



2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Polk, Warren & Dallas Counties, Iowa

Sponsored by

UnityPoint Health-Des Moines
MercyOne Des Moines
MercyOne Clive Rehabilitation Hospital
Clive Behavioral Health
Broadlawns Medical Center
Polk County Health Department
Dallas County Health Department
Warren County Health Services
United Way of Central Iowa
EveryStep
Mid Iowa Health Foundation

Adopted by MercyOne Des Moines Hospital Board June 2022 for FY2022-FY2024
Adopted by MercyOne Clive Rehabilitation Hospital Board June 2022 for FY2022-FY2024
Adopted by Clive Behavioral Health Board June 2022 for FY2022-FY2024

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

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

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

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

This assessment was conducted on behalf of UnityPoint Health-Des Moines, MercyOne Des Moines, MercyOne Clive Rehabilitation Hospital, Clive Behavioral Health, Broadlawns Medical Center, Polk County Health Department, Dallas County Health Department, Warren County Health Services, United Way of Central Iowa, EveryStep, and Mid Iowa Health Foundation by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

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

PRC Community Health Survey

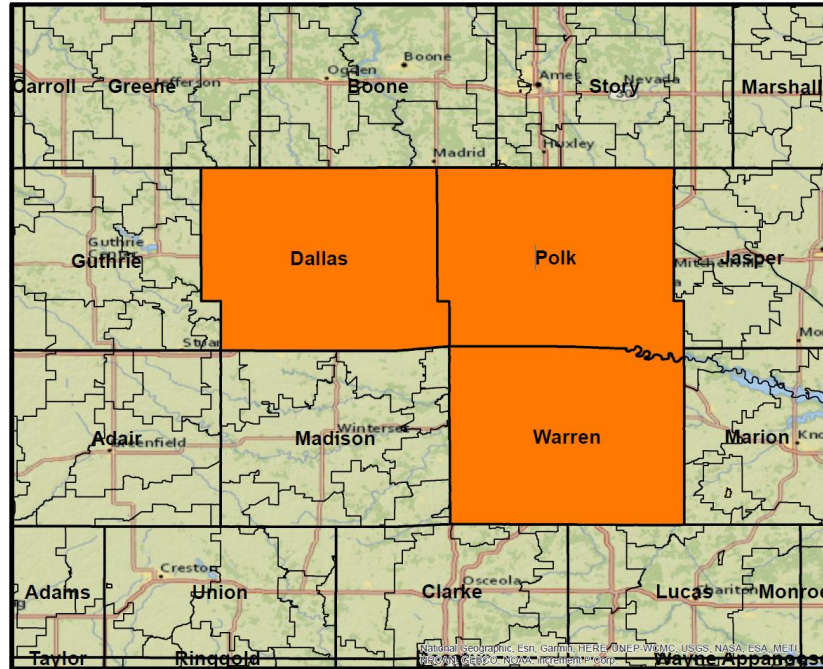
Survey Instrument

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



Community Defined for This Assessment

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



Sample Approach & Design

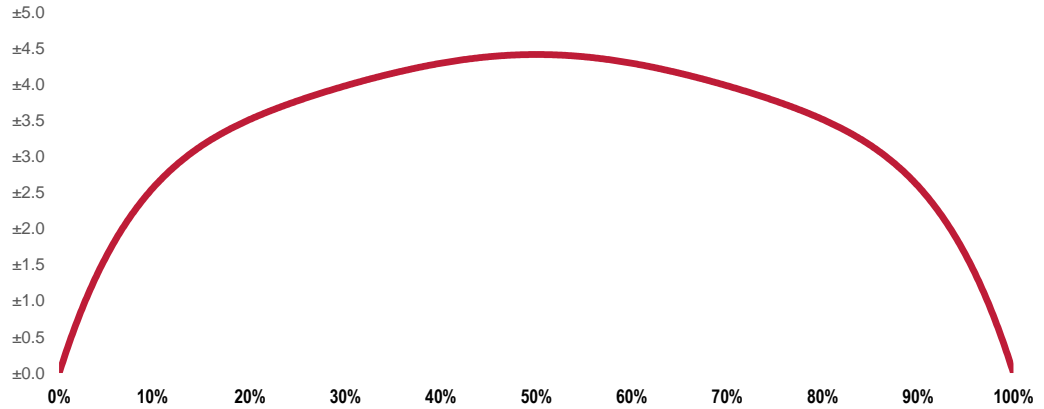
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires. The sample design used for this effort consisted of a stratified random sample targeting 400 residents age 18 and older via telephone surveying. Additional participation was promoted by the study sponsors by sharing a link (via social media, direct email, etc.) to take the survey online; an additional 137 surveys were captured this way.

In all, 537 individuals age 18 and older in the Total Service Area completed the PRC Community Health Survey, including 375 in Polk County, 61 in Warren County, and 101 in Dallas County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 537 respondents is $\pm 4.4\%$ at the 95 percent confidence level.



Expected Error Ranges for a Sample of 537 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 537 respondents answered a certain question with a "yes," it can be asserted that between 7.4% and 12.6% (10% ± 2.6%) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.6% and 54.4% (50% ± 4.4%) of the total population would respond "yes" if asked this question.

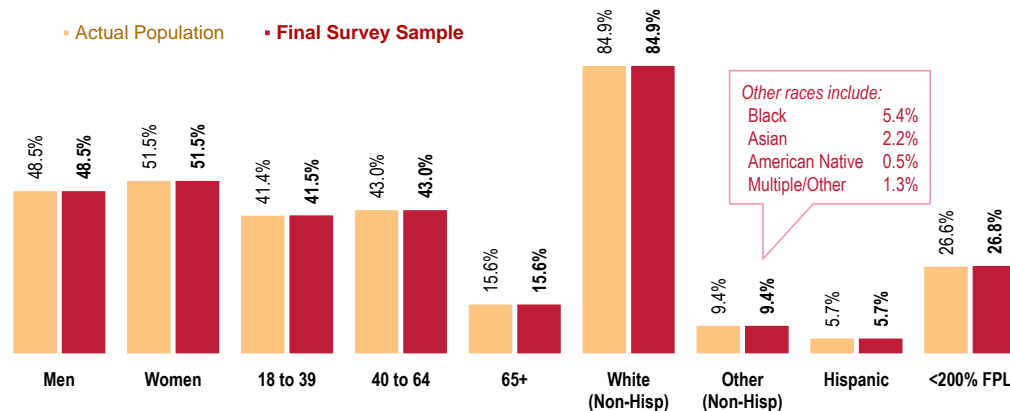
Sample Characteristics

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

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



Population & Survey Sample Characteristics (Total Service Area, 2021)



Sources: • US Census Bureau, 2011-2015 American Community Survey.
 • 2021 PRC Community Health Survey, PRC, Inc.
 Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2020 guidelines place the poverty threshold for a family of four at \$26,200 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. “White” reflects non-Hispanic White respondents; “Communities of Color” includes Hispanics and non-White race groups.

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 66 community stakeholders took part in the Online Key Informant Survey, as outlined below:



ONLINE KEY INFORMANT SURVEY PARTICIPATION

KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	2
Public Health Representatives	6
Other Health Providers	6
Social Services Providers	4
Other Community Leaders	48

Final participation included representatives of the organizations outlined below.

- Aging Resources
- American Lung Association
- Blank Children's Pediatrics
- Broadlawns Medical Center
- Children and Families of Iowa
- Chrysalis Foundation
- Common Good Iowa
- Community Health Partners
- Continuum of Care
- Corinthian Baptist Church
- Crisis Intervention Advocacy Center
- Dallas County EMS
- Dallas County Health Department
- Dallas County Hospital
- Dallas County Health Department
- Dallas County Sheriff
- Dallas County Veterans Affairs
- DMARC
- DM Area Medical Ed Consortium
- Drake University College of Pharmacy and Health Sciences
- Eat Greater Des Moines
- Evelyn K Davis Center for Working Families
- EveryStep
- Free Clinics of Iowa
- Greater Des Moines Partnership
- Greater Des Moines Community Foundation
- Great Outdoor Foundation
- Heart of Iowa Community Services
- Iowa Department of Public Health Division
- Iowa Ace's 360
- Iowa Chronic Care Consortium
- Iowa Department of Public Health
- Iowa Healthiest State Initiative
- ISU Extension and Outreach in Dallas County
- Johnston Comm Schools District
- Lutheran Services of Iowa
- Mercy Medical Center
- Ministerial Alliance
- Oakridge Neighborhood
- Orchard Place
- Perry Public Library
- Pillars of Promise
- Polk County Health Department
- Polk County Health Services
- Polk County Housing Trust Fund
- Proteus
- Sixth Avenue Corridor
- The Harkin Institute
- Trinity Las Americas
- Tyson Inc.
- UnityPoint Health - Des Moines
- Warren County Public Health
- Waukee YMCA
- Woodward Public Library
- YMCA of Greater DSM



Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

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

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

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

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

Note that secondary data reflect county-level data.



Benchmark Data

Iowa Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. When comparing against statewide figures, note that these data were collected prior to the COVID-19 pandemic.

State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. When comparison survey results with national benchmarks, note that these data were collected prior to the COVID-19 pandemic.

National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030

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



Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

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

Determining Significance

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



Information Gaps

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

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

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

The sponsoring hospital partners made prior Community Health Needs Assessment (CHNA) reports publicly available through their websites; through that mechanism, the hospitals requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, no written comments had been received. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. The hospitals will continue to use their websites as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.



IRS FORM 990, SCHEDULE H COMPLIANCE

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

IRS FORM 990, SCHEDULE H (2019)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	6
Part V Section B Line 3b Demographics of the community	34
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	170
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	15
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	15
Part V Section B Line 3h The process for consulting with persons representing the community's interests	9
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	177



SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT

ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> ▪ Barriers to Access <ul style="list-style-type: none"> – Inconvenient Office Hours – Cost of Prescriptions – Appointment Availability – Lack of Transportation ▪ Skipping/Stretching Prescriptions
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> ▪ Prenatal Care ▪ Teen Births
INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Unintentional Injury Deaths <ul style="list-style-type: none"> – Fall-Related Deaths [Age 65+]
MENTAL HEALTH	<ul style="list-style-type: none"> ▪ “Fair/Poor” Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Receiving Treatment for Mental Health ▪ Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Overweight & Obesity [Adults] ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
POTENTIALLY DISABLING CONDITIONS	<ul style="list-style-type: none"> ▪ High-Impact Chronic Pain ▪ Alzheimer’s Disease Deaths
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Key Informants: COVID-19 ranked as a top concern.
SEXUAL HEALTH	<ul style="list-style-type: none"> ▪ Gonorrhea Incidence
SUBSTANCE ABUSE	<ul style="list-style-type: none"> ▪ Illicit Drug Use ▪ Personally Impacted by Substance Abuse (Self or Other’s) ▪ Key Informants: Substance abuse ranked as a top concern.



Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

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

1. Mental Health
2. Respiratory Disease (COVID-19)
3. Nutrition, Physical Activity & Weight
4. Substance Abuse
5. Heart Disease & Stroke
6. Access to Healthcare Services
7. Infant Health & Family Planning
8. Injury & Violence
9. Disability & Chronic Pain
10. Sexual Health
11. Cancer

Hospital Implementation Strategies

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

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



Summary Tables: Comparisons With Benchmark Data































Reading the Summary Tables

- In the following tables, Total Service Area results are shown in the larger, gray column.
- The columns to the left of the Total Service Area column provide comparisons among the three counties, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (☁️) the combined opposing areas.
- The columns to the right of the Total Service Area column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the Total Service Area compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

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

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



SOCIAL DETERMINANTS	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
Linguistically Isolated Population (Percent)	 3.5	 0.3	 2.2
Population in Poverty (Percent)	 10.4	 8.2	 5.2
Children in Poverty (Percent)	 13.6	 10.1	 5.3
No High School Diploma (Age 25+, Percent)	 8.5	 4.6	 4.4
% Unable to Pay Cash for a \$400 Emergency Expense	 28.7	 10.4	 11.4
% Worry/Stress Over Rent/Mortgage in Past Year	 35.2	 15.0	 17.5
% Unhealthy/Unsafe Housing Conditions	 17.3	 5.4	 8.4
% Food Insecure	 31.3	 10.5	 14.3
% Disagree That Community is Welcoming to all Sexual Orientations	 17.4	 12.1	 22.6
% Disagree That Community is Welcoming to all Races/Ethnicities	 14.6	 6.5	 15.3




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

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
3.1	 2.1	 4.3	
9.5	 11.5	 13.4	 8.0
12.0	 13.8	 18.5	 8.0
7.6	 7.9	 12.0	
25.0		 24.6	
31.2		 32.2	
15.2		 12.2	
27.4		 34.1	
17.6			
14.0			























better







similar












worse




























OVERALL HEALTH	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
% "Fair/Poor" Overall Health	 13.4	 4.3	 9.0

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






ACCESS TO HEALTH CARE	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
% [Age 18-64] Lack Health Insurance	 5.0	 1.7	 5.2
% Difficulty Accessing Health Care in Past Year (Composite)	 46.8	 38.9	 35.7
% Cost Prevented Physician Visit in Past Year	 15.5	 3.4	 4.4
% Cost Prevented Getting Prescription in Past Year	 19.5	 13.3	 8.2
% Difficulty Getting Appointment in Past Year	 22.1	 13.6	 18.5
% Inconvenient Hrs Prevented Dr Visit in Past Year	 17.1	 19.7	 12.3
% Difficulty Finding Physician in Past Year	 11.2	 9.9	 6.5

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
12.1	 14.4	 12.6	
	 better	 similar	 worse







Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
4.8	 9.6	 8.7	 7.9
44.8		 35.0	
13.1	 8.5	 12.9	
17.5		 12.8	
21.0		 14.5	
16.7		 12.5	
10.5		 9.4	




ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
% Transportation Hindered Dr Visit in Past Year	 15.1	 1.1	 4.6
% Language/Culture Prevented Care in Past Year	 2.7	 1.1	 2.4
% Recent Healthcare Experiences Were "Worse" Based on Race	 6.6	 1.8	 2.6
% Skipped Prescription Doses to Save Costs	 18.8	 18.4	 9.4
% Difficulty Getting Child's Health Care in Past Year			
% Avoided Medical Care Since March 2020 Due to COVID-19	 24.6	 15.1	 20.0
Primary Care Doctors per 100,000	 99.3	 57.9	 45.9
% Have a Specific Source of Ongoing Care	 76.3	 83.9	 77.7
% Have Had Routine Checkup in Past Year	 68.3	 72.4	 77.0
% Child Has Had Checkup in Past Year			
% Two or More ER Visits in Past Year	 13.5	 1.1	 7.4

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
12.6		 8.9	
2.5		 2.8	
5.7			
17.6		 12.7	
10.4		 8.0	
23.2			
88.4	 73.0	 76.7	
77.1		 74.2	 84.0
69.7	 77.2	 70.5	
85.0		 77.4	
11.7		 10.1	

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
% Eye Exam in Past 2 Years	 54.0	 58.2	 72.8
% Rate Local Health Care "Fair/Poor"	 8.4	 9.4	 4.2

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

CANCER	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
Cancer (Age-Adjusted Death Rate)	 158.7	 151.0	 131.3
Lung Cancer (Age-Adjusted Death Rate)			
Prostate Cancer (Age-Adjusted Death Rate)			
Female Breast Cancer (Age-Adjusted Death Rate)			
Colorectal Cancer (Age-Adjusted Death Rate)			
Cancer Incidence Rate (All Sites)	 461.8	 458.6	 440.7

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
56.8		 61.0	 61.1
7.9		 8.0	



better


















similar



worse

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
154.2	 154.7	 149.3	 122.7
37.7	 37.8	 34.9	 25.1
21.1	 20.5	 18.6	 16.9
18.4	 18.1	 19.7	 15.3
13.2	 14.0	 13.4	 8.9
458.8	 479.0	 448.7	

CANCER (continued)	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
Female Breast Cancer Incidence Rate	 125.8	 147.1	 134.8
Prostate Cancer Incidence Rate	 97.3	 88.4	 98.5
Lung Cancer Incidence Rate	 68.0	 58.4	 59.2
Colorectal Cancer Incidence Rate	 42.5	 39.0	 31.5
% Cancer	 9.3	 9.1	 7.2
% [Women 50-74] Mammogram in Past 2 Years			
% [Women 21-65] Cervical Cancer Screening			
% [Age 50-75] Colorectal Cancer Screening			

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

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
128.9	 128.9	 125.9	
96.6	 107.7	 104.5	
66.0	 63.3	 58.3	
40.8	 43.7	 38.4	
9.0	 12.2	 10.0	
84.4	 80.7	 76.1	 77.1
84.9	 81.1	 73.8	 84.3
72.9	 71.7	 77.4	 74.4















better















similar









worse











DIABETES	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
Diabetes (Age-Adjusted Death Rate)	 20.4	 15.9	 14.3
% Diabetes/High Blood Sugar	 9.8	 15.3	 16.0
% Borderline/Pre-Diabetes	 6.5	 4.4	 9.9
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	 38.8	 33.8	 46.9










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

HEART DISEASE & STROKE	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
Diseases of the Heart (Age-Adjusted Death Rate)	 163.3	 187.3	 123.2
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 6.4	 8.1	 3.7
Stroke (Age-Adjusted Death Rate)	 31.6	 41.9	 31.2
% Stroke	 2.4	 5.0	 0.9









Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
19.1	 21.6	 21.5	
11.1	 10.3	 13.8	
6.8		 9.7	
39.4		 43.3	

 better  similar  worse






Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
160.2	 168.5	 163.4	 127.4
6.2	 6.3	 6.1	
32.6	 32.6	 37.2	 33.4
2.4	 3.1	 4.3	

HEART DISEASE & STROKE (continued)	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
% Told Have High Blood Pressure	 35.9	 31.3	 31.7
% Told Have High Cholesterol	 32.4	 42.4	 45.6
% 1+ Cardiovascular Risk Factor	 85.0	 88.3	 83.4

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

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
No Prenatal Care in First Trimester (Percent)			
Low Birthweight Births (Percent)	 7.2	 6.6	 6.6
Infant Death Rate	 4.9		 3.9
Births to Adolescents Age 15 to 19 (Rate per 1,000)	 21.1	 16.2	 3.5

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

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
35.0	 31.8	 36.9	 27.7
34.9		 32.7	
85.1		 84.6	













better



similar



worse

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
26.4	 25.4	 17.3	
7.1	 6.7	 8.2	
4.6	 5.1	 5.6	 5.0
18.3	 13.5	 12.7	 31.4


















better



similar



worse

INJURY & VIOLENCE	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
Unintentional Injury (Age-Adjusted Death Rate)	 49.5	 40.0	 24.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)			
[65+] Falls (Age-Adjusted Death Rate)	 126.5	 89.2	 67.2
Firearm-Related Deaths (Age-Adjusted Death Rate)			
Homicide (Age-Adjusted Death Rate)			
Violent Crime Rate	 368.6	 351.4	 193.9
% Victim of Violent Crime in Past 5 Years	 3.3	 0.9	 2.8
% Victim of Intimate Partner Violence	 17.8	 2.9	 17.2






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

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
44.9	 41.9	 48.9	 43.2
6.5	 10.7	 11.3	 10.1
115.1	 83.1	 65.1	 63.4
8.8	 8.9	 11.9	 10.7
3.7	 2.9	 6.1	 5.5
352.5	 283.0	 416.0	
3.0		 6.2	
16.5		 13.7	



















 better








 similar











 worse

KIDNEY DISEASE	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
Kidney Disease (Age-Adjusted Death Rate)	 7.4		 8.0
% Kidney Disease	 3.7	 1.9	 3.5

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



MENTAL HEALTH	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
% "Fair/Poor" Mental Health	 26.3	 9.7	 22.4
% Diagnosed Depression	 38.6	 17.3	 28.3
% Symptoms of Chronic Depression (2+ Years)	 45.0	 23.4	 33.4
% Typical Day Is "Extremely/Very" Stressful	 22.2	 6.3	 19.4
Suicide (Age-Adjusted Death Rate)	 15.0	 17.4	 11.6
Mental Health Providers per 100,000	 133.0	 10.0	 52.8

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
7.6	 9.3	 12.9	
3.6	 2.2	 5.0	
	 better	 similar	 worse

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
24.5		 13.4	
35.6	 16.2	 20.6	
41.8		 30.3	
20.6		 16.1	
14.7	 15.7	 14.0	 12.8
111.7	 46.4	 55.5	

MENTAL HEALTH (continued)	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
% Taking Rx/Receiving Mental Health Treatment	 27.2	 19.5	 31.9
% Unable to Get Mental Health Services in Past Year	 12.3	 0.5	 7.7
% [Child 5-17] Needed Mental Health Services in the Past Year			
















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











Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
27.2		 16.8	
10.7		 7.8	
21.4			











better


similar








worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
Population With Low Food Access (Percent)	 19.0	 27.5	 16.4
% "Very/Somewhat" Difficult to Buy Fresh Produce	 20.5	 8.4	 16.2
% 5+ Servings of Fruits/Vegetables per Day	 31.1	 27.2	 32.5
% No Leisure-Time Physical Activity	 22.6	 13.6	 20.3
% Meeting Physical Activity Guidelines	 27.0	 26.4	 20.7










Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
19.4	 21.4	 22.4	
19.0		 21.1	
30.9		 32.7	
21.6	 26.5	 31.3	 21.2
26.2	 20.1	 21.4	 28.4

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
% Child [Age 2-17] Physically Active 1+ Hours per Day			
Recreation/Fitness Facilities per 100,000	 1.9	 1.3	 2.1
% Overweight (BMI 25+)	 64.8	 79.8	 69.1
% Obese (BMI 30+)	 33.8	 34.8	 36.0
% Children [Age 5-17] Overweight (85th Percentile)			
% Children [Age 5-17] Obese (95th Percentile)			

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

ORAL HEALTH	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
% Have Dental Insurance	 79.3	 84.0	 83.1
% [Age 18+] Dental Visit in Past Year	 59.1	 73.3	 66.5
% Child [Age 2-17] Dental Visit in Past Year			

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

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
40.1		 33.0	
1.9			
66.6	 68.3	 61.0	
34.2	 33.9	 31.3	 36.0
29.1		 32.3	
23.1		 16.0	 15.5










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worse

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
80.1		 68.7	 59.8
61.2	 70.8	 62.0	 45.0
88.4		 72.1	 45.0


















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POTENTIALLY DISABLING CONDITIONS	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
% 3+ Chronic Conditions	 38.0	 30.4	 34.7
% Activity Limitations	 29.9	 21.9	 24.6
% With High-Impact Chronic Pain	 20.9	 9.2	 16.1
Alzheimer's Disease (Age-Adjusted Death Rate)	 37.2	 58.7	 41.3
% Caregiver to a Friend/Family Member	 22.5	 24.6	 23.3

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

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
36.9		 32.5	
28.6		 24.0	
19.4		 14.1	 7.0
39.7	 32.1	 30.4	
22.8		 22.6	









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RESPIRATORY DISEASE	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
CLRD (Age-Adjusted Death Rate)	 46.4	 47.4	 40.1
Pneumonia/Influenza (Age-Adjusted Death Rate)	 12.2	 12.0	 8.8
% [Age 65+] Flu Vaccine in Past Year			

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
45.7	 44.7	 39.6	
11.7	 14.0	 13.8	
83.4	 65.0	 71.0	

RESPIRATORY DISEASE (continued)	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
% [Adult] Asthma	 14.8	 5.7	 6.3
% [Child 0-17] Asthma			
% COPD (Lung Disease)	 8.2	 4.1	 2.0

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

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
12.9	 8.0	 12.9	
7.4		 7.8	
7.1	 6.1	 6.4	












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worse

SEXUAL HEALTH	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
HIV/AIDS (Age-Adjusted Death Rate)			
HIV Prevalence Rate	 198.6	 40.3	 80.9
Chlamydia Incidence Rate	 650.4	 301.0	 312.9
Gonorrhea Incidence Rate	 283.7	 73.8	 50.4

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

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
1.1	 0.6	 1.9	
169.1	 106.0	 372.8	
574.6	 466.7	 539.9	
233.8	 153.8	 179.1	




















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SUBSTANCE ABUSE	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	 10.2		 9.0
% Excessive Drinker	 30.8	 41.4	 20.1
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)			
% Illicit Drug Use in Past Month	 6.4	 0.0	 0.0
% Used a Prescription Opioid in Past Year	 13.7	 8.8	 15.6
% Ever Sought Help for Alcohol or Drug Problem	 8.0	 2.3	 4.3
% Personally Impacted by Substance Abuse	 45.3	 29.2	 42.2

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

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
9.8	 9.2	 11.1	 10.9
30.3	 22.5	 27.2	
13.7	 8.6	 18.8	
4.7		 2.0	 12.0
13.5		 12.9	
7.1		 5.4	
43.7		 35.8	












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worse

TOBACCO USE	DISPARITY AMONG COUNTIES		
	Polk County	Warren County	Dallas County
% Current Smoker	 20.1	 6.1	 7.4
% Someone Smokes at Home	 18.7	 0.8	 13.1
% [Household With Children] Someone Smokes in the Home			
% [Smokers] Have Quit Smoking 1+ Days in Past Year			
% [Smokers] Received Advice to Quit Smoking			
% Currently Use Vaping Products	 8.4	 1.1	 8.8

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

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
17.3	 16.4	 17.4	 5.0
16.5		 14.6	
14.6		 17.4	
40.8	 51.7	 42.8	 65.7
51.4		 59.6	 66.6
7.9	 4.0	 8.9	



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worse



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

The Total Service Area, the focus of this Community Health Needs Assessment, includes Polk, Warren, and Dallas counties, which together encompass 1,730.37 square miles and house a total population of 616,787 residents, according to latest census estimates.

Total Population
(Estimated Population, 2015-2019)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Polk County	479,612	572.21	838.17
Warren County	50,076	569.84	87.88
Dallas County	87,099	588.32	148.05
Total Service Area	616,787	1,730.37	356.45
Iowa	3,139,508	55,856.49	56.21
United States	324,697,795	3,532,068.58	91.93

Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).

Population Change 2000-2010

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

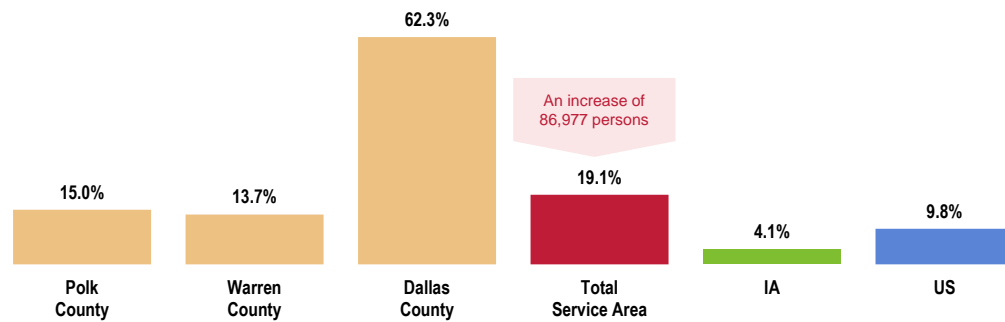
Between the 2000 and 2010 US Censuses, the population of the Total Service Area increased by nearly 87,000 persons, or 19.1%.

BENCHMARK ► A considerably larger percentage change than reported for Iowa and the US overall.

DISPARITY ► Most of this growth has occurred in Dallas County, as shown in the following chart.



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



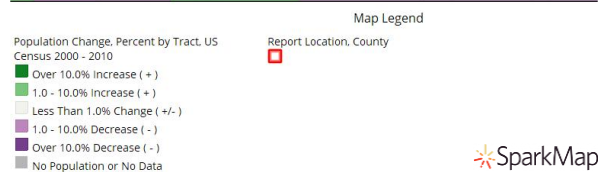
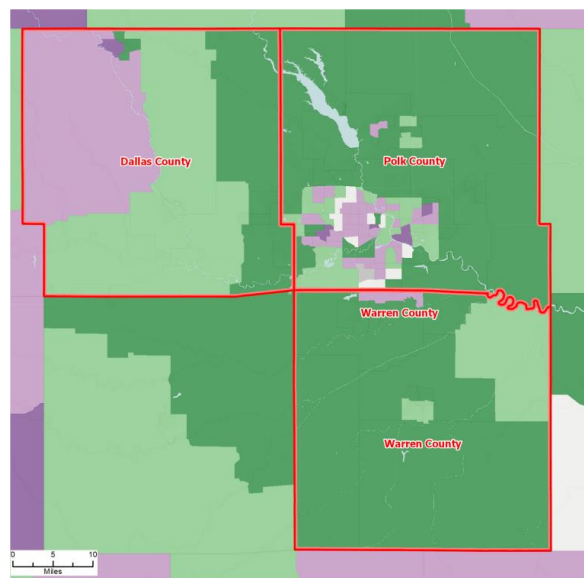
Sources:

- US Census Bureau Decennial Census (2000-2010).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).

Notes:

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

This map shows the areas of greatest increase or decrease in population between 2000 and 2010.



Urban/Rural Population

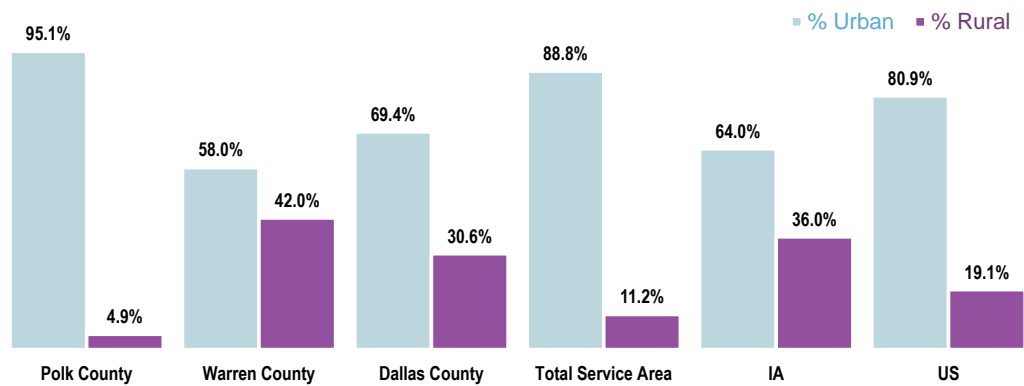
Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Total Service Area is predominantly urban (88.8% of the population).

BENCHMARK ▶ A higher proportion of urban living when compared with the US and especially Iowa.

DISPARITY ▶ Warren County has the highest percent of rural residents in the Total Service Area.

Urban and Rural Population (2010)

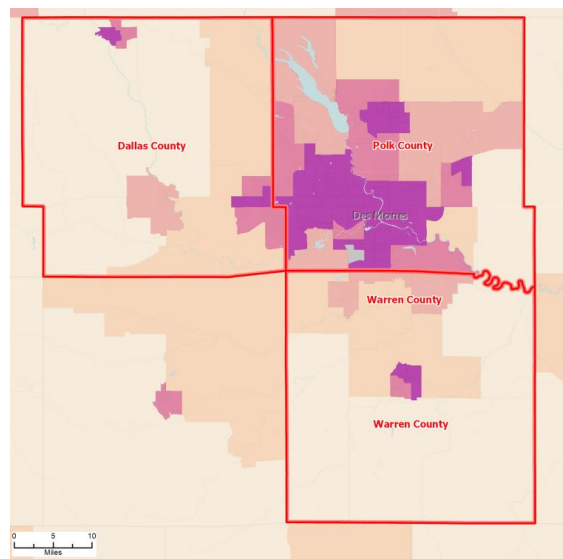


Sources:

- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.



Age

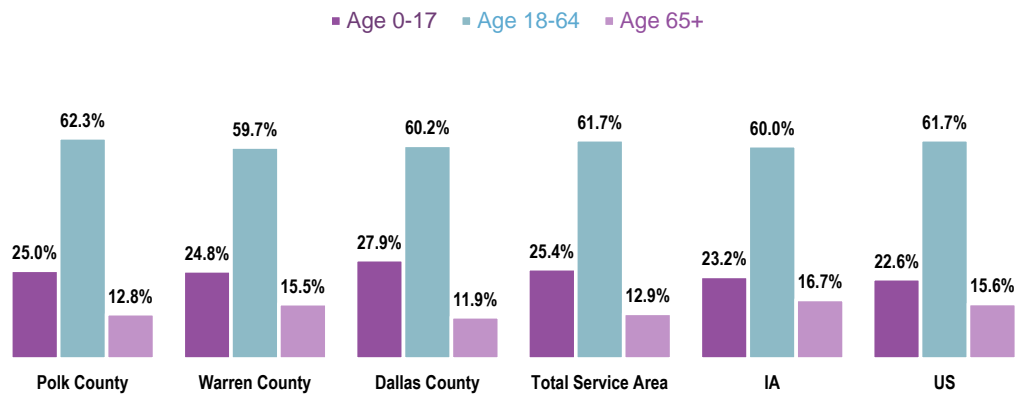
It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Total Service Area, 25.4% of the population are children age 0-17; another 61.7% are age 18 to 64, while 12.9% are age 65 and older.

BENCHMARK ▶ The service area’s proportion of seniors (age 65+) is lower than state and US figures.

DISPARITY ▶ Dallas County houses the largest proportion of children in the Total Service Area.

Total Population by Age Groups (2015-2019)

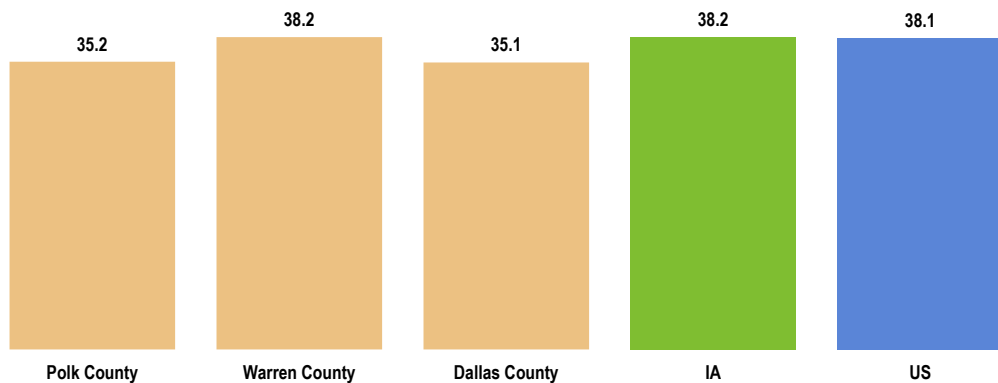


Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).

Median Age

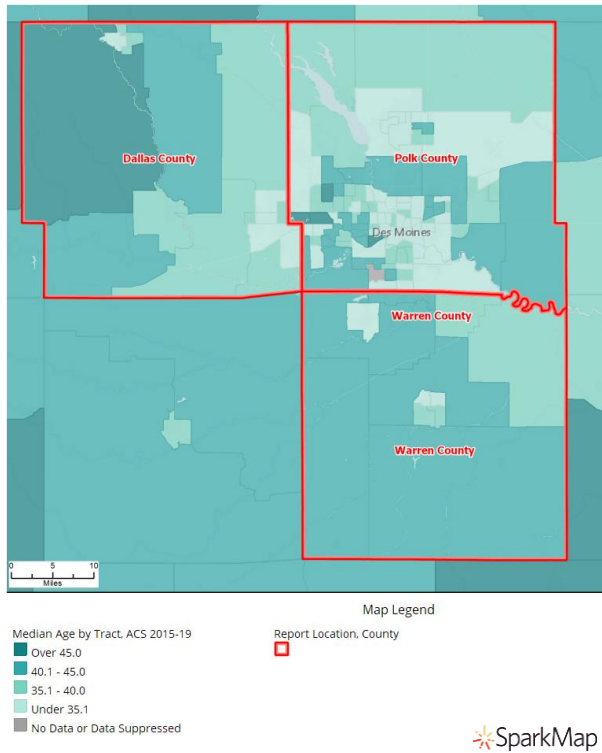
Polk and Dallas counties are “younger” than the state and the nation in that the median ages are lower.

Median Age (2015-2019)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).





Race & Ethnicity

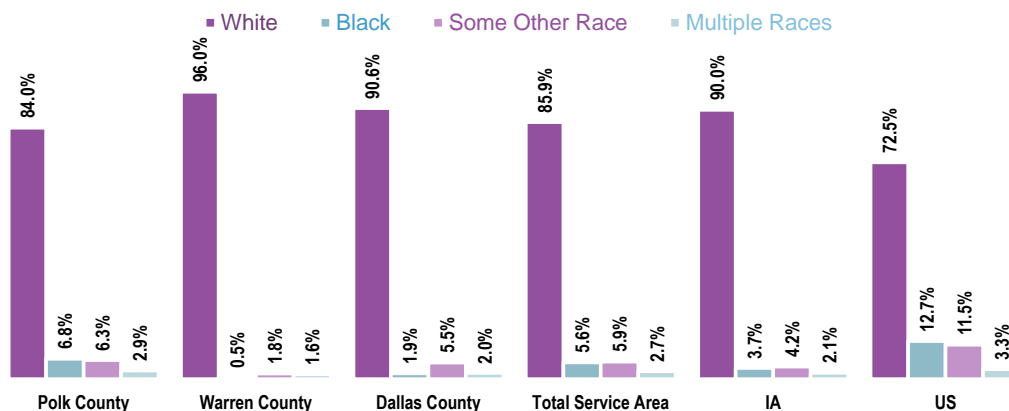
Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 85.9% of residents of the Total Service Area are White and 5.6% are Black.

BENCHMARK ▶ The area is more diverse than the state but less diverse than the nation as a whole.

DISPARITY ▶ Polk County is more racially diverse than are Warren and Dallas counties.

Total Population by Race Alone
(2015-2019)



Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).



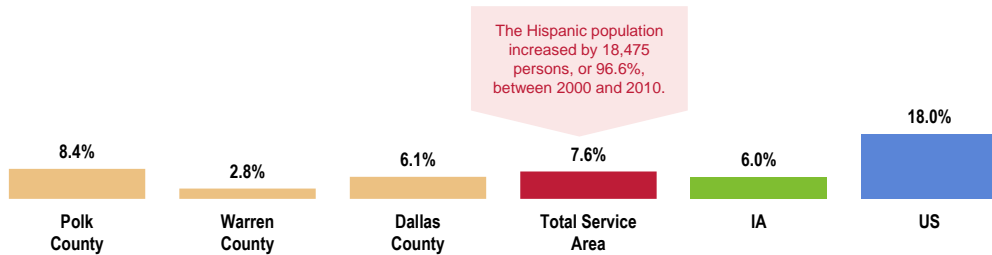
Ethnicity

A total of 7.6% of Total Service Area residents are Hispanic or Latino.

BENCHMARK ▶ Higher than the state figure but well below that reported nationally.

DISPARITY ▶ Polk County houses the highest proportion of Hispanic residents in the service area.

Hispanic Population (2000-2010)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).

Notes:

- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 3.1% of the population age 5 and older live in a home in which **no** person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

BENCHMARK ▶ Worse than the Iowa percentage but better than the US.

DISPARITY ▶ Unfavorably high in Polk County.

Linguistically Isolated Population (2015-2019)



Sources:

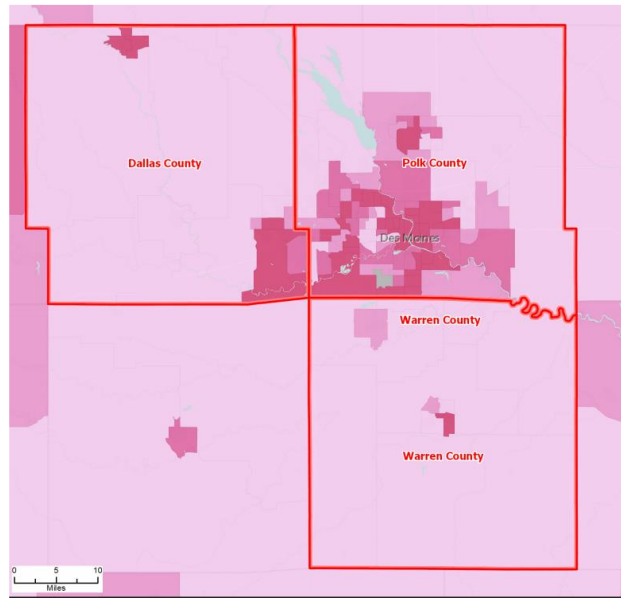
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).

Notes:

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



Note the following map illustrating linguistic isolation throughout the Total Service Area.



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

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

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

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

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

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

- Healthy People 2030 (<https://health.gov/healthypeople>)

Poverty

The latest census estimate shows 9.5% of the Total Service Area total population living below the federal poverty level.

BENCHMARK ▶ Lower than the state and national percentages. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Highest in Polk County.

Among just children (ages 0 to 17), this percentage in the Total Service Area is 12.0% (representing over 18,000 children).

BENCHMARK ▶ Well below the US figure but fails to satisfy the Healthy People 2030 objective.

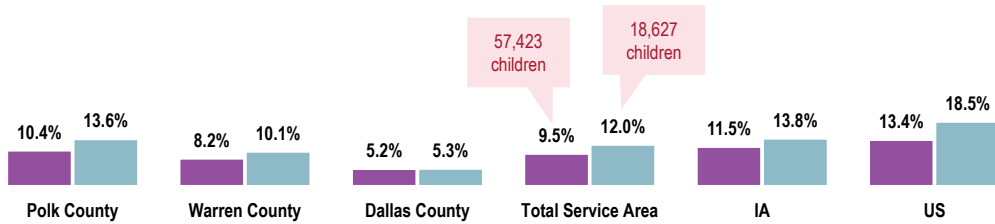
DISPARITY ▶ Highest in Polk County.



Population in Poverty (Populations Living Below the Poverty Level; 2015-2019)

Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



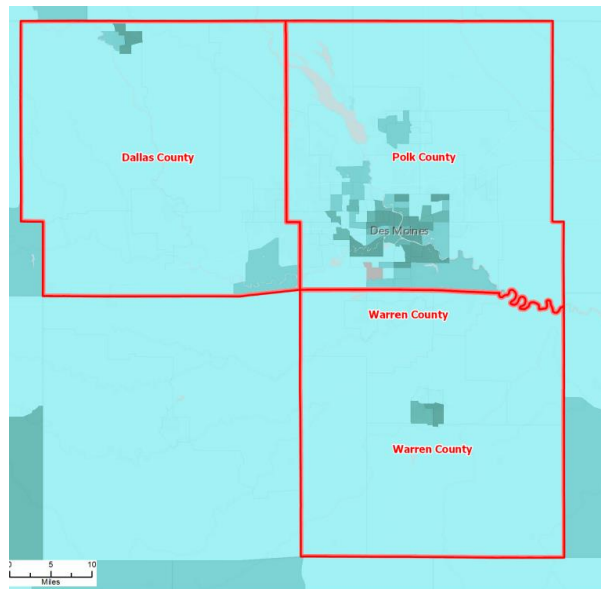
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

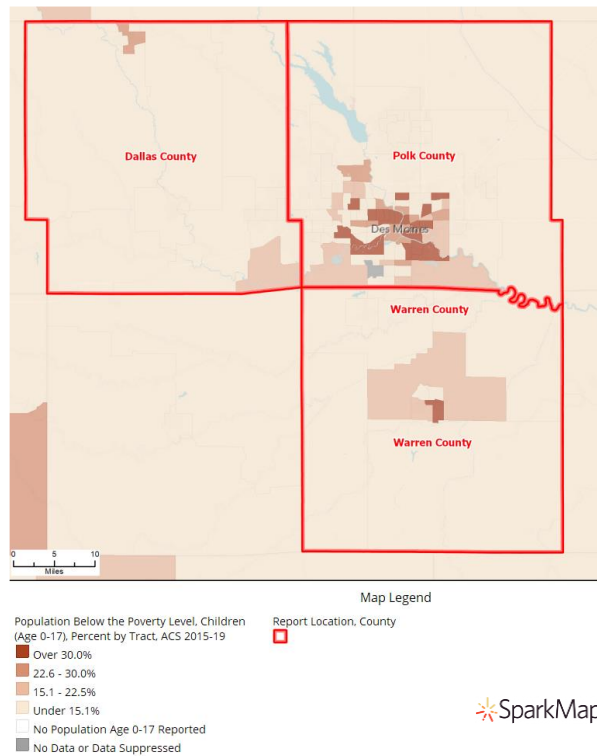
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

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



SparkMap





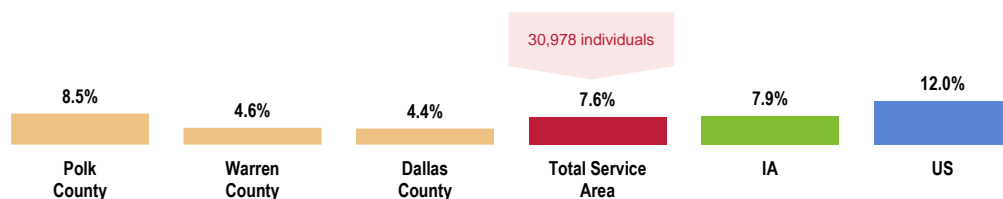
Education

Among the Total Service Area population age 25 and older, an estimated 7.6% (nearly 31,000 people) do not have a high school education.

BENCHMARK ▶ Well below the national percentage.

DISPARITY ▶ Highest among Polk County residents.

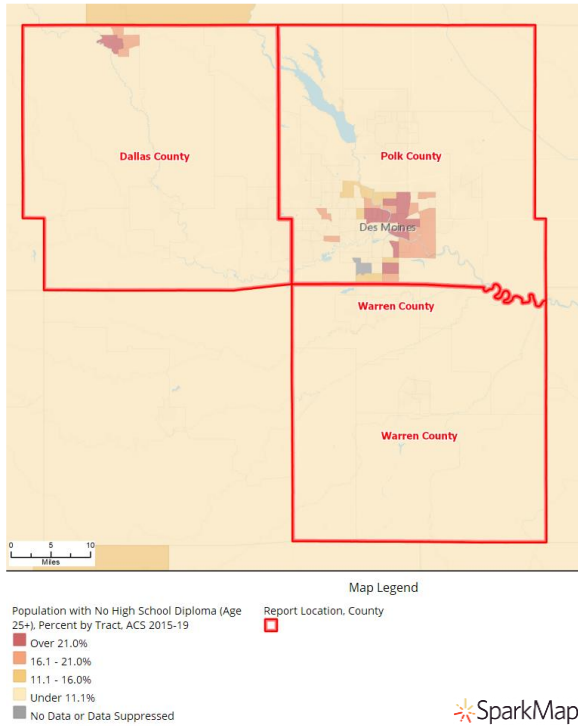
Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2015-2019)



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).

Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.





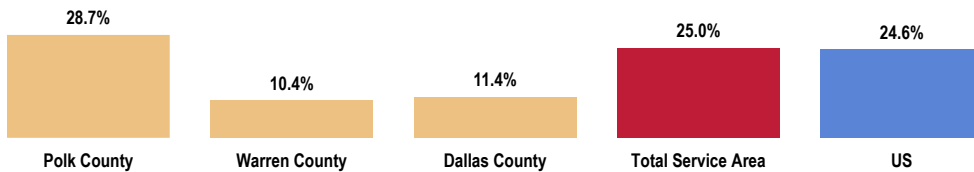
Respondents were asked: "Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full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

Financial Resilience

One in four (25.0%) Total Service Area residents would not be able to afford an unexpected \$400 expense without going into debt.

DISPARITY ► The prevalence is considerably higher in Polk County. The prevalence correlates with age of respondent and is reported more often among those in low-income households (especially), as well as communities of color and the LGBTQ+ population.

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



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 63]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

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



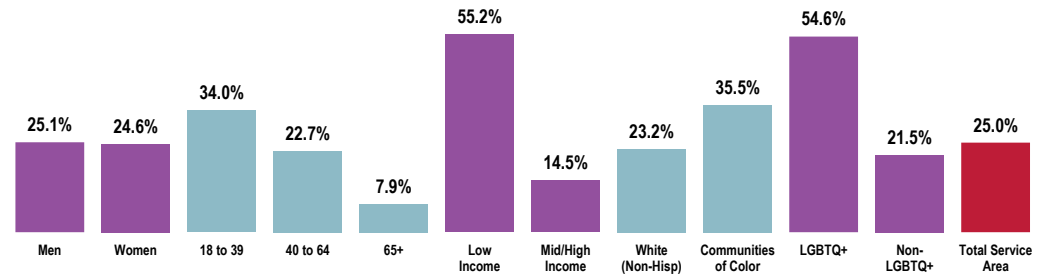
Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity.

Here, “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

In addition, all Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

LGBTQ+ includes respondents identifying as transgender or identifying with a sexual orientation other than heterosexual (e.g., lesbian, gay, bisexual, queer/questioning).

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 63]

Notes: • Asked of all respondents.

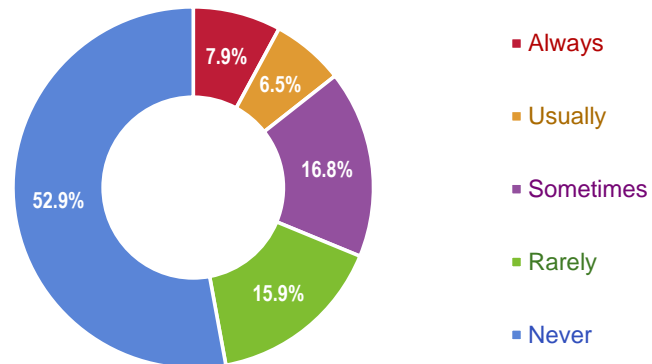
• Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Housing

Housing Insecurity

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

Frequency of Worry or Stress Over Paying Rent or Mortgage in the Past Year (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 66]

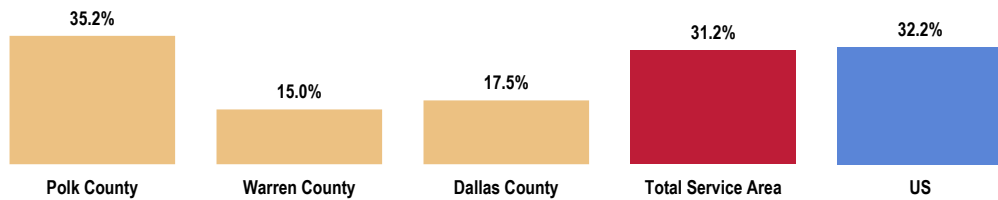
Notes: • Asked of all respondents.



However, a considerable share (31.2%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

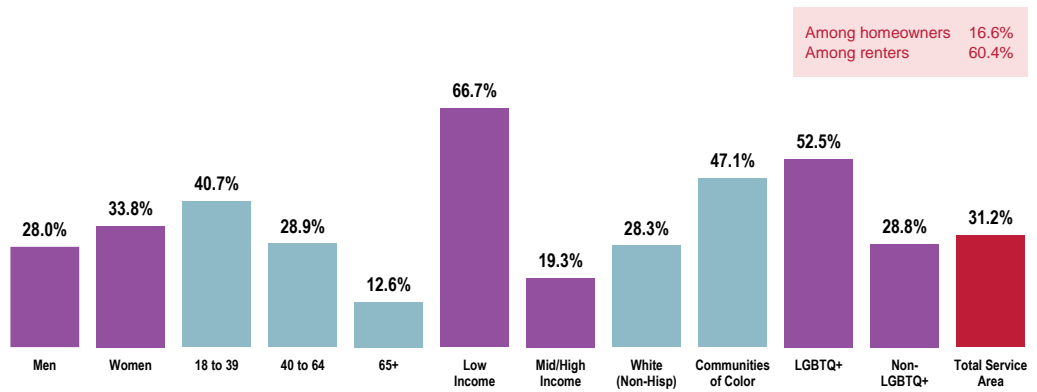
DISPARITY ► Unfavorably high among residents of Polk County. Reported more often among young adults, those living in low-income households, communities of color, and the LGBTQ+ population.

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 66]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 66]
 Notes: • Asked of all respondents.



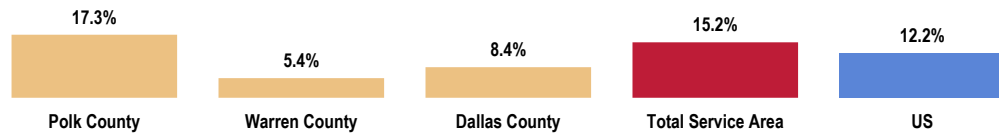
Unhealthy or Unsafe Housing

A total of 15.2% of Total Service Area residents report living in unhealthy or unsafe housing conditions during the past year.

DISPARITY ► Highest among Polk County respondents. Decreases with age and is reported more often among low-income respondents, renters, and those in the LGBTQ+ community.

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

Unhealthy or Unsafe Housing Conditions in the Past Year

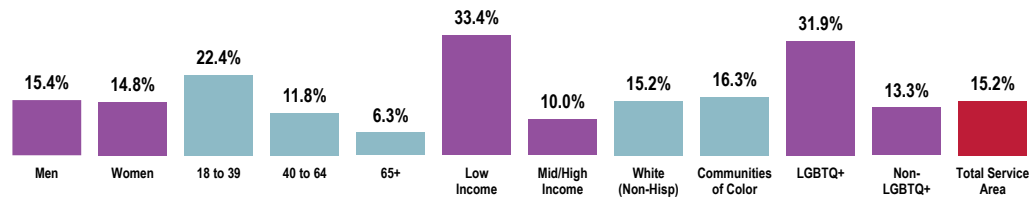


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 65]
• 2020 PRC National Health Survey, PRC, Inc.

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

Unhealthy or Unsafe Housing Conditions in the Past Year (Total Service Area, 2021)

Among homeowners 8.2%
Among renters 25.2%



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 65]

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



Food Access

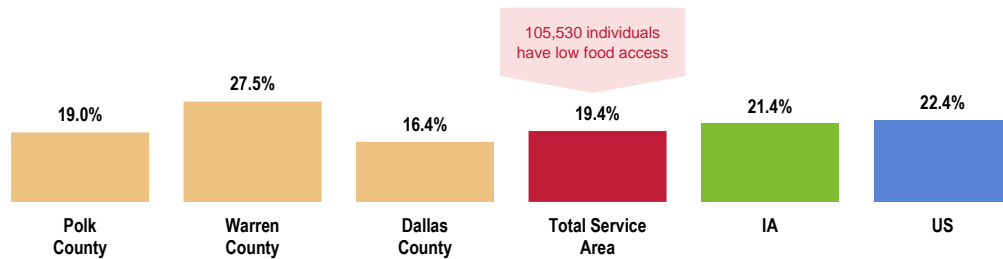
Low Food Access

US Department of Agriculture data show that 19.4% of the Total Service Area population (representing over 105,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

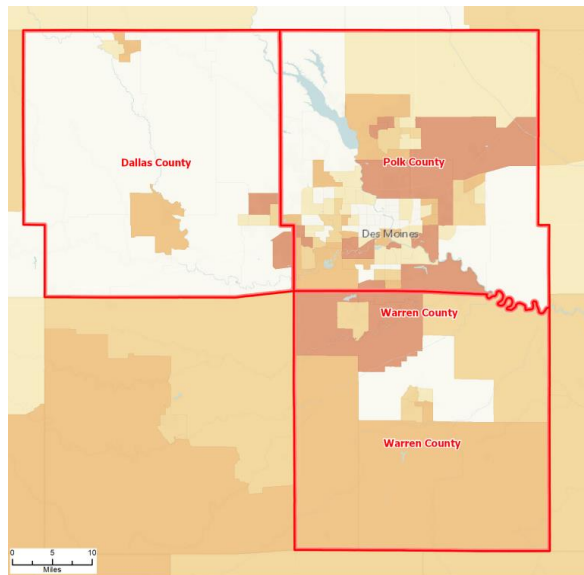
BENCHMARK ▶ Lower than the national figure.

DISPARITY ▶ Unfavorably high in Warren County.

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



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the 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. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Food Insecurity

Overall, 27.4% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ▶ Lower than the US percentage.

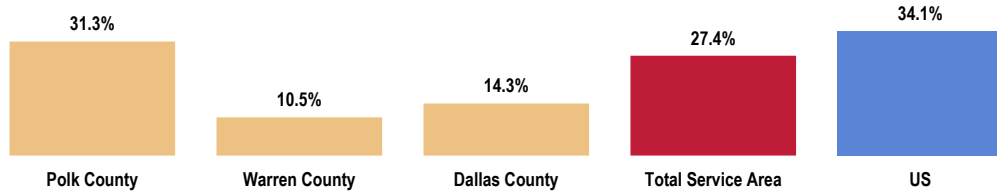
DISPARITY ▶ Highest among respondents in Polk County. Reported more often among young adults, those in low-income households, communities of color, and the LGBTQ+ population.

Surveyed adults were asked: “Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was “Often True,” “Sometimes True,” or “Never True” for you in the past 12 months:

- I worried about whether our food would run out before we got money to buy more.
- The food that we bought just did not last, and we did not have money to get more.”

Those answering “Often” or “Sometimes True” for either statement are considered to be food insecure.

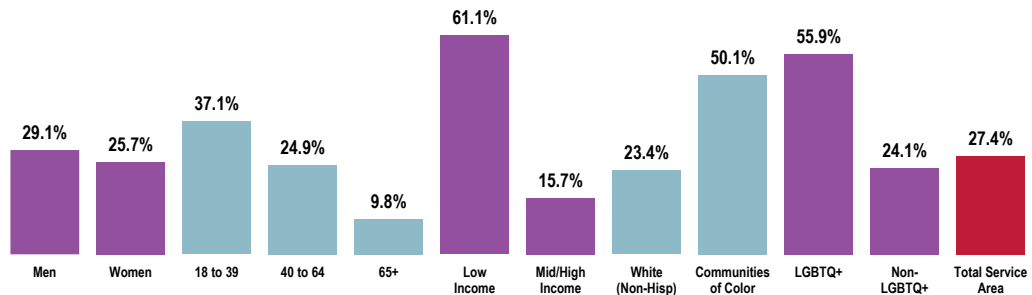
Food Insecurity



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 112]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 112]

Notes: • Asked of all respondents.
• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

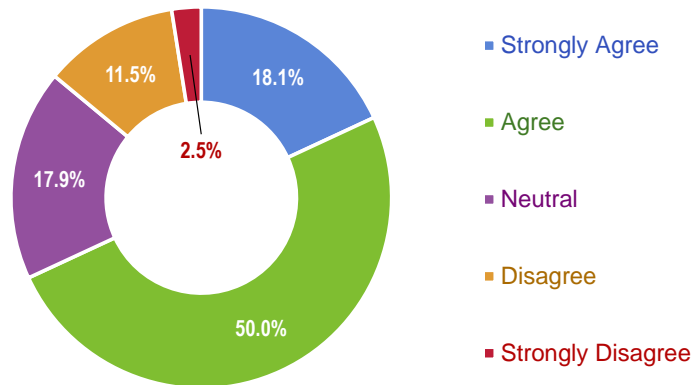


Diversity & Inclusion

Race & Ethnicity

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

“I feel that my community is a welcoming place for people of all races and ethnicities.”
(Total Service Area, 2021)

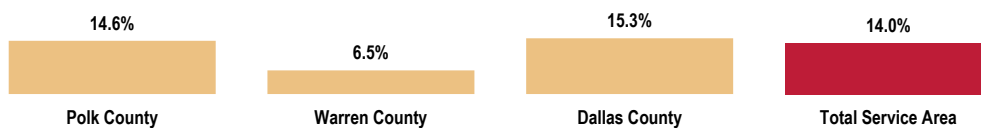


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of all respondents.

However, 14.0% said they “disagree” or “strongly disagree” with the statement.

DISPARITY ▶ Lowest among respondents in Warren County. Reported more often among women and young adults.

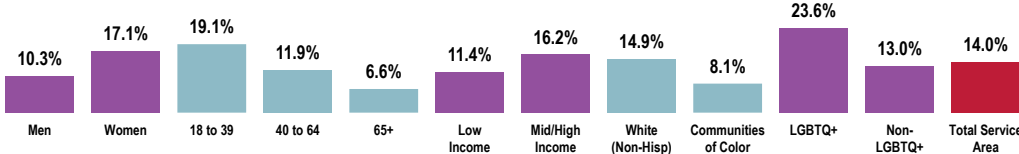
Disagree That the Community is Welcoming to People of All Races and Ethnicities



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of all respondents.
• Includes “disagree” and “strongly disagree” responses.



Disagree That the Community is Welcoming to People of All Races and Ethnicities (Total Service Area, 2021)

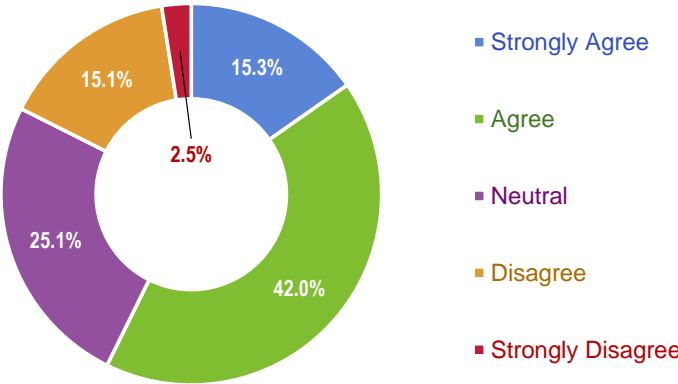


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 301]
 Notes: • Asked of all respondents.
 • Includes "disagree" and "strongly disagree" responses.

Sexual Orientation

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

"I feel that my community is a welcoming place for people of all sexual orientations." (Total Service Area, 2021)



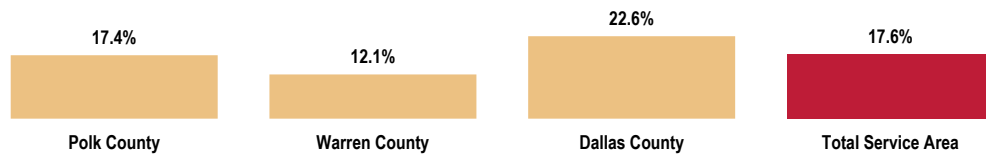
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 304]
 Notes: • Asked of all respondents.



However, 17.6% responded that they “disagree” or “strongly disagree” with the statement.

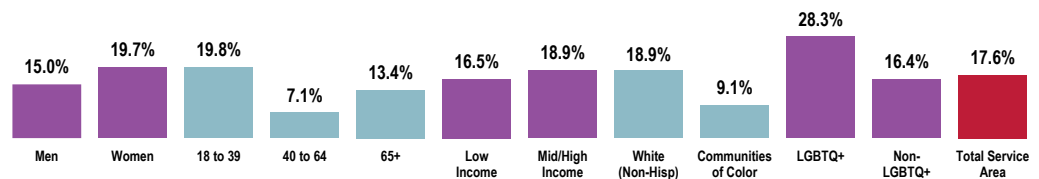
DISPARITY ► Disagreement is higher in young adults, non-Hispanic Whites, and (especially and most notably) LGBTQ+ respondents.

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 304]
 Notes: • Asked of all respondents.
 • Includes “disagree” and “strongly disagree” responses.

Disagree That the Community is Welcoming to People of All Sexual Orientations (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 304]
 Notes: • Asked of all respondents.
 • Includes “disagree” and “strongly disagree” responses.





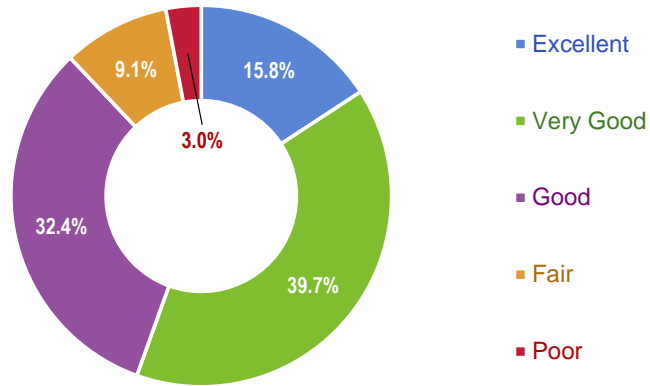
HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?"

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

Self-Reported Health Status
(Total Service Area, 2021)

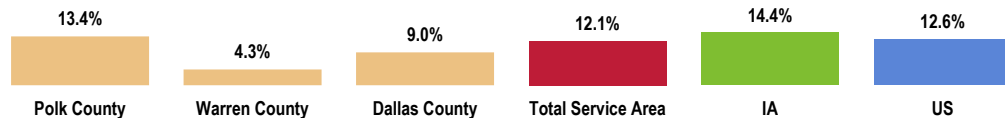


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 12.1% of Total Service Area adults believe that their overall health is "fair" or "poor."

DISPARITY ► The prevalence is highest in Polk County. Particularly high in the low-income population.

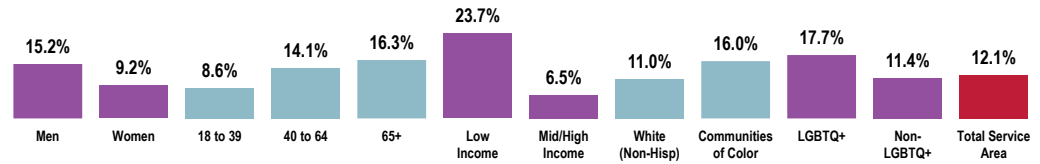
Experience "Fair" or "Poor" Overall Health



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Iowa data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
 Notes: • Asked of all respondents.



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

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

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

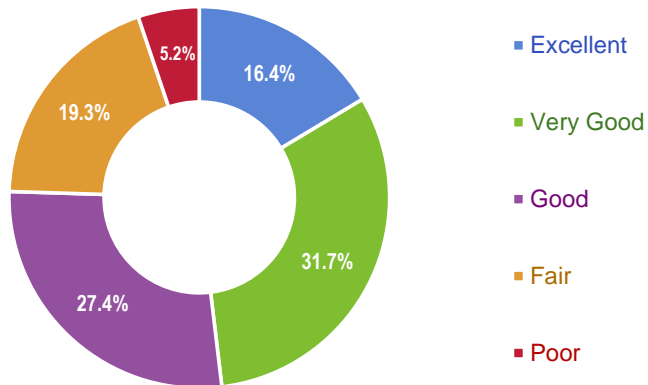
– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

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

“Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair, or Poor?”

Self-Reported Mental Health Status
(Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: • Asked of all respondents.

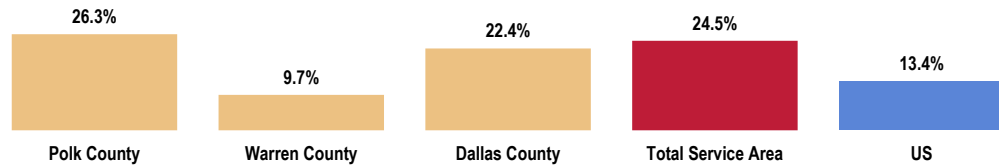


However, 24.5% believe that their overall mental health is “fair” or “poor.”

BENCHMARK ► Much higher than the US findings.

DISPARITY ► Highest in Polk County.

Experience “Fair” or “Poor” Mental Health



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 90]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Depression

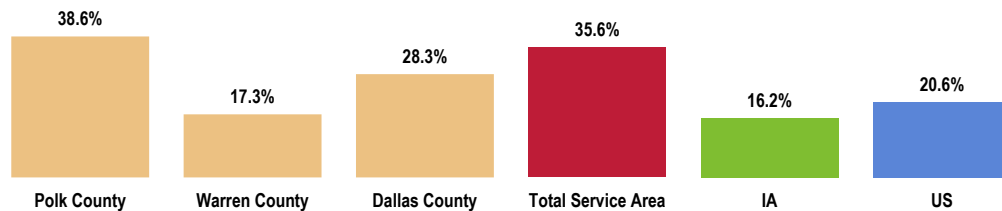
Diagnosed Depression

A total of 35.6% of Total Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Considerably higher than state and national figures.

DISPARITY ► Highest in Polk County.

Have Been Diagnosed With a Depressive Disorder



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 93]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Depressive disorders include depression, major depression, dysthymia, or minor depression.



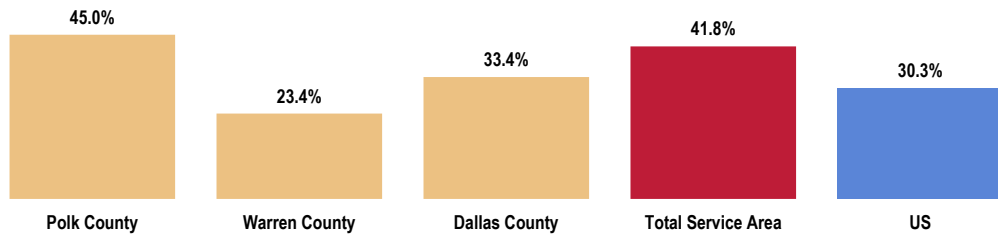
Symptoms of Chronic Depression

A total of 41.8% of Total Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

BENCHMARK ► Worse than the US prevalence.

DISPARITY ► Unfavorably high in Polk County. Impacts over 50% of young adults, low-income residents, and LGBTQ+ respondents.

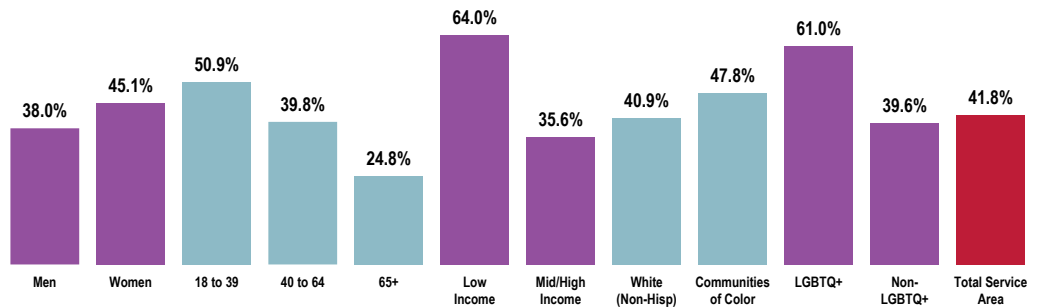
Have Experienced Symptoms of Chronic Depression



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 91]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 91]

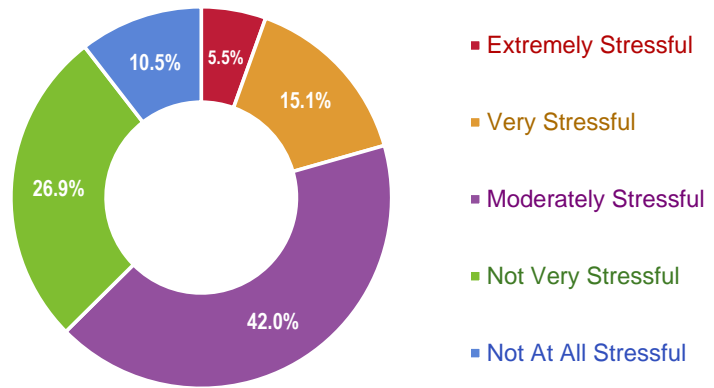
Notes: • Asked of all respondents.
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



Stress

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

Perceived Level of Stress On a Typical Day
(Total Service Area, 2021)



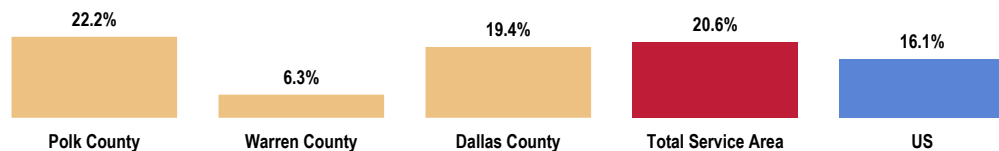
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

In contrast, 20.6% of Total Service Area adults feel that most days for them are “very” or “extremely” stressful.

BENCHMARK ► Higher than the national figure.

DISPARITY ► Reported more often in Polk County. Correlates with age and is higher among low-income respondents, communities of color, and the LGBTQ+ population.

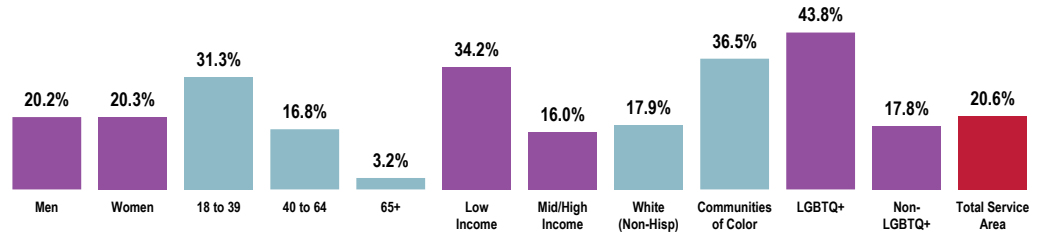
Perceive Most Days as “Extremely” or “Very” Stressful



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 92]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Most Days as “Extremely” or “Very” Stressful (Total Service Area, 2021)



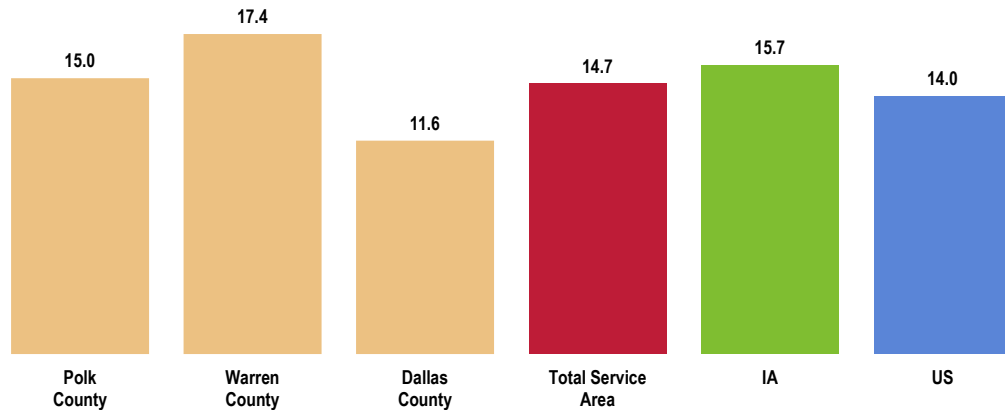
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

Suicide

In the Total Service Area, there were 14.7 suicides per 100,000 population (2017-2019 annual average age-adjusted rate).

DISPARITY ► Lowest in Dallas County.

Suicide: Age-Adjusted Mortality (2017-2019 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Mental Health Treatment

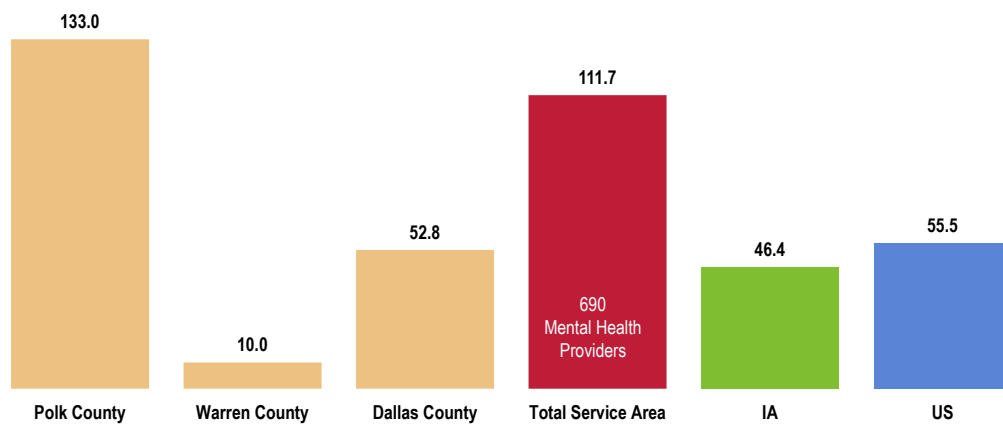
Mental Health Providers

In the Total Service Area in 2020, there were 111.7 mental health providers for every 100,000 population.

BENCHMARK ▶ Well above the state and national provider ratios.

DISPARITY ▶ Largely concentrated in Polk County, with a rather low ratio in Warren County.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2020)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).
Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

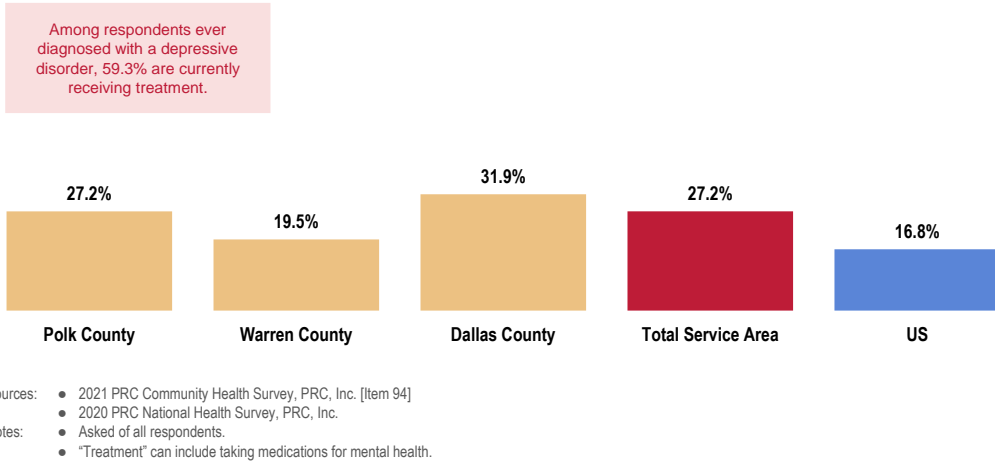
Currently Receiving Treatment

A total of 27.2% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ▶ Higher than the national prevalence.



Currently Receiving Mental Health Treatment

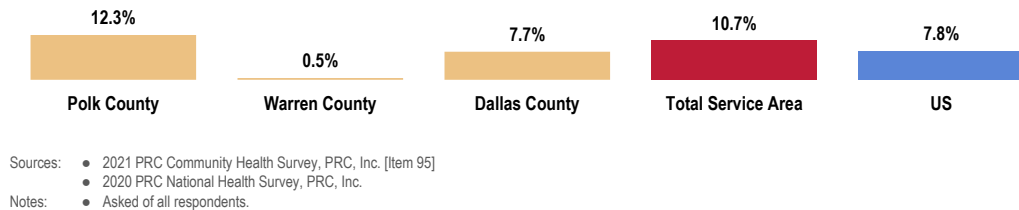


Difficulty Accessing Mental Health Services

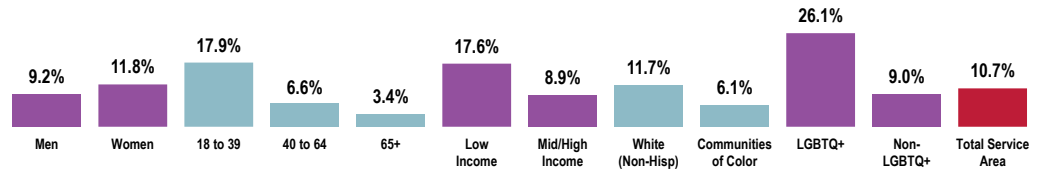
A total of 10.7% of Total Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

DISPARITY ► Most problematic in Polk County. Reported more often among young adults, those living in low-income households, and LGBTQ+ residents.

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



Unable to Get Mental Health Services When Needed in the Past Year (Total Service Area, 2021)



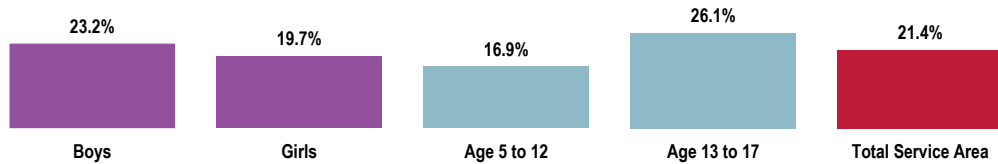
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 95]
 Notes: • Asked of all respondents.

Child’s Mental Health Services

Among parents of children age 5 to 17, 21.4% report that their child needed mental health services at some point in the past year.

DISPARITY ► Reported more often among parents of teens.

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 308]
 Notes: • Asked of all respondents with children 5 to 17 in the household.



Key Informant Input: Mental Health

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

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2021)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

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

Access to Care/Services

- Access to therapists and providers. Long wait times. - Community Leader
- People do not have access to ongoing mental health care. -lack of practitioners-lack of funding-mental health failures in the courts/justice system. Penalizing people for having mental health issues and then getting them stuck in a cycle of debt. -homelessness-childcare-poverty-health care deficits. - Social Services Provider
- Access to care/providers and wait times. - Community Leader
- It is hard to get access to good, especially LGBTQIA+, competent and anti-racist therapy that is affordable/free. Mental health has been defunded by the state and needs more investments in it. - Community Leader
- Lack of services and funding. - Community Leader
- Getting services when they need them. Awareness has been heightened, but services are behind the curve in terms of meeting need. - Community Leader
- Access to care and accurate diagnoses. - Community Leader
- Access to mental health comprehensive counseling. - Community Leader
- Fragmented system of care, limited resources, and placements, underfunding of effort. - Community Leader
- Access to quality mental health services when needed, availability of long-term treatment placement. - Community Leader
- Getting in to see a mental health provider or therapist. - Other Health Care Provider
- The fact is, Iowa has consistently been ranked as one of the worst states for mental health care. In 2015, the state closed two of its four mental hospitals and therefore significantly reduced the number of psychiatric beds for Iowans. A 2017 report from the Treatment Advocacy Center gave Iowa a D- grade for its mental health bed shortage as well as its unorganized system of treating inmates with severe mental illness. The report said in 2016, Iowa ranked last of all states in terms of psychiatric bed availability, with only 1.2 beds per 100,000 adults; this is a far cry from the national average of about 12 beds per 100,000 adults. - Community Leader
- Lack of access to mental health services (i.e. lack of providers, transportation, etc.). - Public Health Representative
- Access to preventative care and early diagnosis. - Community Leader
- Lack of mental health system of care for adults and even bigger issue for youth. Lack of mental health providers and worsening over time as reimbursement rates have continued to erode. We see three to six month wait lists for even basic therapy services not to mention any specialty area. - Social Services Provider
- Access to services, particularly children and young adults. - Community Leader
- Access to timely visits with mental health professionals. Lack of support for those with such mental health challenges they don't even yet have the capacity to address mental health issues - particularly as it relates to the homeless. Access in general - not just availability, but insurance coverage and costs too. - Social Services Provider



Lack of accessible services. One example is substance treatment - often it take weeks to get into treat, by that time the person may have changed their mind or cannot be located. Additionally, there aren't a lot of treatments for dual diagnosis patients. Facilities often require a person with mental illness to be sober before treatment, which is exceedingly difficult. We don't have enough providers per capita in our community, particularly for children and young adults. There is still stigma attached to mental health. - Community Leader

Access to assessment is a clear limiter. Then, access to affordable/competent treatment is a problem. Combine these with the stigma that is attached and the reach to those in need and to those who could benefit is severely limited. - Community Leader

Being able to get in to see practitioners for the medications that they need and then to be monitored to make sure that those medications are working. - Other Health Care Provider

The pandemic has exposed existing mental health challenges and has created new mental health challenges across our community members. There are not enough providers or resources for everyone to access the mental health support they need. - Community Leader

Contributing Factors

Stigma, cost, don't know where to go and not enough agencies providing mental health care. - Public Health Representative

Lack of funding, lack of workforce/providers, lack of facilities/beds, childhood system is just being built out (this is good thing, but will take time). These all lead to insufficient access to care and long wait times. - Public Health Representative

Stigma, inadequate services, limited treatment by insurance, long wait to get appointment with mental health providers. - Community Leader

Stigma. Also, recognition of various symptoms of mental unhealthiness and acceptance of help, including recognition by parents, teachers, peers, and other adults. Thereafter, how and where to find resources and support are additional challenges. - Community Leader

Post COVID hangover, substance abuse, lack of exercise, lack of spiritual health, electronics. - Community Leader

The impact of the COVID pandemic has taxed the mental health challenges of our community and nation. Although stigma surrounding mental illness has likely declined in recent years, there is still community stigma that is preventing citizens from seeking treatment. Additionally, access to treatment of all kinds is a challenge and significantly lacking for those of diverse backgrounds. We have made improvements in this space but we have a long way to go to meet the same level of treatment options and access as we have for non-mental health illnesses. - Community Leader

Access to affordable, confidential services. Unhealthy, stressful work environments. Low wages. - Community Leader

The ability to find access to providers or resources during a mental health crisis. Additionally, during the pandemic, there has been little address the systematic, continued mental health stress that the entire community is under due to how different systems are handling the pandemic. Employers are treating covid differently than school systems. The lack of protocols for schools for covid has caused increased exposure for children, requiring parents to not only fill the gap, while employers are returning to "normal". The stress that families are under is extreme. - Community Leader

Mental health issues are on the rise--our 99-county state does not have centralized care, especially for an issue as broadly defined as mental health. Many people still do not want to discuss mental health, nor take action to make positive change for others (in the workplace for example). - Community Leader

Access to Care for Uninsured/Underinsured

Difficult to access, especially if people are non or under-insured. A lack of culturally diverse/sensitive providers. - Community Leader

Insurance keeps people from Mental Health care. People don't seek a therapist because of the cost and the difficulty to find someone. There is no referral network option in Polk County for people to find a therapist. Medicare and private insurance doesn't reimburse for interpretation so offices decline referrals. Therapist reimbursement for Medicaid is lower than livable wage, so therapists don't remain in community mental health (which causes high turnover of staff for clients and less quality services). Mental health from isolation and uncertainty of the pandemic has increased causing greater demand for the services without increasing the number of providers or the reimbursement/insurance problems overall. All other supply/demand responses for businesses would raise prices, but that's never an option with mental health services. - Community Leader

Awareness/Education

Understanding of mental health, when to seek services, and how to seek services. Dallas County has a very high ratio of residents per provider, indicating that there is a workforce need. - Public Health Representative

Resuming life after COVID, understanding what self-care means and what it looks like, barriers to accessing mental health providers and paying for care, knowing the resources, recognizing the signs, stigma. - Community Leader



Public awareness, understanding, and lack of kindness. - Social Services Provider

Child/Adolescent Mental Health

Child and adolescent mental health is even more problematic. There is a significant lack of providers and programming to help parents and the children. - Social Services Provider

Access to children's mental health services. - Other Health Care Provider

Child age and young adult suicide. - Community Leader

Lack of Providers

People arrive in our community with skills (health and mental health) they have practiced in other countries. There is pathway created for them to return to their profession and serve their own community members. People have to have a degree before taking licensing exam. There should be a way for people to apply to be part of the health and mental health workforce through proving their skills so they can help our communities and be recognized for their profession. - Community Leader

Lack of psychiatrists and other professional resources. - Community Leader

Lack of providers and Medicaid reimbursement that does not cover the cost of care to attract providers. - Other Health Care Provider

Incidence/Prevalence

Mental health is identified as a major concern from both a community member and provider perspective regarding maternal health focus areas. COVID pandemic and subsequent response has intensified depression and anxiety within the community. Lack of mental health providers, of all levels, limits access to mental health services. Lack of diverse mental health providers inhibits many communities of color and LGBTQ community members from accessing mental health services. - Public Health Representative

Mental health consistently is the number one item on our county's CHNA, many municipality and community partners ask about population mental health programming. - Community Leader

Prevention/Screenings

Our community needs to increase focus on the prevention and early identification of mental health issue, including public awareness on mental health with families. - Community Leader

Denial/Stigma

There is a lot of stigma associated to mental health. More needs to be done to improve awareness of mental health and to explain the link between good physical health and good mental health. - Community Leader

Work Related

Workforce. - Other Health Care Provider





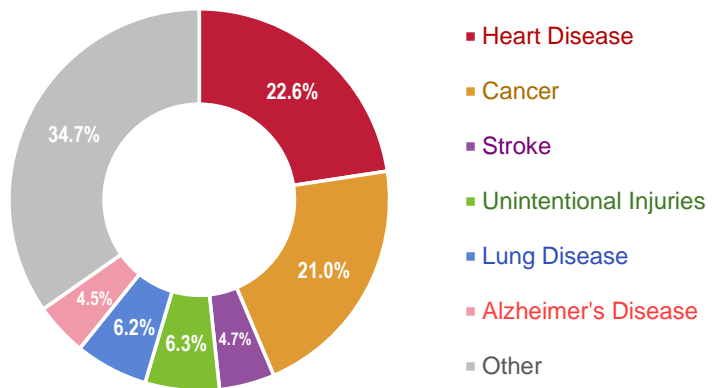
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for over 40% of all deaths in the Total Service Area in the 2017-2019 reporting period.

Leading Causes of Death
(Total Service Area, 2017-2019)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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

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

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



The following chart outlines 2017-2019 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Service Area.

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

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

Age-Adjusted Death Rates for Selected Causes (2017-2019 Deaths per 100,000 Population)

	Total Service Area	IA	US	HP2030
Diseases of the Heart	160.2	168.5	163.4	127.4*
Malignant Neoplasms (Cancers)	154.2	154.7	149.3	122.7
Fall-Related Deaths (65+)	115.1	83.1	65.1	63.4
Chronic Lower Respiratory Disease (CLRD)	45.7	44.7	39.6	n/a
Unintentional Injuries	44.9	41.9	48.9	43.2
Alzheimer's Disease	39.7	32.1	30.4	n/a
Cerebrovascular Disease (Stroke)	32.6	32.6	37.2	33.4
Diabetes Mellitus	19.1	21.6	21.5	n/a
Intentional Self-Harm (Suicide)	14.7	15.7	14.0	12.8
Drug-Induced	13.7	8.6	18.8	n/a
Pneumonia/Influenza	11.7	14.0	13.8	n/a
Cirrhosis/Liver Disease	9.8	9.2	11.1	10.9
Firearm-Related	8.8	8.9	11.9	10.7
Kidney Diseases	7.6	9.3	12.9	n/a
Motor Vehicle Deaths	6.5	10.7	11.3	10.1
Homicide	3.7	2.9	6.1	5.5
HIV/AIDS	1.1	0.6	1.9	n/a

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>.

Note:

- *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

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

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

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

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

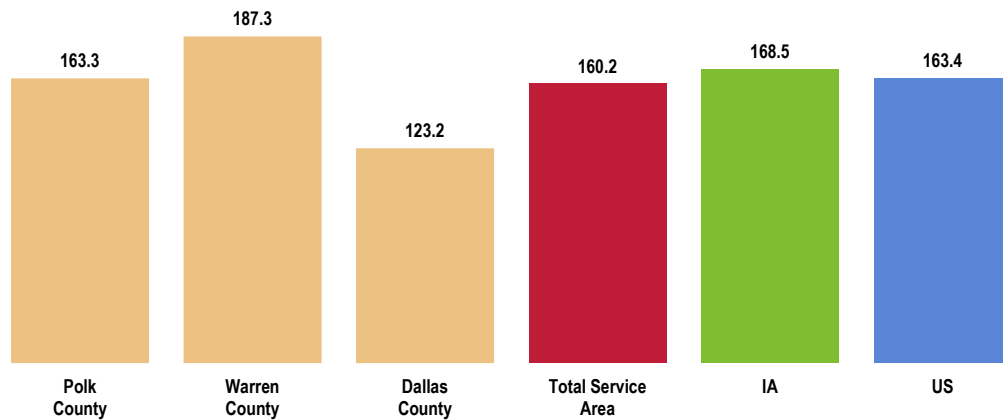
Between 2017 and 2019, there was an annual average age-adjusted heart disease mortality rate of 160.2 deaths per 100,000 population in the Total Service Area.

BENCHMARK ▶ Far from satisfying the Healthy People 2030 objective.

DISPARITY ▶ Notably lower in Dallas County.

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

Heart Disease: Age-Adjusted Mortality
(2017-2019 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

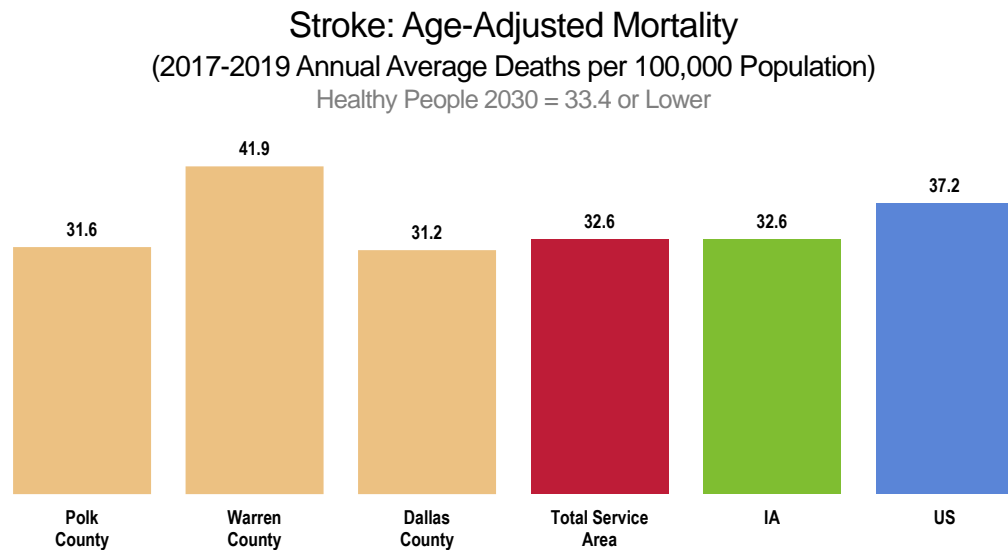
Notes: • The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



Stroke Deaths

Between 2017 and 2019, there was an annual average age-adjusted stroke mortality rate of 32.6 deaths per 100,000 population in the Total Service Area.

DISPARITY ► Highest among Warren County residents.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Prevalence of Heart Disease & Stroke

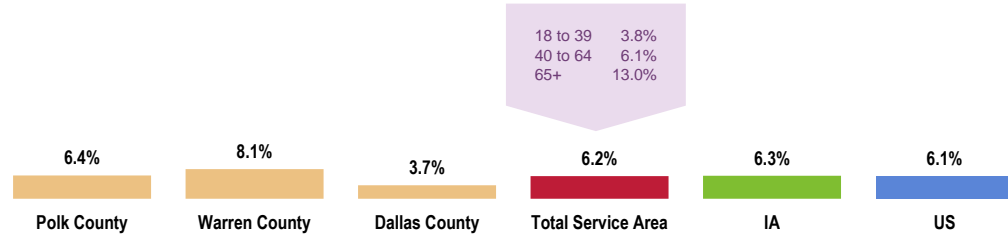
Prevalence of Heart Disease

A total of 6.2% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

DISPARITY ► As might be expected, notably higher among older adults.



Prevalence of Heart Disease



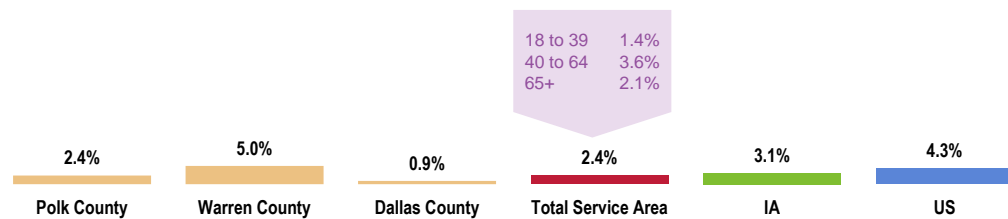
- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 114]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

A total of 2.4% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

BENCHMARK ► Lower than the national prevalence.

Prevalence of Stroke



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 29]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



Cardiovascular Risk Factors

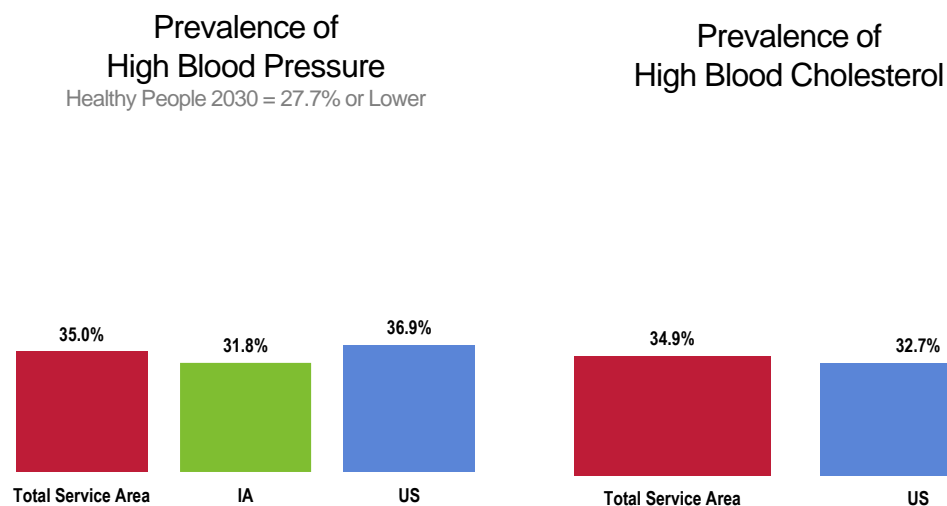
Blood Pressure & Cholesterol

A total of **35.0%** of Total Service Area adults have been told by a health professional at some point that their **blood pressure** was high.

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

A total of **34.9%** of adults have been told by a health professional that their **cholesterol level** was high.

DISPARITY ▶ Unfavorably high in Dallas County (not shown).



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 35, 36]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

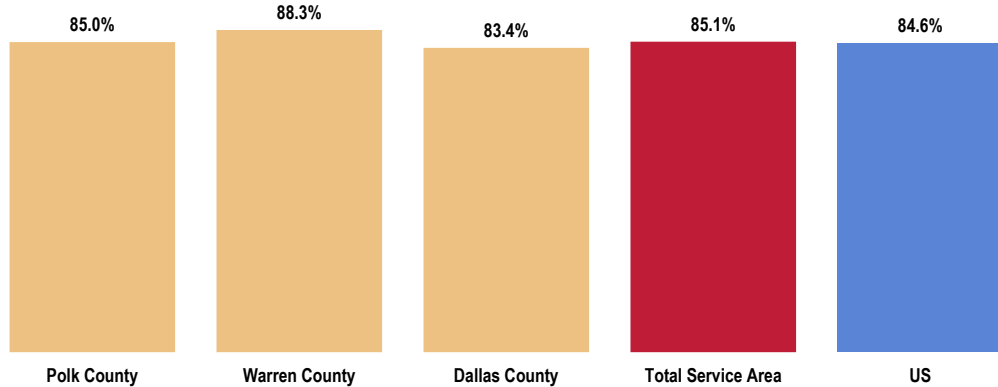


A total of 85.1% of Total Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

DISPARITY ▶ Reported more often among adults age 40 and older and those in low-income households.

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

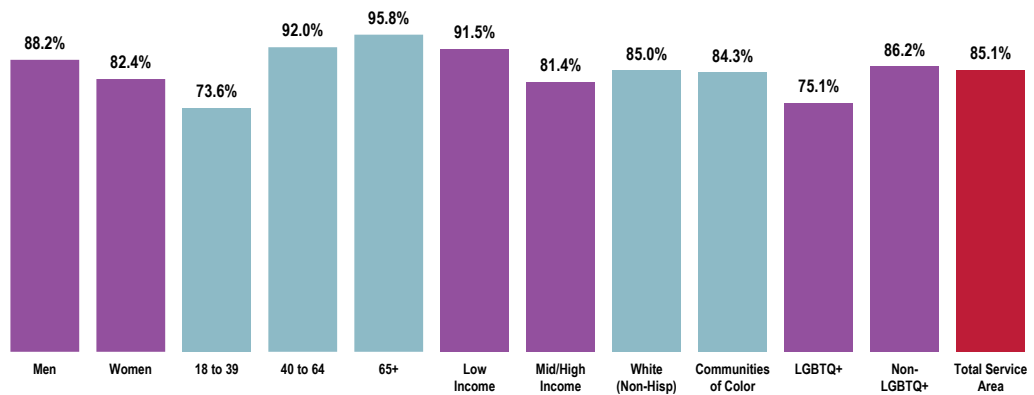
Present One or More Cardiovascular Risks or Behaviors



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 115]
• 2020 PRC National Health Survey, PRC, Inc.

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

Present One or More Cardiovascular Risks or Behaviors (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 115]

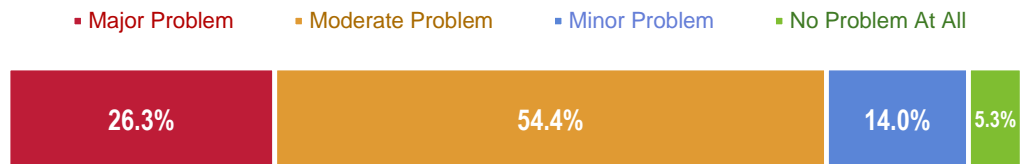
Notes: • Reflects all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



Key Informant Input: Heart Disease & Stroke

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

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2021)



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

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

Obesity

- Lots of people deal with obesity and health problems that lead to heart disease and stroke. - Other Health Care Provider
- With stress levels high and many people gaining weight over the last year and a half, it is a good time to prevent these major killers. - Community Leader
- It starts with obesity and the lack of access to healthy food and physical activity for many. - Public Health Representative
- Obesity levels are incredibly high. - Community Leader

Leading Cause of Death

- Heart disease is the leading cause of death in Iowa. Heart disease and stroke combined counted for nearly one-third of all deaths in Iowa in 2019. Warren in particular has a moderate to high death rate from heart disease. - Community Leader
- Remain a leading cause of death, but little attention is paid to prevention of these chronic disease areas. - Public Health Representative
- Heart disease is the number one killer for women and high percentage of POC. - Community Leader

Contributing Factors

- Stress of having to commute to Des Moines for a good job. Diet and lack of exercise contribute. - Community Leader
- Smoking and high stress for low-income individuals. - Community Leader

Awareness/Education

- Lack of recognition of risk factors, signs, and symptoms. Clinicians may not emphasize the importance of cholesterol levels, blood pressure, etc. and may not stress the need for lifestyle changes and/or medications. - Community Leader

Health Disparities

- There are large disparities in how long a person lives in our community by their zip code. In the 50309 zip code of Des Moines the average person lives just 69 years while someone in the 50265 zip code is expected to live 83 years. We need to pay more attention to healthy food access, the use of e-cigarettes and vaping among teens, and childhood obesity. - Community Leader



Vulnerable Populations

There is a high rate of stroke and heart disease and disproportionately so in the African American community. Many individuals do not trust the health care system and/or would like a provider that is culturally responsive to their health care needs. Many providers do not take the time to listen to the needs of the patients or recognize the social determinants of health as well. - Community Leader



CANCER

ABOUT CANCER

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

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

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

Age-Adjusted Cancer Deaths

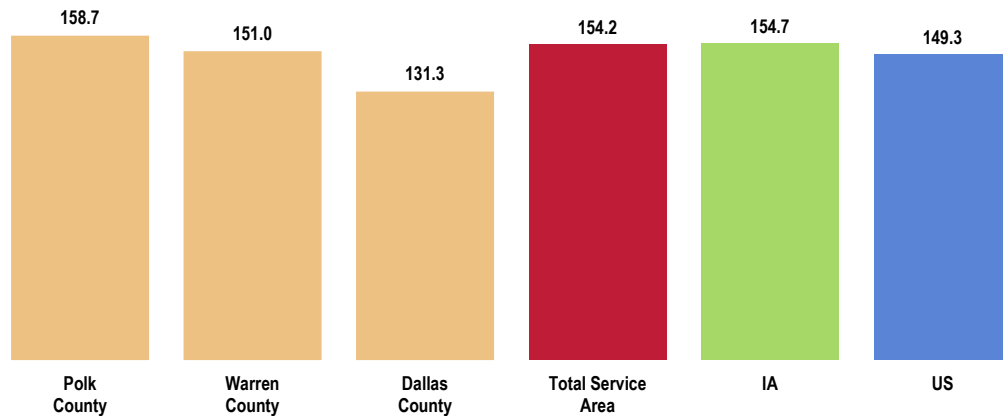
All Cancer Deaths

Between 2017 and 2019, there was an annual average age-adjusted cancer mortality rate of 154.2 deaths per 100,000 population in the Total Service Area.

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Lowest in Dallas County.

Cancer: Age-Adjusted Mortality
(2017-2019 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Cancer Deaths by Site

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

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

BENCHMARK ► Each of the local cancer death rates below fails to satisfy the correlating Healthy People 2030 objective.

Age-Adjusted Cancer Death Rates by Site
(2017-2019 Annual Average Deaths per 100,000 Population)

	Total Service Area	Iowa	US	Healthy People 2030
ALL CANCERS	154.2	154.7	149.3	122.7
Lung Cancer	37.7	37.8	34.9	25.1
Prostate Cancer	21.1	20.5	18.6	16.9
Female Breast Cancer	18.4	18.1	19.7	15.3
Colorectal Cancer	13.2	14.0	13.4	8.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

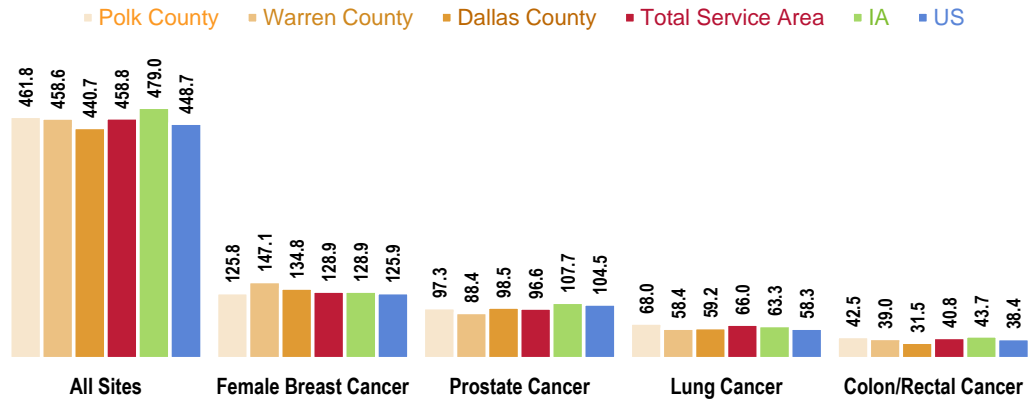


Cancer Incidence

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

The highest cancer incidence rates in the area are for female breast cancer, followed by prostate, lung, and colorectal cancers.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2013-2017)



Sources: • State Cancer Profiles.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).
Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer

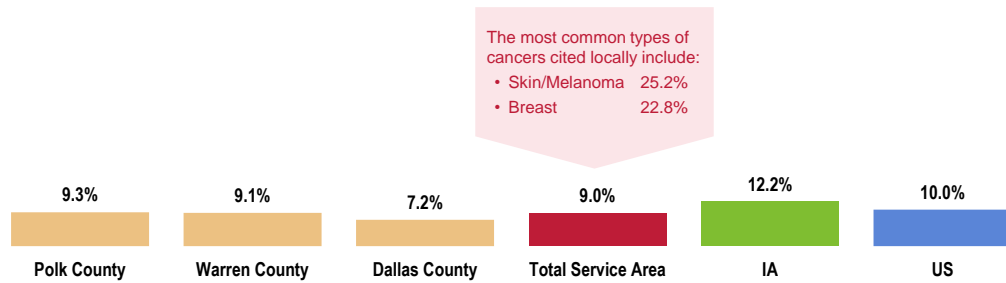
A total of 9.0% of surveyed Total Service Area adults report having ever been diagnosed with cancer. The most common types include skin cancer/melanoma and breast cancer.

BENCHMARK ▶ A lower prevalence than the Iowa figure.

DISPARITY ▶ The Total Service Area percentage is reported most often among adults age 65+.



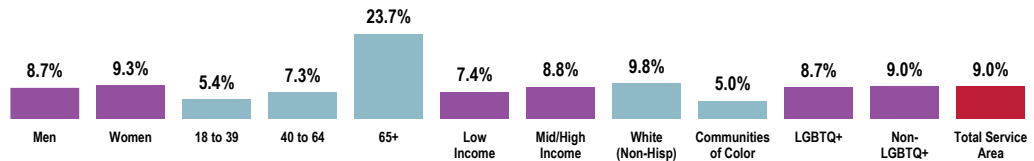
Prevalence of Cancer



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 25-26]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.

Prevalence of Cancer (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 25]
 Notes: • Reflects all respondents.

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

ABOUT CANCER RISK

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

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

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



Cancer Screenings

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

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

FEMALE BREAST CANCER

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

CERVICAL CANCER

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

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

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

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

Among women age 50-74, 84.4% have had a mammogram within the past 2 years.

BENCHMARK ► Well above the national testing prevalence.

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

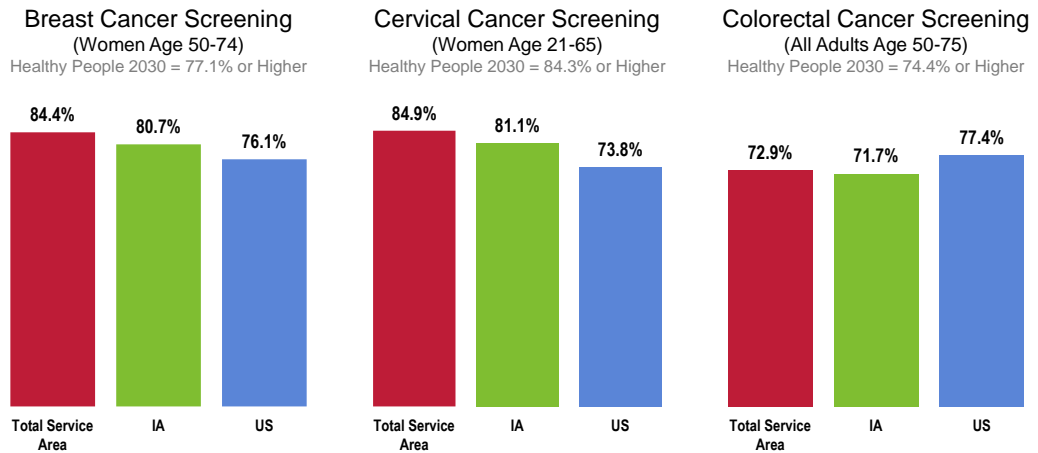
BENCHMARK ► Higher than the national figure.

“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.



Among all adults age 50-75, 72.9% have had appropriate colorectal cancer screening.

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



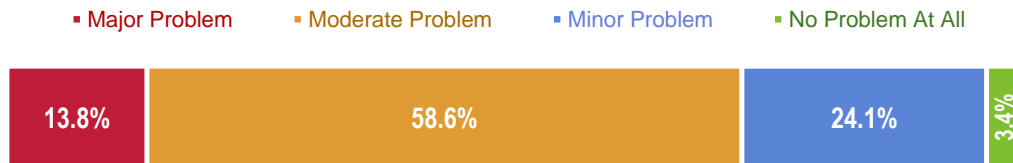
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 116-118]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Iowa data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2021)



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

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

Incidence/Prevalence

- Two in five Iowans will be diagnosed with cancer in their lifetimes. Cancer is a major burden in Iowa. In 2021, an estimated 18,900 new, invasive cancers will be diagnosed among Iowa residents and Polk-Dallas-Warren make up 15% of those numbers for 2021. - Community Leader
- Several members of the community have died due to prostate cancer. Many women and men fail to have regular exams. - Community Leader
- Almost half of all Iowans will be diagnosed with cancer and I am concerned about women’s access to local gynecological cancer related services. - Community Leader



Increase in younger people getting cancer, the preexisting conditions that are exacerbating cancer rates (obesity, for example). - Community Leader

Significant disparities exist in the cancer prevalence among community members, particular for African Americans/blacks in Iowa (see the 2021 Cancer in Iowa report published by the U of I). - Public Health Representative

Access to Care/Services

There is only one Cancer Center and there aren't many support groups advertised if so. - Community Leader

Prevention/Screenings

Late screening, information gap to communities of color. - Community Leader

Contributing Factors

There is still considerable exposure to carcinogens, particularly with young people taking up smoking and vaping. There seems to be a misconception that vaping is "healthier" than smoking, and that smoking marijuana is also not dangerous to the lungs. Throughout the pandemic as well, I understand that fewer women are having annual mammograms and other well checks, so my concern is that there may be undiagnosed cancer in women, particularly low-income women and essential workers. - Community Leader



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

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

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

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

Age-Adjusted Respiratory Disease Deaths

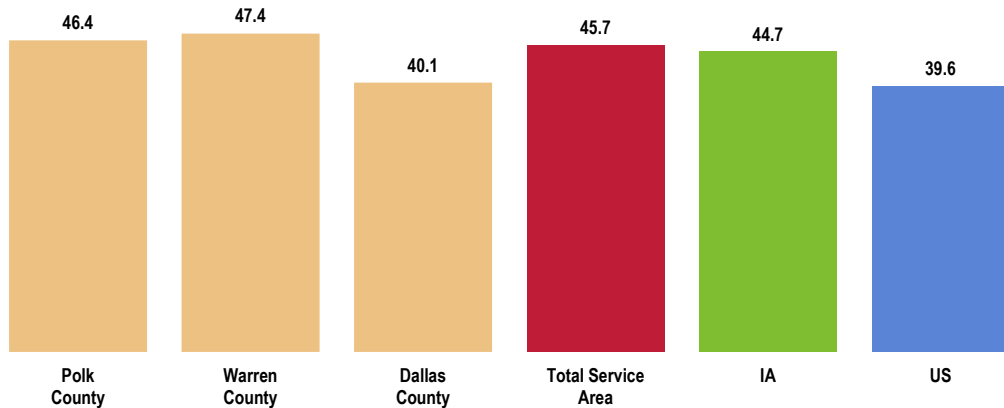
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2017 and 2019, there was an annual average age-adjusted CLRD mortality rate of 45.7 deaths per 100,000 population in the Total Service Area.

DISPARITY ► Lowest in Dallas County.

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

CLRD: Age-Adjusted Mortality
(2017-2019 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.
Notes: • CLRD is chronic lower respiratory disease.



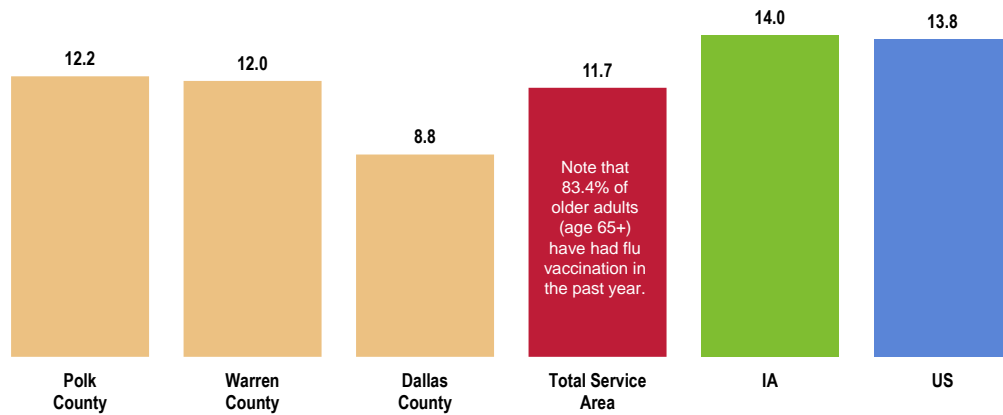
Pneumonia/Influenza Deaths

Between 2017 and 2019, the Total Service Area reported an annual average age-adjusted pneumonia influenza mortality rate of 11.7 deaths per 100,000 population.

BENCHMARK ▶ Lower than the state and national death rates.

DISPARITY ▶ Lowest in Dallas County.

Pneumonia/Influenza: Age-Adjusted Mortality
(2017-2019 Annual Average Deaths per 100,000 Population)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 124]
• CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.

Prevalence of Respiratory Disease

Asthma

Adults

A total of 12.9% of Total Service Area adults currently suffer from asthma.

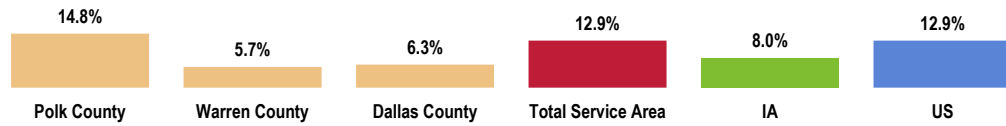
BENCHMARK ▶ Well above the Iowa percentage.

DISPARITY ▶ Highest in Polk County.

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

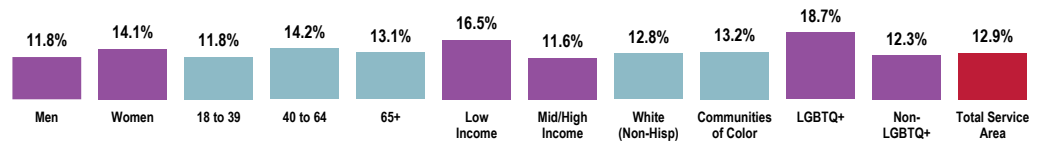


Prevalence of Asthma



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 119]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Prevalence of Asthma (Total Service Area, 2021)



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 119]
- Notes:
- Asked of all respondents.
 - Includes those who have ever been diagnosed with asthma and report that they still have asthma.

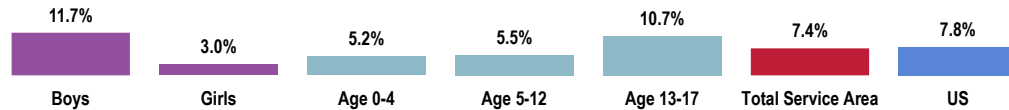


Children

Among Total Service Area children under age 18, 7.4% currently have asthma.

DISPARITY ► Highest among teens and boys.

Prevalence of Asthma in Children (Parents of Children Age 0-17)



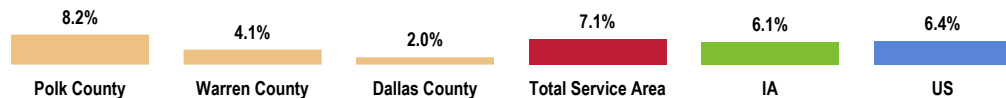
- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 120]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents with children 0 to 17 in the household.
 - Includes children who have ever been diagnosed with asthma and are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 7.1% of Total Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

DISPARITY ► Highest in Polk County.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 23]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

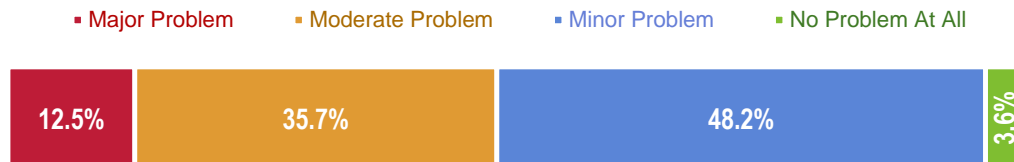
Note: COPD includes lung diseases such as emphysema and chronic bronchitis.



Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a “minor problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2021)



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

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

Tobacco Use

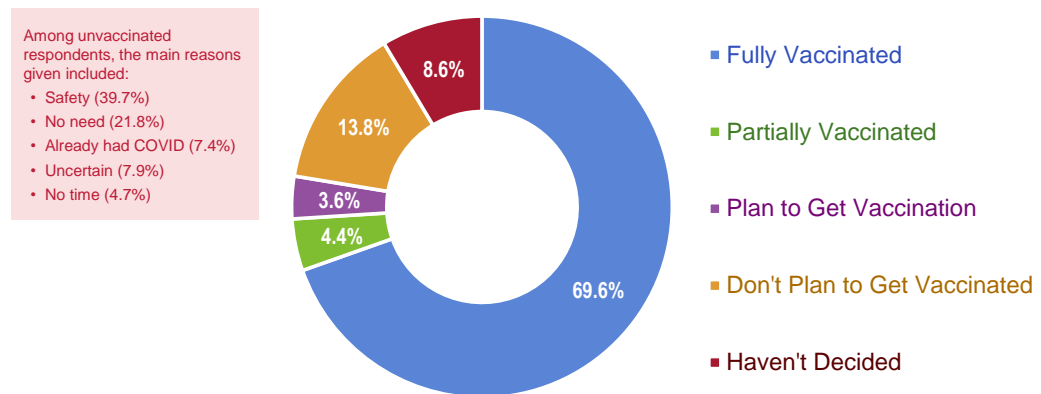
- Long history of smoking in patients leads to COPD and other respiratory diseases. - Community Leader
- COVID has complicated this. Vaping and tobacco use are always an issue. - Public Health Representative

COVID-19 Vaccinations

Seven in 10 survey respondents report being fully vaccinated against COVID-19.

- ▶ Another 8.0% are partially vaccinated or have plans to be vaccinated.
- ▶ Among those who do not plan to receive the vaccination (13.8%), the largest share cited safety concerns and many others don't feel the need for it.

Prevalence of COVID-19 Vaccination (Primary Service Area, 2021)



Among unvaccinated respondents, the main reasons given included:

- Safety (39.7%)
- No need (21.8%)
- Already had COVID (7.4%)
- Uncertain (7.9%)
- No time (4.7%)

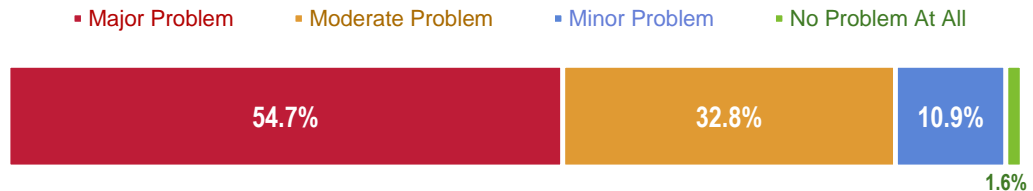
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 306–307]
Notes: • Asked of all respondents.



Key Informant Input: Coronavirus Disease/COVID-19

Over half of key informants taking part in an online survey characterized *Coronavirus Disease/COVID-19* as a “major problem” in the community.

Perceptions of Coronavirus Disease/COVID-19 as a Problem in the Community (Key Informants, 2021)



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

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

Incidence/Prevalence

It is a national pandemic, no state or county is not affected. This is a major public health concern at this time. - Community Leader

Deliberate misinformation leading to individuals not getting vaccinated, lack of political will to mandate masks, uncaring community. - Community Leader

We are still dealing with COVID-19 and increasing case counts and hospitalizations. I believe it will be an issue for some time to come. - Community Leader

Current transmission rates and the strain the disease is placing on current health organizations. - Community Leader

Based on the number of deaths and the second wave of infection due to the Delta variant, along with the inability to mandate masks or vaccines. - Community Leader

Transmission rates are high in these three counties-- impacting families, businesses, and communities alike. For example, can kids return safely to school? What can working parents do when child care is shut down? How can businesses make the public feel safe? - Community Leader

Spread of covid-19 in this community (Dallas, Polk, Warren Counties) has been and continues to be high. Much of Dallas and Warren Counties are rural and conservative, and there has been a lot of resistance to public health measures and recommendations (IE most places have not required or encouraged masks, other than health care facilities, bars in our area never shut down or limited hours to curb spread, etc.), Polk has had more acceptance and compliance with public health recommendations but it is also a more populated/urban area so spread of a communicable respiratory disease happens pretty quickly. Polk Co. being the capital we also have a ton of folks from rural communities coming in and out of that county which increases transmission across the state in rural areas where public health measures are not being followed. - Community Leader

Cases are rising in Polk County and local government is undermining public health. Inconsistent messages. - Community Leader

Adherence to Public Health Mitigation Measures

After vaccination rates for adults increased, rates of COVID-19 dropped dramatically. Unfortunately, after masking and social distancing precautions were removed and mask mandate bans were created, rates of COVID-19 have been on the rise. Our children are now attending in-person schools where no one is required to mask. I have personally seen and cared for multiple children with suspected or confirmed COVID. And unfortunately, there are many other illnesses in circulation, and the only way to know which one is to perform testing. Our medical system is extremely burdened right now. - Physician

Denial of COVID-19 as a critical health problem, refusal to be vaccinated, the governor's refusal to implement recommendations for safety (masking, social distancing, group size limitations, etc.). - Community Leader

Due to lack of adherence to mask and vaccine recommendations, we have higher rates of COVID, which prevents the community from moving forward. - Other Health Care Provider

Not enough people are vaccinated and we are not allowed to support the basic mitigation strategies needed to halt spreading the virus (i.e. masking). - Public Health Representative



Persons have died from it, vaccination rates are low, wearing a mask has become a political issue, not a public health issue. - Physician

The Delta variant is more contagious and more deadly and not enough people are vaccinated and the governor banned mask mandates and the government as a whole is not doing anything to protect people. - Community Leader

Awareness/Education

Many don't believe that the virus is real or they are receiving false information. - Community Leader

Limited understanding of preventative measures and vaccine options, issue has become highly politicized to the detriment of public health. - Community Leader

There are many individuals that struggle with trusting the medical community, thus are apprehensive to get the vaccine. There is a need to provide more information and education on identifying specific medical resources. - Community Leader

Not being taken seriously and resources to care for COVID patients are very limited. - Community Leader

Vaccination

The limited uptake of vaccinations. - Community Leader

We have barely surpassed the 50% mark for people being vaccinated and the number of COVID-19 transmission rates are extremely high. - Community Leader

Lack of individuals getting vaccine. - Community Leader

Vaccine hesitancy and low support at the legislative level. Strategies to minimize risk are not being taken or only taken by a small part of the community. - Community Leader

We are still lagging in vaccinations and our hospitals are at capacity. Until we have sufficient numbers of residents vaccinated, we will continue this cycle of surges. It keeps us from tackling other public health priorities. - Public Health Representative

Government/Policy

There is a lack of leadership directing the community toward addressing the problem. There are no current ways to contain spread or increase vaccination rates. - Community Leader

People are still being affected by the virus. Governor will not mandate mask wearing in public places or at the schools. - Other Health Care Provider

Government is failing people. They refuse to mandate masks or vaccines or safety measures and unfortunately there are a lot of people who think, "If the government says it's okay, then I'm fine." - Social Services Provider

The virus is surging; state leadership continues to ignore best practices and guidance for how to contain it. People are confused and tired. - Community Leader

Contributing Factors

Positivity rates and hospitalizations are increasing. Vaccination rates are lower than they should be. Variants are more serious and more easily transmittable. - Community Leader

The disproportionate impact on communities of color is undeniable. Poor planning - mixed messages - no current and readily available access to testing and the state limitations on imposing masks mandates, especially in our schools has created the perfect storm for the spread of the Delta variant. - Community Leader

While we are doing better than many areas of the state, our vaccination rates are too low. Additionally, when we have an increase in cases, many of them end up here in the metro to receive treat. The use of resources for COVID is taking resources for other health needs. Ex. no elective surgeries at Blank Children's Hospital. Also, the long term of COVID is causing a lot of mental and physical stress. No one thought we would still be at this 18 months later. A Polk County study shows the level of violence in attacks has increased. Many people are not being identified through regular means (ex. schools) for abuse and illness. Anecdotally, we are hearing that the people in permanent supportive housing programs are experiencing isolation and struggling more with mental health and substance use. Also, staff are just plain tired and running into more burnout. - Community Leader

Impact on Quality of Life

It is killing people; it is disrupting preventative care and health maintenance; it has eroded trust in healthcare providers; it has been costly for healthcare organizations and individuals; and, it has sidelined attention to education and other strategies to improve healthcare. - Community Leader

The short and long term impact of COVID is having a direct impact on the health and livelihood of historically marginalized populations in our community, and creating a collective traumatic experience for all central Iowans. In addition, children and youth are bearing the weight of the continuing nature of COVID, through impact on their social-emotional well-being, concern for family, their education, and now their own health. - Community Leader



Access to Care/Services

Testing access is severely limited for need. There is no clear protocol for schools nor is there a clear way for individuals to find information about getting tested or protocols. The information and clarity was much better last school year than this school year, as was testing access and ability to obtain information. - Community Leader

Breakthrough Infections

Because fully vaccinated people are coming down with COVID. - Community Leader



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

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

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

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

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

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

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

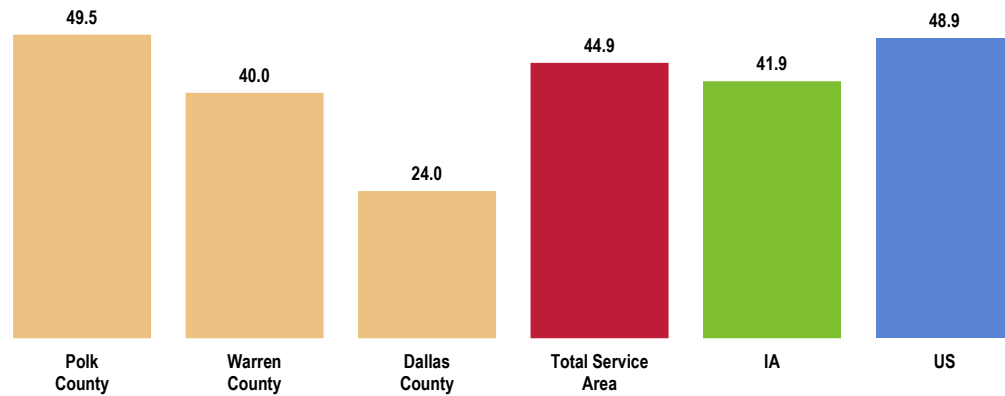
Between 2017 and 2019, there was an annual average age-adjusted unintentional injury mortality rate of 44.9 deaths per 100,000 population in the Total Service Area.

DISPARITY ► Highest in Polk County.



Unintentional Injuries: Age-Adjusted Mortality (2017-2019 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



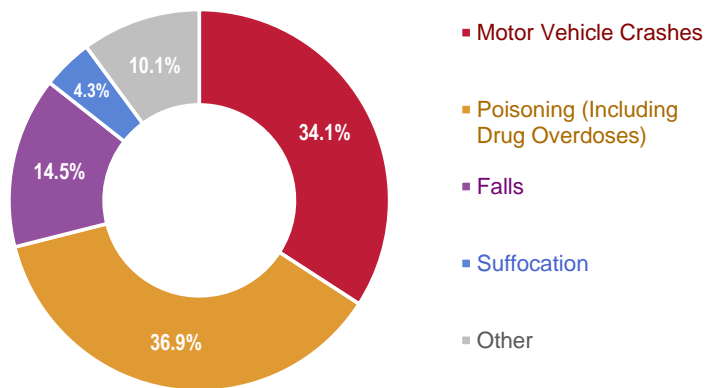
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Leading Causes of Unintentional Injury Deaths

Motor vehicle crashes, poisoning (including unintentional drug overdose), falls, and suffocation accounted for most unintentional injury deaths in the Total Service Area between 2017 and 2019.

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

Leading Causes of Unintentional Injury Deaths (Total Service Area, 2017-2019)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.



Intentional Injury (Violence)

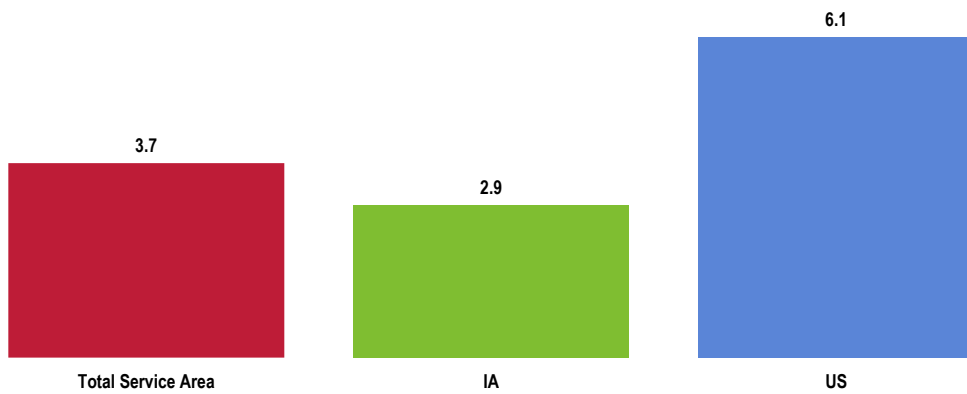
Age-Adjusted Homicide Deaths

In the Total Service Area, there were 3.7 homicides per 100,000 population (2017-2019 annual average age-adjusted rate).

BENCHMARK ▶ Just above the state homicide rate but below the US rate and satisfying the Healthy People 2030 objective.

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

Homicide: Age-Adjusted Mortality
(2017-2019 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Violent Crime

Violent Crime Rates

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

BENCHMARK ▶ Higher than the Iowa crime rate but lower than the national rate.

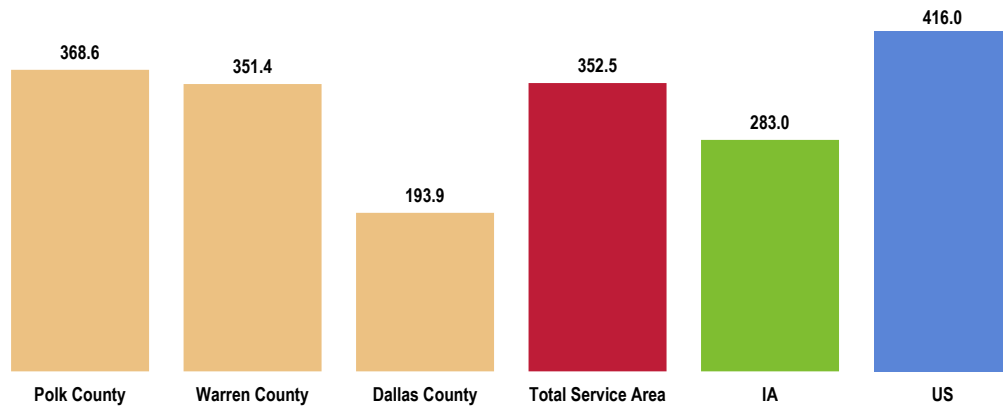
DISPARITY ▶ Lowest in Dallas County.

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

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



Violent Crime (Rate per 100,000 Population, 2015-2017)



Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).

Notes:

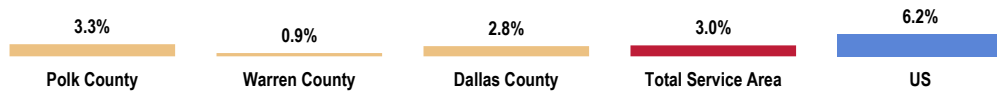
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law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

Community Violence

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

BENCHMARK ► [Less than half the US prevalence.](#)

Victim of a Violent Crime in the Past Five Years



Sources:

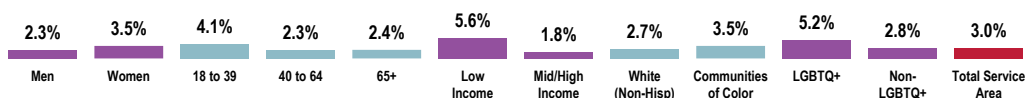
- 2021 PRC Community Health Survey, PRC, Inc. [Item 38]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.



Victim of a Violent Crime in the Past Five Years (Total Service Area, 2021)



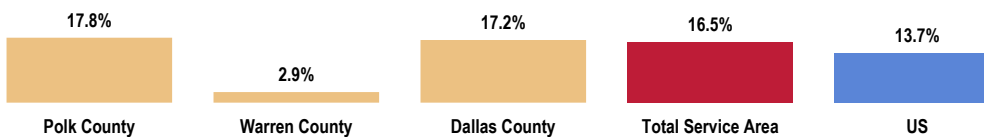
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 38]
Notes: • Asked of all respondents.

Family Violence

A total of 16.5% of Total Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

DISPARITY ► [Comparatively low in Warren County.](#)

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



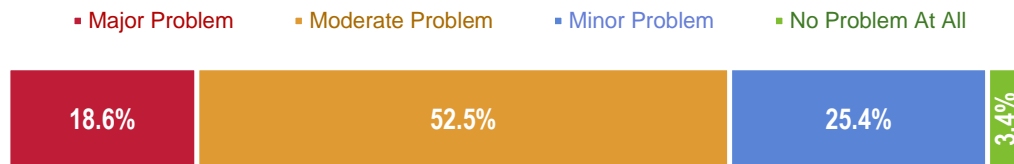
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 39]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “moderate problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2021)



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

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

Access to Guns

Easy access to guns. - Community Leader

Government/Policy

Lack of political will on gun control. - Community Leader

Gun Violence

The number of deaths from recent gun violence and the increased number of child abuse and domestic violence cases. - Community Leader

Incidence/Prevalence

Hear on the news about violence in our community. - Other Health Care Provider

Impact on Quality of Life

Community and household violence are disrupting the healthy development that children need to thrive. Our systems and communities are retraumatizing youth and adults who have already experienced trauma. This has a long-term impact on the physical health, mental health, and social outcomes for central Iowans. - Community Leader

Sexual Abuse/Domestic Violence

Sexual abuse/domestic violence is a form of violence/injury, but tends to not be identified or acknowledged, severely underfunded. - Community Leader

Contributing Factors

Lack of access to jobs. Limited investment in Des Moines urban core. The promotion of a culture of violence with no specific plan to tackle or address. - Community Leader



DIABETES

ABOUT DIABETES

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

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

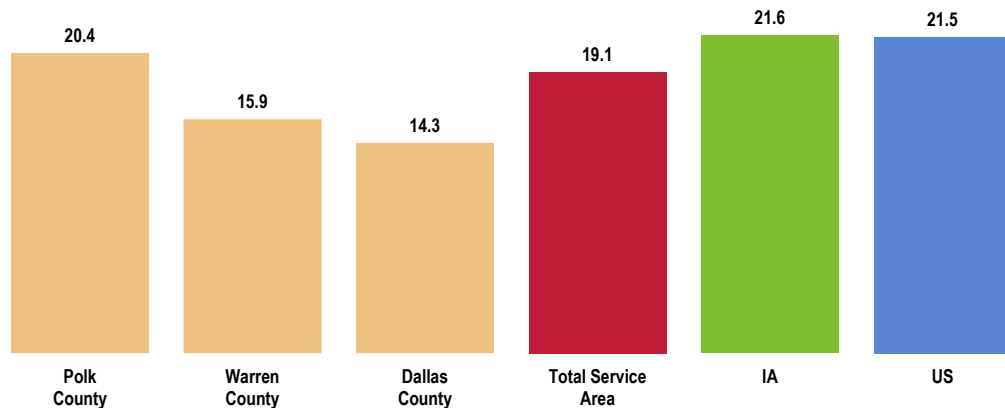
– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Diabetes Deaths

Between 2017 and 2019, there was an annual average age-adjusted diabetes mortality rate of 19.1 deaths per 100,000 population in the Total Service Area.

DISPARITY ► Highest in Polk County.

Diabetes: Age-Adjusted Mortality
(2017-2019 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.

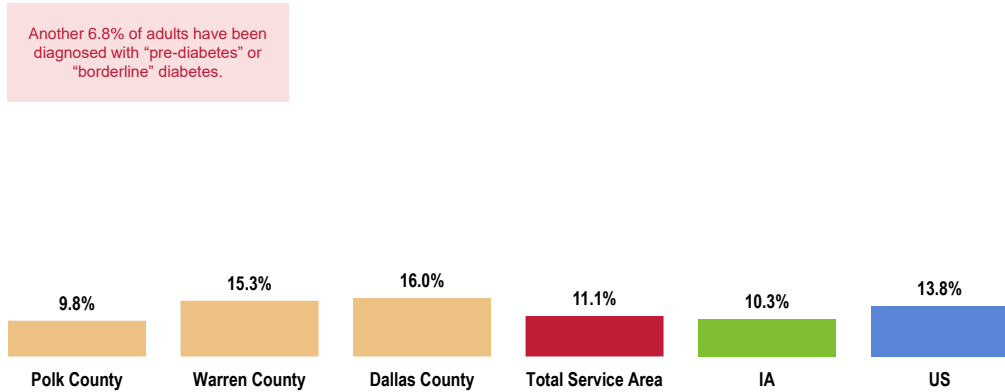


Prevalence of Diabetes

A total of 11.1% of Total Service Area adults report having been diagnosed with diabetes.

DISPARITY ► Reported more often among older residents (especially), as well as those in low-income households and non-LGBTQ+ adults.

Prevalence of Diabetes

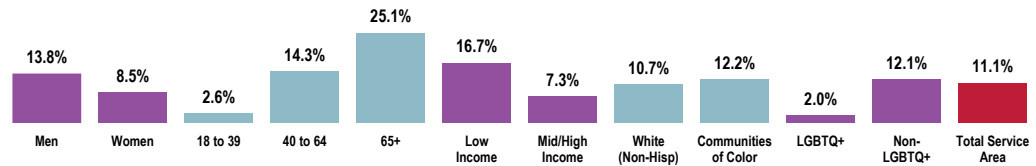


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 121]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Iowa data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Prevalence of Diabetes (Total Service Area, 2021)

Note that among adults who have not been diagnosed with diabetes, 39.4% report having had their blood sugar level tested within the past three years.

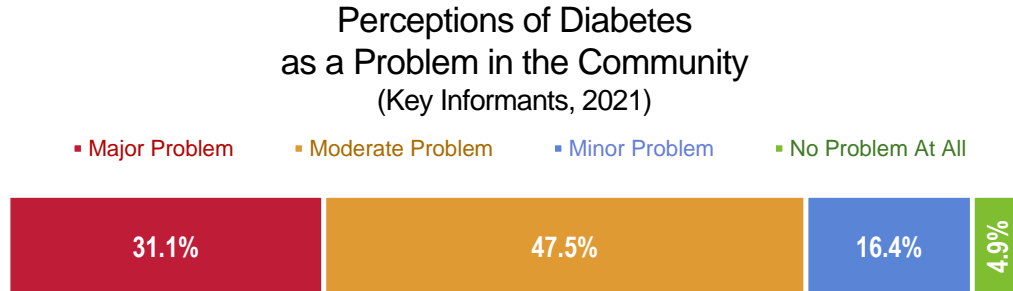


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 33, 121]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).



Key Informant Input: Diabetes

Nearly half of key informants taking part in an online survey characterized *Diabetes* as a “moderate problem” in the community.



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

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

Contributing Factors

- Access to affordable prescription medications, lack of understanding of cause (obesity, diet, etc.), recognition of diabetes as a harmful or potentially fatal disease. - Community Leader
- Vascular disease, stroke and overall health and cost of care to provide those who have diabetes. - Community Leader
- Controlling diabetes. Cost of medicine. Access to healthy food and lifestyle. - Community Leader
- Food deserts, decrease in SNAP benefits, inequitable services and availability of physical fitness programs and services. - Community Leader
- Diabetes is often under radar and can be exaggerated by lack of access to fruit/veggies and appropriate medical care. - Community Leader
- Affording their medications, weight/diet/nutrition, exercise. - Other Health Care Provider

Access to Affordable Healthy Food

- Resources to afford the proper foods that help keep you balanced. - Community Leader
- How to access and prepare affordable, healthy meals. - Community Leader
- The challenge is the system and environment that surrounds our community. Is there access to healthy, affordable food, and safe neighborhoods that promote physical activity. - Public Health Representative
- The amount of unhealthy food that is readily available and inexpensive. There are no incentives for healthy eating. - Community Leader

Affordable Medications/Supplies

- Affordable medication, in addition to adherence to nutrition requirements. - Community Leader
- Access and affordability of medication. - Community Leader

Awareness/Education

- Nutritional education. - Community Leader
- Lack of knowledge regarding resources to help prevent and control diabetes. - Public Health Representative
- Affordable education for diabetics. Need to be able to go to more diabetic classes and have them available at different times. - Other Health Care Provider

Prevention/Screenings

- Diabetes continues to increase in the community with a lost focus on around the drivers of diabetes. The lack of focus on prevention tied to healthy eating and active living are driving the rate of disease in the counties and throughout the nation. Without a focus on prevention and not solely treatment we will continue to see a rise in the number of citizens diagnosed with diabetes. - Community Leader



| Disease management. - Community Leader

Access to Care/Services

| Access to older facilities. Grant funding needs to be available for owners and landlords to retrofit. - Community Leader

Diagnosis/Treatment

| Early diagnosis. - Community Leader



KIDNEY DISEASE

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. ...People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

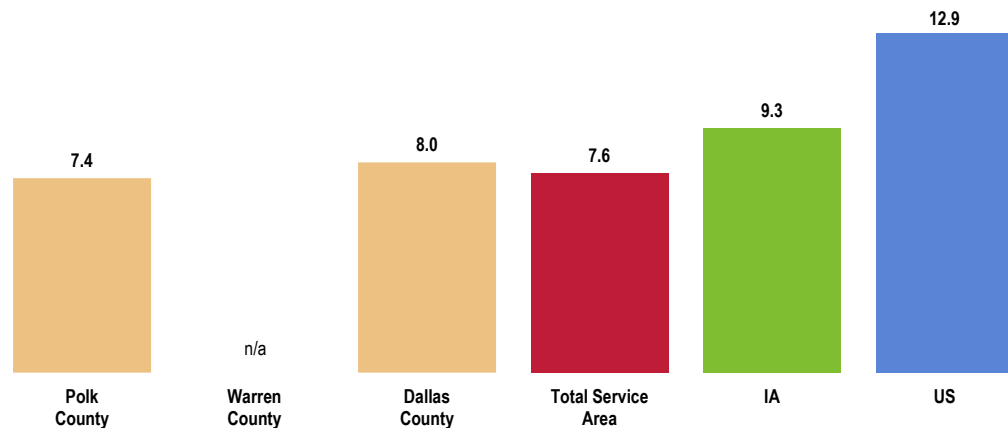
– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Kidney Disease Deaths

Between 2017 and 2019, there was an annual average age-adjusted kidney disease mortality rate of 7.6 deaths per 100,000 population in the Total Service Area.

BENCHMARK ▶ Lower than the state and national death rates.

Kidney Disease: Age-Adjusted Mortality
(2017-2019 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.

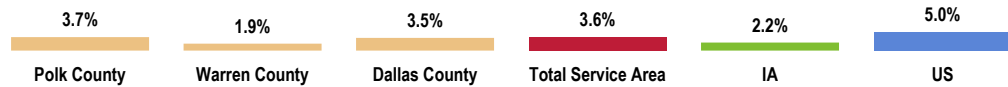


Prevalence of Kidney Disease

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

DISPARITY ► Reported more often among seniors (age 65+) in the area.

Prevalence of Kidney Disease



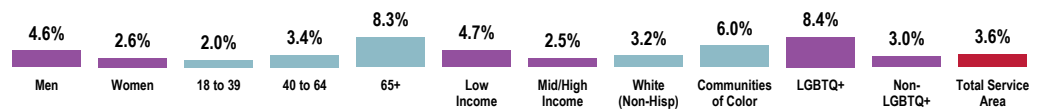
Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Iowa data.
- 2020 PRC National Health Survey, PRC, Inc.

 Notes:

- Asked of all respondents.

Prevalence of Kidney Disease (Total Service Area, 2021)



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 24]

 Notes:

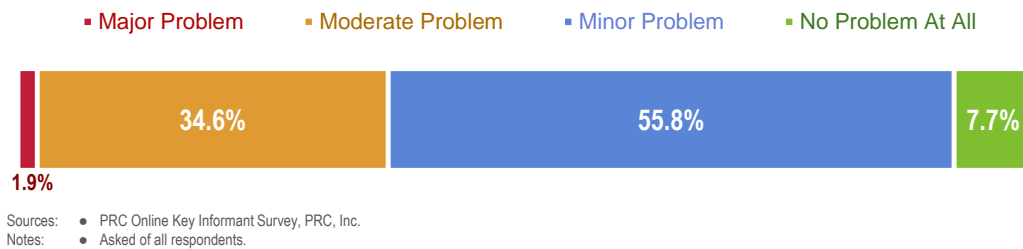
- Asked of all respondents.



Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a “minor problem” in the community.

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2021)



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

Incidence/Prevalence

- A lot of people on dialysis. - Other Health Care Provider



POTENTIALLY DISABLING CONDITIONS

Multiple Chronic Conditions

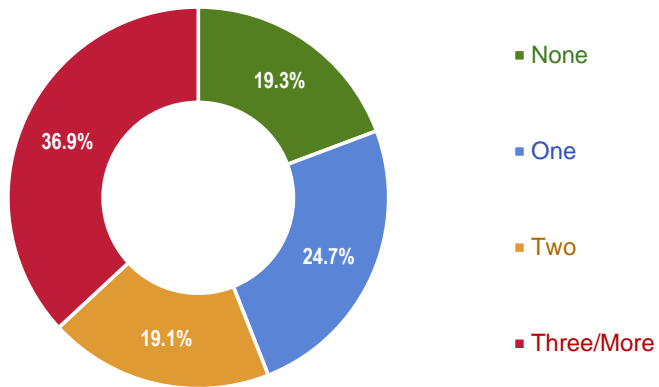
For the purposes of this assessment, chronic conditions include:

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

Multiple chronic conditions are concurrent conditions.

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

Number of Current Chronic Conditions
(Total Service Area, 2021)

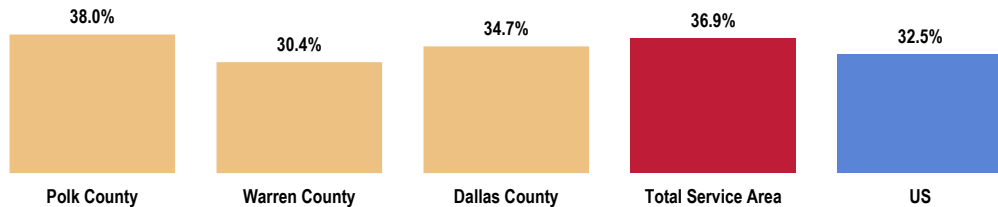


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

In fact, 36.9% of Total Service Area adults report having three or more chronic conditions.

DISPARITY ► The prevalence increases sharply with age and is reported more often among low-income residents and non-Hispanic Whites.

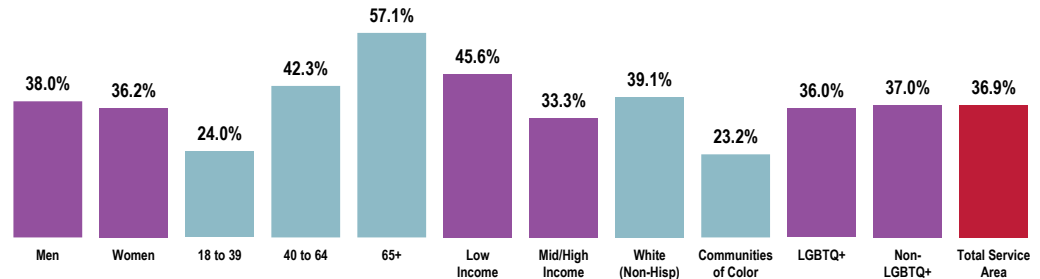
Currently Have Three or More Chronic Conditions



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.



Currently Have Three or More Chronic Conditions (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

Activity Limitations

ABOUT DISABILITY & HEALTH

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

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

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

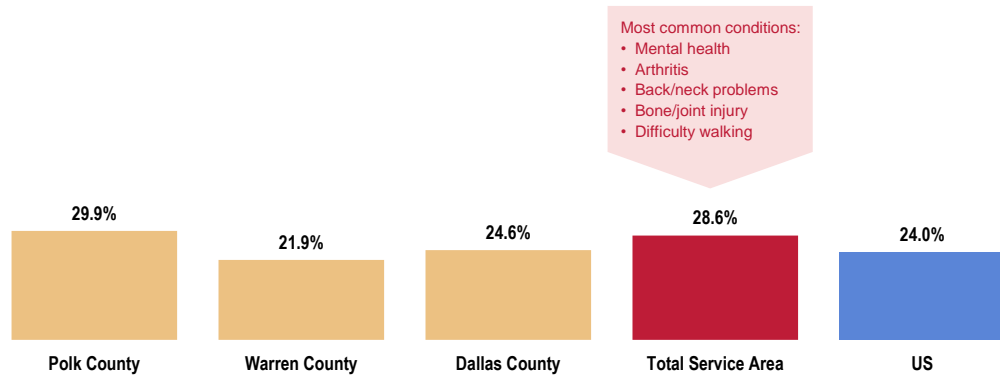
A total of 28.6% of Total Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

DISPARITY ► The prevalence is higher among seniors, low-income adults, non-Hispanic Whites, and LGBTQ+ residents.

Note that mental health was a frequent reason given for activity limitations.

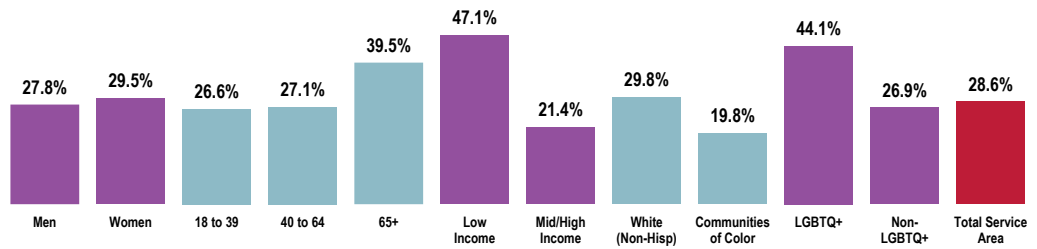


Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 96-97]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 96]
 Notes: • Asked of all respondents.



Chronic Pain

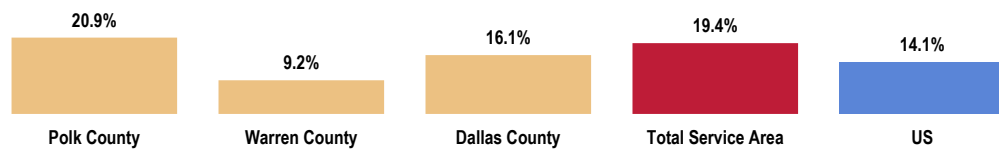
A total of 19.4% of Total Service Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.

BENCHMARK ▶ Worse than the national figure and failing to meet the Healthy People 2030 goal.

DISPARITY ▶ Highest in Polk County. Reported more often in low-income residents.

Experience High-Impact Chronic Pain

Healthy People 2030 = 7.0% or Lower

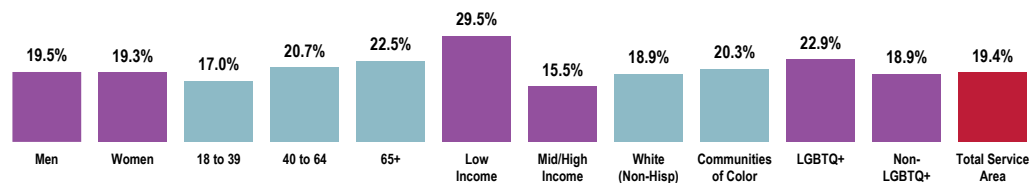


- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 37]
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

Experience High-Impact Chronic Pain

(Total Service Area, 2021)

Healthy People 2030 = 7.0% or Lower



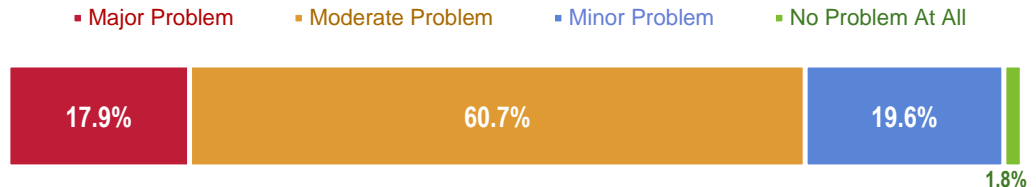
- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 37]
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.



Key Informant Input: Disability & Chronic Pain

Key informants taking part in an online survey most often characterized *Disability & Chronic Pain* as a “moderate problem” in the community.

Perceptions of Disability & Chronic Pain as a Problem in the Community (Key Informants, 2021)



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

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

Access to Care/Services

- Lack of pain management services because of liability. - Community Leader
- Access to pain clinics and access to PT and rehab programs. - Community Leader
- Access to pain reduction and prevention. - Community Leader

Diagnosis/Treatment

- Disability and chronic pain are major problems because medical professionals do not always believe patients, there are far too many hoops that patients have to jump through to get access to care. Especially from a gendered perspective, medical professionals are less likely to believe women and gender minorities about their pain. - Community Leader
- Disability and chronic pain has not received consistent attention. - Community Leader
- I believe issues of chronic pain are not taken seriously by providers in the Polk County area. - Community Leader

Incidence/Prevalence

- Lots of people are affected by chronic pain and it is debilitating. - Other Health Care Provider

Insurance Issues

- Because the insurance does not pay for massage therapy. - Community Leader

Obesity

- So many people are overweight and this has resulted in disability and chronic disease, including chronic pain. I believe there are ties to this topic with mental health, opioid abuse, and poverty. - Community Leader



Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.¹ Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

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

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

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

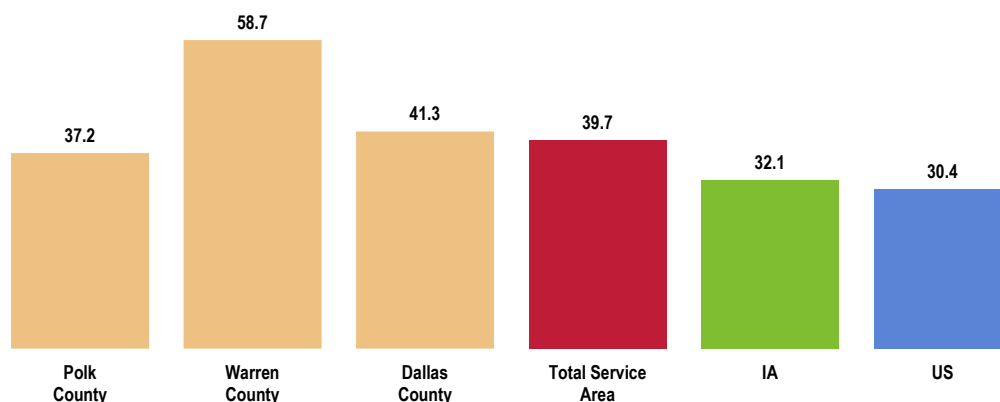
Age-Adjusted Alzheimer's Disease Deaths

Between 2017 and 2019, there was an annual average age-adjusted Alzheimer's disease mortality rate of 39.7 deaths per 100,000 population in the Total Service Area.

BENCHMARK ▶ Worse than state and national death rates.

DISPARITY ▶ Particularly high in Warren County.

Alzheimer's Disease: Age-Adjusted Mortality
(2017-2019 Annual Average Deaths per 100,000 Population)



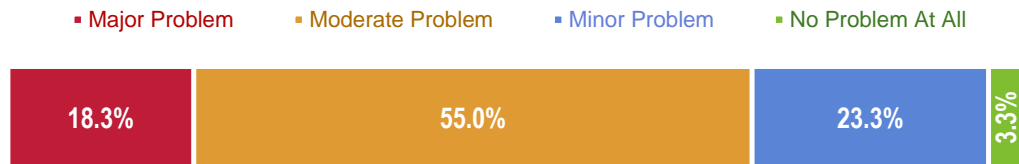
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.



Key Informant Input: Dementia/Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementia/Alzheimer's Disease* as a “moderate problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2021)



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

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

Aging Population

- Aging baby boomers population. - Community Leader
- Elderly community with several individuals unable to be in their homes due to dementia/Alzheimer's disease. - Other Health Care Provider

Incidence/Prevalence

- Know a lot of people that are affected by dementia/Alzheimer's. - Other Health Care Provider
- In Iowa, Alzheimer's is the sixth leading cause of death and the third leading cause of death for Iowa women. Over 13% of Iowans over 65+ have Alzheimer's. - Community Leader
- We have an aging population and increasing number of elderly experiencing dementia/Alzheimer's disease; this causes additional strain for caregivers as they help care for aging family members. - Public Health Representative

Lack of Caregivers

- Rates are increasing, resources are not widely available, caregiving is a full-time job for family members. - Community Leader
- Lack of direct care staff. - Community Leader

Diagnosis/Treatment

- It is more often undiagnosed in an increasingly aging population. More information should be made available regarding potential diagnosis and prevention. - Community Leader

Impact on Quality of Life

- Because you end up dead from it. - Community Leader

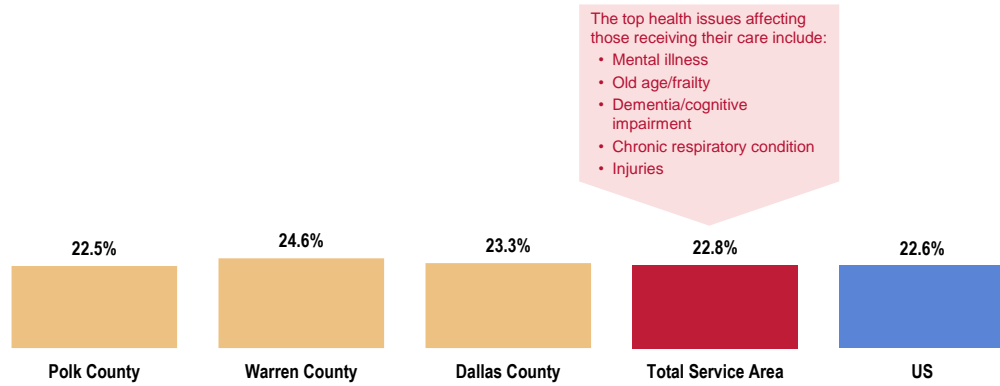


Caregiving

A total of 22.8% of Total Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

Note that mental illness was a leading issue for those receiving their care.

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 98-99]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.





BIRTHS

BIRTH OUTCOMES & RISKS

Low-Weight Births

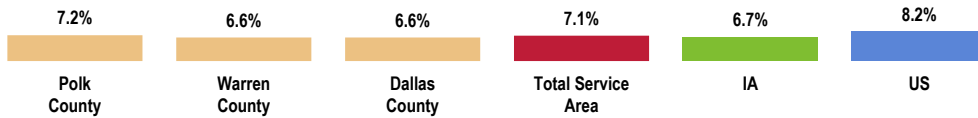
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

A total of 7.1% of 2013-2019 Total Service Area births were low-weight.

BENCHMARK ▶ Better than the US percentage.

Low-Weight Births
(Percent of Live Births, 2013-2019)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2021.

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

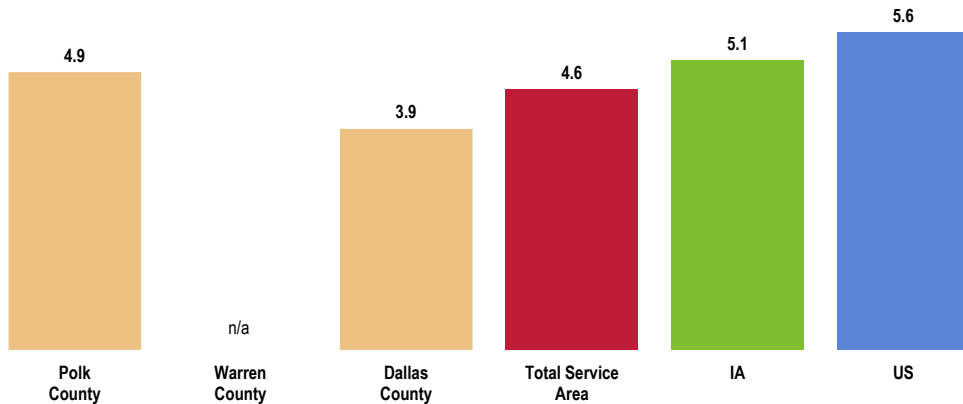
Infant Mortality

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

Between 2017 and 2019, there was an annual average of 4.6 infant deaths per 1,000 live births.

BENCHMARK ▶ Better than the national infant mortality rate.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2017-2019)
Healthy People 2030 = 5.0 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2021.

• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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

• This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.



FAMILY PLANNING

ABOUT FAMILY PLANNING

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

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

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

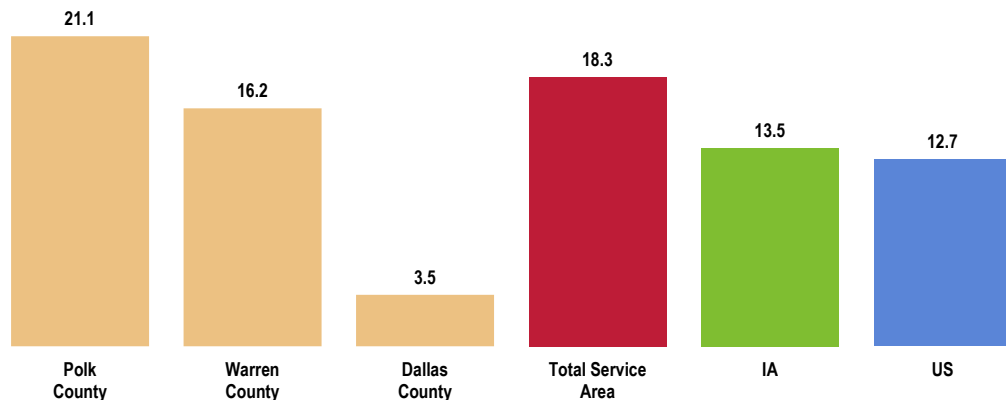
Births to Adolescent Mothers

Between 2015 and 2019, there were 18.3 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Total Service Area.

BENCHMARK ▶ Well above the state and US rates but satisfying the Healthy People 2030 objective.

DISPARITY ▶ Especially high in Polk County.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2015-2019)
Healthy People 2030 = 31.4 or Lower



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

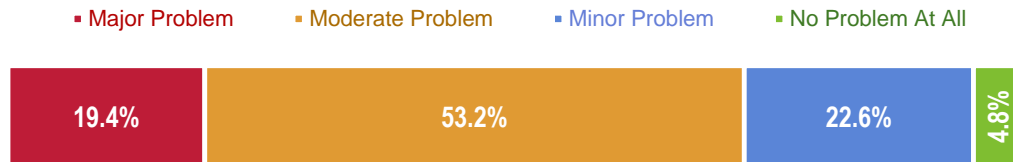
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.



Key Informant Input: Infant Health & Family Planning

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

Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2021)



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

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

Funding

There has been a severe restriction on state funding to support Planned Parenthood. Due to gaps in access and health equity, the infant mortality rate is higher for people of color. - Public Health Representative

The defunding of Planned Parenthood as a service in our community has had significant impact with an of 85% drop in women seeking reproductive healthcare including family planning. With unintended pregnancies on the rise, women are not getting the prenatal care they need to reduce infant mortality rates, particularly in the minority community. - Community Leader

Access to birth control has been significantly cut in the past few years because of state leadership declining federal dollars and forcing the closure of family planning clinics. - Community Leader

Access to Care/Services

Hard to get into family planning and it is restrictive if you miss appointment. - Other Health Care Provider

Access to healthcare. Limited education for minority and underserved populations, limited coordination and planning beyond the work of County the Kicks. - Community Leader

Vulnerable Populations

The racial disparities exist and persist. We are still losing too many babies to stillbirth. Black women are losing two to three more babies to stillbirth. They are three to four times more likely to die while giving birth in comparison to white women. - Community Leader

Significant disparities exist in our maternal health and infant health outcomes, particularly for populations of color and low income populations. - Public Health Representative

Maternal Mortality

Maternal health, maternal mortality rates have been sky rocketing in recent years. It is a significant health disparity as well, mortality rates for women of color are six times higher than white women. - Community Leader

Contributing Factors

Attack on evidence-based reproductive health education in schools, constant attack on Planned Parenthood, discriminatory treatment of pregnant women of color. - Community Leader





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

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

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

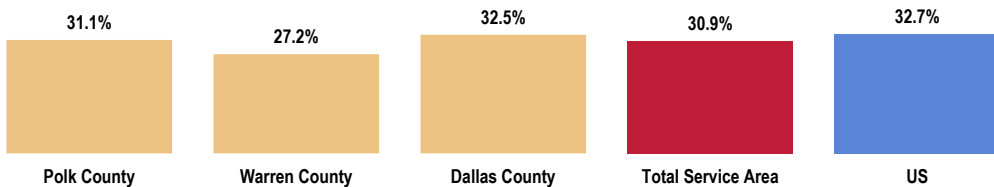
– Healthy People 2030 (<https://health.gov/healthypeople>)

Daily Recommendation of Fruits/Vegetables

A total of 30.9% of Total Service Area adults report eating five or more servings of fruits and/or vegetables per day.

DISPARITY ▶ Reported less often among low-income adults and LGBTQ+ adults.

Consume Five or More Servings of Fruits/Vegetables Per Day



Sources:

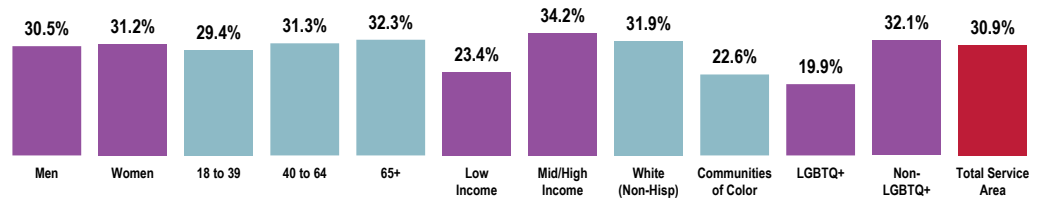
- 2021 PRC Community Health Survey, PRC, Inc. [Item 125]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

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



Consume Five or More Servings of Fruits/Vegetables Per Day (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 125]

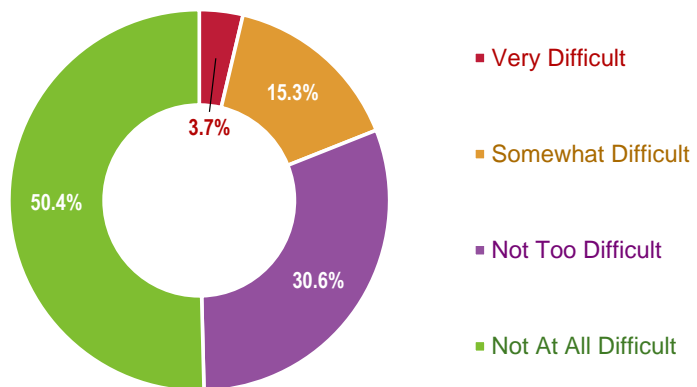
Notes: • Asked of all respondents.

• For this issue, respondents were asked to recall their food intake on the previous day.

Difficulty Accessing Fresh Produce

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

Level of Difficulty Finding Fresh Produce at an Affordable Price (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 79]

Notes: • Asked of all respondents.

Respondents were asked: "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

RELATED ISSUE

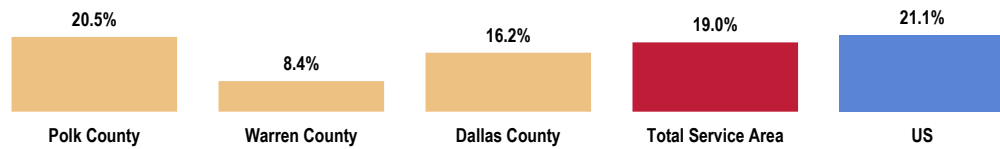
See also *Food Access* in the **Social Determinants of Health** section of this report.



However, 19.0% of Total Service Area adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

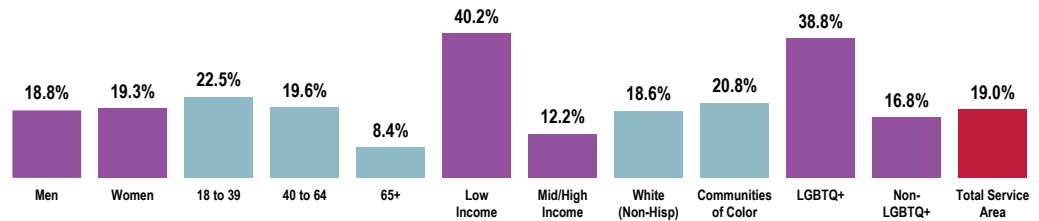
DISPARITY ► Unfavorably high in Polk County. Improves with age, but is particularly unfavorable in low-income and LGBTQ+ residents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 79]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 79]
 Notes: • Asked of all respondents.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

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

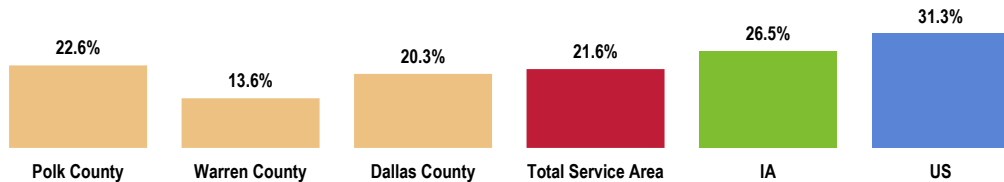
Leisure-Time Physical Activity

A total of 21.6% of Total Service Area adults report no leisure-time physical activity in the past month.

BENCHMARK ▶ Better than the state and national percentages.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 82]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents.



Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

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

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

A total of 26.2% of Total Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ▶ Better than the Iowa and US figures.

DISPARITY ▶ The prevalence decreases with age among survey respondents.

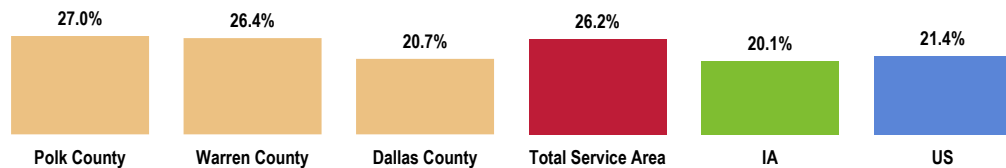
“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:

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

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

Meets Physical Activity Recommendations

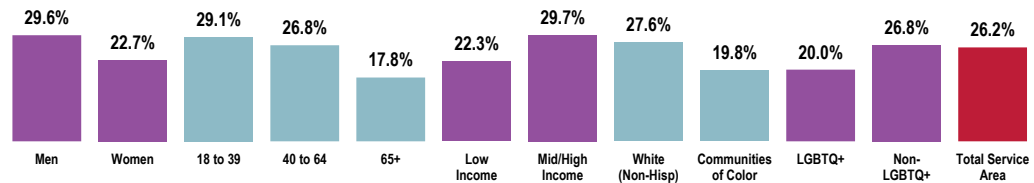
Healthy People 2030 = 28.4% or Higher



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.



Meets Physical Activity Recommendations (Total Service Area, 2021) Healthy People 2030 = 28.4% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

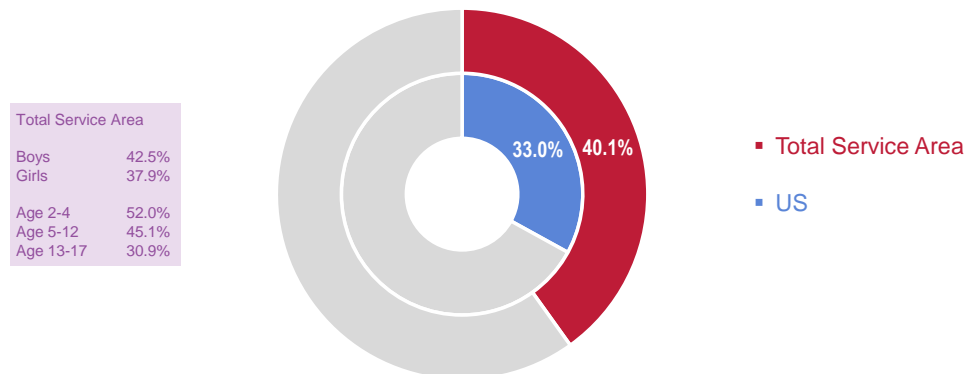
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.
www.cdc.gov/physicalactivity

Among Total Service Area children age 2 to 17, 40.1% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

BENCHMARK ▶ Although higher than the US figure, the difference is not statistically significant.

DISPARITY ▶ Notably lower among local teens than younger children.

Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 109]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m ²)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.



Overweight Status

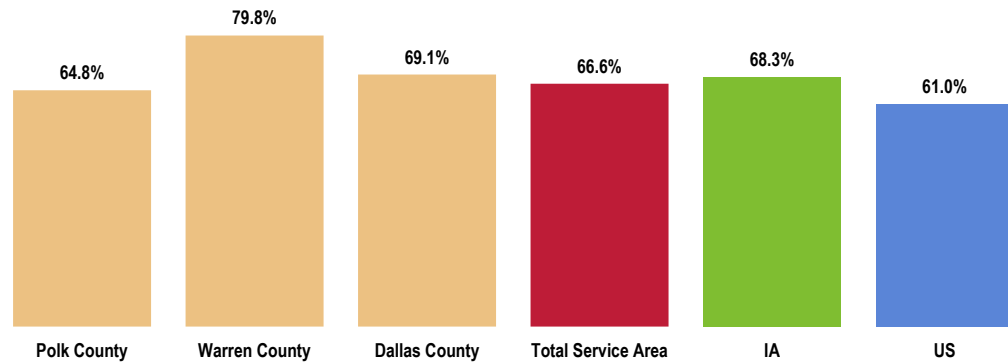
Two out of three Total Service Area adults (66.6%) are overweight.

BENCHMARK ▶ Worse than the national prevalence.

DISPARITY ▶ Highest in Warren County.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

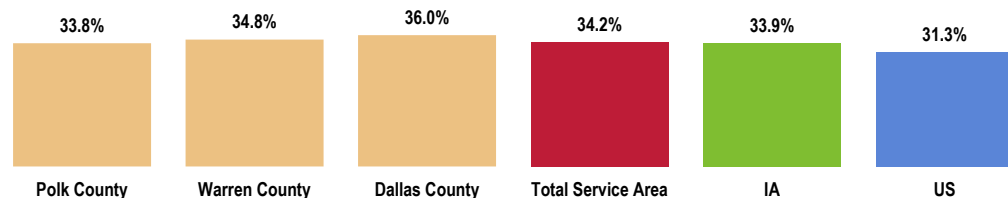
The overweight prevalence above includes 34.2% of Total Service Area adults who are obese.

DISPARITY ▶ The obesity prevalence is highest among women and adults age 40 to 64.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

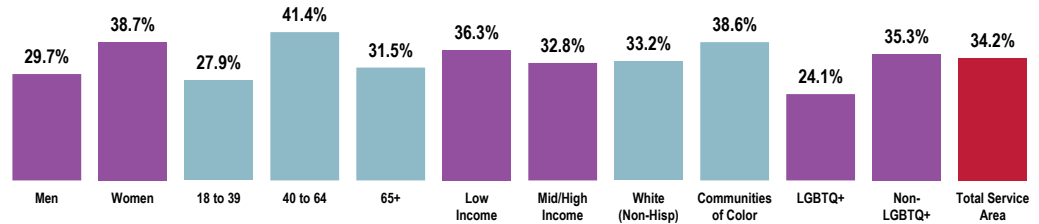


- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.



Prevalence of Obesity (Total Service Area, 2021)

Healthy People 2030 = 36.0% or Lower



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

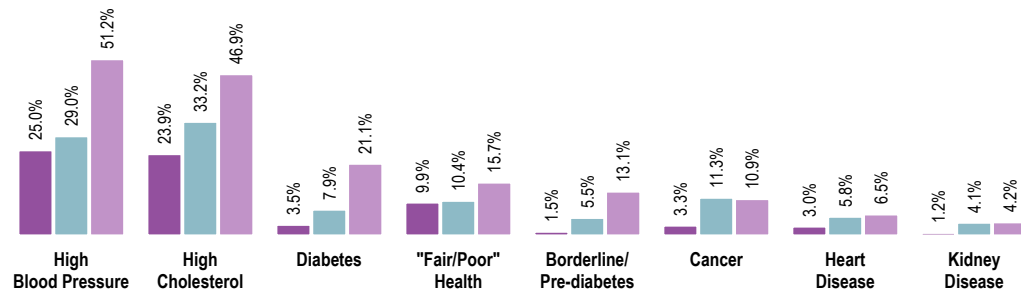
Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues (Total Service Area, 2021)

■ Among Healthy Weight ■ Among Overweight/Not Obese ■ Among Obese



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 128]

Notes:

- Based on reported heights and weights, asked of all respondents.



Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

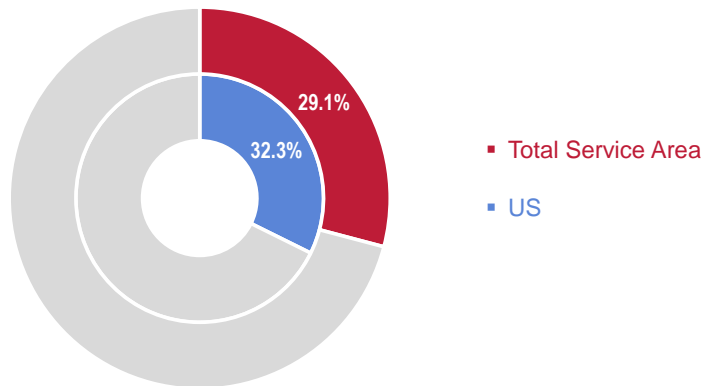
BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 29.1% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

Prevalence of Overweight in Children
(Parents of Children Age 5-17)



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 131]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents with children age 5-17 at home.
 - Overweight among children is determined by children's Body Mass

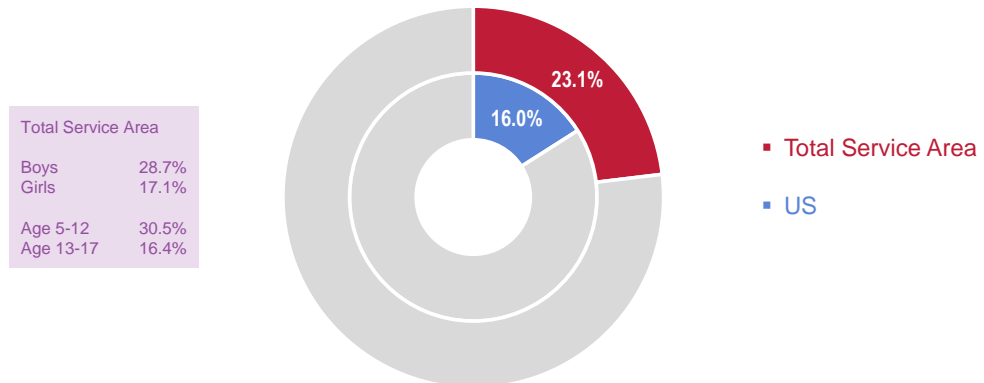


The childhood overweight prevalence above includes 23.1% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 target. (Statistically similar to US findings.)

DISPARITY ▶ The obesity prevalence is higher among younger children than teens, and higher among boys than girls, in the Total Service Area.

Prevalence of Obesity in Children (Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher) Healthy People 2030 = 15.5% or Lower

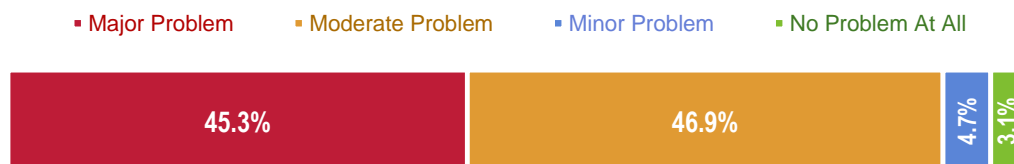


- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 131]
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents with children age 5-17 at home.
 - Obesity among children is determined by children’s Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey nearly evenly split characterizing *Nutrition, Physical Activity & Weight* as a “major problem” and as a “moderate problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2021)



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



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

Access to Affordable Healthy Food

Lack of healthy options for lower income families and lack of education for those families on the impact of obesity. - Other Health Care Provider
Access for some individuals in terms of fresh food/veggies. - Community Leader
Having enough money to buy healthy food and eating daily. - Other Health Care Provider
Lack of access to affordable healthy foods such as fruits and vegetables. - Community Leader
Lack of restaurants serving healthy food. - Social Services Provider
Lack of healthy eating habits. Access to natural foods in food deserts in our community. - Community Leader
Too many food deserts. Lack of access to healthy and quality food. Limited education of healthy food consumption. - Community Leader

Contributing Factors

Lack of access to healthy food and nutrition, especially in economically disadvantaged areas and with people of color. Lack of access to safe outdoor spaces and walkways to schools, etc. Again, with COVID, those with chronic weight and diet issues have worsened. - Social Services Provider
Access to sufficient healthy foods, food deserts, safe neighborhoods and sidewalks for people to get outside, walkability of our neighborhoods, cutting of physical education and recess in schools. - Public Health Representative
Lack of nutritious foods and physical inactivity are the driver to many if not most illnesses. As a society the focus around healthy eating and active living have been lost. There is limited to very little funding to focus on policy, system and environments that drive decision making each and every day. Access to fruits and vegetables is challenging in areas where we have food deserts but also for those living on a restricted budget. Healthy foods are expensive - we don't subsidize healthy foods, so they cost more, and we tend not to teach people how to best use them so they often go unused. Access to safe places to be active is challenging for many even with the increase in adding trails we have to consider how people of all ages and abilities can have access to safe places to be active. Overall, our society is focused on reacting and not prevention which makes it much easier to put a band-aid on the issue than to look at how we can change the systems that drive those choices. - Community Leader

Obesity

Levels of obesity and inactivity among children. - Community Leader
Unmanaged weight (high incidence of obese and overweight individuals) is evidence of severe nutritional and sedentary shortcomings in the population. And, evidence supports that obese and overweight individuals are at risk for lower health status and many chronic conditions. - Community Leader
We continue to see high rates of obesity within our population, which impacts that consistent level of chronic disease we see in the population as well. - Public Health Representative

Access to Care/Services

A Weight Watchers type of program would be helpful. Our food pantry is a good helper, but only once a month. - Community Leader
Lack of programming and interest in nutrition, physical activity and weight, especially in rural communities. - Public Health Representative

Prevention/Screenings

Desire for long-term preventative change rather than short-term needs. - Community Leader
Encouraging people to care about these prevention efforts, i.e. encouraging purchase and affordability of health foods, access to safe outdoor spaces for activities, and early intervention with children considered overweight or obese. - Community Leader

Food Security

Food Security. While not always viewed as a health issue - it directly impacts individuals' nutrition. This is true both in the nutritional value of the foods folks facing food insecurity have access to and in not having adequate amounts of food to meet nutritional recommendations. COVID shined a light on this issue in a way that allowed many people to recognize it for the first time. None of those pieces that were provided through Government and NGO to meet those needs during the most extreme moments of the pandemic addressed any of the root or systemic causes behind why folks face food insecurity, so the problem remains very strong. - Social Services Provider



Built Environment

Parks and trails are viewed as "quality of life" projects, however, they are the most underutilized tool in the addressing community health. Parks and trails provide free access for physical activity, and it's easier to make a lifestyle change in these environments than going to a gym that you have to pay for or are worried about covid exposure. - Community Leader

Co-Occurrences

As previously described, poor mental health leads to obesity, lack of physical activity, and poor nutrition. - Community Leader

Nutrition

Actively getting people to make healthy choices in food; we have a low uptake of fresh fruits and vegetables. - Community Leader

Mental Health

Mental health care is directly tied to people's motivation to be physically active. - Community Leader



SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

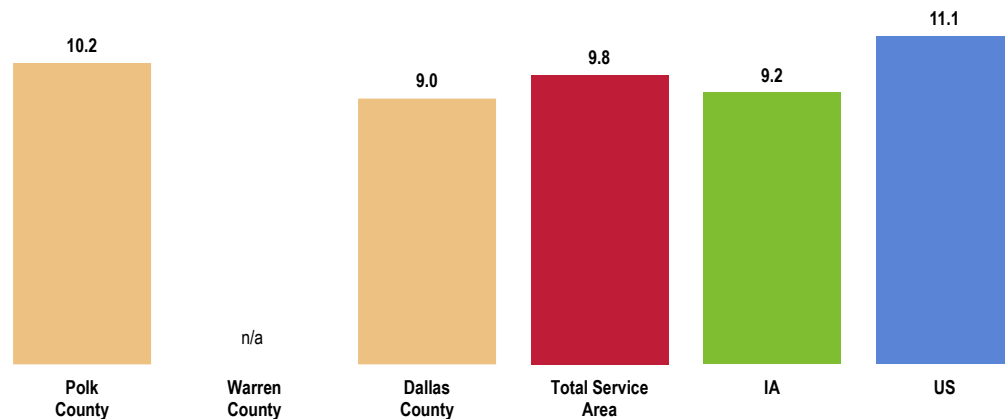
Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

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

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2017 and 2019, the Total Service Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.8 deaths per 100,000 population.

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2017-2019 Annual Average Deaths per 100,000 Population)
Healthy People 2030 Objective = 10.9 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Alcohol Use

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

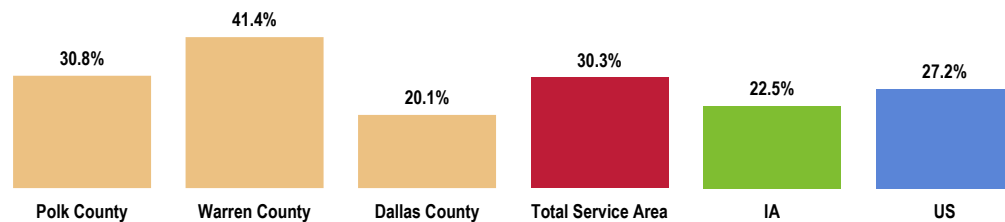
- **HEAVY DRINKERS** ▶ men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKERS** ▶ men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 30.3% of area adults are excessive drinkers (heavy and/or binge drinkers).

BENCHMARK ▶ Well above the Iowa prevalence.

DISPARITY ▶ Lowest in Dallas County. The prevalence decreases sharply with age among surveyed adults.

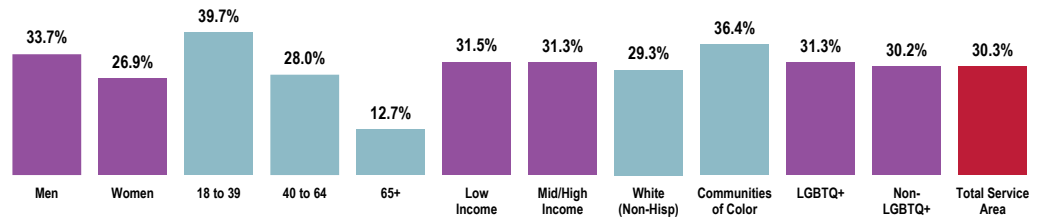
Excessive Drinkers



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 136]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.



Excessive Drinkers (Total Service Area, 2021)



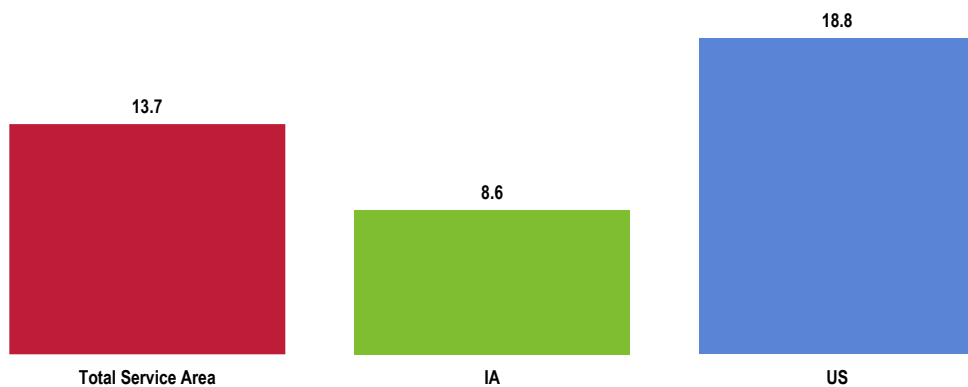
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 136]
 Notes: • Asked of all respondents.
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Age-Adjusted Unintentional Drug-Related Deaths

Between 2017 and 2019, there was an annual average age-adjusted unintentional drug-related mortality rate of 13.7 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Well above the state mortality rate but lower than the US rate.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2017-2019 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.



Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

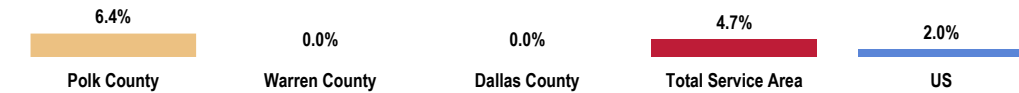
A total of 4.7% of area adults acknowledge using an illicit drug in the past month.

BENCHMARK ▶ More than twice the national percentage.

DISPARITY ▶ None of the Warren or Dallas county respondents acknowledged illicit drug use. The prevalence of illicit drug use decreases with age and is acknowledged more often among men, low-income residents, and communities of color.

Illicit Drug Use in the Past Month

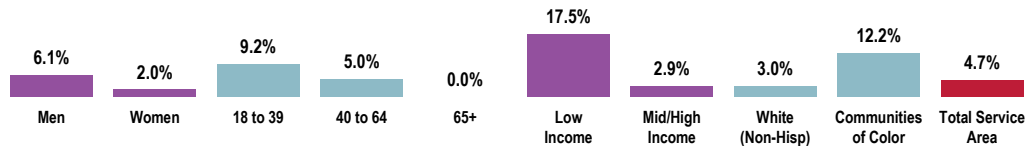
Healthy People 2030 = 12.0% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 49]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Illicit Drug Use in the Past Month (Total Service Area, 2021)

Healthy People 2030 = 12.0% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 49]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

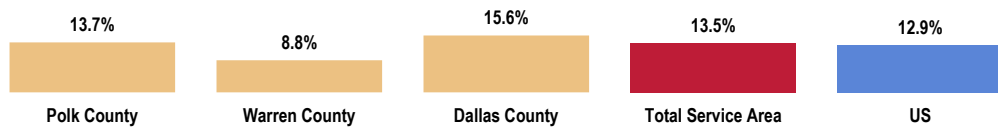


Use of Prescription Opioids

A total of 13.5% of Total Service Area report using a prescription opioid drug in the past year.

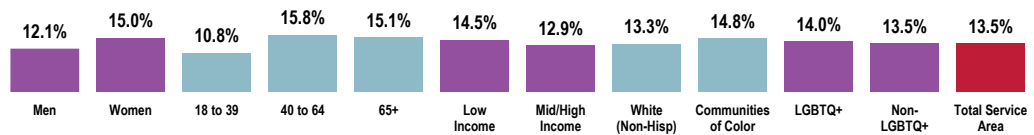
Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

Used a Prescription Opioid in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 50]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Used a Prescription Opioid in the Past Year (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 50]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

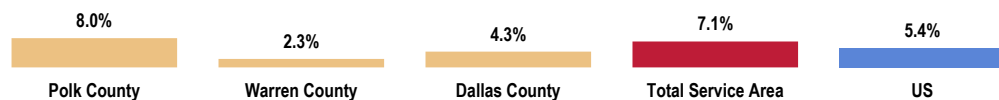


Alcohol & Drug Treatment

A total of 7.1% of Total Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

DISPARITY ▶ Ranging from 2.3% in Warren County to 8.0% in Polk County.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

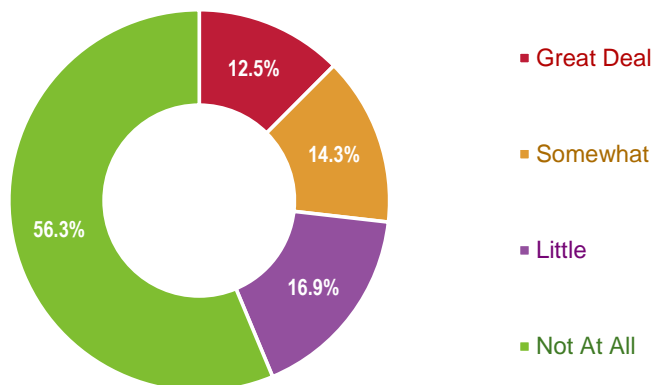


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 51]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Personal Impact From Substance Abuse

Most Total Service Area residents' lives have not been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 52]
 Notes: • Asked of all respondents.

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

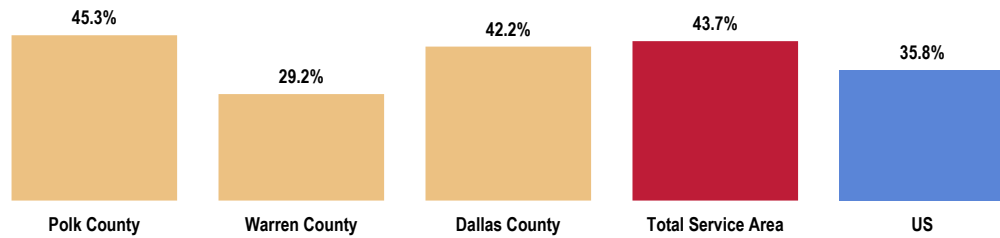


However, 43.7% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

BENCHMARK ▶ Well above the national prevalence.

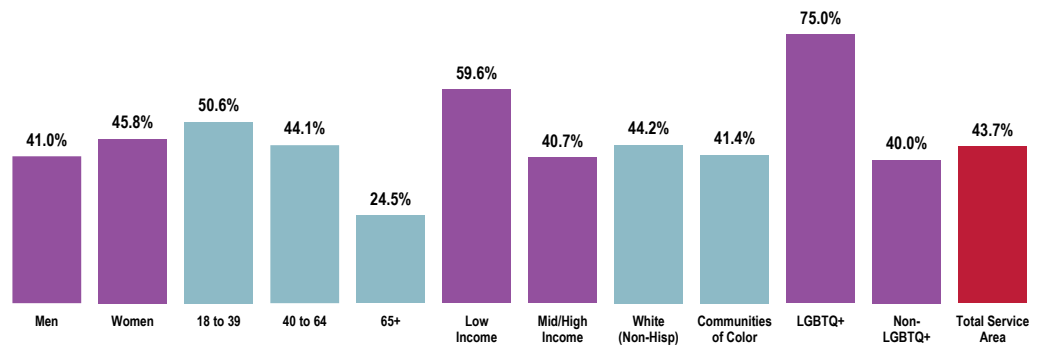
DISPARITY ▶ Lowest in Warren County. The prevalence decreases with respondent’s age and is reported much more often among low-income residents and those in the LGBTQ+ community.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 52]
 ● 2020 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.
 ● Includes response of “a great deal,” “somewhat,” and “a little.”

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Total Service Area, 2021)



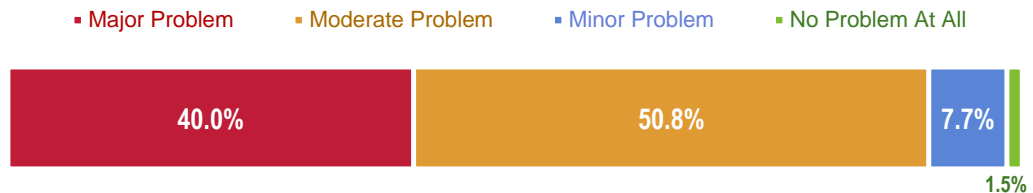
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 52]
 Notes: ● Asked of all respondents.
 ● Includes response of “a great deal,” “somewhat,” and “a little.”



Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a “moderate problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2021)



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

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

Access to Care/Services

Not enough services. Treatment often takes time to arranged. 28 days often isn't enough, particularly with meth. We have tracked the drug use in our program. By far the drug of choice is meth, even more than alcohol. Getting treatment for some with a dual mental health and substance use is extremely difficult. Often people are to be clean before treatment, which isn't often achieved. - Community Leader

Lack of nearby programs to help with substance abuse problems. Lack of motivation to get help with substance abuse. - Community Leader

Navigating the system. - Community Leader

Enough centers. - Public Health Representative

Limited substance abuse facilities. - Community Leader

Lack of inpatient options for people, funding, needing to treat the whole picture. - Social Services Provider

A lack of accessible, free, culturally sensitive, preventative services. - Community Leader

Lack of payment and lack of providers. Lack of appropriate screening and assessment at entry points to care and treatment. - Social Services Provider

Contributing Factors

There is a lack of intergenerational services to support parents with substance use and children in a holistic healing manner for families. - Community Leader

Transportation to and from group treatment or individual treatment, lack of treatment providers, overabundance of media supporting substance abuse (including ball park and sports team sponsors), stress, depression, hopelessness. - Community Leader

Money, knowledge, and social support. - Community Leader

Clients needing help often don't want help, it can be hard to find high quality treatment options. - Community Leader

Awareness/Education

We do not advertise places where people can go for help. - Other Health Care Provider

Identifying the resources available in the community and funding for needed services. Also, addressing the stigma of substance abuse and addiction. - Community Leader

Denial/Stigma

Stigma, recognition, and acceptance of substance abuse as a disease. - Community Leader

Alcohol (no barrier per se in accessing treatment), most people do not think they have a substance abuse (alcohol) issue. Alcohol is considered socially 'cool', it is considered socially acceptable, for those 21yoa and over it's legal. Narcotics again (no barrier per se in accessing treatment), most people do not think they have a substance abuse (narcotics) issue. - Public Health Representative



Diagnosis/Treatment

Recognizing substance abuse earlier, especially with opioids. Finding treatment. - Community Leader
Identifying the problem. Lack of counselors/services. - Community Leader

Insurance Issues

Availability and insurance coverage for appropriate treatment. - Community Leader

Language Barriers

Only two treatment centers offer outpatient services with interpretation. There are no providers who will take inpatient referrals for a person needing interpretation. there are no support groups using interpretation or in a language besides English. People with language barriers to accessing their long term mental health medication turn to self medicating their symptoms with alcohol or other drugs. Employers aren't equipped to connect to the support (and it's not linguistically and culturally available) so people are fired from their jobs. With the pandemic and isolation, this has increased in need. - Community Leader

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **alcohol** as causing the most problems in the community, followed by **methamphetamine/other amphetamines** and **prescription medications**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a "Major Problem")	
ALCOHOL	71.4%
METHAMPHETAMINE OR OTHER AMPHETAMINES	14.3%
PRESCRIPTION MEDICATIONS	14.3%



TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

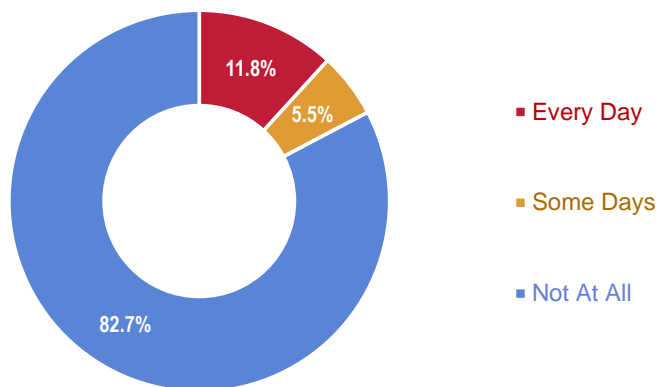
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 17.3% of Total Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.



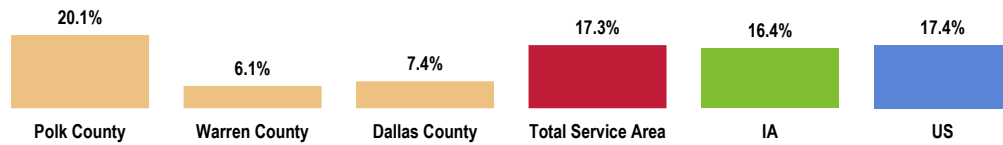
Note the following findings related to cigarette smoking prevalence in the Total Service Area.

BENCHMARK ► The smoking prevalence is far from satisfying the Healthy People 2030 objective.

DISPARITY ► Considerably higher in Polk County. Reported more often among adults under 65, those in low-income households, communities of color, and the LGBTQ+ community.

Current Smokers

Healthy People 2030 = 5.0% or Lower



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

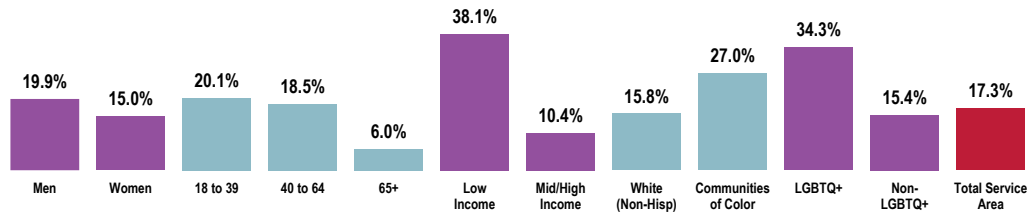
 Notes:

- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers

(Total Service Area, 2021)

Healthy People 2030 = 5.0% or Lower



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

 Notes:

- Asked of all respondents.
- Includes regular and occasion smokers (every day and some days).

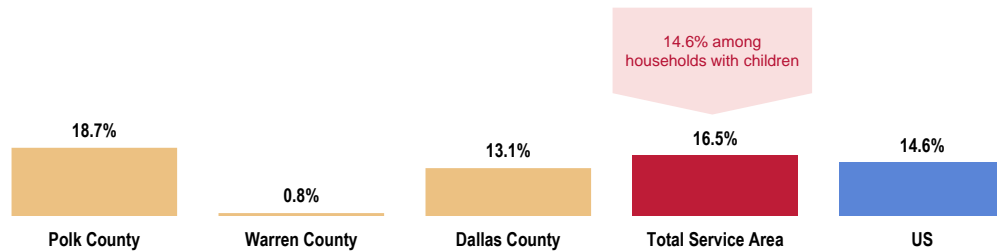


Environmental Tobacco Smoke

Among all surveyed households, 16.5% of adults report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

DISPARITY ► Unfavorably high in Polk County (while very low in Warren County).

Member of Household Smokes at Home



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

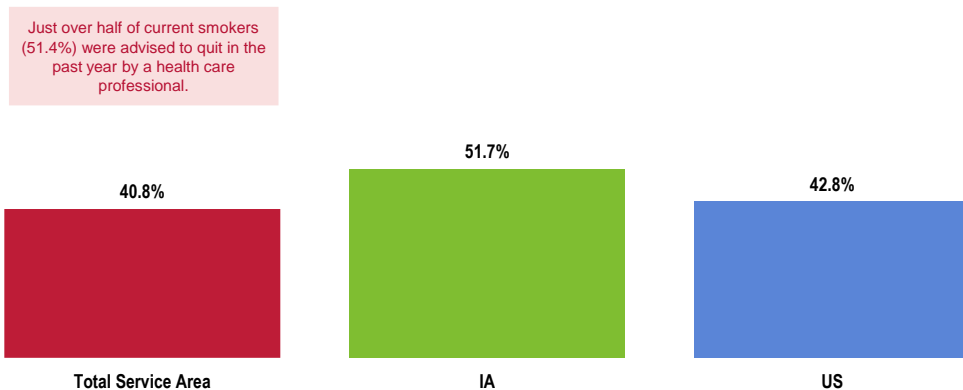
Smoking Cessation

Four in 10 regular smokers (40.8%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Have Stopped Smoking for One Day or Longer in the Past Year (Everyday Smokers)

Healthy People 2030 = 65.7% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 41-42]
• 2020 PRC National Health Survey, PRC, Inc.

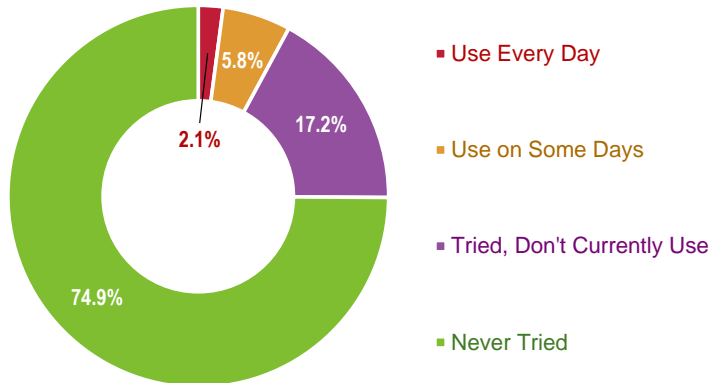
Notes: • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
• Asked of respondents who smoke cigarettes every day.



Use of Vaping Products

Most Total Service Area adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products
(Total Service Area, 2021)



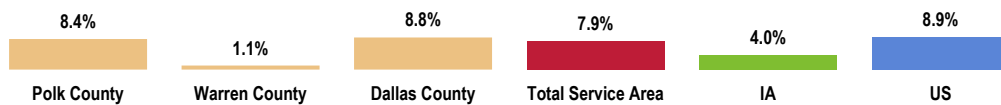
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
Notes: • Asked of all respondents.

However, 7.9% currently use vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ▶ Almost twice the Iowa prevalence.

DISPARITY ▶ Lowest among Warren County respondents. Higher in younger adults and particularly high among LGBTQ+ respondents.

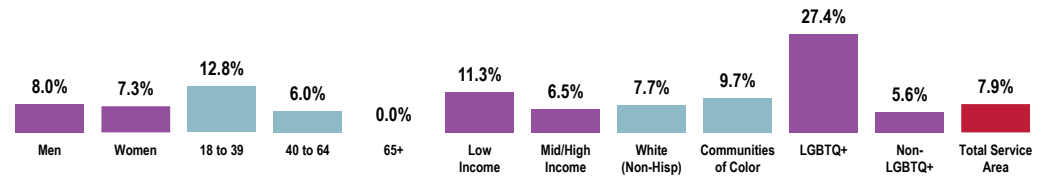
Currently Use Vaping Products
(Every Day or on Some Days)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).



Currently Use Vaping Products (Total Service Area, 2021)

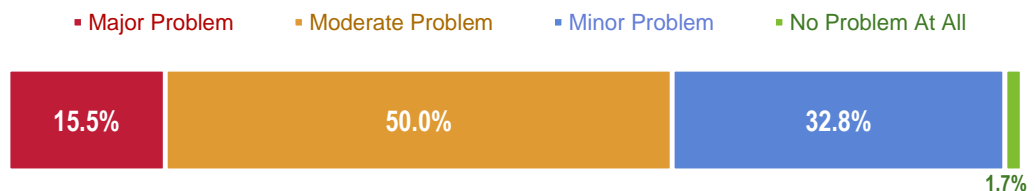


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
 Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

Half of key informants taking part in an online survey characterized **Tobacco Use** as a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2021)



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

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

Access to Care/Services

• Lack of cessation programs. - Other Health Care Provider

Addiction

• Many have smoked for many years and find it difficult to stop. - Community Leader

Awareness/Education

• Continued lack of recognition of health effects of smoking, second-hand smoke, and use of other forms of tobacco (chewing, dabbing, etc.). - Community Leader

Government/Policy

• Smoking is legal and people continue to smoke. - Other Health Care Provider



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

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

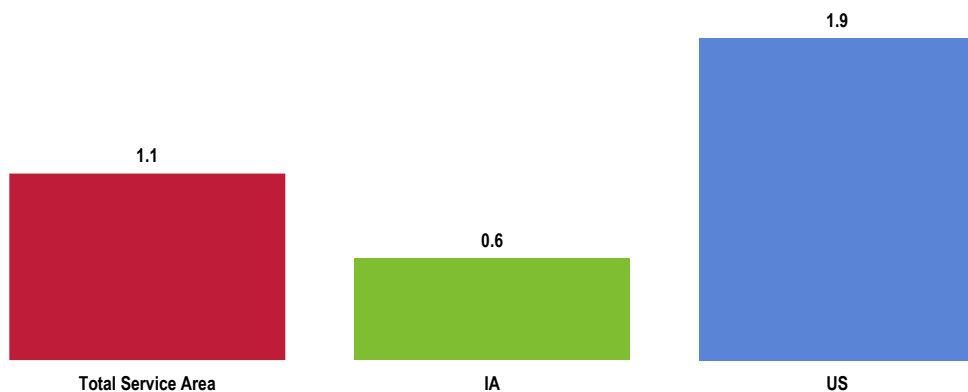
HIV

Age-Adjusted HIV/AIDS Deaths

Between 2010 and 2019, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.1 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Higher than the Iowa mortality rate but lower than the US rate.

HIV/AIDS: Age-Adjusted Mortality
(2010-2019 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2021.

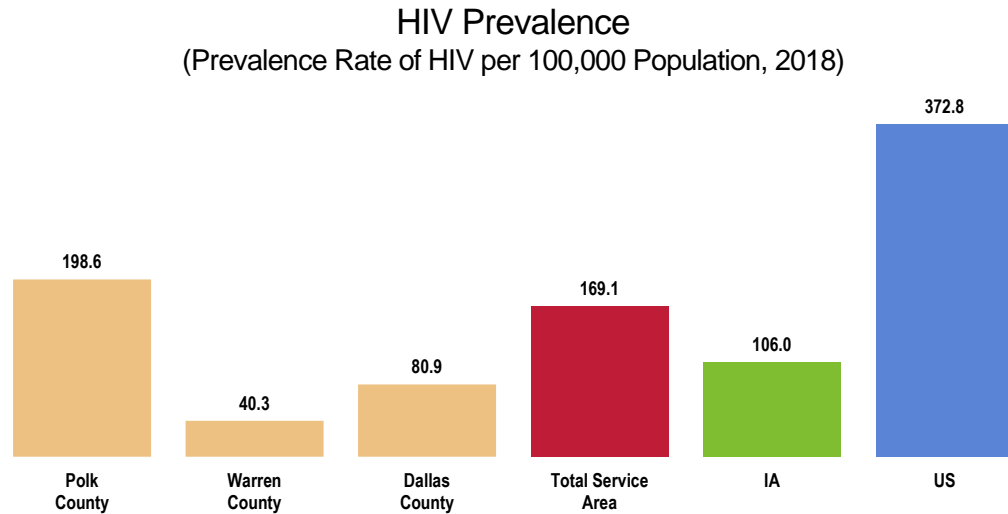


HIV Prevalence

In 2018, there was a prevalence of 169.1 HIV cases per 100,000 population in the Total Service Area.

BENCHMARK ▶ Higher than the state prevalence rate but lower than the national rate.

DISPARITY ▶ Highest in Polk County.



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2018, the chlamydia incidence rate in the Total Service Area was 574.6 cases per 100,000 population.

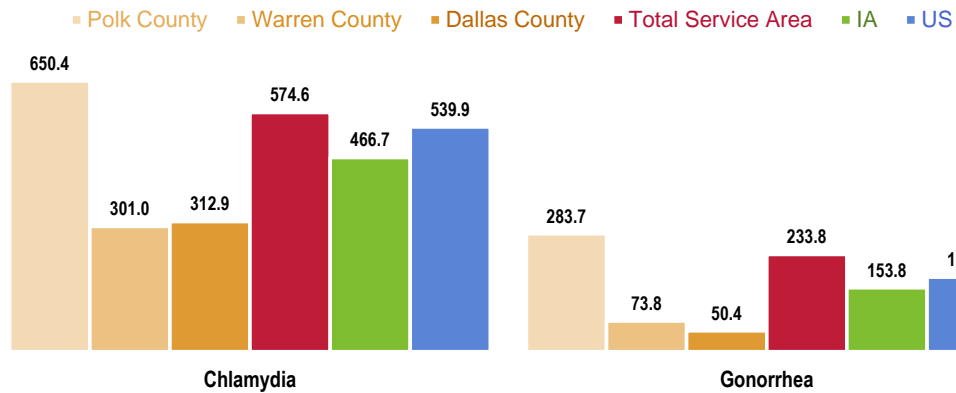
The Total Service Area gonorrhea incidence rate in 2018 was 233.8 cases per 100,000 population.

BENCHMARK ▶ Both local incidence rates exceed the related state rate, and the gonorrhea rate is also significantly higher than the US rate.

DISPARITY ▶ Both incidence rates are considerably higher in Polk County.



Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2018)

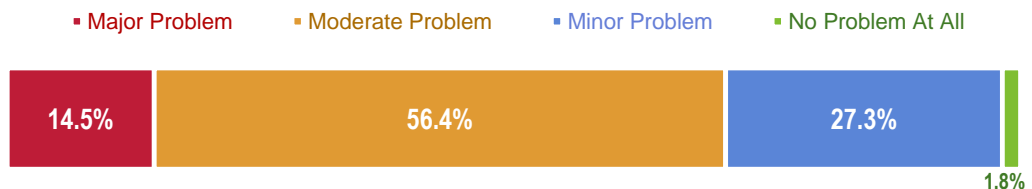


Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).
 Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

A majority of key informants taking part in an online survey characterized *Sexual Health* as a “moderate problem” in the community.

Perceptions of Sexual Health as a Problem in the Community (Key Informants, 2021)



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

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

Incidence/Prevalence

- Very high rates of STDs. - Community Leader
- Cases of sexually transmitted infections has grown by over 300% in our county in the past three years. - Community Leader
- STDs are at epidemic levels. Syphilis is increasing rapidly. Our children do not receive real education in our schools about sexual health and how to stay safe when they are sexually active. - Public Health Representative

Access to Care

- Pregnancy and birth. No GYN/OB provider in Perry, IA. No pediatrician in Perry. - Community Leader
- Access to affordable reproductive health care services due to funding reductions (Planned Parenthood, Eyes Open Iowa, etc.), availability to under and uninsured. - Community Leader

Awareness/Education

- Lack of evidence-based reproductive health education in schools, political attacks on Planned Parenthood. - Community Leader





ACCESS TO HEALTH CARE

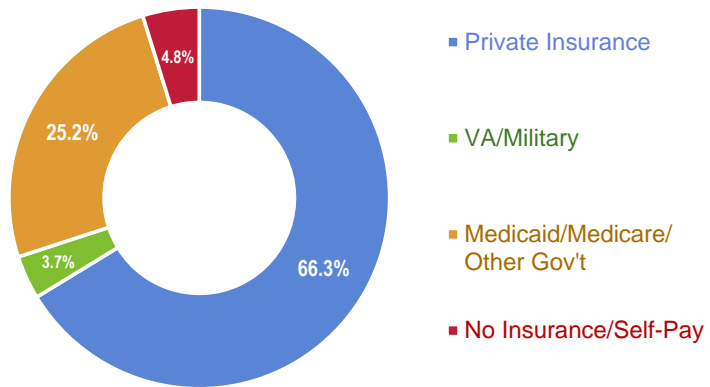
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

Two in three Total Service Area adults age 18 to 64 (66.3%) report having health care coverage through private insurance. Another 28.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 4.8% report having no insurance coverage for health care expenses.

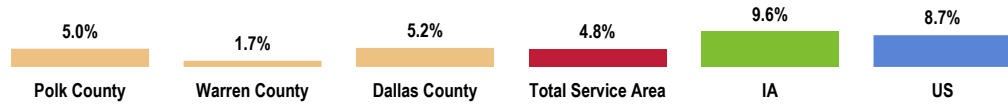
BENCHMARK ▶ Well below the state and US prevalence. Satisfies the Healthy People 2030 objective.

DISPARITY ▶ Much higher uninsured prevalence among communities of color.



Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.9% or Lower



Sources:

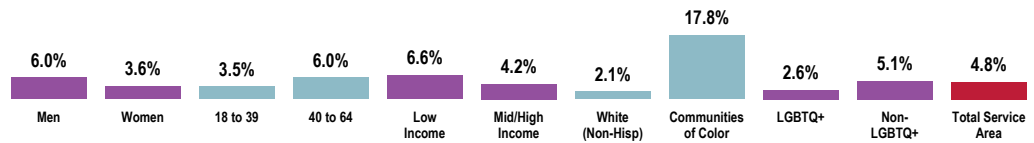
- 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage (Adults Age 18-64; Total Service Area, 2021)

Healthy People 2030 = 7.9% or Lower



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents under the age of 65.



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

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

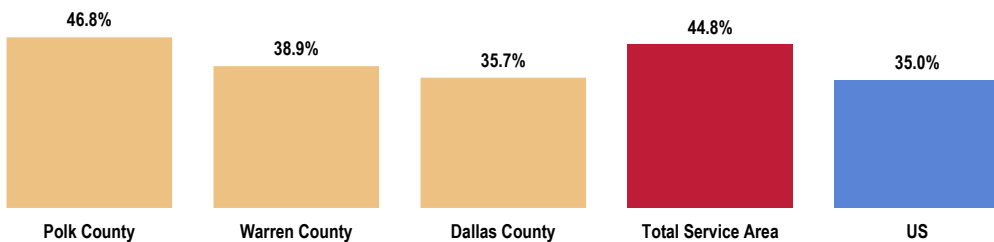
Difficulties Accessing Services

A total of 44.8% of Total Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Well above the US figure.

DISPARITY ► Unfavorably high in Polk County. Decreases with age and is reported more often among women, low-income adults, and the LGBTQ+ community.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:

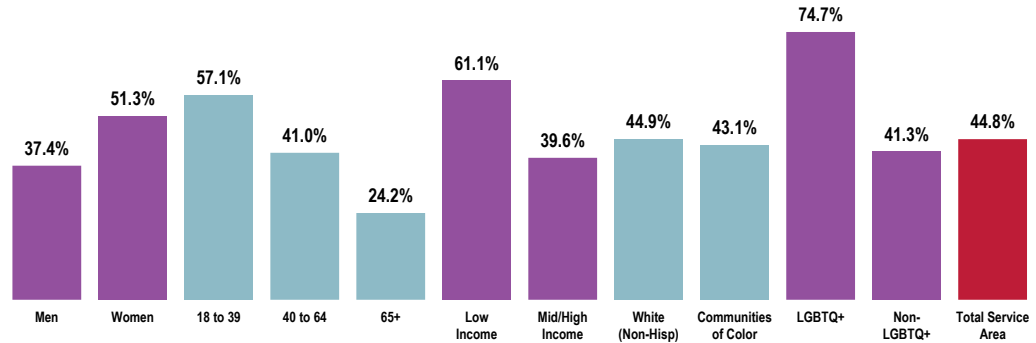
- 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Total Service Area, 2021)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
 Notes: ● Asked of all respondents.
 ● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of Total Service Area adults.

BENCHMARK ► Local residents fared worse than adults nationwide for: cost of prescription medication, appointment availability, inconvenience office hours, and a lack of transportation.

DISPARITY ► Polk County adults are more likely to report being hindered by these barriers in the past year: cost of doctor visits and prescription medications, and a lack of transportation (not shown).

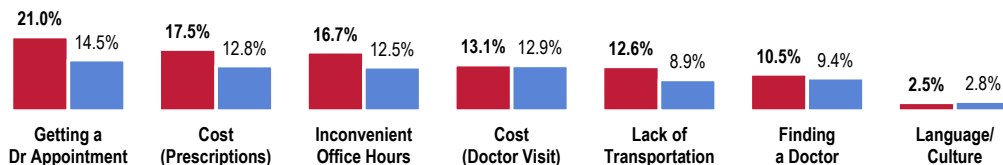
Note also the percentage of adults who have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year

■ Total Service Area ■ US



In addition, 17.6% of Total Service Area adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 7-14]
 ● 2020 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.

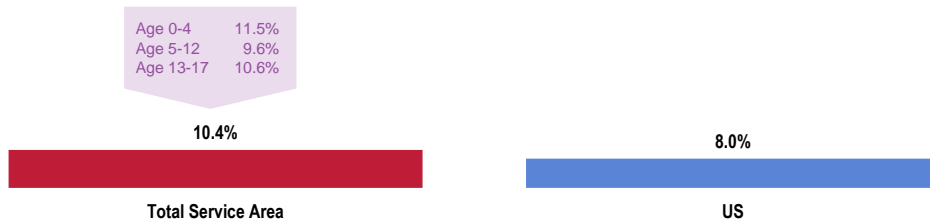


Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 10.4% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)



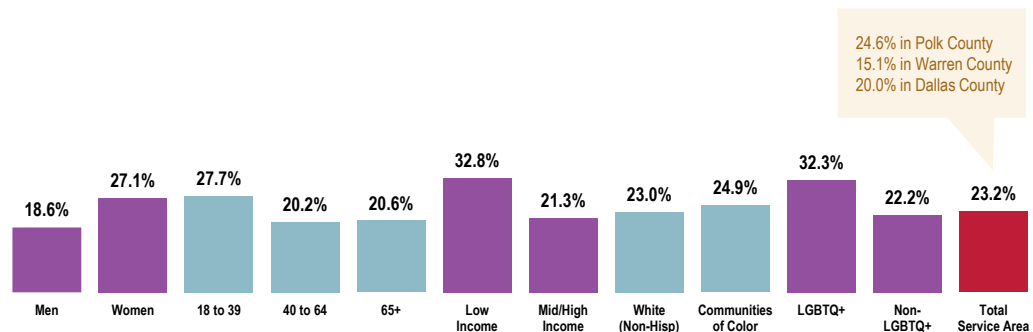
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 104]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Avoiding Care Due to COVID-19

Among survey respondents, 23.2% report that they avoided medical care at some point between March 2020 and now because of concerns about COVID-19.

DISPARITY ► Reported more often among women, young adults, and low-income respondents.

Avoided Medical Care Since March 2020 Because of COVID-19 (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: • Asked of all respondents.



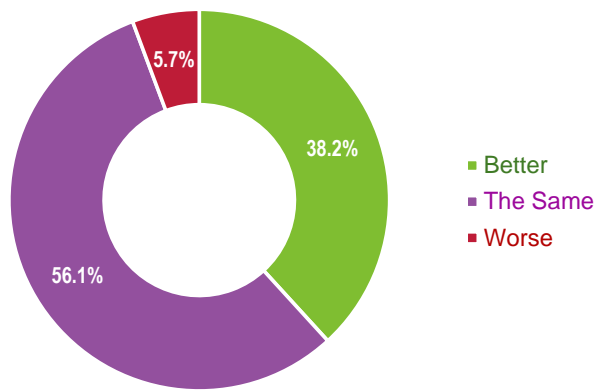
Bias in Receiving Care

“And now thinking about ALL of your healthcare experiences in the past 12 months, in general, do you feel your experiences were “Better,” “The Same,” or “Worse” than those of people of other races or ethnicities?”

While over half of survey respondents consider their recent healthcare experience to be the same as that of people of other race/ethnicity, a total of 5.7% believe that their experience was “worse.”

DISPARITY ▶ “Worse” ratings are highest among Polk County residents. Reported more often among men, adults under age 65, those in low-income households, and LGBTQ+ residents (*importantly, while higher in communities of color, note that the difference recorded by race/ethnicity is not statistically significant*).

Rating of Recent Healthcare Experiences Based on Race or Ethnicity
(Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: • Asked of all respondents.

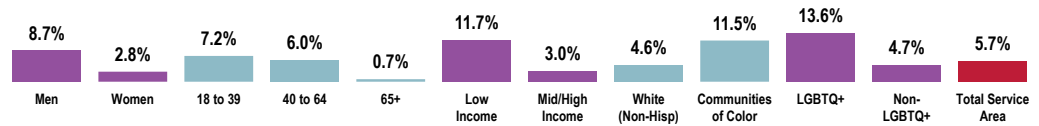
Recent Healthcare Experience Was “Worse” Because of Race/Ethnicity



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: • Asked of all respondents.



Recent Healthcare Experience Was “Worse” Because of Race/Ethnicity (Total Service Area, 2021)

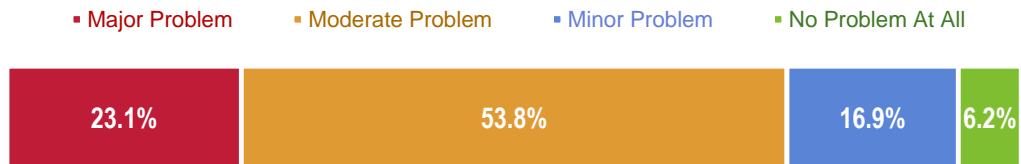


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: • Asked of all respondents.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a “moderate problem” in the community.

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants, 2021)



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

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

Contributing Factors

- Identifying physicians for the specific health issues and also those that are culturally responsive. - Community Leader
- Navigating services, timeliness, payment, and providers. It's continuously complicated and uncoordinated. - Community Leader
- Transportation, cost, stigma, time off from work. - Community Leader
- Access for individuals on an equitable basis. Transportation barriers, language barriers, knowledge barriers, and monetary barriers. - Community Leader



Three primary challenges that have relationships with one another. First, many individuals, particularly poor and marginalized populations, simply do not have access -- maybe lack of knowledge regarding what/how/where to connect, maybe lack of insurance/resources, maybe complexity of health care systems and services that inhibits navigation/effective utilization. Second, cost -- most healthcare services and systems have been built for white people with insurance inflating the costs to unreasonable levels for even the simplest of procedures and care.

Third, unnecessary and unbalanced utilization -- accessing/navigating healthcare services is not easy for many individuals, especially those with chronic conditions. When things go very wrong, navigation is the challenge. As many chronic conditions are asymptomatic individuals defer or put off care until they experience exacerbations leading them to ER visits and unnecessary hospitalizations. - Community Leader

Lack of trust between low-income community residents (especially people of color) and health/medical institutions. Cost of health insurance. Complexity of health insurance coverage. - Community Leader

Disparity in those who can pay for treatment (including medications) and those who cannot. Disparity in the communities of color in feeling safe to access care and treatment. Those with chronic conditions prior to COVID have deteriorated during the long course of the pandemic. - Social Services Provider

Affordability. Unequal services and discriminatory practices for individuals in poverty or low-income families.

Lack of PTO for employees to go to doctor appointments. - Community Leader

Access to Care for Uninsured/Underinsured

Patients either don't have insurance and aren't sure how to get it or they have insurance through work that they can't afford. - Social Services Provider

Ensuring low-income community members have access to insurance options as well as the support to get to their care systems, such as ability to take time off of employment for doctor's appointments and reliable transportation to get to doctor's appointments. - Public Health Representative

Language Barriers

For anyone struggling with language barriers, access to health care services is difficult. People are often unable to call into their health care provider's office, as they have to request interpretation in English. Many people are advised by their doctor to go to the ER when they need something and people don't feel their doctor understands their needs, so they don't establish a health care home. Integrated Health Home referrals are rarely made, work requirements inhibit health care appointments, and community health workers are not available in Iowa as an insurance reimbursable service. Dieticians are not trained in food culture for individuals who are born outside of the U.S. and referrals aren't made at the same rates as U.S. Born clients. MEDICARE AND PRIVATE INSURANCE DOESN'T REIMBURSE LANGUAGE INTERPRETATION SERVICES, so providers just decline referrals for people needing interpretations, as they can't afford the interpretation cost. Clients aren't aware of missed referrals - Community Leader

Personal Responsibility

Generally, encouraging individuals to become increasingly accountable for their own health is a problem. Many of our healthcare cost and access issues would be avoided with an inspired sense of personal responsibility taken by individuals in this and other communities. The sponsors of this survey are in a key trust and leadership position to drive better health behaviors and prompt improved self-care. That is the one very best strategy to place on the agenda for the future! - Community Leader

Behavioral Health Services

I believe substance abuse and mental health services, or the lack thereof, is the biggest issue we have. - Community Leader

Lack of Diverse Healthcare Professionals

Lack of diverse healthcare professionals. - Community Leader

Work Related

Workforce. - Other Health Care Provider



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

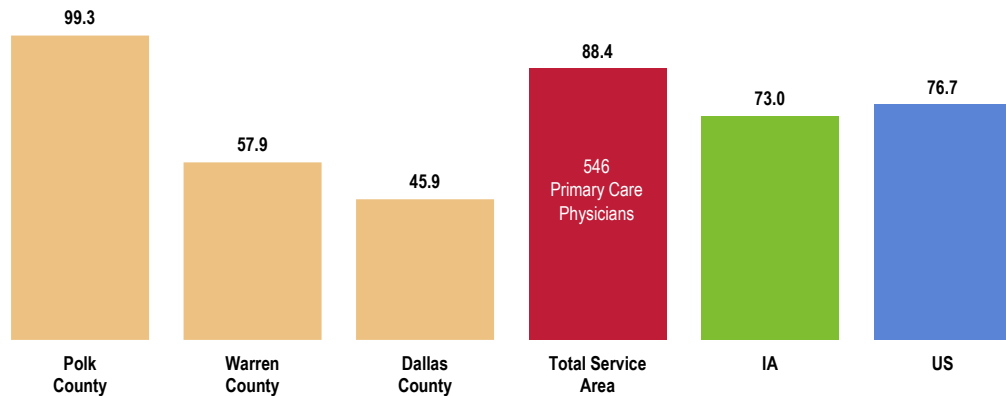
Access to Primary Care

In 2017, there were 546 primary care physicians in the three-county Total Service Area, translating to a rate of 88.4 primary care physicians per 100,000 population.

BENCHMARK ▶ A higher ratio than reported statewide.

DISPARITY ▶ Lowest in Dallas County.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2017)



Sources:

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2021 via SparkMap (sparkmap.org).

Notes:

- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



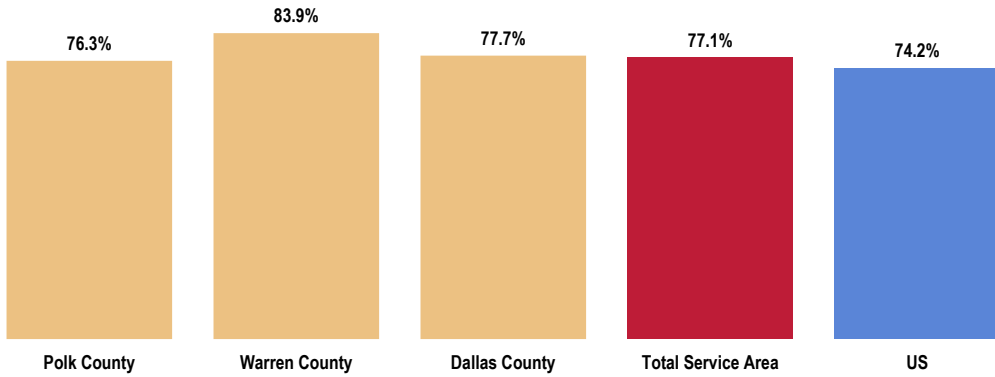
Specific Source of Ongoing Care

A total of 77.1% of Total Service Area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 139]
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Utilization of Primary Care Services

Adults

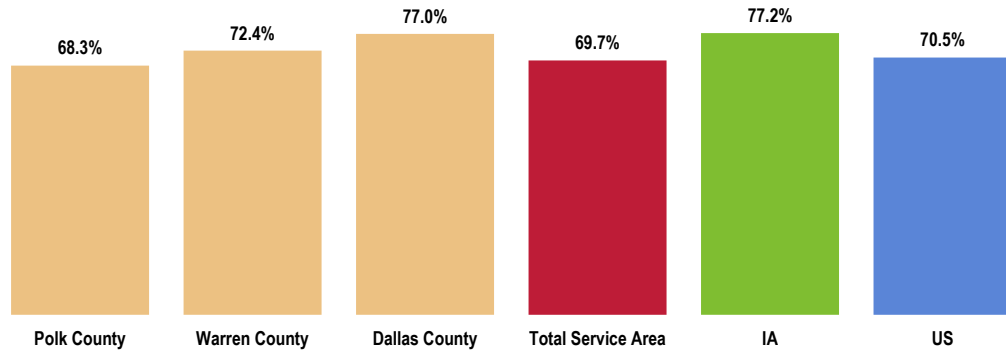
Seven in 10 adults (69.7%) visited a physician for a routine checkup in the past year.

BENCHMARK ▶ A lower prevalence than the state reports.

DISPARITY ▶ Routine checkups increase with age, as shown.



Have Visited a Physician for a Checkup in the Past Year



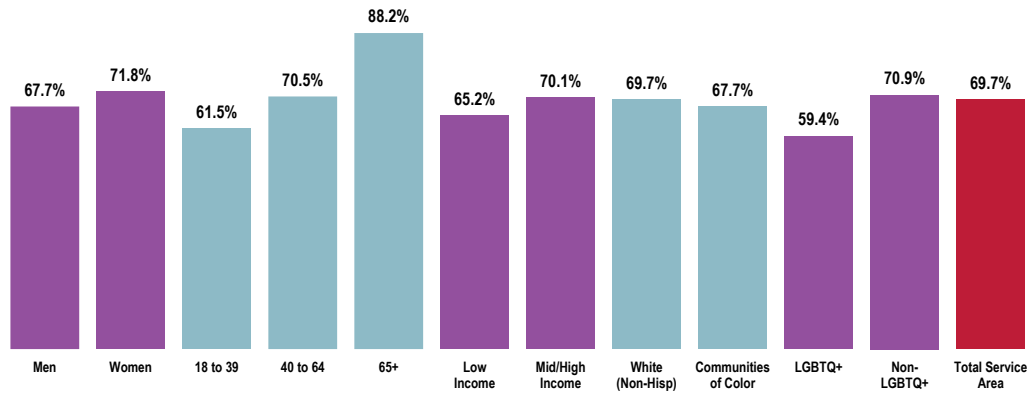
Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year (Total Service Area, 2021)



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 18]

Notes:

- Asked of all respondents.



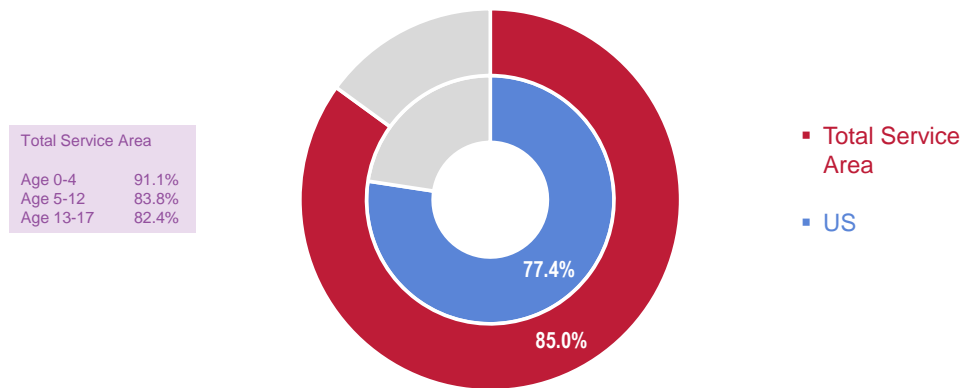
Children

Among surveyed parents, 85.0% report that their child has had a routine checkup in the past year.

BENCHMARK ▶ Well above the national figure.

DISPARITY ▶ Reported most often among parents of young children.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 105]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

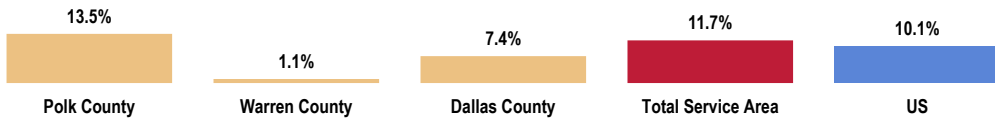


EMERGENCY ROOM UTILIZATION

A total of 11.7% of Total Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

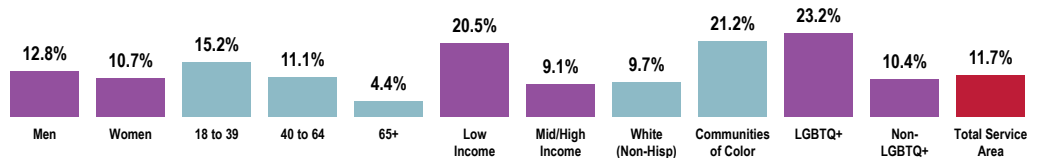
DISPARITY ► Highest in Polk County. Reported more often among younger adults, low-income residents, communities of color, and LGBTQ+ persons.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 22]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 22]
 Notes: • Asked of all respondents.



ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

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

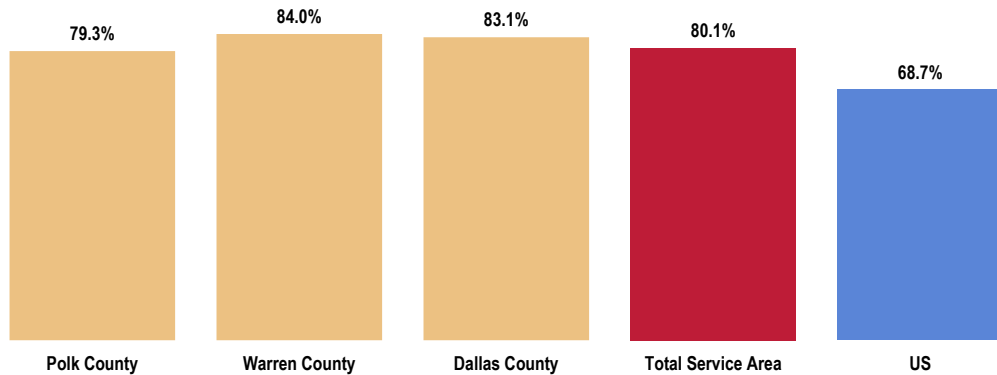
Dental Insurance

Most Total Service Area adults (80.1%) have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Well above the national figure and easily satisfying the Healthy People 2030 objective.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

Healthy People 2030 = 59.8% or Higher [Adults <65]



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 21]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents.



Dental Care

Adults

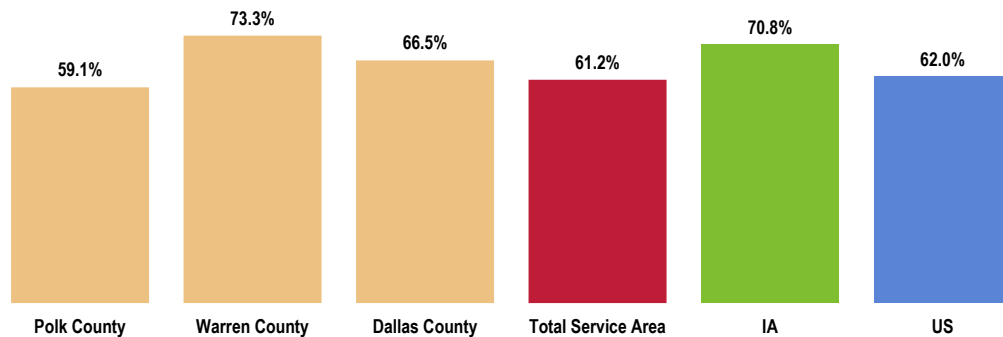
A total of 61.2% of Total Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ▶ Well below the state figure.

DISPARITY ▶ Lowest in Polk County. Reported less often among men, and especially low-income residents, communities of color, and adults without dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

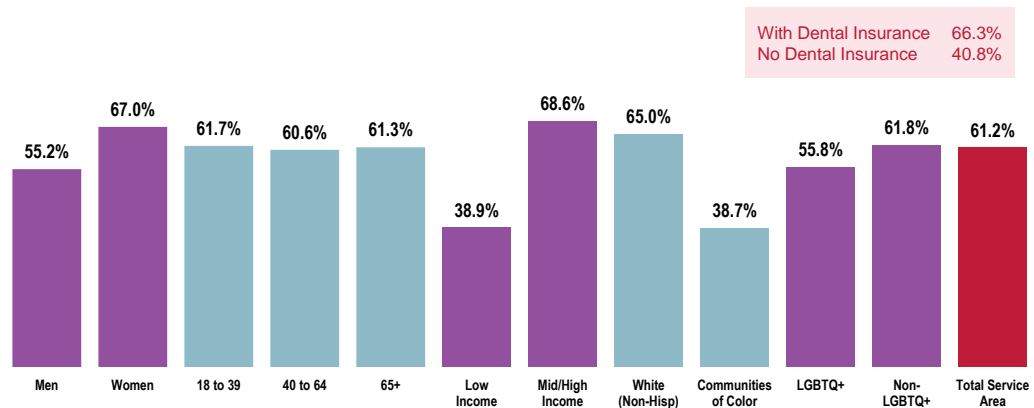
Healthy People 2030 = 45.0% or Higher



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year (Total Service Area, 2021)

Healthy People 2030 = 45.0% or Higher



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.



Children

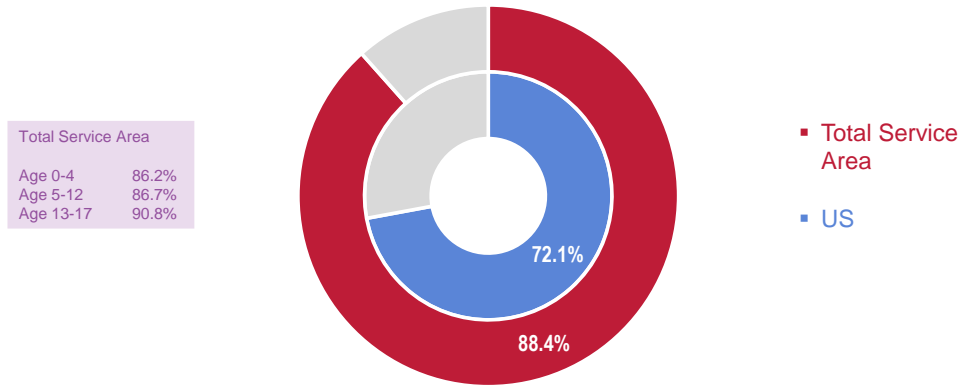
A total of 88.4% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ▶ Much higher than the national figure and satisfying the Healthy People 2030 objective.

DISPARITY ▶ Highest among area teens.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

Healthy People 2030 = 45.0% or Higher

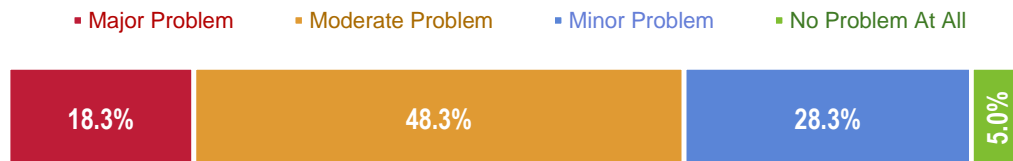


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 108]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2021)



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



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

Access for Medicare/Medicaid Patients

- Low Medicaid reimbursement means little dentists who accept it. - Other Health Care Provider
- Lack of dental providers that will accept Medicaid or provide charity care. - Community Leader
- We don't have enough providers who accept Medicaid. Care is not affordable. - Community Leader

Affordable Care/Services

- Oral health is expensive if you don't have Medicaid. Private insurance does not pay for dental care. If you are lucky to afford dental insurance, you still have to pay out of pocket. - Other Health Care Provider
- Lack of recognition of oral health as a serious health concern, particularly early in life. Lack of providers for Medicaid patients and those without insurance. - Community Leader
- Oral health is under-covered in many insurance plans. - Community Leader

Contributing Factors

- For whatever reason, traditional healthcare providers have not seen oral health as their responsibility. So, it is set aside even in most provider history & physicals (patient assessments). It is like it does not matter. However, evidence shows that oral health is pivotal in an effective profile of health status. It is usually not covered in traditional health insurance plans/coverage. For uninsured, it is pricey and access is challenging, even in the population covered by Medicaid. Oral health deserves to be more mainstreamed in healthcare. - Community Leader

Access to Care for Uninsured/Underinsured

- Lack of dental insurance, expensive. - Community Leader

Access to Care/Services

- Many patients have poor access to dental health or do not follow regular dental care. - Community Leader

Income/Poverty

- Low-income people do not have access to oral health services and dentists are increasingly turning away Medicaid-eligible clients. - Public Health Representative



VISION CARE

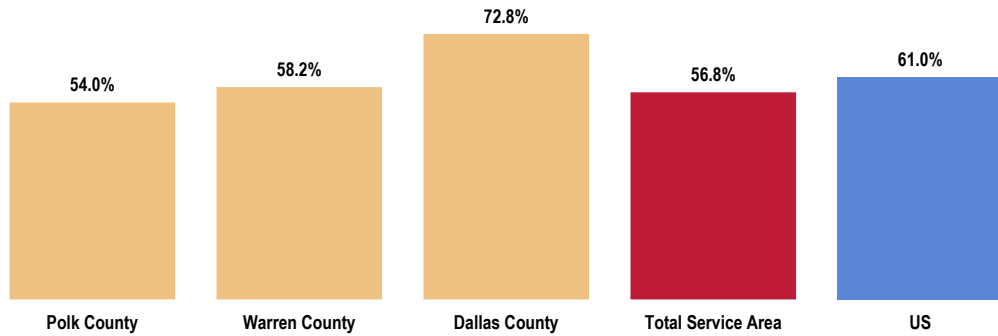
A total of 56.8% of Total Service Area residents had an eye exam in the past two years during which their pupils were dilated.

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Lowest among residents of Polk County. Lowest among younger adults and in communities of color.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

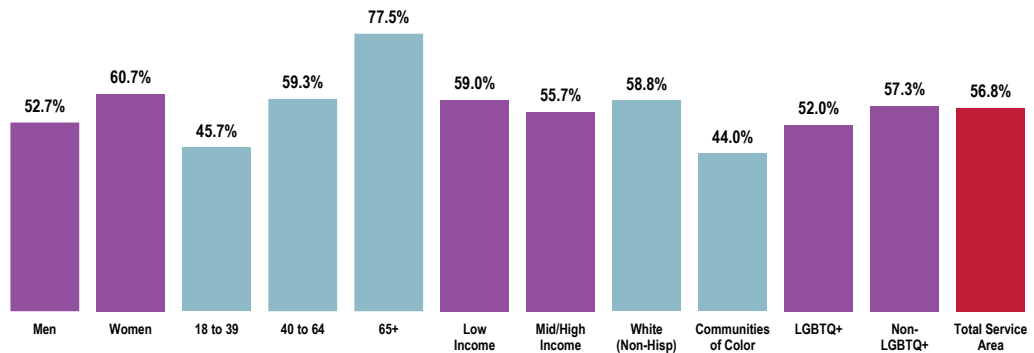
Healthy People 2030 = 61.1% or Higher



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 19]
 ● 2020 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2030, August 2020. <http://www.healthypeople.gov>
 Notes: ● Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Total Service Area, 2021)

Healthy People 2030 = 61.1% or Higher



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 19]
 ● US Department of Health and Human Services. Healthy People 2030, August 2020. <http://www.healthypeople.gov>
 Notes: ● Asked of all respondents.



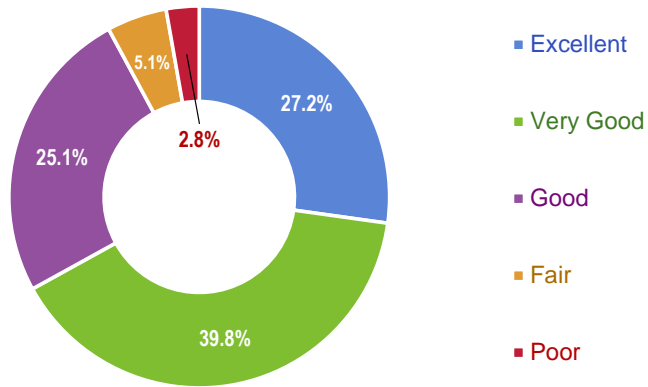


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most Total Service Area adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care Services Available in the Community
(Total Service Area, 2021)

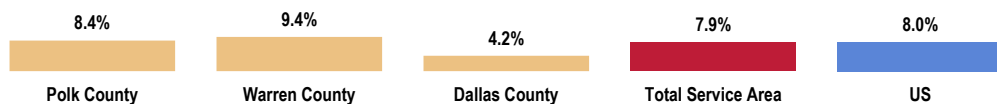


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 7.9% of residents characterize local health care services as “fair” or “poor.”

DISPARITY ► Adults more likely to be critical of local healthcare services include young adults and those with access difficulties in the past year.

Perceive Local Health Care Services as “Fair/Poor”

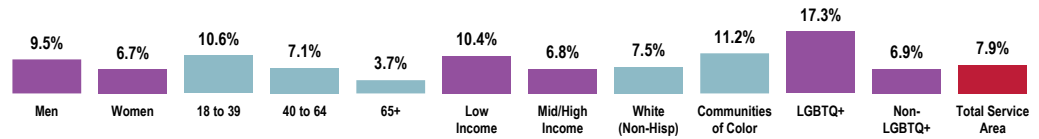


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Local Health Care Services as “Fair/Poor” (Total Service Area, 2021)

With Access Difficulty 14.8%
No Access Difficulty 2.4%



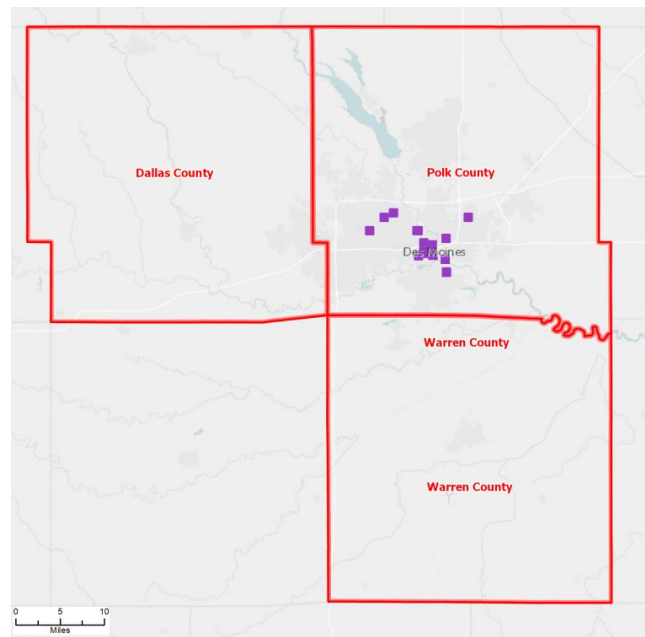
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.



HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Total Service Area as of September 2020.



Map Legend

Federally Qualified Health Centers, POS
September 2020

Report Location, County



SparkMap



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- 211
- Broadlawns Medical Center
- Children and Families of Iowa
- Community Health Workers
- Doctor's Offices
- EMBARC
- EveryStep
- Eyerly Ball Mental Health
- Family/Friends
- Free Clinics
- Integrated Health Home Network
- Iowa Chronic Care Consortium
- Iowa International Center
- Medicaid
- Medical Schools
- MercyOne Health System
- Nursing School
- Polk County Health Department
- Proteus
- School System
- SHIIP
- Title V
- Transportation Systems
- United Way
- Urgent Care Clinics

Cancer

- Above and Beyond Cancer
- American Cancer Society
- Broadlawns
- Children's Cancer Connection
- Doctor's Offices
- Health Systems
- Hospitals
- Iowa Cancer Action Center
- Iowa Department of Public Health
- John Stoddard Cancer Center
- Katzmann Breast Center
- MercyOne Cancer Center
- MercyOne Health System

- Planned Parenthood
- Polk County Health Department
- UnityPoint Health System

Coronavirus

- Advocacy Organizations
- Broadlawns
- Broadlawns Urgent Care
- CDC
- Community Centers
- Community-Based Efforts to Get People Vaccinated
- COVID-19 Relief Funding Options
- Dallas County EMS
- Dallas County Health Department
- Dallas County Hospital
- Dallas County Health Department
- Doctor's Offices
- Drake University
- EMBARC
- Government Officials
- Grandview
- Health Department
- Health Systems
- Hospitals
- HyVee
- Iowa Department of Public Health
- Iowa Finance Authority
- Legislature
- Media
- Mercy College of Health Sciences
- Mercy Medical Clinics
- MercyOne Health System
- Pharmacies
- Polk County Community Outreach Services
- Polk County Health Department
- Polk County Public Health Department
- Public Health Department
- Refugee Alliance of Central Iowa
- School System
- Shelter and Services Clinics
- Testing Facilities



Testlowa.com
Transportation Systems
United Way
UnityPoint Health System
Warren County Health Department

Chronic Kidney Disease

Doctor's Offices

Dementia/Alzheimer's Disease

AARP
Aging Resource
Alzheimer's Association
Broadlawns' Mather Brain CenterBroadlawns
Urgent Care
Des Moines Police Department
Des Moines University
Doctor's Offices
Eyerly Ball Mental Health
Greater Iowa Alzheimer's Disease Association
Chapter
Hospitals
Iowa Clinic
Iowa Department of Aging
Iowa Department of Public Health
Memory Care Facilities
NAMI
New Horizons ADC
Polk County Health Department
Ruan Center at Mercy
YMCA

Diabetes

American Diabetes Association
Association of Diabetes Care and Education
Specialists
Blank Children's Hospital
Broadlawns
Chick fil-A
Community Gardens
Convenience Stores
Diabetes Prevention Programming
Des Moines Area Religious Council
Doctor's Offices
Double Up Food Bucks
Farmer's Markets
Fitness Centers/Gyms
Grocery Stores
Health Department
Hospitals

HyVee
Iowa Department of Public Health
Iowa Diabetes Education Center
ISU Extension
Mercy Medical Clinics
MercyOne Health System
Mobile Pantry
Nutrition Services
Palmer's Deli
Parks and Recreation
Pharmacies
Polk County Health Department
Public Health Department
Redfield Medical Clinic
School System
UnityPoint Health Clinics
UnityPoint Health Internal Medicine
UnityPoint Health System

Disabilities

AA/NA
Doctor's Offices
Eyerly Ball Mental Health
Food Bank
Hospitals
Iowa Clinic
Managed Care Organizations
Massage Envy
Massage Heights
Mercy Hospital
Methodist Hospital
Nutrition Services
Patient Services Adel and Stuart
Transportation Systems
UnityPoint Health System
YMCA

Infant Health and Family Planning

Count the Kicks
Doctor's Offices
Hospitals
Planned Parenthood
Title V
WIC

Heart Disease

American Heart Association
American Red Cross
Brain Injury Alliance of Iowa
Broadlawns Medical Center



- CPR Training Programs
- Des Moines University Barbershop/Beauty Salon Program
- Doctor's Offices
- Family/Friends
- Fitness Centers/Gyms
- Food Pantry
- Health Coaches
- Healthiest State Initiatives
- HyVee
- Iowa Department of Public Health
- Iowa Heart Center
- Mental Health Services
- MercyOne Health System
- Parks and Recreation
- Polk County Health Department
- Public Awareness Campaigns
- Public Health Department
- Support Groups
- United Way
- UnityPoint Health Internal Medicine
- UnityPoint Health System
- Walk With Ease Program

Injury and Violence

- Blank Children's Hospital
- City Councils
- City of Des Moines
- Community Members
- Community-Based Organizations
- Creative Visions
- Family Violence Center
- Gun Violence Program in Cedar Rapids
- Iowa ACEs 360
- Law Enforcement
- Local Businesses
- Second Chance
- Trauma Informed Care Stakeholders
- Youth Justice Initiative

Mental Health

- 1st Five Healthy Mental Development Initiative
- 211
- 411
- Adel Mental Health
- Blank Children's Hospital
- Broadlawns
- Broadlawns Crisis Observation Center
- Broadlawns Medical Center
- Broadlawns Mental Health Clinic
- Broadlawns Psych Urgent Care

- Client Assistant Program Iowa
- CDC
- Children and Families of Iowa
- Central Iowa Community Services
- Clive Behavioral Health Hospital
- Clive Mental Health Hospital
- Community Colleges
- Counseling Services
- Crisis Mobile Line
- Dallas County Community Services
- Dallas County Hospital
- Dallas County Health Department
- Des Moines Pastoral Counseling Center
- Iowa Department of Human Services
- Des Moines Pastoral Counseling Center
- Doctor's Offices
- Drop in Center
- Employee and Family Resources
- EveryStep
- Eyerly Ball Mental Health
- Foundations Funding Training for Providers
- Grocery Stores
- Healthiest State Initiatives
- Heart of Iowa Community Services
- Heartland Christian Counseling Hospitals
- Iowa Department of Public Health
- Iowa Lutheran Hospital Behavioral Health
- Iowa Lutheran Mental Health Urgent Care
- Iowa Medicare/Medicaid
- Lutheran Services
- Make it Okay Campaign
- Mental Health Regions
- Mental Health Services
- Mercy Hospital
- MercyOne Health System
- MercyOne Mental Health Inpatient Facility
- MHDS Region
- Mindspring
- Mobile Crisis Response Unit
- NAMI
- Orchard Place
- Pastoral Care Counseling Centers
- Please Pass the Love
- Polk County Health Services
- Polk County JV Centers
- Polk County Suicide Prevention Coalition
- Powell
- RALI Iowa
- Redfield Medical Clinic
- Safe Harbor Acute Care Mental Health Facility
- School System
- Southwest Iowa Mental Health Center



- State Mental Health Advocacy Boards
- Telehealth
- Therapist Referral Network
- UnityPoint Health Behavioral Health
- UnityPoint Health Mental Health
- UnityPoint Health System
- UnityPoint Health Urgent Care
- VA Hospital
- We Care Together Community Resource Tool
- YMCA
- Young Women's Resource Center
- Your Life Iowa
- Zion Mental Health Services
- Zion Recovery Services

- United Way
- YMCA

Oral Health

- Broadlawns Dental Clinic
- Dental Connections
- Dentist's Offices
- Doctor's Offices
- Dollar Stores
- Fitness Centers/Gyms
- I SMILE Programs
- Oakridge Neighborhood
- Polk County Health Department
- Public Health Department
- United Way of Central Iowa Dental Connections

Nutrition, Physical Activity, and Weight

- 5-2-1-0 Healthy Choices Count
- AARP
- Bars and Restaurants
- Blank Children's Hospital
- Community
- Community Gardens
- Dallas County Extension Healthy Choices Programming
- Dallas County Food GRID
- Dallas County Health Department
- Des Moines Bike Collaborative
- Des Moines Area Religious Council
- Doctor's Offices
- Double Up Food Bucks
- Eat Greater Des Moines
- EveryStep
- Farmer's Markets
- Fast Food Places and Restaurants
- Fitness Centers/Gyms
- Food Bank
- Food Pantry
- Global Greens
- Great Outdoors Foundation
- Grocery Stores
- Healthiest State Initiatives
- HyVee
- Iowa Stops Hunger Campaign
- ISU Extension
- Local Businesses
- Local Markets
- Parks and Recreation
- Perry Public Library
- Polk County Conservation
- Polk County Health Department
- SNAP
- Street Collective

Sexual Health

- Iowa Department of Public Health
- MercyOne Health System
- Planned Parenthood
- Polk County Health Department
- Prevent Child Abuse Iowa
- The Project of Primary Healthcare
- UnityPoint Health Clinics

Tobacco Use

- Doctor's Offices
- Hospitals
- Powell
- Public Awareness Campaigns
- Quitline Iowa

Substance Abuse

- A1 Addictions and Recovery Center
- AA/NA
- Bars and Casinos
- Bridges
- Broadlawns
- Broadlawns Medical Center
- Broadlawns New Connections Program
- Celebrate Recovery
- Children and Families of Iowa
- Community-Based Organizations
- Dallas County Hospital
- Doctor's Offices
- Employee and Family Resources
- Eyerly Ball Mental Health
- Fitness Centers/Gyms



- Grocery Stores
- Halfway Houses
- House of Mercy
- Jackson
- Lutheran - Powell III
- Lutheran Services
- Mecca Behavioral Health
- NAMI
- New Hope Church
- Polk County Health Services
- Powell
- Prelude
- Public Health Department
- UCS Healthcare West Des Moines
- Your Life Iowa
- Zion Recovery Services

Respiratory Diseases

- American Lung Association
- Doctor's Offices
- Mercy Hospital
- Partnership for a Tobacco Free Iowa
- Polk County Health Department
- Public Health Department





APPENDICES

EVALUATION OF PAST ACTIVITIES: UNITYPOINT HEALTH-DES MOINES

Community Benefit

Over the past three years, UnityPoint Health-Des Moines has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over \$180 million in community benefit, excluding uncompensated Medicare.
- Approximately \$117 million in charity care and other financial assistance programs.
- Approximately \$7 million in Community Health Improvement Services.
- Over \$1.2 million in Community Building Activity support.

Our work also reflects a focus on community health improvement, as described below.

Addressing Significant Health Needs

UnityPoint Health-Des Moines conducted its last CHNA in 2019 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that UnityPoint Health-Des Moines would focus on developing and/or supporting strategies and initiatives to improve:

- 1. Ensure equal access to health care for all.**
- 2. Establish communities and neighborhoods that are safe, accessible and available to everyone include public gathering places for diverse and integrated engagement, and promote healthy relationships.**
- 3. Improve the social/emotional wellbeing of the community.**
- 4. Increase the capacity (size and skills) of the health care workforce to create and sustain health.**

Strategies for addressing these needs were outlined in UnityPoint Health-Des Moines' Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of some of the impact of the actions taken by UnityPoint Health-Des Moines to address these significant health needs in our community.



Evaluation of Impact

Priority Area: Ensure equal access to health care for all.

Goal(s)	<ul style="list-style-type: none"> • Increase community understanding and support of mental health, reducing stigma and encouraging parity between mental health and physical health • Increase avenues of understanding and cultural humility, reducing barriers for individuals seeking services.
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Strategy 1: Behavioral Health Urgent Care Center

Strategy Was Implemented?	Yes - Clinic opened in spring of 2020
Target Population(s)	Central Iowa residents needing immediate behavioral health services
Partnering Organization(s)	Internal: Eyerly Ball, ILH ED External: Orchard Place
Results/Impact	<ul style="list-style-type: none"> • As of 09/29/2021, 5,451 patients seen since first opened in April 2020. • This year our current percent of patients sent to the hospital is 7.33%. • Averaging 18 patients per day.

Strategy 2: Develop community partnerships to address the Social Determinants of Health.

Strategy Was Implemented?	Yes
Target Population(s)	Broader Community and patients
Partnering Organization(s)	Internal: UPH System Services, Care Coordination Services, IT Services External: MercyOne, UWCI, Amerigroup, 2-1-1 of Iowa, United Way of Central Iowa, Aunt Bertha
Results/Impact	<ul style="list-style-type: none"> • SDoH Screening and referral in Epic/Together We Care • Implementation of Aunt Bertha resource and referral closed loop system to connect patients to community resources. • Partnered to develop 2-1-1 App for mobile resource information. • Stoddard Cancer Center's oncology navigators' partner with the Community Oncology Alliance and UberHealth to arrange rides for patients who may not have reliable transportation options. • Work with Iowa Chronic Care Consortium to support statewide Community Health Worker apprenticeship and demonstration project.



Strategy 3: Focus on Health Equity and Inclusion efforts for staff and community.

Strategy Was Implemented?	Yes
Target Population(s)	Broader community and UnityPoint Health Des Moines employees
Partnering Organization(s)	Internal: External: One Iowa,
Results/Impact	<ul style="list-style-type: none"> • LGBTQ Clinic opened in 2019. • Leader Power Hour • Pt. Scripting and staff training to ensure better intake communication with diverse populations. • Leadership Status in LGBTQ Healthcare Equality at all 4 Hospitals • Net Learning Modules required for all our approximately 6,000 employees: “<i>Embracing Diversity and Inclusion Parts 1 and 2</i>” “<i>SOGI: An Introduction to LGBTQ Sensitive Care</i>” • Health Equity Steering Committee, LGBTQ Health Steering Committee, and Diversity, Equity and Inclusion Steering Committee all formed to guide organizational activities related to DEI internally and in community.



Priority Area: Establish communities and neighborhoods that are safe, accessible and available to everyone include public gathering places for diverse and integrated engagement, and promote healthy relationships.

Goal(s)	<ul style="list-style-type: none"> • Increase and utilize physical community spaces to foster social connectivity, civility and build trusting relationship • Ensure everyone has a place to be safe and active • Increase the availability of safe, affordable and stable housing
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Strategy 1: Farmers Market/Yoga in the Park

Strategy Was Implemented?	Yes
Target Population(s)	General Public
Partnering Organization(s)	<p>Internal: Public Relations, Community Engagement External: Ankeny Uptown Farmers' Market, Ankeny Parks and Recreation, Des Moines Downtown Farmers' Market, Des Moines Parks and Recreation and the Des Moines Street Collective</p>
Results/Impact	<ul style="list-style-type: none"> • Supporting accessibility to fresh, healthy foods as well as free wellness programs and education through financial sponsorship and in-kind marketing and promotion. Making sure events and programs were free and open to all. • 4,500 individuals taking part in the free Yoga in Park classes per year through the Ankeny and Des Moines P&R programs. • 50,000 trail maps printed and distributed each of the past 3 years. • On average 20,000 people attend the Des Moines Downtown Farmers' Market with 150+ vendors selling fresh foods and product. Many of the vendors accept DEBT cards with participants earning double points for the purchase of fresh fruits and vegetables. UnityPoint Health provides on-site education each with week with various representation from service groups provided at the hospitals. • On average 3,000 people attend the Ankeny Uptown Farmers' Market each weekend with 50+ vendors providing fresh produce and products.

Strategy 2: Healthy Homes Des Moines

Strategy Was Implemented?	Yes
Target Population(s)	Families with children suffering from respiratory conditions
Partnering Organization(s)	<p>Internal: Blank Emergency, UnityPoint Clinics, Blank Clinics External: EveryStep, Polk Co Health Department, Polk County Housing Trust Fund</p>
Results/Impact	<ul style="list-style-type: none"> • 110 referrals over past three years • Symptom free days increased more than 6 days/month • Asthma related ED visits reduced by approximately 50% • Supporting grant submission for \$3 million for program expansion



Strategy 3: ILH Giving Garden

Strategy Was Implemented?	Yes
Target Population(s)	Food insecure residents and clinic patients
Partnering Organization(s)	Internal: Facilities Management, East Des Moines Residency Program External: Eat Greater Des Moines, DMARC, Iowa State University
Results/Impact	<ul style="list-style-type: none"> • Approximately 800 pounds of produce donated to DMARC Pantry • Family Medicine at East Des Moines plans to assume operations and expand with recent funding.

Priority Area: Improve the social/emotional wellbeing of the community.

Goal(s)	<ul style="list-style-type: none"> • Identify and implement work-site strategies to reduce stress/trauma. • Advocate for the establishment and implementation of a children’s mental health system.
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Strategy 1: Expand Embracing U program

Strategy Was Implemented?	Yes
Target Population(s)	UnityPoint Health Des Moines care givers and employees.
Partnering Organization(s)	Internal: Spiritual Care, Human Resources, Behavioral Health Services External:
Results/Impact	<ul style="list-style-type: none"> • Over 350 Peer Supporters have been trained since January of 2019. Currently we have over 340 Peer Supporters in service at UPHDM. • We have trained peer supporters in 90 departments across UPHDM. • Expansion of offerings now include Schwartz Rounds, Wellbeats, SilverCloud, Managing the Soft Side of the Hard Stuff among others to support employee wellbeing and mental health.

Strategy 2: Focus ACEs/TIC internally



Strategy Was Implemented?	Yes
Target Population(s)	UPHDM staff, community members, pediatric patients, parents/caregivers of pediatric patients
Partnering Organization(s)	Internal: UPHDM Behavioral Health, STAR Center team members and the community multidisciplinary team (DHS, law enforcement, county attorneys, victim advocates, medical and mental health professionals). External: Iowa ACEs 360, Statewide ACEs Policy Coalition
Results/Impact	<ul style="list-style-type: none"> • ACEs Screening in Blank Clinics • Supported Iowa ACE's 360 in becoming a 501 c3 • UnityPoint Health Des Moines and Blank staff - ACEs 360 Board Members • Blank staff, co-chair statewide ACEs Policy Coalition • TIC staff trainings at Day One and Blank New Employee Orientation to create provider and staff awareness of ACEs and trauma informed care.

Strategy 3: Advocacy and support for development of a statewide Children's Mental Strategy

Strategy Was Implemented?	Yes
Target Population(s)	Children receiving mental health services in Polk County and the other 13 MHDS Regions in Iowa.
Partnering Organization(s)	Internal: UPHDM Behavioral Health Urgent, Blank General Pediatrics & Adolescent Medicine, Blank Social Worker, Blank STAR & Developmental Center External: Polk County Health Services' Children's Advisory Board, Iowa Board of Children's Behavioral Health, State Medical Assistance Advisory Committee (MAAC), Statewide Coalition to Advance Mental Health in Iowa for Kids (CAMHI4Kids), federal advocacy with Iowa's Congressional delegates for children's mental health, state advocacy on children's mental health with the Iowa Legislature, Executive Branch, and Iowa's 14 MHDS Regions.
Results/Impact	<ul style="list-style-type: none"> • Expanding crisis counseling supports in the Blank Children's pediatric primary care clinics (General Pediatrics/Adolescent Medicine) to bridge the 6 – 8 week gap in access to outpatient therapy services. • Participation in the development and implementation and funding for the Mental Health & Disability Services (MHDS) Regions' Children's Mental Health Core Services • Improving coordination of care across Blank Children's Hospital service lines to meet the unique mental health needs of children and their families. • Adults, children, and their families are connected with the appropriate level of behavioral health services when hospitalization ends or is not indicated. • Guiding best practices in the development of the children's core behavioral health services locally and statewide to meet the unique developmental needs of children and their families. • The community connects with the right level of behavioral health care, at the right time to better meet their mental health needs and to minimize capacity issues for more intensive psychiatric services.



Priority Area: Increase the capacity (size and skills) of the health care workforce to create and sustain health.

<ul style="list-style-type: none"> • Goal (s) 	<ul style="list-style-type: none"> • Expand efforts to develop a more diverse workforce that better reflects the patient population. • Increase training opportunities for trauma informed care /mental health first aid. • Increase the number of people and organizations who receive cultural and humi bias training.
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Strategy 1: Expand Apprenticeships

Strategy Was Implemented?	Yes
Target Population(s)	Employees and community members looking to expand career opportunities in health care.
Partnering Organization(s)	Internal: Human Resources, Community Engagement, Family Medicine at East Des Moines External: Iowa Chronic Care Consortium
Results/Impact	<ul style="list-style-type: none"> • Operations Engineer Apprenticeship started Fall 2019, Currently 3 participants • Patient Care Tech Apprenticeship started 2019, Currently 16 participants • Medical Lab Tech Apprenticeship started Spring 2021, Currently 3 participants • Newly Licensed Registered Nurse Apprenticeship started 2020, About 90 participants • Work with Iowa Chronic Care Consortium to support statewide Community Health Worker apprenticeship and demonstration project.

Strategy 2: Partner with Education and Employment organizations to expand healthcare career access

Strategy Was Implemented?	Yes
Target Population(s)	Students and community members seeking to enter the healthcare workforce.
Partnering Organization(s)	Internal: Human Resources, Community Engagement, Medical Education External: United Way, GDMP, Central Iowa Works, Area School Districts, Iowa Chronic Care Consortium
Results/Impact	<ul style="list-style-type: none"> • Black Men in White Coats/Summit Planning • Black Men in White Coats Movie shared with community • HR Observation Programs • APEX with Waukee School District • "A Day in the Life of a Provider" program. • Expanded apprenticeships within the hospital (5) • Work with Iowa Chronic Care Consortium to support statewide Community Health Worker apprenticeship and demonstration project.



Strategy 3: DEI Training for UPHDM staff

Strategy Was Implemented? Yes

Target Population(s) UnityPoint Health Des Moines employees and providers.

Partnering Organization(s) **Internal:**
External:

- Results/Impact**
- Net Learning Modules required for all our approximately 6,000 employees: *“Embracing Diversity and Inclusion Parts 1 and 2”* *“SOGI: An Introduction to LGBTQ Sensitive Care”*
 - Diversity Leadership Mentor Program launched 2021 with a cohort of 15 participants.
 - Health Equity Steering Committee, LGBTQ Health Steering Committee, and Diversity, Equity and Inclusion Steering Committee all formed to guide organizational activities related to DEI internally and in community.



EVALUATION OF PAST ACTIVITIES: MERCYONE DES MOINES

MercyOne Des Moines conducted its last CHNA in 2019 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that MercyOne would focus on developing and/or supporting strategies and initiatives to:

1. **Ensure access to healthcare for all by providing leadership and subject matter experts on Medicaid coverage to work with state and federal officials.** MercyOne was instrumental in providing testimony before the Iowa legislature to increase awareness of the need for telehealth services to be reimbursed at higher rates.
2. **Support safe, connected neighborhoods by providing planning experts and financial contributions to the 6th Avenue corridor, which was named an Urban neighborhood Main Street by the Iowa Economic Development Authority.** MercyOne provided volunteer teams for clean up in the Spring of 2021. The main campus located in this neighborhood has also been enhanced to increase walkability for residents.
3. **Improve the social/emotional well-being of the community by constructing a 100-bed facility to meet the growing, unmet need for accessible, high quality and advanced behavioral health services.** The new facility opened in February 2021 and featured a full continuum of inpatient services including units to serve children and adolescents. Specialty programs for adults with co-occurring behavioral health and substance abuse use issues are offered to meet the unique needs of this patient population. In addition, the facility offers robust outpatient programs to address the most prevalent behavioral health concerns, including child, adolescent and family counseling; and treatment for depression, anxiety disorders, and other common behavioral health issues. The Schuster Clinic at the House of Mercy, located in central city Des Moines opened in January 2021. The clinic provides behavioral intervention services, medication management, therapy and psychiatric services for children and adults. By Spring 2021, 16 residents had been trained in inpatient care, pediatric behavioral health care, neurology, emergency behavioral care, substance abuse and community health. This residency program helped improved access to behavioral health sciences in central Iowa.
4. **Increase the capacity of the workforce by financially supporting programs** such as Girl Power, an afterschool program for middle school girls where more than 700 participants have been introduced to health care careers. In addition, 33 individuals participated in a paid Patient Care Technician cohort.

