



Community Health Needs Assessment & Implementation Plan

Conducted in Collaboration

MercyOne Waterloo Medical Center

MercyOne Cedar Falls Medical Center

UnityPoint-Allen Hospital

People's Community Health Clinic

Black Hawk County Health Department

Cedar Valley United Way

Black Hawk County Gaming Commission

University of Northern Iowa

Success Link

FY 2020-2022

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Purpose

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

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

This report is specific to MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center (formerly part of Wheaton Franciscan Healthcare – Iowa and known as Covenant Medical Center and Sartori Memorial Hospital, respectively). The assessment process was a collaboration between multiple hospitals and organizations with a shared service area within Black Hawk County. MercyOne collaborated with the following organizations/representatives to develop and launch the survey: UnityPoint-Allen Hospital (Jim Waterbury), Peoples Community Health Clinic (Chris Kemp, Augusta Sires), Black Hawk County Health Department (Nafissa CisseEgbuonye, Terry Helinski,) Cedar Valley United Way (Debbie Roth, Samantha Meier), Black Hawk County Gaming Association (Beth Knipp), and the University of Northern Iowa (Dale Cyphert, Chris Larimer, Jim Kelly), Success Link (Brad McAlla), Collins Community Credit Union (Terry Blanford). The survey collected responses from Black Hawk County residents as well residents from the seven surrounding counties that define the shared service area.

The IRS describes joint CHNAs as shared reports produced by multiple collaborating hospital facilities. The CHNA process was collaborative and the data shared among other hospitals and organizations in the community; yet this report was written as a joint CHNA for MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center, referred to herein as MercyOne unless describing specific medical center site information. The two hospitals share ownership and service area as outlined by the zip codes below.

The zip code listing represents primary and secondary service areas for Waterloo Medical Center, while Cedar Falls Medical Center draws primarily from Black Hawk County.

The Board of Trustees reviewed and approved the shared CHNA and Implementation Plan on June 6, 2019.

Organization Overview

In 2016, the Wheaton Franciscan Sisters transferred their Iowa assets - known as Wheaton Franciscan Healthcare – Iowa including Mercy Hospital, Oelwein; Sartori Memorial

Hospital, Cedar Falls; Covenant Medical Center, Waterloo; and Covenant Clinic, a large network of clinics and providers – to Mercy Health Network based in Des Moines, Iowa. On February 1, 2019 Mercy Health Network, including all hospitals, clinics and facilities throughout the state of Iowa within this system of care, became MercyOne. MercyOne is a joint operating agreement between two of the largest Catholic, not-for-profit health organizations in the United States: Catholic Health Initiatives and Trinity Health.

The specific region for this report is defined as the MercyOne Northeast Iowa region and includes MercyOne Waterloo Medical Center, Cedar Falls Medical Center and Oelwein Medical Center, as well as multiple family medicine and specialty clinics in the Waterloo/Cedar Falls metro and several surrounding communities. For the purposes of this report, reference to MercyOne moving forward includes both Waterloo and Cedar Falls medical center sites unless otherwise noted.

MercyOne Waterloo Medical Center, located in Waterloo, Iowa, traces its origins to 1912 when the Wheaton Franciscan Sisters founded St. Francis Hospital in Waterloo. In 1986, the Wheaton Franciscan Sisters consolidated St. Francis Hospital with neighboring Schoitz Medical Center to form Covenant Medical Center, now MercyOne Waterloo Medical Center. In 1996, Sartori Memorial Hospital joined Wheaton Franciscan Healthcare – Iowa. As part of the MercyOne branding strategy, Sartori's name changed to MercyOne Cedar Falls Medical Center and is a full-service hospital

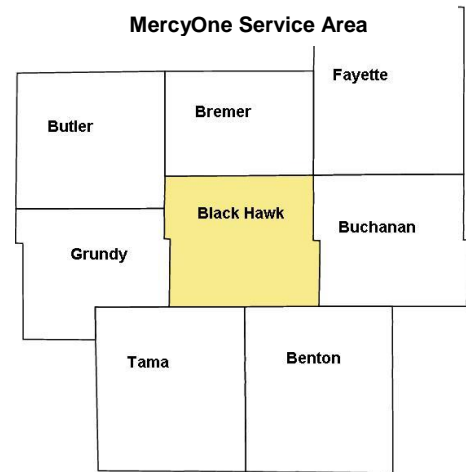
MercyOne Eight-County Service Area by Zip Code

ZIP	CITY	COUNTY	ZIP	CITY	COUNTY
50613	Cedar Falls	Black Hawk	50629	Fairbank	Buchanan
50626	Dunkerton	Black Hawk	50641	Hazelton	Buchanan
50647	Janesville	Black Hawk	50644	Independence	Buchanan
50651	LaPorte City	Black Hawk	50648	Jesup	Buchanan
50667	Raymond	Black Hawk	50682	Winthrop	Buchanan
50701	Waterloo	Black Hawk	50604	Aplington	Butler
50702	Waterloo	Black Hawk	50619	Clarksville	Butler
50703	Waterloo	Black Hawk	50665	Parkersburg	Butler
50704	Waterloo	Black Hawk	50602	Allison	Butler
50707	Evansdale	Black Hawk	50662	Oelwein	Fayette
50634	Gilbertville	Black Hawk	52142	Fayette	Fayette
50643	Hudson	Black Hawk	52147	Hawkeye	Fayette
50622	Denver	Bremer	52175	West Union	Fayette
50666	Plainfield	Bremer	50638	Grundy Center	Grundy
50668	Readlyn	Bremer	50612	Buckingham	Tama
50674	Sumner	Bremer	50635	Lincoln	Tama

providing acute, sub-acute, and outpatient care. MercyOne also provides the 9-1-1 service for Cedar Falls.

MercyOne Waterloo Medical Center is the flagship hospital and serves an eight- county region throughout Northeast Iowa.

- 366-bed, full-service, multi-specialty hospital
- Accredited, regional and comprehensive inpatient rehabilitation program
- Accredited, inter-disciplinary Cancer Center
- Accredited Chest Pain Center offering full cardiovascular services with two catheterization labs and one electrophysiology lab
- A collaborative Neonatal team between its Level II NICU and the University of Iowa's Level IV NICU
- An advanced Integrated Neonatal Intensive Care (INIC) model of care
- Level III Trauma Center and new 22-patient room, easy-access Emergency Department, including a 4-room behavioral health holding area that was added in 2018
- Advanced imaging services including advanced interventional radiology services



In fiscal year 2018, MercyOne had 10,158 inpatient admissions and 260,448 outpatient visits. Approximately 16,593 patients received Charity Care, which includes both hospitals and clinics. The cost for Charity Care was over \$3M in FY18. While MercyOne has two hospitals in Black Hawk County, Waterloo Medical Center experiences the greatest share of inpatient discharges, and outpatient and emergency room visits.

According to the Iowa Hospital Association, in fiscal year 2019, MercyOne had an economic impact of nearly \$248M on the local economy in Black Hawk County (IHA 2018). The hospital and the associates purchase a large amount of goods and services from local businesses. To get this value, the association uses the IMPLAN software tool, which can analyze county level data using an economic input-output model. Employment and income (sum of payroll and employee benefits expense) are the important direct economic activities created from the hospital.

Mission

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

2017-2019 Progress Report

The strong partnerships created over the past several years will continue to ensure focus on identified health needs still prevalent in Black Hawk County. MercyOne is proud of advancements made over the last several years and understands its role in community health and wellbeing. The expertise of our health care providers adds perspective in creating tactics to advance efforts.

- As mental health care options diminish both locally and throughout Iowa, MercyOne continues to find ways to ensure the safe care of mental health patients. In 2018, Waterloo Medical Center invested in the creation of safe and secure holding rooms with a common area intended to provide a safe and secure area to avoid or diminish escalating harmful behaviors in this vulnerable population. The organization has made advancement in telehealth capabilities for both inpatients and outpatients.
- Expanded rural access to care in 2018 with the opening of clinics in Allison and Independence, Iowa
- Collaborated with the Black Hawk County Health Department in 2017 to establish a district-wide vaccination program at the Waterloo Center for the Arts with a mobile clinic providing meningococcal vaccine and other vaccines given to adolescents.
- Expanded focus on mammograms for underserved populations through education and the introduction of the Tyrer Cuzick Risk Assessment Tool. The organization also sponsored *Celebrate You*, an educational event with nearly 100 in attendance and established a free mammography night in partnership with Black Hawk County Health Department to provide 17 women with free mammograms.
- Purchased four new Care-A-Vans offering free rides to underserved patients struggling to access their appointments. One van is specifically designated to serve pregnant, at risk women to ensure access to prenatal care for best outcomes.
- Successful launch, and ongoing commitment, of a Fruit and Veggie Voucher Program with UNI's Center for Energy and Environmental Education. This program provides fruit and vegetable vouchers to MercyOne pediatric patients and families. In its first year, the program had a 75% redemption rate with 85 plus families participating. In 2017, the program expanded to the bariatric clinic at Cedar Falls Medical Center. By 2018, more than 2,000 vouchers provided MercyOne patients access to healthy food and education about healthy eating habits. The program also expanded to People's Community Clinic and EMBARC

(Ethnic and Minorities of Burma Advocacy and Resource Center) to broaden the distribution of the vouchers, educate on the benefits of eating healthy foods and continue to fuel local food sources.

- Assisted nearly 6,000 Medicare-eligible residents with guidance on proper enrollment through SHIIP (Senior Health Insurance Information Program) saving \$250,000.
- Expanded smoking cessation efforts by offering one-on-one counseling at the MercyOne Waterloo Cancer Center, working directly with primary care and specialty providers to refer patients to quit.
- Launched a Reach Out and Read program in MercyOne Pediatrics Care providing patients with reading books to ensure their ability to read and advance after 3rd grade. This grade-level reading initiative provides books for young patients at each well-child checkup until age five.
- Participation and support of promoting health care careers through Partners in Education programs at Hansen Elementary in Cedar Falls and Hoover Elementary in Waterloo; as well as ongoing participation in CAPS (Center for Advanced Professional Studies) at Cedar Falls High School.
- Sub-committee representation on the Cedar Valley Coalition for Suicide Prevention and Support.
- Representation on REACH (Refugee Empowered Access to Community Health) Advisory Council and education related to obtaining and properly using prescribed medications by pharmacy director.
- In response to the Opioid crisis, MercyOne representatives serve on committees at Trinity Health, MercyOne and within the medical centers to develop and present education for providers and colleagues related to recognizing addiction, safety related to prescribing Opioids, and using Narcan. The organization received and distributed five kits.
- Representation on the Pathways CRUSH Advisory Committee related to addiction.
- Free HIV testing at the MercyOne Waterloo pharmacy.
- Partnership with Pathways Behavioral Services and others for the annual DEA National Take Back Event (drug disposal day) collecting unused pills, inhalers, liquids, creams, and prescription drug paraphernalia as a way of decreasing prescription drug abuse.
- Educated community about cancer risks related to radon. Distributed 200 free radon kits for home testing, and list of reputable mitigation companies.

- Waterloo Medical Center received Chest Pain Center Reaccreditation in 2018 by the Society of Chest Pain Centers. This accreditation means Waterloo Medical Center has the skills, team and technology to support better outcomes for heart attack patients.

These are just some of the successes achieved from the last survey. MercyOne is committed to local and statewide collaboration focused on improving social and health equity in our county and throughout the state.

Primary and Secondary Data

Black Hawk County, Iowa – Demographic via U.S. Census Quick Facts

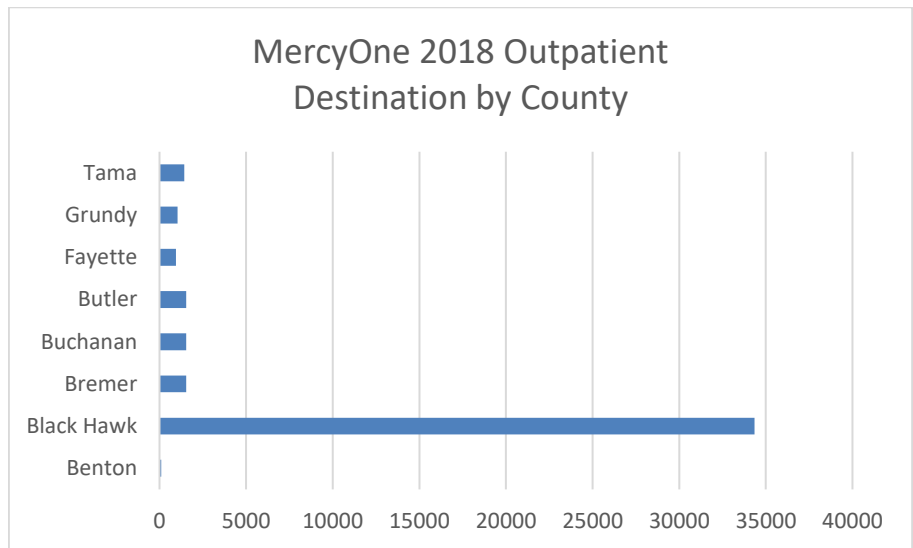
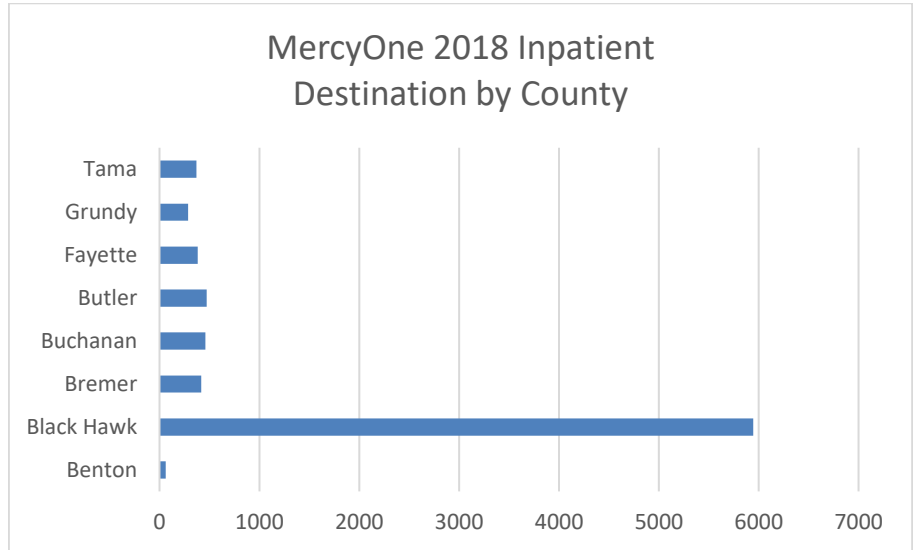
Recent estimates as of 2019 show the population of Iowa at 3.18 million according to worldpopulation.com, a slight increase found mostly in urban counties growing by 8.5%. Black Hawk County increased 1% from April 1, 2010 (U.S. Census 2018). The county is the fifth most populous county of 99. Black Hawk County is the state's fifth most populous county of 99. The population by race consists of 85% white, 9% black/African American, 4% Hispanic/Latino, 2% Asian and 2.4% two or more races (U.S. Census 2018). Nearly 21% of the population is under 18 years of age and 16% are over the age of 65 (U.S. Census 2018). The high school graduation rates are high at 91.1% while 27.5% have a bachelor's degree or higher (U.S. Census 2018).

MercyOne Waterloo and MercyOne Cedar Falls are two of three medical centers in Black Hawk County, both within a 10-mile distance of each other, and approximately 6-8 miles to UnityPoint-Allen Hospital on the north side of Waterloo. MercyOne serves an eight-county area including Bremer, Butler, Grundy, Tama, Benton, Buchanan and Fayette counties. The charts on the following page show inpatient and outpatient destination information for MercyOne medical centers in Waterloo and Cedar Falls.

The work outlined in this report will focus primarily on Black Hawk County although all counties share the same issues related to health behaviors with provider shortage more prevalent in surrounding counties.

There have been many achievements nationally in looking beyond health disparities to recognize the social inequities leading to poor health. There is a direct correlation between health equity - defined by RWJF as *everyone having a fair and just opportunity to be as healthy as possible which requires the removal of obstacles to health such as poverty, discrimination, and*

their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care – and health outcomes based on race, neighborhood, education and income (RWJF 2019). Therefore, it is important to carve out specific secondary research specific to the black/African American population in Black Hawk County because the CHNA survey did not capture enough responses from this community. MercyOne and its partners continue survey efforts among underserved populations, including black/African American and immigrant populations.



Source: Iowa Hospital Association

Since the last assessment, the awareness of this issue – both nationally and locally – has increased, creating a need for more collaboration to make real impact within the communities we serve. Specifically in Black Hawk County and among black/African American populations, organizations and citizens are coming to together for broader and deeper discussion around the issues and frustrations. In a February 2019 report, the Wall Street Journal named Waterloo one of the worst cities for Black Americans (Wall Street Journal 2019). Local media, including the Waterloo Cedar Falls Courier and KWWL, continued the discussion locally with important community members, students, business owners, etc., outlining these important statistics (AP 2019):

- Metro-wide, unemployment for white residents was 4 percent in 2017 — the last year data was available — according to U.S. Census estimates. For black residents, that number jumps to a staggering 19.7 percent — meaning nearly a fifth of all black residents in the Cedar Valley are unemployed. Overall, Iowa has one of the lowest unemployment rates in the nation.
- African Americans make up 7.1 percent of the metro population with the vast majority residing in Waterloo. Cedar Falls has an estimated 1,140 black/African American residents, or 2.8 percent of the city’s population, while Waterloo has an estimated 10,600 black/African American residents, or 15.6 percent of the city’s population.
- More than 93 percent of white residents in the metro area have a high school diploma compared to 80 percent black/African American; while 28 percent white residents have a bachelor’s degree compared to 16 percent black/African American.
- Median household income for the metro was \$53,689. White residents surpassed the median, earning an average of \$56,520 per household in 2017, while black/African American residents fell far below — earning an average household income of just \$27,811. The level to receive public energy, shelter and medical assistance in Black Hawk County for a family of four is \$24,192.
- Income often predicts poverty: The poverty rate for the metro area is 14 percent. The percentage of white residents under the poverty level was 12.3 percent, while nearly a third of black/African American residents were under the poverty level — 32.5 percent.
- The Sentencing Project noted in 2014 — the most recent year data available — that the state of Iowa imprisons black residents at a rate of 11-to-1 versus their white counterparts, a disparity second only to New Jersey.

Throughout this report, you will find supporting evidence from the 2019 County Health Rankings and Roadmaps that further highlight the inequities within the black/African American population living in Black Hawk County.

Iowa ranks 16th among the 50 states with a poverty rate of 12.3% as reported on www.welfareinfo.org. Black Hawk County has slightly higher poverty rates at 15.3% living in poverty as reported on www.census.gov. The percentage of children in Black Hawk County living in poverty is 17% among children and 42% of these children are black/African American (RWJF 2019). Food insecurity among Black Hawk County families is their ability to buy enough food for their families. More than 50% of children receive free and reduced lunches at the school, above the state average of nearly 42% (Black Hawk County Health Department Annual Report 2018). The U.S. Census Bureau Quick Facts report show only 5.3% of Black Hawk County residents under the age of 65 are without health insurance, lower than the U.S. average of 10.2% (U.S. Census 2018).

2019 Robert Wood Johnson Foundation County Health Rankings & Roadmaps – Black Hawk County

The RWJF County Health Rankings & Roadmaps, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure the health of nearly all counties in the nation and rank them within states. County-level measures are used to compile the rankings from a variety of national and state data sources. The Rankings are based on counties and county equivalents (ranked places), and any entity with its own Federal Information Processing Standard (FIPS) county code is included. The organizations only rank counties and county equivalents within a state to raise awareness about the many factors that influence health and show how health varies from place to place.

The County Health Rankings are based on mortality, morbidity, health behaviors, clinical care, social/economic factors and physical environment. Counties rank in both Outcomes and Factors from the 2019 RWJF study and are meant to give direction and focus to efforts in improving community health compared to 2015. *Health Outcomes* (measure length of life and quality of life, which are results from health factors) represent how healthy a county is while the *Health Factors* (determined by health behaviors) represent what influences the health of the county. RWJF ranks 99 Iowa Counties: the lower the ranking, the healthier the county; a high ranking indicates an unhealthy county and signifies a need to improve (see Appendix A).

These County Health Rankings are helpful in assessing the health of the county, yet deeper analysis by race reveals poor health outcomes among blacks/African Americans in Black Hawk County with the majority living in Waterloo. The challenge for the county in the coming years, and specifically in the Waterloo/Cedar Falls metro, is to examine these inequities and bring community partners together to create health equities.

Overview of Findings

Health Outcomes

Black Hawk County ranked 61 of 99 counties for health outcomes, the physical and mental well-being of residents based on length of life and quality of life (RWJF 2019). Many factors influence health outcomes including quality of medical care received, as well as environment, housing, water, jobs, etc. At first glance,

health outcomes show an improvement from 2015 to 2019 - Length of Life worsened and Quality of Life improved – yet when you compare by race, these areas are of

2015 Measures	Rank of 99	2019 Measures	Rank of 99
Health Outcomes	68	Health Outcomes	61
Length of Life	49	Length of Life	64
Quality of Life	84	Quality of Life	58
Health Factors	73	Health Factors	75
Health Behaviors	74	Health Behaviors	72
Clinical Care	14	Clinical Care	18
Social & Economic Factors	78	Social & Economic Factors	89
Physical Environment	90	Physical Environment	72

concern among black/African Americans in Black Hawk County (RWJF 2019). The premature death rate is higher than the state and U.S. average, specifically the years of potential life lost among blacks as compared to whites: 13,800 versus 6,200 (RWJF 2019). In terms of quality of life measuring poor/fair health, poor physical health days, poor mental health days and low birth rate, Black Hawk County rankings align with state and U.S. averages until low birth rates among black/African Americans are compared to whites and Hispanics. The low birth rates are at 13% for blacks/African Americans compared to 6% whites and 4% Hispanics (RWJF 2019).

Further comparisons of the health rankings continue to reveal health inequities among black/African Americans in the county, specifically in the Waterloo/Cedar Falls metro area.

Health Factors

Health Behaviors

Black Hawk County ranked 72 out of 99 counties for health behaviors with areas of concern related to adult smoking, adult obesity, food environment and sexually transmitted infections (RWJF 2019). The percentage of alcohol-impaired driving deaths improved in the county. Although teen births was higher than the U.S. average, yet lower than the state average, a closer look at this area reveals a disparity among black/African American with teen birth rates higher (50) compared to Hispanic and white teen births at 37 and 12 respectively (RWJF 2019).

Use of tobacco products is the leading cause of preventable disease and leads to 480,000 deaths in the U.S. annually (CDC 2019). With 60 million Americans smoking, 14 million alcohol-dependent, and 14 million using illicit drugs, including marijuana (CDC 2018), positively impacting health behaviors is a difficult task among government, insurance companies and health care entities alike unless more is done at a policy level. Although progress was made to decrease adult use of cigarettes, the industry has since diversified, leading to increased use of smokeless tobacco including chewing tobacco and e-cigarettes. Often promoted as an alternative to cigarettes, e-cigarettes can deliver a higher dosage of nicotine and other harmful and carcinogenic chemicals. According to a study done by Truth Initiative, use of e-cigarettes have increased significantly among all ages, including middle school-aged youth (Truth Initiative 2016, 2017). The study revealed that 63% of JUUL users, the most recognized e-cigarette brand, did not know the product always contains nicotine. In addition, according to the National Conference of State Legislators (NCSL 2019), a total of 34 states, District of Columbia, Guam, Puerto Rico and U.S. Virgin Islands have approved a comprehensive, publicly available medical marijuana/cannabis program. Education and tougher regulation are necessary to make significant impact on smoking rates if the goal is to reduce health care costs and improve the health of our communities. Reducing smoking rates among Black Hawk County residents continues to be an important area of focus for MercyOne.

Poor health behaviors lead to poor health, putting the population at risk for health conditions plaguing the U.S. health system and increasing costs for all. When those surveyed were asked what health problems were most concerning, issues such as aging issues, cancer, diabetes, and gun violence were among the top concern. Heart disease did not rise to the top in the assessment revealing the need for more awareness and education, as we know it is a major concern in the country and in Iowa. According to the CDC, the leading cause of death in Iowa was heart disease with 7,180 deaths in 2017, followed by cancer with 6,449 deaths. your community?

According to the American Heart Association, Iowa has the 25th highest death rate from cardiovascular disease in the country. These statistics are related to the health behaviors outlined in this report including smoking, obesity, limited physical activity, obesity, etc.

According to CDC and The State of Obesity website, recent studies reinforce that obesity rates are alarmingly high. The National Health and Nutrition Examination Survey (CDC, NHANES 2015-2016) revealed 18.5% of children and nearly 40% of adults are obese, the highest rates ever documented by NHANES. The County Health Rankings show an increase at the county, state and U.S. level highlighting an ongoing need to make changes at a policy level. The Black Hawk County Health 2018 Annual Report highlights efforts to increase access to fresh fruit and vegetables and aligns with past and future MercyOne initiatives for years to come.

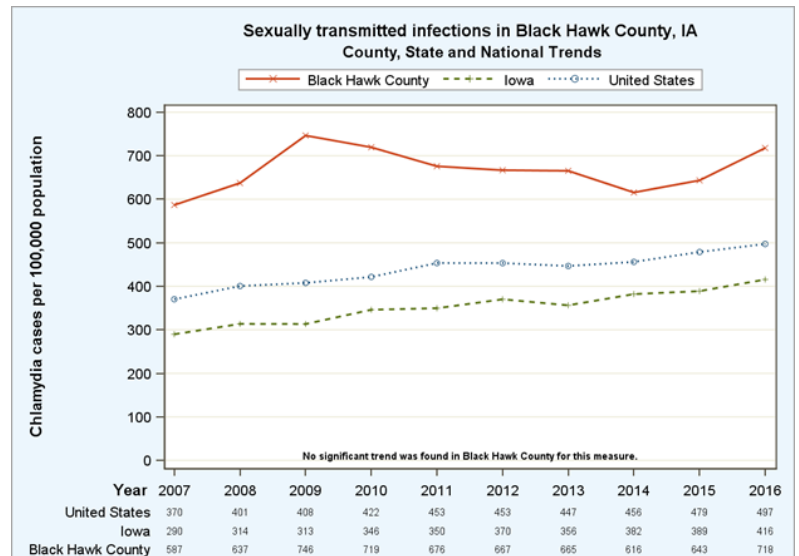
Another issue outlined in more depth is food insecurity. According to Feeding America, many families experiencing food insecurity face multiple hardships that exacerbate the challenges to maintaining good health. In

2017, food insecurity led to additional health care costs in every county of the U.S. totaling \$53.6 billion in health care expenditures (Feeding America, Forthcoming 2019). In Black



Hawk County, 11%, or 85,100 people, have limited access to food and 14% are food insecure (Feeding America 2019). Black Hawk County ranks better than other counties in terms of access to healthy foods however the inequities highlighted throughout this document create food insecurity among lower income families and minorities. The Black Hawk County Health Department's 2018 Annual Report shows 50.2% of children in the county are receiving free and reduced lunches as compared to Iowa's 41.8%. Although MercyOne has implemented innovative programming within its clinics and has supported community programs to increase access, significant work remains in building stronger partnerships, providing access to healthy foods, and education about healthy food choices in this agriculturally rich county.

Finally, as it relates to health behaviors, Black Hawk County has one of the highest rates in the state of sexually transmitted infections (STI) with 1,022 cases of Gonorrhea and Chlamydia per 100,000 residents, as compared to Iowa at 572 cases per 100,000 residents (Black Hawk County Annual Report 2018).



Clinical Care

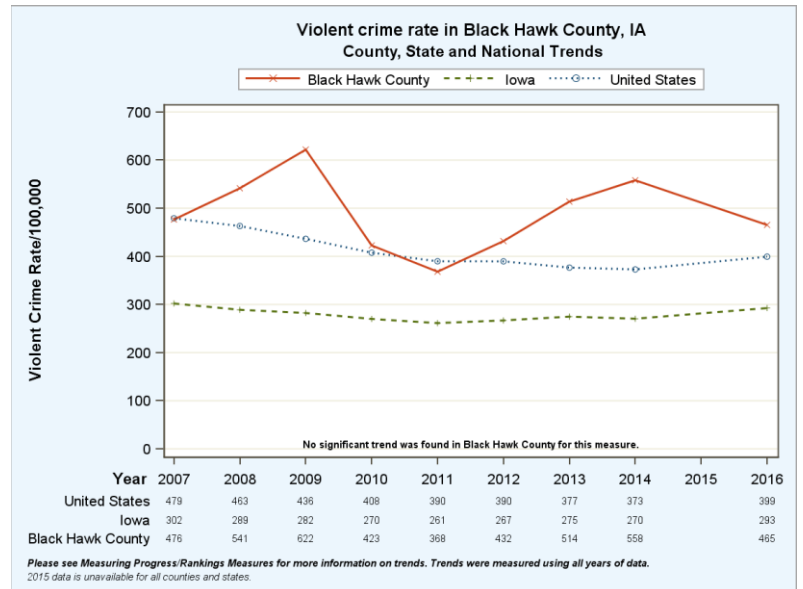
The County Health Rankings rank Black Hawk County 18th of 99 in clinical care with improvements in multiple areas including lower uninsured rates, lower primary care provider ratios, preventable hospital stays, mammogram screenings and flu vaccination rates (RWJF 2019). Areas to watch include provider ratios for both dental and mental health care, as well as primary care in rural areas. Advancements in telemedicine aid in improving ratios, specifically in rural areas and for mental health care services. MercyOne will continue to analyze and advance efforts on transportation, high-risk breast cancer, and other issues that impact on health outcome of the underserved.

Social and Economic Factors

Healthy People 2020 define determinants of health as the range of social, economic, and environmental factors that influence health status and include a broad range of categories: policy making, social factors, health services, individual behavior, biology and genetics. The relationship among these factors determine individual and population health. To be effective, it is important to utilize various interventions that target multiple determinants of health, and consider other sectors that fall outside traditional health care and public health including education, housing, transportation, agriculture and environment, to improve the overall health of a community (Healthy People 2020).

Black Hawk County shows a 2.8% unemployment rate in the first three months of 2019, yet by city, Waterloo is at 3.6% unemployment (Homefacts.com, 2019). RWJF County Rankings reports the percentage of children in poverty at 17%, higher in Black Hawk County compared to state and U.S. total. When analyzed by race, black/African American children in poverty is at an alarming 42% compared to Hispanics and whites at 20% and 13% respectively (RWJF 2019).

Another concerning statistic is the violent crime rate in the county which declined from 2014 to 2016 and has since increased. Black Hawk County has the second highest violent crime rates in the in the state (RWJF 2019). Social associations - poor family support, minimal contact with others, and limited involvement in community life – are all associated with increased morbidity and early mortality. The culmination of these social and environmental factors has likely contributed to the high rates of premature deaths in Black Hawk County defined earlier in this report.



Physical Environment

The measurement that remains unchanged since the last assessment is severe housing problems. Living in safe and affordable homes is important to sustaining good health. When families live in undesirable conditions – which could include minimal privacy, poor quality or an inadequate environment – health can be impacted.

The Black Hawk County Health Department worked with the City of Waterloo to launch the Healthy Homes Program to assess area homes for potential hazards. As outlined in their 2018 Annual Report, 15% of area residents had serious housing issues, such as lack of complete kitchen and/or plumbing, severe over-crowding or housing costs of at least 50% of one's monthly income, higher than the state average of 12% (Black Hawk County Health Department Annual Report 2018). The same report noted one percent of the children tested for lead had elevated levels exceeding the

state average of 0.5%. This program also included follow-up activities to ensure contractors effectively carried out mitigation efforts.

Another scenario unfolding in downtown Waterloo is gentrification, defined as the process by which wealthier (mostly middle-income) people move into, renovate and restore housing or other deteriorated areas formerly owned by poorer people (Thought.Co 2019). In these instances, rent usually increases and the number of minorities in these areas decline, pushing those with fewer resources out farther, impacting transportation, access, etc.

Health Care Access

According to Healthy People 2020, access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death and achieving health equity for all Americans. Three important components include insurance coverage, health services and timeliness of care. This topic also includes access to oral health care and obtaining necessary prescription drugs.

Black Hawk County fairs well in this area according to RWJF County Health Rankings in terms of health insurance coverage, access to providers, etc. Although dental is not an area selected as a significant health need MercyOne will address, the organization has partnered with the Black Hawk County Health Department on various oral health initiatives and has supported the Mission of Mercy free dental program when in Waterloo as it rotates throughout Midwest states.

Enrollment rates for both Medicaid and Medicare at MercyOne are as follows:

Table 3: People served through Medicaid & Medicare FY16-FY18

<i>People Served through Medicaid</i>		<i>People Served through Medicare</i>	
<i>FY16</i>	128,777	<i>FY16</i>	233,123
<i>FY17</i>	140,669	<i>FY17</i>	259,783
<i>FY18</i>	143,781	<i>FY18</i>	247,366

Source: MercyOne Waterloo and Cedar Falls Medical Centers

MercyOne continues to offer Community Care to families who struggle to cover remaining costs of care. From FY16-FY18, MercyOne and its clinics provided \$11,148,101 in Charity Care to 39,912 patients.

MercyOne continues to work with patients on enrollment to reduce or eliminate out of pocket costs for patients in need, while the organization also operates the Senior Health Insurance Information Program (SHIIP) assisting more than 6,000 Medicare-eligible residents successfully enroll for benefits in FY16-FY18.

Methodology – Primary Data

This report was compiled by MercyOne as required for its medical centers. A survey was collaboratively developed and used throughout multiple counties surrounding Black Hawk County including Fayette County (see Appendix B). The survey was also sent to area agencies and organizations who were asked to respond to the questions related to the health of their community based on interactions specific to their role at the organization (see Appendix C). Various agencies including health departments, hospitals, various grant-funding agencies, universities, etc., developed the survey made available online and in paper format through April 30, 2019. More than 1,500 survey responses were collected, which is double the surveys collected during the last assessment period (see Appendix D). Please note that due to the variance in CHNA deadlines for other area hospitals and the Black Hawk County Health Department, MercyOne intends to continue its collaboration with partners to ensure any additional data collected affirms initial findings. The survey process remains ongoing through the Black Hawk County Health Department to capture input from harder to reach groups including underserved, non-English speaking and immigrant populations. Data captured will be used to affirm secondary research and shape specific implementation strategies for MercyOne.

Another survey was sent specifically to nearly 70 area agency leaders who provide services to underserved populations such as social service organizations, health care, government, education, faith community leaders, etc. Specific responses are noted throughout, and compared to individual responses.

Survey Results/Correlation to Primary & Secondary Data

The intent of the survey was to assess the health of the community, and that of each respondent and family. The information below represents information collected by more than 1,500 respondents to the 2019 Community Health Needs Assessment Survey (see Appendix B). All primary and secondary data were compared from sources including the Robert Wood Johnson County Health Rankings & Roadmaps; U.S. Census Bureau Quick Facts; the Center for Disease Control and

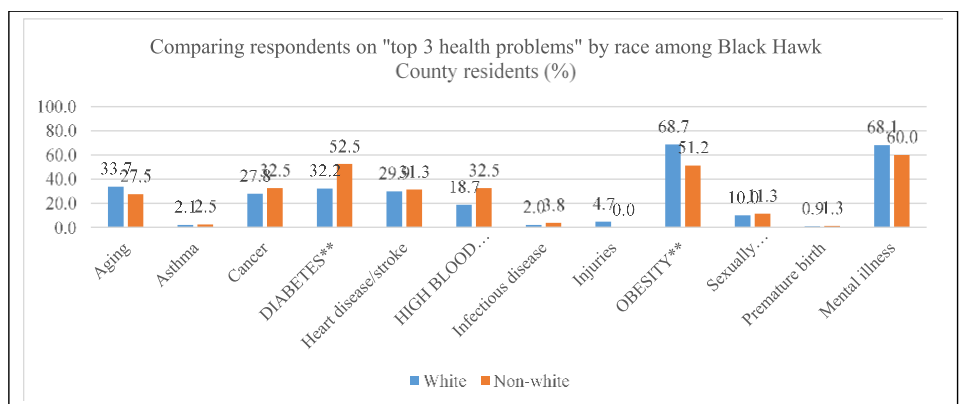
Prevention; Feeding America; the Iowa Hospital Association; internal planning and utilization data, and other online sources noted herein.

With most respondents between 30-69 years of age, 44% felt people in the community maintained their health over the past five years, while 42% felt people were less healthy. Only 14% felt people became healthier over the past five years. The 2019 County Health Rankings state 12% of adults reporting fair or poor health in Black Hawk County, which aligned with Iowa and U.S. rankings. This same report revealed that Black Hawk County ranks 61 out of 99 counties related to health outcomes (RWF 2019), and 75th out of 99 for health factors.

In comparing black/African American, Hispanic and white respondents, when asked to identify the three most important factors for a healthy community, respondents ranked access to health care (72%) as the most important factor, followed by good jobs and a strong economy (35%). Black/African American and Hispanic respondents felt the third most important factor was affordable housing while whites selected access to nutritious foods. The first two responses were the leading answers to this question in 2015 as well. Agency leaders agreed ranking access to health care and mental health services as the two most important factors, followed by affordable housing.

As it relates to how respondents rated their personal health, 53% black/African Americans felt they were less healthy while 34% maintained their health. Among Hispanic respondents, 50% maintained their health while 40% felt they were less healthy; and 44% of whites maintained their health while 42% felt they were less healthy.

Black Hawk County respondents felt cancer, obesity, aging, diabetes and mental illness were the top five health problems, yet differences can be found among subgroups. Non-white respondents were significantly more likely to mention cancer and high blood pressure as problems compared to white respondents, while white respondents were more likely to mention



obesity as a health problem compared to non-white respondents. Respondents with higher levels of education were more likely to mention obesity and mental illness as "problems facing the community" whereas respondents with lower education levels were more likely to mention cancer as a pressing health problem. Respondents reporting a family income of less than \$15,000 were significantly more likely to mention obesity as a "problem facing the community" compared to all respondents making over \$75,000. Agency leaders aligned with individual residents ranking mental health, obesity, diabetes and aging as top health concerns.

Respondents, as well as agency leaders, agreed on the top risky adult behaviors as illegal drug use, alcohol abuse and physical inactivity. Top health care concerns for children among all respondents included access to mental health services (31%) and bullying (28%). White respondents noted the third issue as healthy diets where black/African American and Hispanic respondents cited availability of childcare services. Agency leaders responded much differently when ranking top health concerns for children: poor parenting skills (53%), structured, safe and supportive living environments (50%) and child/daycare services (30%).

Respondents identified the following behaviors as ones to improve upon or start and they include increase physical activity (75%), decrease stress (55%), eat more fruits and vegetables (54%), and drink more water (52%). These were the same behaviors identified in the 2015 survey with decreasing stress moving up in importance. Respondents point to lack of motivation (64%), time constraints (62%) and other priorities (55%) as reasons for not being healthier. There was little variation by race among respondents in these areas. If these health behaviors and barriers exist among educated females in the county, these same challenges likely exist among families in need. All respondents cite affordable wellness and fitness facilities as a need in order to start/maintain a healthy lifestyle, yet time constraints and lack of motivation are among the top reasons.

The 2019 survey included several questions related to mental illness. As noted, respondents are mostly educated, white females and responded they were happy on a regular basis or usually happy and able to manage stress. As additional surveys are collected from those facing socioeconomic challenges, a more in-depth look might reveal a different picture. All respondents, and likely no matter their background, can improve their mental health with better sleeping, eating and exercise habits, as well as improving relationships.

The survey revealed that 50% of respondents and more than half of agency leaders had experienced trauma as a child and were asked to mark all that applied. This included divorced/separated parents (22%), emotional abuse (20%), and family member with mental illness (17%), sexual abuse (14%), and substance abuse in the home (14%), poverty (13%), physical abuse (9%), domestic violence (8%), incarcerated family member (3%) and other (3%).

Agency leaders noted emotional abuse, family member with mental illness, domestic violence and poverty as the types of traumas experienced as a child. The most significant impact on respondents was its impact on personal relationships and their mental health, while agency leaders noted impact on their self-esteem and mental health. When asked if they had received or are currently receiving counseling to address childhood trauma, 60-70% of respondents replied no, affirming the stigma surrounding mental health overall. As outlined in an article *Mental Illness and Stigma: The Scope and Effects* in 2018, there are two types of stigma associated with mental illness: social stigma involving the prejudiced attitudes others have around mental illness; and self-perceived stigma, internalized shame a person suffers (verywellmind.com, 2018). Half of the agency leaders are receiving help.

The 2019 survey points to ongoing mental health issues throughout counties served. In Black Hawk County, advancements in this area include a detox center, more telehealth options for both inpatient and outpatient mental health patients, and broader collaboration through a mental health coalition, suicide prevention coalition and other programs, including a mobile crisis unit. Other issues affecting access to timely mental health care services include provider shortages, bed availability for adolescents and adults, and the stigma surrounding the issue. The survey revealed many respondents experiencing some form of trauma as a child that has affected their adult life in some way. The trauma varied and showed the spectrum of mental health issues while also revealing the number of people who have never sought care. The National Alliance on Mental Illness (NAMI) Iowa described mental health issues as "a silent epidemic eating away at society from within while the voices of victims go unheard and advocates are muted."

The NAMI Iowa website noted the plight has been particularly precarious in Iowa, which ranks among the worst states in the nation for treatment — 47th in psychiatrists, 44th in mental health workforce availability and 51st (including the District of Columbia) in the ratio of state psychiatric beds to residents (NAMI 2019).

The site quoted the following statistics for Black Hawk County:

- One in four — 29,000 adults — will experience a mental health issue
- One in 17 — 18,000 adults — will develop a serious mental illness
- One in five — 5,500 children — will experience a diagnosable mental health issue
- One in 10 — 2,750 children — will have a serious emotional disturbance

MercyOne is committed to working collaboratively to analyze the social and health equity issues throughout the service area, and commit the financial and human resources to making progress towards a healthier community.

Focus Areas

- MercyOne will enhance its partnership with the Black Hawk County Health Department and other organizations to improve social and health inequities for vulnerable populations with intent to improve outcomes.
- Continued focus on health behaviors through community education and programs including ongoing efforts related to heart disease, cancer, food insecurity and access to healthy foods.
- MercyOne will focus locally and statewide on transportation issues and the impact on overall health and well-being of vulnerable populations.
- MercyOne will continue to engage in mental health programs, policy changes, telehealth services, etc., that begin to remove the stigma of improving one's mental health understanding the spectrum of issues is broad and impacts many, especially vulnerable populations

Exclusions

MercyOne acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs deemed most pressing, under-addressed, and within its ability to influence. The implementation plan outlines the following as areas of exclusion:

- Violence and premature death rates
- Health behaviors related to sexually transmitted infections and teen births
- Clinical care related to dental care
- Environmental health issues related to severe housing problems

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Appendix A Robert Wood Johnson Foundation County Rankings & Roadmaps

* 90th percentile, i.e., only 10% are better; Note: Blank values reflect unreliable or missing data



Black Hawk (BH) 2019 Rankings

County Demographics

	County	State
Population	132,648	3,145,711
% below 18 years of age	21.7%	23.3%
% 65 and older	16.0%	16.7%
% Non-Hispanic African American	9.2%	3.6%
% American Indian and Alaskan Native	0.4%	0.5%
% Asian	2.3%	2.6%
% Native Hawaiian/Other Pacific Islander	0.3%	0.1%
% Hispanic	4.3%	6.0%
% Non-Hispanic white	81.6%	85.7%
% not proficient in English	2%	2%
% Females	51.0%	50.3%
% Rural	13.5%	36.0%

	Black Hawk County	Error Margin	Top U.S. Performers ^	Iowa	Rank (of 99)
Health Outcomes					
Length of Life					81
Premature death	6,800	6,300-7,300	5,400	6,200	84
Quality of Life					68
Poor or fair health **	12%	12-13%	12%	13%	
Poor physical health days **	2.8	2.7-3.0	3.0	2.9	
Poor mental health days **	3.2	3.1-3.4	3.1	3.3	
Low birthweight	7%	7-8%	6%	7%	
Additional Health Outcomes (not included in overall ranking)					
Life expectancy	79.0	78.5-79.5	81.0	79.5	
Premature age-adjusted mortality	340	320-360	280	320	
Child mortality	60	40-70	40	50	
Infant mortality	6	5-8	4	5	
Frequent physical distress	9%	9-10%	9%	9%	
Frequent mental distress	10%	10-11%	10%	10%	
Diabetes prevalence	11%	9-12%	9%	10%	
HIV prevalence	91		49	94	
Health Factors					76
Health Behaviors					72
Adult smoking **	15%	15-16%	14%	17%	
Adult obesity	31%	28-35%	26%	32%	
Food environment index	7.2		8.7	8.2	
Physical inactivity	22%	20-25%	19%	23%	
Access to exercise opportunities	83%		91%	83%	
Excessive drinking **	22%	22-23%	13%	22%	
Alcohol-impaired driving deaths	13%	7-21%	13%	28%	
Sexually transmitted infections	172.8		152.8	415.6	
Teen births	18	17-20	14	20	
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	14%		9%	12%	
Limited access to healthy foods	11%		2%	6%	
Drug overdose deaths	9	7-13	10	10	
Motor vehicle crash deaths	8	7-10	9	11	
Insufficient sleep	27%	27-28%	27%	28%	
Clinical Care					18
Uninsured	5%	4-6%	6%	5%	
Primary care physicians	1,070:1		1,050:1	1,390:1	
Dentists	1,380:1		1,260:1	1,520:1	
Mental health providers	660:1		310:1	700:1	
Preventable hospital stays	3,456		2,765	3,776	
Mammography screening	52%		49%	49%	
Flu vaccinations	56%		52%	51%	
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	6%	5-7%	6%	6%	
Uninsured children	3%	2-3%	3%	3%	
Other primary care providers	834:1		726:1	1,085:1	

Appendix A (Continued)

Robert Wood Johnson Foundation County Rankings & Roadmaps

* 90th percentile, i.e., only 10% are better; Note: Blank values reflect unreliable or missing data

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	Black Hawk County	Error Margin	Top U.S. Performers ^	Iowa	Rank (of 99)
Social & Economic Factors					
High school graduation	89%		96%	91%	89
Some college	69%	66-72%	73%	70%	
Unemployment	3.8%		2.9%	3.1%	
Children in poverty	17%	12-21%	11%	13%	
Income inequality	4.4	4.1-4.7	3.7	4.3	
Children in single-parent households	32%	29-35%	20%	29%	
Social associations	12.6		21.9	15.1	
Violent crime	511		63	282	
Injury deaths	60	54-66	57	67	
Additional Social & Economic Factors (not included in overall ranking)					
Disconnected youth	5%	3-7%	4%	5%	
Median household income	\$50,400	\$47,500-53,300	\$67,100	\$58,700	
Children eligible for free or reduced price lunch	50%		32%	41%	
Residential segregation - black/white	60		23	63	
Residential segregation - non-white/white	50		15	47	
Homicides	4	3-6	2	2	
Firearm fatalities	8	6-11	7	9	
Physical Environment					
Air pollution - particulate matter **	9.4		6.1	9.0	72
Drinking water violations	No				
Severe housing problems	15%	14-16%	9%	12%	
Driving alone to work	82%	81-83%	72%	81%	
Long commute - driving alone	8%	7-9%	15%	20%	
Additional Physical Environment (not included in overall ranking)					
Homeownership	66%	65-67%	61%	71%	
Severe housing cost burden	13%	12-14%	7%	10%	

^ 10th/90th percentile, i.e., only 10% are better.

** Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data

Appendix B (Pages 27-36)

Welcome to the 2019 Community Health Needs Assessment! Thank you for participating in this important work. All information you provide is completely anonymous and strictly confidential.

If a question does not relate to you, skip to the next question.

1. Do you feel people in this community are healthier, less healthy, or have maintained health over the last five (5) years?
 - More Healthy
 - Less Healthy
 - Maintained Health

2. What do you feel are the top three (3) most important factors for a healthy community?
 - Access to health care (example: family doctor, hospital, other health services)
 - Affordable housing
 - Access to transportation
 - Arts and cultural events
 - Clean environment
 - Race relations
 - Jobs and healthy economy
 - Safe place to raise children Schools
 - Access to nutritional foods
 - Access to physical activity or exercise
 - Low crime/safe neighborhoods
 - Child abuse prevention
 - Domestic abuse prevention
 - Access to mental health services
 - Parks and recreation
 - Religious or spiritual values
 - Family life
 - Access to transportation

3. What do you feel are the top three (3) health problems in your community?
 - Aging (arthritis, hearing/vision loss, dementia, etc.)
 - Asthma
 - Cancer
 - Diabetes
 - Heart disease/stroke
 - High blood pressure
 - Infectious disease
 - Injuries (falls, car accidents, drowning) Obesity
 - Sexually transmitted disease
 - Premature birth
 - Mental illness

4. What do you feel are the top three (3) risky behaviors relative to adult behavior in your community?
 - Alcohol abuse
 - Driving while drunk or high
 - Dropping out of school
 - Illegal drug use
 - Not getting shots to prevent disease
 - Not wearing a helmet on a bike or motorcycle
 - Not wearing a seatbelt
 - Physical inactivity
 - Prescription drug abuse
 - Texting or using a cell phone while driving
 - Unprotected sex
 - Use of tobacco, vaping, etc. use

5. What do you feel are the top three (3) health concerns relative to children's health in your community?
 - Access to health care
 - Access to mental health services
 - Access to shots that prevent disease
 - Affordable fresh foods
 - Affordable health insurance
 - Bullying
 - Child care/day care availability
 - Healthy diets
 - Nutritious school lunch
 - Physical activity opportunities
 - Sexual behavior
 - Screen time
 - Structured, safe, or supportive living environment
 - Substance abuse
 - Not using child safety seats in a vehicle
 - Access to dental care
 - Poor parenting skills
 - Access to maternal health care
 - Access to family planning
 - Access to well child care
 - School absences

6. On a scale of one to five, rate your personal health.
1 - Poor Personal Health 2 3 4 5 - Strong Personal Health

7. Do you have an annual health exam?
 - Yes
 - No

8. Where do you go for an annual health exam?
 - Medical provider/Doctor's office

- Urgent care
- Emergency room
- Mental health provider/Psychiatrist
- Nonprofit or free clinic Alternative health/Chiropractor Telehealth
- Other (please specify)

9. Do you/your spouse take your child/children for an annual health exam?

- Yes
- No
- Doesn't Apply

10. Where do you/your spouse take your child/children for an annual health exam?

- Medical provider/Doctor's office
- Urgent care
- Emergency room
- Mental health provider/Psychiatrist
- Nonprofit or free clinic Alternative health/Chiropractor Telehealth
- Pediatrician
- Other (please specify)

11. Do you go to the dentist regularly (1-2 times per year)?

- Yes
- No

12. Do you/your spouse take your child/children to the dentist regularly (1-2 times per year)?

- Yes
- No
- Doesn't Apply

13. Do you have your child/children's eyes checked?

- Yes
- No
- Doesn't Apply

14. What three (3) healthy behaviors would you like to start or improve?

- Drink more water
- Decrease stress
- Eat more fruits or vegetables
- Get more physical activity
- Get shots/vaccines
- Quit smoking, vaping, etc.
- Reduce alcohol intake
- Regular cancer screenings
- Regular dental care
- Regular annual checkups
- Regular mental health counseling
- Regular social interaction

15. What do you feel prevents you from being healthier? (Select all that apply.)

- Lack access to healthcare, medicine, or shots
- Lack motivation
- Lack knowledge about healthy choices
- Not enough time
- Nowhere to exercise
- Other priorities
- Physical health is too poor
- Lack access to healthy foods
- Unemployment
- Inadequate housing
- Lack access to transportation (a ride or your own vehicle)

16. What would help you or your family start or maintain a healthy lifestyle? (Select all that apply.)

- Additional recreational paths, trails, sidewalks
- Affordable wellness and fitness facilities
- Community physical activity programs (water aerobics, volleyball/basketball league, fitness class)
- Employee wellness programs
- Health education classes (Diabetes prevention/management, Heart Disease, Arthritis, Cooking, etc.)
- Local school wellness programs
- More fresh food and produce available

- Transportation to local fitness
- Transportation to food markets/grocery store
- Transportation to medical care

When we talk about mental health we mean emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps us determine how we handle stress, relate to others, and make choices.

17. Which option describes your mental health?

- I am happy on a regular basis and am able to manage the stress of everyday life.
- I am usually happy and usually able to manage the stress of everyday life.
- I am sometimes/often lonely, depressed and/or anxious and seek social activity to feel connected (i.e., go to church, volunteer, work out/exercise, etc.)
- I struggle with loneliness, depression and/or anxiety. I hide it well and am not receiving help.
- I struggle with loneliness, depression and/or anxiety and it impacts me often. I receive help to work through these issues, but do not take medication.
- I have mental health issues, receive help and/or am on medication.
- I have mental health issues and have been arrested and/or been in a unit to receive treatment.

18. Are you currently experiencing any of the following? (Select all that apply.)

- Crying often
- Feeling hopeless or helpless
- Pulling away from people and usual activities
- Feeling numb
- Smoking, drinking, or using drugs more than usual
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Yelling or fighting with family or friends
- Severe mood swings that cause problems in relationships
- Hearing voices
- Thinking of harming yourself or others
- Inability to perform daily tasks like taking care of self, children, or getting to school or work
- Inability to cope with daily problems or stress Excessive anger, hostility, or violence Trouble sleeping
- Unwanted distressing memories

19. What impacts your overall mental health in a positive way? (Select all that apply.)

- Exercise Diet
- Sleeping habits Relationships
- Use of prescribed medication
- Counseling and/or psychiatric services
- Physical environment (Condition of home and/or neighborhood)
- Other (please specify)

20. What impacts your overall mental health in a negative way? (Select all that apply.)

- Physical environment (Condition of home and/or neighborhood)
- Poor exercise Poor diet

- Poor sleeping habits
- Difficulties with intimate relationships Physical chronic health condition Financial stress
- Other (please specify)

21. If you feel you could benefit from mental health services but are not currently receiving them, please select your reason(s) for not accessing those services. (Select all that apply.)

- Have tried mental health services and they were unsuccessful
- Have tried and takes too long to get an appointment
- No insurance coverage
- Services are too expensive
- Lack of transportation
- Feeling ashamed or uncomfortable talking about personal issues
- Other (please specify)

22. Did you experience any of the following trauma as a child? (Select all that apply.)

- Emotional abuse
- Physical abuse
- Sexual abuse
- Substance abuse in home
- Incarcerated family member
- Family member with mental illness
- Domestic violence
- Parents separated or divorced Poverty
- Doesn't Apply
- Other (please specify)

23. Do you feel your childhood trauma has negatively impacted your adult life in any of the following areas? (Select all that apply.)

- Physical health
- Mental health
- Educational achievement
- Financial stability or ability to get and keep a good job
- Personal relationships
- Parenting skills
- Substance abuse
- Self-esteem

24. Did you or are you currently receiving support or counseling to address the trauma you experienced?

- Yes
- No

25. What do you feel are the environmental threats of your community? (Select all that apply.)

- Abandoned private wells
- Contaminated food supply
- Contaminated recreational water
- Lack of fluoride in drinking water
- Lead exposure
- Old septic systems
- Outdoor air quality (asthma triggers)
- Radon exposure
- Unsafe housing
- Unsafe drinking water
- Inadequate sewer systems

26. Do you feel you/your family are prepared for a natural or man-made disaster?

- Yes
- No

27. Which of the following emergency preparedness statements are true for you/ your family? (Select all that apply.)

- My family has a cell phone with a charger
- My family has a first aid kit
- My family has discussed a central meeting place
- My family has made a contact list for emergencies (kids know how to call another family member and how to use 911)
- My family has practiced a fire drill at home
- My family has practiced a tornado drill at home
- My family has a weather radio, flashlight, and batteries in our home
- My family keeps a supply of bottled water and extra nonperishable food items on hand
- My family keeps a list of current medications and important paperwork for each family member My family has signed up to obtain real-time alerts and warnings for disasters

28. What prevents you from being prepared for an emergency? (Select all that apply.)

- Access to supplies (no transportation, no place to purchase supplies)
- Need more information about how to prepare for an emergency
- Not a priority
- Not enough time
- Too expensive to purchase supplies
- Not applicable - my family is prepared for an emergency
- Other (please specify)

29. What are the top three (3) public health services you would like to see in your community?

- Visiting nurses for new parents
- More citywide preparedness for natural disasters Free confidential STD/STI screening for all ages
- Health promotion programs (chronic disease self-management)
- Preventive services (vaccinations, cancer screenings, cardiovascular/stroke screenings)
- Health coaches for hypertension control
- Access to fresh fruits and vegetables Influenza shot clinics

- Health education (healthy eating, chronic diseases, asthma). Neighborhood wellness programs
- Help with access to medical care
- Help with access to mental health services Immunization information
- Oral health education Gap-filling dental care
- Help with access to dental care

30. Age

- 0-18
- 19-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80+

31. Gender

- Identify as Male
- Identify as Female
- Female-to-Male
- Male-to-Female
- Genderqueer
- Neither Exclusively Male nor Female
- Choose Not to Disclose
- Other (please specify)

32. Zip Code

33. County

- Allamakee
- Black Hawk
- Bremer
- Buchanan
- Butler
- Cerro Gordo
- Chickasaw
- Fayette
- Floyd
- Franklin
- Grundy
- Hancock
- Howard
- Humboldt
- Kossuth
- Mitchell
- Winnebago
- Winneshiek

- Worth
- Wright

34. Race/Ethnicity

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White or Caucasian
- Two or More Races
- Other (please specify)

35. Country of Origin (if immigrated in the last five years)

- Bosnia
- Burma
- Marshall Islands
- Mexico
- Republic of Congo
- Southern Asia
- Other (please specify)

36. Educational Level

- Some High School
- High School Graduate
- Some College
- College Graduate Advanced Degree

37. Health Insurance Status

- I am covered by private health insurance
- I am covered by employer provided health insurance I am covered by Medicaid/Medicare
- I am covered by health insurance, but my child/ren is not
- My child/ren is covered by health insurance, but I am not My child/ren is covered by health insurance
- No one in my family is covered by health insurance

38. Number of Adults Living in Your Home (including you)

39. Number of Children Living in Your Home

40. What is your family's gross annual income before taxes?

- Under \$15,000
- Between \$15,000 and \$29,999
- Between \$30,000 and \$49,999
- Between \$50,000 and \$74,999
- Between \$75,000 and \$99,999
- Between \$100,000 and \$150,000
- Over \$150,000

41. Are you currently receiving services from any local organizations? (Select all that apply.)

- Food assistance
- Housing assistance (rental or shelter)
- Utilities assistance
- Child care assistance
- Education assistance
- Parent education services
- General financial assistance
- Health care services
- All Other (please specify)

Appendix C
Area Agencies/Organizations Invited to Complete
The 2019 CHNA Online Survey

University of Northern Iowa	Black Hawk County Supervisors	Dubuque Archdiocese
UnityPoint	Volunteer Center of the Cedar Valley	Black Hawk County Health Department
Family Children Council	Four Oaks	Black Hawk County Sheriff's Office
Big Brothers Big Sisters	Iowa Courts	Waterloo Visitors Bureau
Amerigroup	House of Hope	Way Point Services
Aspire	Lutheran Services in Iowa	Northeast Iowa Food Bank
Operation Threshold	Department of Human Services	Salvation Army
Quakerdale	Qwest	Life Connections
Bertch Cabinets	Ethnic and Minorities of Burma Advocacy and Resource Center (EMBARC)	Domestic/Sexual Assault Outreach Center
Exceptional Persons	Mayors – City of Evansdale, Waterloo and Cedar Falls	Commission on Human Rights
Success Link	Chamber of Commerce - Waterloo/Cedar Falls, Oelwein, etc.	Veridian Credit Union
United Healthcare	Iowa Workforce Development	Grout Museum
Riverview Center	Iowa Legal Aid	Tri-County Child and Family
Four Oaks	Waterloo Community Foundation	Hawkeye Community College
Amani Community Services	Families First Counseling Center	Community Foundation
Pathways	Cedar Valley United Way	Eastside Ministerial Alliance
Peoples Community Health Clinic	Sisters of St. Francis	Area Education Agency 7
MercyOne	Cedar Valley Hospice	Upper Iowa University
YWCA		Sing Me to Heaven
YMCA		The Job Foundation
Iowa State Extension Office		Veteran Affairs
Girl Scouts		Silos and Smokestacks
Jesse Cosby Center		Otto Schoitz Foundation
Waterloo/Cedar Falls Schools		McElroy Trust
Mid-Iowa Therapy Clinic		
Salvation Army		

Demographics of Survey Respondents
(does not include agency survey respondent information)

Demographics of Survey Respondents	Category / # of Individuals	%	
Gender	Male (170)	12.75%	
	Female (1,099)	82.45%	
	Other (64)	4.8%	
Age	0-18 (5)	.37%	
	19-29 (137)	10.25%	
	30-39 (275)	20.58%	
	40-49 (258)	19.31%	
	50-59 (349)	26.12%	
	60-69 (251)	18.79%	
	70-79 (51)	3.82%	
	80+ (10)	.75%	
	County	Allamakee (1)	.08%
Black Hawk (992)		76.07%	
Bremer (75)		5.75%	
Buchanan (54)		4.14%	
Butler (25)		1.92%	
Chickasaw (2)		.15%	
Fayette (79)		6.06%	
Floyd (2)		.15%	
Franklin (1)		.08%	
Grundy (38)		2.91%	
Other (35)		2.69%	
Race		American/Indian (7)	.54%
		Black/African American (50)	3.83%
		Hispanic/Latino (22)	1.68%
		White/Caucasian (1,183)	90.58%
	Asian (14)	1.07%	
	Other (6)	.46%	
Country of Origin	Bosnian (9)	4.5%	
	Burma (13)	6.5%	
	Mexico (9)	4.5%	
	Republic of Congo (6)	3%	
	Southern Asia (3)	1.5%	
Education	Some High School (18)	1.39%	
	High School Graduate or GED (142)	10.94%	
	Some College (279)	21.49%	
	College Graduate (566)	43.61%	
	Advanced Degree (293)	22.57%	

Source: 2019 Community Health Needs Assessment (Black Hawk County+)