

Fayette County, Iowa

MercyOne Oelwein Medical Center Community Health Needs Assessment





Community Health Needs Assessment Fayette County

Conducted in 2022 by

MercyOne Oelwein Medical Center

In collaboration with:

Fayette County Public Health

North Fayette Valley Community Coalition (NFVCC)

Gunderson Pulmer Lutheran Health

Healthy Fayette County Coalition

Fayette County residents

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Purpose

The Patient Protection and Affordable Care Act requires not-for-profit health care organizations to perform a Community Health Needs Assessment (CHNA) every three years and adopt an implementation plan to meet the outstanding community health needs, identified therein, as a condition of maintaining the institution's federal tax exemption. This requirement became effective in 2012.

The CHNA process uses data and community input to measure the relative health and social well-being of a community. The information identified as community assets and needs are used to develop an implementation strategy. The findings should inspire collective action and ensure meaningful, effective allocation of resources, both within the hospital and in the community.

This report is specific to MercyOne Oelwein Medical Center (formerly known as Mercy Hospital of the Franciscan Sisters and formerly part of Wheaton Franciscan Healthcare - Iowa). MercyOne conducted a survey in April. Postcards were sent out to all Fayette County residents with information and the QR code to access the online survey. Fayette County Public Health also advertised this on their Facebook account. In addition, flyers and paper copy surveys were distributed to 16 different locations throughout Fayette County.

The Board of Directors provided review and approved adoption of the Community Health Needs report as of June 30, 2022.

Organization Overview

In 2016, the Wheaton Franciscan Sisters transferred their Iowa assets - known as Wheaton Franciscan Healthcare – Iowa including Mercy Hospital, Oelwein; Sartori Memorial Hospital, Cedar Falls; Covenant Medical Center, Waterloo; and Covenant Clinic, a large network of clinics and providers – to Mercy Health Network. On February 1, 2019, Mercy Health Network, including all hospitals, clinics and facilities throughout the state of Iowa within this system of care, became MercyOne. MercyOne Waterloo Medical Center, MercyOne Cedar Falls Medical Center and MercyOne Oelwein Medical Center and clinics (known as MercyOne Medical Group) were jointly owned by Trinity Health and CommonSpirit Health. On April 19, 2022, an announcement was made that Trinity Health and CommonSpirit Health had signed an agreement for Trinity Health to fully acquire all CommonSpirit facilities and MercyOne assets.

MercyOne Oelwein Medical Center is a 25-bed, critical access hospital that provides acute care, outpatient services, and a 24-hour, physician-staffed emergency room. The MercyOne ambulance serves as the emergency 911 responder to Oelwein and surrounding communities including Arlington, Maynard, Westgate, Oran, and Fayette. The hospital is also home to a 39-bed, long-term care facility, MercyOne Senior Care (formerly Mercy Living Plus) and several clinic offices including MercyOne Oelwein Family Medicine is staffed with physicians and a midlevel provider, a licensed social worker and visiting specialists. MercyOne Occupational Health and MercyOne Urgent Care round out the expanded services now offered in Oelwein.

According to Iowa Hospital Association 2021 Economic Impact report for Fayette County, MercyOne made an economic impact of over \$9.2M (IHA 2021). This means the hospital and its colleagues purchase a large amount of goods and services to support the local economy. IMPLAN software tool is used to get this value by analyzing county level data using an economic input-output model. Employment and income (sum of payroll and employee benefits expense) are important direct economic activities created from the hospital.

<u>Mission</u>

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

Our Vision

MercyOne will set the standard for personalized and radically convenient system of health services. This statement captures not only the heart of the system, but also with our founding principles the Sisters of Mercy lived out daily.

Our Values

Reverence: We honor the sacredness and dignity of every person.

Integrity: We are faithful to who we say we are.

Commitment to the Poor: We stand with and serve those who are poor, especially the most vulnerable.

Compassion: Solidarity with one another, capacity to enter into another's joy and sorrow.

Excellence: Preeminent performance, becoming the benchmark, putting forth our personal and professional best.

Justice: We foster right relationships to promote the common good, including sustainability of the Earth, and Stewardship. We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

FY20-FY22 Identified Community Health Needs

Clinical Care

- Screenings/Vaccinations
- Impact of transportation on health care access

Health Behaviors

- Smoking
- Obesity
- Physical Inactivity

FY20 - FY22 Progress Report

- Continued partnership with the Northeast Iowa Food Bank to fund and support the
 mobile food pantry in Oelwein/Fayette County. The mobile food truck continues to help
 with food insecurity in Oelwein and surrounding towns. Currently the mobile food truck
 services an average of 171 families each month and 312 individuals monthly.
- MercyOne developed a Memorandum of Understanding (MOU) with Plentiful Pantry, a
 new organization within the community. The plan is to open this pantry for ongoing
 assistance to address and positively impact food insecurity in the Oelwein and
 surrounding area. This MOU allows Plentiful Pantry to utilize MercyOne's 501c3 to apply
 for grants as they work to open the pantry and meet community needs.
- SHIIP (Senior Health Insurance Information Program) was active in Fayette County for FY20, serving 166 Medicare eligible residents. This program was not active at MercyOne Oelwein during FY21 and FY22.

- Expansion of Care-A-Van services for Fayette County residents for free transportation to appointments at MercyOne specialty care locations in Waterloo/Cedar Falls.
- In February 2022, Earl Transit provides support from a Robert Walker Foundation grant to help residents access free transportation for mental health appointments.
- Free mammography night offered to those who have financial barriers to obtaining adequate testing. An average of 15 women per year take advantage of this opportunity at MercyOne.
- Continued growth in telehealth, particularly psychiatry.
- MercyOne colleagues help with cleanup at the local park and pool.
- Partnership with Oelwein High School to launch EMS training course free for students.

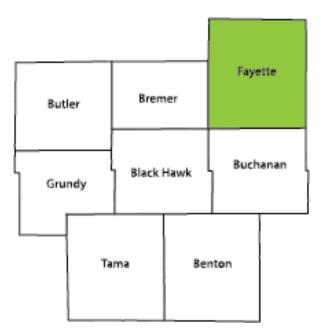
No comments were received from the FY20-FY22 Community Health Needs Assessment or Implementation plan.

Primary and Secondary Data

How population was Identified

MercyOne Northeast Iowa has a hospital, MercyOne Oelwein Medical Center, located in Fayette County. The majority of the population served in this hospital are Fayette County residents. In addition to the hospital, MercyOne has several clinics located in Fayette County.

Fayette County, Iowa- Demographic via U.S. Census Quick Facts



In July 2021, the census government/quick facts estimate show the population of lowa at 3.19 million, a slight increase from 3.18 million in 2019. In that same timeframe, Fayette County population was recorded at just over 19,500 with a total land area of 730.83 (IDPH Cares Engagement Data). Nearly 96% of Fayette County residents are white, 1.5% Black/African American, 2.7% Hispanic and 1.2% Asian. Approximately 21.5% of the population are over the age of 65, which continues to be higher than the national average of 16.5%. Fayette County has a population of 21% under the age of 18, which is lower than the national average of 22.3%.

91.6% of the residents are a high school graduate or higher, above the national average of 88.5%. The median household income is \$49,834, compared to lowa's median average of \$61,836 and U.S. average of \$64,994. 11.8% of Fayette County residents are living in poverty, slightly above the national average of 11.4% and the state average of 10.2%. Of the 99

counties in Iowa, Fayette County was compared to the 50 most populous counties and to those entities that contain or substantially overlap with Fayette County. 12.9% of Fayette County households receive food stamps (Statistical Atlas).

2022 Robert Wood Johnson Foundation County Health Rankings & Roadmaps

The RWJ County Health Rankings & Roadmaps, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure the health of nearly all counties in the nation and rank them within states. County-level measures are

used to compile the rankings from a variety of national and state data sources. These measures are standardized and use scientifically informed weights.

The Rankings are based on counties and county equivalents (ranked places), and any entity with its own Federal Information Processing Standard (FIPS) county code is included. The organizations only rank counties and county equivalents within a state to raise awareness about the many factors that influence health and show how health varies from place to place.

The County Health Rankings are based on mortality, morbidity, health behaviors, clinical care, social/economic factors, and physical environment. Counties are ranked in both Outcomes and Factors from the 2022 RWJ and are meant to give direction and focus to the efforts in improving community health. *Health Outcomes* (measure length of life and quality of life, which are results from health factors) represent how healthy a county is while the *Health Factors* (determined by health behaviors) represent what influences the health of the county. RWJ Foundation ranks 99 lowa Counties: the lower the ranking, the healthier the county; a high ranking indicates an unhealthy county and signifies a need to improve (see Appendix A).

Zip Code	City
Couc	City
50662	Oelwein
52175	West Union
52142	Fayette
52141	Elgin
52171	Waucoma
52147	Hawkeye
50606	Arlington
52135	Clermont
50655	Maynard
50681	Westgate
52169	Wadena
52164	Randalia
50671	Alpha
52166	St. Lucas
50664	Oran
52175	Eldorado

Overview of Findings

Health Outcomes

Fayette County ranked 71 out of 99 counties for health outcomes. Many factors continue to influence health outcomes including quality of medical care received, as well as housing, water,

jobs, etc., emphasizing the need to understand Social Determinants of Health (SDoH). The physical and mental health average in of Fayette County residents has continued to deteriorate in ranking since the last report. This ranking is on the lower middle range of counties in Iowa (lower 25%-50%). Fayette County is consistent with the national rankings for live births with low birth weight. The number of

Measures	2019 Rank of 99	2022 Rank of 99
Health Outcomes	37	71
Length of Life	42	73
Quality of Life	37	66
Health Factors	69	73
Health Behaviors	61	69
Clinical Care	61	42
Social & Economic		
Factors	82	82
Physical Environment	42	62

years of potential life lost before the age of 75 per 100,000 population was 7,600, which is substantially higher than the U.S. rate of 5,600 and lowa's rate of 6,500. The chart shows a comparison of data from 2019 to 2022. In the last reporting period, there was great improvements made (from 2015-2019), however, the data shows a decline in progress when comparing the data from 2019 to 2022, with the exception of Clinical Care, where there have been improvements.

Health Factors

Health Behaviors

Fayette County ranked 73 out of 99 counties for health behaviors with area of concerns related to adult obesity, food environment, physical inactivity, teen births and adult smoking.

Proper nutrition and physical activity are essential to our overall health and well-being. By eating nutritionally and staying active one can decrease the risk of chronic diseases, such as diabetes, stroke, obesity, cardiovascular disease, certain cancers and depression. Studies show most Americans do not eat a healthy diet and exercise regularly. Less than 10% of U.S. adults consume the recommended two or more fruits and three or more vegetables a day (IDPH 2020). It is also reported that less than one-quarter meet the federal physical activity guidelines of 150

minutes of moderate or 75 minutes of vigorous aerobic activity and two days of muscle strengthening per week. We may assume if adults are not meeting these expectations, children within the household may not be either as reports show youth consumption of only half the fruits and vegetables at least once per day and less than a quarter are physically active for at least 60 minutes per day. We know inadequate access to healthy foods (and beverages), and the lack of resources and opportunities for physical activity, are barriers that impact healthy behaviors. In addition, SDoH - the conditions in which individuals were born, live, work, play, and age - can contribute to the disparities in health behaviors and disease status among racial, ethnic and socio-economic groups, as well as geography and individuals with different abilities (IDPH 2020). Unfortunately, 29% of Fayette County residents exceed both the state and national rankings for percentage of adults aged 20 and over reporting no leisure-time physical activity. However, 78% of residents report they have adequate access to locations for physical activity, meaning the issues are not just access and resources, rather motivation, time and drive to get healthy. MercyOne Oelwein Medical Center continues to collaborate with the Northeast Iowa Food & Fitness Initiative, as well as other health care and community agencies to promote and improve physical activity (walkneiowa.org). They have focused on and promoted walkability and bike ability to increase physical activity. A focus to increase more walk to school programs, such as walking school buses, has taken place over the past few years primarily in the northern part of Fayette County. Efforts to increase these programs throughout the southern part of the county will continue as well. More kids are walking to school than riding the school bus (Walk More Connect More). There has also been an increase in the number of trails, indoor walking and sidewalks focused on increasing physical activity among all Fayette County residents who also have access to the William Wellness Center.

Food insecurity continues to be a concern for the people of Fayette County. The Bureau of Nutrition and Physical Activity Report 2020 (IDPH) indicates that 1/10 lowans are struggling at times to afford food and access to balanced meals. This same report shows 10.3% of lowans struggle to afford food and 12% of lowans cannot afford to eat balanced meals. The food insecurity rate in Fayette County is 11.6%, above the state average of 10.9%. Food insecurity is disproportionately impacting lowans with children in the home as the lowa Department of Public Health reports 50% of Fayette County students are eligible for free and reduced lunch. MercyOne continues to be very active in their efforts to ensure Fayette County residents have access to food. The Northeast lowa Food Bank's mobile food truck travels to Oelwein monthly and many MercyOne colleagues assist in distributing food to those in need. Recently MercyOne

signed an MOU with Plentiful Pantry, which is a newly organized non-profit working to lessen the gaps of food insecurity in the county.

lowa has one of the largest obesity rates in the Midwest (lowa Department of Public Health 2020). Obesity plays a key role in many health risks, such as heart disease, type 2 diabetes, and some cancers to name a few. These health concerns are among the leading causes of preventable, premature death. Obesity continues to be on the rise in lowa, and according to the Bureau of Nutrition and Physical Activity Data report (IDPH 2020), lowa had an increase in obesity prevalence from 2019-2020, ranking lowa #7 in obesity prevalence in the United States. About 1 in 5 children, and more than 1 in 3 adults, struggle with obesity. Nearly 1 in 4 young adults are too heavy to serve in our military (CDC). In 2016, 32% of lowans were classified as obese, 2017 36.4%, 2018 35.3%, 2019 33.9% and 2020 36.5%, compared to the United States as whole, 31.9% in 2020. The National Health Statistic Reports (CDC) reports that 19.3% of children and adolescents between 2-19 years old have prevalence of obesity and impacts children from low-income families more than children from families with a higher income.

According to CDC, Overweight & Obesity (2020), obesity plays a factor in the severity of illness from COVID-19. Data shows individuals with excess weight are at greater risk if affected by COVID-19 and the risk of hospitalizations due to COVID-19 are three times higher than individuals with a healthy weight. In addition, obesity decreases lung capacity, impacting their prognosis when on ventilators. The higher the BMI, the greater the risk of hospitalizations, intensive care unit admission, invasive mechanical ventilation and even death. It is estimated that from the start of the pandemic to November 18, 2020, there were 900,000 adult COVID-19 hospitalizations in the U.S. It is estimated 30.2% of these individuals were hospitalized due to their obesity.

As reported by the CDC, tobacco use continues to be the leading cause of preventable disease, disability, and death in the U.S. (CDC, Smoking & Tobacco Use). Smoking causes cancer, lung diseases, heart disease, stroke, diabetes, chronic obstructive pulmonary disease (COPD), emphysema and chronic bronchitis. Approximately 40 million U.S. adults continue to smoke, and they estimate 2.55 million middle-to-high school students use at least one tobacco product, including e-cigarettes. Each day, nearly 1,600 youth (18 years or younger) smoke their first cigarette. Nearly half a million Americans die annually because of smoking or exposure to secondhand smoke. In addition, 16 million live with a serious illness caused by smoking. Each year smoking-related diseases cost the United States \$225 million in medical care. The Helping

Services for Youth & Families (IDPH 2019) report shows that 8.2% of Fayette County youth have smoked a cigarette in the last 30 days; 11.5% of youth have used e-cigarettes in the last 30 days; 18.6% have used tobacco product or e-cigarettes in the last 30 days, while 19% of adults in Fayette County smoke cigarettes (RWJF 2022). In Iowa, 10.9% of pregnant women smoke, an 82% higher rate than in the U.S. (IDHP 2020).

MercyOne continues to screen patients and focus on increasing awareness of risks of tobacco use and providing information/resources on smoking cessation, such as My Life My Quit and Quitline Iowa.

Clinical Care

Fayette, a rural lowa county, has a Primary Care Provider (PCP) ratio shortage of 2,810:1, comparted to the state's ratio of 1,350:1 (RWJF 2022). Most residents have health care with only 6% uninsured, which is consistent with both the state and national statistics. Because Fayette County is rural, residents are spread out, causing access and transportation issues. MercyOne Oelwein Medical Center does offer some specialty care services however compensates by providing free transportation through its Care-A-Van program to ensure access to other specialists at our larger medical center, MercyOne Waterloo Medical Center, located 42 miles southwest of Oelwein.

Fayette County Mental Health Provider ratio shortage, at 1,750:1, compared to the state ratio of 570:1 and the national ratio of 250:1. MercyOne continues to improve access through offering telehealth. In addition, Fayette County recently established a mental health free ride through EARL and the RRW Foundation. This service is available for all Fayette County residents who need transportation to a mental health related appointment/service.

MercyOne Oelwein Medical Center offers 3D mammography. The imaging department, along with our marketing and communication department, works closely with providers and patients in the community to promote the benefits of regular/routine mammograms. MercyOne Oelwein Medical Center continues to offer a free mammography program each year. The percentage of female Medicare enrollees aged 65-74 that receive mammograms has remained consistent at 53%, while Iowa's average is 53% (RWJF 2022). Although flu vaccinations for Medicare enrollees have continued to lag the 54% state average, with only 42% Fayette County fee-for-service Medicare enrollees participating, this is up from the previous report of a 34% participation rate.

Social and Economic Factors

Fayette County has decreased in their percentage of adults ages 25 and over who have received a high school diploma or equivalent from 95% in 2019 to 92% in 2022, which is the same as the state but slightly under the U.S. ranking of 94% (RWJF 2022). Unemployment rates in Fayette County are 5.5%, while the state unemployment rates are 5.3%, and the national unemployment rates are 4%. Fewer children are residing in single-parent homes, in comparison to the last report. Today, 17% of Fayette County children are living in a single parent home, less than the state, 21% but greater than U.S. 14%. The number of membership associations per 100,000 population in Fayette County is 18.3, exceeding the state memberships of 14.8. The number of violent crime offenses per 100,000 population in Fayette County is consistent with the state average. The number of deaths due to injury per 100,000 is quite high for Fayette County. They have 103 deaths due to injury while the state of lowa has 70.

Physical Environment

Fayette County has a high concentration of farmland with a 9.4 average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). This is higher in Fayette County compared to findings in the U.S. and Iowa (RWJF 2022). Fayette County has not had any drinking water violations, however severe housing problems are another identified area that falls under physical environment. In Fayette County, there are 10% of households with at least 1 of 4 of the following housing problems; overcrowding, high housing cost, lack of kitchen facilities, or lack of plumbing facilities. This is slightly higher than the national average of 9% but lower than the state at 12%. There is a high percentage of homeowners in Fayette County, 74.2%. Renters pay an average of \$645/month (U.S. Census 2021).

Healthcare Access

According to Healthy People 2030 (Office of Disease Prevention and Health Promotion), access to preventive health care can help prevent disease and early death. Although the number of people getting preventive care today has increased, there continues to be disparities by race/ethnicity, age and economical status. Access to quality healthcare has been a focus. According to their data, about 1 in 10 people in the United States do not have health insurance. Individuals without insurance are less likely to have a primary care doctor and less likely to participate in preventive health care, such as screenings. For rural areas, transportation continues to be a barrier for some.

MercyOne continues to provide Charity Care to those individuals who encounter financial challenges, offering financial assistance to cover remaining costs. In FY19-FY21, MercyOne Oelwein Medical Center and clinics provided \$713,662 in Charity Care to 2,102 individuals. MercyOne continues to have Patient Advocates who work diligently to assist patients in enrollment into eligible programs to reduce/eliminate out of pocket expenses.

Table 3: People served through Medicaid & Medicare FY19-FY21

People se	rved through Medicaid	People s	erved through Medicare
FY16	5,189	FY16	11,617
FY17	5,439	FY17	12,061
FY18	4,854	FY18	10,396
FY19	4,569	FY19	9,722
FY20	4,032	FY20	8,512
FY21	4,629	FY21	8,366

Source: MercyOne Oelwein Medical Center

Methodology Primary Data

This report was compiled by MercyOne as required for MercyOne Oelwein Medical Center. MercyOne collaborated with several organizations to gather information: Fayette County Health Department, Gunderson Palmer Lutheran Health, North Fayette Community Coalition (NFVCC), Healthy Fayette County Coalition, Helping Services for Youth and Families. Of the survey participants, 27.9% had a household had an annual income of \$15,000 or less and 48.48% were receiving food assistance. Survey results will be shared with others via email and data will be discussed during coalition meetings.

Data was collected through multiple sources. Postcards with survey (Appendix B) instructions were mailed out to all Fayette County residents on April 7th, 2022. In addition, flyers were distributed to many local businesses throughout Fayette County. To ensure residents without computer/internet access were able to participate, hard copies of the survey were distributed on April 13th, 2022 to the following locations: Oelwein Public Library, Williams Wellness Center in Oelwein, MercyOne Oelwein Family Medicine and Specialty Care, West Union Public Library, Fayette Community Public Library, Elgin Public Library, MercyOne Arlington Family Medicine and Department of Corrections, West Union. Fayette County Health Department

helped by advertising on their Facebook page as well as sending out an email to their distribution list on April 11th, 2022.

In March the Healthy Fayette County Coalition met for a System Development Workshop. There were over 50 participants from various agencies and businesses throughout Fayette County. Three focus areas were identified for the CHNA, prevention, nutrition, and mental health. All future coalition meetings will focus on these three areas. Continued work will be done to identify specific goals and action plans. We This information will be incorporated within this report and in the implementation plan.

Survey Results/Correlations

The purpose of this survey was to give us a better understanding of Fayette County's current health status and needs, as well as identifying issues and concerns. This information is used to help develop the community health improvement plan, focusing on where our organization can make the most impact in addressing these needs. In addition, this data will be shared with the Healthy Fayette County Coalition. The information below represents information outlined in the Community Health Needs Assessment Survey conducted April 2022. All primary and secondary data are compared from sources including Robert Wood Johnson County Health Rankings & Roadmaps; U.S. Census Bureau Quick Facts; the Center for Disease Control and Prevention; Feeding America; lowa Department of Public Health; World Health Organization; the lowa Hospital Association, Healthy Fayette County Coalition; internal planning and data, as well as other online resources as noted below.

Of the 260 residents who participated in this survey, 167 were between 45-65+ in age, representing 69% of the total participants. Oelwein was the zip code with the highest participation in the survey, representing 47% of total participants, followed by West Union at 13.5 %. When asked what your household income is, 27.9% reported under \$15,000, 16.53% \$15,000-\$29,999 and with 16.95% reporting income between the range of \$30,000-\$49,999. Nearly half of the respondents report that they are receiving food assistance. White/Caucasian's made up the majority of the respondents at 93.75%, which is in alignment with the 2021 United States Census Quick Facts that shows 95% of Fayette County residents are White/Caucasian. When asked to rate their personal health, 45.5% felt they are healthy, feeling good physically, mentally, and emotionally most days. Nearly 11% report feeling either unhealthy, feeling unwell

physically, mentally, and emotionally most days or very unhealthy, feeling very unwell physically, mentally, and emotionally most days. The 2022 County Health Rankings & Roadmaps state 16% of Fayette County residents report poor or fair health, below the state ranking of 14%. Secondary data shows that Fayette County ranks 73 out of 99 counties for Health Factors. This is a deterioration from 2019 data, which listed them at 61 out of 99, yet better than the 2015 ranking of 80 out of 99 counties.

Of those who participated in the survey, 82.49% report that they get an annual health exam and 87.89% report that they were able to see a doctor/provider when needed. When asked if their children receive annual health exams, 60.85% report not having minor children. For those participants with children, 35.27% report their children receive annual health exams while only 3.88% report their children do not participate in annual exams.

Participants were asked to identify the statement that best reflect their current state regarding food: 21.7% feel "myself/my family sometimes worry about where our next meal is coming from," and 6.3% feel "myself/my family always worry about where the next meal is coming from." Feeding America estimates there are 1,930 food insecure individuals with 640 of those being children in Fayette County (see appendix C). The Meal Gap estimated by Feeding America stands at 343,600 meals needed. Nearly 49% of Fayette County survey participants stated they receive food assistance.

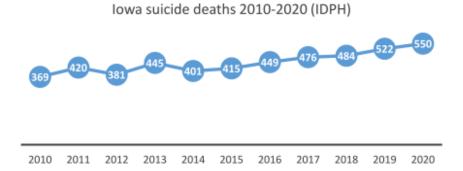
Participants were also asked, "what do you feel is the biggest barrier to eating healthy?" The majority, 74.58%, of the participants indicate cost of healthy food, 13.56% identified availability of fresh healthy foods, 7.63% state they are uncertain of what types of foods are healthy and 4.24% state they are uncertain how to prepare/cook healthy meals. Fayette County Public Health and ISU Extension and Outreach are providing Community Teaching Kitchens, offering nutrition education to residents of Fayette County.

According to the Iowa Plan for Suicide Prevention, (IDPH), suicide is the second leading cause of death for people ages 15-44 in Iowa. Suicide deaths have been increasing at an alarming rate with 369 suicide deaths in 2010. This number has risen to 550 in 2020, a 49% increase.

More than ever, people are struggling with mental health issues. The Mental Health Coalition reports mental health as one of the most pressing public health concerns in the community. The World Health Organization (WHO) reports 1 in 4 people will experience a mental health condition at some time in their lives.

According to the article in Nature Briefing, *COVID's mental-health toll: how scientists are tracking a surge in depression*, the U.S. Census Bureau conducted a survey in December 2021 and more than 42% of the participants reported symptoms of anxiety or depression. This is an increase from the 11% in the previous year. The studies reveal that young people are most vulnerable to an increase in mental health issue stemming from the pandemic. This is likely due to the lack of social interactions and isolation. Fayette county participants were asked, "since the onset of the pandemic, how often do you feel more anxious or depressed?" Over 11% report feeling more anxious or depressed all the time and nearly 20% about half the time. MercyOne data does not reflect the younger population, as survey participants were required to be 18 years or older.

Figure 1 Number of Suicide Deaths in Iowa 2010 - 2020



As shown in Figure 2, the lowa suicide rate has been near or above the U.S. rate since 2010 with the state rate increasing more sharply since 2016. In 2019 and 2020 the United States saw a decrease in the suicide rate while lowa's rate continued to increase (McIntosh, 2020; Iowa Department of Public Health, 2021).

When asked, "how would you rate your mental health?" Of the 239 participants, 23% stated "I am happy some of the time but also feel depressed or anxious some of the time," while 15 of the 239 participants report feeling unhappy and feel depressed or anxious most of the time. When asked, "if you feel you could benefit from mental health services but are not currently receiving them, please select a reason for not accessing these services," 165 of the 260 participants answered this question. The majority, 41.8% chose other and listed a variety of barriers such as: "programs don't last long enough"; "not sure where to start"; "they (professionals) are getting sick of me" and several report they are already participating in services. Nearly 17% stated they have "tried to access services and it takes too long to get an

appointment when needed," while 16% report the services are "too expensive." Transportation continues to be a barrier, especially in the rural communities. In January 2022, Fayette County received a grant from Robert Walker Foundation, allowing residents to access free transportation to mental health appointments through EARL transit.

Approximately 27.5% of the participants answered yes when asked, "has the cost of mental health care prevented you or a family member from seeking help?". Nearly half of the survey participants were 55 years or older. When asked, "what is your current health care coverage?" nearly 52% identified having Medicare; and over 32% state their employer provides health care. Less than 1% of the children of survey participants were uninsured however, a large number of participants were 55 and over with 72% reporting they do not have any children under the age of 18 residing in their home.

The pandemic was very difficult on most people and this report reflects the challenges. When participants were asked if their tobacco or alcohol usage had increased since COVID-19 began, nearly 20% reported it had increased. In Fayette County, the majority (96.8%) of participants indicated COVID-19 did not cause them to experience homelessness. Participants were asked an open-ended question, "how has COVID-19 changed your access to health care?" Several indicated that telehealth is not very personable, while others state they prefer telehealth. Many state they have not experienced a change while others report they wait to go to the doctor until they are sick, and some note long wait or delay getting into see a doctor. This report showcases the various ways COVID-19 has impacted people; and although the personal impact varies, the impact of COVID-19 on health care professionals has been consistent throughout the U.S.

The last question that participants were asked in the survey, "describe any health needs not mentioned", several respondents indicated financial cost, specifically medicine; access to mental health and more specialty care is needed (please see appendix B for survey questions/results).

Areas of Focus/Exclusions

Focus Area

MercyOne has been an active participant in the Healthy Fayette Coalition and will continue active involvement. The coalition has identified three areas in which to identify, target and collaborate to have the most impact countywide. They include prevention, nutrition and mental health, and specifics will be reflected on the Implementation Plan since they align with the focus

areas of the Healthy Fayette Coalition. These three areas were a consistent theme throughout the last Community Health Needs Assessment and continue to be present in the most recent survey results. MercyOne Oelwein Medical Center is currently addressing the identified health issues as follows:

Prevention:

We continue to monitor and encourage proper screenings for patients. MercyOne offers a free mammography night. MercyOne has been actively involved in community vaccination programs, specifically related to Covid vaccinations.

Mental Health

MercyOne continues to offer mental health services in the Oelwein hospital. MercyOne has continued to grow telehealth services. Information on transportation services is provided to patients who have transportation needs.

Nutrition

MercyOne Oelwein Medical Center continues to be actively involved in the Mobile Food Truck. Many MercyOne employees are engaged in the efforts to ensure local residents have food. MercyOne also just entered an MOU with Plentiful Food Pantry in Oelwein.

Exclusions

MercyOne continues to acknowledge the wide range of priority health issues that emerge from the CHNA process, as well as those listed in the County Health Rankings and Roadmaps. It has been determined our focus will be on those health needs deemed most pressing, underaddressed, most impactful and within our ability to influence.

The following are the areas of exclusion:

- Social and Economic Factors related to unemployment, income inequity, poverty, crime, and death rates.
- Physical Environment, such as air pollution, housing and commute driving will be better addressed by those who specialize in these areas.

The Community Health Needs Assessment and Implementation Plan can be found on the MercyOne Northeast Iowa website www.mercyone.org/northeastiowa. Questions or comments can be sent to communityhealth@mercyhealth.com.

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Appendix A

2022 Community Health Rankings for Fayette & Iowa: Measures and
National/State Results:

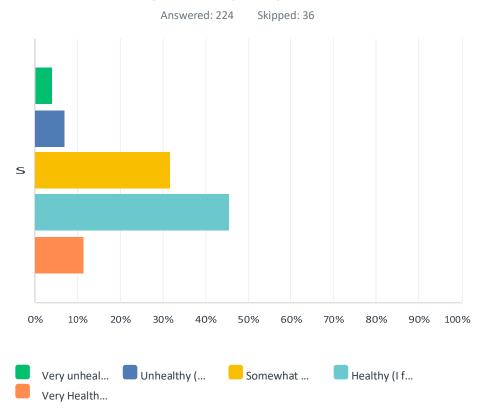
Measures	Description	Fayette	lowa	U.S.
HEALTH OUTCOMES				
Premature death	Years of Potential life lost before age 75 per 100,000 pop.	7.600	6,500	5,600
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted)	16%	14%	15%
Poor physical health days	Average number of physically unhealthy days report in past 30	3.5	3.1	3.4
	days (age-adjusted).			
Poor mental health- days	Average number of mentally unhealthy days reported in past 30	4.3	4.1	4.0
	days (age adjusted).			
Low birthweight	Percentage of live births with low birthweight (<2,500 grams).	6%	7%	6%
HEALTH FACTORS				
HEALTH BEHAVIORS				
Adult Smoking	Percentage of adults who are current smokers (age-adjusted)	19%	17%	15%
Adult Obesity	Percentage of the adult population (>20) that reports a body	38%	34%	30%
	Mass index (BMI) greater than or equal to 30kg/m			
Food environmental index	Index of factors that contribute to healthy food environment, from	8.8	8.4	8.8
	0 (worst) to 10 (best).			
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time	29%	26%	23%
	Physical activity.			
Access to exercise	Percentage of population with adequate access to locations	63%	73%	86%
opportunities	for physical activity.			
Excessive drinking	Percentage of adults reporting binge or heavy drinking	23%	25%	15%
Alcohol-impaired driving	Percentage of driving deaths with alcohol involvement.	29%	27%	10%
deaths				
Sexually transmitted	Number of newly diagnosed chlamydia cases/100,000 population	356.2	508.5	161.8
Infection				
Teen births	Number of births per 1,000 female population ages 15-19.	19	16	11
CLINICAL CARE				
Uninsured	Percentage of population under age 65 without health insurance	6%	6%	6%

Primary care physicians	Ratio of population to primary care physicians.	2,810:1	1,010:1	1,350:1
Dentists	Ratio of population to dentists.	1,930:1	1440:1	1,210:1
Mental health providers	Ratio of population to mental health providers.	1,750:1	570:1	250:1
Preventable hospital stays	Rate of hospital stays for ambulatory-care sensitive conditions per	1,934	3,134	2,233
	100,000 Medicare enrollees.			
Mammography screening	Percentage of female Medicare enrollees age 65-74 that receive a	53%	53%	52%
	annual mammography screening.			
Flu vaccinations	Percentage of fee-for-service (FFS) Medicare enrollees that had a	42%	54%	55%
	annual flu vaccination.			
SOCIAL & ECONOMIC				
High School completion	Percentage of adults ages 25 and over with a high school diploma	92%	92%	94%
	or equivalent.			
Some college	Percentage of adults ages 25-44 with some post-secondary	63%	71%	74%
	education.			
Unemployment	Percentage of population ages 16 and older unemployed but	5.5%	5.3%	4.0%
	seeking work.			
Children in poverty	Percentage of people under age 18 in poverty.	15%	12%	9%
Income inequity	Ratio of household income at the 80^{th} percentile to income at	3.7	4.2	3.9
	the 20 th percentile.			
Children in single	Percentage of children that live in a household headed by a	17%	21%	14%
parent households	single parent.			
Social association	Number of membership associations per 10,000 population	18.3	14.8	18.1
Violent crime	Number of reported violent crime offenses per 100,000 population	279	282	63
Injury deaths	Number of deaths due to injury per 100,000 population	103	70	61
PHYSICAL ENVIRONMENT				
Air pollution-particulate	Average daily density of fine particulate matter in micrograms	8.8	8.2	5.9
Matter	per cubic meter (PM2.5).			
Drinking water violations	Indicator of the presence of health-related drinking water	N/A	N/A	No
	violation "Yes" indicates presence, "No" indicates no violation.			
Severe housing problems	Percentage of households with at least 1 of 4 housing problems;	10%	12%	9%
	overcrowding, high housing cost, lack of kitchen facilities, or			
	lack of plumbing facilities.			

Driving alone to work	Percentage of the workforce that drives alone to work	79%	80%	72%
Long commute-driving	Among workers who commute in their car along, the	22%	21%	16%
alone	percentage that commutes more than 30 minutes.			

Appendix B

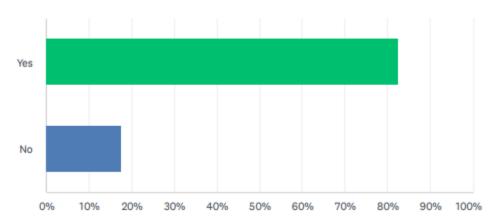
Q1 How would you rate your personal health?



	VERY UNHEALTHY (I FEEL VERY UNWELL PHYSICALLY, MENTALLY, AND EMOTIONALLY MOST DAYS)	UNHEALTHY (I FEEL UNWELL PHYSICALLY, MENTALLY, AND EMOTIONALLY MOST DAYS)	SOMEWHAT HEALTHY (I FEEL OKAY PHYSICALLY, MENTALLY, AND EMOTIONALLY MOST DAYS)	HEALTHY (I FEEL GOOD PHYSICALLY, MENTALLY, AND EMOTIONALLY MOST DAYS	VERY HEALTHY (I FEEL GREAT PHYSICALLY, MENTALLY, AND EMOTIONALLY MOST DAYS)	TOTAL	WEIGHTED AVERAGE
S	4.02% 9	7.14% 16	31.70% 71	45.54% 102	11.61% 26	224	3.54

Q2 Do you get an annual health exam?

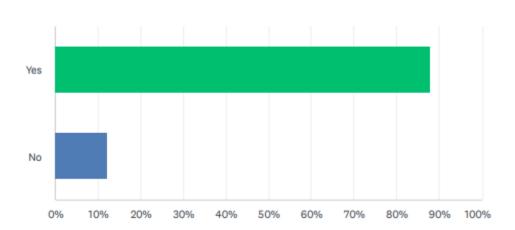
Answered: 257 Skipped: 3



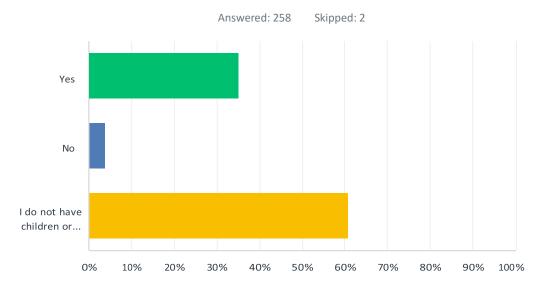
ANSWER CHOICES	RESPONSES	
Yes	82.49% 212	2
No	17.51% 45	5
TOTAL	257	7

Q3 In the past 6 months were you able to see a doctor/provider when you wanted or needed to?



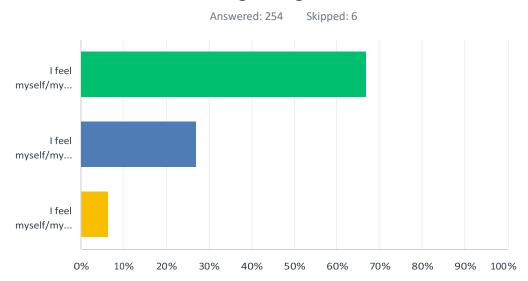


Q4 Do you/spouse or other caregiver take your child/children for annual health exams?



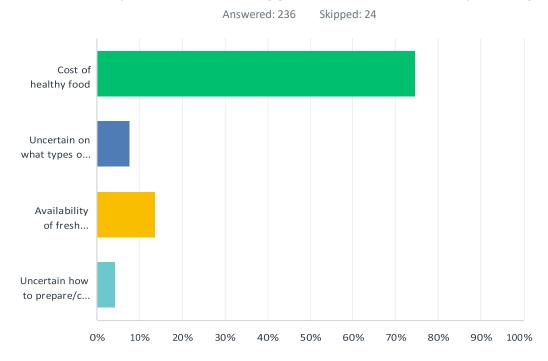
ANSWER CHOICES	RESPONSES	
Yes	35.27%	91
No	3.88%	10
I do not have children or minor children.	60.85%	157

Q5 Please check one of the statements below that best reflects your current state regarding food.



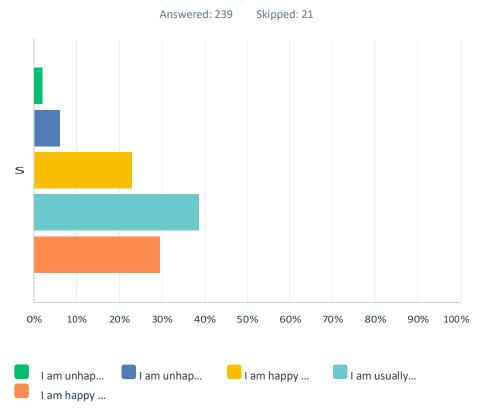
ANSWER CHOICES	RESPONSES	
I feel myself/my family never worry about where our next meal is coming from	66.93%	170
I feel myself/my family sometimes worry about where our next meal is coming from	27.17%	69
I feel myself/my family always worry about where the next meal is coming from	6.30%	16
Total Respondents: 254		

Q6 What do you feel is the biggest barrier to healthy eating?



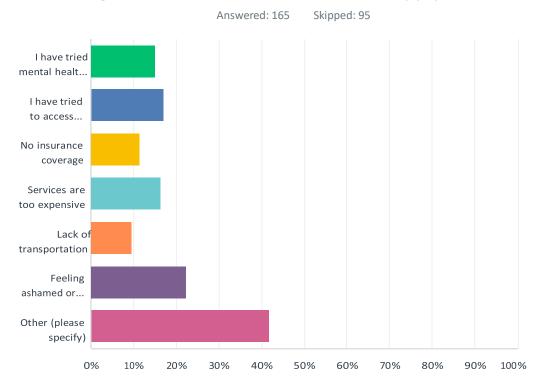
ANSWER CHOICES	RESPONSES	
Cost of healthy food	74.58%	176
Uncertain on what types of foods are healthy	7.63%	18
Availability of fresh healthy foods	13.56%	32
Uncertain how to prepare/cook healthy meals	4.24%	10
TOTAL		236

Q7 How would you rate your mental health?



	I AM UNHAPPY AND FEEL DEPRESSED OR ANXIOUS ALL OF THE TIME.	I AM UNHAPPY AND FEEL DEPRESSED OR ANXIOUS MOST OF THE TIME	I AM HAPPY SOME OF THE TIME BUT ALSO FEEL DEPRESSED OR ANXIOUS SOME OF THE TIME.	I AM USUALLY HAPPY AND USUALLY ABLE TO MANAGE THE STRESS OF EVERYDAY LIFE.	I AM HAPPY ON A REGULAR BASIS AND CAN MANAGE STRESS OF MY EVERYDAY LIFE.	TOTAL	WEIGHTED AVERAGE
S	2.09% 5	6.28% 15	23.01% 55	38.91% 93	29.71% 71	239	3.88

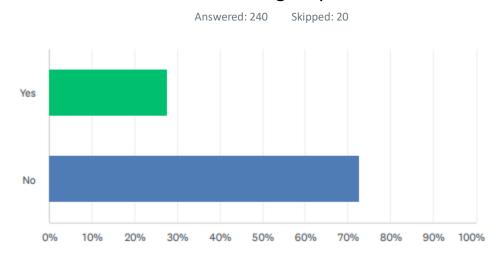
Q8 If you feel you could benefit from mental health services but are not currently receiving them, please select a reason for not accessing those services. Choose all that apply.



ANSWER CHOICES	RESPONSES	
I have tried mental health services before, and they were unsuccessful	15.15%	25
I have tried to access services and it takes to long to get an appointment when I need it.	16.97%	28
No insurance coverage	11.52%	19
Services are too expensive	16.36%	27
Lack of transportation	9.70%	16
Feeling ashamed or uncomfortable talking about personal issues	22.42%	37

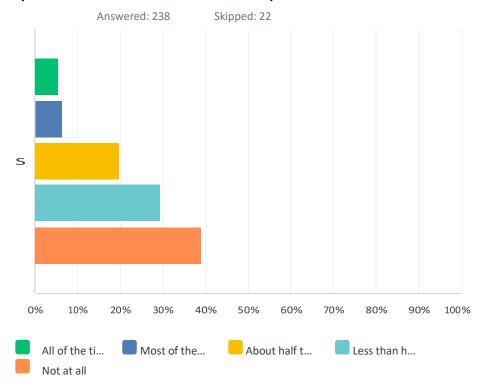
Other (please specify)	41.82%	69
Total Respondents: 165		

Q9 Has the cost of mental health care prevented you or a family member from seeking help?



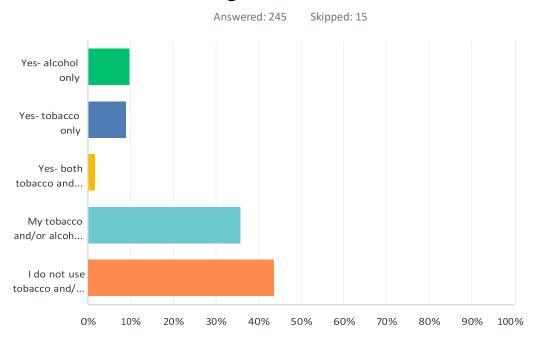
ANSWER CHOICES	RESPONSES	
Yes	27.50%	66
No	72.50%	174
TOTAL		240

Q10 Since the onset of the COVID-19 pandemic, how often do you feel more anxious or depressed?



	ALL OF THE TIME	MOST OF THE TIME	ABOUT HALF THE TIME	LESS THAN HALF THE TIME	NOT AT ALL	TOTAL	WEIGHTED AVERAGE
S	5.46% 13	6.30% 15	19.75% 47	29.41% 70	39.08% 93	238	3.90

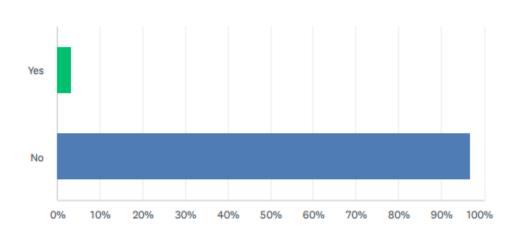
Q11 Has your tobacco or alcohol usage increased since COVID-19 began?



ANSWER CHOICES	RESPONSES	
Yes- alcohol only	9.80%	24
Yes- tobacco only	8.98%	22
Yes- both tobacco and alcohol	1.63%	4
My tobacco and/or alcohol usage has not increased	35.92%	88
I do not use tobacco and/or alcohol	43.67%	107
TOTAL		245

Q12 Have you experienced homelessness, since the COVID-19 pandemic?





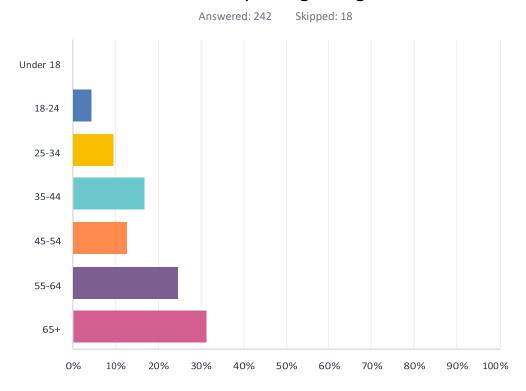
ANSWER CHOICES	RESPONSES	
Yes	3.25%	8
No	96.75%	238
TOTAL		246

Q13 How has COVID-19 changed your access to health care? (Telehealth, Wait until sick to see doctor etc.)

Answered: 150 Skipped: 110

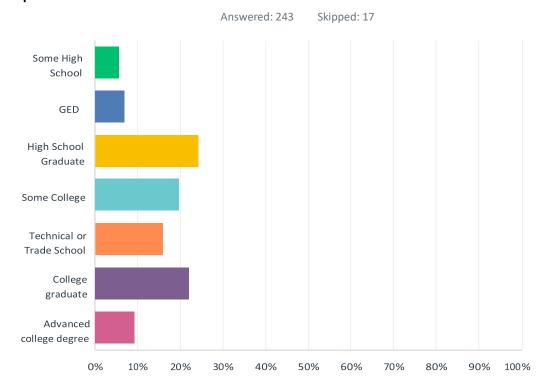
Several indicated that telehealth is not very personable, while others state they prefer telehealth. Many state they have not experienced a change while others report they wait to go to the doctor until they are sick, and some note long wait or delay getting into see a doctor.

Q14 What is your age range?



ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-24	4.55%	11
25-34	9.50%	23
35-44	16.94%	41
45-54	12.81%	31
55-64	24.79%	60
65+	31.40%	76
Total Respondents: 242		

Q15 What is the highest level of education you have completed?



ANSWER CHOICES	RESPONSES	
Some High School	5.76%	14
GED	7.00%	17
High School Graduate	24.28%	59
Some College	19.75%	48
Technical or Trade School	16.05%	39
College graduate	22.22%	54
Advanced college degree	9.47%	23
Total Respondents: 243		

Q16 What is your zip code?

Answered: 229 Skipped: 31

#	RESPONSES	DATE
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9	52675	5/4/2022 11:42 AM
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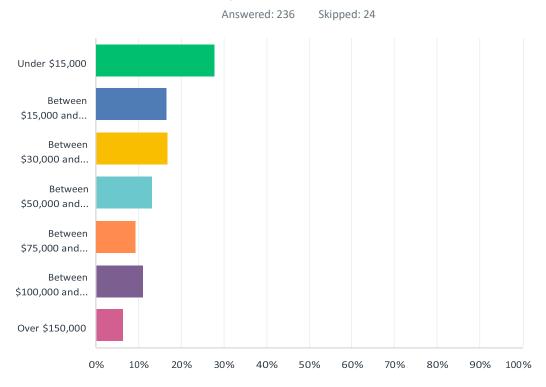
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185	52141	4/8/2022 2:47 PM
186	52175	4/8/2022 2:39 PM
187	52175	4/8/2022 2:38 PM
188	50606	4/8/2022 2:24 PM
189	52143	4/8/2022 12:53 PM

190	52175	4/8/2022 12:50 PM
191	52101	4/8/2022 12:42 PM
192	52169	4/8/2022 11:40 AM
193	52147	4/8/2022 9:12 AM
194	50655	4/8/2022 8:16 AM
195	50662	4/8/2022 8:05 AM
196	50665	4/7/2022 10:34 PM
197	52135	4/7/2022 9:44 PM
198	50662	4/7/2022 9:11 PM
199	52142	4/7/2022 7:49 PM
200	50662	4/7/2022 7:49 PM
201	50662	4/7/2022 7:19 PM
202	50606	4/7/2022 7:06 PM
203	50662	4/7/2022 6:20 PM
204	50662	4/7/2022 5:18 PM
205	50606	4/7/2022 5:12 PM
206	50662	4/7/2022 5:06 PM
207	52142	4/7/2022 5:02 PM
208	50662	4/7/2022 4:47 PM
209	50662	4/7/2022 4:35 PM
210	50662	4/7/2022 4:21 PM
211	52175	4/7/2022 4:14 PM
212	52175	4/7/2022 4:06 PM
213	52171	4/7/2022 3:42 PM
214	50662	4/7/2022 3:06 PM
215	50655	4/7/2022 3:05 PM
216	52171	4/7/2022 2:43 PM
217	52141	4/7/2022 2:37 PM
218	52135	4/7/2022 2:23 PM
219	50662	4/7/2022 2:20 PM

220	50662	4/7/2022 2:12 PM
221	52175	4/7/2022 2:05 PM
222	52175	4/7/2022 1:42 PM
223	50606	4/7/2022 1:23 PM
224	50606	4/7/2022 12:57 PM
225	50681	4/7/2022 12:36 PM
226	50662	4/7/2022 12:31 PM
227	52142	4/7/2022 12:00 PM
228	52171	4/7/2022 11:13 AM
229	50662	4/7/2022 11:00 AM

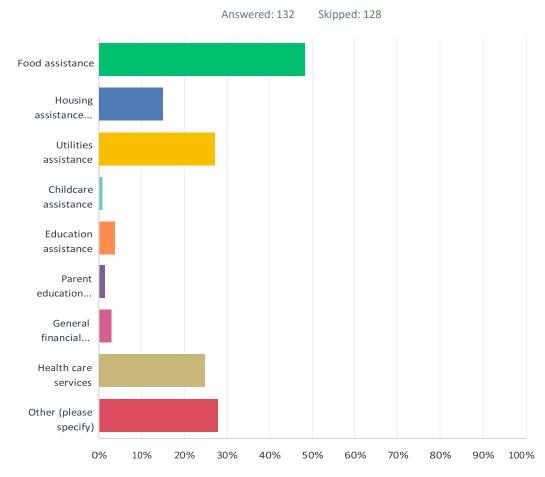
Q17 What is your household income?



ANSWER CHOICES	RESPONSES	
Under \$15,000	27.97%	66
Between \$15,000 and \$29,999	16.53%	39
Between \$30,000 and \$49,999	16.95%	40
Between \$50,000 and \$74,999	13.14%	31
Between \$75,000 and \$99,999	9.32%	22
Between \$100,000 and \$150,000	11.02%	26
Over \$150,000	6.36%	15
Total Respondents: 236		

Q18 Are you currently receiving services from any local organizations?

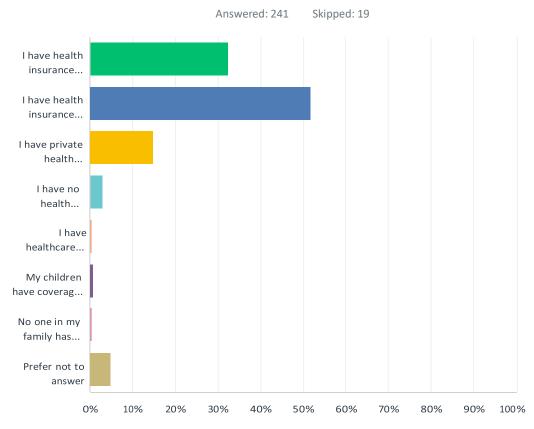
Select all that apply



ANSWER CHOICES	RESPONSES	
Food assistance	48.48%	64
Housing assistance (rent or shelter)	15.15%	20
Utilities assistance	27.27%	36

Childcare assistance	0.76%	1
Education assistance	3.79%	5
Parent education assistance	1.52%	2
General financial assistance	3.03%	4
Health care services	25.00%	33
Other (please specify)	28.03%	37

Q19 What is your current health care coverage?

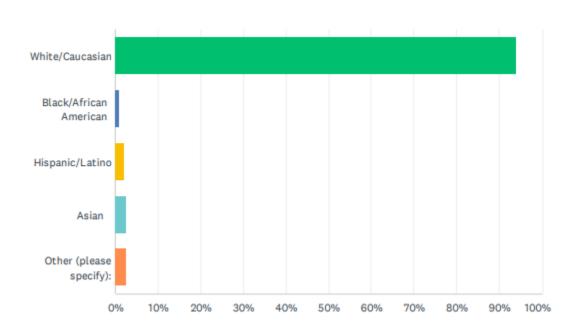


ANSWER CHOICES	RESPONSES

I have health insurance through my employer	32.37%	78
I have health insurance through Medicare	51.87%	125
I have private health insurance	14.94%	36
I have no health insurance coverage	2.90%	7
I have healthcare insurance, but my children do not	0.41%	1
My children have coverage, but I do not	0.83%	2
No one in my family has health insurance	0.41%	1
Prefer not to answer	4.98%	12
Total Respondents: 241		

Q20 What is your race/ethnicity? Select all that apply.

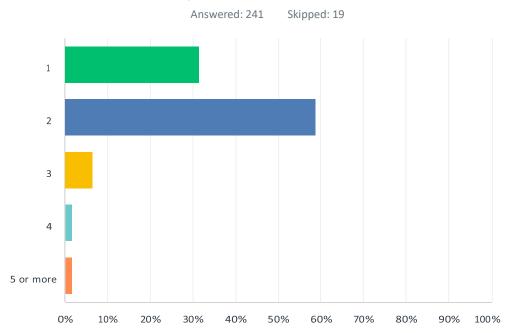
Answered: 240 Skipped: 20



ANSWER CHOICES	RESPONSES

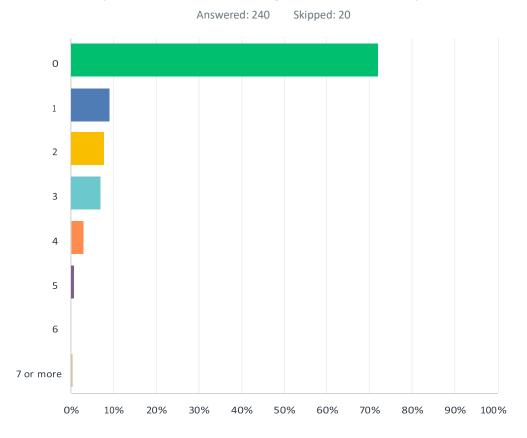
Whit	e/Caucasian	93.75%	225
Black	/African American	0.83%	2
Hispa	anic/Latino	2.08%	5
Asiar	1	2.50%	6
Othe	r (please specify):	2.50%	6
Total	Respondents: 240		
#	OTHER (PLEASE SPECIFY):		DATE
1	White/Indian Cherokee		5/4/2022 11:12 AM
2	native American		4/20/2022 2:05 PM
3	?American		4/20/2022 1:30 PM
4	choose not to answer		4/20/2022 10:45 AM
5	Mohawk/Seneca/Irish White		4/20/2022 10:37 AM
6	Decline		4/19/2022 3:58 PM

Q21 How many adults reside in the home?



ANSWER CHOICES	RESPONSES
1	31.54% 76
2	58.92% 142
3	6.64%
4	1.66%
5 or more	1.66%
Total Respondents: 241	

Q22 How many children (Under age 18) reside in your home?



ANSWER CHOICES	RESPONSES	
0	72.08%	173
1	9.17%	22
2	7.92%	19
3	7.08%	17
4	2.92%	7
5	0.83%	2
6	0.00%	0

7 or more 0.42% 1

Total Respondents: 240

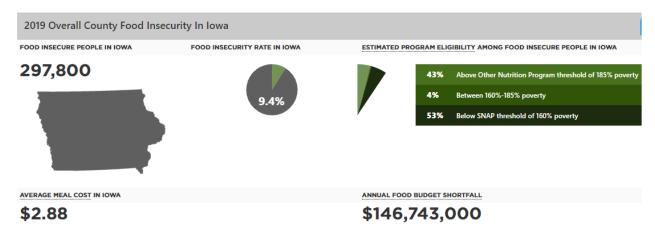
Q23 Please describe any health needs not mentioned.

Answered: 45 Skipped: 215

Several respondents indicated financial cost, specifically medicine; access to mental health; more specialty care is needed; diabetes; alternative care such as acupuncture and message therapy; family planning and reproductive services; pain management.

Appendix C Feeding America Map The Meal Gap 2019

Iowa



Fayette County

