger map](#)

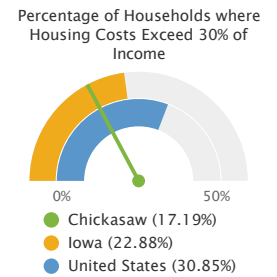
Population with Limited Food Access, Low Income, Percent by Tract, USDA - FARA 2019



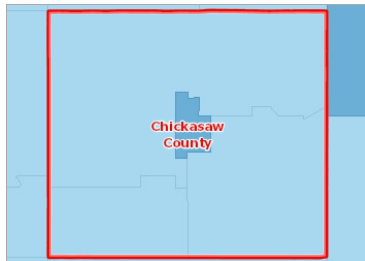
Housing Costs - Cost Burden (30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 5,173 total households in the report area, 889 or 17.19% of the population live in cost burdened households.

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Cost Burdened Households, Percent
Chickasaw County, IA	5,173	889	17.19%
Iowa	1,265,473	289,480	22.88%
United States	120,756,048	37,249,895	30.85%

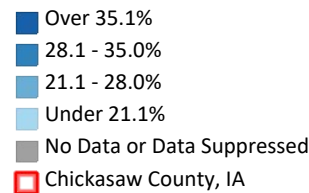


Note: This indicator is compared to the state average.
 Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

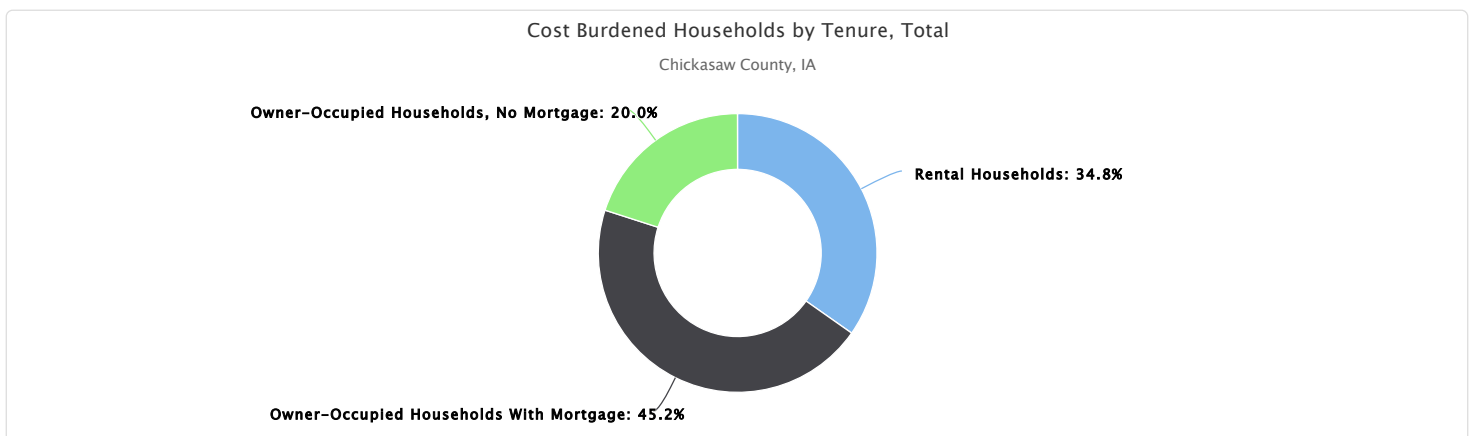
Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2015-19



Cost Burdened Households by Tenure, Total

These data show the number of households that spend more than 30% of the household income on housing costs. In the report area, there were 889 cost burdened households according to the U.S. Census Bureau American Community Survey (ACS) 2015-2019 5-year estimates. The data for this indicator is only reported for households where household housing costs and income earned was identified in the American Community Survey.

Report Area	Cost Burdened Households	Cost Burdened Rental Households	Cost Burdened Owner Occupied Households (With Mortgage)	Cost Burdened Owner Occupied Households (With No Mortgage)
Chickasaw County, IA	889	309	402	178
Iowa	289,480	144,739	106,238	38,503
United States	37,249,895	20,002,945	13,400,012	3,846,938

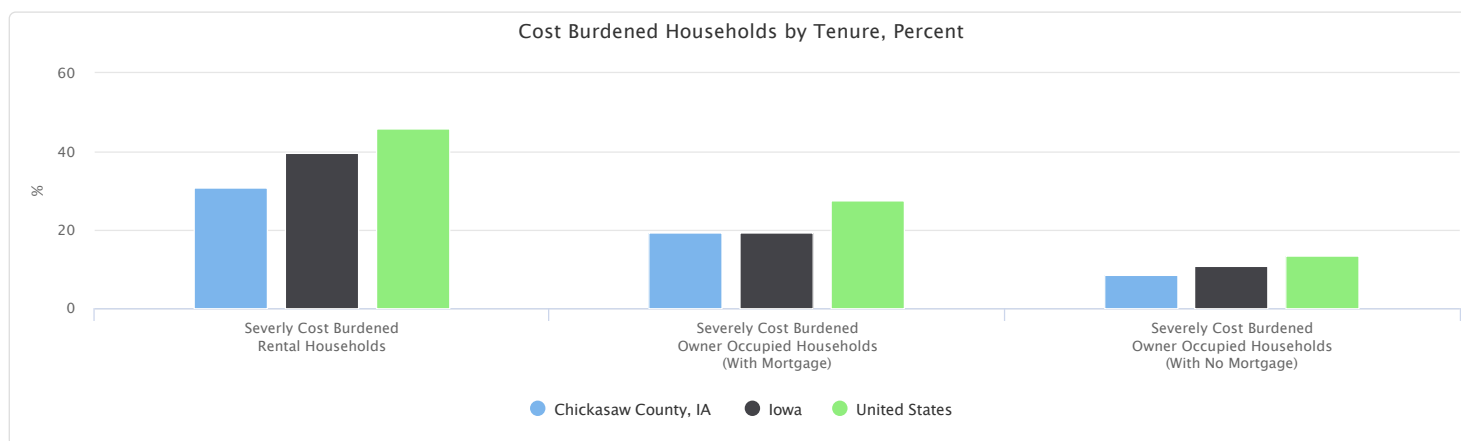


Cost Burdened Households by Tenure, Percent

These data show the percentage of households by tenure that are cost burdened. Cost burdened rental households (those that spent more than 30% of the household income on rental costs) represented 30.90% of all of the rental households in the

report area, according to the U.S. Census Bureau American Community Survey (ACS) 2015-2019 5-year estimates. The data for this indicator is only reported for households where tenure, household housing costs, and income earned was identified in the American Community Survey.

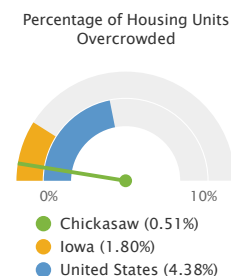
Report Area	Rental Households	Percentage of Rental Households that are Cost Burdened	Owner Occupied Households (With Mortgage)	Percentage of Owner Occupied Households w/ Mortgages that are Cost Burdened	Owner Occupied Households (No Mortgage)	Percentage of Owner Occupied Households w/o Mortgages that are Cost Burdened
Chickasaw County, IA	1,000	30.90%	2,091	19.23%	2,082	8.55%
Iowa	366,250	39.52%	544,728	19.50%	354,495	10.86%
United States	43,481,667	46.00%	48,416,627	27.68%	28,857,754	13.33%



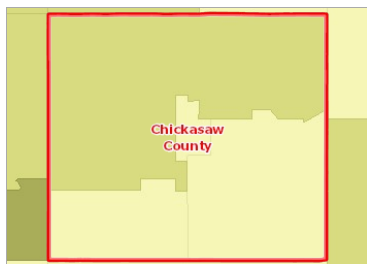
Housing Quality - Overcrowding

This indicator reports data on overcrowded housing from the latest 5-year American Community Survey. The Census Bureau has no official definition of crowded units, but this report considers units with more than one occupant per room to be crowded.

Report Area	Total Occupied Housing Units	Overcrowded Housing Units	Percentage of Housing Units Overcrowded
Chickasaw County, IA	5,060	26	0.51%
Iowa	1,173,100	21,138	1.80%
United States	92,289,957	4,045,979	4.38%

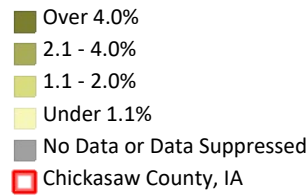


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

Overcrowded Housing (Over 1 Person/Room), Percent by Tract, ACS 2015-19

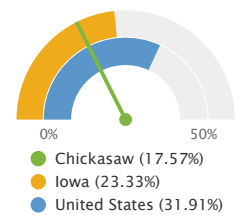


Housing Quality - Substandard Housing

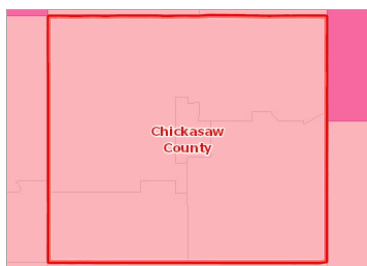
This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. Of the 5,173 total occupied housing units in the report area, 909 or 17.57% have one or more substandard conditions.

Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Occupied Housing Units with One or More Substandard Conditions, Percent
Chickasaw County, IA	5,173	909	17.57%
Iowa	1,265,473	295,217	23.33%
United States	120,756,048	38,530,862	31.91%

Occupied Housing Units with One or More Substandard Conditions, Percent

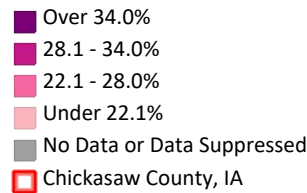


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

Substandard Housing Units, Percent of Total by Tract, ACS 2015-19

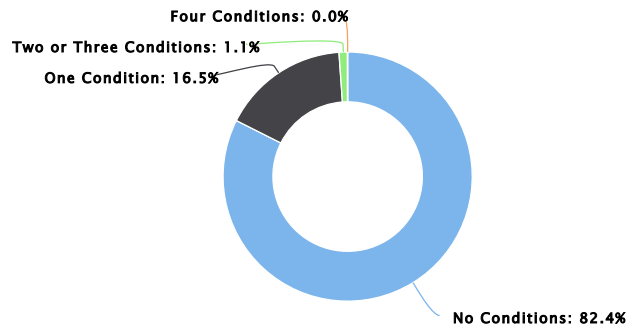


Substandard Housing: Number of Substandard Conditions Present

Report Area	No Conditions	One Condition	Two or Three Conditions	Four Conditions
Chickasaw County, IA	82.43%	16.47%	1.10%	0.00%
Iowa	76.67%	22.27%	1.06%	0.00%
United States	68.09%	30.03%	1.87%	0.01%

Substandard Housing: Number of Substandard Conditions Present

Chickasaw County, IA

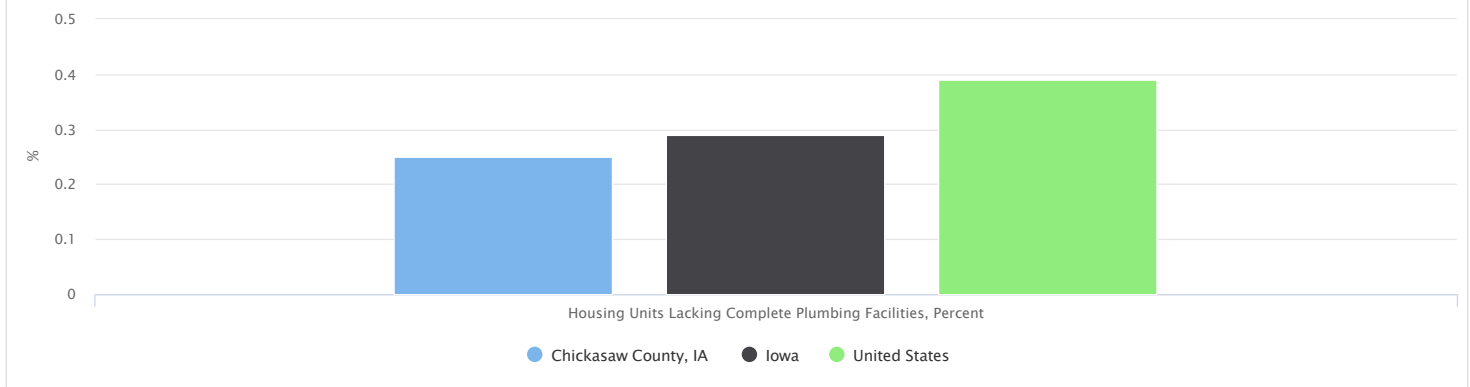


Substandard Housing: Households Lacking Complete Plumbing Facilities

Complete plumbing facilities include: (a) hot and cold running water, (b) a flush toilet, and (c) a bathtub or shower. All three facilities must be located inside the house, apartment, or mobile home, but not necessarily in the same room. Housing units are classified as lacking complete plumbing facilities when any of the three facilities is not present.

Report Area	Occupied Housing Units	Housing Units Lacking Complete Plumbing Facilities	Housing Units Lacking Complete Plumbing Facilities, Percent
Chickasaw County, IA	5,173	13	0.25%
Iowa	1,265,473	3,643	0.29%
United States	120,756,048	468,497	0.39%

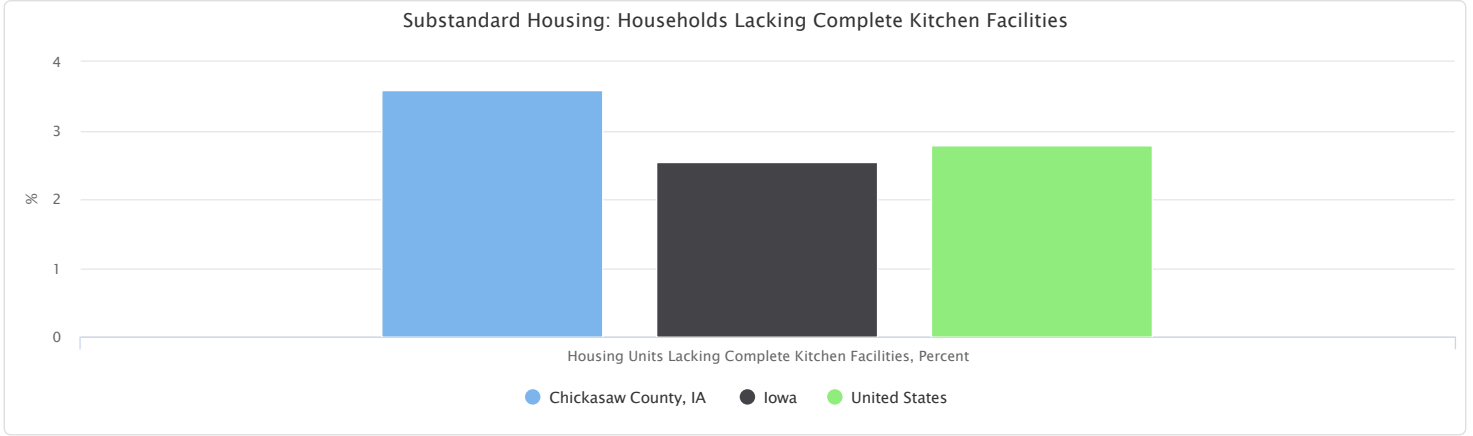
Substandard Housing: Households Lacking Complete Plumbing Facilities



Substandard Housing: Households Lacking Complete Kitchen Facilities

A unit has complete kitchen facilities when it has all three of the following facilities: (a) a sink with a faucet, (b) a stove or range, and (c) a refrigerator. All kitchen facilities must be located in the house, apartment, or mobile home, but they need not be in the same room. A housing unit having only a microwave or portable heating equipment such as a hot plate or camping stove should not be considered as having complete kitchen facilities. An icebox is not considered to be a refrigerator.

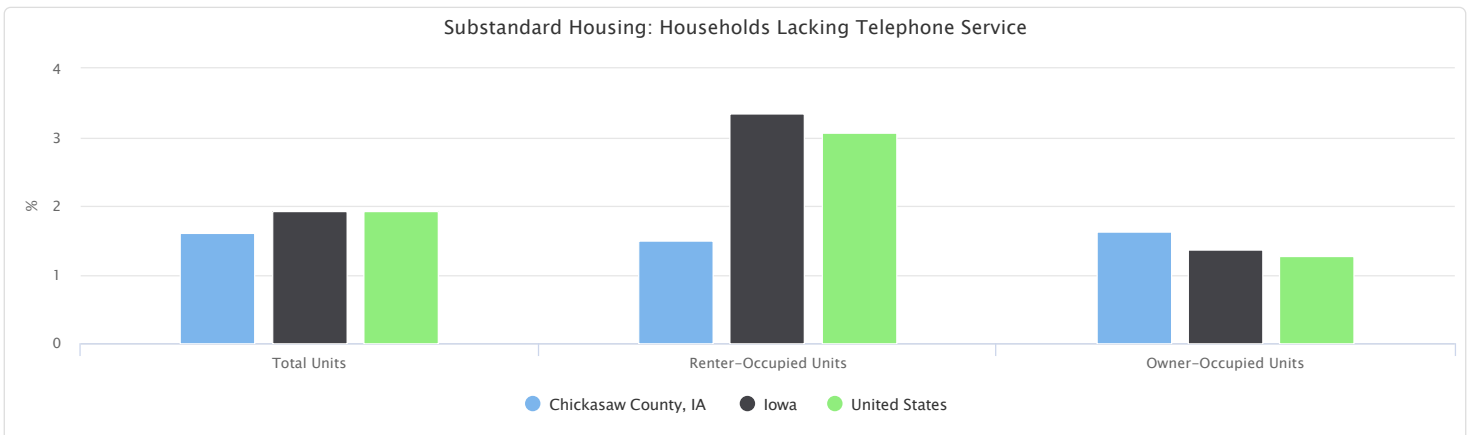
Report Area	Occupied Housing Units	Housing Units Lacking Complete Kitchen Facilities	Housing Units Lacking Complete Kitchen Facilities, Percent
Chickasaw County, IA	5,708	205	3.59%
Iowa	1,397,087	35,446	2.54%
United States	137,428,986	3,840,988	2.79%



Substandard Housing: Households Lacking Telephone Service

A telephone must be in working order and service available in the house, apartment, or mobile home that allows the respondent to both make and receive calls. Households that have cell-phones (no land-line) are counted as having telephone service available. Households whose service has been discontinued for nonpayment or other reasons are not counted as having telephone service available.

Report Area	Housing Units Lacking Telephone Service	Housing Units Lacking Telephone Service, Percent	Owner-Occupied Units Lacking Telephone Service	Owner-Occupied Units Lacking Telephone Service, Percent	Renter-Occupied Units Lacking Telephone Service	Renter-Occupied Units Lacking Telephone Service, Percent
Chickasaw County, IA	83	1.60%	68	1.63%	15	1.50%
Iowa	24,459	1.93%	12,225	1.36%	12,234	3.34%
United States	2,317,813	1.92%	987,063	1.28%	1,330,750	3.06%



Tenure - Owner-Occupied Housing

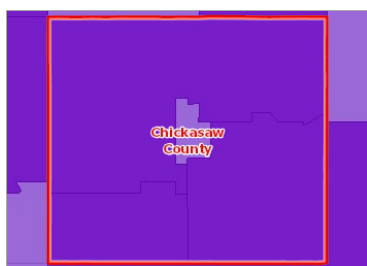
Tenure provides a measurement of home ownership, which has served as an indicator of the nation's economy for decades. This data covers all occupied housing units, which are classified as either owner occupied or renter occupied. These data are used to aid in the distribution of funds for programs such as those involving mortgage insurance, rental housing, and national defense housing. Data on tenure allows planners to evaluate the overall viability of housing markets and to assess the stability of neighborhoods. The data also serve in understanding the characteristics of owner occupied and renter occupied units to aid builders, mortgage lenders, planning officials, government agencies, etc., in the planning of housing programs and services.

Owner-Occupied Housing

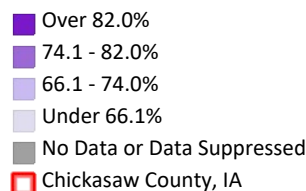
A housing unit is owner-occupied if the owner or co-owner lives in the unit, even if it is mortgaged or not fully paid for. The unit also is considered owned with a mortgage if it is built on leased land and there is a mortgage on the unit. Mobile homes occupied by owners with installment loan balances also are included in this category.

Report Area	Total Occupied Housing Units	Owner-Occupied Housing Units	Percent Owner-Occupied Housing Units
Chickasaw County, IA	5,173	4,173	80.67%
Iowa	1,265,473	899,223	71.06%
United States	120,756,048	77,274,381	63.99%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



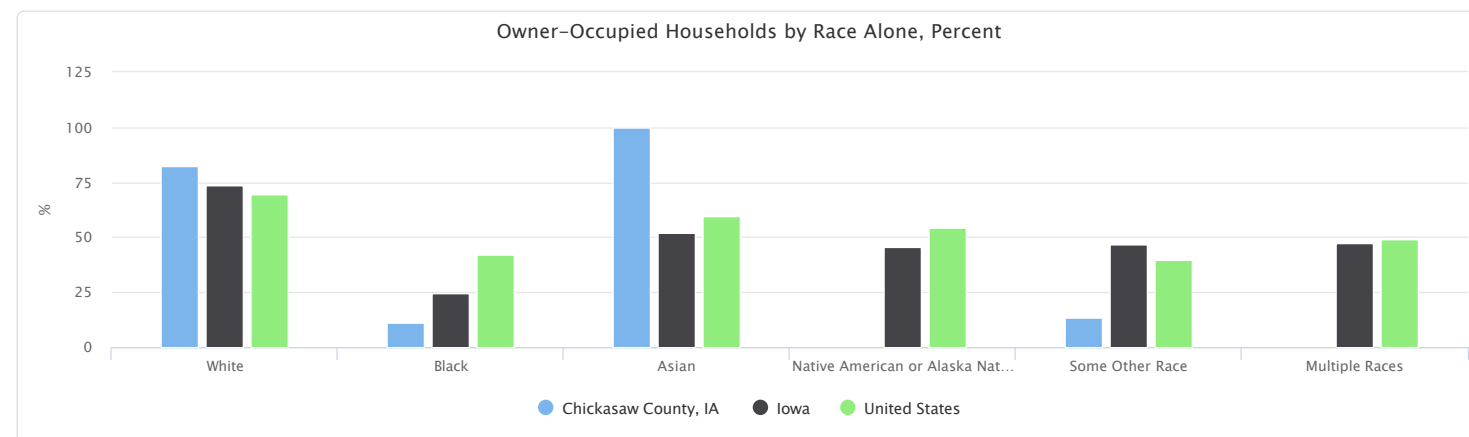
Owner-Occupied Housing Units, Percent by Tract, ACS 2015-19



[View larger map](#)

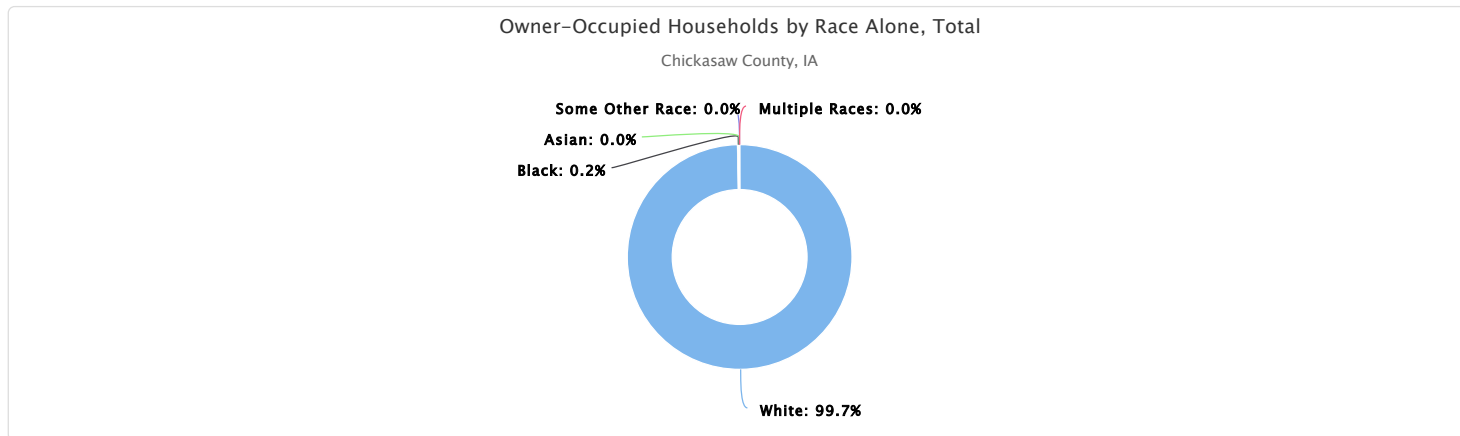
Owner-Occupied Households by Race Alone, Percent

Report Area	White	Black	Asian	Native American or Alaska Native	Some Other Race	Multiple Races
Chickasaw County, IA	82.13%	10.84%	100.00%	No data	13.33%	0.00%
Iowa	73.62%	24.38%	51.96%	45.31%	46.49%	47.12%
United States	69.51%	41.83%	59.56%	54.30%	39.89%	48.99%



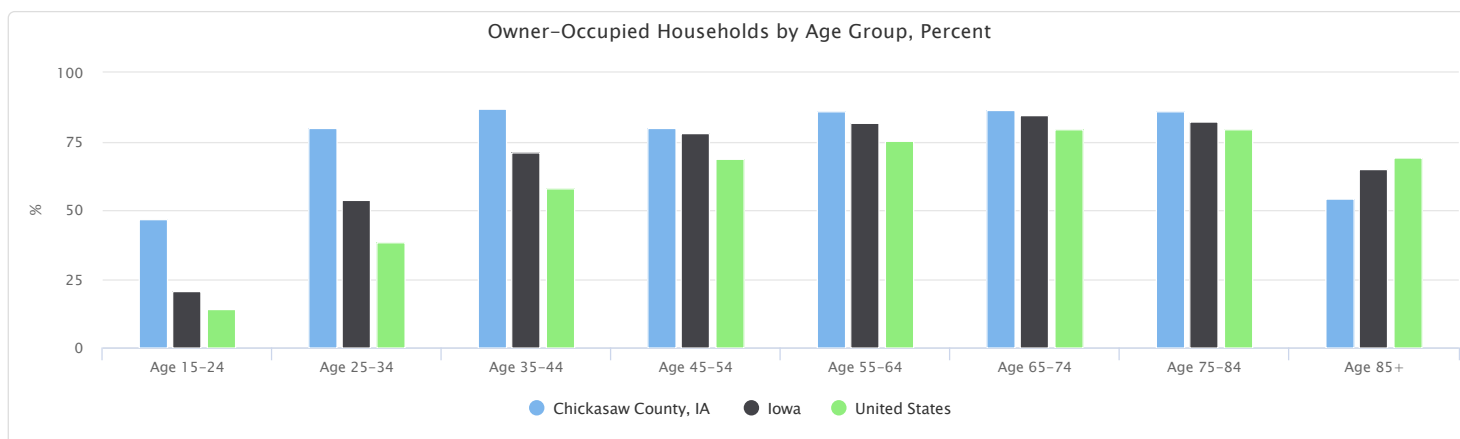
Owner-Occupied Households by Race Alone, Total

Report Area	White	Black	Asian	Native American or Alaska Native	Some Other Race	Multiple Races
Chickasaw County, IA	4,156	9	1	0	2	0
Iowa	863,658	9,470	12,581	1,783	5,079	6,365
United States	64,146,971	6,225,458	3,408,305	481,954	1,717,234	1,228,602



Owner-Occupied Households by Age Group, Percent

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Chickasaw County, IA	46.77%	79.70%	87.02%	79.86%	86.19%	86.39%	85.87%	54.43%
Iowa	20.71%	53.72%	71.00%	77.83%	81.75%	84.61%	82.11%	64.87%
United States	14.09%	38.30%	58.12%	68.83%	75.23%	79.60%	79.22%	69.26%

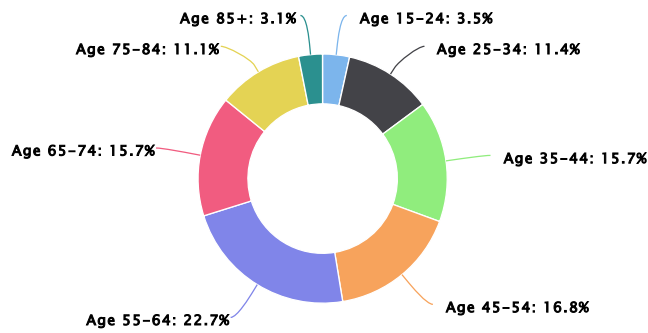


Owner-Occupied Households by Age Group, Total

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Chickasaw County, IA	145	475	657	702	949	654	462	129
Iowa	15,662	106,415	145,130	166,510	198,586	149,513	84,115	33,292
United States	624,744	7,046,841	12,004,992	15,579,130	17,776,092	14,141,320	7,404,225	2,697,037

Owner-Occupied Households by Age Group, Total

Chickasaw County, IA



Tenure - Renter-Occupied Housing

Tenure provides a measurement of home ownership, which has served as an indicator of the nation's economy for decades. This data covers all occupied housing units, which are classified as either owner occupied or renter occupied. These data are used to aid in the distribution of funds for programs such as those involving mortgage insurance, rental housing, and national defense housing. Data on tenure allows planners to evaluate the overall viability of housing markets and to assess the stability of neighborhoods. The data also serve in understanding the characteristics of owner occupied and renter occupied units to aid builders, mortgage lenders, planning officials, government agencies, etc., in the planning of housing programs and services.

Renter-Occupied Housing

All occupied housing units that are not owner occupied, whether they are rented or occupied without payment of rent, are classified as renter occupied.

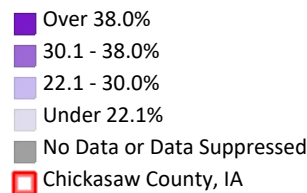
Report Area	Total Occupied Housing Units	Renter-Occupied Housing Units	Percent Renter-Occupied Housing Units
Chickasaw County, IA	5,173	1,000	19.33%
Iowa	1,265,473	366,250	28.94%
United States	120,756,048	43,481,667	36.01%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract



[View larger map](#)

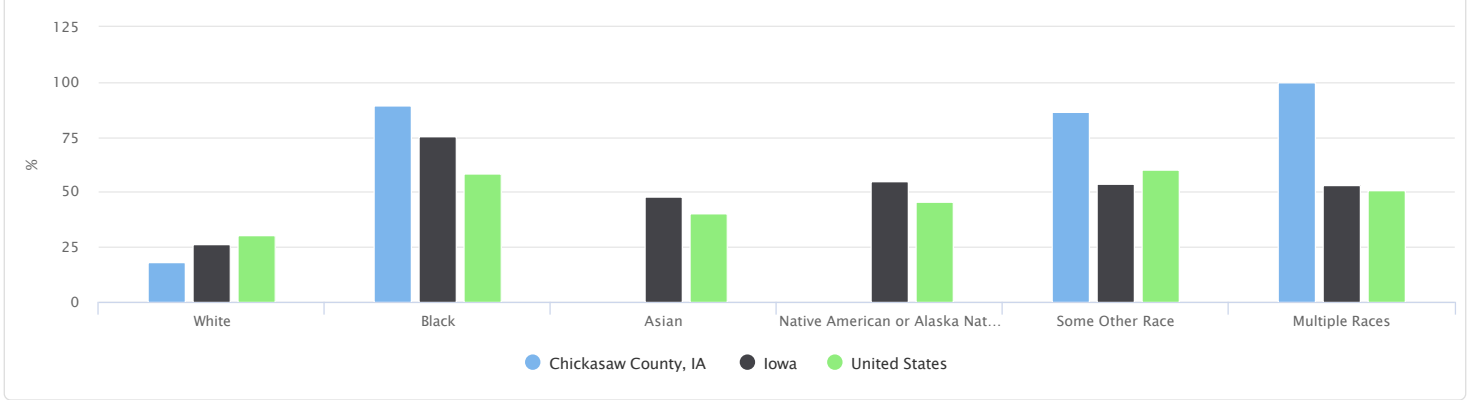
Renter-Occupied Housing Units, Percent by Tract, ACS 2015-19



Renter-Occupied Households by Race Alone, Percent

Report Area	White	Black	Asian	Native American or Alaska Native	Some Other Race	Multiple Races
Chickasaw County, IA	17.87%	89.16%	0.00%	No data	86.67%	100.00%
Iowa	26.38%	75.62%	48.04%	54.69%	53.51%	52.88%
United States	30.49%	58.17%	40.44%	45.70%	60.11%	51.01%

Renter-Occupied Households by Race Alone, Percent

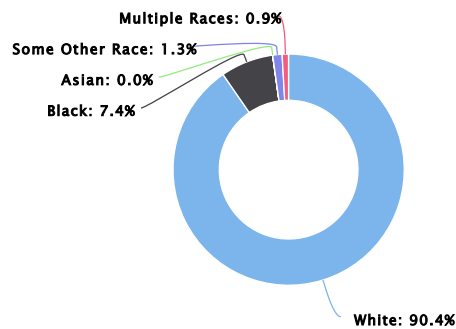


Renter-Occupied Households by Race Alone, Total

Report Area	White	Black	Asian	Native American or Alaska Native	Some Other Race	Multiple Races
Chickasaw County, IA	904	74	0	0	13	9
Iowa	309,442	29,374	11,630	2,152	5,847	7,142
United States	28,142,986	8,657,739	2,314,198	405,574	2,587,399	1,279,058

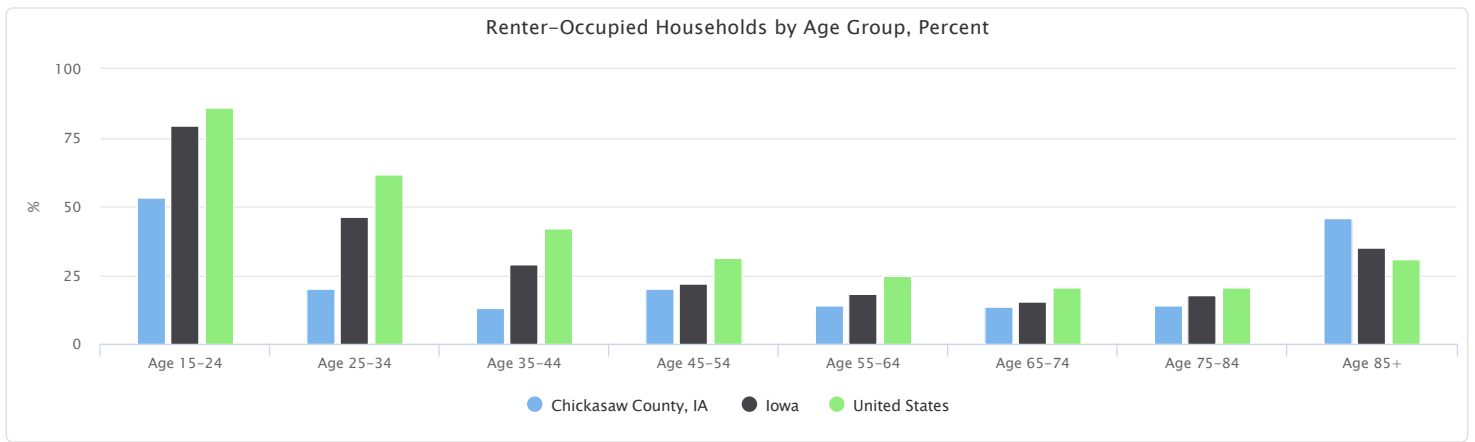
Renter-Occupied Households by Race Alone, Total

Chickasaw County, IA



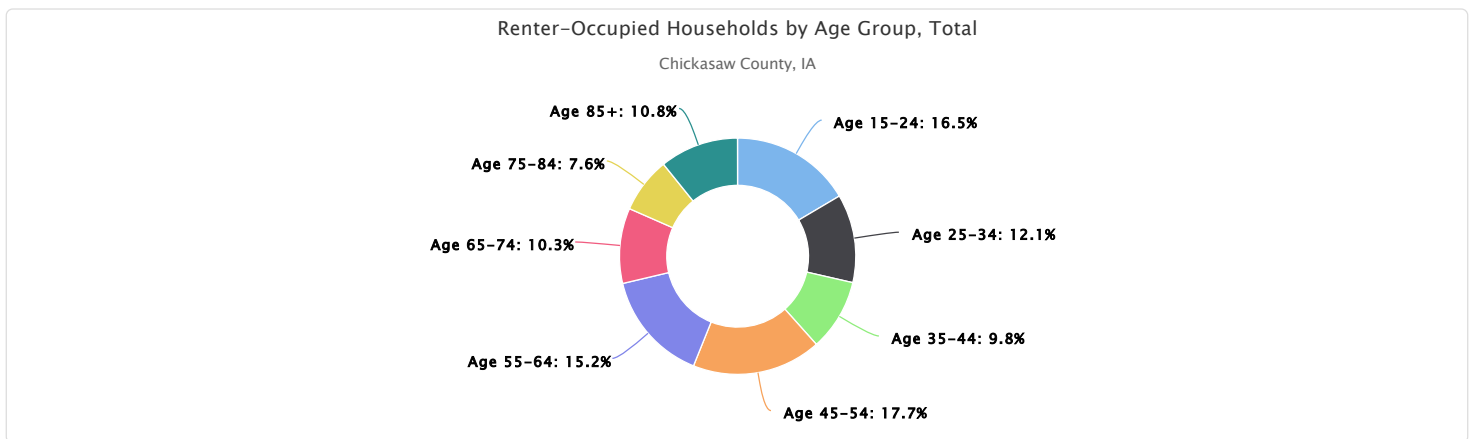
Renter-Occupied Households by Age Group, Percent

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Chickasaw County, IA	53.23%	20.30%	12.98%	20.14%	13.81%	13.61%	14.13%	45.57%
Iowa	79.29%	46.28%	29.00%	22.17%	18.25%	15.39%	17.89%	35.13%
United States	85.91%	61.70%	41.88%	31.17%	24.77%	20.40%	20.78%	30.74%



Renter-Occupied Households by Age Group, Total

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Chickasaw County, IA	165	121	98	177	152	103	76	108
Iowa	59,955	91,691	59,283	47,441	44,333	27,186	18,333	18,028
United States	3,807,967	11,350,422	8,650,343	7,056,648	5,853,787	3,623,508	1,942,024	1,196,968



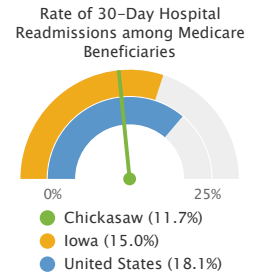
Health Outcomes & Behaviors

30-Day Hospital Readmissions

This indicator reports the number and rate of 30-day hospital readmissions among Medicare beneficiaries age 65 and older. Hospital readmissions are unplanned visits to an acute care hospital within 30 days after discharge from a hospitalizations. Patients may have unplanned readmissions for any reason, however readmissions within 30 days are often related to the care received in the hospital, whereas readmissions over a longer time period have more to do with other complicating illnesses, patients’ own behavior, or care provided to patients after hospital discharge¹.

In the latest reporting period there were 2,758 Medicare beneficiaries in the report area. 59, or 11.7% of hospitalizations resulted in a 30-day hospital readmission. The rate of readmissions in the report area was lower than the state rate of 15.0% during the same time period.

Report Area	Medicare Part A and B Beneficiaries	30-Day Hospital Readmissions	30-Day Hospital Readmissions, Rate
Chickasaw County, IA	2,758	59	11.7%
Iowa	600,549	14,509	15.0%
United States	57,316,561	1,472,280	18.1%

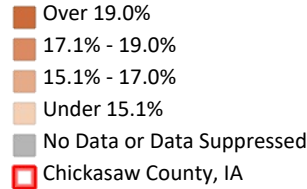


Note: This indicator is compared to the state average.
 Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2019. Source geography: County



[View larger map](#)

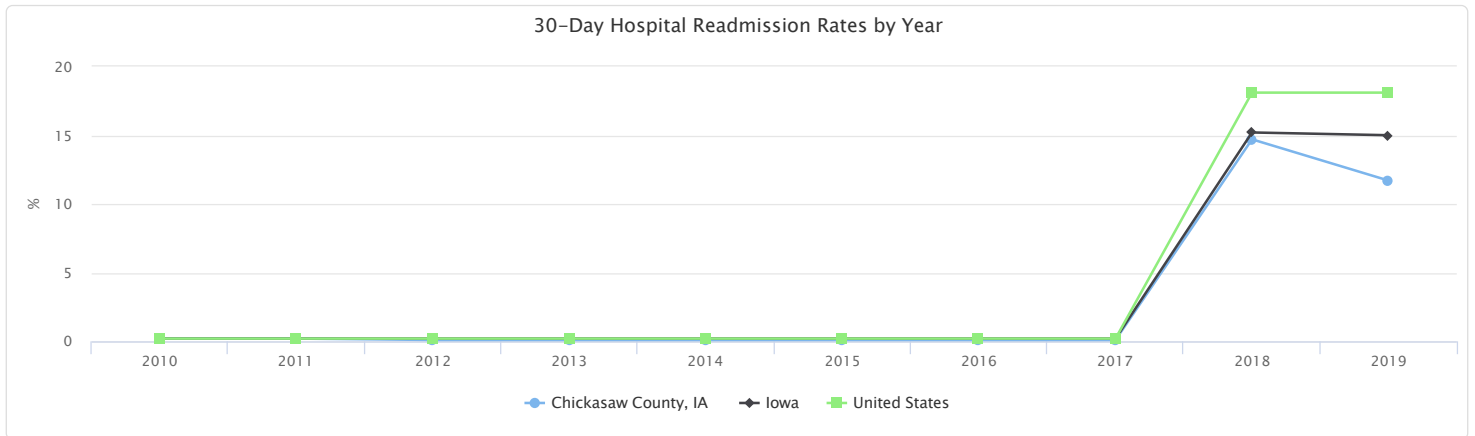
30-Day Hospital Readmissions, Rate (%) by County, CMS 2019



30-Day Hospital Readmission Rates by Year

The table below displays local, state, and national trends in 30-day hospital readmission rates among Medicare beneficiaries.

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Chickasaw County, IA	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	14.7%	11.7%
Iowa	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	15.2%	15.0%
United States	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	18.1%	18.1%

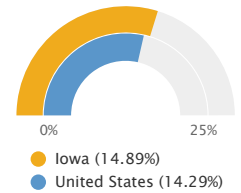


Alcohol Expenditures

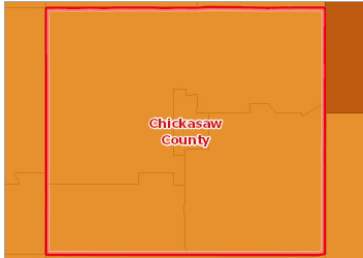
This indicator reports estimated annual expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (Within-State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Chickasaw County, IA	39.00	0.60	0.31	Suppressed	Suppressed
Iowa	No data	0.32	No data	\$847.00	14.89%
United States	No data	No data	No data	\$839.54	14.29%

Alcoholic Beverage Expenditures, Percentage of Total Food-At-Home Expenditures



Note: This indicator is compared to the state average.
Data Source: Nielsen, *Nielsen SiteReports*. 2014. Source geography: Tract



[View larger map](#)

Alcoholic Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

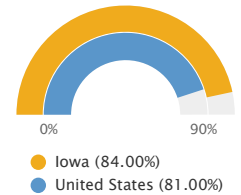
- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- Chickasaw County, IA

Breastfeeding - Any

This indicator reports the percentage of mothers who are breastfeeding their infants at birth. This indicator is relevant because breastfeeding has positive health benefits for both infants and mothers and may lower infant mortality rates.

Report Area	Total Population (Age 0 - 5)	Number Ever Breastfed	Percent Ever Breastfed
Chickasaw County, IA	No data	No data	No data
Iowa	218,579	183,386	84.00%
United States	23,299,619	18,856,576	81.00%

Percentage of Children Ever Breastfed



Note: This indicator is compared to the state average.
Data Source: Child and Adolescent Health Measurement Initiative, *National Survey of Children's Health*. 2018. Source geography: State



[View larger map](#)

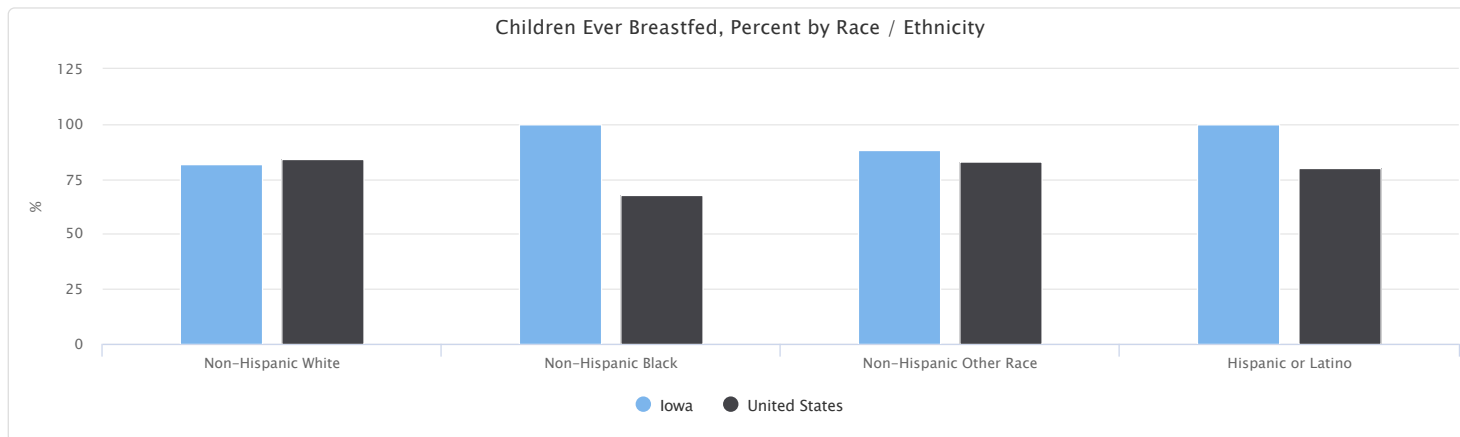
Children Age 0-5 Ever Breastfed, Percent by State, NSCH 2018

- Over 89.0%
- 84.0% - 89.0%
- 79.0% - 83.9%
- Under 79.0%
- Chickasaw County, IA

Children Ever Breastfed, Percent by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
Iowa	82%	100%	88%	100%
United States	84%	68%	83%	80%

Note: No county data available. See data source and methodology for more details.

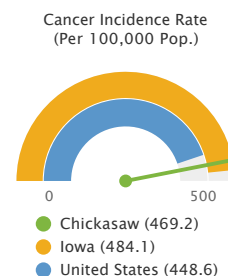


Cancer Incidence - All Sites

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Within the report area, there were 79 new cases of cancer reported. This means there is a rate of 469.2 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Chickasaw County, IA	16,837	79	469.2
Iowa	3,838,669	18,583	484.1
United States	379,681,007	1,703,249	448.6

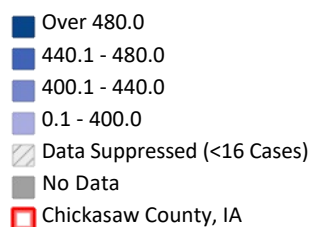


*Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2014-18. Source geography: County*



[View larger map](#)

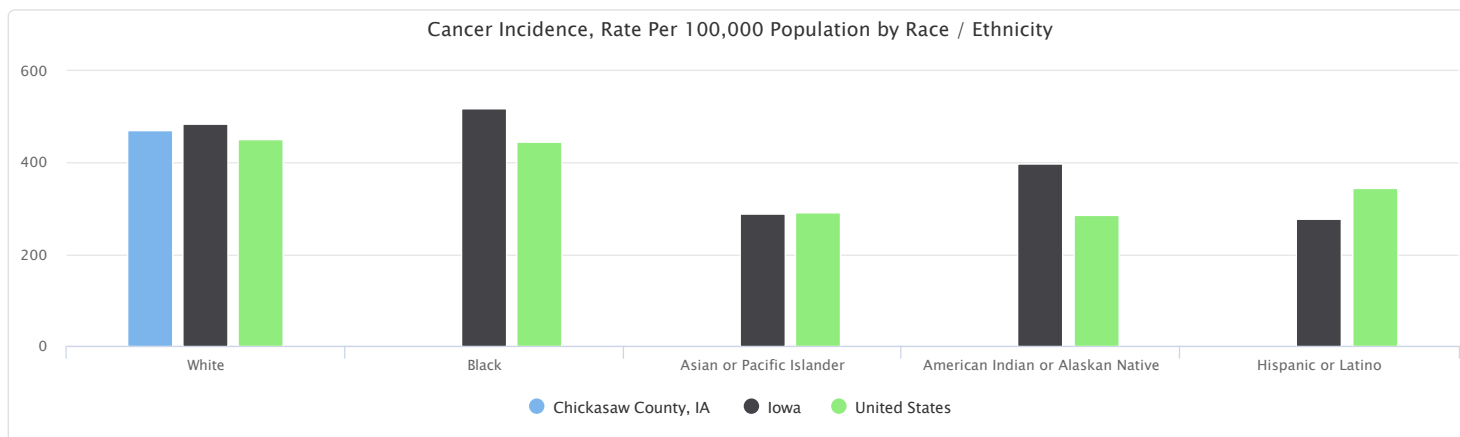
Cancer (All Sites), Incidence Rate (Per 100,000 Pop.) by County, State Cancer Profiles 2014-18



Cancer Incidence, Rate Per 100,000 Population by Race / Ethnicity

This indicator reports the age-adjusted cancer incidence rate per 100,000 people for the 5-year period 2014-2018 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Chickasaw County, IA	471.1	Suppressed	Suppressed	Suppressed	Suppressed
Iowa	483.8	518	289.5	398.8	276.3
United States	451	444.9	291.1	285.8	345



Cancer Incidence (Average Annual New Cases) by Race / Ethnicity

This indicator reports the age-adjusted cancer incidence rate average for the 5-year period 2014-2018 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Chickasaw County, IA	79	Suppressed	Suppressed	Suppressed	Suppressed
Iowa	17,906	377	142	44	256
United States	1,419,027	187,408	56,991	10,326	137,386

Top Five Most Commonly Diagnosed Cancers

The table below shows counts and age-adjusted incidence rates of the five most common newly diagnosed cancers by site for the 5-year period 2014-2018.

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Chickasaw County, Iowa	1 - Lung & Bronchus (All Stages^), 2014-2018	11	66.7
Chickasaw County, Iowa	2 - Prostate (All Stages^), 2014-2018	10	109.7
Chickasaw County, Iowa	3 - Breast (All Stages^), 2014-2018	10	117.3
Chickasaw County, Iowa	4 - Melanoma of the Skin (All Stages^), 2014-2018	5	36.2
Chickasaw County, Iowa	5 - Colon & Rectum (All Stages^), 2014-2018	5	29.5
Iowa	1 - Breast (All Stages^), 2014-2018	2,555	132.6
Iowa	2 - Lung & Bronchus (All Stages^), 2014-2018	2,503	62.6
Iowa	3 - Prostate (All Stages^), 2014-2018	2,180	112.1
Iowa	4 - Colon & Rectum (All Stages^), 2014-2018	1,653	43.2
Iowa	5 - Melanoma of the Skin (All Stages^), 2014-2018	1,010	28.1

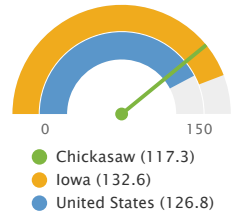
Cancer Incidence - Breast

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Within the report area, there were 10 new cases of breast cancer. This means there is a rate of 117.3 for every 100,000 total population.

Report Area	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Chickasaw County, IA	8,525	10	117.3
Iowa	1,926,847	2,555	132.6
United States	196,578,075	249,261	126.8

Breast Cancer Incidence Rate (Per 100,000 Pop.)

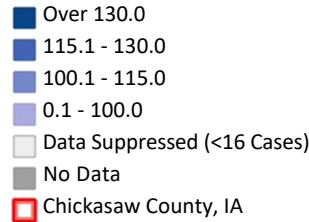


Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles, 2014-18. Source geography: County



[View larger map](#)

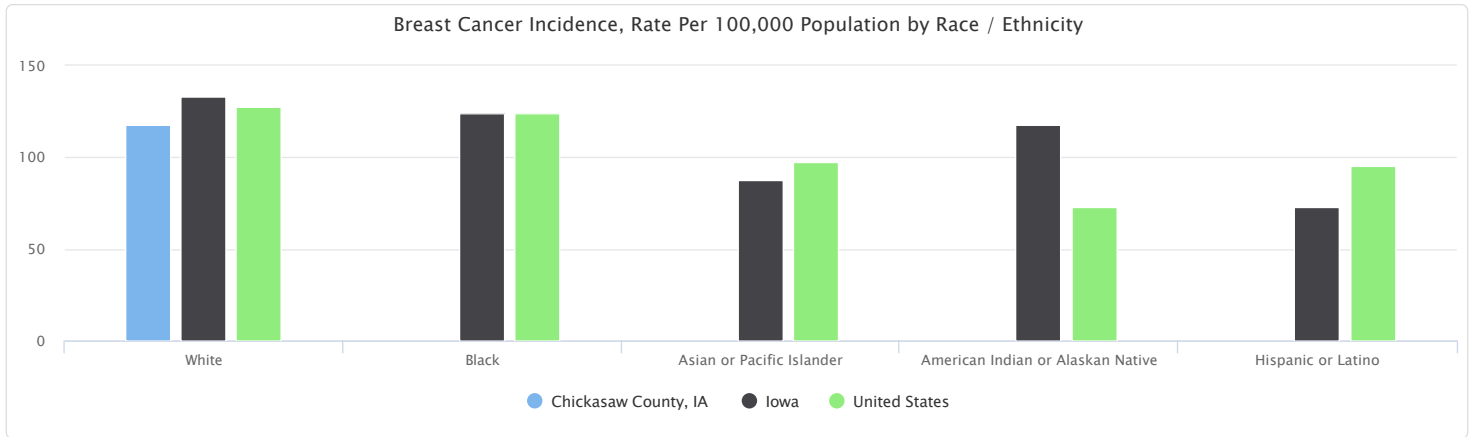
Breast Cancer, Incidence Rate (Per 100,000 Pop.) by County, State Cancer Profiles 2014-18



Breast Cancer Incidence, Rate Per 100,000 Population by Race / Ethnicity

This indicator reports the age-adjusted breast cancer incidence rate per 100,000 people for the 5-year period 2014-2018 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Chickasaw County, IA	118	Suppressed	Suppressed	Suppressed	Suppressed
Iowa	133.3	124.1	87.6	117.6	72.9
United States	127.7	124.3	97.6	72.9	95.4



Breast Cancer Incidence (Average Annual New Cases) by Race / Ethnicity

This indicator reports the age-adjusted breast cancer incidence rate average for the 5-year period 2014-2018 by race and by Hispanic origin.

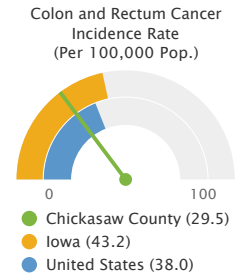
Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Chickasaw County, IA	10	Suppressed	Suppressed	Suppressed	Suppressed
Iowa	2,472	45	27	7	37
United States	204,849	29,269	10,847	1,445	21,174

Cancer Incidence - Colon and Rectum

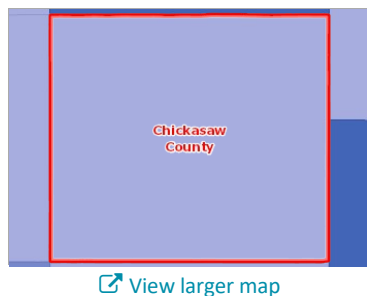
This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Within the report area, there were 5 new cases of colon and rectum cancer. This means there is a rate of 29.5 for every 100,000 total population.

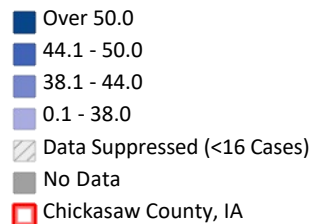
Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Chickasaw County, IA	16,949	5	29.5
Iowa	3,826,388	1,653	43.2
United States	376,842,105	143,200	38.0



Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2014-18. Source geography: County



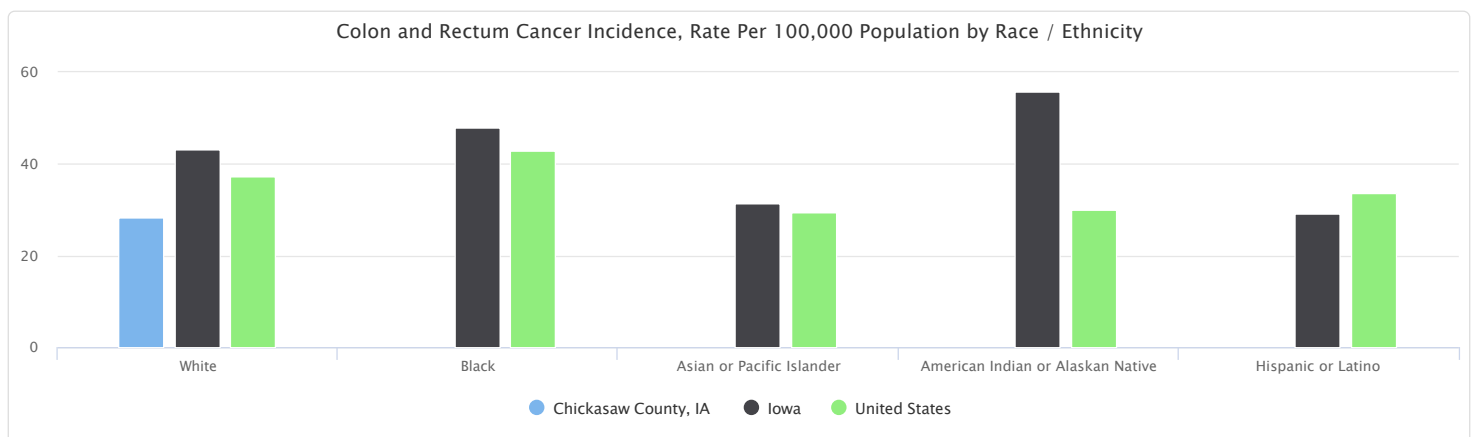
Colon-Rectal Cancer, Incidence Rate (Per 100,000 Pop.) by County, State Cancer Profiles 2014-18



Colon and Rectum Cancer Incidence, Rate Per 100,000 Population by Race / Ethnicity

This indicator reports the age-adjusted colon and rectum cancer incidence rate per 100,000 people for the 5-year period 2014-2018 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Chickasaw County, IA	28.4	Suppressed	Suppressed	Suppressed	Suppressed
Iowa	43.2	47.9	31.4	55.8	29.2
United States	37.4	42.9	29.5	30.1	33.6



Colon and Rectum Cancer Incidence (Average Annual New Cases) by Race / Ethnicity

This indicator reports the age-adjusted colon and rectum cancer incidence rate average for the 5-year period 2014-2018 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Chickasaw County, IA	5	Suppressed	Suppressed	Suppressed	Suppressed
Iowa	1,595	33	15	5	24
United States	116,721	17,701	5,735	1,072	13,082

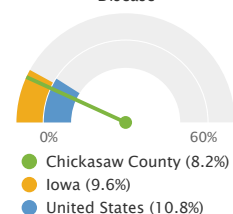
Chronic Conditions - Alzheimer's Disease (Medicare Population)

This indicator reports the number and percentage of Medicare fee-for-service population with Alzheimer's Disease. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

Within the report area, there were 202 beneficiaries with Alzheimer's Disease based on administrative claims data in the latest report year. This represents 8.2% of the total Medicare fee-for-service beneficiaries

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Alzheimer's Disease	Beneficiaries with Alzheimer's Disease, Percent
Chickasaw County, IA	2,457	202	8.2%
Iowa	459,489	43,942	9.6%
United States	33,499,472	3,610,640	10.8%

Percentage of Medicare Beneficiaries with Alzheimer's Disease



Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County



[View larger map](#)

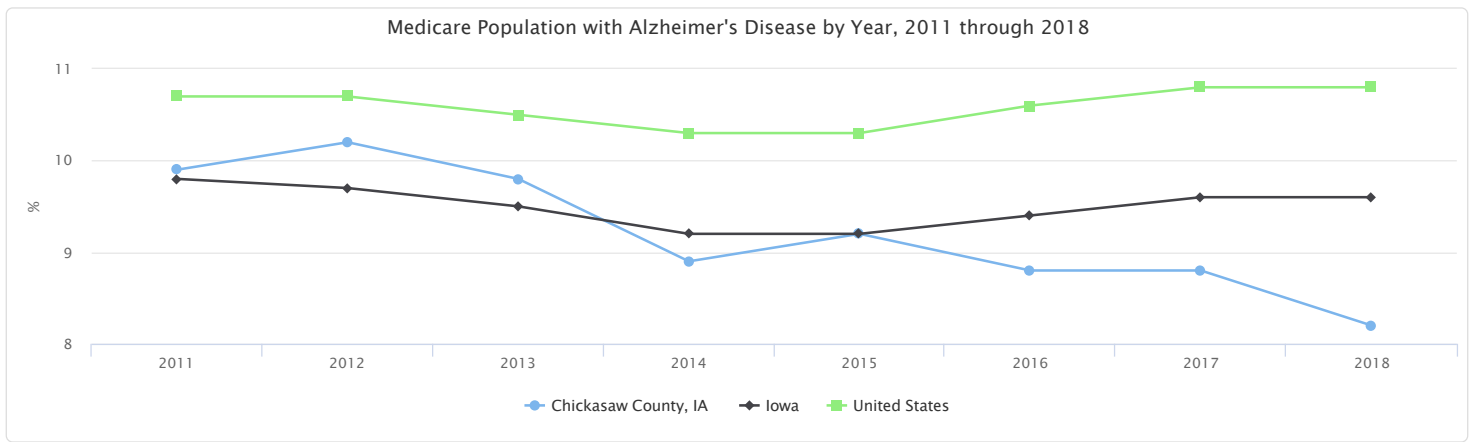
Beneficiaries with Alzheimer's Disease, Percent by County, CMS 2018

- Over 11.0%
- 9.1 - 11.0%
- 7.1 - 9.0%
- Under 7.1%
- No Data or Data Suppressed
- Chickasaw County, IA

Medicare Population with Alzheimer's Disease by Year, 2011 through 2018

This indicator reports the percentage of the Medicare fee-for-service population with Alzheimer's Disease over time.

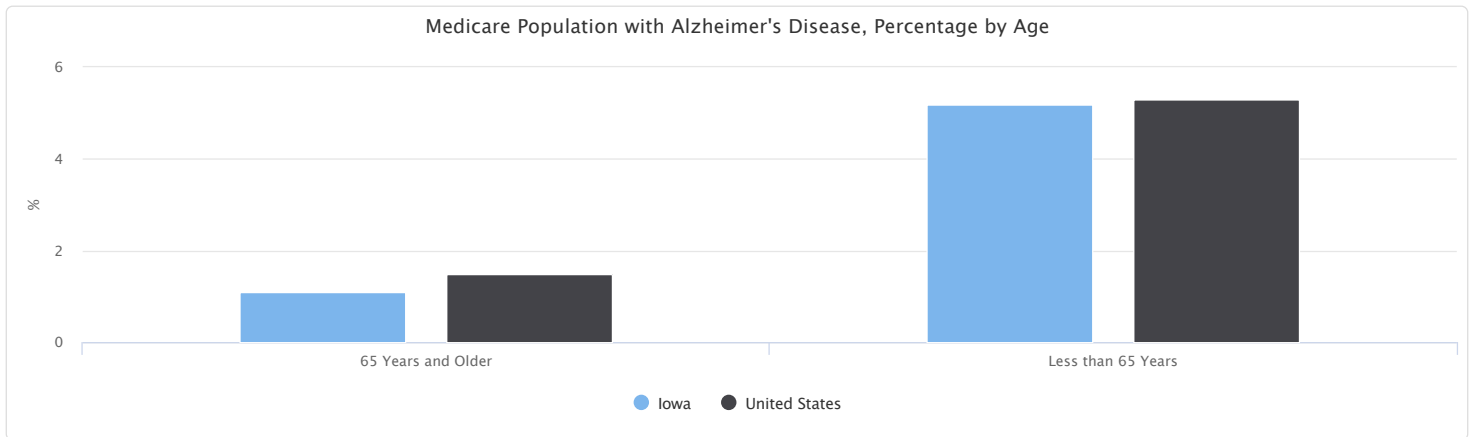
Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Chickasaw County, IA	9.9%	10.2%	9.8%	8.9%	9.2%	8.8%	8.8%	8.2%
Iowa	9.8%	9.7%	9.5%	9.2%	9.2%	9.4%	9.6%	9.6%
United States	10.7%	10.7%	10.5%	10.3%	10.3%	10.6%	10.8%	10.8%



Medicare Population with Alzheimer's Disease, Percentage by Age

This indicator reports the prevalence of Alzheimer Disease among Medicare beneficiaries by age.

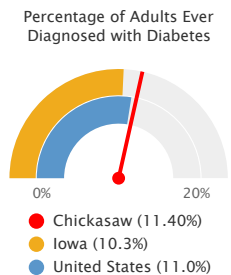
Report Area	65 Years and Older	Less than 65 Years
Chickasaw County, IA	No data	No data
Iowa	1.1%	5.2%
United States	1.5%	5.3%



Chronic Conditions - Diabetes (Adult)

This indicator reports the number and percentage of adults age 18 and older who report ever been told by a doctor, nurse, or other health professional that they have diabetes other than diabetes during pregnancy.

Report Area	Total Population (2019)	Adults Ever Diagnosed with Diabetes (Crude)	Adults Ever Diagnosed with Diabetes (Age-Adjusted)
Chickasaw County, IA	11,933	11.40%	8.80%
Iowa	3,155,070	10.3%	9.1%
United States	328,239,523	11.0%	9.7%

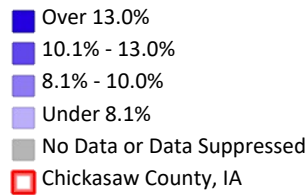


Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2019.



[View larger map](#)

Diabetes, Prevalence Among Adults Age 18+ by Tract, CDC BRSS PLACES Project 2019



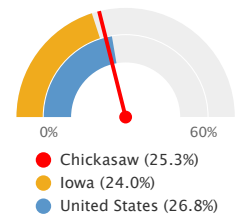
Chronic Conditions - Heart Disease (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with ischemic heart disease. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

Within the report area, there were 622 beneficiaries with ischemic heart disease based on administrative claims data in the latest report year. This represents 25.3% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Heart Disease	Beneficiaries with Heart Disease, Percent
Chickasaw County, IA	2,457	622	25.3%
Iowa	459,489	110,102	24.0%
United States	33,499,472	8,979,902	26.8%

Percentage of Medicare Beneficiaries with Heart Disease

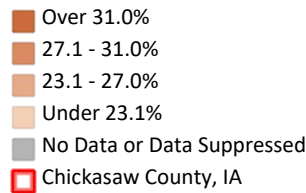


Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County



[View larger map](#)

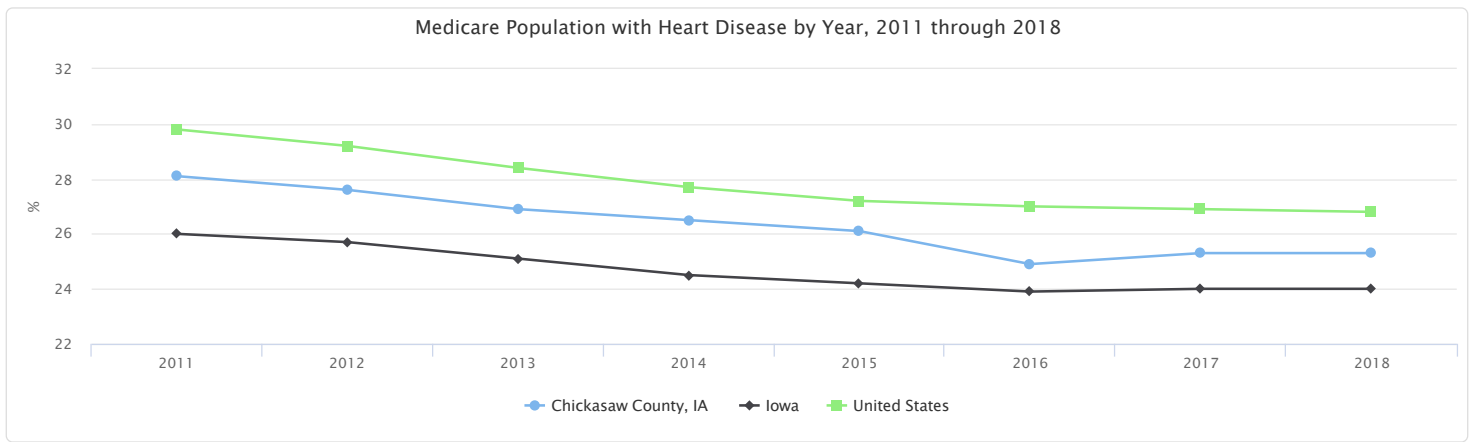
Beneficiaries with Ischemic Heart Disease, Percent by County, CMS 2018



Medicare Population with Heart Disease by Year, 2011 through 2018

This indicator reports the percentage of the Medicare fee-for-service population with heart disease over time.

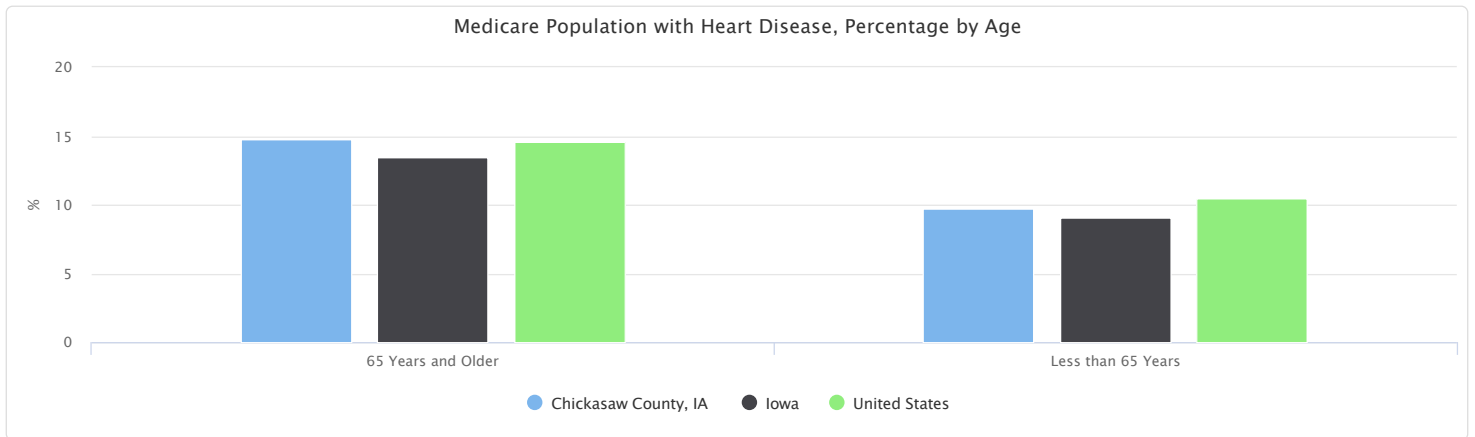
Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Chickasaw County, IA	28.1%	27.6%	26.9%	26.5%	26.1%	24.9%	25.3%	25.3%
Iowa	26.0%	25.7%	25.1%	24.5%	24.2%	23.9%	24.0%	24.0%
United States	29.8%	29.2%	28.4%	27.7%	27.2%	27.0%	26.9%	26.8%



Medicare Population with Heart Disease, Percentage by Age

This indicator reports the prevalence of heart disease among Medicare beneficiaries by age.

Report Area	65 Years and Older	Less than 65 Years
Chickasaw County, IA	14.8%	9.7%
Iowa	13.5%	9.1%
United States	14.6%	10.5%

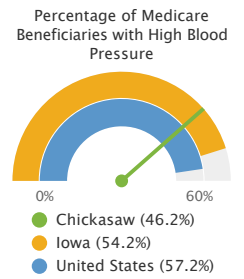


Chronic Conditions - High Blood Pressure (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with hypertension (high blood pressure). Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

Within the report area, there were 1,136 beneficiaries with hypertension (high blood pressure) based on administrative claims data in the latest report year. This represents 46.2% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Beneficiaries with High Blood Pressure, Percent
Chickasaw County, IA	2,457	1,136	46.2%
Iowa	459,489	249,193	54.2%
United States	33,499,472	19,162,770	57.2%

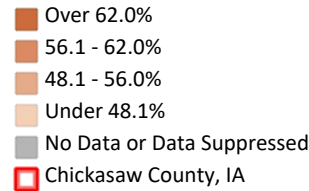


Note: This indicator is compared to the state average.
 Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County



[View larger map](#)

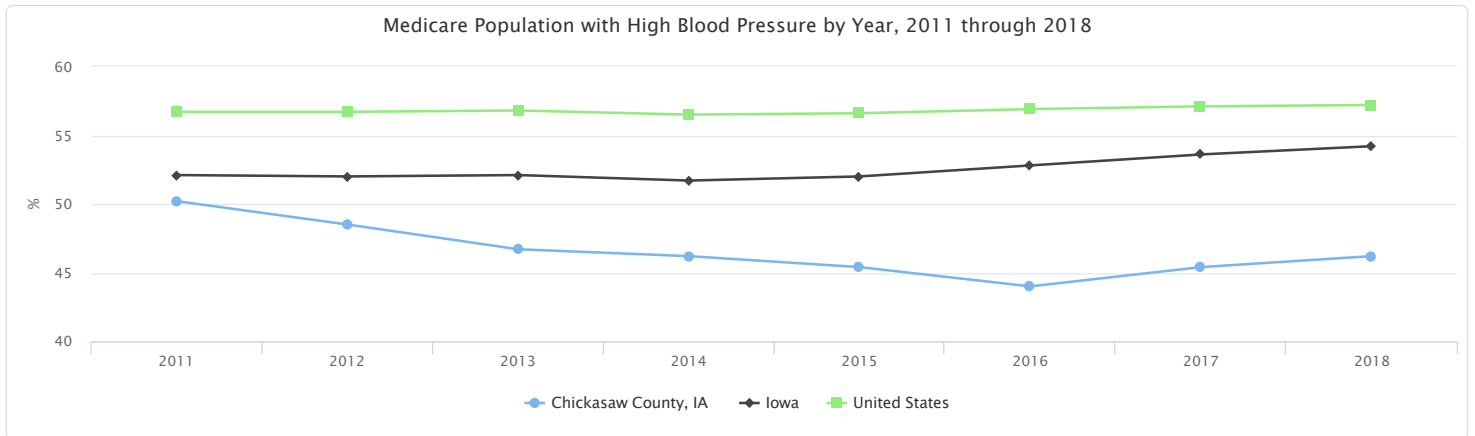
Beneficiaries with High Blood Pressure, Percent by County, CMS 2018



Medicare Population with High Blood Pressure by Year, 2011 through 2018

This indicator reports the percentage of the Medicare fee-for-service population with high blood pressure over time.

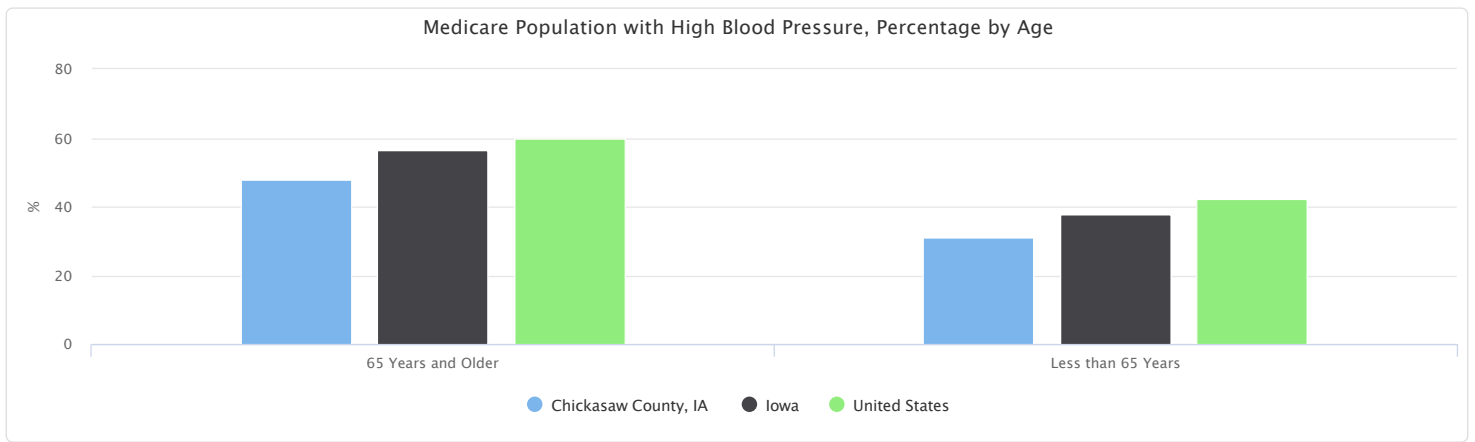
Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Chickasaw County, IA	50.2%	48.5%	46.7%	46.2%	45.4%	44.0%	45.4%	46.2%
Iowa	52.1%	52.0%	52.1%	51.7%	52.0%	52.8%	53.6%	54.2%
United States	56.7%	56.7%	56.8%	56.5%	56.6%	56.9%	57.1%	57.2%



Medicare Population with High Blood Pressure, Percentage by Age

This indicator reports the prevalence of high blood pressure among Medicare beneficiaries by age.

Report Area	65 Years and Older	Less than 65 Years
Chickasaw County, IA	47.7%	31.0%
Iowa	56.5%	37.6%
United States	59.8%	42.4%

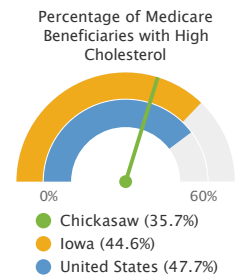


Chronic Conditions - High Cholesterol (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with hyperlipidemia, which is typically associated with high cholesterol. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

Within the report area, there were 876 beneficiaries with hyperlipidemia based on administrative claims data in the latest report year. This represents 35.7% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Cholesterol	Percent with High Cholesterol
Chickasaw County, IA	2,457	876	35.7%
Iowa	459,489	204,957	44.6%
United States	33,499,472	15,965,312	47.7%



Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County



[View larger map](#)

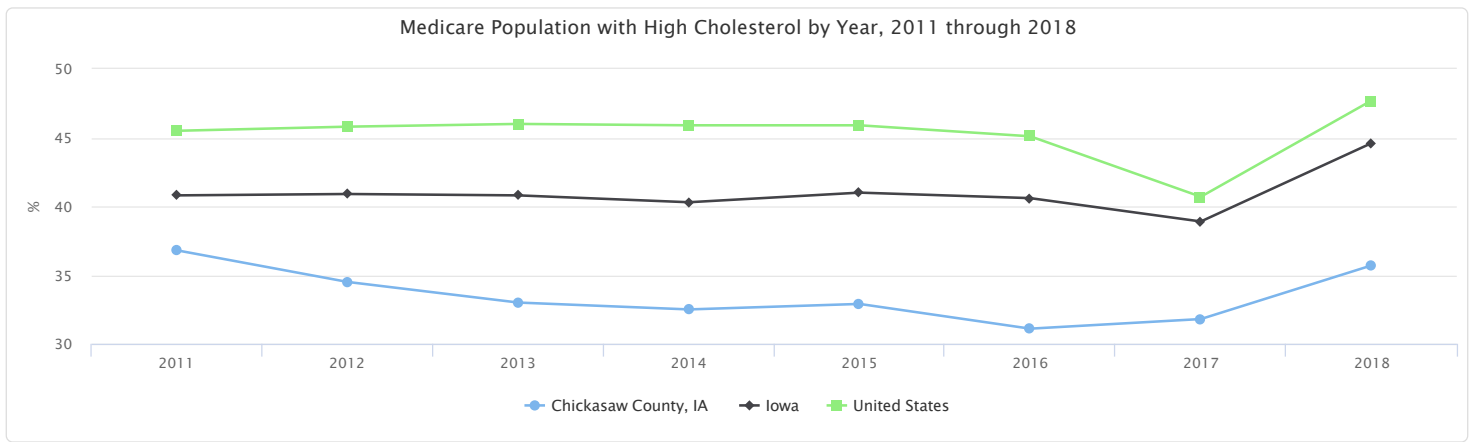
Beneficiaries with High Cholesterol, Percent by County, CMS 2018

- Over 48.0%
- 42.1 - 48.0%
- 36.1 - 42.0%
- Under 36.1%
- No Data or Data Suppressed
- Chickasaw County, IA

Medicare Population with High Cholesterol by Year, 2011 through 2018

This indicator reports the percentage of the Medicare fee-for-service population with high cholesterol over time.

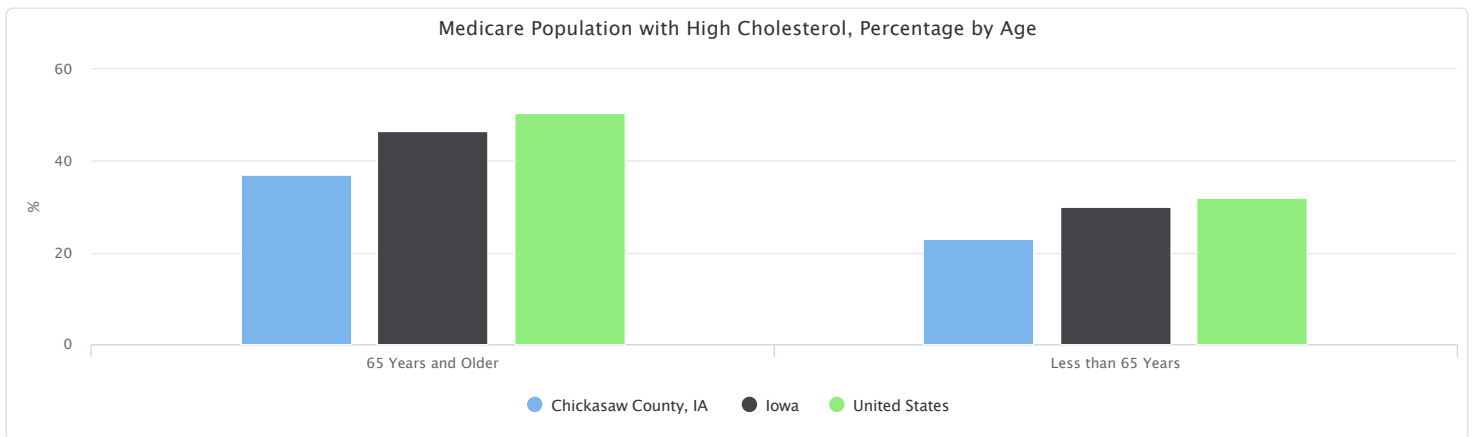
Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Chickasaw County, IA	36.8%	34.5%	33.0%	32.5%	32.9%	31.1%	31.8%	35.7%
Iowa	40.8%	40.9%	40.8%	40.3%	41.0%	40.6%	38.9%	44.6%
United States	45.5%	45.8%	46.0%	45.9%	45.9%	45.1%	40.7%	47.7%



Medicare Population with High Cholesterol, Percentage by Age

This indicator reports the prevalence of high cholesterol among Medicare beneficiaries by age.

Report Area	65 Years and Older	Less than 65 Years
Chickasaw County, IA	36.9%	23.1%
Iowa	46.6%	30.1%
United States	50.5%	31.9%

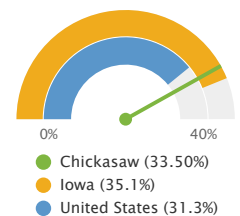


Chronic Conditions - Obesity (Adult)

This indicator reports the number and percentage of adults age 18 and older who are obese, defined as having a body mass index (BMI) ≥ 30.0 kg/m², calculated from self-reported weight and height.

Report Area	Total Population (2019)	Adult Obesity (BMI ≥ 30.0 kg/m ²) (Crude)	Adult Obesity (BMI ≥ 30.0 kg/m ²) (Age-Adjusted)
Chickasaw County, IA	11,933	33.50%	33.50%
Iowa	3,155,070	35.1%	35.5%
United States	328,239,523	31.3%	31.3%

Percentage of Adults Obese (BMI ≥ 30.0 kg/m²)



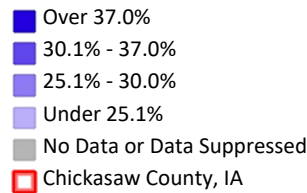
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2019.



[View larger map](#)

Obese (BMI >= 30), Prevalence Among Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

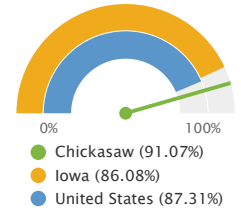


Diabetes Management (Hemoglobin A1c Test)

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Medicare Enrollees with Diabetes with Annual Exam, Percent
Chickasaw County, IA	224	204	91.07%
Iowa	58,561	50,410	86.08%
United States	6,912,882	6,035,518	87.31%

Percentage of Medicare Beneficiaries with Diabetes with Annual A1C Test

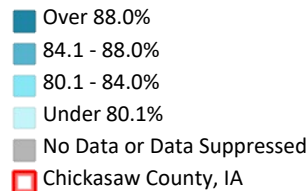


Note: This indicator is compared to the state average.
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2017. Source geography: County



[View larger map](#)

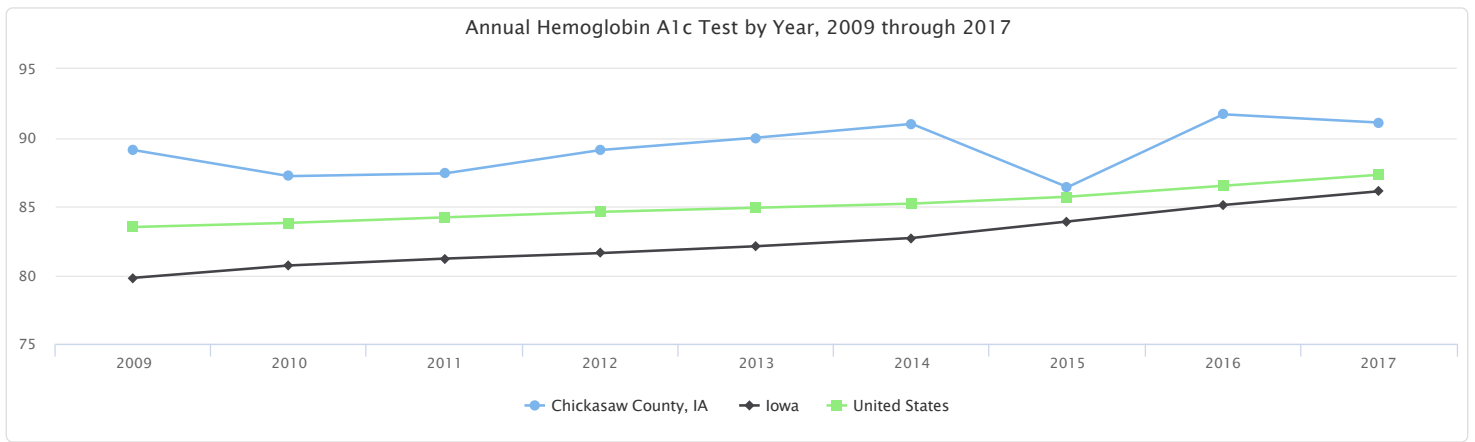
Patients with Annual HA1C Test (Diabetes), Percent of Medicare Enrollees with Diabetes by County, Dartmouth Atlas 2015



Annual Hemoglobin A1c Test by Year, 2009 through 2017

Percent of Medicare Beneficiaries with Diabetes with Annual Hemoglobin A1c Test

Report Area	2009	2010	2011	2012	2013	2014	2015	2016	2017
Chickasaw County, IA	89.1	87.2	87.4	89.1	90.0	91.0	86.4	91.7	91.1
Iowa	79.8	80.7	81.2	81.6	82.1	82.7	83.9	85.1	86.1
United States	83.5	83.8	84.2	84.6	84.9	85.2	85.7	86.5	87.3

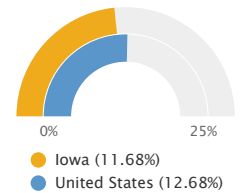


Fruit/Vegetable Expenditures

This indicator reports estimated expenditures for fruits and vegetables purchased for in-home consumption, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

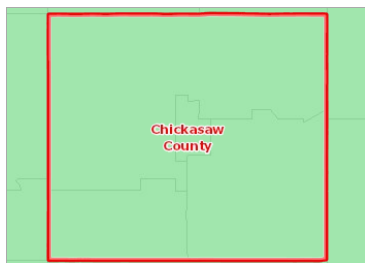
Report Area	State Rank	Z-Score (US)	Z-Score (Within-State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Chickasaw County, IA	49.00	-1.09	1.23	Suppressed	Suppressed
Iowa	No data	-0.68	No data	\$663.93	11.68%
United States	No data	No data	No data	\$744.71	12.68%

Fruit / Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures



Note: This indicator is compared to the state average.

Data Source: Nielsen, *Nielsen SiteReports*. 2014. Source geography: Tract



[View larger map](#)

Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

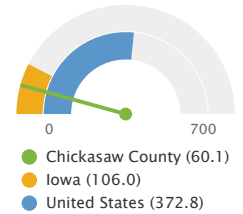
- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- Chickasaw County, IA

HIV Prevalence

This indicator reports the prevalence of HIV in the report area as a rate per 100,000 population over age 13. The data reflect persons living with diagnosed HIV infection at the end of the latest reporting year, or persons living with infection ever classified as stage 3 (AIDS) at the end of the latest report year.

Report Area	Population Age 13+	Population with HIV / AIDS	Population with HIV / AIDS, Rate per 100,000 Pop.
Chickasaw County, IA	9,976	6	60.1
Iowa	2,630,539	2,788	106.0
United States	274,605,948	1,023,832	372.8

Population with HIV / AIDS, Rate per 100,000 Pop.



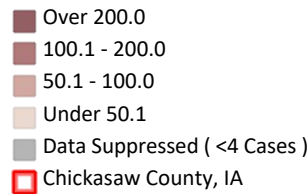
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County



[View larger map](#)

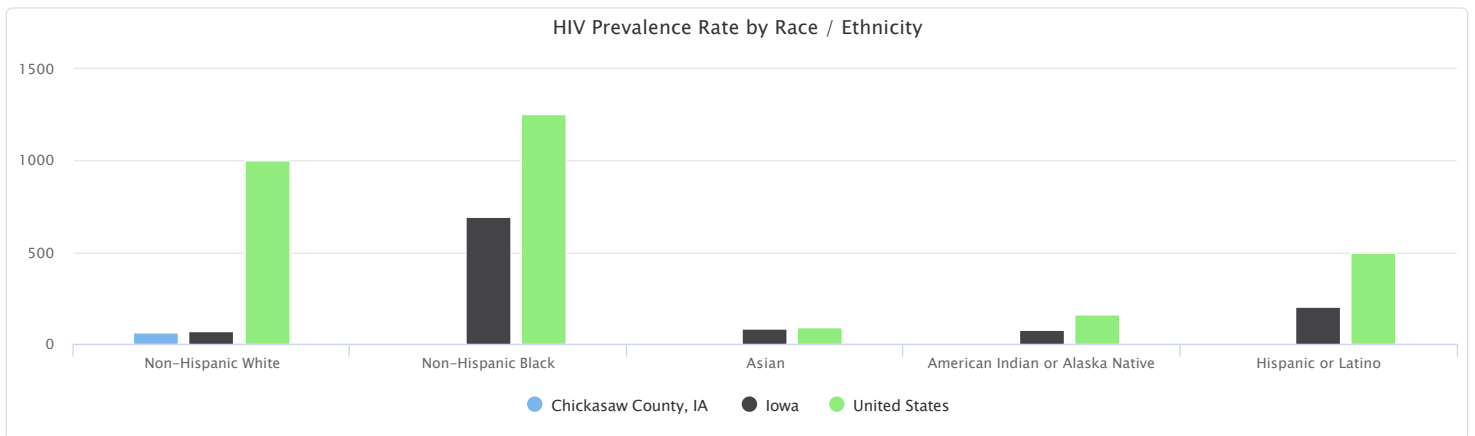
HIV Prevalence, Rate (Per 100,000 Pop.) by County, CDC NCHHSTP 2018



HIV Prevalence Rate by Race / Ethnicity

The table below displays trends in the prevalence rate for HIV/AIDS for the latest report year by population race and ethnicity.

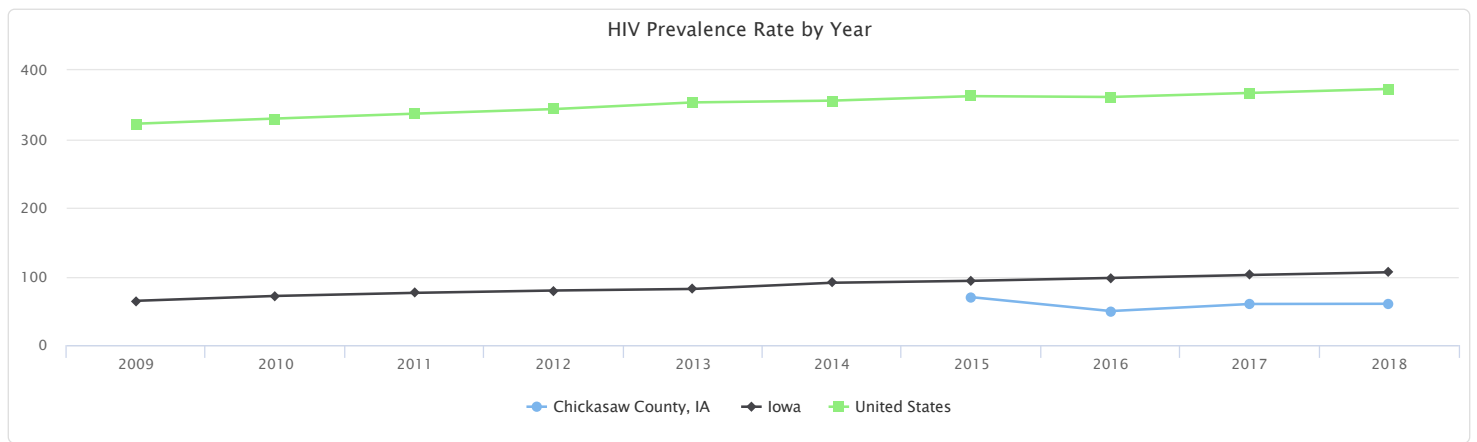
Report Area	Non-Hispanic White	Non-Hispanic Black	Asian	American Indian or Alaska Native	Hispanic or Latino
Chickasaw County, IA	62.4	No data	No data	No data	0.0
Iowa	72.7	692.7	85.6	78.9	203.0
United States	1,004.4	1,252.9	93.6	158.2	499.9



HIV Prevalence Rate by Year

The table below displays trends in the prevalence rate for HIV/AIDS for years 2009 through 2018. Rates are expressed per 100,000 population age 13 and older.

Report Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Chickasaw County, IA	No data	Suppressed	No data	No data	No data	No data	69.7	49.5	59.8	60.1
Iowa	64.4	71.5	76.0	79.4	81.7	90.7	93.5	97.7	102.0	106.0
United States	322.2	329.7	336.8	343.5	353.2	355.8	362.3	361.1	367.0	372.8

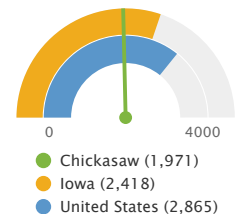


Hospitalizations - Preventable Conditions

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries. In the latest reporting period there were 2,758 Medicare beneficiaries in the report area. The preventable hospitalization rate was 1,971. The rate in the report area was lower than the state rate of 2,418 during the same time period.

Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Chickasaw County, IA	2,758	1,971
Iowa	600,549	2,418
United States	57,235,207	2,865

Preventable Hospital Events, Rate per 100,000 Beneficiaries



Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020. Source geography: County



[View larger map](#)

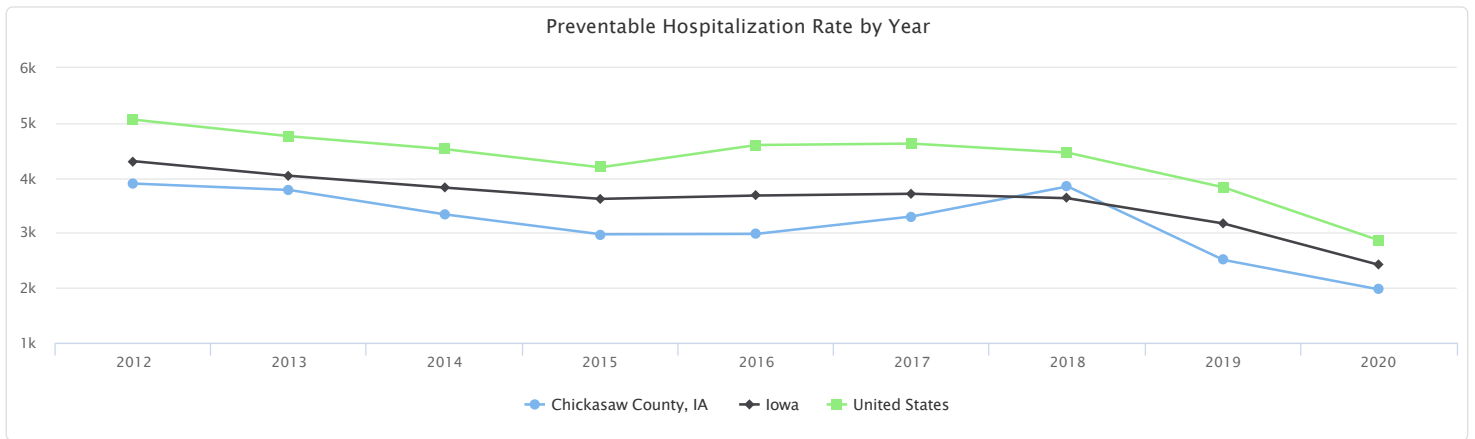
Preventable Hospitalization, Medicare Beneficiaries, Rate by County, CMS 2020

- Over 3600
- 3101 - 3600
- 2500 - 3100
- Under 2500
- No data or Data Suppressed
- Chickasaw County, IA

Preventable Hospitalization Rate by Year

The table and chart below display local, state, and national trends in preventable hospitalization rates among Medicare beneficiaries.

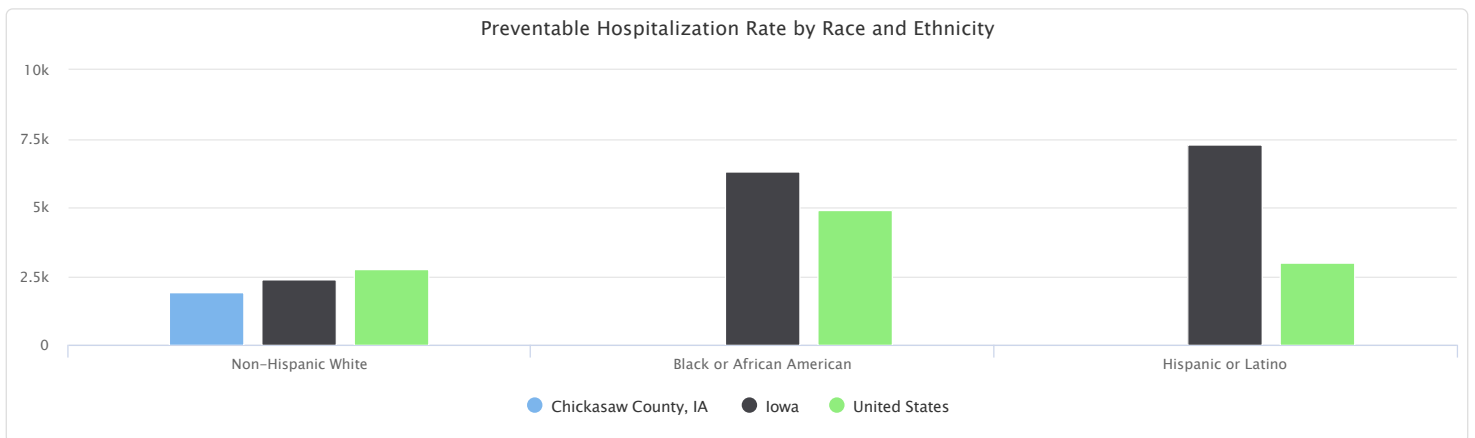
Report Area	2012	2013	2014	2015	2016	2017	2018	2019	2020
Chickasaw County, IA	3,897	3,780	3,336	2,974	2,981	3,298	3,845	2,509	1,971
Iowa	4,304	4,039	3,823	3,618	3,679	3,711	3,630	3,171	2,418
United States	5,060	4,758	4,523	4,192	4,598	4,624	4,459	3,830	2,865



Preventable Hospitalization Rate by Race and Ethnicity

The table and chart below display local, state, and national trends in preventable hospitalization rates among Medicare beneficiaries for the latest report year by patient race and ethnicity.

Report Area	Non-Hispanic White	Black or African American	Hispanic or Latino
Chickasaw County, IA	1,928	0	No data
Iowa	2,390	6,317	7,299
United States	2,754	4,914	3,014



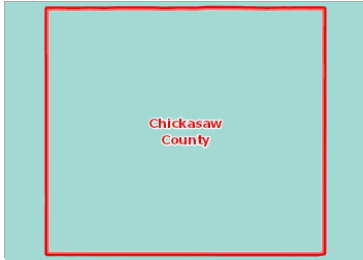
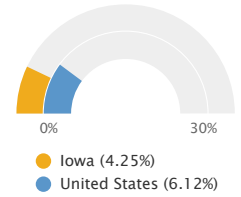
Lack of Prenatal Care

This indicator reports the percentage of women who did not obtain prenatal care until the 7th month (or later) of pregnancy or who didn't have any prenatal care, as of all who gave birth during the three year period from 2017 to 2019. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Births	Births with Late/No Care	% of Births with Late/No Care
Chickasaw County, IA	Suppressed	Suppressed	Suppressed
Iowa	113,864	4,837	4.25%
United States	11,394,752	697,581	6.12%

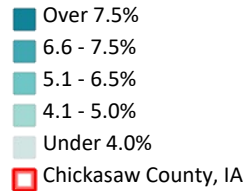
Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2019. Source geography: County

Percentage of Pregnant Women with Late or No Prenatal Care



[View larger map](#)

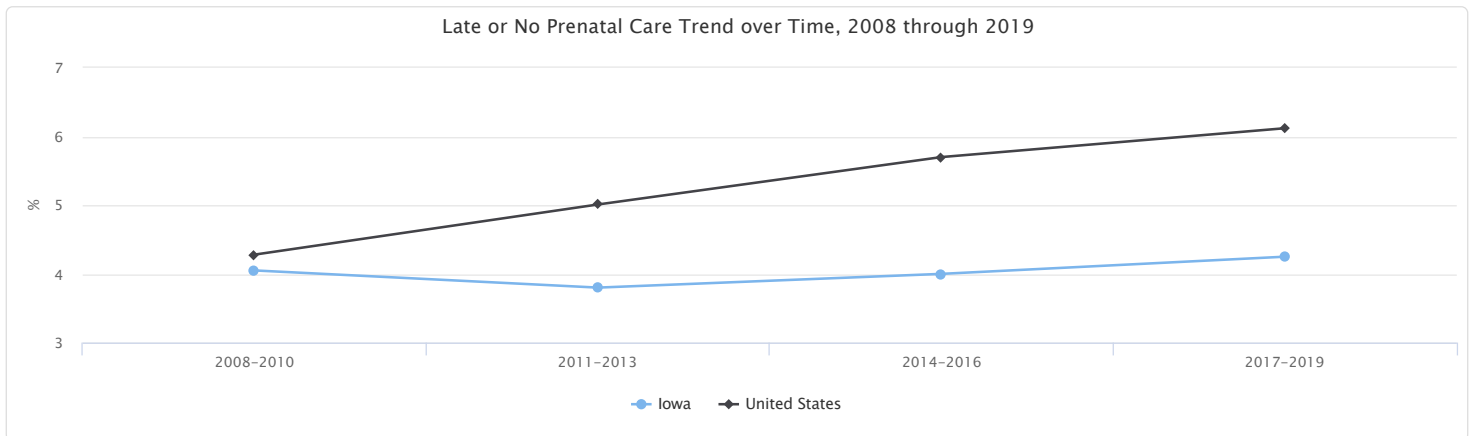
Mothers with Late or No Prenatal Care, Percent by State, CDC NVSS 2017-19



Late or No Prenatal Care Trend over Time, 2008 through 2019

This indicator reports the 2008 to 2019 three-year period trend of the percentage of women who did not obtain prenatal care until the 7th month (or later) of pregnancy or who didn't have any prenatal care, as of all who gave birth during the relevant time period.

Report Area	2008-2010	2011-2013	2014-2016	2017-2019
Chickasaw County, IA	Suppressed	Suppressed	Suppressed	Suppressed
Iowa	4.05%	3.80%	4.00%	4.25%
United States	4.28%	5.01%	5.70%	6.12%



Life Expectancy (County)

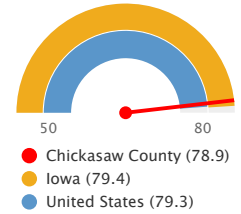
This indicator reports the average life expectancy at birth (age-adjusted to 2000 standard). Data were from the National Center for Health Statistics - Mortality Files (2017-2019) and are used for the 2021 County Health Rankings.

Of the total 10,818 population in the report area, the average life expectancy during the 2017-19 three-year period is 78.9, which is lower than the statewide rate of 79.4.

Note: Data are suppressed for counties with fewer than 5,000 population-years-at-risk in the time frame.

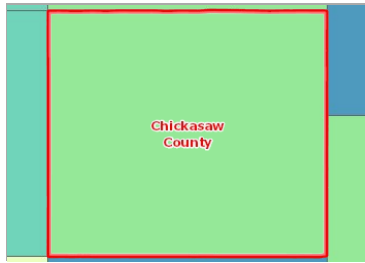
Report Area	Total Population	Life Expectancy at Birth (2017-19)
Chickasaw County, IA	10,818	78.9
Iowa	5,827,944	79.4
United States	610,213,316	79.3

Life Expectancy at Birth, 2017-2019



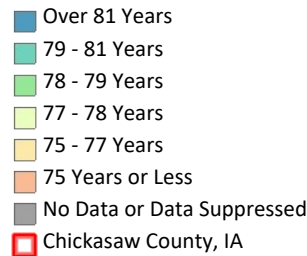
Note: This indicator is compared to the state average.

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#), 2017-2019. Source geography: County



[View larger map](#)

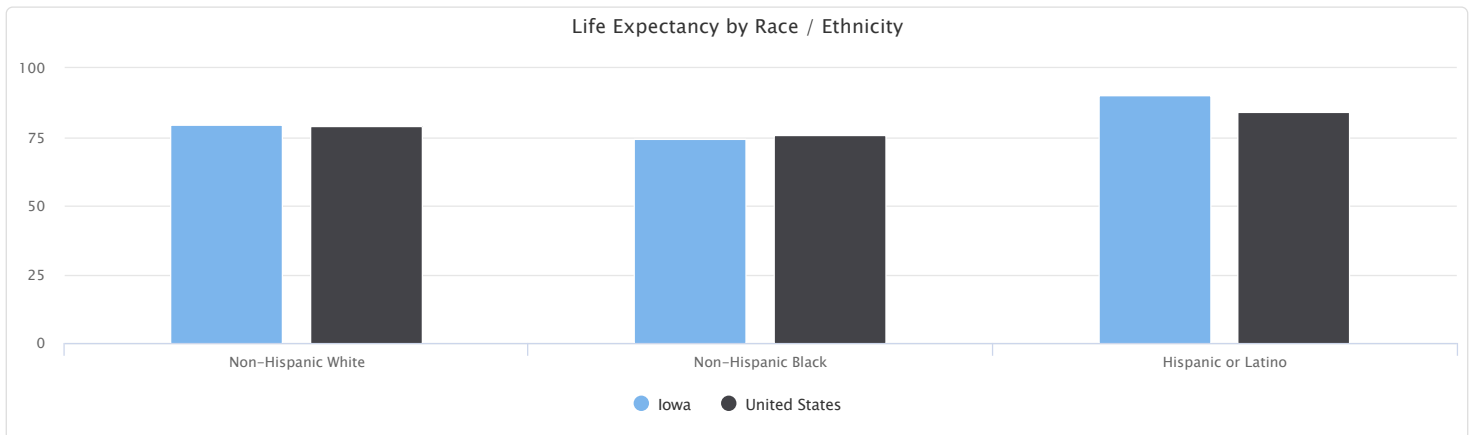
Life Expectancy, Years by County, CDC NVSS 2017-2019



Life Expectancy by Race / Ethnicity

This indicator reports the 2017-2019 three-year average number of years a person can expect to live by race / ethnicity.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Chickasaw County, IA	No data	No data	No data
Iowa	79.4	74.4	90.1
United States	79.2	75.6	84.3



Low Birth Weight

This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2013-2019) and are used for the 2021 County Health Rankings.

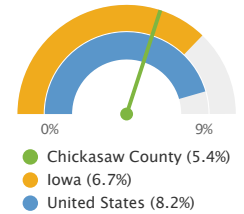
Within the report area, there were 51 infants born with low birth weight. This represents 5.4% of the total live births.

Note: Data are suppressed for counties with fewer than 10 low birthweight births in the reporting period.

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
Chickasaw County, IA	953	51	5.4%
Iowa	542,844	36,474	6.7%
United States	54,416,819	4,440,508	8.2%

Note: This indicator is compared to the state average.
 Data Source: University of Wisconsin Population Health Institute, *County Health Rankings*, 2013-2019. Source geography: County

Percentage of Infants with Low Birthweight: %



[View larger map](#)

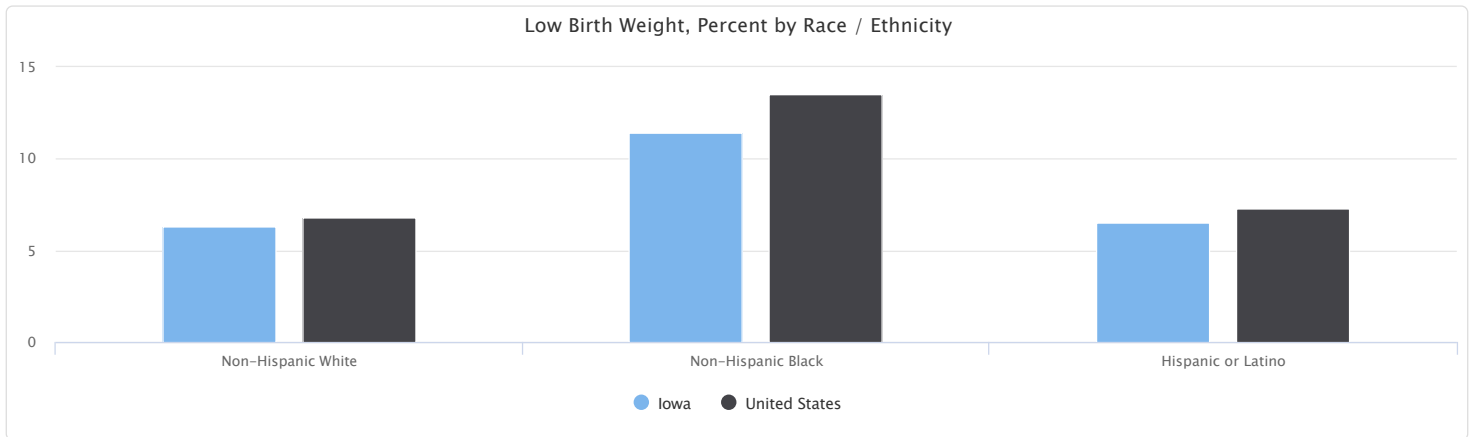
Low Birthweight, Percentage of Live Births by County, CDC NVSS 2013-2019

- Over 10.0%
- 8.1 - 10.0%
- 7.1 - 8.0%
- Under 7.1%
- No Data or Data Suppressed
- Chickasaw County, IA

Low Birth Weight, Percent by Race / Ethnicity

This indicator reports the 2013-2019 seven-year average percentage of live births with low birthweight (< 2,500 grams) by race and by Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Chickasaw County, IA	No data	No data	No data
Iowa	6.3	11.4	6.5
United States	6.8	13.5	7.3



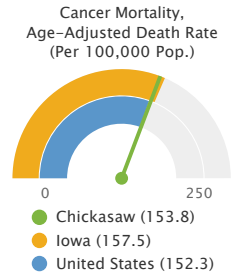
Mortality - Cancer

This indicator reports the 2015-2019 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Within the report area, there are a total of 142 deaths due to cancer. This represents an age-adjusted death rate of 153.8 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Chickasaw County, IA	12,004	142	236.6	153.8
Iowa	3,143,104	32,156	204.6	157.5
United States	325,134,494	2,991,951	184.0	152.3



Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County



[View larger map](#)

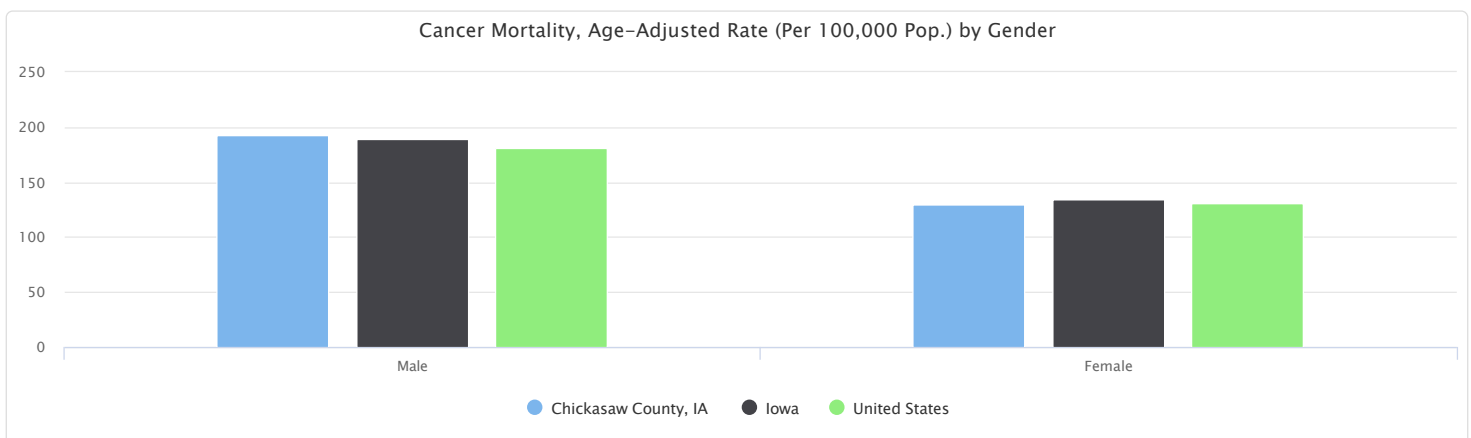
Cancer Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2015-19

- Over 200.0
- 180.1 - 200.0
- 160.1 - 180.0
- Under 160.1
- Data Suppressed (<20 Deaths)
- Chickasaw County, IA

Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to cancer per 100,000 people by gender.

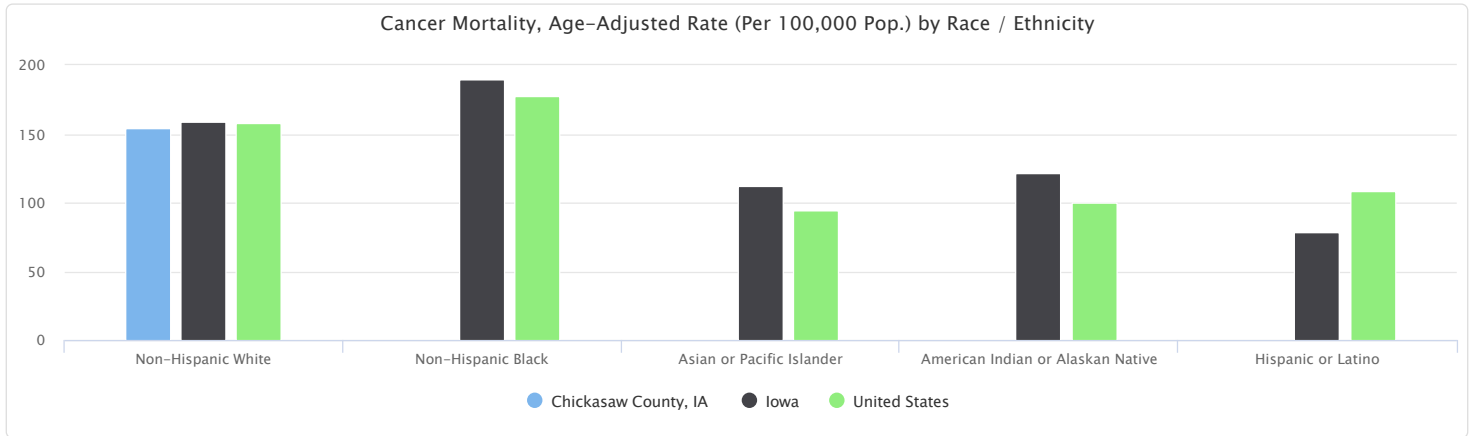
Report Area	Male	Female
Chickasaw County, IA	192.5	129.1
Iowa	189.2	134.0
United States	180.9	131.1



Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This table reports the age-adjusted rate death due to cancer per 100,000 people for the 5-year period 2015-2019 by race and by Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Chickasaw County, IA	153.8	No data	No data	No data	No data
Iowa	159.1	190.1	112.0	121.6	78.5
United States	157.5	178.0	94.7	100.1	108.2

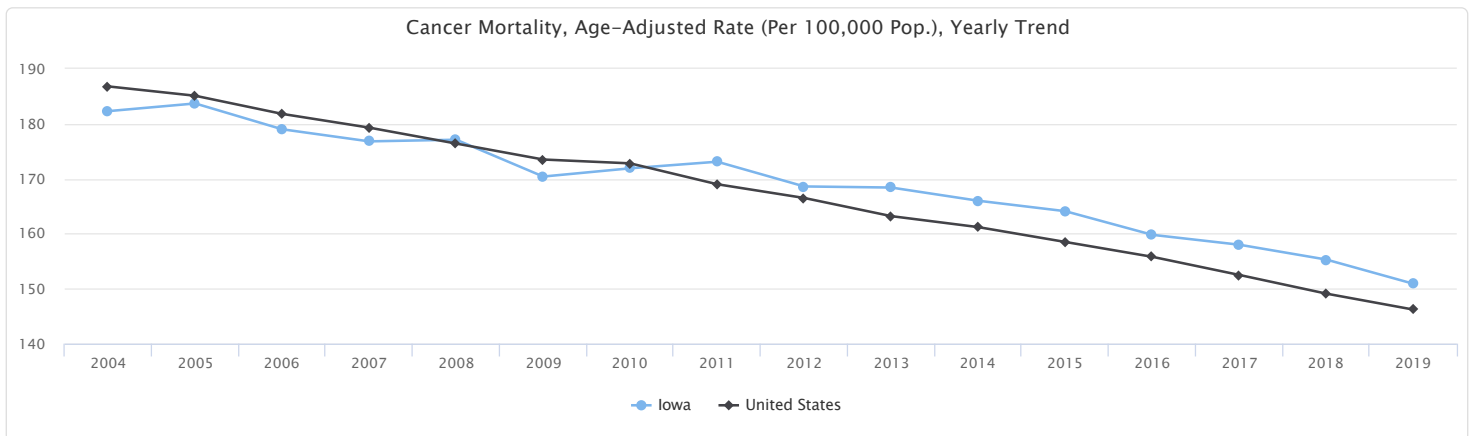


Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

The table below shows age-adjusted death rates due to cancer per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Iowa	182.3	183.7	179.0	176.8	177.1	170.4	171.9	173.1	168.6	168.4	166.0	164.1	159.8	158.0	155.3	150.9
United States	186.8	185.1	181.8	179.3	176.4	173.5	172.8	169.0	166.5	163.2	161.2	158.5	155.8	152.5	149.1	146.2

Note: No county data available. See data source and methodology for more details.



Mortality - Coronary Heart Disease

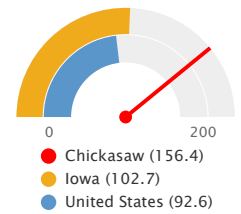
This indicator reports the 2015-2019 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States.

Within the report area, there are a total of 152 deaths due to coronary heart disease. This represents an age-adjusted death rate of 156.4 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Chickasaw County, IA	12,004	152	253.2	156.4
Iowa	3,143,104	21,932	139.6	102.7
United States	325,134,494	1,822,811	112.1	92.6

Coronary Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



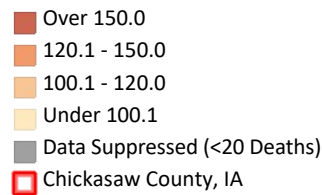
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2015-2019. Source geography: County



[View larger map](#)

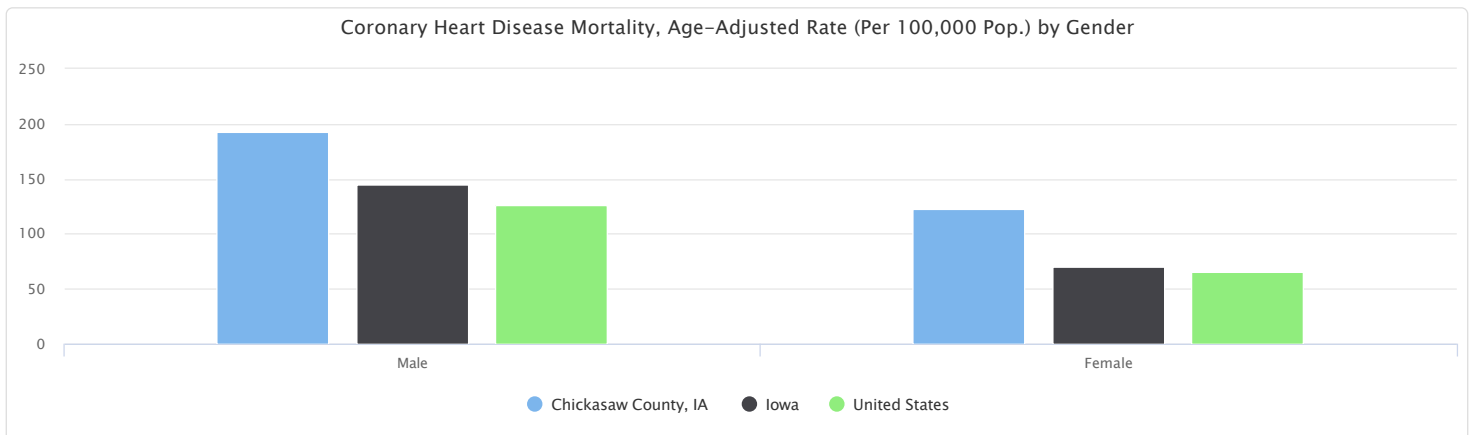
Coronary Heart Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2015-19



Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to coronary heart disease per 100,000 people by gender.

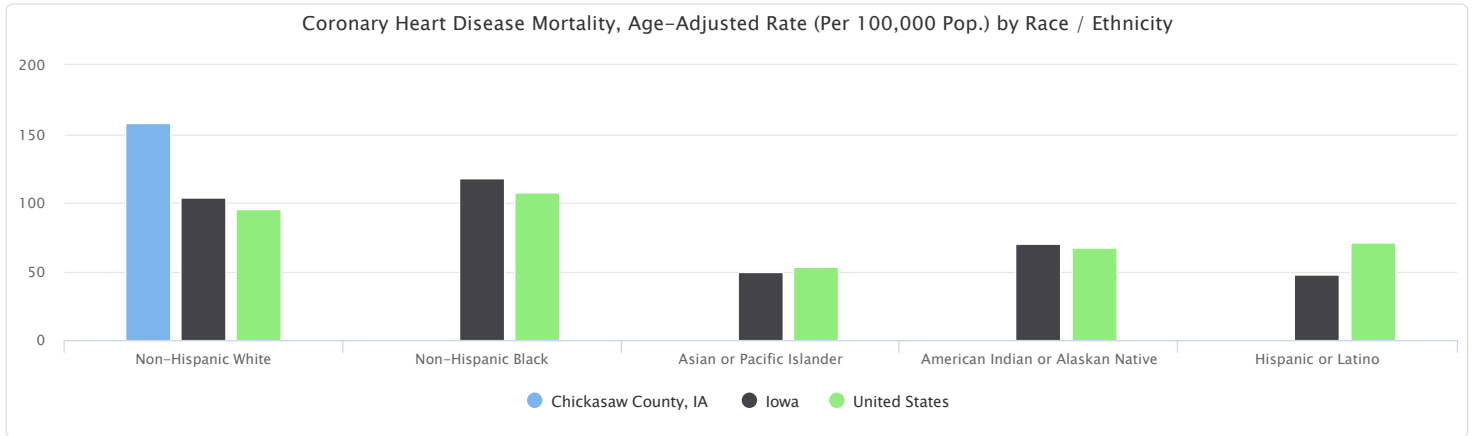
Report Area	Male	Female
Chickasaw County, IA	192.4	123.2
Iowa	144.3	70.2
United States	126.2	65.9



Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This table reports the age-adjusted rate of death due to coronary heart disease per 100,000 people by race and Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Chickasaw County, IA	157.9	No data	No data	No data	No data
Iowa	103.9	117.5	49.1	70.4	47.2
United States	95.1	107.4	53.0	67.1	70.8

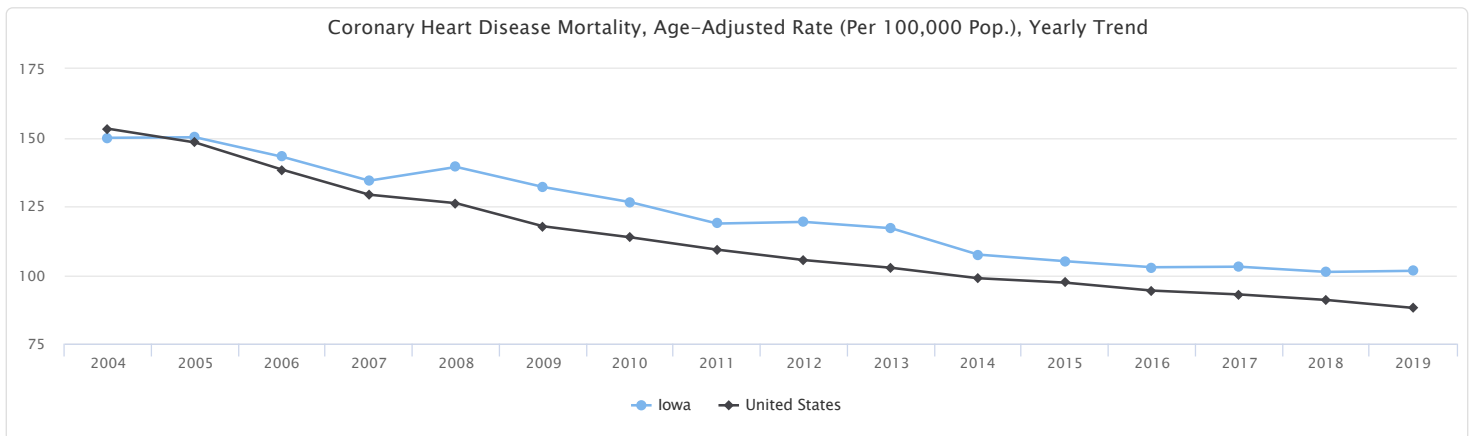


Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports age-adjusted rate of death due to coronary heart disease per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Iowa	149.9	150.1	143.0	134.3	139.3	132.0	126.5	118.7	119.3	117.0	107.4	105.0	102.8	103.0	101.1	101.5
United States	153.2	148.2	138.3	129.2	126.1	117.7	113.7	109.2	105.4	102.6	98.8	97.2	94.3	92.9	90.9	88.0

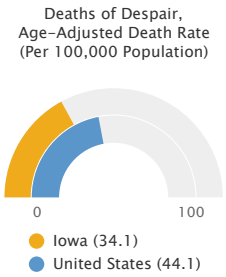
Note: No county data available. See data source and methodology for more details.



Mortality - Deaths of Despair

This indicator reports average rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdose, also known as "deaths of despair", per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because death of despair is an indicator of poor mental health.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Chickasaw County, IA	12,004	14	23.3	No data
Iowa	3,143,104	5,537	35.2	34.1
United States	325,134,494	754,015	46.4	44.1



Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County



[View larger map](#)

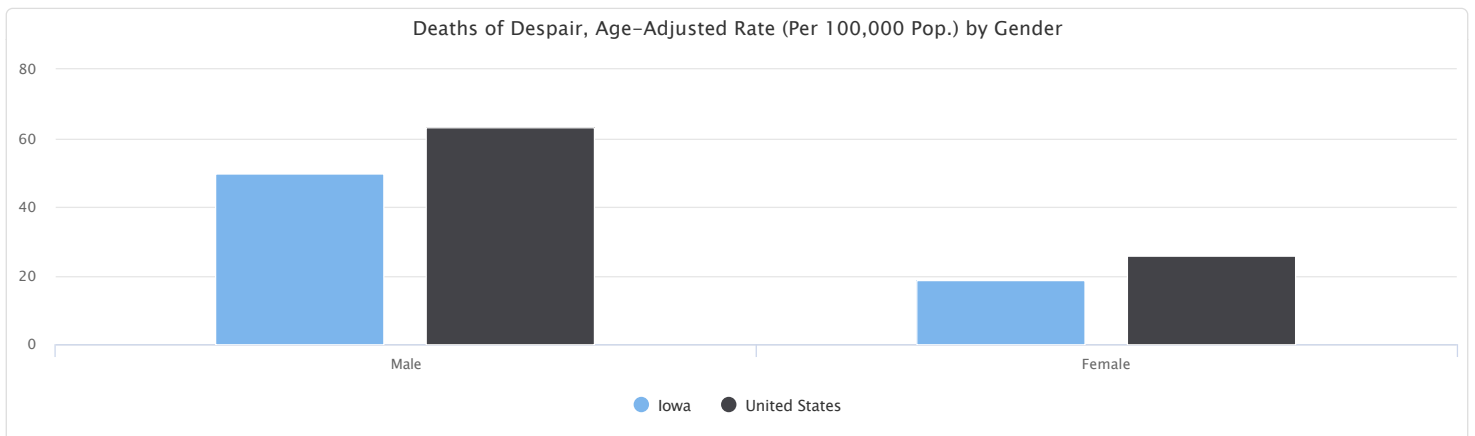
Deaths of Despair, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2015-19

- Over 70.0
- 50.1 - 70.0
- 40.1 - 50.0
- Under 40.1
- Data Suppressed (<20 Deaths)
- Chickasaw County, IA

Deaths of Despair, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair," per 100,000 people for the 5-year period 2015-2019 by gender.

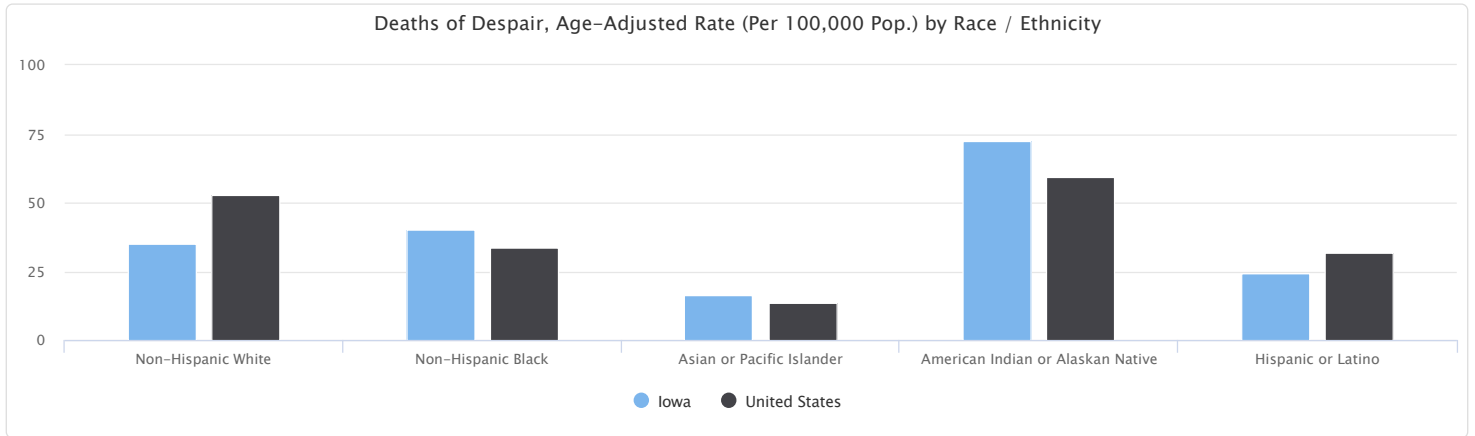
Report Area	Male	Female
Chickasaw County, IA	No data	No data
Iowa	49.9	18.7
United States	63.3	25.9



Deaths of Despair, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This table reports the age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair," per 100,000 people for the 5-year period 2015-2019 by race and by Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Chickasaw County, IA	No data	No data	No data	No data	No data
Iowa	35.2	40.2	16.2	72.6	24.4
United States	52.7	33.6	13.5	59.4	32.0

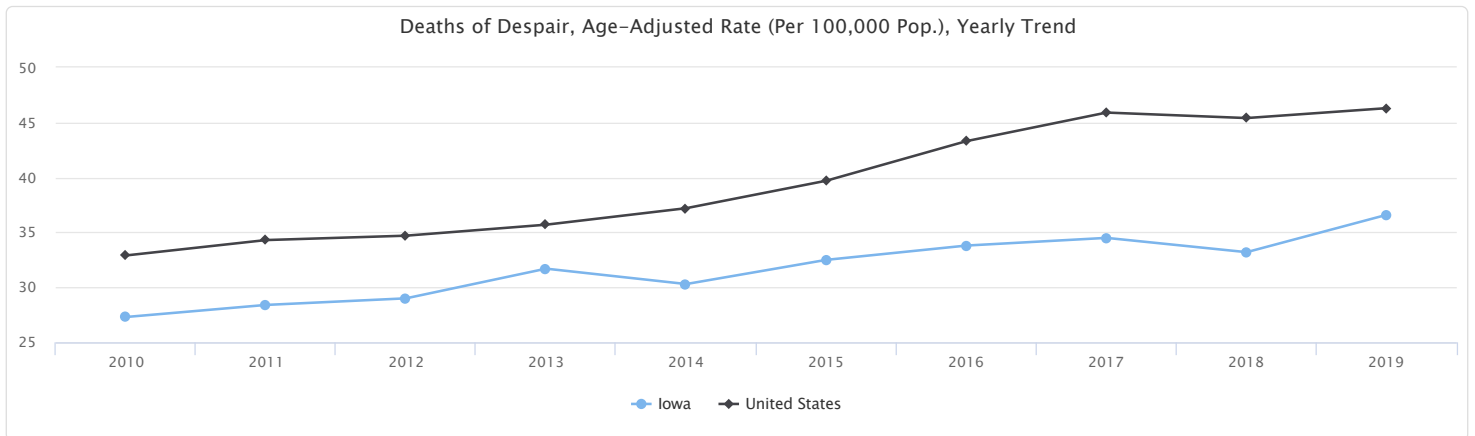


Deaths of Despair, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

The table below shows age-adjusted death rates due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair," per 100,000 population over time.

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Iowa	27.3	28.4	29.0	31.7	30.3	32.5	33.8	34.5	33.2	36.6
United States	32.9	34.3	34.7	35.7	37.2	39.7	43.3	45.9	45.4	46.3

Note: No county data available. See data source and methodology for more details.



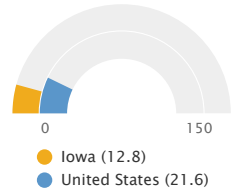
Mortality - Drug Poisoning

This indicator reports the 2015-2019 five-year average rate of death due to poisoning (including drug overdose) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because poisoning deaths, especially from drug overdose, are a national public health emergency.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Chickasaw County, IA	12,004	No data	No data	No data
Iowa	3,143,104	1,932	12.3	12.8
United States	325,134,494	350,184	21.5	21.6

Poisoning Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

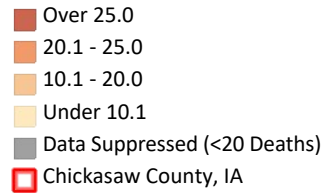


Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County



[View larger map](#)

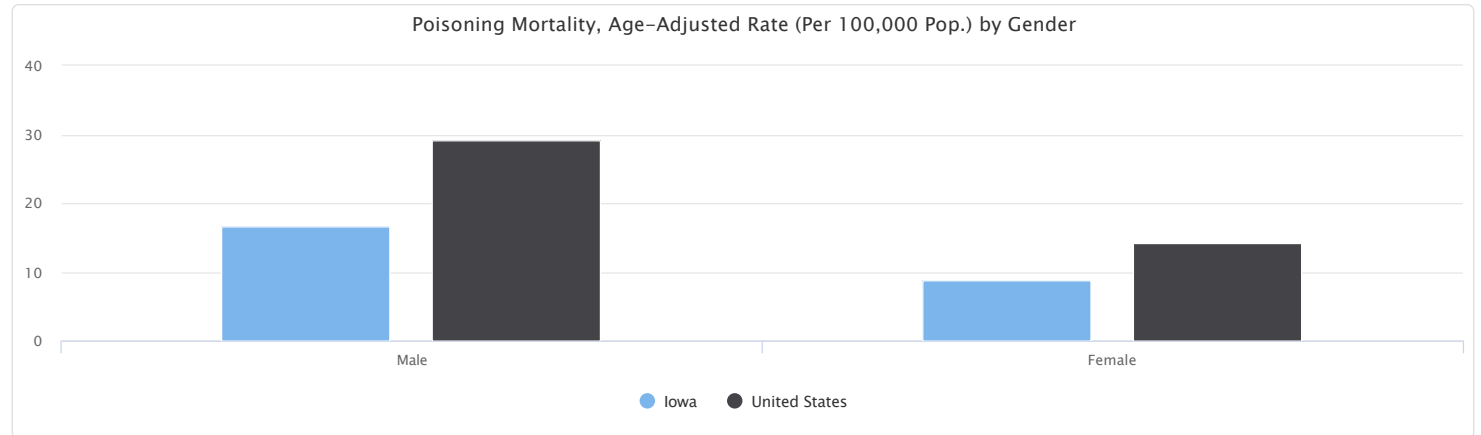
Poisoning Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2015-19



Poisoning Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to poisoning (including drug poisoning) per 100,000 people by gender.

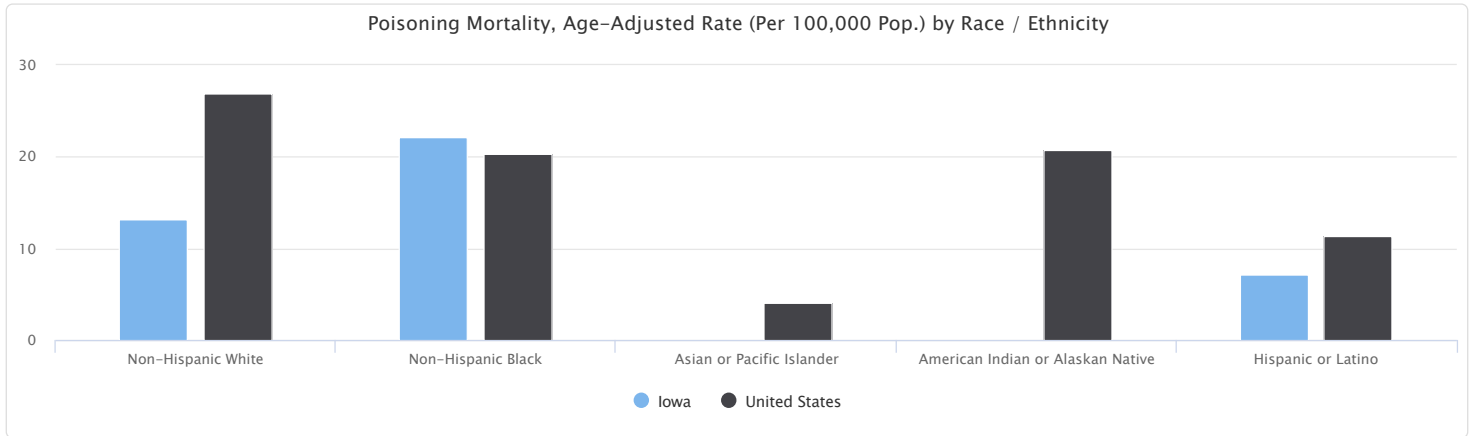
Report Area	Male	Female
Chickasaw County, IA	No data	No data
Iowa	16.7	8.8
United States	29.1	14.2



Poisoning Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This table reports the age-adjusted rate of death due to poisoning (including drug poisoning) per 100,000 people by race and Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Chickasaw County, IA	No data	No data	No data	No data	No data
Iowa	13.2	22.1	No data	No data	7.1
United States	26.9	20.3	4.1	20.8	11.4

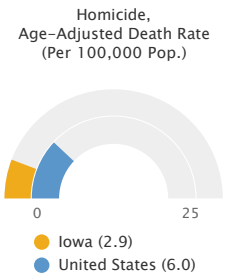


Mortality - Homicide

This indicator reports the 2015-2019 five-year average rate of death due to assault (homicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Chickasaw County, IA	12,004	No data	No data	No data
Iowa	3,143,104	423	2.7	2.9
United States	325,134,494	94,636	5.8	6.0



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2015-2019. Source geography: County



[View larger map](#)

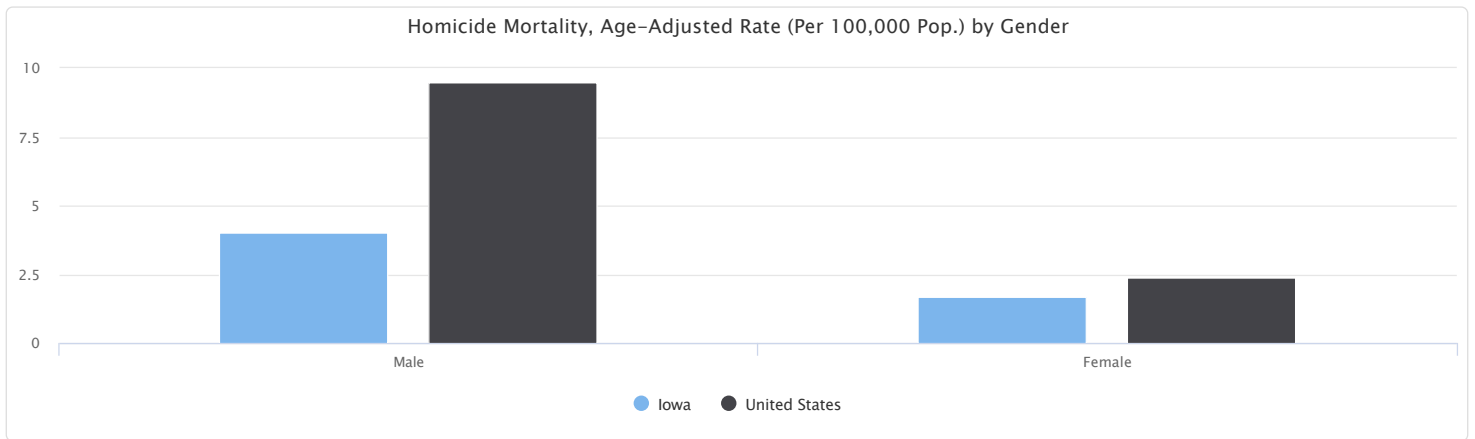
Homicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2015-19

- Over 9.0
- 6.1 - 9.0
- 3.1 - 6.0
- Under 3.1
- Data Suppressed (<20 Deaths)
- Chickasaw County, IA

Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to homicide per 100,000 people by gender.

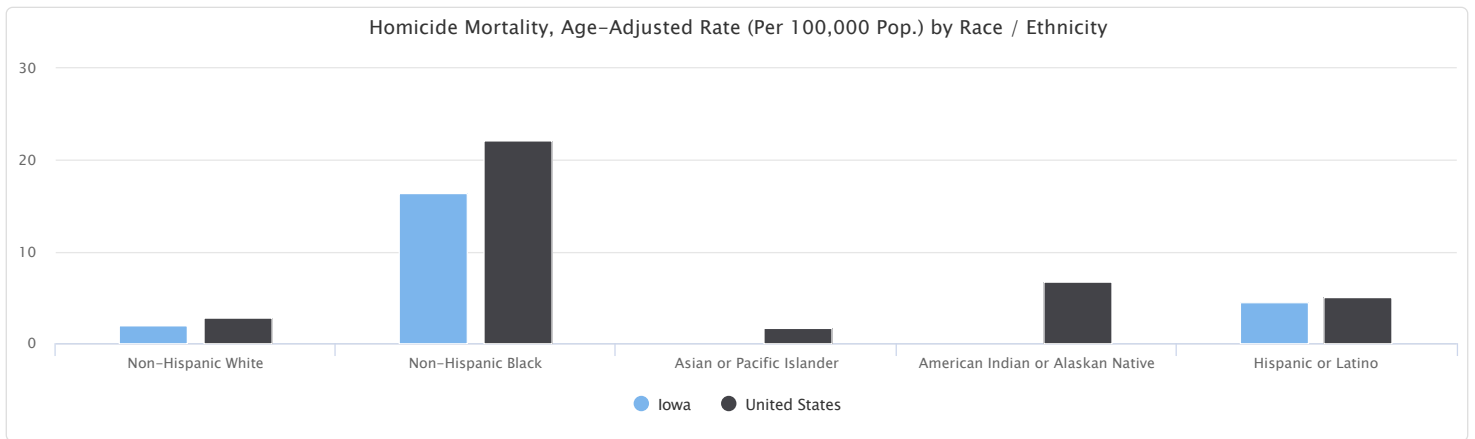
Report Area	Male	Female
Chickasaw County, IA	No data	No data
Iowa	4.0	1.7
United States	9.5	2.4



Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This table reports the age-adjusted rate of death due to homicide per 100,000 people by race and Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Chickasaw County, IA	No data	No data	No data	No data	No data
Iowa	2.0	16.4	No data	No data	4.5
United States	2.8	22.2	1.7	6.7	5.1

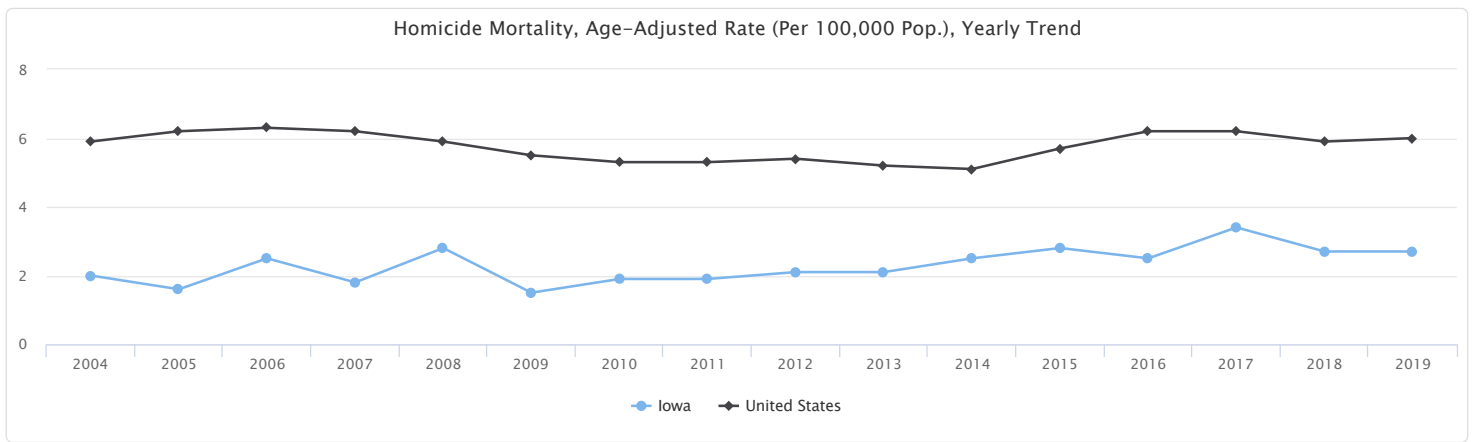


Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports the age-adjusted rate of death due to homicide per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Iowa	2.0	1.6	2.5	1.8	2.8	1.5	1.9	1.9	2.1	2.1	2.5	2.8	2.5	3.4	2.7	2.7
United States	5.9	6.2	6.3	6.2	5.9	5.5	5.3	5.3	5.4	5.2	5.1	5.7	6.2	6.2	5.9	6.0

Note: No county data available. See data source and methodology for more details.



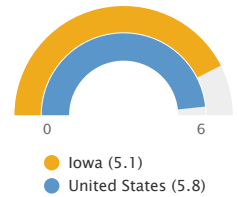
Mortality - Infant Mortality

This indicator reports information about infant mortality, which is defined as the number of all infant deaths (within 1 year) per 1,000 live births. Data were from the National Center for Health Statistics - Mortality Files (2013-2019) and are used for the 2021 County Health Rankings.

Note: Data are suppressed for counties with fewer than 20 infant deaths in the time frame.

Report Area	Number of Infant Deaths	Deaths per 1,000 Live Births
Chickasaw County, IA	No data	No data
Iowa	2,205	5.1
United States	301,832	5.8

Infant Mortality, Rate per 1,000 Births



Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2013-2019. Source geography: County



[View larger map](#)

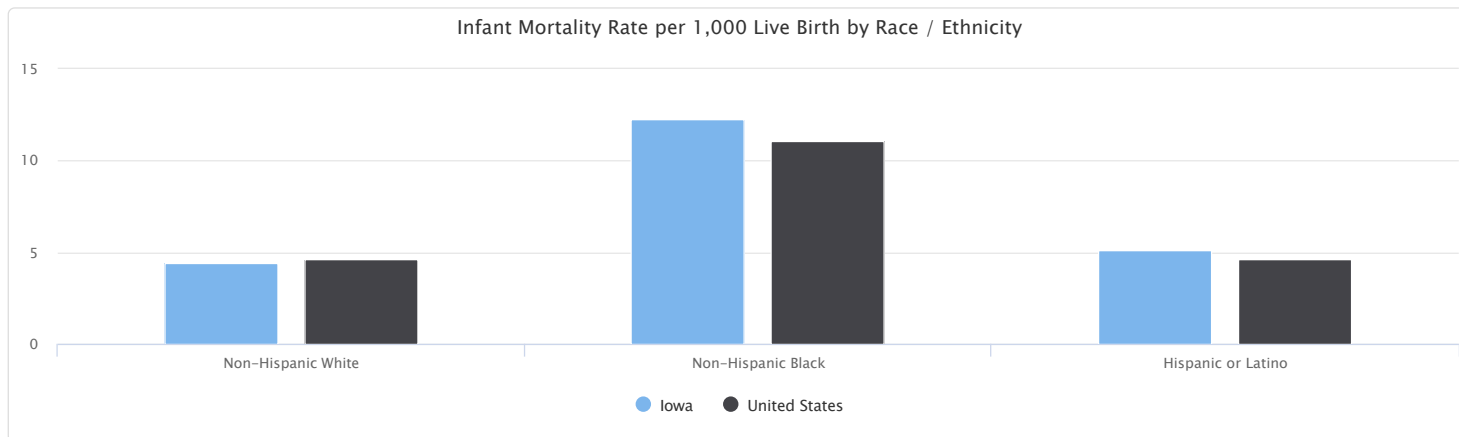
Infant Mortality, Rate per 1,000 Births by County, CDC NVSS 2013-2019

- Over 8.0
- 6.6 - 8.0
- 5.1 - 6.5
- Under 5.1
- No Data or Data Suppressed
- Chickasaw County, IA

Infant Mortality Rate per 1,000 Live Birth by Race / Ethnicity

The table reports the 2013-2019 seven-year average infant mortality rates per 1,000 births by race and by Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Chickasaw County, IA	No data	No data	No data
Iowa	4.4	12.3	5.1
United States	4.6	11.1	4.6



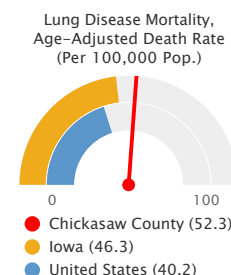
Mortality - Lung Disease

This indicator reports the 2015-2019 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Within the report area, there are a total of 54 deaths due to lung disease. This represents an age-adjusted death rate of 52.3 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Chickasaw County, IA	12,004	54	90.0	52.3
Iowa	3,143,104	9,697	61.7	46.3
United States	325,134,494	786,303	48.4	40.2



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2015-2019. Source geography: County



[View larger map](#)

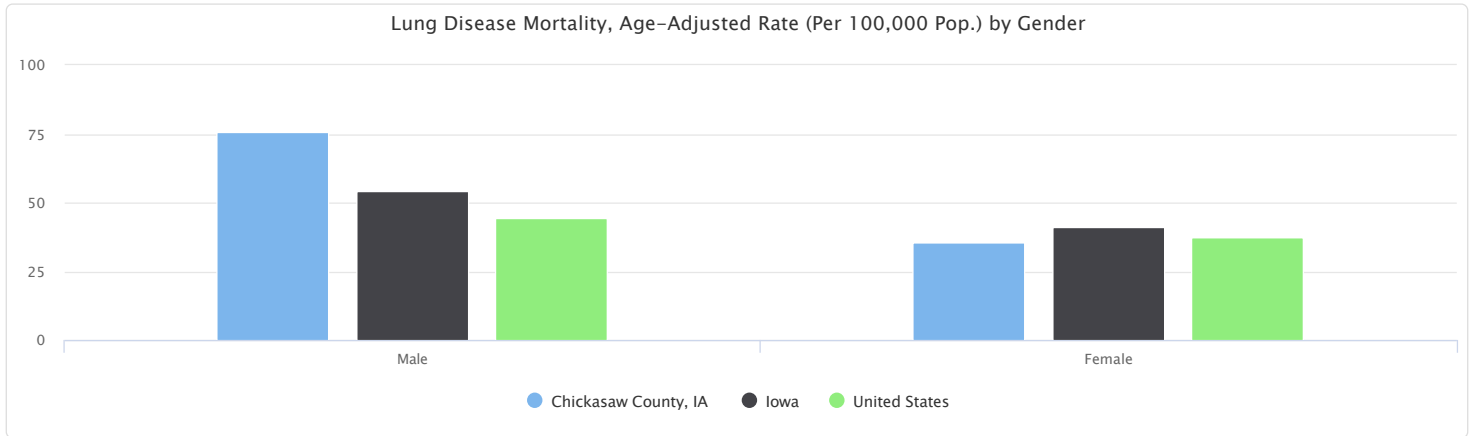
Lung Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2015-19

- Over 60.0
- 50.1 - 60.0
- 40.1 - 50.0
- Under 40.1
- Data Suppressed (<10 Deaths)
- Chickasaw County, IA

Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to lung disease per 100,000 people by gender.

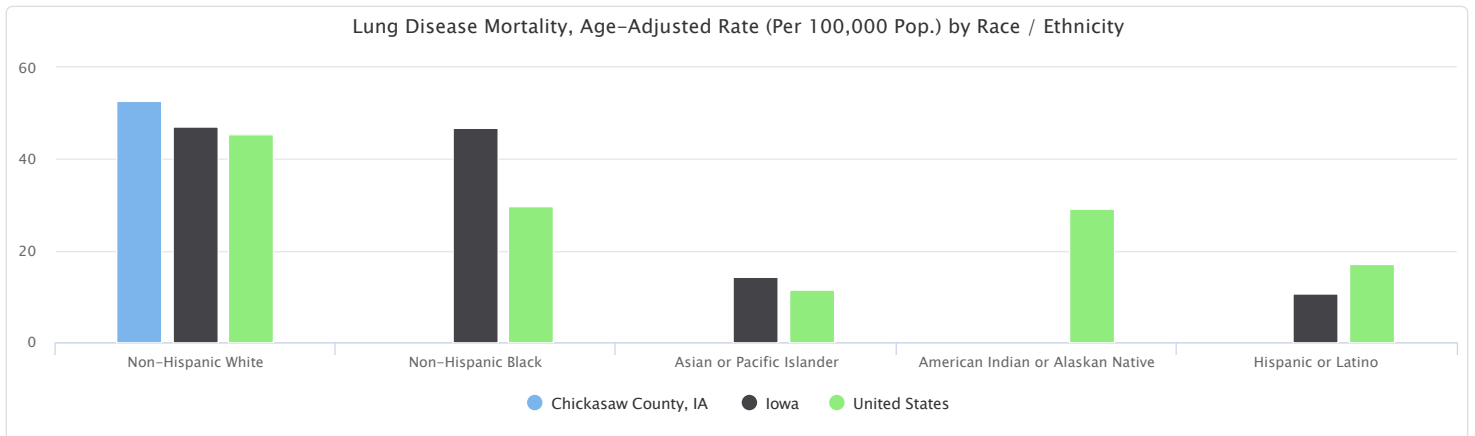
Report Area	Male	Female
Chickasaw County, IA	75.9	35.7
Iowa	54.4	40.9
United States	44.2	37.3



Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This table reports the age-adjusted rate of death due to lung disease per 100,000 people by race and Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Chickasaw County, IA	52.6	No data	No data	No data	No data
Iowa	47.1	46.7	14.4	No data	10.6
United States	45.5	29.8	11.5	29.2	17.0

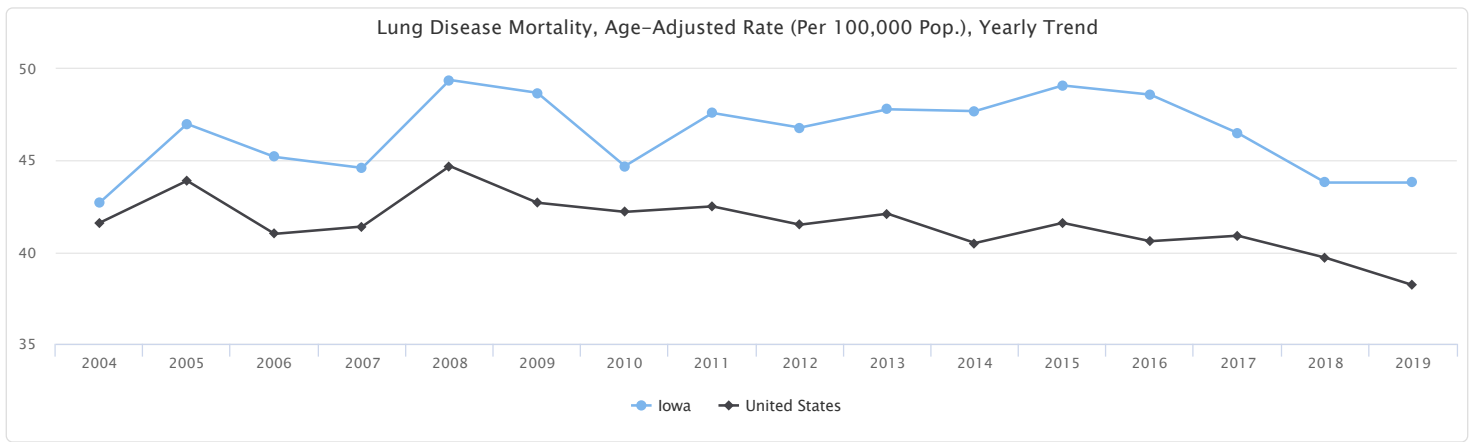


Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports the age-adjusted rate of death due to lung disease per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Iowa	42.7	47.0	45.2	44.6	49.4	48.7	44.7	47.6	46.8	47.8	47.7	49.1	48.6	46.5	43.8	43.8
United States	41.6	43.9	41.0	41.4	44.7	42.7	42.2	42.5	41.5	42.1	40.5	41.6	40.6	40.9	39.7	38.2

Note: No county data available. See data source and methodology for more details.



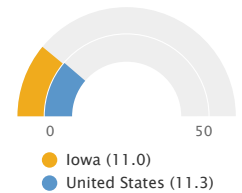
Mortality - Motor Vehicle Crash

This indicator reports the 2015-2019 five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

Note: Fatality counts are based on the location of the crash and not the decedent's residence.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Chickasaw County, IA	12,004	No data	No data	No data
Iowa	3,143,104	1,799	11.4	11.0
United States	325,134,494	189,154	11.6	11.3

Motor Vehicle Crash Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County



[View larger map](#)

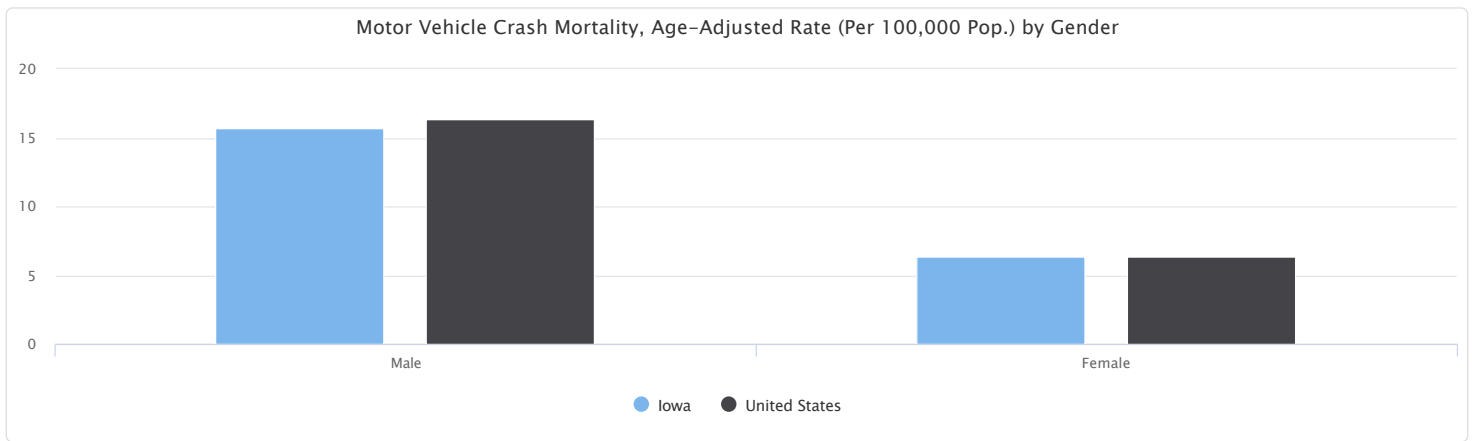
Motor Vehicle Crash Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2014-18

- Over 25.0
- 20.1 - 25.0
- 10.1 - 20.0
- Under 10.1
- Data Suppressed (<20 Deaths)
- Chickasaw County, IA

Motor Vehicle Crash Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports age-adjusted rate of death due to motor vehicle crash per 100,000 people by gender.

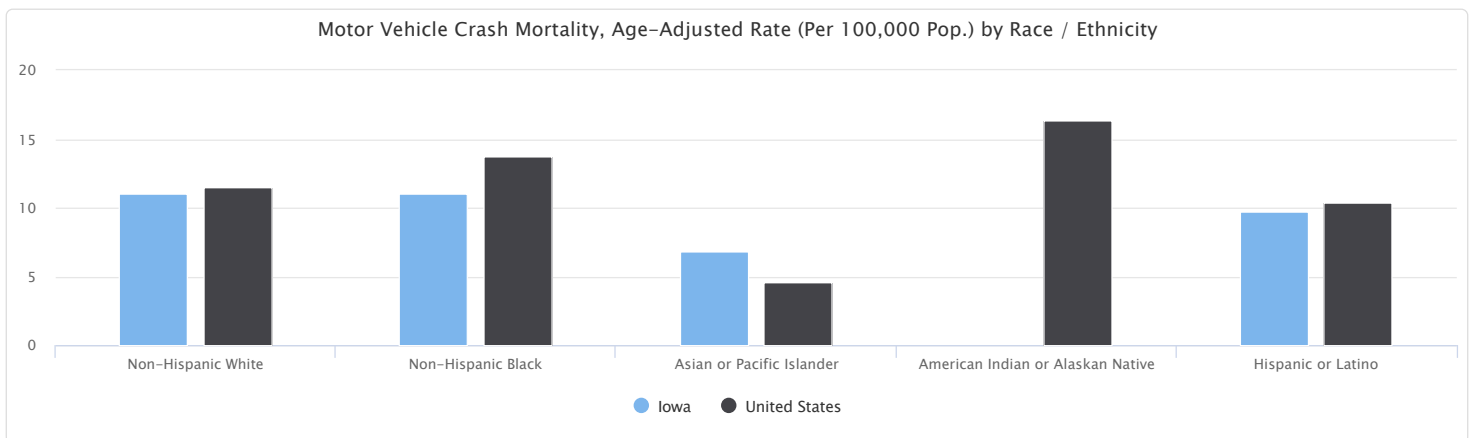
Report Area	Male	Female
Chickasaw County, IA	No data	No data
Iowa	15.7	6.4
United States	16.4	6.4



Motor Vehicle Crash Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This table reports age-adjusted rate of death due to motor vehicle crash per 100,000 people by race and Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Chickasaw County, IA	No data	No data	No data	No data	No data
Iowa	11.0	11.0	6.8	No data	9.7
United States	11.5	13.7	4.6	16.4	10.4



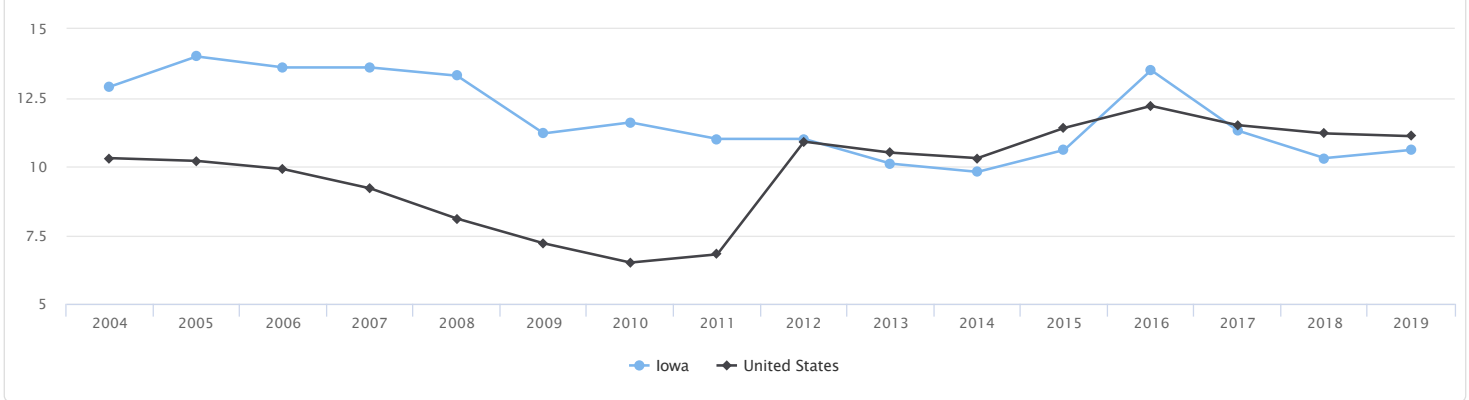
Motor Vehicle Crash Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

The table below shows age-adjusted death rates due to motor vehicle crash per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Iowa	12.9	14.0	13.6	13.6	13.3	11.2	11.6	11.0	11.0	10.1	9.8	10.6	13.5	11.3	10.3	10.6
United States	10.3	10.2	9.9	9.2	8.1	7.2	6.5	6.8	10.9	10.5	10.3	11.4	12.2	11.5	11.2	11.1

Note: No county data available. See data source and methodology for more details.

Motor Vehicle Crash Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend



Mortality - Premature Death

This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. Data were from the National Center for Health Statistics - Mortality Files (2017-2019) and are used for the 2021 County Health Rankings. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

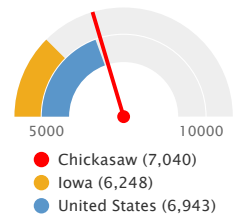
Within the report area, there are a total of 136 premature deaths. This represents an age-adjusted death rate of 7,040 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the three-year time frame.

Report Area	Premature Deaths, 2017-2019	Years of Potential Life Lost, 2017-2019 Average	Years of Potential Life Lost, Rate per 100,000 Population
Chickasaw County, IA	136	2,285	7,040
Iowa	71,366	1,089,638	6,248
United States	7,697,253	126,961,190	6,943

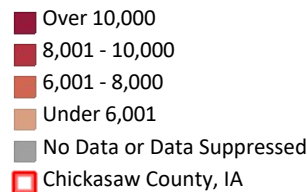
*Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2017-2019. Source geography: County*

Years of Potential Life Lost, Rate per 100,000 Population



[View larger map](#)

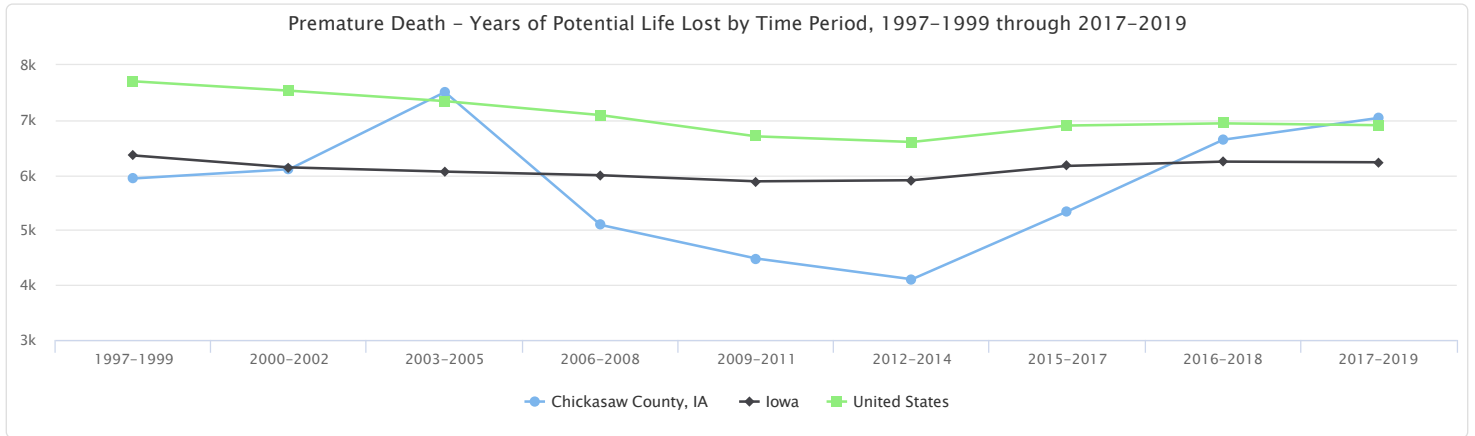
Premature Death (YPLL), Years Lost Rate (Per 100,000 Pop.) by County, CDC NVSS 2017-2019



Premature Death - Years of Potential Life Lost by Time Period, 1997-1999 through 2017-2019

The table below shows age-adjusted death rates due to Years of Potential Life Lost (YPLL) before age 75 per 100,000 people over time.

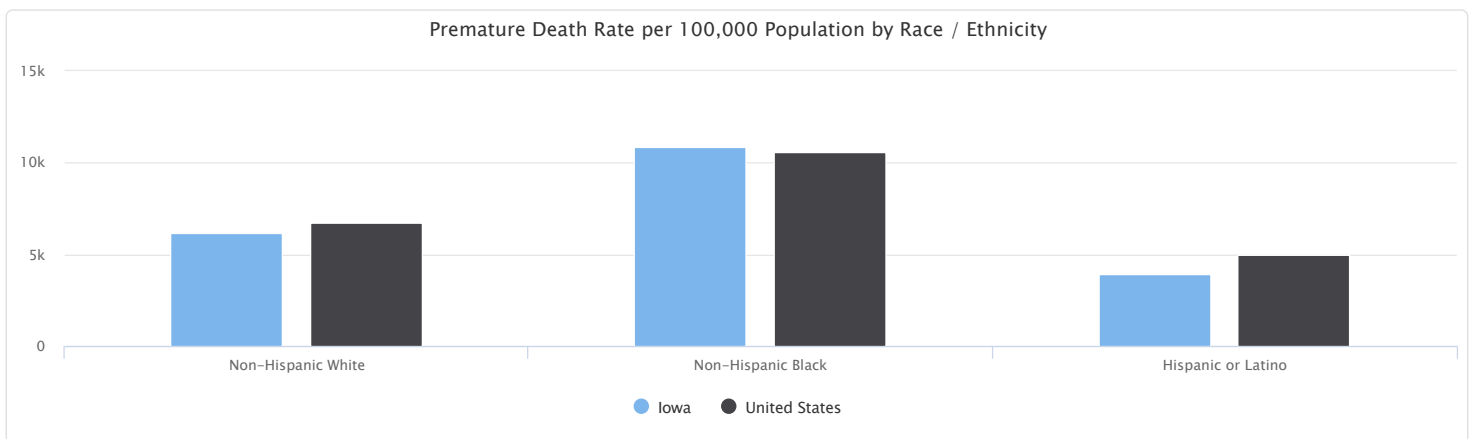
Report Area	1997-1999	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014	2015-2017	2016-2018	2017-2019
Chickasaw County, IA	5,938.0	6,106.0	7,508.4	5,092.8	4,481.1	4,103.7	5,341.2	6,642.4	7,039.6
Iowa	6,356.4	6,139.2	6,062.3	5,996.4	5,885.5	5,905.5	6,165.9	6,244.3	6,232.2
United States	7,705.2	7,535.0	7,345.0	7,090.5	6,703.7	6,601.2	6,900.6	6,940.1	6,906.6



Premature Death Rate per 100,000 Population by Race / Ethnicity

This indicator reports age-adjusted rate of death due to Years of Potential Life Lost (YPLL) before age 75 per 100,000 people by race and Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Chickasaw County, IA	No data	No data	No data
Iowa	6,184.1	10,848.2	3,955.8
United States	6,744.0	10,554.0	4,966.6



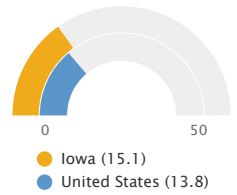
Mortality - Suicide

This indicator reports the 2015-2019 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Chickasaw County, IA	12,004	No data	No data	No data
Iowa	3,143,104	2,381	15.2	15.1
United States	325,134,494	232,186	14.3	13.8

Suicide, Age-Adjusted Death Rate (Per 100,000 Pop.)



Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County



[View larger map](#)

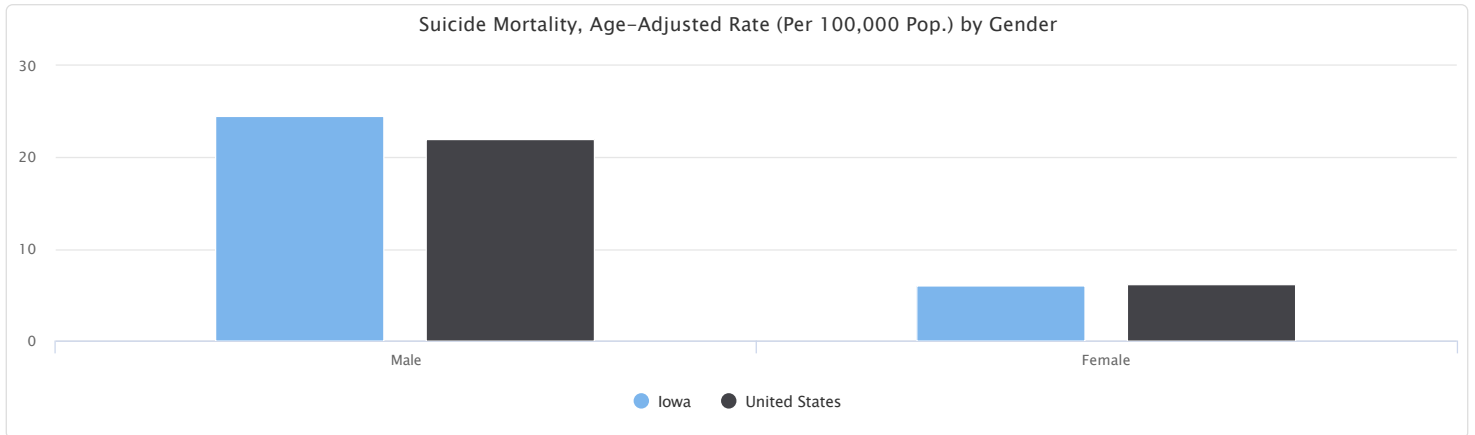
Suicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2015-19

- Over 20.0
- 16.1 - 20.0
- 12.1 - 16.0
- Under 12.1
- Data Suppressed (<20 Deaths)
- Chickasaw County, IA

Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to suicide per 100,000 people by gender.

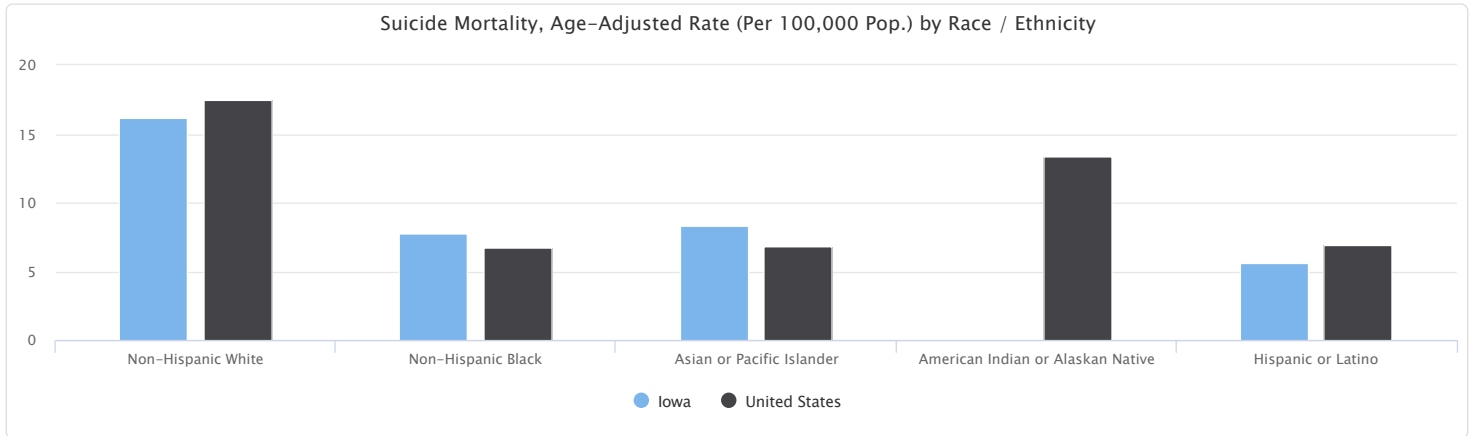
Report Area	Male	Female
Chickasaw County, IA	No data	No data
Iowa	24.5	6.0
United States	22.0	6.1



Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This table reports the age-adjusted rate of death due to suicide per 100,000 people by race and Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Chickasaw County, IA	No data	No data	No data	No data	No data
Iowa	16.2	7.8	8.3	No data	5.6
United States	17.5	6.7	6.8	13.4	6.9

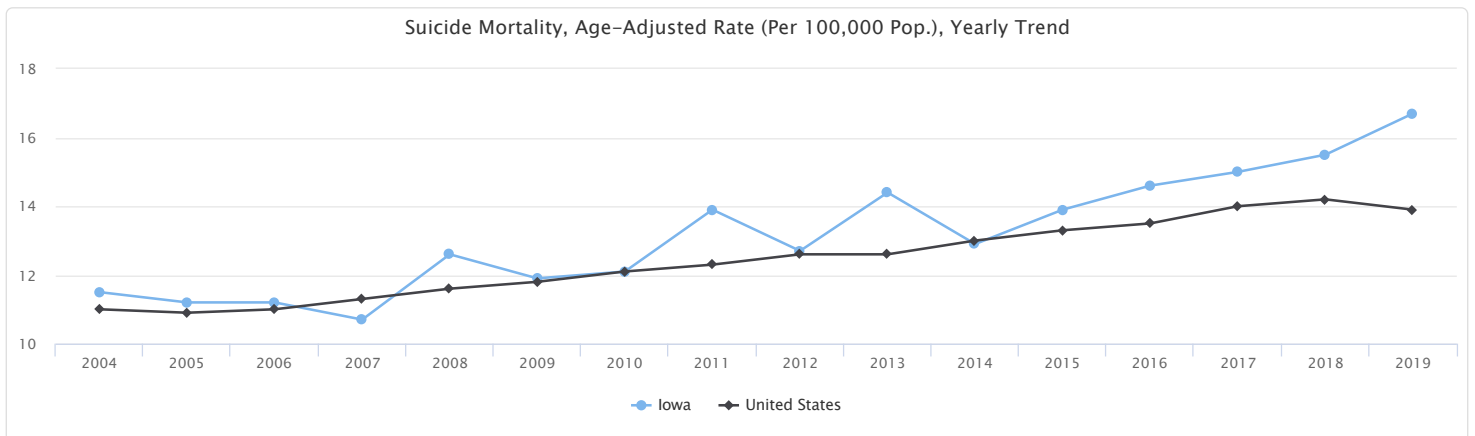


Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports the age-adjusted rate of death due to suicide per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Iowa	11.5	11.2	11.2	10.7	12.6	11.9	12.1	13.9	12.7	14.4	12.9	13.9	14.6	15.0	15.5	16.7
United States	11.0	10.9	11.0	11.3	11.6	11.8	12.1	12.3	12.6	12.6	13.0	13.3	13.5	14.0	14.2	13.9

Note: No county data available. See data source and methodology for more details.



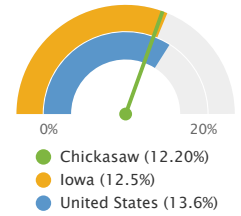
Poor Mental Health

This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good. Data were from the 2019 Behavioral Risk Factor Surveillance System (BRFSS) annual survey.

Within the report area, there were 12.20% of adults 18 and older who reported poor mental health in the past month of the total population.

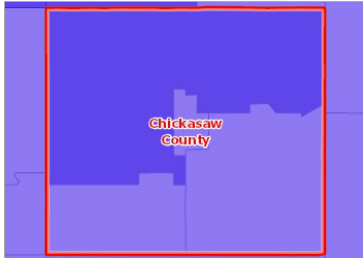
Report Area	Total Population (2019)	Adults with Poor Mental Health (Crude)	Adults with Poor Mental Health (Age-Adjusted)
Chickasaw County, IA	11,933	12.20%	13.30%
Iowa	3,155,070	12.5%	12.9%
United States	328,239,523	13.6%	13.9%

Percentage of Adults with Poor Mental Health



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2019.



[View larger map](#)

Poor Mental Health, Prevalence Among Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

- Over 16.0%
- 13.1% - 16.0%
- 10.1% - 13.0%
- Under 10.1%
- No Data or Data Suppressed
- Chickasaw County, IA

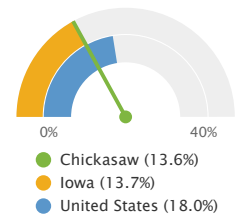
Poor or Fair Health

This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health (age-adjusted to the 2000 standard). Data were from the 2018 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2021 County Health Rankings. This indicator is relevant because it is a measure of general poor health status.

Within the report area there are 326 persons aged 18 and older who self-report having poor or fair health. This represents 13.6% of the total population aged 18 and older, which is less than the state rate of 13.7%.

Report Area	Population Age 18+	Adults with Poor or Fair Health	Percentage of Adults with Poor or Fair Health
Chickasaw County, IA	2,392	326	13.6%
Iowa	1,541,382	210,934	13.7%
United States	172,018,492	30,907,322	18.0%

Percentage of Adults with Fair or Poor Health



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2018. Source geography: County



[View larger map](#)

Adults with Poor or Fair Health, Rank by County, CHR 2021

- 1st Quartile (Top 25%)
- 2nd Quartile
- 3rd Quartile
- 4th Quartile (Bottom 25%)
- Bottom Quintile (Rhode Island Only)
- No Data or Data Suppressed; -1
- Chickasaw County, IA

Poor Physical Health Days

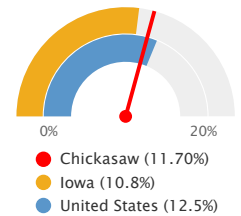
This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their physical health was not good. Data were from the 2019 Behavioral Risk Factor Surveillance System (BRFSS) annual

survey.

Within the report area, there were 11.70% of adults 18 and older who reported poor physical health in the past month of the total population.

Report Area	Total Population (2019)	Adults with Poor Physical Health (Crude)	Adults with Poor Physical Health (Age-Adjusted)
Chickasaw County, IA	11,933	11.70%	10.40%
Iowa	3,155,070	10.8%	10.3%
United States	328,239,523	12.5%	11.8%

Percentage of Adults with Poor Physical Health



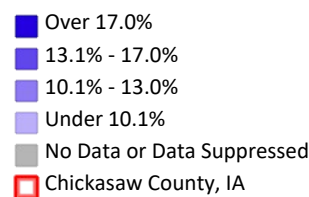
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2019.



[View larger map](#)

Poor Physical Health, Percentage of Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

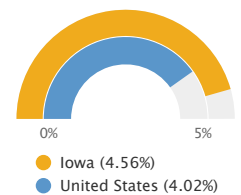


Soda Expenditures

This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues such as diabetes and obesity. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

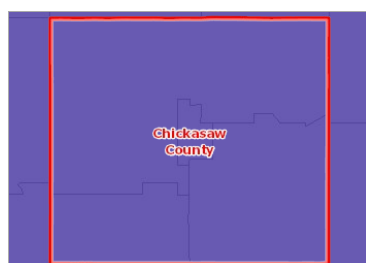
Report Area	State Rank	Z-Score (US)	Z-Score (Within-State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Chickasaw County, IA	49.00	1.13	-1.09	Suppressed	Suppressed
Iowa	No data	0.84	No data	\$259.53	4.56%
United States	No data	No data	No data	\$236.04	4.02%

Soda Expenditures, Percentage of Total Food-At-Home Expenditures



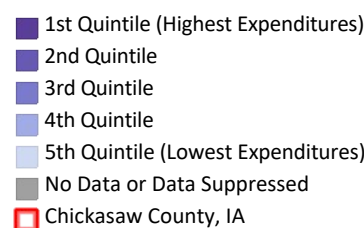
Note: This indicator is compared to the state average.

Data Source: Nielsen, Nielsen SiteReports, 2014. Source geography: Tract



[View larger map](#)

Soda Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014



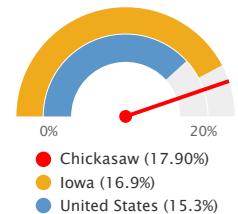
Tobacco - Current Smokers

This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Within the report area there are 17.90% adults who have smoked or currently smoke of the total population.

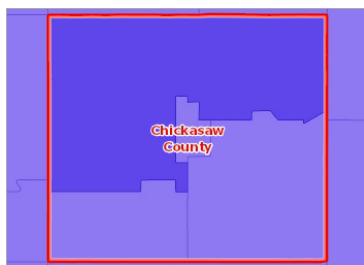
Report Area	Total Population (2019)	Adult Current Smokers (Crude)	Adult Current Smokers (Age-Adjusted)
Chickasaw County, IA	11,933	17.90%	19.20%
Iowa	3,155,070	16.9%	17.7%
United States	328,239,523	15.3%	15.7%

Percentage of Adults who are Current Smokers



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2019.



[View larger map](#)

Current Smokers, Adult, Percentage of Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

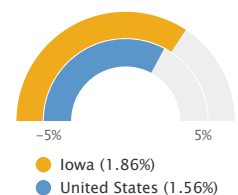
- Over 25.0%
- 20.1% - 25.0%
- 15.1% - 20.0%
- Under 15.1%
- No Data or Data Suppressed
- Chickasaw County, IA

Tobacco - Expenditures

This indicator reports estimated expenditures for cigarettes, as a percentage of total household expenditures. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (Within-State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Chickasaw County, IA	83.00	1.41	1.60	Suppressed	Suppressed
Iowa	No data	0.26	No data	\$967.17	1.86%
United States	No data	No data	No data	\$822.70	1.56%

Cigarette Expenditures, Percentage of Total Household Expenditures



Note: This indicator is compared to the state average.

Data Source: Nielsen, Nielsen SiteReports. 2014. Source geography: Tract



[View larger map](#)

Cigarette Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- Chickasaw County, IA

<https://trinityhealthdatahub.org>, 1/4/2022

ATTACHMENT E

Northeast Iowa Community Action Corporation
Community Needs Assessment Executive Summary



March 2021



2021



Community Needs
Assessment

About Northeast Iowa Community Action Corporation (NEICAC)

Our Philosophy

America was built on the promise that every family should have opportunity for success. Whether our neighbors are experiencing a temporary setback or face continuous challenges to meet their basic needs - too many struggle to achieve a good quality of life. On a national level, nearly 40 million people are still living in poverty, and even more, are just a missed paycheck away from hardship. We believe everyone should be able to take care of their families and have an equal opportunity at success.

Northeast Iowa Community Action Corporation (NEICAC) works to create opportunities and improve the lives of others while also striving to make our communities stronger. NEICAC has been providing quality services to vulnerable individuals and families through effective programs since 1965. Our agency connects individuals and families to approaches to help them succeed and includes Early Childhood Programs, Family Support Services, Stable and Affordable Housing, Budget Counseling, Public Transportation, Pregnancy Prevention and Health Education, Low Income Home Energy Assistance, Weatherization, and Crisis Assistance. On a larger scale, we are part of a strong network of Community Action Agencies that have been mobilizing and targeting scarce resources to best meet the needs of low-income communities since 1964.

Our Agency Mission, Vision, and Values

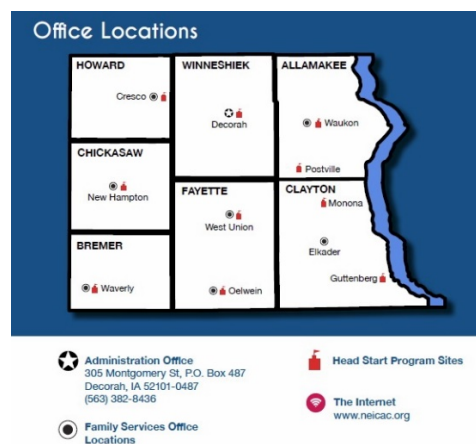
NEICAC's **mission** is to strengthen communities toward lifelong success.

NEICAC's **vision** is that all individuals and families participate in their community and access resources and opportunities as they develop economic security.

NEICAC's **values** are: dedication, compassion, respect, accountability, self-sufficiency, responsibility, honor, progress, and trust.

Our Service Area

This Community Assessment will feature data from the NEICAC service area of Allamakee, Bremer, Chickasaw, Clayton, Howard, and Winneshiek Counties.





Community Needs Assessment Executive Summary

March 2021

The Northeast Iowa Community Action Corporation 2021 Community Needs Assessment provides information and analysis on issues relating to poverty in the agency's service area of Allamakee, Bremer, Chickasaw, Clayton, Fayette, Howard, and Winneshiek Counties.

A. Community Strengths:

Although we frequently discuss the challenges of living, working, and providing services to rural areas, it has undoubtedly served to be advantageous. The partnerships developed between our local government, non-profits, faith-based communities, private businesses, and donors have created opportunities to collaborate and meet the needs of low-income individuals, families, and communities. We know and understand our residents' needs and develop stakeholder relationships to ensure we create comprehensive approaches that have significant impact on those we serve.

Northeast Iowa community residents live here for a reason. The area has a small-town atmosphere, little traffic issues with reasonable cost, and good quality of living. It is also difficult to match the beauty and endless recreational outdoor opportunities our corner of Iowa offers. Community residents and visitors can take part in adventures of fishing, hiking, biking, canoeing/kayaking, driving, hunting, along with so many other activities to enjoy.

B. Summary of Major Unmet Needs:

The NEICAC service area has a large geographic area with small community populations. This often results in access issues to necessary resources and opportunities. The lack of living-wage jobs within our area serves as the initial challenge for many low-income individuals, leading to additional barriers and unmet needs such as transportation, food insecurity, basic housing and living expenses, affordable childcare, healthcare, and much more. Federal funding is often insufficient to address our community needs and rural areas often suffer the most with limited access to resources that offer assistance.

Approach

This Community Needs Assessment Executive Summary results from a comprehensive examination of the needs in our communities. NEICAC collected 686 surveys from clients and service recipients from June 2019 through February 2020 and 327 stakeholder surveys from November 2017 consisting of individuals from community and faith-based organizations, private businesses, educational institutions, local government, healthcare providers, and NEICAC employees. Also, this Community Needs Assessment includes agency program customer service satisfaction data for the years 2019-2020 and 2020-2021.

The COVID-19 pandemic continues to greatly affect our communities, employees, and clients. In May of 2020, an updated Community Needs Assessment was completed to address these specific needs. Data from this assessment is also included.

Additionally, data from a number of federal, state, and local agencies, including the U.S. Census Bureau, U.S.

Department of Health and Human Services, U.S. Department of Labor, Iowa Department of Education, Iowa Department of Human Services, Iowa Department of Public Health, and Iowa Workforce Development was collected and analyzed for the purpose of this assessment.

Finally, included within the assessment is data from our agency programs for the program years 2019 and 2020. It outlines the total numbers of individuals and families served, demographics, and resources spent on direct assistance.

The NEICAC board of directors reviewed and formally approved this assessment on March 22, 2021.

Attachment A: NEICAC Community Stakeholders Survey Data - November 2017

Attachment B: Client Needs Survey Data - June 2019-February 2020

Attachment C: COVID Client Needs Assessment - April 2020-May 2020

Attachment D: Head Start Program Information Report (PIR) – 2018/2019

Attachment E: Early Head Start Program Information Report (PIR) - 2018/2019

Attachment F: NEICAC Client Satisfaction Survey Data - October 2020-February 2021

Attachment G: NEICAC Client Satisfaction Survey Data – June 2019 –February 2020

Attachment H: Family Development and Self-Sufficiency Exit Survey Data – July 2019-June 2020

Attachment I: National Community Action Partnership Assessment Report

Attachment J: Iowa Childcare Resource and Referral Childcare Data Sheets

Attachment K: Agency Program Data – PY19

Attachment L: Agency Program Data – PY20

Attachment M: Employee Termination Reports & Agency Program Goals PY20

KEY FINDINGS: CUSTOMER NEEDS: The Community Needs Assessment revealed several customer needs. Customer needs include individuals, families, and children living in poverty within the service area.

Customer Need #1: Individuals Lack Mental Health Services and Resources

Conditions:

- ☞ When clients were asked if anyone in the household has mental health issues, 202 of 681 or 29.66% responded yes.
- ☞ 54.62% indicate there is not a sufficient and affordable number of behavioral or mental health care resources/services for low-income people.
- ☞ 42.99% of 107 respondents indicate they could use help dealing with stress, depression, or anxiety, while 19.63% stated they could use help with getting treatment or counseling for a mental health issue.
- ☞ 49% of clients responded that their stress is at a high level due to finances and a challenge with coping or helping loved ones cope with stress.

Causes:

- ☞ There is a lack of available providers for ongoing services. Clients often report waiting a month or two between appointments.
- ☞ There is also a lack of crisis/immediate placement or availability for high intense needs. This is a significant barrier for children and prolongs finding solutions and supports that could hopefully help in the long-term.
- ☞ Transportation is often a barrier to accessing mental health resources.
- ☞ Medicaid privatization in Iowa has limited resources for many health issues, including mental health.

Community Resources:

- ☞ Northeast Iowa Community Action staff working directly with clients act as a referral source for those in need of mental health services.
- ☞ Community resources that address mental health concerns include but are not limited to:
 - ABBE Center for Community Mental Health (Independence)
 - Alternative Treatment Associates (Postville)
 - Riverview Center (Decorah)
 - Gunderson Behavioral Health (Decorah)
 - Lighthouse Professional Counseling Services (Decorah, Cresco)
 - Northeast Iowa Behavioral Health Clinic (Decorah, Oelwein, Waukon, Elkader, West Union, Cresco)
 - Families First Counseling Services (Decorah, Oelwein)
 - New Directions Counseling Services (Waterloo)
 - Lutheran Services In Iowa (Waverly)
 - Suicide Prevention Hotline (800-273-8255)
 - Substance Abuse and Mental Health Services Administration (SAMSHA) (800-662-4357)
 - Pathways Behavioral Health Services (Waverly, Fredericksburg)
 - Northern Iowa Therapy (Waverly)
 - Child Health Specialty Clinic (Decorah, Oelwein)
 - Counseling and Family Centered Services, Inc. (New Hampton)
 - Regional Health Services of Howard County (Cresco)

**Cities noted are locations where services are provided in an office setting. Services are available to those outside the city/county indicated, and additional remote or in-home services may be available.

- ☞ Our EARL Public Transit system is available to assist with transportation to and from mental health appointments, which can be covered by insurance for those on Medicaid.

- ☞ Our Family Development and Self-Sufficiency (FaDSS) home visitors support enrolled participants in the area of mental health by conducting mental health screening tool assessments and referring participants to local mental health providers as appropriate. Specialists also help participants access insurance benefits and understand the use of mental health services benefits, including support to secure transportation when necessary.
- ☞ Our Head Start and Early Head Start program have a Behavioral Specialist responsible for addressing child/family barriers and providing mental health content for those programs. The programs also contract with a Licensed Mental Health Therapist for consultation as needed.
- ☞ Gaps in addressing mental health needs exist in these ways within our seven-county service area:
 - Rural cities may not have local mental health providers, decreasing the likelihood that vulnerable community members access or maintain services if reliable transportation or lack of funding for gas/vehicle maintenance is a barrier.
 - The number of individuals in need in our seven-county service area outweighs the number of providers in the area. This barrier often results in lengthy wait times between appointments or inability to secure services during a family mental health crisis.

Customer Need #2: Families are Food Insecure

Conditions:

- ☞ 149 of 677 client survey respondents or 22.01% have unmet food or nutrition needs, and 63.01% of those say they could use help with getting food from food pantries, meal sites, or food shelves.
- ☞ 50.66% of client survey respondents indicated they are enrolled in SNAP (food assistance), while 49.34% indicated they are not enrolled.
- ☞ The COVID-19 Community Needs Assessment shows the #1 need reported by NEICAC employees is food access for clients they interact with.
- ☞ Quantitative data from the Iowa Department of Education 2019-2020 shows Allamakee County at over 50% of students receiving free lunch and over 40% of Fayette County students that receive free lunch. The NEICAC service area counties of Allamakee, Fayette, and Howard are all above the state average for free lunch needs by families, while Allamakee, Chickasaw, Clayton, Howard, and Fayette counties are all above Iowa's state average for reduced lunch needs. The client survey data also shows a high number of those receiving free or reduced-price school meals. Of those 282 who responded they had children under the age of 18 in the household, 211 or 74.82% of our clients indicate they get free or reduce price school meals.
- ☞ According to the May 2020 COVID-19 NEICAC Needs Assessment, the average food insecurity is 10.26%, and the quantitative data from this assessment shows Clayton (11.10%) and Fayette (11.60%) counties higher than Iowa's state average of 10.90%.

Causes:

- ☞ Although NEICAC has previously seen needs with access to food, COVID-19 increased demand because of loss of jobs and hours and limited mobility for our vulnerable clients.
- ☞ Healthy foods are expensive and can be difficult to access, especially during the winter in rural areas where local grocery stores are decreasing.
- ☞ Clients sometimes lack education or understanding on the importance of proper nutrition.
- ☞ Households are focused on maintaining housing (rent and utilities) and, in return, have to limit their budget elsewhere, often in food or healthy food choices.
- ☞ Food stamps are intended to supplement a household's food supply, but many households rely on food stamps for all of their monthly food supply. Often finding that the food, or dollars for food, do not stretch throughout an entire month, causing a reliance on local food pantries at the end of the month.

- ☞ Often, a household's food stamp benefit ends due to not completing a review form or submitting prior to a deadline or when a household is first applying for food stamps and awaiting approval. The process is complicated.
 - Families experience unexpected loss of income due to death/illness in the family. When asked open-ended questions for specific information on food or nutrition needs, client's responded: "Not enough food assistance, can't afford groceries"
 - "Having enough money to purchase a variety of food"
 - "Affording healthy food for dietary needs"
 - "Transportation to Clayton County Food Shelf in St. Olaf"
 - "Fresh veggies/fresh organic veggies"
 - "Doctor recommended protein drinks for cancer patient/wanting fruits and vegetables for my prostate cancer"

Community Resources:

- ☞ Northeast Iowa Community Action Corporation operates a Food Pantry in our Winneshiek, Howard, and Bremer county office locations. In addition, we established small food pantries for emergency needs at our Allamakee and Chickasaw county office locations in response to identifying a gap in food access for low-income households in need in those two counties in the spring of 2020.
- ☞ Northeast Iowa Community Action staff who work directly with community members are knowledgeable of available food pantries and provide referrals to food pantries across our seven-county service area.
- ☞ Our agency evaluates food pantry location, access, and availability across our seven county service areas annually.
- ☞ Some food pantries in our service area require a formal referral from a social service agency, church, etc., to receive food assistance. Collaborations with local food pantries allow our Family Service Specialists in our Outreach offices to provide these referrals.
- ☞ Food Pantries within our seven-county service area, which are a referral source for families who identify a food insecurity need during their work with NEICAC, include:

Allamakee:

Allamakee County Food Shelf-Waukon
 Allamakee County Relief-Waukon
 Postville Food Pantry-Postville
 Lansing Iowa Food Trust (LIFT)-Lansing

Bremer:

Loaves and Fishes Food Pantry-Readlyn

Chickasaw:

Nashua Area Food Pantry-Nashua
 New Hampton Food Pantry-New Hampton
 Fredericksburg Food Pantry-Fredericksburg

Clayton:

Clayton County Food Shelf-St. Olaf
 Guttenberg Family Resource Center-Guttenberg

Fayette:

Oelwein Kitchen Cupboard-Oelwein
 Fayette County Food Shelf-Fayette
 His Hands-Oran
 Open Hands Food Pantry-West Union

Howard:

Riceville Food Pantry-Riceville

Winneshiek:

Decorah Community Food Pantry-Decorah
 Greater Area Food Pantry-Calmar

- ☞ Our staff also collaborate with the Northeast Iowa Food Bank to share information regarding the Mobile Food Pantry as dates and locations become available. Once per Month Mobile Food Pantries available in our service area include:
 - Cresco
 - West Union
 - Waverly
 - Oelwein
 - Guttenberg
 - New Hampton
- ☞ The Women, Infants, & Children (WIC) program is also a community resource for assistance in purchasing nutritious food. Howard, Winneshiek, Fayette, Allamakee, and Clayton Counties are served through the Elkader Visiting Nurse Association office. Chickasaw and Bremer counties are served through the Waterloo Operation Threshold office. We also collaborate with the Iowa Department of Human Services to obtain application packets for state benefits, including Food Stamps, which we provide to those in need who visit our outreach office locations. Our staff are also familiar with the DHS online portal to apply for services and refer individuals in need to apply in that manner.

Customer Need #3: Families Have Unstable Housing Arrangements

Conditions:

- ☞ 234 client survey respondents, or 34.87%, indicate they had received a utility disconnect in the previous 12 months, while 39 respondents indicate they had received a rent eviction notice.
- ☞ When clients were asked the open-ended question of what two important household needs they want to resolve, many of the 234 responses included comments on paying utilities and rent assistance. When asked what issues their households were unable to get help, of the 193 client responses, several also indicated electricity, utility, and disconnect assistance.
- ☞ 88 out of 494 or 17.81% of client respondents noted their household is receiving assistance with rent.
- ☞ 338 of 590 or 57.29% of clients that were asked the question on what their purpose of the NEICAC interaction was that day stated it was because of a utility assistance need.
- ☞ While 234 client respondents indicate they had a utility disconnect notice in the previous 12 months, 213 indicated the disconnection was prevented by NEICAC assistance.
- ☞ Quantitative data from the U.S. Census Bureau, American Community Survey, shows NEICAC counties of Allamakee and Clayton are above the state average in population in poverty below 100% FPL. Counties that are above 10% of this are Allamakee (11%), Clayton (11.5%), and Fayette (11.4%). With Bremer and Winneshiek counties as exceptions, all counties are above the state average in population in poverty from 100-149% FPL. Some counties are significantly higher, such as Allamakee, Chickasaw Fayette, and Clayton counties.

Causes:

- ☞ As noted by other community needs, the agency service area lacks high-paying jobs, creating difficulty for families to pay for their essentials.
- ☞ Due to COVID-19, Iowa extended the winter moratorium. This prevented the mailing of disconnect notices, which extended the nonpayment of utility bills for many households.
- ☞ Individuals may not have education or training to be qualified for higher-paying employment and may have limited options in the communities they reside in.
- ☞ Individuals reside in rural areas due to the lower rent costs. Still, they may not have transportation or access to get to surrounding counties for employment, thus making it an ongoing barrier to meet rent and utility payments. If they have transportation, they may be putting the majority of their paycheck in their gas tank to get to and from work, limiting the amount of income to cover basic necessities such as utilities and rent.
- ☞ Lack of available childcare options-employment opportunities available may require evening/weekend work, necessitating childcare during unusual hours when little to no providers are available in our service area.

Individuals may have difficulty securing stable childcare, thus being unable to obtain or maintain employment to cover the costs of monthly bills.

- ☞ Lack of affordable childcare options-individuals may be relying on friends or family members who are not registered providers or are ineligible to receive the childcare assistance subsidy but cannot afford to provide the care for free. Thus, much of an individual's monthly wages cover the cost of childcare.
- ☞ Households on a fixed income that is lower than their monthly utility and rent payments. Especially in certain times of the year when bills may be higher or in the case of another emergency (vehicle breaking down, medical expense, a family member in distress requiring financial support).
- ☞ Individuals residing in substandard housing due to lower rent costs, which increase the overall energy burden.
- ☞ Individuals/families may have little or no financial literacy and do not have the ability to budget their monthly income to meet their monthly expenses.

Community Resources:

- ☞ At the time of this assessment, our agency Crisis Policy allows households at or below 200% of the Federal Poverty Level assistance with up to \$1,000 in 12 months, given funding sources are available to support the ongoing needs.
- ☞ Our current Crisis Assistance Policy allows eligible households to receive financial assistance with a past due utility bill and/or a past due rent or mortgage notice a past due rent or mortgage notice.
- ☞ NEICAC staff working directly with clients are aware of local housing authorities that process housing vouchers and subsidized housing units that offer a lower monthly rent amount to individuals, based on the household income. Staff act as a referral source to these outside entities. The housing authorities that cover our seven-county service area include:
 - Upper Explorerland Regional Housing Authority-Section 8 Voucher program for low-income households in Allamakee, Clayton, Fayette, Howard, and Winneshiek Counties.
 - Iowa Northland Regional Housing Authority-Section 8 Voucher program for low-income households in Bremer and Chickasaw Counties
- ☞ NEICAC manages several housing properties that provide affordable housing to low-income individuals.
- ☞ Our Housing department also provides financial and budget counseling to support clients in learning how to best budget their resources to meet their needs, including rent and utilities, to maintain safe and affordable housing.
- ☞ There are gaps in the number of safe and affordable low-income housing options for families in our service area. Furthermore, when individuals obtain a Section 8 housing voucher, there are barriers to locating housing that meets the voucher program's requirements or property owners who are willing to work with the voucher program.
- ☞ NEICAC is the only agency in our service area that provides regular crisis assistance for rent and utility assistance. Funding constraints and availability can create a gap in available assistance from county to county across our service area. We are continually evaluating funding streams, including grant opportunities and local donations, to ensure that we can provide equitable financial support to low-income individuals in crisis in every county we serve.
- ☞ Cedar Valley Friends of the Family is also a community resource in which we provide referrals for homeless individuals and families we may encounter.
- ☞ Below are income-based rental properties:
 - Allamakee**
 - Holzhaus Apartments-Postville (Family)
 - Southcrest Manor-Waukon (Elderly)
 - Southridge-Waukon (Elderly)
 - Bremer:**
 - Dun Dee Apartments-Dun Dee (Elderly)

Frederick Haven, Inc-Fredericka (Family)
Prairie Court-Janesville (Elderly)
Readlyn Area Housing-Readlyn (Family)
Sumner Housing Corp-Sumner (Elderly)
Lantern Park Apartments-Waverly (Family)

Chickasaw:

Fredericksburg Housing-Fredericksburg (Elderly)
Mayberry Manor Inc-Nashua (Family)
Pleasant Manor-New Hampton (Family)

Clayton:

Keystone Terrace-Elkader (Family)
Prestige Court Inc.-Garnavillo (Elderly)
Luana Housing Inc.-Luana (Elderly)
Valley View Apartments-McGregor (Elderly)
Monona Housing Inc.-Monona (Elderly)
Strawberry Homes-Strawberry Point (Elderly)

Fayette:

Arlington Family-Arlington (Family)
Clermont Homes Inc.-Clermont (Family)
Oelwein Senior Citizen Housing-Oelwein (Elderly)
Westwood Park Apartments-West Union (Family)

Howard

Alert Manor Inc.-Cresco (Elderly)

Winneshiek:

Heritage Haven-Decorah (Elderly)
Oneota Village-Decorah (Elderly)
Fort Atkinson Senior Housing-Fort Atkinson (Elderly)
Ossian Housing, Inc.-Ossian (Elderly)

Customer Need #4: Families Lack Essential and Basic Need Items

Conditions:

- ☞ When asked what two important household needs you want to resolve, many of the 234 client's responses included needs for many basic needs items such as washers, school supplies, clothing, bed, stove, cleaning items, toilet paper, and appliances.
- ☞ 269 client respondents indicate specific housing needs that they could use help with.
 - 34.94% need basic furniture, appliances, or housewares
 - 49.81% need personal care items such as soap, diapers, and toilet paper
 - 40.89% need clothing or shoes
 - 38.66% need help with yard work or snow removal
 - 25.28% need help with homework
- ☞ NEICAC's Embrace Iowa Program and Crisis Program assist with basic needs, and both programs have seen an increase with requests and households served in the previous 12 months.

Causes:

- ☞ Although these are basic and essential items, housing costs such as rent, utilities, and food are normally prioritized over other household necessities. Families find there are not enough resources to purchase the items noted above.
- ☞ Very few programs can directly assist clients with these basic needs, creating fewer resources to help families.
- ☞ The quantitative data shows a sharp decline in the Family Investment Program (FIP) since 2015. Data does not offer such a decrease in poverty rates. FIP has a complex application process, and often clients face barriers to

continue compliance to receive their assistance. With less FIP participation, there is less money available to families for these essential items.

Community Resources:

- ☞ NEICAC provides household items through our Food Pantry offices in Bremer, Howard, and Winneshiek counties when these items are available through the Northeast Iowa Food Bank. We also accept donations of frequently sought household items at each of our seven county outreach offices and disburse them to clients as needed. The frequency of these donations is unreliable and does not meet the need to the extent described above.
- ☞ NEICAC has partnerships with the following locations to provide vouchers or referrals to low-income households for clothing and household items:
 - The Depot Outlet-Decorah (Winneshiek County)
 - The Shepherd of the Hills-St. Olaf (Clayton County)
 - Trinity Helping Services-Oelwein (Fayette County)
 - St. Patrick's Thrift Store-Waukon (Allamakee County)
 - Carol's Closet-Strawberry Point (Clayton County)
 - Family Resource Center-Guttenberg (Clayton County)
 - Trinkets and Togs-Waverly (Bremer County)
 - Helping Hands-Sumner (Bremer County)
 - Treasure Chest-New Hampton (Chickasaw County)
 - Sharing House-New Hampton (Chickasaw County)
 - The County Store-Cresco (Howard)

Customer Need #5: Individuals Have Unmet Transportation Needs

Conditions:

- ☞ Client survey responses indicate 134 of 676 or 19.82%, have unmet transportation needs
 - 40.50% need help with getting to and from appointments or errands
 - 42.98% need help with repairing the household vehicles
 - 40.50% need help with getting a dependable vehicle
 - 33.88% need help with getting vehicle insurance
- ☞ 64.02% of community stakeholders felt there was insufficient transportation service during the evenings and weekends.
- ☞ When asked open-ended questions for additional transportation needs, clients stated, "gas money, don't drive, need a car, too much information needed ahead of time to access transit."
- ☞ All NEICAC service area counties are rural, which creates the necessity for reliable transportation for continued employment, childcare, and school.

Causes:

- ☞ Limited income provides limited options for driving. Many clients indicate they don't have enough funds to pay for gas and repairs for their vehicles.
- ☞ NEICAC EARL Public Transit provides reliable public transportation options for the general public, but the program is costly to operate in rural areas. Unless there are resources to help, low-income individuals find this is an unaffordable option.
- ☞ The Medicaid privatization in Iowa impacted public transit greatly, decreasing access to public transportation to worksites for those on Medicaid.

Community Resources:

- ☞ Our agency's current Crisis Assistance Policy includes financial assistance with vehicle repairs for income-eligible households with member(s) who are employed, actively seeking employment, or have a household member who requires frequent travel to medical appointments.
- ☞ Our agency's current Crisis Assistance Policy includes crisis transportation assistance for eligible households through our EARL Public Transit system. Funding is limited for this service, and specific criteria must be met to receive the assistance. For instance, this assistance could provide transportation to someone needing to get to a homeless shelter.
- ☞ NEICAC facilitates the Embrace Iowa program, which serves as a funding source for low-income households to receive assistance with up to \$500 towards assistance with limited funding availability otherwise. The program has assisted applicants with vehicle repairs, oil changes, and new tires, among other items that support the need for reliable transportation.
- ☞ There are currently no outside referral sources or funding within our agency to provide transportation for individuals to complete errands or attend appointments. A gap remains in services available to meet this need for low-income individuals.
- ☞ NEICAC's Transit program has previously provided a Wheels for Work vehicle purchase program for low-income individuals. The program is still serving current loan recipients but will be going through a restructuring process due to financial constraints of maintaining the program as is. Outside of this program, there are not currently any programs available in our service area to assist with the purchase of a dependable vehicle. Furthermore, low-income individuals often have low credit scores, which hinders their ability to secure affordable vehicle loans independently. There remains a gap in this area of transportation need, as having a reliable vehicle is essential in rural Iowa.
- ☞ Public Transportation entities that provide transportation in our seven-county service area include:
 - NEICAC: EARL Public Transit-Allamakee, Clayton, Fayette, Howard, Winneshiek Counties
 - Iowa Northland Regional Transit Commission (RTC)-Bremer, Chickasaw Counties

Customer Need #6: Families Need Assistance with Heating Costs in the Winter

Conditions:

- ☞ 80.04% of clients surveyed received assistance from the NEICAC Low Income Home Energy Assistance Program, which provides a supplemental payment of heat utilities for eligible low-income households. This program serves the largest number of households and provides the agency's largest dollar amount of resources. Last program year, the program served 3,387 households.
- ☞ 25% of LIHEAP clients served during FY20 used a deliverable fuel product, a higher cost of heat than regulated heat products.
- ☞ 50% of LIHEAP clients served during FY20 were at or below 100% of the federal income poverty guidelines.

Causes:

- ☞ Iowa winters are cold and long, with impacts hitting low-income individuals and families hardest. Heat costs continue to rise as the weather gets colder, making paying those bills more challenging.
- ☞ Due to COVID-19, Iowa extended the winter moratorium. This prevented the mailing of disconnect notices, which extended the nonpayment of utility bills for many households.
- ☞ COVID-19 has provided additional challenges to families to apply for the program, which has resulted in a higher need for crisis assistance with very high utility bills.

Community Resources:

- ☞ Winneshiek County Mutual Aid (which covers the entire service area) provides gap funding needed for clients who experienced very high heat/electric costs greater than the agency could assist.
- ☞ Fayette County COVID-19 Disaster Response provides additional funds to the agency to meet Fayette County customers' needs.
- ☞ In addition to assistance through the Low Income Home Energy Assistance Program (LIHEAP), NEICAC assists income-eligible households with accounts that are past due or subject to disconnect after the moratorium ends through our Crisis Assistance Policy and funding available through utility vendors and other sources.
- ☞ NEICAC also provides Weatherization services proven to increase energy efficiency and decrease heating costs in the homes completed through the program.
- ☞ The COVID-19 Pandemic has brought about additional funding sources and programs available for households who can demonstrate income loss due to the pandemic. One of these programs being specific to assisting with utility bills, including a household's heat source. NEICAC staff became familiar with applying for these programs and providing referrals to households who may be eligible.
- ☞ NEICAC also has strong relationships with heat supply vendors that benefit clients who seek assistance through our agency. When households are eligible for assistance, these partnerships can prevent households from being disconnected with a guarantee for our agency's payment.

Customer Need #7: Families Have Unmet Housing Needs

Conditions:

- ☞ Client survey responses indicate 161 of 678, or 23.75%, have unmet housing needs. When asked to select housing needs their household could use help with, the answers were:
 - 59.09% need help with making necessary home or property repairs
 - 49.35% need help with making their home more energy-efficient
 - 22.73% need help with finding safe and affordable housing that fits household's needs
 - 22.73% need help with obtaining a loan to buy a house
 - 5.19% need help with making changes to their home for a household member with physical disabilities or is homebound
 - 15.58% specified other housing needs with open-ended responses that included: "windows, washers, door replacement, furnace, heating/electrical, floors and appliances, deposits, rent, roof repairs, heat source conversion, landlords fixing necessary items and air conditioners"
- ☞ 55.13% of surveyed stakeholders indicate there are not sufficient safe and affordable housing units and 57.58% also indicate there are not sufficient housing units built or set aside for low-income people.

Causes:

- ☞ In the rural service area, housing stock often consists of large, older homes which are difficult to maintain energy-efficiency.
- ☞ The quantitative data illustrates the total housing units within the NEICAC service area counties, with the exception of Allamakee County, are above the Iowa state average of 49 years old. Fayette County shows 68 years, Howard at 67 years, and Clayton County at 61 for the median housing age.
- ☞ As noted with other causes to our community needs, those with fixed incomes or low-paying jobs often struggle to pay their regular housing (rent, food, utilities) costs, making home repairs over and above unaffordable.
- ☞ Nearly all communities in the NEICAC service area recognize and discuss the need for additional multi-unit low-income housing. Development, building, managing, and maintaining these properties is costly and challenging from the business perspective. They typically do not provide a profit incentive for investors, and the maintenance costs will often be greater than the rent revenue received.

Community Resources:

- ☞ NEICAC staff working directly with clients provide referrals to the two Regional Housing Authorities that cover our service area for needs, including home building, home repair and the Section 8 housing voucher programs. The two agencies that cover our service area are:
 - Upper Explorerland Regional Housing Authority-Allamakee, Clayton, Fayette, Howard, and Winneshiek Counties.
 - The Northeast Iowa Regional Housing Trust Fund offers up to \$10,000 per project and can potentially fund roof repairs, furnace repair/replacement, energy efficiency updates, electrical and plumbing, handicap accessibility, and homebuyer assistance.
 - Upper Explorerland also partners with the Homes For Iowa program which exists to address Iowa's housing shortage and train offenders in skilled trades with the goal of reducing recidivism. The program recently completed a home in Oelwein (Fayette County). Additional homes in Oelwein and Waukon (Allamakee) are in the planning stages while other communities are applying in the future.
 - Iowa Northland Regional Housing Council (INRHC)-Bremer and Chickasaw Counties.
 - The Iowa Northland Regional Council of Governments (INCOG) offers an owner-occupied housing rehabilitation program to assist homeowners in bringing their homes up to Iowa's Minimum Housing Rehabilitation Standards. Typical tasks include updating the electrical system, installing siding, installing replacement windows, furnace replacement, and roofing.
- ☞ NEICAC facilitates the Embrace Iowa program, which serves as a funding source for low-income households to receive up to \$500 towards home repairs. There are no other funding sources for services such as water heater or flooring repair/replacement.
- ☞ NEICAC's Weatherization Assistance Program (WAP) includes a cost-effectiveness energy audit, air leakage checks, insulation, and inspection of all combustion appliances for repair and/or replacement. The program also contracts with investor-owned utilities in our service area to install low-cost, energy-efficient measures in eligible homes, such as LED lighting, low-flow faucet aerators, showerheads, and water heater measures. Applications for this assistance are ranked by fuel usage, and at-risk clients are given priority for service. We recognize that there are far more homes in need of this service than funding or program operation constraints support.
- ☞ NEICAC also partners with the Iowa Energy Wise program to distribute Energy Wise Weatherization kits to households served in various capacities within our agency when these kits are available. The kits provide several energy-saving items to be installed within a home and educational materials on adopting energy-saving practices within the home.
- ☞ NEICAC manages several housing properties that provide affordable housing to low-income individuals.
- ☞ Our Housing department also provides Homebuyer Education courses for individuals who need this as a part of the process to secure a home loan.
- ☞ There are gaps in the number of safe and affordable low-income housing options for families in our service area. Furthermore, when individuals obtain a Section 8 housing voucher, there are barriers to locating housing that meets the voucher program's requirements or property owners willing to work with the program.

Customer Need #8: Individuals Lack the Education and Knowledge to Manage their Money

Conditions:

- ☞ 127 out of 678 client survey respondents indicated their households have financial management needs.
- ☞ Those clients went on to further indicate they could use help with budgeting and managing money (60.68%), solving problems with the utility company (30.77%), and solving problems with a credit card or loan company (30.77%).

Causes:

- ☞ Clients on a fixed income may not have reserves for unanticipated expenses.
- ☞ Credit card debt with high interest rates often grow when families lack the resources to pay.
- ☞ There is often a lack of knowledge or formal education surrounding debt, credit, budgeting, and money management.
- ☞ Families have ongoing periods where they feel obligated to make unhealthy financial decisions to meet their family's needs.
- ☞ Individuals and families face the inability to establish a healthy relationship with a bank due to past account issues.

Community Resources:

- ☞ NEICAC provides financial and budget counseling services through our Housing department.
- ☞ Clients who access Crisis Assistance through our Family Services outreach offices are provided information on available budget and financial counseling resources, including but not limited to:
 - NEICAC financial and budget counseling
 - Iowa State University Extension
- ☞ Family Development and Self-Sufficiency Specialists providing home visits to families enrolled in the FaDSS home visiting program provide assessments, budgeting, and goal setting services to support enrolled individuals in improving their knowledge and practices around financial management.
- ☞ The gap in supporting individuals and families with financial management needs exists in identifying what kind of services and support those in need will find engaging and valuable, resulting in participation through completion and increased knowledge and practical skills that can be applied to the low-income individuals we serve.

Customer Need #9: Families with Children Birth to 5 Lack Knowledge and Skills to Develop a Comprehensive Approach to Children's Healthy Growth, Improving their Chance for School Success.**Conditions:**

- ☞ According to NEICAC's 2018-2019 Head Start Program Information Report (PIR), 250 children (ages 3-4) were provided with full-day, center-based preschool programming for five days per week. There were 15 classrooms with a least one classroom in each of the NEICAC seven counties.
- ☞ The number of children enrolled in the NEICAC Head Start program for 2018-2019 increased the ongoing source of continuous, accessible health care from 228 to 238 (ten additional children). Forty-eight children were diagnosed by a health care provider with a chronic condition needing medical treatment by the end of the enrollment year, with 47 receiving that medical treatment. The program also helped 37 additional children to access and continue dental care by the end of the enrollment year.
- ☞ The Head Start PIR also indicates an increase from 226 children at the beginning of enrollment to 238 at the end of enrollment for those who are up-to-date with age-appropriate immunizations.
- ☞ 157 of 162 client survey respondents indicated they are a primary caregiver of a child(ren) in Head Start or Early Head Start.
- ☞ 142 or 67.94% also noted their preschool or childcare needs would not be met if their child were not enrolled in the Head Start Program.
- ☞ According to NEICAC's 2018-2019 PIR report for Early Head Start, 126 children (0-3) and pregnant women were provided with home-based services to improve parenting skills and provide guidance with a path to school readiness.
- ☞ The NEICAC Early Head Start Program served 48 Hispanic or Latino pregnant women or children. Allamakee County is the highest population in the NEICAC service area of Hispanic and Latino individuals. Hispanics also have a 37.56% population in poverty, which is well over the average Iowa rate.
- ☞ The Early Head Start PIR Report showed an increase in the number of children who are up to date on a schedule of age-appropriate preventative and primary health care from enrollment to end of the enrollment year. Data shows the number of children went from 46 to 104. The number of children with continuous dental and accessible dental care also increased from 83 to 92 children. Finally, data from the report indicates that pregnant

women in the EHS program received several services while enrolled, including prenatal health care, postpartum health care, mental health interventions and follow up, prenatal education on fetal development, and information on the benefits of breastfeeding.

- ☞ Mental health services and consultations were provided to four children within the EHS program by the end of the enrollment year, while 19 children had an Individualized Family Service Plan (IFSP).
- ☞ Client survey responses for those residing in the NEICAC service area counties show six households are a foster care provider for a child or children ages 0-5. The Head Start PIR report also indicates 11 children enrolled in the program were in foster care, while 19 referrals from a child welfare agency were enrolled in Head Start.
- ☞ 239 of 677 or 35.30% of client respondents have children under 12 within their household. When asked what their child care or development needs are, 30 respondent's answers were:
 - 53.33% - Finding affordable childcare
 - 6.67% - Finding a quality preschool
 - 20% - Finding before/after school care
 - 23.33% - Finding services or resources for children in my household with special needs
 - 13.33% Preparing the preschool children in my household for school
 - Open-ended answers from clients were also included. Clients stated: "childcare during summer, job only offers 24hrs/week, need 28 to qualify for CCA, transportation and getting back from appts in time when kids are out of school."
- ☞ According to the Iowa Department of Human Services, 2019 saw an increase in the number of founded child neglect and abuse cases. Fayette County, significantly higher for all data years of 2015-2019, saw a spike in 2019 at 44 cases, along with Bremer County with 32 cases.
- ☞ The quantitative data indicates all but two counties (Bremer and Winneshiek) within the NEICAC service area have a higher percentage than Iowa's average for mothers with no prenatal care in the first trimester.
- ☞ According to the Iowa Department of Public Health, teen birth rates (ages 15-19) were well above the Iowa average rate in Allamakee County at 30 per 1,000 residents and six times the rate in Bremer and Winneshiek counties. Fayette County is also higher, with a rate of 20 per 1,000 residents.

Causes:

- ☞ Applying for assistance and intervention services for children can be a complicated process, and families often find challenges in navigating through the paperwork and processes.
- ☞ The rural area of the NEICAC seven county service area presents a barrier to accessing additional medical, dental, mental health, and other essential resources to assist with children's healthy development. Transportation to facilities great distances away makes obtaining those services unlikely without assistance.
- ☞ Private and public preschool costs are often unaffordable to low-income families, and needs are identified for Head Start programs to provide a specialized and comprehensive approach for higher-risk children.
- ☞ Low-income households often have minimal formal and informal support systems. Private and public preschool may not be an option for households if those programs do not offer before and after school childcare services.
- ☞ Young, single-parent heads of households with minimal formal and informal support systems may not have the education or skills to adequately parent and maintain the children's safety in their care.
- ☞ Low-Income expectant mothers with minimal formal and informal support systems may not have the education or awareness on the importance of prenatal care in the first trimester of pregnancy.

Community Resources:

- ☞ To promote school readiness of children and to teach parents that they are their child's first and most important teacher, NEICAC provides Early Head Start-Home Visiting Services for pregnant women and families with children 0-3 years old and Head Start & Child Development Classrooms for three and four-year-old children (Preschool programming). Both services are offered at no cost to income-eligible households.
- ☞ Our Head Start and Early Head Start programs employ two Health and Development Specialists who have an R.N., BSN degree, and a Behavior Specialist. These three staff evaluate, carry-out, and track health and mental

health service provision for children enrolled in the programs. Through enrollment in EHS and/or Head Start programming, families receive many support services that increase their children's overall health and a chance for school success, including:

- Referrals to primary and/or specialty medical, dental, and vision providers.
- Referrals for prenatal care, postpartum health care, mental health services.
- Education on breastfeeding education and fetal development.
- Assistance with monitoring immunization timelines.

☞ Community support and ongoing collaboration are essential to meeting this need. Current partnerships include:

- Northeast Iowa Behavioral Health for Mental Health Services
- Area Education Agency for special education services
- Northeast Iowa Food and Fitness initiative supported by the W.K. Kellogg Foundation Food and Fitness Community Program to ensure that:
 - Our Head Start policies and practices support the healthy living of children, families, and community members.
 - Local, health-promoting food is available and affordable.
 - Communities have an environment that supports abundant opportunities for physical activity and play.
- Lion's Club for free on-site vision screening services to Head Start classrooms in Cresco, Monona, Oelwein, Postville, Waukon, Waverly, and West Union.
- Iowa Kidsight Program through the University of Iowa for interpretation of vision screening results completed by the Lion's Club.
- Iowa Department of Public Health for no-cost dental screening and fluoride varnish application provided by dental hygienists (I-Smile Program).
- Woodland Eye Clinic for vision screenings in Guttenberg classroom.
- Oneota Valley Eye Care of Decorah for vision screenings in the Decorah classroom.
- Eye Care Associates of New Hampton for vision screenings in the New Hampton Classroom.
- Full Circle Services, Inc for volunteers in Oelwein and West Union classrooms.
- Green View High School in Waverly for volunteers in the Waverly classroom.
- Iowa County Conservation for additional classroom programming.
- Area Colleges for interns and students fulfilling field experience and student teaching requirements.
- Retired Senior Volunteer Program (RSVP) for volunteers in Allamakee, Howard, and Winneshiek counties.
- School district collaborations that provide no-cost transportation for Head Start children.
- Oelwein Community School District partnership that allowed the expansion of services.

Customer Need #10: Families Lack Support to Make Progress Toward Family Stability

Conditions:

- ☞ Client survey responses indicate 459 of 684 or 67.11% receive Medicaid.
- ☞ 34 clients responded to the question of parenting or family support needs they have with 50% needing help with learning how to help children/youth in the household cope with stress, depression, or emotional issues; 47.06% state they need help learning how to mentor/teach children/youth more effectively; 41.18% indicate they need help with learning how to set goals and plan for their household.
- ☞ 181 of 680 or 26.62% of client respondents indicate their income has decreased in the last 12 months. When asked the question of why did income change, the following answers were provided:
 - "Lower paying job, lost job, became injured, fired for disability, laid off, off FIP, medical, divorce."
- ☞ Information from surveys of exited participant's from the agency's Family Development & Self Sufficiency Program (FaDSS) from PY20 show 100% of former participants felt the program was helpful.

- ☞ 73% of exited FaDSS participants also say they would have considered staying longer with the program if they could. In comparison, 73% percent appreciated the specialists' knowledge of resources most, and 45% prefer the program's goal setting.
- ☞ Families also completed 34 surveys served in January, February, and March of 2020. 26 of those 34 respondents say the level of impact FaDSS had on their family was high. Open-ended comments made specific to the benefits of the program include: "Words of encouragement, great at making me feel secure and safe and very helpful and having another adult to talk to and plan goals."
- ☞ Thirty-six families who exited the Family Development and Self-Sufficiency (FaDSS) Program from July 1, 2019-June 30, 2020, received supportive services to improve their family stability. The following highlight some of the enrollment and exit comparisons and further demonstrated the need for supportive services to strengthen family stability.
 - The average length of stay was 378 days for the 36 families who exited during the timeframe indicated above. Of those 36 families, 16 stayed in the program for 12+ months, confirming the need for ongoing support within their household.
 - Nine of the 36 families who were employed identified childcare issues during enrollment, and eight of those nine families addressed their issues with support during FaDSS enrolment.
 - Nine of the 36 Heads of Households were employed at program entry (25%), and 22 of the 36 Heads of Households were employed at program exit (61.11%)
 - Of the 36 Heads of Households exiting the program, 15 improved their employment status from enrollment to exit.
 - Nineteen adults identified substantiated mental health issues during enrollment; of those 19, 15-accessed treatment (78.95%) while enrolled in the program.
 - Thirteen children had substantiated mental health issues during enrollment, and all 13-accessed treatment (100%) while enrolled in the program.
 - Twenty-one of the 36 families who exited the program had children age 0-5 in the home. Of those 21, 17 families had children enrolled in an Early Childhood Program (80.95%)
 - Twenty-eight of the 36 families who exited the program were involved in work preparedness activities.

Causes:

- ☞ Often, there is a lack of formal and informal support systems that make it difficult for parents to obtain and/or maintain stability in family health/mental health, employment, job training, or education.
- ☞ The lack of education and knowledge on programs and resources available to low-income parents increase family health/mental health and financial instability and decrease a parent's ability to avoid a crisis.
- ☞ Parents sometimes lack access to and awareness of appropriate milestones for child development and available programs to support their growth.
- ☞ Those in a cycle of crisis aversion lack the skills necessary to set, evaluate progress, and meet goals essential for overall family stability on their own.
- ☞ Systems in place to assist low-income families often have many policies and procedures to receive benefits but offer little support or guidance in meeting requirements to obtain and maintain the benefits. When medical, Food Stamps, Housing Voucher, or FIP benefits lapse, family stability decreases.

Community Resources:

- ☞ NEICAC operates a Family Development and Self-Sufficiency (FaDSS) home visiting program in all seven of our service area counties that serves low-income households with children residing in the home who are either receiving the FIP benefit from the state of Iowa or are at or below 80% of the Federal Poverty Level. Core components of the program are designed to improve overall family stability and include:
 - Home Visits
 - Assessments
 - Goal Setting
 - Referrals to resources

- Advocacy
- Support
- ☞ The FaDSS program has a strong partnership with the PROMISE JOBS program through the Iowa Workforce Development to support households receiving the FIP benefit from the state of Iowa to maintain their benefit through compliance with their Family Investment Plan. Through this partnership families not only maintain the benefit providing financial stability to their household, but they have additional support to meet their goals in reaching self-sufficiency and securing income which is greater than the monthly FIP benefit through employment, receipt of child support, approval for disability, etc.
- ☞ The FaDSS program also has a Memorandum of Understanding in place with DHS that supports a specialist's work with enrolled FaDSS participants. Through the memorandum of understanding, FaDSS Specialists can help participants apply for available benefits and communicate with DHS Income Maintenance staff regarding requirements for maintaining the benefits providing financial assistance.
- ☞ Our Family Service Specialists in our outreach offices also play an essential role in assisting with crisis through our Crisis Assistance Programs and, in some cases diverting ongoing crises for low-income families, which supports their ability to obtain and maintain family stability.
- ☞ NEICAC staff who work directly with low-income individuals and families in need often have knowledge of available programs or services to fill a gap for families if our agency does not specifically have a program to meet the identified need. In the FaDSS program specifically, specialists have an ongoing relationship with participants in which they can provide a referral to an available resource and then follow-up with a participant to determine if the family accessed the resource or address any barriers identified to access the resource.

KEY FINDINGS: COMMUNITY & NEEDS: The Community Needs Assessment also revealed community needs.

Community needs are needs that have an impact on an entire community.

Community Need #1: Communities Lack Child Care Options

Conditions:

- ☞ Although only 30 client respondents indicated an unmet need for childcare or child development, 41.95% of the community stakeholder survey respondents indicated there are not sufficient affordable, accredited, or licensed child care facilities.
- ☞ Stakeholders also indicate by 66.29% there are not sufficient childcare facilities that provide services during evenings or weekends. According to the clients' data surveys, 63.83% indicate they work evenings, nighttime, or weekends and 40% attend classes in the evenings, nights, or weekends. A correlation exists between low-income families working evenings and weekends and the lack of child care options.
- ☞ The NEICAC CACFP program continues to see a decline in licensed child care providers with participation in their program.
- ☞ Quantitative data from Iowa Childcare Resources & Referral show a 26% decrease in the total number of childcare programs in Region 2 (includes all NEICAC service counties) from 2015-2020. The total number of childcare spaces also saw a slight decrease. There is also a sharp decline of 35% in programs accepting DHS childcare assistance, affecting low-income families. Specific counties within the NEICAC service area have all declined for total childcare programs, except for Bremer County. Fayette (31%) and Allamakee counties (27%) have the most significant decrease.

Causes:

- ☞ Often childcare provider pay and benefits are well below a living standard, which results in staff turnover. At the same time, regulations continue to increase, which cause in-home providers to allow their license to lapse.
- ☞ In our rural area, operating childcare programs are expensive and difficult to maintain, especially when there are not high levels of population focused on large centers.
- ☞ COVID-19 hit the childcare industry hard as it did many businesses. After the mandated closing for several months, many providers found other work with higher pay and benefits.

Community Resources:

- ☞ NEICAC's CACFP program provides meal reimbursement and nutrition education to registered childcare providers, which is an incentive for becoming registered or maintaining the registered provider status.
- ☞ NEICAC's Head Start program offers before and after-school wrap-around care at many of our classroom locations. In addition, we evaluate the need for care over the summer and often offer summer programming, which alleviates a childcare barrier for working families with children enrolled in the program.
- ☞ Child Care Resource & Referral is a referral source for individuals in need of childcare and offers the following support for Iowa's childcare needs:
 - Consultation, ongoing training, and support to those who are interested in becoming or those who are already licensed preschools, Child Care Centers (CCC), nonregistered Child Care Home (CCH) providers, and registered Child Development Home (CDH) providers.
 - Referrals to child care programs and educational tools to aid in the search for quality childcare.
 - Data collection and community partnerships that support the need to increase number of quality childcare options.
- ☞ Social media has become a support in locating available childcare options, with specific pages created as a resource for caretakers to seek childcare options with particular communities.

Community Need #2: Communities Lack Sufficient Living Wage Jobs

Conditions:

- ☞ When asked if the community has sufficient numbers of full-time job opportunities that pay at least \$15 per hour, stakeholders surveyed responded 67.73%, indicating no. When surveyed if there were a sufficient number of part-time positions that pay at least \$15 per hour, 71.01% of stakeholders said no. Also noted, stakeholders had a response of 57.45% that underemployment is an issue.
- ☞ Of the clients that were surveyed, 120 of 680 or 17.65% indicated they have needs related to employment, and 93 of 96 indicated they could use help with education: a two-year degree (32.26%), four-year degree (30.11%), or a tech, vocational or trade school degree (30.11%). The stakeholders surveyed also indicate there is not a sufficient number of accessible and affordable post-secondary education resources for newly graduating high school youth (34.94%) or post-secondary resources for adults who do not immediately continue their education after graduating from high school (35.32%).
- ☞ The COVID-19 pandemic led to hour reductions and layoffs that our communities were not prepared for. The Iowa Workforce Development quantitative data illustrated the spike in the unemployment rates to over 10% in 2020. There has been significant recovery, but many industries continue to struggle with regular operations, as positions and work hours are still declining.
- ☞ The quantitative data from Iowa Workforce Development, Labor Market Information Division shows all NEICAC counties well below the state average for the average weekly earnings. Allamakee, Howard, and Fayette counties offer slightly less earnings than the other four counties.

Causes:

- ☞ NEICAC's service area counties are all rural with no sizeable metropolitan area nearby. Most employment opportunities are in healthcare, schools, and small to medium-size private businesses. Many large manufacturing businesses no longer have locations in the area. Most small to medium-size businesses cannot offer high-wage jobs.
- ☞ According to the U.S. Census quantitative data, education attainment levels show individuals with 2-4 years of college achievement between 23-27% for all NEICAC counties except Bremer and Winneshiek (both of these counties have small private colleges). Some may lack those post-secondary educational skills that employers need to fulfill their workforce and establish their business in the area.

Community Resources:

- ☞ Local community Chamber of Commerce institutions act as a support to businesses and can lobby for laws to be passed that are favorable to businesses. A Chamber of Commerce is charged with identifying not only what is good for businesses, but what the community members who are necessary to the success of the business also need.
- ☞ The Iowa Economic Development Authority is another support to business and community growth across Iowa. Economic Development recognizes the importance of gathering data and completing studies to understand the labor market's workforce characteristics across Iowa.
- ☞ Iowa Workforce Development is in the business of providing access to available employment opportunities, support for job seekers, and apprenticeship opportunities to help unemployed individuals establish a connection with reputable employers. The Iowa Workforce Development is in the perfect position to understand what Iowa's job seekers are looking for regarding employment and what they need as far as livable wages.

Community Need #3: Communities Need to Improve Access to Broadband Internet

Conditions:

- ☞ 48.29% of surveyed stakeholders have indicated insufficient levels of high-speed broadband technologies available for low-income people.
- ☞ 95.71% of clients surveyed responded they have phone service, but 36.39%, or 246 of 676, said they do not have

or cannot access Internet service.

- ☞ COVID-19 has highlighted the necessity for high-speed Internet in all areas. With remote work requirements, virtual education and school, social services provision, and social connections to others, additional access is needed in rural areas. The most recent quantitative data from 2019 indicates Winneshiek County with the lowest percentage of the population with access to high-speed Internet at 63.27%. Clayton County shows the next lowest with 77.54%. All of the NEICAC counties are well below the Iowa state average of 94.35%. This certainly demonstrates the barrier with broadband access in rural areas.
- ☞ Affordability data shows that only 18.5% of Iowa's population has access to a low-priced internet plan (costing \$60 or less per month). The national average is 51.5% of consumers with access to a low-priced plan. Reference: <https://clayandmilk.com/2020/09/09/expanding-broadband-access-across-iowa/> Clay and Milk, Expanding Broadband Access Across Iowa (9/9/2020)

Causes:

- ☞ There are physical barrier challenges and cost issues for broadband access set up in rural and sparsely populated areas.
- ☞ Internet Service Providers are businesses, and fewer rural areas equate to less potential customers for their desired investment.
- ☞ Customer monthly costs for high-speed Internet are still expensive and often not attainable for low-income individuals and families.

Community Resources:

- ☞ Connected Nation Iowa's mission is to "Improve lives by providing innovative solutions that expand the access, adoption, and use of high-speed internet and its related technologies to all people." Connected Nation Iowa also brings awareness of the digital divide that is evident in low-income and minority populations.
- ☞ The need for greater access to broadband connection is being recognized at the state level as the Empower Rural Iowa Act, an initiative aimed at growing opportunities in rural parts of the state by expanding workforce housing tax incentives and grants to boost broadband access, was initiated in 2019. Governor Reynolds has sense noted a plan to ensure broadband access for all Iowans by 2025.
- ☞ Iowa State University has taken an interest in lowering the cost of delivering rural broadband services. Through a project proposal, a \$300,000 grant was awarded for their rural broadband initiative.
*Reference for the community resources identified above: <https://clayandmilk.com/2020/09/09/expanding-broadband-access-across-iowa/>
- ☞ The Iowa Broadband Governance Board was established to create a comprehensive plan for the deployment and sustainability of high-speed broadband access to unserved or underserved areas of the state.
*Reference: <https://ocio.iowa.gov/broadband>

KEY FINDINGS: AGENCY NEEDS

Agency Need #1: The Agency Has High Staff Turnover (specifically in Head Start & Transit Programs)

Conditions:

- ☞ The total employee annual turnover rate for NEICAC from 10/1/19-9/30/20 was 39%. The goal was to maintain employee turnover at less than 20%.
- ☞ The Head Start and Transit programs have the highest turnover level and the highest number of total staff.
- ☞ The Transit program has continuous needs for part-time drivers, and from 6/1/19-6/1/20 and 8/1/20-2/22/21, Transit Drivers represented 21% of the 66 total staff terminations.
- ☞ Head Start continues to struggle with the retention of classroom teaching staff. From 6/1/19-6/1/20 and 8/1/20-2/22/21, departures of Lead Teachers, Co-Teachers, and Center Managers made up 41% of the 66 total staff terminations.

Causes:

- ☞ Another common issue with non-profits and limited funding is the lower-than-average pay to employees. Many former employees have stated low pay as a reason they leave. This impacts all agency programs.
- ☞ Although NEICAC's health insurance benefit employee cost for a single plan remains competitive compared with other employers, Spouse, Children and Family rates are unaffordable for employees.
- ☞ Transit Driver positions require significant training and adherence to many regulations. Most drivers are hired at part-time positions that are not eligible for full benefits. They are also needed to work outside of standard 8-4:30 hours.
- ☞ Head Start does compete with local school districts, and we often lose Lead Teachers to the schools. They offer comparable benefits, but typically provide a higher level of pay.
 - Co-Teachers in full-time 40 hour per week positions have a higher retention rate, likely because NEICAC pay and benefits are higher than other comparable community positions with similar required qualifications.

Community Resources:

- ☞ The TEACH program provides financial support to Head Start employees to obtain additional education related to Early Childhood.
- ☞ COVID-19 federal and state resources have assisted to provide Head Start employees with WAGE stipends and higher pay for a temporary period of time. This funding will be limited.
- ☞ Those in teaching positions may qualify for the Teacher Loan Forgiveness Program to help receive student loan debt relief.
<https://eclkc.ohs.acf.hhs.gov/professional-development/article/student-loan-forgiveness-do-you-qualify>

Agency Need #2: The Agency Lacks Public Awareness

Conditions:

- ☞ According to the NEICAC Stakeholder satisfaction surveys of 147 respondents, 29.93% indicate only a fair familiarity with our agency programs and services while 5.44% stated poor, 3.40% stated very poor, and 18.37% are unsure or have no relationship.
- ☞ 13.61% of those stakeholders responded fair when asked how well our agency is valued in the community, while 25.17% of stakeholders say they are unsure or have no relationship.
- ☞ 13.70% of the 147 stakeholder respondents indicate fair when asked how well our agency meets the needs of low-income people in the community, while 30.82% say they are unsure or have no relationship.

Causes:

- ☞ Like many non-profit agencies, funding is limited for a dedicated employee to focus on agency program awareness and education.

- ☞ Funding regulations are prohibitive of federal dollar costs for agency marketing and advertising.
- ☞ NEICAC has many programs, and they are often viewed separately from the agency by the general public.

Community Resources:

- ☞ Partner agencies, non-profits, private businesses, and local governments can educate on NEICAC's programs and services.
- ☞ Board members and NEICAC employees using social media and other sources of communication to educate the public.

Agency Need #3: The Agency Lacks Sufficient Discretionary (Local) Funding

Conditions:

- ☞ NEICAC programs reduce operations, employees, and employee hours as cost-saving measures.
- ☞ Reducing employee hours leads to staff retention issues. Workloads do not decrease but shifts to remaining staff, which may lead to quick burn-out.
- ☞ NEICAC reducing operations leads to fewer office hours, leaving low-income families with less accessibility to us.

Causes:

- ☞ Federal and state funding has been stagnant or reduced for NEICAC programs while operating costs continue to increase, creating a widening gap.
- ☞ Non-federal match funds are required to apply for grants and programs.
- ☞ NEICAC operates many reimbursement-based programs where costs are incurred first, and funding is reimbursed later.
- ☞ Some NEICAC service counties have sufficient funds to assist clients in crisis, while other counties have limited funding.
- ☞ Direct client assistance funding opportunities often do not include administration and staff costs, requiring NEICAC to offset necessary costs to deliver programs and services to clients.

Community Resources:

- ☞ Local governments of those community residents served by NEICAC programs and services.
- ☞ Community Foundation, United Way, and other grants.
- ☞ Private Business and Local Donors.

DATA SPECIFIC TO POVERTY:

Poverty Data by Gender

- ☞ 6,257 females live in poverty and reside in the NEICAC seven service-area counties, while 4,384 males are in poverty. Females in poverty make up 11.18%, and males in poverty are 7.78%. The female average poverty rate is above the Iowa state average, while males in poverty numbers fall below.
- ☞ Howard County has the highest poverty rate, especially for females, at 16.25%; while Fayette County has the highest rate for males at 11.15%.
- ☞ All counties except Fayette show poverty rates for males fall between 5-9%, while female poverty rates are well above 10% in all counties except Bremer and Chickasaw.

Poverty Data by Age

- ☞ Poverty by age group for both age 0-17 and 5-17 shows Allamakee and Fayette Counties with the highest rates. Seniors ages 65 and up show the highest poverty rate in Howard and Clayton counties.

	<i>Population & % Ages 0-17</i>	<i>Population & % Ages 5-17</i>	<i>Population & % Ages 65+</i>
Allamakee County	579 or 18.1%	411 or 18.3%	193 or 6.8%
Bremer County	350 or 6.4%	239 or 6%	240 or 5.3%
Chickasaw County	330 or 11.9%	226 or 11.1%	189 or 8.3%
Clayton County	477 or 13.2%	319 or 12%	347 or 9.2%
Fayette County	657 or 16.4%	437 or 14.9%	237 or 6%
Howard County	307 or 13.8%	210 or 12.8%	160 or 9.3%
Winneshiek County	363 or 9.9%	254 or 9.2%	242 or 6.5%

Poverty Data by Race

The population of poverty by race broken down by the NEICAC seven-county service area counties shows the following:

- ☞ Allamakee County – White at 9.69%, some other Race at 64.71%, and Multiple Race at 2.14%
- ☞ Bremer County – White at 7.81%, Black or African American at 63.37%, Asian at 11.66%, and Multiple Race at 26.26%
- ☞ Chickasaw County – White at 7%, Black or African American at 17.14%, Asian at 42.31%, and Multiple Race at 55.22%
- ☞ Clayton County – White at 8.64%, Black or African American at 48.81%, Asian at 3.80%, and Multiple Race at 20.20%
- ☞ Fayette County – White at 11.58%, Black or African American at 52.72%, Some other Race at 14.55% and Multiple Race at 24.71%
- ☞ Howard County – White at 11.30% and Multiple Race at 59.38%
- ☞ Winneshiek County – White at 8.53%, Native American or Alaska Native at 18.18%, Asian at 6.25%, Some other Race at 13.46% and Multiple Race at 26.60%

Poverty Data by Ethnicity

As noted in the previous section, the NEICAC service area has diversity in small numbers. Allamakee County has the largest Hispanic and Latino population in poverty with 332 individuals; Winneshiek and Clayton Counties have 125 Hispanic and Latino individuals. Howard County has a population of 51 Hispanic or Latino individuals in poverty; while Bremer County has 63, Fayette has 65, and Chickasaw has 43. Additional information shows the following:

- ☞ Allamakee - 37.56% of Hispanic or Latino are in poverty, while 7.53% in poverty are not Hispanic or Latino
- ☞ Bremer – 19.94% of Hispanic or Latino are in poverty, while 8.04% in poverty are not Hispanic or Latino
- ☞ Chickasaw – 14.58% of Hispanic or Latino are in poverty, while 7.25% in poverty are not Hispanic or Latino
- ☞ Clayton – 36.87% of Hispanic or Latino are in poverty while 8.47% in poverty are not Hispanic or Latino
- ☞ Fayette – 17.43% of Hispanic or Latino are in poverty while 12.26% in poverty are not Hispanic or Latino
- ☞ Howard – 38.35% of Hispanic or Latino are in poverty while 11.55% in poverty are not Hispanic or Latino
- ☞ Winneshiek – 33.24% of Hispanic or Latino are in poverty, while 8.06% in poverty are not Hispanic or Latino

Food Needs Data

First, in looking at households receiving SNAP benefits, Fayette County shows to be much higher than the other NEICAC service area counties at 12.41%. This is also over 2% higher than the Iowa state average. The other seven counties of Allamakee, Bremer, Chickasaw, Clayton, Howard, and Winneshiek are under 10% of households receiving SNAP, with Bremer and Winneshiek lowest in just over 5%.

When examining food insecurity data for NEICAC's seven counties, the cumulative average for all counties shows 10.26% of the population to be food insecure. Fayette and Clayton Counties are over 11% of the food insecure population, while Howard, Chickasaw, and Allamakee counties are 10% of the population. Children under the age of 18 who are also food insecure are highest in Fayette County (17.50%), Clayton County (16.90%), and Allamakee County (16.50%).

There are also significant food insecure levels that are ineligible for assistance programs based upon income criteria. These programs include SNAP, WIC, and school meals. Winneshiek (57%) and Bremer Counties (52%) show the highest level of food insecure population that are not eligible for other assistance programs. Howard County indicates this population rate at 40%, while all other NEICAC service area counties are in the 30% range.

Finally, data was analyzed for low-income populations in comparison to low food access. This is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Howard County has the highest population rate for this at 28.28%, followed by Winneshiek County, which is 19.80%. Allamakee County has an 11.56% rate, while the remaining counties are under 10%.

B. Significant Poverty Data Findings

To summarize findings of the NEICAC seven-county service area poverty data, it is clear that females make up a much larger population in poverty than males. Children living in households, ages 0-17 and ages 5-17, show a significantly higher poverty rate than those ages 65 and older for all of our counties. For Allamakee and Fayette counties, the child poverty rates are more than double that of those ages 65+. The food needs data falls in a similar pattern for our service area counties. Those counties with higher poverty population rates, such as Fayette and Allamakee County, are also the most food insecure. NEICAC operates food pantries in both Bremer and Winneshiek counties, and although we continue to see needs, we hope their lower level of food needs shows the impact we are making.

There is a disproportionate impact on minority groups within the NEICAC service area. NEICAC's rural service area lacks diversity and, overall, is low in minority populations. While some races related to poverty vary in each county compared to the Iowa state average, most other races, especially Black or African American and Multiple Races, have exceedingly higher poverty rates than Whites within the seven-county service area.

Iowa's Hispanic or Latino population in poverty is 21.78%. Four of the seven service area counties of Allamakee, Clayton, Howard, and Winneshiek are significantly higher than the state average in hispanic or latino population. It is also noted in all but Fayette County that the Hispanic or Latino rate of population in poverty is nearly double or triple that of those that are not Hispanic or Latino.

Nearly all poverty population rates measured regardless of gender, age, race, and ethnicity show our seven counties above the Iowa average. This is likely attributed to less access to necessary resources and employment opportunities.

KEY FINDINGS: CUSTOMER SATISFACTION: As part of the Community Needs Assessment, we also collected and analyzed customer satisfaction data. NEICAC used two different timeframes to measure this. The first was from November 2019 to February 2020, while the second timeline is from October 2020 to February 2021. Because of COVID-19 and the drastic adaptations to service provision the pandemic forced for our agency in nearly all programs, it was essential to measure and compare data for both prior and during the pandemic.

Overview of Customer Satisfaction:

There were 636 surveys completed by NEICAC clients for our agency-wide customer satisfaction survey from 06/2019-2/2020. All NEICAC service area counties were represented, with Fayette County showing a 26.24% client response and Chickasaw County representing 12.68%. The remaining five counties had a less than 10% response representation.

Below is the satisfaction summary:

- 👉 86.87% strongly agree, while 8.08% agree they had a positive experience when they received services.
- 👉 86.03% strongly agree, while 6.73% agree felt they were helped in a timely manner.
- 👉 90.57% strongly agree, while 4.71% agree that the CAA staff they interacted with were friendly and helpful.
- 👉 75.25% strongly agree while 6.73% agree they were informed about other agency or community services that could help.

Clients were asked how important it is to have a local (in their county) NEICAC Family Services Office to access services; 76.12% rated this as very important, while 20.75% rated it moderately important. There was also a small percentage of 3.27% unable to access our office locations, and the indicated reasons were "wheelchair-bound, don't/can't drive, no transportation and lack of money for gas."

The second timeline of customer satisfaction data we examined was client surveys completed from 10/2020-2/2021. As mentioned earlier, COVID-19 forced a major change to NEICAC's service provision, and staff and clients adapted to virtual methods of obtaining access to programs and services. This measurement timeline will provide NEICAC with insight into whether clients continue to feel they have been served satisfactorily. This survey data includes input from all counties within the NEICAC service area. Fayette County represents 22.56% of the response, while Howard and Winneshiek are slightly over 21%. Allamakee County clients represented 16.99%. The remaining counties were between 3-8% of the total response rate. There were 359 total surveys. Below is the tabulation of satisfaction results:

- 👉 75.35% strongly agree, while 21.57% agree they had a positive experience when they received services.
- 👉 76.42% strongly agree, while 20.17% agree they were helped in a timely manner.
- 👉 77.90% strongly agree, while 18.70% agree the NEICAC staff they interacted with were friendly and helpful.
- 👉 56.56% indicate yes that they were informed about other agency or community services that could help with their needs, while 10.50% said no. 32.94% did say it was not applicable as they did not have any additional needs to address.

When asked the question to those receiving services between April 2020 through now, how they would rate the process to obtain services without meeting in person, the results were:

- 👉 57.10% indicated very easy while 30% stated easy and 7.74% felt it was neither easy nor difficult.

Clients were also asked to provide open-ended information. NEICAC requested they share their experience with NEICAC, and the following comments from clients were provided:

- 👉 "Very easy to talk to, had a good experience, she was nice, very helpful in difficult times, staff is very proactive in helping, very friendly and timely manner – good at answering questions, it's good you're here, I got rental assistance, it was helpful for my rent, explained everything well, all of my experience with NEICAC have gone well, the gentleman who drive Earl Transit are friendly and helpful, love working with you guys, great customer service, online was easy to navigate."
- 👉 In addition to the many more positive comments, specific names of NEICAC employees were noted with very positive comments about them and the services they provide.
- 👉 Some comments did express frustration with specific situations and correspondence with staff, but there were very few and these were addressed upon receipt.

During both timelines and taking the additional challenges in service provision during COVID-19 into consideration, clients expressed a high level of satisfaction for the interaction with NEICAC. We recognize the areas we can improve, which will be detailed in the next section, but also feel the required adaptations have been smooth.

When asked open-ended questions for areas the agency could improve upon, client responses included:

- ☞ "Healthier food options, more information on programs, staff need more help, would like to come in again, help before disconnect or eviction notice, more times using a pantry per year, increase to open hours/days"

Key Findings and Areas for Improvement:

The most prevalent need for improvement is demonstrated by lower rates of staff informing clients about other agency or community resources that can help them. The earlier timeline for this shows that over 80% of clients indicated they were provided this information, while our most recent measured timeline decreased to 56%. While this can undoubtedly be attributed to our inability to meet clients in person and virtual service provision limiting time and opportunity for further outreach, this is an area of improvement for NEICAC. Additional training and conversations of expectations should occur, along with a consistent guide for all employees to use in providing resources to clients.

Also, between client survey comments and staff conversations, NEICAC should investigate additional staffing capacity options within the county outreach/families services offices. The offices with existing food pantries and staffed with one employee are the most in need of additional capacity. When analyzing data separately by program and location, clients appear to express overall satisfaction, but some programs show the potential need for additional customer service training.

Both survey timelines indicate strong support for our agency from clients. The few frustrated comments were addressed individually with clients and staff.

With an 87% response from clients on the ease of using the virtual service provision, it is clear it worked. NEICAC will continue and improve upon online options for clients while simultaneously working to open in-person options when the environment is safe. This will provide various options for families in need and place more focus on client preferences. This also has the potential to address the need for increasing open office days and hours.

Finally, NEICAC has already addressed suggestions for food pantry use, utility disconnects, and eviction notices. The agency Crisis Policy has been updated to allow for more frequent food pantry allowance and the adjustment of eligibility for utility and rent assistance to include past due bills instead of disconnect and eviction notices. We hope this will help additional families and offer assistance sooner to avoid future, more extensive problems for vulnerable individuals and families in need.

Trisha S. Wilkins

Trisha S. Wilkins, CCAP, NCRI, PHR
Executive Director

ATTACHMENT F

Community Health Needs Assessment Community Survey



Administered at COVID-19 vaccination clinic, influenza vaccination clinics and through Google Survey from May – November 2021.

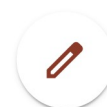
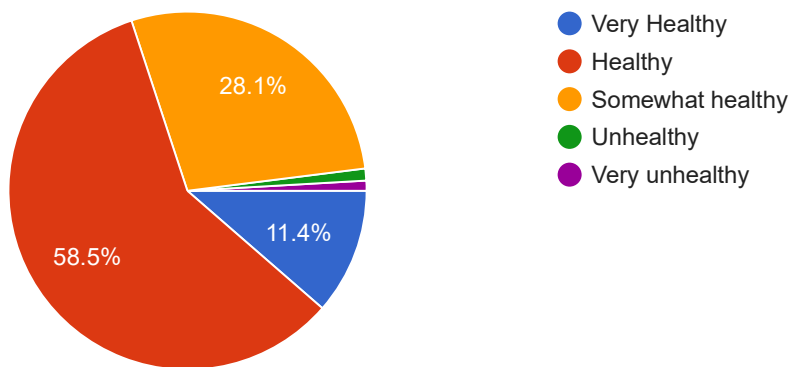
Chickasaw County Community Health Survey

563 responses

[Publish analytics](#)

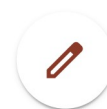
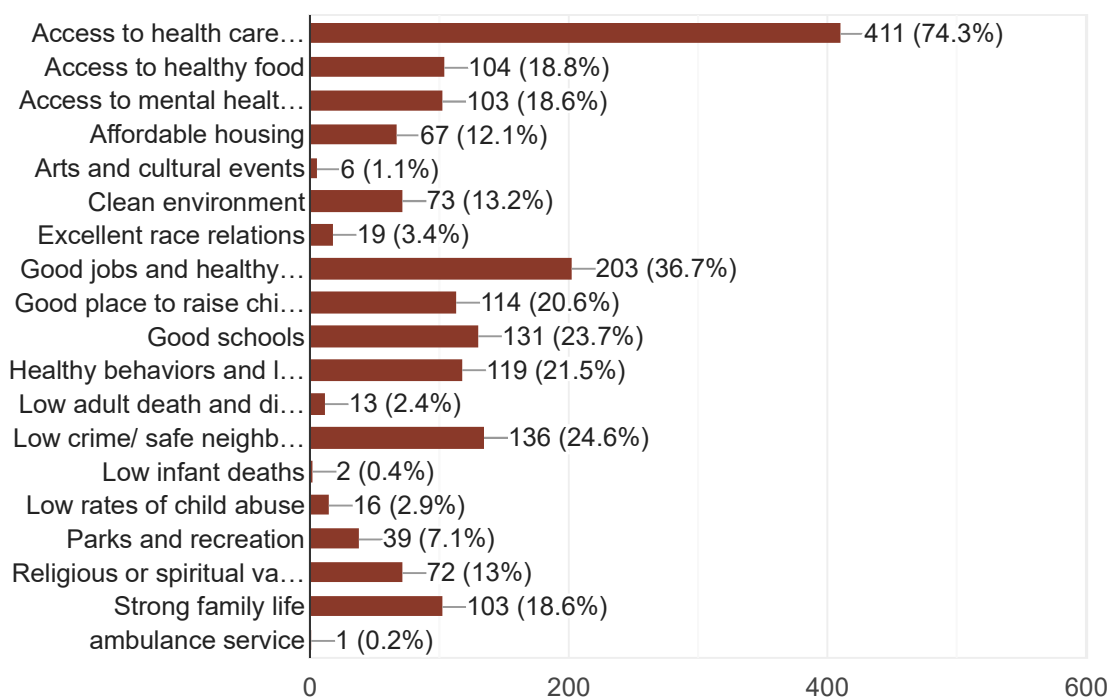
How would you rate the overall health of your community?

552 responses



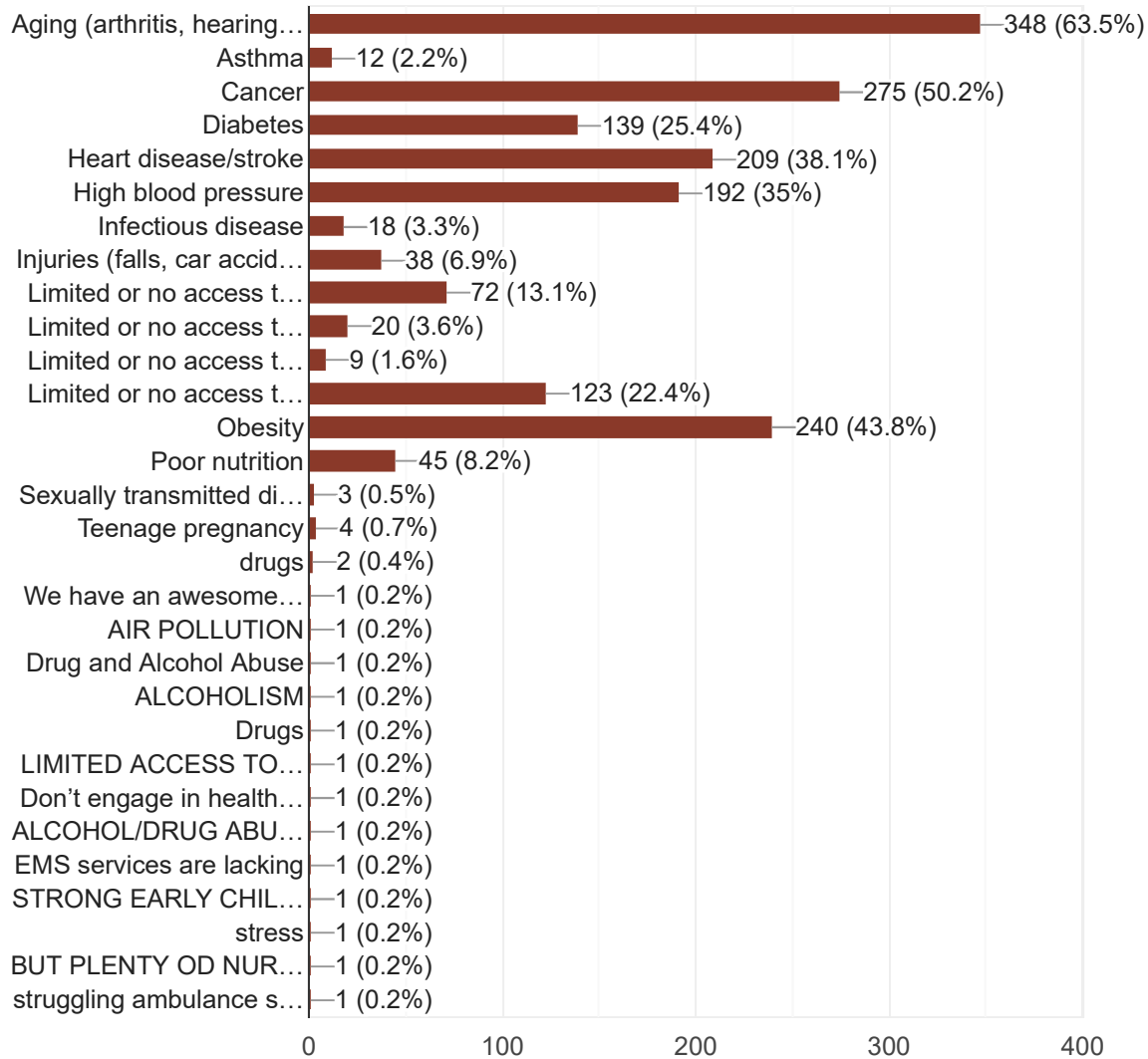
What are the three (3) most important factors for a "Healthy Community"
(those factors which most improve the quality of life in a community)?

553 responses



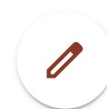
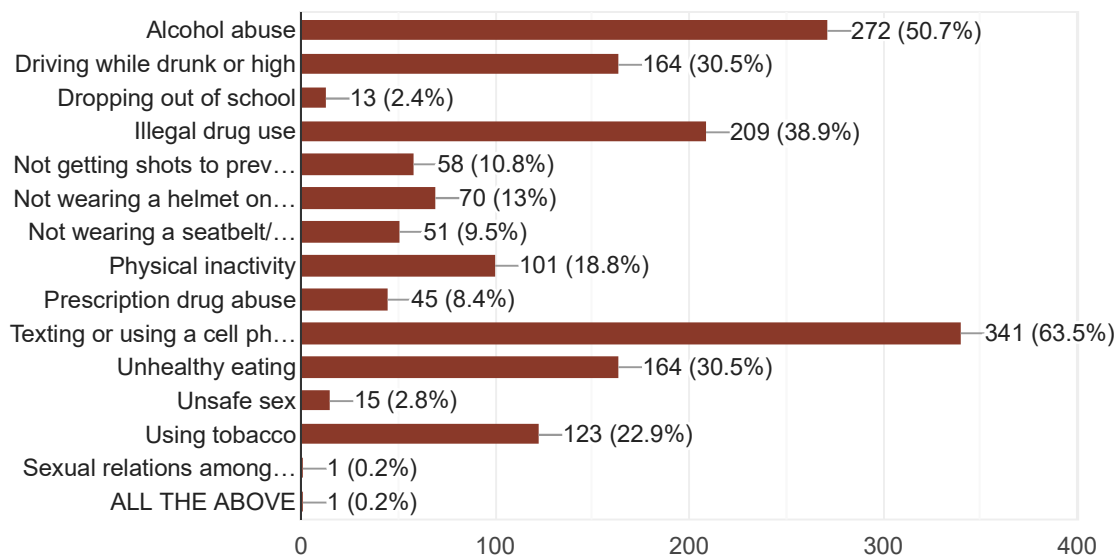
What do you think are the top three (3) health problems in your community?

548 responses



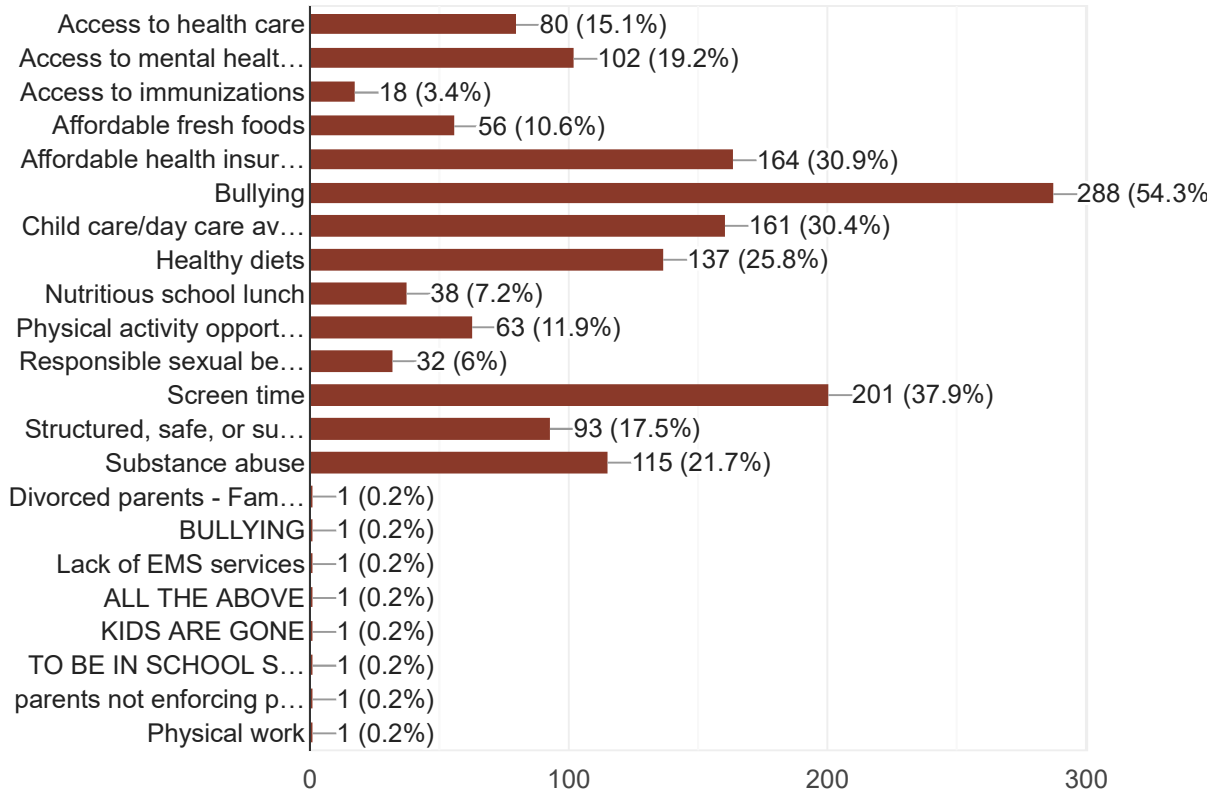
What do you think are the three (3) most "risky behaviors" in your community?

537 responses



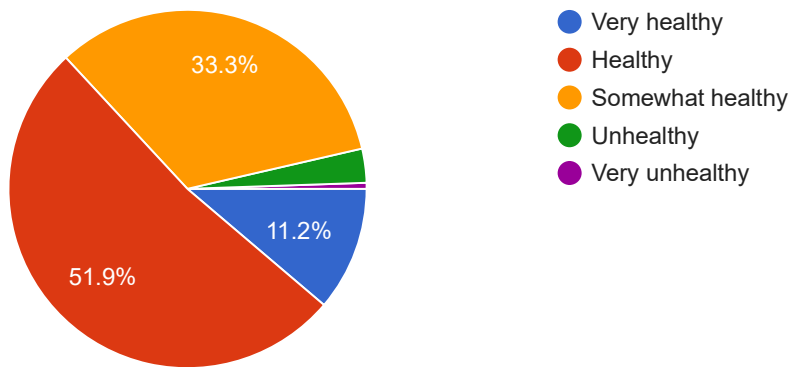
What do you think are the top three (3) health concerns relative to children's health in your community?

530 responses



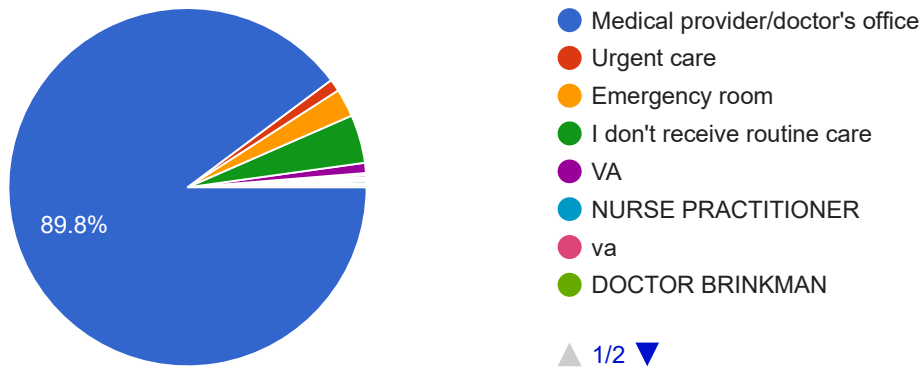
How would you rate your personal health?

553 responses



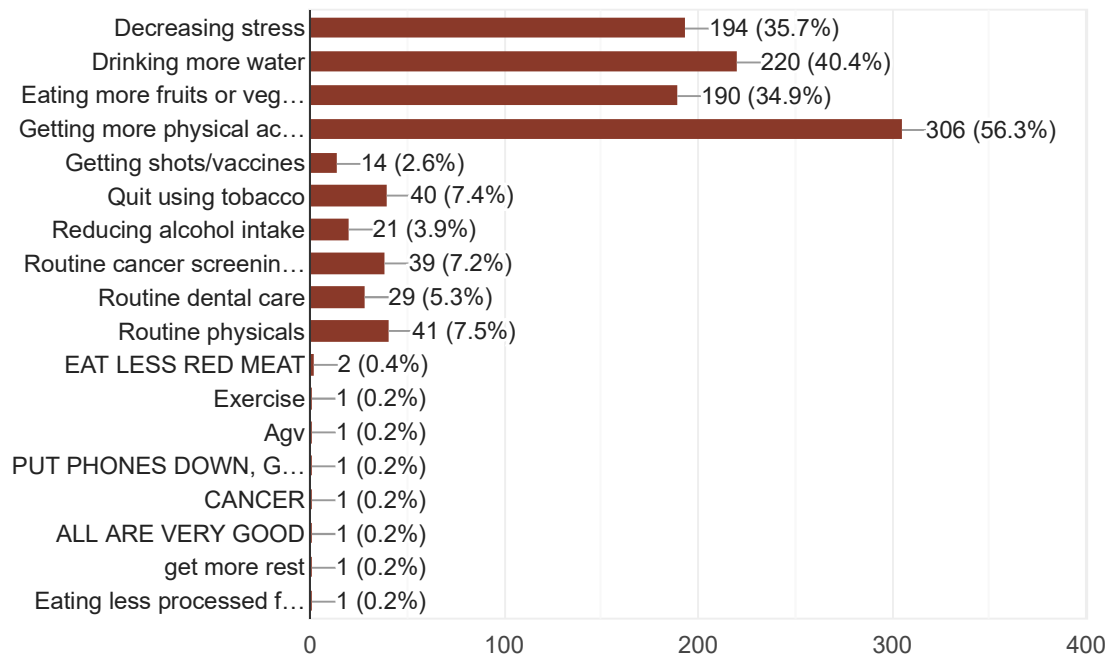
Where do you go for routine (regular) health care? Select all that apply:

549 responses



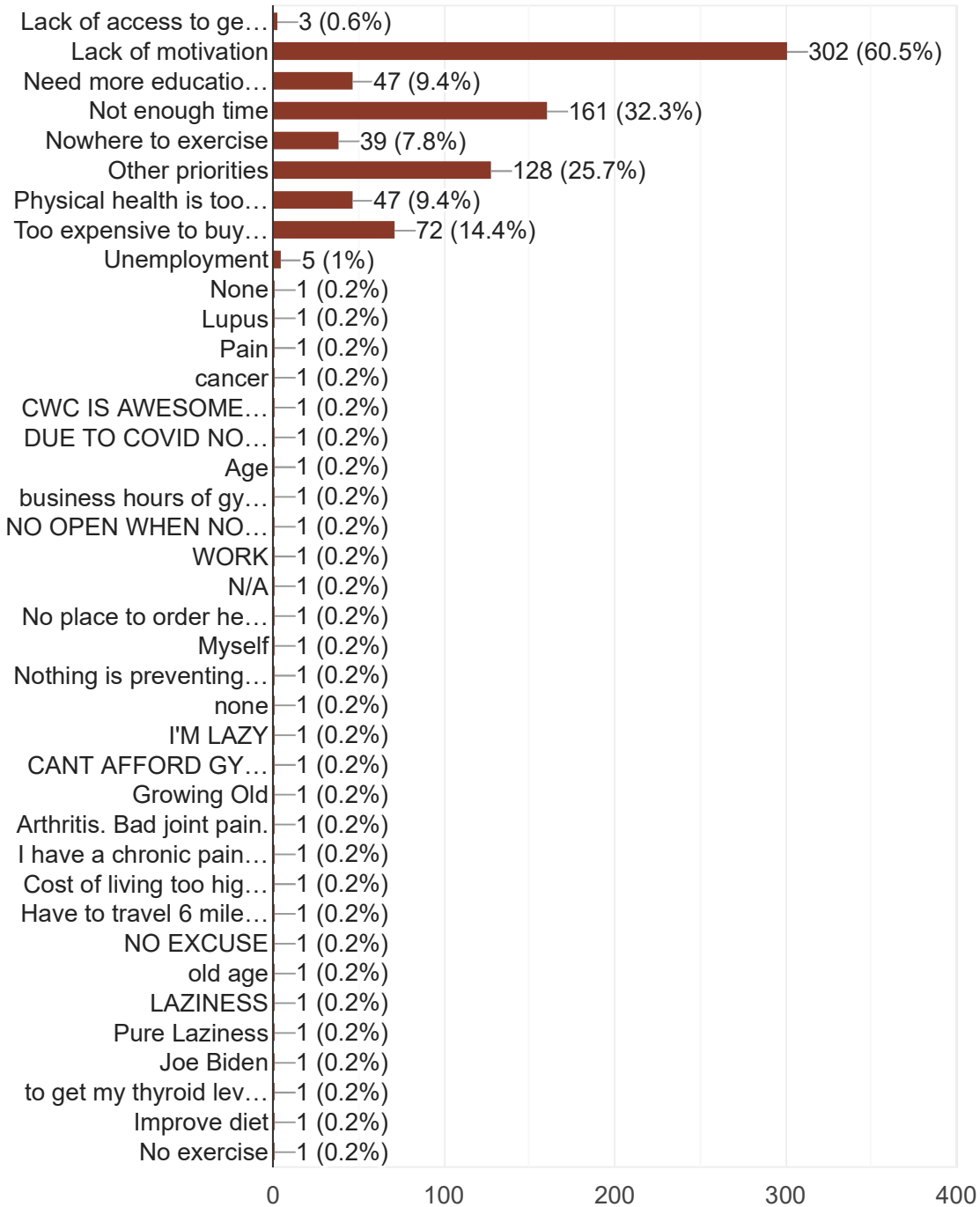
What two (2) healthy behaviors would you like to start or improve?

544 responses



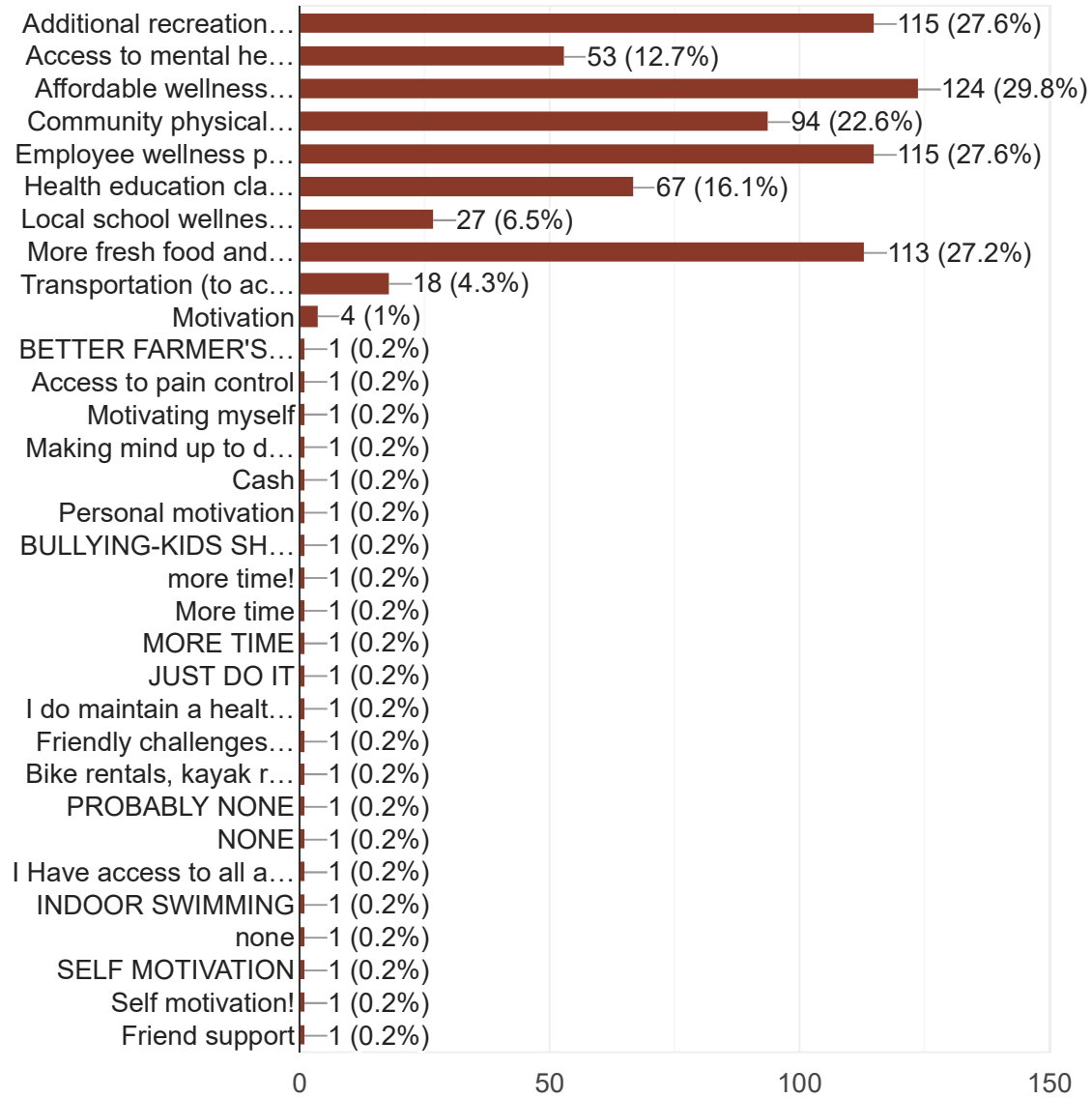
What do you feel prevents you from being healthier? Select all that apply:

499 responses



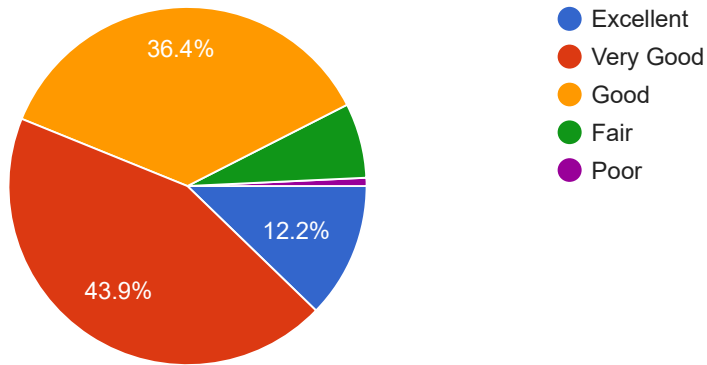
What would help you start or maintain a healthy lifestyle? Select all that apply:

416 responses



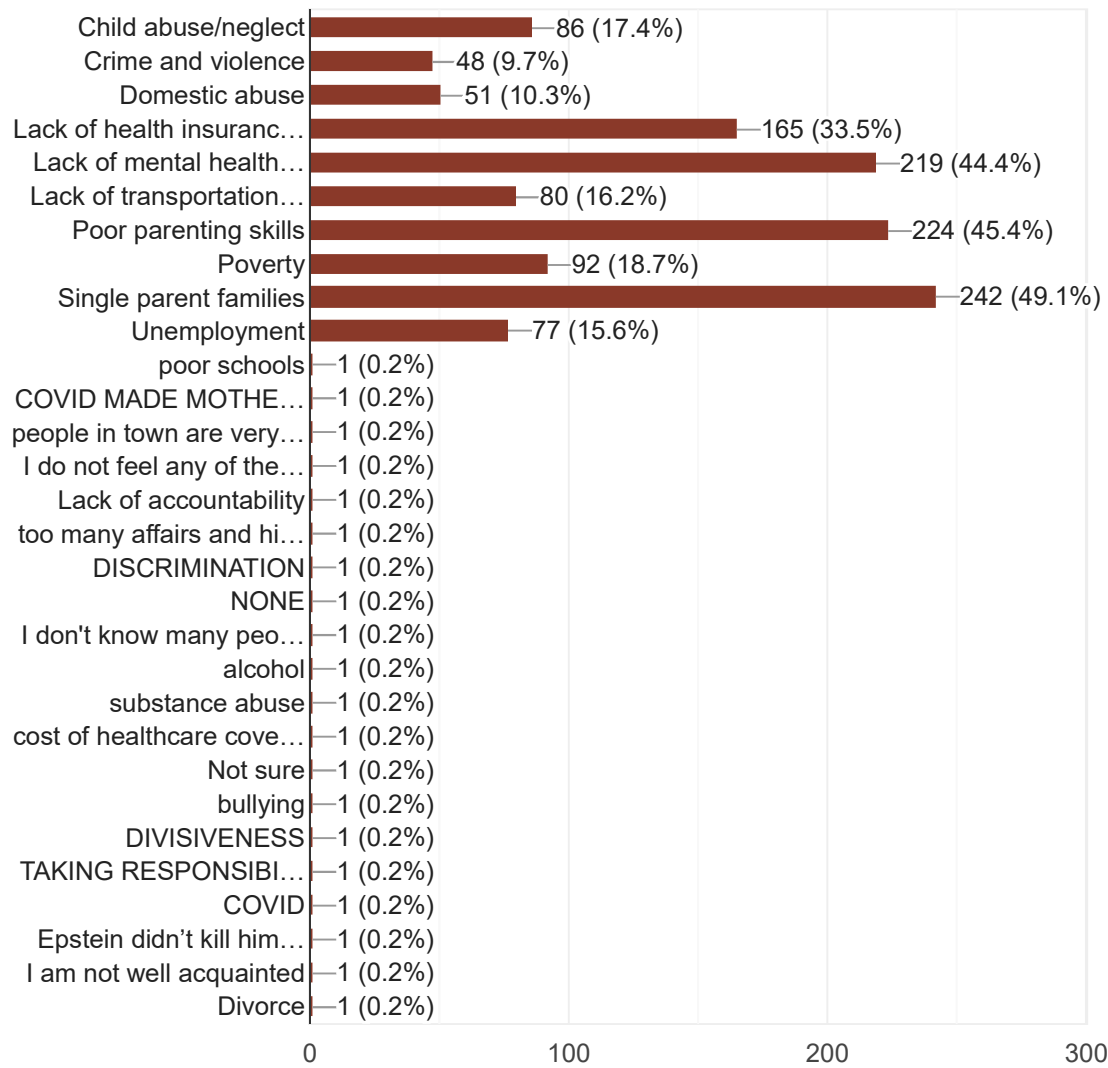
How would you rate the social environment (e.g., friendly people, willingness to help others) in your community?

547 responses



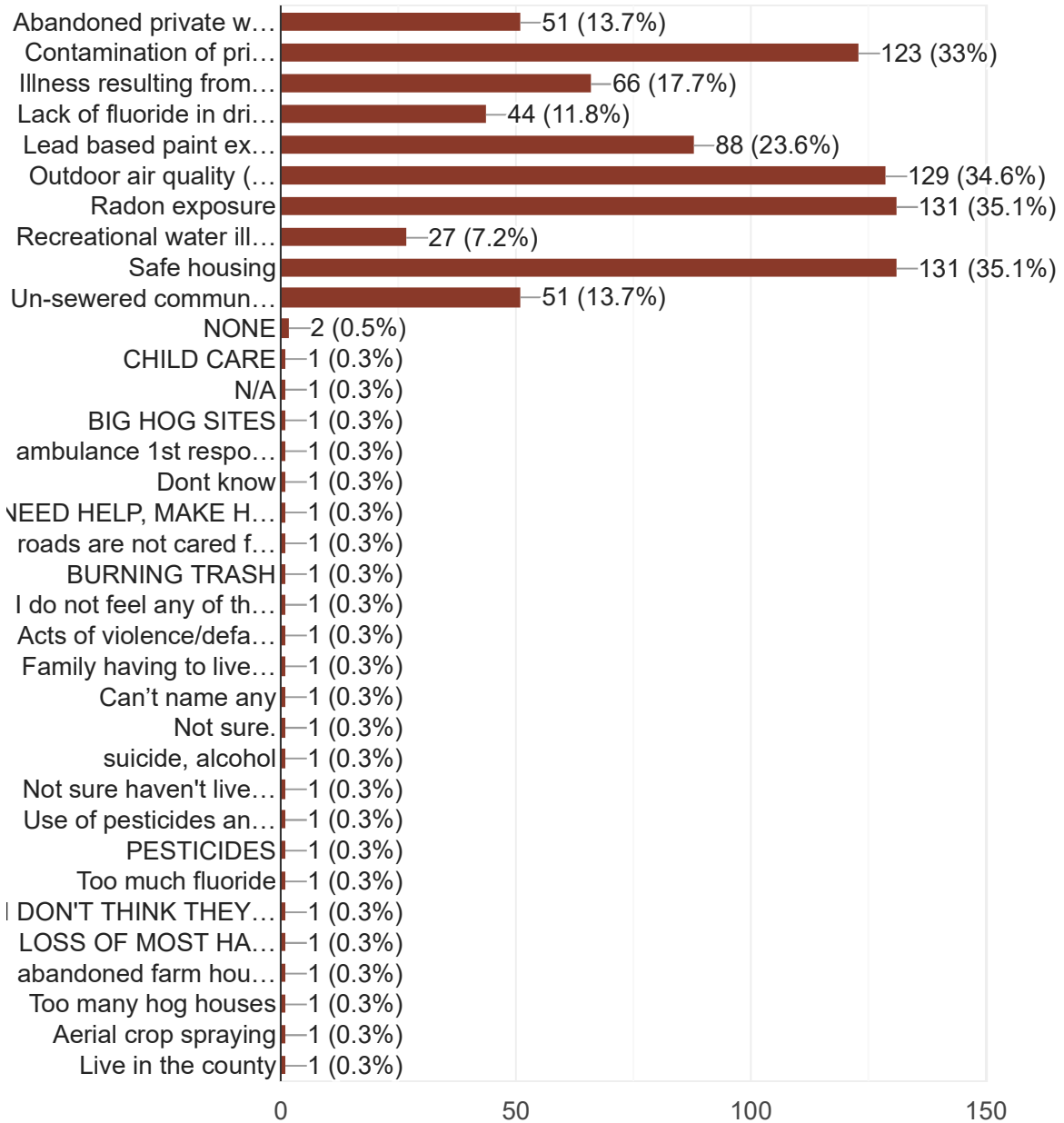
What are the top three (3) social issues facing people in your community?

493 responses



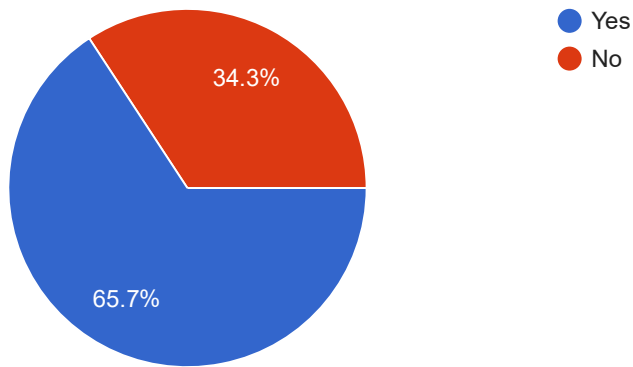
What do you think are the top three (3) environmental health issues in your community?

373 responses



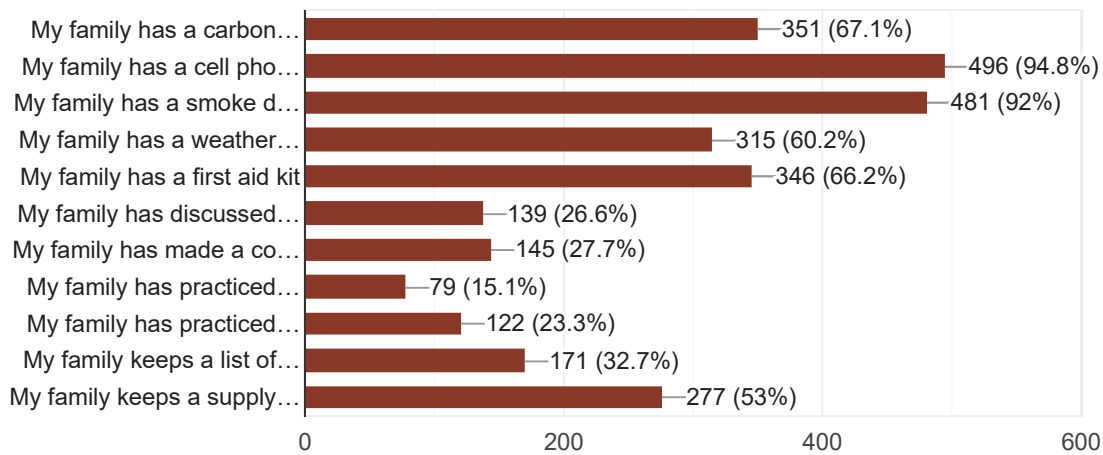
Do you feel you/your family are prepared for a natural or man-made disaster?

508 responses



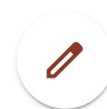
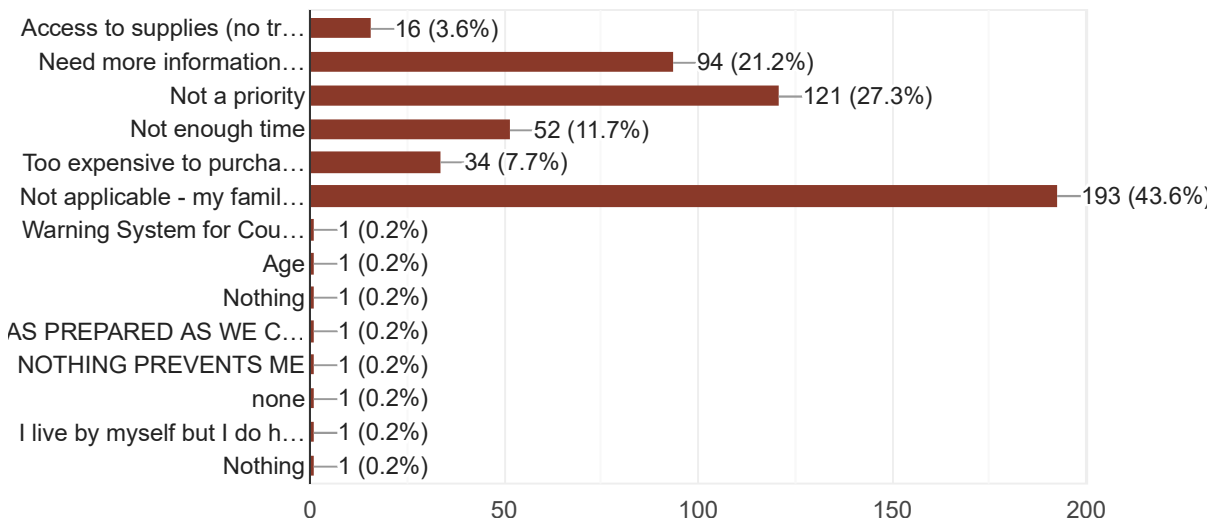
Which of the following emergency preparedness statements are true for you/your family? Select all that apply:

523 responses



What prevents you from being prepared for an emergency? Select all that apply:

443 responses



What public health services would you like to see available in your community?

103 responses

mental health

MENTAL HEALTH

It is fine the way it is.

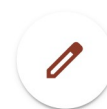
On a tight budget - need help with over the counter medications, food, misc.

MORE INFORMATION ON SERVICES

NEED TO PUT MORE IN PAPER OR WHERE PEOPLE CAN READ IT IF THEY DON'T HAVE
COMPUTER

MORE EDUCATIONAL FAIRS, PREVENTION SCREENING SERVICES, MORE EDUCATION ON
IMPORTANCE OF VACCINES

More wellness checks for hospital discharges. Was not safe for me to come home.



ATTACHMENT G

County Health Rankings & Roadmaps
Chickasaw County



Report generated on August 4, 2021



The 2021 Rankings includes deaths through 2019. See our FAQs for information about when we anticipate the inclusion of deaths attributed to COVID-19.

Chickasaw (CK) 2021 Rankings

Download Iowa Rankings Data

County Demographics

	County	State
Population	11,933	3,155,070
% below 18 years of age	23.4%	23.0%
% 65 and older	21.2%	17.5%
% Non-Hispanic Black	0.5%	3.9%
% American Indian & Alaska Native	0.1%	0.5%
% Asian	0.4%	2.7%
% Native Hawaiian/Other Pacific Islander	0.0%	0.2%
% Hispanic	2.9%	6.3%
% Non-Hispanic White	95.3%	85.0%
% not proficient in English	1%	2%
% Females	49.7%	50.2%
% Rural	73.5%	36.0%

	County	Error Margin	Top U.S. Performers ^	Iowa
Health Outcomes				
Length of Life				
Premature death	7,000	5,100-9,000	5,400	6,200
Quality of Life				
Poor or fair health **	14%	12-16%	14%	13%
Poor physical health days **	3.3	2.9-3.6	3.4	3.1
Poor mental health days **	3.7	3.3-4.0	3.8	3.5
Low birthweight	5%	4-7%	6%	7%
Additional Health Outcomes (not included in overall ranking)				
Life expectancy	78.9	77.2-80.6	81.1	79.4
Premature age-adjusted mortality	310	250-370	280	320
Child mortality			40	50
Frequent physical distress **	10%	9-11%	10%	9%
Frequent mental distress **	12%	11-13%	12%	11%
Diabetes prevalence	11%	7-15%	8%	10%
HIV prevalence	60		50	106
Health Factors				
Health Behaviors				
Adult smoking **	19%	16-22%	16%	17%
Adult obesity	31%	24-39%	26%	34%
Food environment index	8.8		8.7	8.5
Physical inactivity	23%	17-30%	19%	23%
Access to exercise opportunities	68%		91%	83%
Excessive drinking **	26%	25-28%	15%	26%
Alcohol-impaired driving deaths	25%	7-46%	11%	27%
Sexually transmitted infections	241.6		161.2	466.7
Teen births	11	8-16	12	18

Additional Health Behaviors (not included in overall ranking)				
Food insecurity	8%		9%	10%
Limited access to healthy foods	5%		2%	6%
Drug overdose deaths			11	10
Motor vehicle crash deaths	15	8-26	9	11
Insufficient sleep **	32%	30-34%	32%	33%
Clinical Care				
Uninsured	7%	6-8%	6%	6%
Primary care physicians	1,710:1		1,030:1	1,360:1
Dentists	2,390:1		1,210:1	1,450:1
Mental health providers	1,990:1		270:1	610:1
Preventable hospital stays	3,739		2,565	3,536
Mammography screening	51%		51%	52%
Flu vaccinations	55%		55%	54%
Additional Clinical Care (not included in overall ranking)				
Uninsured adults	8%	7-9%	7%	7%
Uninsured children	4%	3-5%	3%	3%
Other primary care providers	1,990:1		620:1	920:1
Social & Economic Factors				
High school completion	93%	91-95%	94%	92%
Some college	67%	59-75%	73%	70%
Unemployment	2.9%		2.6%	2.7%
Children in poverty	12%	7-17%	10%	13%
Income inequality	3.5	3.0-3.9	3.7	4.2
Children in single-parent households	8%	4-12%	14%	21%
Social associations	19.2		18.2	15.0
Violent crime	173		63	282
Injury deaths	67	48-91	59	68
Additional Social & Economic Factors (not included in overall ranking)				
High school graduation	93%		95%	91%
Disconnected youth			4%	5%
Reading scores	3.0		3.3	3.1
Math scores	3.1		3.4	3.1
Median household income	\$60,100	\$53,600-66,600	\$72,900	\$61,800
Children eligible for free or reduced price lunch	34%		32%	43%
Residential segregation - Black/White			23	61
Residential segregation - non-white/white	26		14	47
Homicides			2	3
Suicides			11	15
Firearm fatalities			8	9
Juvenile arrests				37
Physical Environment				
Air pollution - particulate matter	7.6		5.2	7.5
Drinking water violations	No			
Severe housing problems	8%	6-10%	9%	12%
Driving alone to work	81%	77-84%	72%	81%
Long commute - driving alone	23%	19-26%	16%	21%
Additional Physical Environment (not included in overall ranking)				
Traffic volume	19			260
Homeownership	81%	78-83%	81%	71%
Severe housing cost burden	6%	4-8%	7%	10%
Broadband access	76%	73-79%	86%	81%

^ 10th/90th percentile, i.e., only 10% are better.

** Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data